

Trafford Healthcare NHS Trust

Proposed Acquisition
by a Foundation Trust



Prospectus



Contents

Section 1:	Foreword from Chair and Chief Executive	4
Section 2:	Overview of the Process	5
Section 3:	The Acquisition Opportunity	6
Section 4:	Overview of Trafford Healthcare NHS Trust	9
Section 5:	Clinical Services	11
Section 6:	Service Partnerships & Federated Services	33
Section 7:	Patient Income Contracts	34
Section 8:	Activity	36
Section 9:	Performance	37
Section 10:	Financial Overview	39
Section 11:	Clinical Governance, Quality & Safety	48
Section 12:	Estates	52
Section 13:	Workforce	55
Section 14:	IM&T	59
Section 15:	Trafford Integrated Care Service Strategy	62
Section 16:	Commissioning Intentions for NHS Trafford & Trafford Commissioning Consortium from 2011	65
Section 17:	About the Borough of Trafford	77
Section 18:	Stakeholder Views	79
	• Local Authority	79
	• Trafford LINK	80
Section 19:	Glossary	82

Produced by Trafford Healthcare NHS Trust
April 2011

Trust Headquarters
Trafford General Hospital
Moorside Road
Davyhulme
Manchester
M41 5SL
0161 748 4022
www.trafford.nhs.uk

PLEASE NOTE

As at March 2011 all the information contained within this document was accurate and up to date. Some data is not available due to reporting timeframes and will be added into the virtual data room when available.

Foreword

We are pleased to present the Prospectus and Bidder Instruction Pack for the acquisition of Trafford Healthcare NHS Trust by a foundation trust.

We are very keen to ensure that the transaction is successful in every respect. We are therefore focused on identifying the best placed bidder who can operate a successful, integrated, patient and quality focused organisation; one who has shown they can establish strong partnerships with commissioners and stakeholders and work with them to deliver successful strategies for the local health economy, whilst offering efficiencies and value for money.

The bid process gives you the opportunity to demonstrate how you will deliver quality, innovation and productivity in your future management of THT.

You will see from the Prospectus that THT works in partnership with NHS Trafford, Trafford MBC and Trafford LINK to ensure that services are delivered in a joined-up way which meets patient needs. These stakeholders have a vision for the continued development of services in Trafford and are seeking a partner who can help them deliver their aspirations for the future.

The Prospectus has been written to provide you with an overview of the current business of THT and the views of key stakeholders within the health economy. Supporting the Prospectus is the virtual data room which will provide you with a wealth of further information.

Financial and Legal Vendor Due Diligence Reports have also been completed and will be forwarded to you on receipt of confirmation of your intention to engage in the process.

All this information has been collated in such a comprehensive fashion to enable all bidders to have equal access and ensure the highest possible bid quality.

The Bidder Instruction Pack contains details of how the process of bidder selection will be run, the criteria and process to be used to evaluate bids and the questions which must be addressed as part of bid submissions.

The transaction proposed is a unique and exciting opportunity. It provides you with the possibility of increasing your geographical reach, extending your services and commissioner relationships, driving efficiencies and economies of scale and contributing to the improvement of healthcare provision within Trafford.

We very much look forward to receiving your confirmation of intention to engage in the bid process by 11 April 2011.

Yours faithfully

Fay Selvan
Chair

Ron Calvert
Chief Executive



Fay Selvan
Chair



Ron Calvert
Chief Executive

Overview of the Process

A Project Team has been set up within THT to manage the process of preferred bidder selection and acquisition. Full details of all stages of the process, criteria and process for the evaluation of bids, questions to be addressed by bids and instructions relating to bid structure can be found in the Bidder Instruction Pack.

An overview of the process and timeline is as follows:

Date	Activity
4 April 2011	Prospectus and Bidder Instruction Pack issued
11 April 2011	Return of Bidder confirmation of intention to engage in the process
13 April 2011	Issue of VDD reports and access arrangements to the virtual data room to confirmed bidders
14 April – 30 May 2011	Clarifications period during which questions and clarifications can be sent to the Project Team by bidders
TBC	Bidder site visits and information sessions at THT
TBC	Bidder meetings with commissioners to enable bidders to seek further information and clarity
10 June 2011	Bids to be received
11 June – 31 July 2011	Bid assessment and evaluation period
TBC	Bidder presentations to stakeholder reference groups
26 July 2011	Bidder interviews with THT Board/ representative of the SHA
31 July 2011	Final bidder selection agreed and communicated
1 August – 16 December 2011	Transaction development and approvals process leading to exchange
17 December – 31 March 2012	Mobilisation period
1 April 2012	Transaction completes

The Acquisition Opportunity

SECTION 3

Trafford Healthcare NHS Trust represents a unique opportunity for a prospective bidder to expand its catchment area, increase its commissioner base and capture the opportunity for delivering high-quality services across its enlarged operations in a more efficient and effective way.

The Trust presents the following opportunities and achievements:

Opportunities

- **High-Quality Services.** The Trust provides a full range of district general hospital services and has a strong track record of achievements around both quality and patient safety. This is not just the case in terms of the national agenda on C-Diff and MRSA and reducing access to waiting times, but also with local initiatives around using technology to drive change both within a clinical and non-clinical setting. The Trust has a fully functioning EPR system that supports clinical decision making and will also support the national requirements around audit and the outcome framework. It is an early adopter of initiatives such as shared business services and integration of IT into clinical practice (Paperlite). The acquiring organisation has the opportunity to leverage change through the experience of THT's achievements.
- **Staff.** The Trust has a loyal and flexible workforce that is well used to working creatively with community partners to provide integrated services. They are predominately acute-focused, therefore offering an acquiring organisation the opportunity of leverage through expansion into a wider range of services through any willing provider.
- **Optimising the Trust's Estate.** The Trust operates out of three sites in the Borough of Trafford – its principal site at Trafford General Hospital (TGH), Davyhulme, and community hospitals in Stretford and Altrincham.
 - **Altrincham General Hospital.** Subject to confirmation, work will begin in 2011/12 to reprovide Altrincham General in new, modern premises in the south of the Borough. This will provide an attractive point of local access for a range of outpatient and other clinics and a potential integrated care delivery point in the south of Trafford.
 - **Unlike many hospitals, TGH has capacity to grow or redesign its estate.** It is home to the former Greater Manchester Surgical Centre – a new, purpose-built unit comprising six laminar flow theatres, inpatient wards and outpatient facilities. The site is also home to the Macmillan Care Centre, the Critical Care Skills Institute, and Teddy Bears Corner nursery.
 - **TGH is surrounded by residential development,** and previous site rationalisation has led to disposal of land for housing.
 - **Spare capacity is available at TGH and Stretford Memorial** to facilitate e.g. site rationalisation / decanting; development or enhancement of services; income generation through facilities management; or for disposal.
- **Increasing value for money in service provision.** The Trust is a small provider with high fixed costs. The Trust has identified financial opportunities for an acquiring organisation through:
 - Reduction in corporate and service management infrastructure;
 - Reduction in premium clinical costs: federated services contracts; on call rotas; locum/cover costs;
 - Standardisation of best clinical policies and practices;
 - Support service rationalisation: including catering; pharmacy; cleaning; laundry; and buildings maintenance;
 - Site rationalisation (see above)
 - Income generation
 - Procurement efficiencies
 - Consolidation of memberships and relationships



Culture, Capability & Achievements

As a small organisation the Trust has a 'can do' culture which encourages all staff to identify opportunities for innovation and improvement, whether it be in efficiency and value for money or clinical quality and patient experience. We aim to empower staff to make a difference to individual patients, the team they work with and the organisation as a whole.

The Trust has a high level of capability amongst managers and staff which has driven big improvements in the clinical and non-clinical services over the past two years. The combination of our organisational culture and the capability of our people has led to the following achievements:

- The Trust has achieved outstanding success at preventing and controlling infections, with no MRSA bacteraemia since 17 April 2009 and C difficile levels well below its target maximums. It was also shortlisted for the Nursing Times Patient Safety Award in 2010 in recognition of this.

- Since 2008/9, the Trust has realised highly ambitious efficiency targets every year, achieving 8% in 2008/9, 5% in 2009/10 and a forecast 6% for 2010/11. This compares with average CIPs in acute FTs of 4.6% in 2009/10.

- Trust staff have pioneered a number of highly innovative schemes, including the UK's first web based blood-tracking system, a development that resulted in an e-Health Insider award in 2008 for innovation and significantly improved transfusion safety. It has since been adopted in many other trusts. The diabetes and IM&T teams were shortlisted for a north west Health and Social Care Award in 2009 for introducing personalised text-message support for people who were newly-diagnosed or struggling to control their diabetes.

- The Trust was named Medium-Sized Hospital Trust of the Year 2009 by the Dr Foster Hospital Guide for the way it had improved patient safety and reduced mortality rates.

- In November 2010, Trafford General became the first hospital in the country to trial a new non-surgical treatment to help obese patients with diabetes lose

Overview of Trafford Healthcare NHS Trust

Trafford Healthcare NHS Trust provides high-quality district general hospital services to the population of the metropolitan borough of Trafford, Greater Manchester. Acute services are also provided to the people of Trafford by neighbouring trusts.

The Trust was founded in 1994, has an annual turnover of around £94m and has three hospitals, as well as providing services in the community. It is also a partner in the borough's Children & Young People's Service, along with NHS Trafford and Trafford Council. Its hospitals are:

- **Trafford General Hospital** in Davyhulme is the Trust's main site, with inpatient and outpatient services. It has a full ED and is often nicknamed the 'birthplace of the NHS' because it was here that Nye Bevan officially launched the National Health Service in 1948.
- **Altrincham General Hospital**, providing a wide range of outpatient services and a popular minor injuries unit.
- **Stretford Memorial Hospital** in Old Trafford, providing some outpatient services.

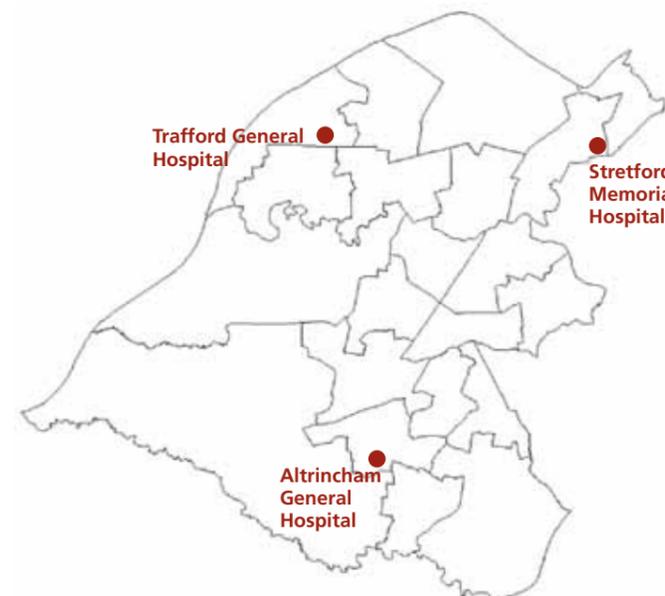
The Trust performs strongly on quality measures. It is meeting all its clinical targets, has one of the lowest incidences of HCAIs in the country with no MRSA bacteraemia since 17 April 2009, and is in the top quartile or middle tier for all Better Care, Better Value indicators other than length of stay.

It has also realised significant cost improvements (CIPs) in recent years, making efficiency savings of 8% in 2008/9, 5% in 2009/10 and a further 6% (planned) in 2010/11.

Despite this, its financial position remains extremely challenging and, after two years of balanced budgets, it delivered a deficit of £6.1m for 2009/10 due to a combination of tariff changes, commissioned activity and Market Forces Factor. Maternity and inpatient paediatrics transferred to other trusts in early 2010 under the Making it Better proposals for Greater Manchester.

The Trust has long recognised that its size – in particular, the ratio of turnover to fixed costs – presents a viability issue. It had been working with its health economy partners on a 'whole system' QIPP solution predicated on integrated care services leading to improved clinical outcomes and value for money. The proposal included a new integrated care organisation (ICO) formed by the merger of Trafford Healthcare and Trafford Provider Services (the PCT's provider arm). The business plan for this ICO demonstrated it could achieve foundation trust status over five years.

However, the new timeframes set out by the Department of Health require trusts to achieve FT status by 2014 or seek alternative solutions. It is for this reason that the Trust Board is now seeking acquisition by another organisation as its preferred option.



- Information Management & Technology is a particular strength. The Trust has an advanced Electronic Patient Record that has been in place for seven years and is fully accessible by patients' GPs. It is currently phasing out paper casenotes through the use of digital dictation, electronic forms and sophisticated scanning. Patient care on the wards is enhanced by the use of electronic whiteboards. Other clinical systems of note are Bedman, which provides real-time bed management information, and the ICE Desktop which provides hospital clinicians and GPs with instant electronic access to pathology results.
- The Trust was named Employer of the Year in the Business Training Awards by Trafford College and its in-house catering team won Gold Plus standard in the Trafford Healthy Choices Award from Trafford Council.

weight and control their blood glucose. Consultant Gastroenterologist Dr John Mason implanted the first 'Endobarrier' device in the UK. It works by reducing the amount of contact between food and the first part of the digestive system. So far, the first patients have lost more than a stone in weight and halved their medication.

- Trafford General was the first hospital in the North West to offer a new treatment called balloon-assisted sinuplasty for chronic sinusitis. Consultant ENT Surgeon Mr Atef El-Kholy inserted a small balloon which is then inflated to gently widen sinus passages, instead of removing cartilage surgically.
- Trafford is leading the way in pioneering new ways of providing healthcare. The Trust has been working closely with NHS Trafford, GPs, community health teams and social care to reduce unnecessary hospital admissions and keep patients healthier for longer by developing an integrated care system. Clinical panels including patients are redesigning services in diabetes, respiratory medicine, ENT, unscheduled care, end of life care and mental health. The Integrated Care System is a whole system commissioner and provider approach and the development work for this has been funded by NHS Trafford to the level of £2m over the past year.
- The Trust is one of the three key partners in Trafford's Children & Young People's Service (CYPS), a commissioning and provision multi-agency 'virtual trust' bringing together health, education and social care to improve safeguarding and outcomes for those aged 0-18. It has been highly praised in national audits for this multi-agency approach. The Trust's Child & Adolescent Mental Health Services (CAMHS) won national praise from Ofsted and the CQC for the way it supports children in care and their carers.

Pioneering new ways of providing healthcare through an integrated care system

Achieved outstanding success at preventing and controlling infections

Was named Medium-Sized Hospital Trust of the Year 2009 by the Dr Foster Hospital Guide for the way it had improved patient safety and reduced mortality rates

First hospital to trial a new non-surgical treatment to help obese diabetes patients lose weight and control their blood glucose

Staff pioneered the UK's first web based blood-tracking systems

Named Employer of the Year in the Business Training Awards

Clinical Services

The majority of services sit within the Trust's three clinical directorates:

- Medicine & Rehabilitation
- Surgery & Access
- Diagnostics

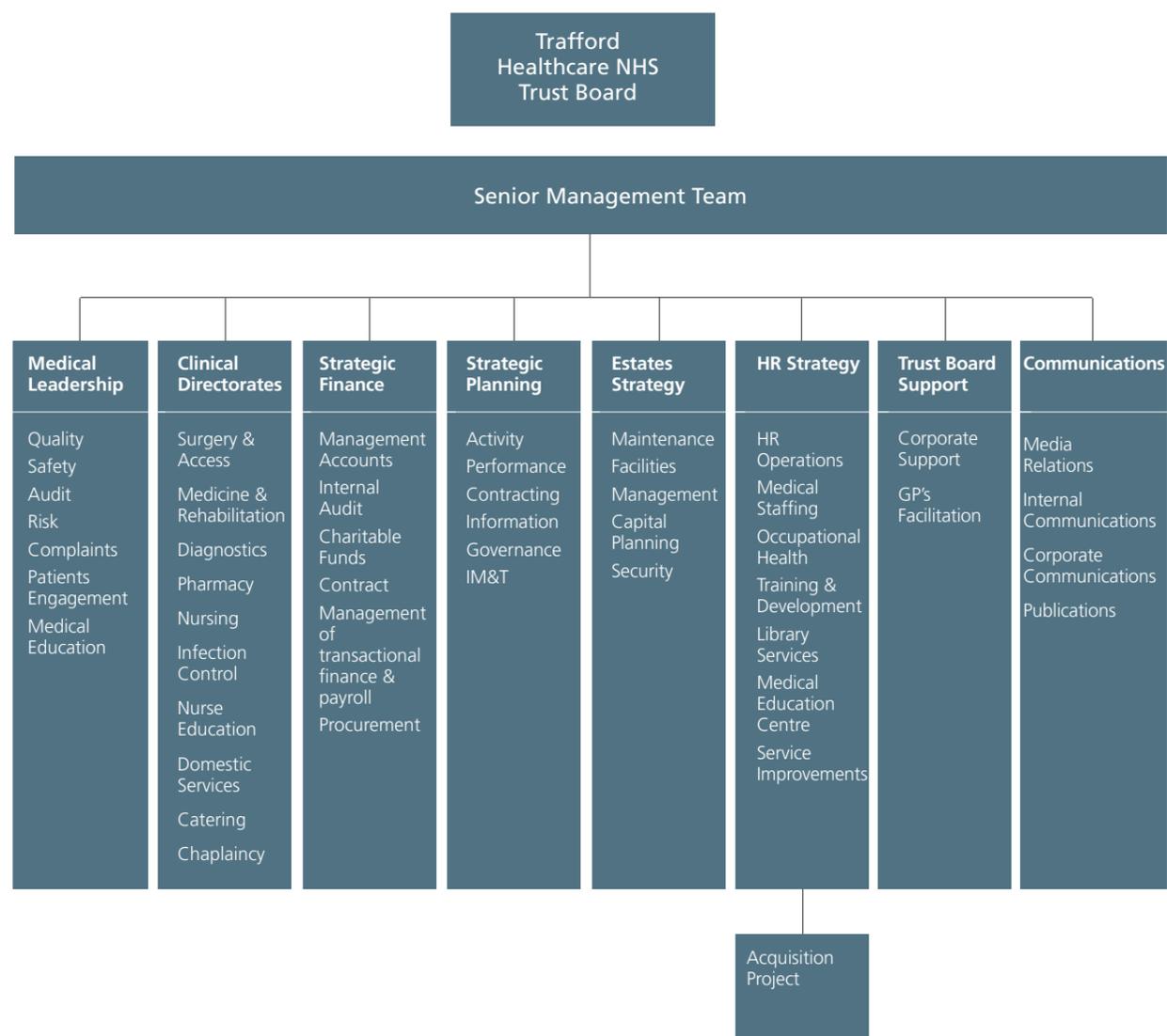
We also have a strong and forward-looking Pharmacy department.

Community-facing paediatric services sit within the multi-agency Trafford Children & Young People's Service (CYPS), which brings together health, education and social care.



Organisational Structure

An overview of the structure of THT is shown below.



Further details of directorate and department structures and staffing are available in the workforce section of this document and in the virtual data room, as are descriptions of activity undertaken by non-clinical and business support functions.

The table below lists the clinical services currently provided by THT, their point of delivery, and where services are provided in a federated or partnership model with another organisation:

Service	Points of Delivery
Medicine & Rehabilitation	
A&E	TGH/CMFT
Minor Injuries Unit	AGH/CMFT
Cardiology	TGH/UHSM
Dermatology	TGH/AGH/SRFT
Diabetes	TGH/AGH
Elderly Health and General Medicine	TGH/AGH/SMH
Gastroenterology (upper GI) and Endoscopy	TGH/AGH
Neurology and Neuro-Rehabilitation	TGH/SRFT/CMFT
Paediatrics	TGH/AGH/UHSM/Community
Respiratory Medicine	TGH/AGH/SMH
Rheumatology	TGH AGH
Sexual Health	TGH/Community
Surgery & Access	
Audiology	TGH/AGH
Colorectal (lower GI) and General Surgery	TGH/AGH
Critical Care (ICU/HDU)	TGH
Ear, Nose & Throat (ENT)	TGH/AGH
Gynaecology	
Ophthalmology	TGH/AGH/SMH
Oral Surgery, Maxillo-Facial, Orthodontics and Restorative Dentistry	TGH
Orthopaedics	TGH/AGH
Pain Management	TGH/AGH
Urology	TGH/AGH
Diagnostics	
Radiology	TGH/AGH/SMH
Cardio Respiratory Investigations	TGH
Pathology	TGH/AGH
Clinical Chemistry	TGH
Haematology testing (including blood transfusion)	TGH
Histology	TGH
Microbiology	TGH
Children's & Young People's Services	TGH/AGH/Community
Pharmacy	TGH
Phlebotomy	TGH/AGH/SMH

The following section gives an overview of clinical services provided by THT by Directorate and specialty.

1. Medicine & Rehabilitation



Acute, emergency and unscheduled care

The Trust's acute and emergency services include:

- 24-hour emergency department at Trafford General Hospital for both adult and children
- Children's assessment unit
- Medical Assessment Unit
- 158 medical and elderly beds for acute admissions
- Seven-day minor injuries unit at Altrincham General

Emergency Department (ED), Trafford General

The ED was described as 'Excellent' in an external peer review in May 2010 and incorporates both a dedicated children's department and a separate adult department.

The ED is managed by four consultants through a confederated model of employment with Central Manchester Foundation Trust; this has been in place since 2007. The consultant team is Dr Paul Wallman, Dr Stewart Teece, Dr Dhurga Gnanasegaram, and Dr John Batchelor. The consultant team is supported by 24-hour SHO and middle-grade medical cover on site, a GP with Special Interest (GPwSI) in Emergency

Medicine, an Advanced Nurse Practitioner, Emergency Nurse Practitioners and a full ED nursing team.

There is consultant-level presence in the department from 09.00 to 19.00 every weekday and for six hours a day at weekends; out of these hours, on-call cover is provided by the consultant team.

The department has performed well against the national four-hour target and is fully supported by the ED IT system Symphony to ensure accurate data collection. The capabilities of the system are currently being broadened to take on board the clinical indicator requirements for 2011/12.

The Children's ED department is both a separate but yet a combined area within the overall footprint of the A&E. This area also supports a dedicated observation area where children requiring a period of observation rather than admission or prior to transfer to another hospital for admission can be treated. The Children's ED department is supported by a dedicated nursing team led by an Advanced Nurse Practitioner; they have access to all the ED team as well as other speciality doctors within the hospital. For those children requiring paediatrician input, this is provided by a federated model of care with University Hospital of South Manchester following the introduction of Making it Better.

The Minor Injuries Unit at Altrincham is an Emergency Nurse Practitioner-led service which since its opening has become extremely popular with the local population. The unit has support from the radiology department on a daily basis and has a number of consultant-led review clinics including fracture, medical and Emergency Medicine.

ED performance

There were 39,000 attendances at the ED in 2009/10. The Trust has consistently delivered the emergency care performance target since its inception in 2003.

Medicine & Rehabilitation bed base

The Medicine & Rehabilitation directorate is supported by a 29-bedded Medical Assessment Unit (MAU), 87 general beds spread across three further wards together with a 42-bedded rehabilitation ward. The MAU comprises both male and female bays which are compliant with the single sex accommodation requirements.

A recent development includes the development of a dedicated ambulatory care unit (ACU) that currently covers three pathways. The number of pathways is being expanded over the next few months; the aim of this unit is to prevent hospital admissions.

All wards are fully compliant with single sex accommodation requirements and there have been no breaches over the last 12 months. All wards are specialty-based with dedicated daily board rounds and twice-weekly ward rounds by consultant teams. All wards are fully staffed with a dedicated nursing team, where quality and patient experience is high on the agenda.

There is a fully equipped 24-bedded rehabilitation

ward staffed by four geriatricians and therapists that form part of a community team. They are supported by a dedicated social worker and nursing team. This is complimented by an 18-bedded stroke / rehabilitation unit which forms part of the North West Manchester stroke service with a multidisciplinary team to ensure a seamless service for patients from admission through to discharge and ongoing care in the community.

There is an integrated bed management and discharge team that works with the clinical teams and the wards to ensure safe, timely discharge.

Medical specialties

Cardiology

The service is led by two consultant cardiologists, Dr Karel Medilek and Dr Petr Ruzicka, supported by a number of junior doctors and two specialist nurses. Both consultants provide a full range of district general hospital services on site, both within an outpatient and inpatient setting. They also have access to the Cath lab at UHSM on a Friday.

They welcome referrals from within/outside the Trafford area for all varieties of cardiac problems including:

- chest pain
- breathlessness
- palpitations, symptoms
- blackouts
- IHD
- valvular disease
- heart failure, diagnoses
- cardiomyopathies
- arrhythmias

Dr Medilek leads on a Rapid Access Chest Pain Clinic which is run at TGH 2-3 times a week using a new protocol based on NICE guidance with stress ECG and stress echocardiography available on site.

The service is backed up with full provision of non-invasive diagnostic methods including:

- ECG
- 24-hour ECG
- BP monitoring, transthoracic and transoesophageal
- echocardiography with full open GP access (except TOE).

They have successfully introduced pacing and loop recorder implants.

They also have good links with tertiary centres for PCI, EP studies / complex pacing and cardiac surgery.

Dr Medilek has a special interest in non-invasive cardiology, especially echocardiography; he holds European Society of Echocardiography accreditation in transoesophageal echocardiography. Dr Ruzicka has a special interest in heart rhythm and invasive cardiology.

Dermatology & Paediatric Dermatology

The service is led by consultant Dr Jennifer Yell, working with fellow consultant Dr Farzana Nayeemuddin and Dr Gupta, a locum consultant, and welcomes referrals for patients of all ages.

There are clinics at Trafford General, Altrincham General and Stretford Memorial Hospitals. They include nurse-led cryosurgery and Isotretinoin follow-up clinics. The three consultants are supported by a specialist doctor, two hospital practitioners and highly-trained nurses.

The department offers rapid access and diagnosis for patients with suspected skin cancer. Most biopsies are performed at the first visit to avoid delay in treatment and save patients a second visit. Confirmed cases of skin cancer are referred on to appropriate specialists for further treatment.

Diabetes

The service is led by consultants Dr Bill Stephens and Dr Ajith George and sees children, young people and adults with Type 1, Type 2, gestational diabetes and some rarer forms of diabetes, e.g. MODY. The team can provide highly specialist diabetes care to people with more complex needs such as diabetic foot ulceration, pregnancy, renal problems, erectile dysfunction and insulin pump therapy.

The multidisciplinary team includes doctors, specialist nurses, dietitians and podiatrists. Outpatient care is provided from the dedicated Diabetes Centre at TGH. Clinics are also held at AGH and SMH. There is a specific community service for elderly and vulnerable patients. There is a specialised podiatry service, including a diabetic foot clinic, and they run clinics at AGH and in the Diabetes Centre at TGH.

Patient education is a crucial aspect of treatment, with the T1DE programme for people with Type 1 diabetes and the X-PERT programme for people with Type 2 diabetes. Both programmes fulfil the Department of Health criteria for structured education and are audited on a regular basis. The Interactive Diabetes Conversation Map is also used to facilitate learning for patients.

The diabetes team are heavily involved in the integrated care system (ICS) Diabetes Clinical Panel. They work closely with primary care colleagues and are keen to develop integrated services that will forge stronger links between primary care, secondary care and people with diabetes. They also have good relationships with the Trafford Diabetes UK support group, which holds its monthly meetings in the Diabetes Centre.

Elderly Health and General Medicine

The service is led by Dr Jay Chillala with a team of four consultants, Dr Simon Musgrave, Dr Tad Kondratowicz, Dr Sajjad Anwar and Dr Dharendra Allen. In addition to providing acute, inpatient care for medical conditions, the service also offers outpatient clinics for specific medical conditions such as Parkinson's and stroke, for general medical conditions and elderly health. These clinics are held at Trafford General and Altrincham General Hospitals. Dr Musgrave leads on stroke for the Trust.

A clinic for older people with diabetes is run by Dr Chillala and a diabetes specialist nurse. It enables patients to have a full review of both their diabetes and any other medical conditions. The Elderly Health service also undertakes general reviews for older people.

Falls screening takes place at a multidisciplinary clinic at Trafford General involving physiotherapy, an occupational therapist, podiatrist, pharmacist and a nurse. The consultants aim to provide a comprehensive review for falls and elderly care patients and direct them to the appropriate services. The team also has close links with the community rehabilitation team.

Gastroenterology and Endoscopy

The service is led by consultant Dr John Mason and provides a full range of care for patients with gastrointestinal and liver diseases including diagnostic and therapeutic endoscopy, nutritional support (such as PEG, jejunostomy and parenteral nutrition), ERCP and full diagnostic work-up for suspected GI cancers. The medical team works alongside specialist nurses for cancer, inflammatory bowel disease and nutritional support, as well as nurse endoscopists.

It is a very forward-thinking department and is one of just three sites nationally taking part in clinical trials of the Endobarrier system which helps obese diabetic patients lose weight and control their condition more effectively.

Clinic referrals for all gastrointestinal and liver diseases are seen at Trafford General or Altrincham General. Patients who require urgent assessment for suspected cancer are seen in the HSC205 Wednesday afternoon clinic and scoped on a Friday morning with follow-up, if needed, the following week. Upper GI cancers, once diagnosed, are treated through the South Manchester Upper GI MDT which takes place by video-link on a Friday afternoon. This allows very rapid assessment and treatment decisions.

Lower GI cancers are treated through the Trafford Lower GI Cancer MDT, also on a Friday afternoon. Pancreato-biliary cancers are referred to the Pennine MDT. There is further information about the lower GI service in the Surgery & Access section.

Endoscopy Unit

The Endoscopy Unit offers a high-quality and friendly service for outpatients and inpatients, whether NHS or private. The team performs a full range of diagnostic and therapeutic procedures including:

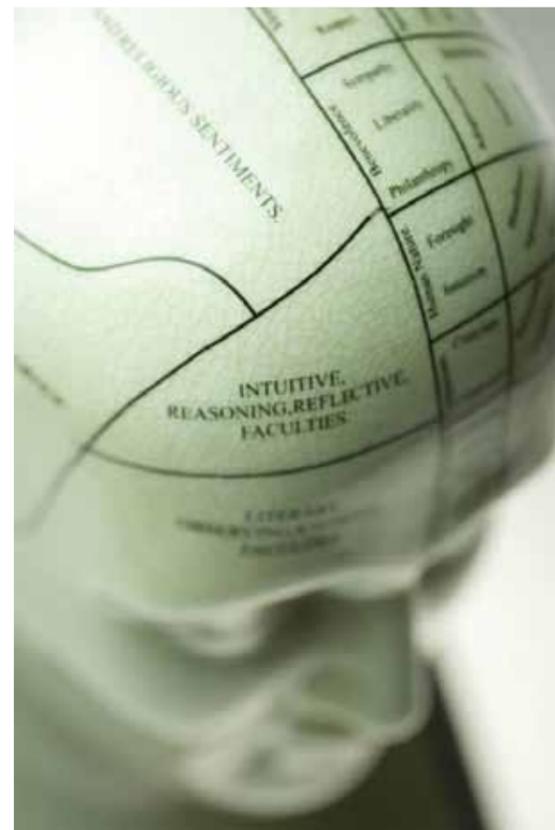
- Gastroscopy
- Colonoscopy
- Sigmoidoscopy
- Polypectomy
- ERCP
- Gastric balloon insertion and removal (private work)
- Cystoscopy
- Bronchoscopy
- 24-hour on-call service for emergency haematemesis
- One-stop and rapid-access HSC205 services

The Endoscopy service received JAG accreditation for five years in November 2009. It uses highly-specialised equipment for the decontamination and storage of scopes. Patients will soon be offered Entonox as an alternative to IV sedation for colonoscopy and sigmoidoscopy, giving them more choice over their care.

A new, purpose-designed Endoscopy suite which will be fully HTM20/30 compliant is currently in development and the service will relocate to the new facility later in 2011.

Neurology and Neuro-Rehabilitation

This service is provided by Salford Royal NHS Foundation Trust, which holds a weekly satellite Neurology clinic and a monthly Neuro-Rehabilitation clinic at Trafford General Hospital.



Paediatric Services

The Children's Resource Centre is a nurse-led centre which opened in October 2010 and is staffed by paediatric staff. It has flexible opening times but is open Monday to Friday from 8am to either 5pm or 7pm dependent on the day. It provides paediatric hospital-based services for local children who do not require an inpatient hospital stay.

The centre has a dedicated child-friendly, waiting area and four consultation rooms for provision of paediatric outpatient services. There is a dedicated CAMHS room for the completion of CAMHS assessments during opening hours and for CAMHS outpatient clinics.

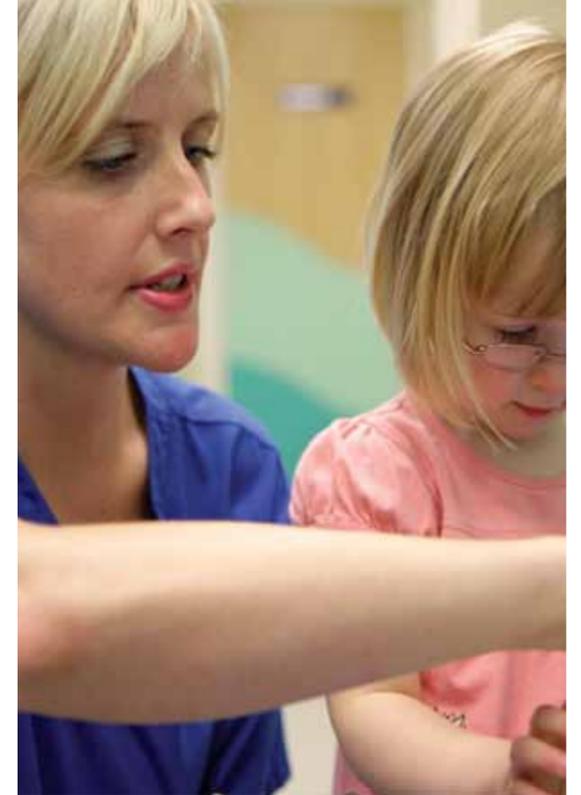
It has a separate 12-bedded area for provision of day-case medical or surgical services and an area has been identified within the centre for resuscitation of a child or young person if required.

There is a play room with play specialist support for children or young people attending for outpatient appointments, day-case surgery, medical treatment or investigation, or nurse-led phlebotomy services.

The service aims to provide integrated paediatric services with both paediatric medical and nursing staff working across the various paediatric services at Trafford Healthcare NHS Trust.

The team provides a range of outpatient, day surgery, day-case medical investigations and treatment, and blood testing from superb facilities in the newly-built children's resource centre.

There is a federated outpatient service with UHSM who provide two consultants, Dr Helen Lewis and Dr Clare Wilkins, who accept referrals for all paediatric medical problems. There are special paediatric diabetic, neurology and renal clinics. The resource centre was purpose-built to provide flexible clinic and treatment space and to appeal to children and young people of all ages, with play facilities and a teenagers' area. The team works closely with the Children & Young People's Service (CYPS) and also provides support in the community.



Paediatric Neuro-Development Clinics

The clinics see children referred from GPs or from the child health surveillance team for problems related to development, including communication, attention difficulties and issues with motor development. Relevant paediatric medical issues are assessed before a formal development assessment. Care is coordinated with the community team, Trafford Early Development Service (TEDS). Follow-up appointments may be held in the special schools.

Respiratory Medicine

The service is led by consultants Dr Bernard Leahy and Dr Nicola Sinnott. The consultants provide outpatient clinics, inpatient care and bronchoscopy lists. They assess and manage all patients referred with respiratory disease and general medicine. There is rapid access and diagnosis for patients with suspected lung cancer.

The respiratory specialist nurses support consultant-led clinics and inpatient care. They also hold outpatient clinics, run an advice line for patients/carers from Monday to Friday, run a support group for patients with respiratory disease and carry out domiciliary visits for patients unable to attend clinic.

Dr Sinnott is the co-chair of the multidisciplinary panel that leads on ICS work for COPD across Trafford.

The team provides TB screening and advice for patients, carers and healthcare professionals. It hosts medical students from the University Manchester, where Dr Leahy is an honorary lecturer in medicine.

Rheumatology

The service is led by consultants Dr Frank McKenna and Dr Preeti Shah. They welcome patients with both soft tissue and degenerative conditions, as well as those with ill-defined symptoms where diagnosis is unclear.

Rheumatoid arthritis is managed particularly well, supported by the nurse specialists, a computerised drug monitoring system, a busy patient helpline, an open access drop-in service and structured annual review clinics. The results of an audit of the first five years of the service have been presented at a national meeting. The consultants also run specialist fibromyalgia clinics and have received a national award for their sleep clinics.

In addition to the two consultants, the team includes three junior doctors, four nurse specialists, four secretarial/clerical staff, physiotherapy and occupational therapy and is based in a dedicated Rheumatology unit. The nurse specialists have expertise in patient education, clinical research, fibromyalgia and drug toxicity. They undertake a range of clinics and are trained in joint injections; some are nurse prescribers.

Dr McKenna has a special interest in the clinical pharmacology of drug treatment in rheumatic diseases and has been chief investigator or principal investigator for more studies of biologic drugs in RA than other rheumatologists in the North West. He also has a major interest in sleep pathology in fibromyalgia and undertakes studies using objective measures of sleep including sleep EEG recordings. He has an honorary clinical lecturer's contract at the University of Manchester and medical students are regularly attached to the unit. The unit has hosted the clinical examinations for the University of Manchester's Rheumatology MSc course since its inception 13 years ago.

Dr Shah has a clinical interest in inflammatory conditions, in particular Rheumatoid Arthritis (RA). Along with the team, she has developed an early inflammatory arthritis protocol to ensure patients are seen and treated in line with the recently-published NICE guidelines. She is a co-founding member of the working party 'Quality Commissioning in Rheumatoid Arthritis' (RA) which has developed outcome metrics for monitoring RA service quality.

Sexual Health

The sexual health service provides Genito-Urinary Medicine (GUM) and family planning in a friendly, non-judgmental environment.

GUM

The specialist GUM service is a confederated consultant-led service, with consultants being provided from CMFT, and is delivered in an acute setting at Trafford General. It is open to people of all ages and sexualities and provides a free, confidential service for the testing and treatment of sexually transmitted infections. There is on-site microscopy. Services include same-day HIV testing, HIV pre- and post-test discussion, Hep B and C screening and Hep B vaccinations for individuals who may be at risk, genital herpes suppression therapy, post-exposure HIV prophylaxis following sexual exposure (PEPSE), and psychosexual counselling.

Family planning

The aim and objective of contraceptive services (family planning) is to allow men and women of all ages to plan when it is appropriate for them to have children, by offering them a range of contraceptive services / methods in a friendly, confidential and non-judgmental environment.

Services they offer are:

- pre-conceptual advice
- cervical smears
- emergency contraception
- free condoms
- pregnancy testing
- abortion advice and referral
- STI screening
- Chlamydia testing

Trafford contraceptive services are provided in both the acute trust and community settings to men and women of all ages, working within the framework of safeguarding adults and children.

2. Surgery & Access



The specialties within Surgery & Access are:

- Audiology
- Cancer
- Colorectal (lower GI) and General Surgery
- Critical Care (ICU/HDU)
- Ear, Nose & Throat (ENT)
- Gynaecology
- Ophthalmology
- Oral Surgery, Maxillo-Facial, Orthodontics and Restorative Dentistry
- Orthopaedics
- Pain Management
- Urology

This section also contains information about the Trust's Theatres.

Surgical specialties

Audiology

The service is led by Mr Greg Nassar and assesses, diagnoses and rehabilitates children and adults with hearing and balance disability. It has a block value of 27k and has recently moved into new facilities at Trafford General, co-located alongside ENT.

Children

Following the newborn hearing screening programme, the service diagnoses, manages and rehabilitates newborns with permanent hearing impairment. There are strong links with external national agencies and with education colleagues. Children attending special schools and new referrals from other professionals (including paediatricians, GPs, HVs, CNNs, ENT, SALTs, school nurses, and other Audiology teams) can be appointed for hearing assessment and management.

More than 2,700 children have had hearing assessments in the last 12 months. The unit has state-of-the-art facilities at Trafford General and Altrincham General including the full range of diagnostic and objective hearing assessment equipment. Some children with complex needs including auditory neuropathy syndrome disorder (ANSD) are routinely assessed and managed in the department. There are strong links with local paediatric audiology departments and regional protocols have been developed in line with national guidelines. There are also good relationships with local paediatricians performing medical assessment as necessary, including blood and genetic tests to investigation hearing loss.

Adults

The service offers hearing assessments in community and hospital settings together with fully integrated audiology services. In 2011, the direct referral clinic will see over 1,200 patients. There are robust onward referral systems in place for patients requiring surgery or other investigations. The audiologists refer patients directly for MR scanning when appropriate. A full range of electric response audiometry (ERA) is available for patients unable to perform behavioural testing reliably and some vestibular objective assessment procedure scans can be performed. Most patients have their hearing instruments fitted, verified and reviewed locally and there is a drop-in service session for existing and new hearing aid users.



Basic balance assessment and rehabilitation is performed locally and, if necessary, patients can be referred for diagnostic testing at neighbouring centres. The unit is a fully-accredited regional training centre for clinical scientists, MSc and BSc Audiology and other students and has strong links with the University of Manchester. The department is currently conducting PhD and other research alongside existing clinical work.

New services are planned, including one-stop balance assessment and rehabilitation, cochlear implant review, an adolescent hearing aid service, and increased services with ENT.

Procedures performed include:

- Auditory brainstem response audiometry in children and adults
- Cortical evoked response audiometry in children and adults
- Cochlear microphonic testing in babies with certain pathologies (ANSD)
- Behavioural hearing assessment in children of all ages including complex needs children
- Hearing aid fitting and management of children of all ages and hearing loss
- Onward referral to cochlear implants centre if necessary
- Integrated adult hearing assessment
- Pure tone audiometry
- Middle ear function tests
- Adult hearing aid fitting and rehabilitation
- Tinnitus assessment and management in children and adults
- Objective and basic balance assessment in children and adults
- Drop-in service for children and adults with hearing aids

Cancer

The Trust provides a wide range of cancer services for the local population of Trafford, led by lead cancer clinician and consultant haematologist Dr Patrick Carrington.

The team receives, on average, more than 1,320 referrals a year for suspected cancers and aims to see all such patients within nine days. It provides an initial diagnostic service for all suspected cancers except breast cancer and aims to achieve a diagnosis within 21 days of referral. In addition to Dr Carrington, the team also comprises Pat Jones (cancer manager and lead cancer nurse) and MDT coordinators Judith Moran, Linda Williams and Emma McWhinnie.

Treatment

Some cancer surgery is provided within the Trust, including surgery for colorectal and skin cancers, along with minor surgery for head and neck cancer. Patients requiring surgery for lung, urology, upper gastrointestinal or major head and neck cancers are transferred elsewhere in Manchester for this specialist service.

The team provides chemotherapy for haematological cancers such as chronic lymphatic leukaemia, acute leukaemia and non-Hodgkin's lymphoma. Patients who need chemotherapy or radiotherapy for other forms of cancer are usually referred on to The Christie NHS Foundation Trust.

Trafford General Hospital has a Macmillan Information Centre on-site which provides cancer information and support to patients and the general public. Breast cancer services for Trafford patients are provided at University Hospital of South Manchester and Salford Royal NHS Foundation Trusts.

Performance

The performance figures from April 2010 to November 2010 are:

14 Day Referral to First Seen	96% (1,135 patients)
62 Day HSC patients	90% (133 treated patients)
62 Day 'Upgrade' patients	97% (150 treated patients)
31 Day – Subsequent Treatment	100% (56 treated patients)
31 Day – Original	100% (53 treated patients)

Colorectal and General Surgery

The service is led by consultants Mr Felix Mazarelo, Mr Mahdy Borghol and Mr Amir Al-Dabbagh and their teams. The Trust is recruiting a fourth consultant specialising in laparoscopic colorectal surgery.

Colorectal Surgery

The service enjoys a good reputation in the North West, and performs a range of surgical procedures, including for colorectal cancers and benign conditions such as inflammatory bowel diseases. Routine patients usually have surgery within eight weeks of referral. All surgery takes place at Trafford General. There is a weekly HSC205 colorectal clinic every Friday morning. Clinics are held at Trafford General and Altrincham General.

Laparoscopic surgery is carried out for cholecystectomy, inguinal hernia and other conditions. The one-stop laparoscopic cholecystectomy has expanded to include more than 95 per cent of all patients affected with gallstone procedure and their complications, rather than delaying surgery.

The team has implemented enhanced recovery for colorectal surgery. It performs incisional hernia surgery. It also provides an excellent stoma care service operated by two stoma nurses who work in both primary and secondary care.

General Surgery

Around 13,500 patient contacts are made each year with a contract value of £6m. More than 2,709 planned surgical procedures are performed a year. Clinics are held at Trafford General, Altrincham General and Stretford Memorial for easy access to all general surgical services.

The procedures performed are:

- Appendicectomy
- Cholecystectomy, both open and laparoscopic
- Thyroidectomy and parathyroid surgery
- Hernia Repair
- Haemorrhoidectomy
- Endoscopy procedures (Gastroscopy & Colonoscopy)

Critical care

The service is led by consultant anaesthetist Dr John Barnes and treats around 350 patients a year. The current Intensive Care Unit can accommodate a maximum of eight patients. Construction of a state-of-the-art, purpose-built ICU is underway and the service will move into this new facility later in 2011. The most common causes of admission are: trauma; major surgery; cardiopulmonary arrest; cardiac, respiratory, kidney or liver failure; unconsciousness, haemorrhage, septicaemia, burns or head injury.

The ICU team provides specialist interventions such as invasive and non-invasive ventilation, inotropic support, renal dialysis, cardiac output monitoring and invasive monitoring. In the event that a patient requires more specialist care such as cardiothoracic or neurological surgery, the team ensures a prompt and safe patient transfer using an approved, purpose-built mobile critical care trolley.

Around 29 staff, including four consultant anaesthetists, specialty doctors, junior doctors, ward matrons, nurses, dietitians, physiotherapists and a pharmacist, work on the ICU. They work closely with other medical and surgical colleagues and also provide a nurse-led critical care outreach service, which aims to provide support, guidance and advice for patients who may temporarily require critical care nursing within other departments in the hospital. Additionally, patients who have been discharged from the ICU are regularly visited and assessed by the critical care outreach nurse until their discharge from hospital.

ENT

The service is led by consultants Mr Atef El-Kholy and Mrs Astrid Bieger-Farhan. The further team consists of two senior associate specialists, two experienced specialty doctors, a rotating foundation trainee doctor and a specialist nurse, Andrea Urban. In addition, regular GP trainees and Salford Royal medical students have allocated training sessions in the department. We are an active teaching department and the consultants are also involved in ENT medical teaching at South Manchester including a medical student ENT workshop.

The service provides adult and paediatric ENT care and clinics are held at Trafford General Hospital, Altrincham General Hospital and at the GP centres, Firsway and Delamere. The annual plan is to see 15,600 patient contacts at a value of £2.8m.

Clinics include general ENT clinics as well as voice clinics, neck lump clinics, hearing assessment clinics,

allergy/rhinology clinics, nurse-led microsuction ear clinics and a six-day rapid access clinic (Mon - Sat).

Urgent cases are seen within three days and routine cases are seen within seven days.

The service is also federated with the University Hospital of South Manchester NHS Foundation Trust and the consultants work across both trusts. The ENT team provides a 24-hour ENT service five days a week to cover. Weekend cover for continuity of care of emergencies is provided by the South Manchester Federation.

ENT surgical procedures are carried out mostly on a day-case basis but facilities for overnight stay are in place. More than 1,000 procedures are performed each year.

Procedures include general ENT procedures such as adenotonsillectomies and grommet insertions, but also a range of otological procedures including myringoplasties, ossiculoplasties and mastoid surgery. Rhinological procedures carried out at Trafford include septoplasties and laser turbinate surgery, endoscopic sinus surgery including balloon sinoplasties and advanced rhinoplasty surgery. Benign neck lump surgery and salivary gland surgery is carried out, as well as diagnostic procedures for head and neck cancer.

The audited results of myringoplasty, mastoidectomy, endoscopic sinus surgery, rhinoplasty and parotid surgery are comparable to the best international results.

Gynaecology

The service is led by consultant Mr Anthony Nysenbaum, with fellow consultants Mr Mahmoud Elghazawy, Dr Rosemary Howell and Mr Ahmed Karim. It provides inpatient care (major and minor surgery), outpatient gynaecology, colposcopy, uro-gynaecology, uro-dynamics and a Gynaecology Assessment Unit which also offers early pregnancy assessment.

The Gynaecology ward has eight inpatient beds and eight day-case beds. The current plan is for around 14,000 patient contacts with a value of £3.5m and the service has seen about 3,600 new referrals each year. The Colposcopy unit has recently undergone extensive refurbishment and is located adjacent to the antenatal clinics. Direct referral to this service is available. There are four colposcopy clinics per week, managed by consultants and specialist colposcopy nurses.

The uro-gynaecology and pelvic floor dysfunction clinic receives all referrals for lower urinary tract and urinary incontinence problems, as well as genital tract prolapse problems. It is run by uro-gynaecology specialist Mr Elghazawy, with a multidisciplinary team including a senior physiotherapist and a continence advisor.

Daily antenatal clinics are run on-site by the University Hospital of South Manchester and Central Manchester University Hospitals NHS Foundation Trusts. Dr Howell combines her gynaecology work at Trafford with obstetrics at Central Manchester University Hospitals NHS Foundation Trust.

Gynaecology Assessment Unit

This unit provides urgent and emergency gynaecology and early pregnancy care and is open from 8am-8pm, Monday to Friday. Referrals can be made via GPs, midwives, Emergency Department, family planning or self-referral. It sees women less than 16 weeks gestation and suffering from pregnancy-related problems, patients who have undergone inpatient gynaecological treatment or surgery within the past month, women who are one month post-partum with post-delivery related problems, and women with any gynaecological symptoms that would usually need Emergency Department assessment.

Ophthalmology

The service is run by visiting consultants from Central Manchester University Hospitals NHS Foundation Trust, Mr Niall Patton and Mr Bruno Zuberhler. It is relatively small, with a current plan to see 2,500 patients at a value of £250k. Outpatient clinics are held at Altrincham General and Stretford Memorial for general ophthalmology, cataract, glaucoma, age-related macular degeneration, corneal eye (anterior segment), retinal (post segment), external eye disorder, eyelid (adnexal) disorder and lacrimal low vision.

Comprehensive assessments are made by the medical team including investigations and management plans appropriate to the condition being treated. These include slit lamp examination, orthoptic assessment, visual fields, corneal pachymetry and HRT screening. Urgent referrals are sent to the Manchester Eye hospital. Minor lid operations and cyst removals are referred to a nurse-led clinic at Central Manchester.

Oral Surgery, Maxillo-Facial, Orthodontics and Restorative Dentistry

Oral and Maxillo-Facial Surgery

The service is run by Mr Richard Lloyd from Central Manchester University Hospitals NHS Foundation Trust. It is an outpatient and inpatient service with approximately 3,600 patient contacts and a value just under £1m. Conditions treated include: disease and injuries of the face, mouth and jaw; malignancy of the mouth and skin of the head and neck; salivary gland diseases and tumours; temporomandibular joint disorders; maxillofacial trauma; facial and jaw deformity; impacted teeth that require general anaesthetic; and cysts and tumours of the jaw.

General anaesthetic procedures and those requiring day-case surgery are performed at Trafford General. All elective head and neck surgery is undertaken at Central Manchester.

Orthodontics (Adult and Paediatric)

A comprehensive orthodontic service is provided by Mrs Susi Caldwell from University Hospital of South Manchester NHS Foundation Trust offering a consultant's advice on any orthodontic problem. The service currently sees around 2,000 patient contacts with a value £230k. Procedures performed include: fixed orthodontic appliances for complex treatment, including multidisciplinary treatment with colleagues from restorative dentistry, paediatric dentistry, maxillo-facial surgery and plastic surgery; functional appliances; and orthognathic surgery.

Restorative Dentistry

This small service is run by Mr Thomas Boyd from Pennine Acute Hospital NHS Trust with around 314 patient contacts at a value of £24k.

Orthopaedics

Orthopaedics is the Trust's largest surgical department, with 25 trauma and elective beds and eight day-case beds. There is an annual plan to see 25,000 patient contacts with a value of £10.6m.

There are five consultants and one specialist associate specialising in all areas of orthopaedic surgery:

- **Mr Mobeen Ismail:** Lower Limb, specialism – knee surgery
- **Mr Raj Goel:** Lower Limb – foot and ankle
- **Mr Mark Webber:** Shoulder and Spinal Surgery
- **Mr Bibhas Roy:** Shoulder Surgery
- **Mr Andrew Fitzgerald:** General Orthopaedic Surgery – hand surgery/spinal
- **Mr Sanjay Sureen:** Lower Limb (associate specialist)

The department also includes surgeons, physiotherapists, occupational therapists, a pain team and a specialist nurse.

Performance

The implementation of the 'enhanced recovery' model has significantly reduced length of stay to two to three days for knee surgery and three to four days in hip surgery.

Patients are offered local infiltration blocks, an educational programme pre-surgery and intense rehabilitation by the ward nurses, physiotherapists and occupational therapist.

The Advancing Quality audit demonstrates that the team has administered appropriate care for over 90 per cent of hip and knee patients this year. Surgical site infection rate for hip replacement is zero and for knees it is 2.8 per cent.

The KPI for best practice for fractured neck of femur patients this year so far has been 100% in all targets, except for undertaking surgery within 36 hours, which was 85%. Reasons for delay were all health-related.

Pain Management

The pain team is led by consultants Dr Timothy Kinsella and Dr Anil Soni, both specialists in chronic and acute pain. It also comprises associate specialist Dr Kanar Al-Quargooli, Sister Karen Bratcher and Sister Stephanie Reason. The consultants provide both an acute pain service at Trafford General and chronic pain clinics at Trafford General, Altrincham General and Stretford Memorial.

The current plan is for 2,600 patient contacts a year with a value of £950k. Lower back pain, spondylosis, thoracic spine pain, sciatica, cervical spine pain and neuralgia are among the conditions treated. Around 740 procedures a year are performed at Trafford General, including medication reviews, lifestyle management, epidural injections, facet joint injections, IV guanethidine blocks, trigger point injections, facet rhizolysis, pulsed RF therapy and application of TENs.

Radiology, physiotherapy and orthotics are on hand, ensuring that all available treatments can be accessed so patients receive the best outcome. The team is looking at innovative ways of providing care, including one-stop clinics and treatments.

The pain service has been instrumental in implementing enhanced recovery for orthopaedics and colorectal patients. They also offer local infiltration blocks for orthopaedic patients, which has reduced their length of stay following surgery. Following the success of this treatment, it is also going to be offered to the colorectal patients.

Urology

This is a federated service with University Hospital of South Manchester NHS Foundation Trust, run by three consultants: Mr James (Graham) Young, Mr Thiru Gunendran and Mr Karyee Chow. There is one associate specialist, one clinical fellow and three nurse specialists, all employed by Trafford Healthcare, who assist in outpatient clinics and urological procedures. The annual plan is for 25,000 patient contacts with a value of £1.7m.

Investigative procedures are commonly performed for urinary tract infection, cystitis, dysuria, urethral discharge, pyelonephritis, loin pain, kidney pain, renal stone, renal colic, ureteric colic, ureteric stone, bladder stone and urethral stones.

Clinics include a lower urinary tract service (LUTS) for patients with bladder irritability, disorders of the lower urinary tract, neurogenic dysfunction of the bladder, urinary incontinence, and urinary tract infectious disease. There are weekly nurse-led clinics for LUTS/haematuria and oncology. Urodynamics is available for both male and female patients. Complicated patients can be managed in the community with supra-pubic and urethral catheters.

Oncology services include a two-week-wait clinic for all suspected cancers including kidney, prostate, testicular, urological and urethral. TRUS biopsy is performed for the diagnosis of prostate cancers. There are also regular cancer treatment clinics.

Day-case procedures are performed at Trafford General. Elective surgery requiring an overnight stay is undertaken at University Hospital of South Manchester.

The team performs laparoscopic renal (kidney) surgery, laparoscopic nephrectomy, laparoscopic lymph-node biopsy and laparoscopic renal cyst surgery.

Theatres

The operating theatre department provides an emergency service 24 hours a day throughout the year. There are dedicated staff on duty 24 hours a day. The team comprises 72 whole-time equivalents, including a theatre manager and a theatre coordinator.

Main Theatres

The Main Theatres at Trafford General are being fully refurbished in spring 2011 to create a modern facility with higher specification. There are seven operating theatres, which provide the surgical services for both elective and emergency operations.

Two are dedicated orthopaedic theatres with the laminar flow filters necessary for joint replacement procedures. One general theatre also has laminar flow filters. One theatre is dedicated to day-case procedures and is a stand-alone theatre with its own ward. Most minor procedures are undertaken in this theatre, providing a high turnover of patients.

All theatres are equipped with the necessary equipment to undertake laparoscopic and orthopaedic procedures including high-definition scopes, cameras and screens, as well as operating tables for trauma and shoulder surgery. The department is also equipped with the high-weight-bearing operating tables for bariatric patients.

Former Greater Manchester Surgical Centre

In addition to the seven theatres above, Trafford General also has three further theatres in a self-contained modern facility that was previously home to the Greater Manchester Surgical Centre.

3. Diagnostics



The specialties within Diagnostics are:

- **General Haematology**
- **Diagnostics:**
 - Radiology
 - Cardio-Respiratory Investigations
 - Pathology
 - Clinical Chemistry*
 - Haematology*
 - Histology*
 - Microbiology*

General Haematology

The service is led by consultants Dr David Alderson and Dr Patrick Carrington and provides comprehensive clinical haematology for all malignant and non-malignant haematological disease. It delivers chemotherapy and monoclonal antibody treatment for all blood cell cancers including lymphoma, myeloma and most leukaemias.

The consultants are members of the lymphoma and leukaemia MDT at The Christie NHS Foundation Trust and some patients with leukaemia and patients requiring transplant procedures are managed on a shared-care basis with The Christie.

There are several haematology and haemato-oncology clinics a week with day-case chemotherapy and other treatments being delivered by chemotherapy-trained specialist nurses. There are also inpatient facilities including two filtered air rooms and access to six further side rooms.

Specialist nurse care is provided within a Haematology day ward open from 07.30-16.00, with some variation depending on patient need.

These nursing staff are highly skilled in the provision of chemotherapy and intravenous therapy including blood and blood product transfusions. Additional medical services have access to this ward, allowing recovery from diagnostic procedures.

Haematology is a popular service providing patients with continuity of care in a welcoming environment close to home.

Diagnostics

The Trust provides a full range of pathology, radiology and cardio-respiratory investigations for the local health community, outpatient clinics and hospital patients.

Radiology

The department provides services at Trafford General, Altrincham General and Stretford Memorial Hospitals. Trafford General has access to the full range of modalities including CT and MR imaging. The Trust implemented PACS in December 2007, allowing images to be viewed simultaneously at any site and reducing the need to re-examine patients.

There is a skill mix across all modalities, enabling appropriately-skilled staff to provide the relevant input during each procedure. The team works efficiently to ensure minimum downtime for equipment changes and patient throughput.

Currently, NHS patients account for 99.9 per cent of the department's workload with the split by patient type as follows:

- | | |
|------------------------|-----|
| • Inpatient | 13% |
| • Outpatient | 37% |
| • Emergency Department | 23% |
| • GP direct access | 26% |
| • Other | 1% |

The top referral specialties are as follows:

- | | |
|---------------------------|-----|
| • GP | 25% |
| • Emergency Department | 23% |
| • Trauma and Orthopaedics | 18% |
| • Gynaecology | 7% |
| • Elderly Health | 3% |
| • General surgery | 3% |
| • Respiratory medicine | 3% |
| • Rheumatology | 3% |

Activity

In 2009/10, 98,250 examinations were carried out. The tables below show the breakdown by site and modality.

Modality	Exam count
Ultrasound (Obstetric & General)	15,575
Radiography	46,847
CT	7,615
MR	4,770
Fluoroscopy	2,141
TOTAL	76,948

Trafford General

Modality	Exam count
Ultrasound (Obstetric & General)	3,485
Radiography	17,283
TOTAL	20,768

Altrincham General

Modality	Exam count
Radiography	534
TOTAL	534

Stretford Memorial

Cardio-Respiratory Investigations

The Cardio-Respiratory Investigations unit provides diagnostic investigations of the heart and lungs to the people of Trafford and beyond. While the team works closely with Cardiology and Respiratory Medicine, it is an independent service providing investigations and expertise to all specialties.

Cardiology

- 24-hour blood pressure
- 24-hour heart recording
- Cardiac stress tests
- Cardiomemo
- Novacor (5 day)
- Echocardiograms
- Transoesophageal echoes
- Dobutamine Stress echoes
- ECGs
- Pacemaker follow-up
- Loop Recorder follow-up
- Pacemaker check
- Loop Recorder check
- ICD checks
- Switching ICD off in mortuary

Respiratory

- Respiratory function test
- Flow volume loops
- Respiratory exercise ests
- Full PFTs
- Overnight oximetry

The department is implementing a phased skill-mix review, designed to deal with the increase in complex work and the reduction in more basic testing. The phased implementation is allowing staff to be trained and assessed in more complex testing. When fully implemented, it will increase the team's capacity in complex testing.

Activity

Overall activity has increased from 6,058 investigations in 2006/7 (20 per cent of which were GP open access) to 13,393 in 2009/10 (25 per cent of which were GP open access). This is an increase of 221 per cent within three years.

Pathology

The Pathology service comprises

- Clinical Chemistry
- Haematology testing (including blood transfusion)
- Histology
- Microbiology

Clinical Chemistry

Clinical Chemistry is based at Trafford General and provides services for the three hospital sites, NHS Trafford's community teams and GPs. The laboratory is housed in a modern, purpose-built building and boasts state-of-the-art equipment. It has full CPA accreditation and IBMS training status.

The department provides a full range of routine chemical pathology testing and interpretation of results, with more complex and low-volume work referred to other hospitals. The team strives to offer an appropriate and cost-effective service which is responsive to users and regularly reviews its repertoire to ensure high quality. Its main analytical platform is Roche COBAS 6000 via a managed service contract.

The small but dedicated team of qualified biomedical scientists (BMS) provides a 24/7 service 365 days a year on a residential on-call basis. All qualified staff participate in the service in some way. The MLA team also provides cover for sample reception.

During 2009/10, the department processed more than 200,000 samples or 649,266 sets, representing in excess of 2.1 million tests. NHS patients account for 99.9 per cent of the current with the split by patient type as follows:

- GP 61%
- Other 14%
- Medicine 9%
- Medical specialty not stated 7%
- Haematology 5%
- Emergency Department 3%
- Surgery 2%

Haematology testing (including blood transfusion)

The Haematology department and blood transfusion laboratory are based at Trafford General and provide services for the three hospital sites, NHS Trafford's community teams and GPs. The laboratory is housed in a modern, purpose-built building with state-of-the-art equipment with full capabilities required for the routine service provided on-site. Some esoteric testing is referred to University Hospital of South Manchester and the specialised laboratories at Central Manchester University Hospitals.

The department currently operates a voluntary 24-hour, 365-day-a-year service on a residential on-call basis. Due to its voluntary nature, not all qualified staff participate and the on-call service is supported by agency staff for four out of nine sessions each week.

The current skill mix allows the sharing of BMS and MLA staff with Blood Transfusion, and supports Pathology sample reception duties.

Total activity in 2009/10 was 174,024 requests constituting 284,228 tests. NHS patients account for 99.9% of the current workload with the split by patient type as follows:

- GP 41%
- Anticoagulant clinic 14%
- Other 13%
- Medical specialty not stated 11%
- Medicine 9.5%
- Haematology 5%
- Emergency Department 4.5%
- Surgery 2%

Blood Transfusion

The Blood Transfusion laboratory carries out both routine tests such as blood grouping and screening of patients' blood for irregular blood group antibodies, as well as compatibility testing between a donor unit of blood and the patient. The laboratory is also responsible for the compatibility testing and issue of other blood components, such as platelets, plasma, human albumin and coagulation factor concentrates.

It handles between 200 requests for blood and blood products each month. During 2009/10, it received approximately 9,300 group and save requests and 2,200 cross-match requests. Very little direct access work is received, at around 10 requests a month; the overwhelming majority of work is from inpatients and Haematology outpatients.

Histology

The Histology service was put out to competitive tender to any willing provider in March 2010. A full OJEU procurement was undertaken and University Hospital of South Manchester NHS Foundation Trust was selected as preferred bidder. The physical transfer of the service took place on 1 February 2011, with all staff transferring to UHSM under TUPE.

The contract runs to 31 March 2016, with an option for a further three years by mutual agreement. It requires no less than 12 months' written notice prior to 31 March 2016, if the option to extend the contract is to be rejected.

The terms of the contract allow for a fixed cost payment each month, with a variable element based on workload. The service fee is paid monthly, and the workload element reconciled quarterly. The contract specifies that the service must be unconditionally accredited with the Clinical Pathology Accreditation system. Other quality indicators, such as turnaround times and attendance at multidisciplinary team meetings (MDTs), are specified in the contract.

The baseline level of activity, during the period 1 April 2011 to 31 March 2012, will be the 2010/11 outturn. (The forecast outturn is 9,955 requests, equating to 15,057 blocks.) The histology 'block' is the unit of currency used in workload reconciliation.

Microbiology

The Microbiology department is based at Trafford General and provides services for the three hospital sites and NHS Trafford. It is housed in a modern, purpose-built building with state-of-the-art equipment with full capabilities required for the routine service provided on-site.

Some esoteric testing is referred to specialised laboratories funded by the Health Protection Agency, to Salford Royal NHS Foundation Trust, and to other reference centres including Colindale, London.

The department currently operates a seven-day service for all clinically urgent samples, MRSA screens and Clostridium difficile toxin screens. It continues to operate a voluntary 24-hour on-call service from home, 365 days a year for technical and clinical testing and advice.

The department has a close working relationship with Infection Prevention and Control (IPC) and is committed to reducing healthcare-associated infections in line with Department of Health recommendations. The Trust has seen a dramatic reduction in MRSA bacteraemia within the last two years, with the introduction of changes in blood collection equipment and ANTT practice driven by the laboratory and the IPC team.

The department supports Genito-Urinary Medicine (GUM) at Trafford General, by providing laboratory personnel at the clinic to support prompt patient diagnosis. It also provides a laboratory service for patients attending community-based GUM clinics within Trafford.

The department is committed to training and development and is an accredited training laboratory for the development of healthcare scientists and practitioners at all levels within the profession. All practising biomedical scientists are registered with the Health Professions Council. Students entering the profession with a BSc in Biomedical Science follow a structured programme of training, supported by qualified mentors within Microbiology, to complete registration and specialist portfolios.

The department has approval for laboratory accreditation issued by the Clinical Pathology Accreditation (UK) Ltd. Total activity for 2009/10 was 112,000 samples constituting 188,702 investigations. NHS patients account for 99.9 per cent of the current workload with the split by patient type as follows:

- Inpatient 54%
- GP / Community 46%

Children & Young People's Service (CYPS)

THT is currently a partner within the Trafford Children & Young People's Service (commissioning and provision). The partnership is between Trafford Metropolitan Borough Council, NHS Trafford and THT.

The partnership has successfully developed high-quality, integrated community-facing services for the children and young people of Trafford. It also has close links and working arrangements with the hospital-based children's services delivered by THT.

In discussions with the commissioners and the local authority it has been agreed that many of the services currently provided by THT within the partnership will be transferred to a community provider prior to or on the date of the acquisition of THT by a foundation trust. The services affected are as follows:

- CAMHS
- School nursing
- HV liaison
- Community children's services
- Medical community service
- Child protection

The financial implications for THT of this transfer out of services are detailed in the financial section of the virtual data room.

The services that THT will continue to provide within the partnership are as follows:

Children with Special Needs (TEDS)

A home intervention nursing service is provided to support children aged 0-5 years with developmental delay, in addition to a nursing service being provided to support children with complex health needs. The team consists of health visitors, RSCNs and NNEBs. A respite nursing service is also provided to children with chronic medical needs.

Children with Learning Disabilities

A learning disability nursing service is provided by community nurses to children and young people who present with a learning disability and who may also have challenging behaviours. This nursing service works closely with social services and education to provide person-centred plans and behaviour management programmes.



Pharmacy & Medicine Management

Services are provided from the TGH site. The main department is a registered pharmacy and there is also a modern, modular-build aseptic unit, preparing medicines under a section 10 exemption. Services are provided for other trusts under service level agreements.

The services provided are:

- Procurement and supply of medication to outpatients, inpatients and patients requiring discharge prescriptions including clinical trials, as well as ward and department stock top-ups, including to the AGH and SMH sites. Pharmacists and technicians visit the wards on a daily basis to see new patients, review prescription charts and process discharge prescriptions.
- Ward and clinical pharmacy services to provide medicine reconciliation for patients admitted to the hospital, assess new prescriptions and support medical and nursing staff.
- Aseptic preparation of chemotherapy, rheumatology medication, clinical trials and TPN.
- Lead on medicine management issues across the Trust including approval of new formulary drugs, medicines policy and protocols and Patient Group Directions.
- Outpatient prescribing is provided for urgent items, with referral back to the GP the recommended process. FP10(HP) prescriptions are utilised for clinics at SMH and AGH sites.
- Co-ordination of homecare services principally for anti-TNF and clozapine patients receiving these drugs from homecare services.

The dispensary is well established as being technician-

led with a pharmacist performing the clinical screening of prescriptions before either assistants or technicians dispense them. Accuracy-checking technicians do most of the final checks. There is an automated dispenser (Rowa) within the department.

The Trust operates a policy of using patients' own drugs where available and one-stop dispensing wherever possible. The aim is to dispense discharge prescriptions at ward level.

The Pharmacy department currently opens Monday to Friday and on Saturday mornings with a pharmacist on call for the other hours.

Drug expenditure for the Trust will be approx £4.15m, of which about £2.5m will be high-cost drug recharge.



Pharmacy activity

April 2010 – February 2011

- **Total dispensary activity**
201,000 transactions
 - 22,000 outpatient transactions
 - 20,700 discharge transactions
 - Average 159 venalinks filled each month
 - 88,000 inpatient transactions
- **16,000** lines received
- **Aseptic unit average activity**
 - 32 TPN bags per month
 - 47 cytotoxics per month
 - 3 clinical trials per month
 - 55 other CIVAS items per month
 - 560 adjusted work units per month against capacity of 600.

Service Partnerships & Federated Services

Due to its size and its integration with other services within the Trafford health community, the Trust has a number of key relationships with other health and health-related bodies that are essential to its provision of services and its financial structure.

Key Partnership Arrangements

Partner and Service	Nature of Service
Central Manchester FT ED Ophthalmology Rehabilitation ward Orthopaedics Maternity Maternity	Federated Service by SLA Provision of Outpatient Service at THT Provision of Facilities and Services Prospective partnership on Elective Services Provision of Outpatient Service at THT Provision of Facilities and Services
UHSM Urology ENT Paediatrics Histopathology service Maternity Maternity	Federated Service by SLA Federated Service by Joint Appointment Federated Service by SLA Provided from UHSM site Provision of Outpatient Service at THT Provision of Facilities and Services
Salford Royal FT Neurology Immunology service	Provision of Outpatient Service at THT Provided from Salford site
Greater Manchester West FT Psychiatric Liaison Psychiatric Liaison Alcohol Moorside Unit Greenway	Alcohol/Overdose advice Elderly/Dementia advice Provision of Services Provision of Facilities and Services
Trafford Provider Services Therapy Services Therapy Services Therapy Services Therapy Services Therapy Services - Trafford General Therapy Services - Altrincham N. Trafford Combined Care Centre CYPs	Provision of hospital Physiotherapy Service Provision of hospital Occupational Therapy Provision of hospital Dietetics Service Provision of hospital Speech & Language Therapy Provision of accommodation for Direct Access Provision of accommodation for Direct Access Provision of Facilities and Services Partner in the provision of CYPs Services
NHS Trafford IT Infrastructure Occupational Health	Maintenance of Trafford-wide network Provision of Service
Trafford MBC CYPs	Partner in the provision of CYPs Services

Patient Income Contracts

SECTION 7

Trafford Healthcare's contract portfolio is dominated by its provision of services to local people. Therefore in both activity and value terms the majority of service is funded by the local commissioner - NHS Trafford.

Trafford Healthcare is the only acute provider within the boundaries of Trafford MBC and has therefore the only acute services contract negotiated directly by the PCT on behalf of the residents of Trafford.

Based on current 2011/12 contract values NHS Trafford represents some £66.8m of activity value (89%) as compared with £8.2m of activity value (11%) for other PCTs. Of this latter value, some £5.4m is activity from Manchester and Salford PCTs.

The Trust has contracts with eight other PCTs worth £1.7m, the balance of value (£1.1m) representing non-contracted activity and other income initiatives. Given the above, NHS Trafford and its future commissioning intentions are clearly crucial to the existing and future income streams of the services currently provided.

This is further emphasised in the current performance against contracts where NHS Trafford's activity is projected to be £0.6m ahead of contract at year-end. By contrast Manchester is projected to be £0.6m behind contract. This reflects the changes seen in recent years where Trafford has become more and more heavily dependent on NHS Trafford patients and funding streams.

In 2009/10 the Trust, following the recommendations of the Making it Better initiative, transferred its maternity and inpatient children's service to Central Manchester and South Manchester Foundation Trusts. This led to an income loss of roughly £7m.

Within the overall contract plan there are the following broad categories of activity:

Planned Patient Income for 2010/11	£m	%
Emergency Medical Admissions	13.1	17%
Emergency Surgical Admissions	4.6	6%
Elective Medical Admissions	4.2	6%
Elective Surgical Inpatients	5.2	7%
Elective Surgical Day Cases	8.5	11%
Critical Care	2.3	3%
Rehabilitation	3.3	4%
Medical Outpatients	7.7	10%
Surgical Outpatients	8.5	11%
ED	4.7	6%
Direct Access	4.4	6%
CYPS Block Contracts and Outpatients	4.6	6%
Other Block Contracts	1.6	2%
High Cost Drugs	2.3	3%
CQINs	1.1	1%
Total	76.1	100%
Medicine, ED and Rehabilitation	33.0	43%
Surgery	26.8	35%
Other	16.3	21%
Total	76.1	100%



The most recent analysis by specialty of the Trust's income (April to November 2010) is available in the virtual data room with a similar analysis for the year 2009/10 showing total income from all contracts and also for NHS Trafford by itself.

It should be noted that in 2009/10 NHS Trafford made a payment in excess of its original contract value of £2.1m which broadly equated to the value of activity it received. All other PCTs were broadly in line with their collective target.

The payment of the £2.1m represented the end point of what had been a difficult contract year which began with the Trust suffering a reduction in its Market Forces Factor and also the withdrawal of £3.0m from its expected contract value by NHS Trafford. The year-end payment of £2.1m therefore reflected a partial reinstatement of that withdrawal, with the Trust constraining its elective activity towards the year-end to bring its outturn value of activity into line with available funding.

This previous year's difficulties set the scene for the setting of the contract terms for 2010/11. Both the Trust and the PCT were conscious of the need to reach a more mutually acceptable contract and moreover to support service improvement and the development of integrated care through contractual adaptation.

To these ends the 2010/11 contract was constructed as follows:

- The underlying activity was based on 2009/10 outturn.
- An outpatient block value was agreed (with 5% thresholds) to encourage the reduction in new to follow-up outpatient ratios.
- Elective activity beyond original contract value was to be reimbursed at a marginal rate of 50% to encourage surgical referrals back to the Trust.
- It was agreed that where activity was transferred to community services or primary care through integrated care initiatives then negotiation would take place to ensure the Trust's ability to recover overhead costs would be mitigated.

In addition to the above the contract took account of the national requirements to reimburse emergency activity beyond 2008/09 levels at a marginal rate of 30% and also the inclusion of national, regional and local CQUIN payments of 1.5%.

NHS Trafford has indicated that it will settle the 2010/11 contract at a level that will enable the Trust to break even.

Discussions regarding the 2011/12 contract with NHS Trafford are ongoing. Information regarding progress on these negotiations will be placed in the virtual data room.

Activity



Shown below are the key patient activity metrics used within contract for the periods:

- 2009/10 actuals
- 2010/11 plan or contract targets
- 2010/11 actuals for the period April to December 2010

Where activity was undertaken in 2009/10, but which the Trust has subsequently ceased to undertake, then the figures have been adjusted to represent the correct comparison. For example 'emergency admissions' excludes maternity admissions. It should also be noted that the way outpatient procedures are charged has changed and that these were included with new and follow-up outpatients in 2009/10.

Patient Activity (Excluding Direct Access)

Directorate Activity	Contract Currency	2010/11 Actual	2010/11 Plan	2010/11 Apr-Dec
Medical				
Emergency Admissions	Admissions	6,140	6,100	4,550
Emergency Admissions	Excess Bed Days	6,360	7,225	5,851
ED	Attendances	59,990	59,799	43,948
Elective Admissions	Admissions	429	559	342
Elective Admissions	Excess Bed Days	230	476	440
Day Cases	Day cases	5,385	5,446	4,015
Rehabilitation	Days	15,177	14,680	10,901
New Outpatients	Attendances	15,878	14,237	10,678
Follow-up Outpatients	Attendances	36,465	34,645	25,984
Outpatient procedures	Attendances	N/A	3,726	2,795
Surgical				
Emergency Admissions	Admissions	2,129	2,126	1,392
Emergency Admissions	Excess Bed Days	898	1,244	979
Elective Admissions	Admissions	1,767	1,845	1,164
Elective Admissions	Excess Bed Days	504	379	361
Day Cases	Day cases	8,592	9,018	6,600
Critical Care	Days	1,735	1,739	1,119
New Outpatients	Attendances	25,157	20,254	15,697
Follow-up Outpatients	Attendances	45,930	41,523	28,934
Outpatient procedures	Attendances	N/A	10,745	8,606
Diagnostic				
New Outpatients	Attendances	672	681	705
Follow-up Outpatients	Attendances	40,980	40,304	30,425
CYPS				
New Outpatients	Attendances	1,265	1,325	781
Follow-up Outpatients	Attendances	2,572	2,705	1,421

When considering these activity levels it is worth noting that:

- Since Making it Better, Gynaecology emergency admissions have reduced
- Paediatric outpatients have also fallen since federation of the service with UHSM
- New to Follow-up outpatient ratios are continuing to improve
- The activity above excludes all activity relating to direct access and block contracts

Performance



The NHS Performance Framework – Operational Standards & Targets

Over the past two years, the Trust has performed consistently well against the key operational standards and targets laid down for acute trusts under the NHS Performance Framework.

Traditionally these standards are closely aligned with the methodology the Care Quality Commission will use when rating the quality of services delivered by the Trust.

Each individual standard has a maximum score of 3 and also a weighting, as not all standards are of equal importance in the calculation of the overall score. The framework gives a quarterly overall rating to each trust quarterly by reference to its overall weighted average score. These ratings are as follows:

- Performing - a score greater than 2.4
- Under Review - a score between 2.4 and 2.1
- Under-Performing - a score below 2.1

A score of 2.4 or over is therefore that of a performing trust when judged against this element of the Performance Framework. Trafford has consistently been one of the highest scoring trusts in the North West over the period considered. Its overall scores have been as follows:

2009	
April to June	2.75
July to September	2.71
October to December	2.74

2010	
January to March	2.83
April to June	2.86
July to September	2.76
October to December	2.76

The detail behind these scores/ratings is available in the virtual data room.

Throughout the period, the Trust has seen exemplary performance against the two targets measuring healthcare-associated infections with the last MRSA bacterium infection having been reported in April 2009.

As at Quarter 3 of 2010/11, the only material concern within the framework is the increasing level of delayed discharges.

The Trust is working with Trafford Provider Services and Trafford social services to reduce these delays.

It is also in the process of reviewing its own internal processes in order to ensure that patient pathways through the hospital are optimised to reduce length of stays and facilitate early discharge.

The Trust is committed to the continuance of the high standards it has achieved against the extant Operating Framework targets.

Financial overview

Background

The Trust was created in April 1994 and originally provided a range of acute, community, mental health and learning disability services. Between 1994/95 and 2000/01 the Trust's financial position was fairly stable, with a cumulative surplus of £0.7m at 31 March 2001. However over a four-year period, 1999 to 2002, the Trust experienced the divestment of a number of services, leading to a significant reduction in critical mass (£32m at 2010/11 prices).

Services Transferred from Trust 1999 - 2002

Table 1

Year	Service	£m
1999	Learning Disability services transferred to Salford & Trafford Health Authority	4.3
2000	Community services transferred to Trafford PCTs (North & South)	10.5
2000	Urology services transferred to UHSM	0.8
2002	Mental Health services transferred to Bolton, Salford and Trafford Mental Health Trust (Now Greater Manchester West MHFT)	16.2
	Total	31.8

Care Quality Commission Rating

Over the same period the Trust had also made significant progress against the CQC quality rating. Though this measurement has now been superseded, this improvement remains a good indication of the progress the Trust has made, with its overall rating moving for the quality of its services moving from Fair in 2009/10 to what would have been a Good rating in 2010/11.

In addition to the issue of delayed transfers of care, obtaining good results from the NHS National Staff Survey has remained the enduring sticking point in this evaluation.

Whilst this is being addressed through a project improving staff engagement, it is also clearly a function of the organisational uncertainty that has characterised the Trust over recent years.

Better Care Better Value

BCBVs are produced on a quarterly basis by the NHS Institute for Innovation and Improvement to help both PCTs and acute trusts to identify productivity opportunities in areas of service delivery. They are designed to:

- Help identify high and low-performing areas of activity
- Show comparative performance against that of peers
- Help prioritise areas of work for improvement
- Monitor improvement on a quarterly basis

Shown below is a summary, by indicator, of Trafford's performance in Quarter 4, together with the saving potentially available from further improvement.

Trafford's Performance Quarter 4

BCBV Indicators	Ranking	£000s	Rating
Length of Stay	164	2,865	Below Average
Day-Case Rate for 25 Conditions	26	9	Top 25%
Reducing Elective Pre-operative Stays	36	82	Top 25%
Reducing Non-Elective Pre-operative Stays	36	821	Top 25%
Re-admission Rates within 14 Days (Q3)	37	61	Average
Reducing Outpatient DNAs	48	106	Average
Reducing OutPatient Follow-up Ratios	119	2,434	Below Average

The combined impact of the above service transfers added to an increasingly challenged financial environment in which the Trust struggled to deliver sufficient cost savings to meet inflation and other cost and service pressures. The Trust just about managed to break even in 2001/02 and 2002/03

to leave the cumulative surplus standing at £0.7m at 31 March 2003. During the following seven years, 2003/04 to 2009/10, the Trust incurred a net deficit of £9.0m, to give a cumulative deficit at 31 March 2010 of £8.3m, as set out in **Table 2**, below.

The performance reflected above included receipt of the following financial support.

- 2008/09 - £3.3m from SHA (non-repayable).
- 2010/11 - £5.4m from SHA (non-repayable)

The Trust understands that NHS Trafford is now in a position to settle the 2010/11 contract at a level that will enable the Trust to break even.

A further reduction in services took place in February 2010 when Maternity and Children's inpatient services transferred from the Trust under the Greater Manchester Making it Better initiative. The annual reduction in income is c£7m and the Trust received transitional support in respect of overheads and other fixed costs in 2009/10 and 2010/11 of £0.5m and £1.3m respectively. The final tranche of transitional support is £1m and will be received in 2011/12.

Financial Year 2009/10

In view of its overall financial standing the Trust received a score of 1 in 2009/10 in the Auditor's Local Evaluation. The individual ALE scores can be found in **Table 3**.

Historical I&E Performance

Table 2

	2007/08 £000	2008/09 £000	2009/10 £000	2010/11 Forecast Outturn £000
Patient Care Income (SLA)	78,903	79,851	78,697	75,500
Other Income	15,653	19,417	16,115	20,211
Total Income	94,556	99,268	94,812	95,711
Pay	(62,943)	(64,960)	(67,084)	(64,784)
Non-Pay	(23,880)	(25,683)	(26,967)	(24,790)
EBITDA	7,733	8,625	761	6,137
Depreciation	(4,203)	(4,473)	(4,363)	(3,671)
Impairment		(2,361)	(1,566)	(440)
OPERATING SURPLUS/(DEFICIT)	3,530	1,791	(5,168)	2,026
Net Interest Paid/Other	68	18	(125)	(91)
SURPLUS/(DEFICIT)	3,598	1,809	(5,293)	1,935
PDC Dividends	(3,074)	(3,995)	(2,321)	(2,375)
RETAINED SURPLUS/(DEFICIT)	524	(2,186)	(7,614)	(440)
Less Impairment	0	2,361	1,566	440
RETAINED SURPLUS/(DEFICIT) FOR BREAKEVEN DUTY PURPOSES	524	175	(6,048)	0
Surplus/(Deficit) Brought Forward	(2,988)	(2,464)	(2,289)	(8,337)
Surplus/(Deficit) Carried Forward	(2,464)	(2,289)	(8,337)	(8,337)

Table 3

ALE Scores 2009/10	
Financial Standing	1
Financial Management	2
Value for Money	2
Internal Control	2
Financial Reporting	3

The annual accounts and annual audit letter for 2009/10 are available in the virtual data room.

Reference Costs

The Trust's overall Reference Cost Index reduced between 2005/06 and 2007/08, from 111 to 106, remained static in 2008/09 and then rose in 2009/10 to 109. Component indices in recent years are given in **Table 4** below.

Reference Cost Indices 2005/06 To 2009/10

	2009/10	2008/09	2007/08	2006/07	2005/06
Overall	109	106	106	108	111
Elective	106	105	107	88	97
Non-Elective	120	116	116	138	117
Excess Bed Days	140	130	130		
Critical Care	123	94	95	127	100
Out-Patients	88	90	83	96	116
Other Acute Services	151	148	153	118	120
Community	96	86	89	96	82
Mental Health	96	197	276	67	70
A&E	103	104			
Unbundled	118	104			

Note: All Indices are adjusted for the Market Forces Factor and include Excess Bed Days.

Cash Flow

The Trust has experienced significant cash flow difficulties in recent years in the light of its I&E performance. NHS Trafford has provided assistance in advancing SLA income, which has assisted with cash shortages due to the timing of receipts and payments.

However the Trust has also been in receipt of two working capital loans, the first for £1.7m in March 2007 and the second for £3.0m in March 2008.

The former loan is fully repaid whilst the balance outstanding on the latter loan at 31 March 2011 is £2.1m, to be repaid over the next seven years to March 2018. The Trust also received a loan from Salix in 2010/11 for energy saving capital schemes, which is to be repaid over four years from 2011/12.

The Trust required further working capital of £8.6m in March 2010 and received this in the form of Public Dividend Capital. There is currently no date agreed with the DH for repayment or conversion to a loan.

The cost of PDC Dividends associated with this advance is included in the ITDA analysis which, together with cash flow statements and balance sheets, is available in the virtual data room.

Service Line Reports

The service line reports for 2010/11 are available in the virtual data room.

Financial Plan 2011/12

The Trust's financial plan for 2011/12 is to deliver a surplus of £0.5m before impairments, which is the sum required to meet repayment commitments on the working capital and Salix energy loans.

This surplus is contingent on the receipt of financial support of £16.8m and is before expected impairments totalling £4.4m in respect of Altrincham General Hospital (£2.9m) and Trafford General Hospital (£1.5m).

Discussions are continuing between the Trust, NHS Trafford and the SHA with the objective of closing the financial gap for 2011/12. As and when any additional cost reduction measures or increased income plans are agreed, the financial plan for 2011/12 will be updated in the virtual data room.

Further details of the Trust's financial plan for 2011/12, which is summarised in **Table 5**, below, are available in the virtual data room.

Financial Plan 2011/12

	£000
SLA Income	66,670
Other Income	30,536
Sub-Total	97,206
Pay Expenditure	(64,014)
Non-Pay Expenditure	(26,305)
Sub-Total	(90,319)
SUB-TOTAL EBITDA	6,887
EBITDA %	7.1%
ITDA	
Net Interest paid	(105)
PDC Dividends	(2,450)
Depreciation	(3,850)
Sub-Total	(6,405)
SURPLUS/(DEFICIT)	482
Impairment	(4,400)
SURPLUS/(DEFICIT) After Impairment	(3,918)

Five Year Plan 2011/12 to 2015/16

The Trust's five year plan, 2011/12 to 2015/16, is available in the virtual data room and is summarised in the Summary I&E Plan, **Table 6**, right.

NHS Trafford has indicated the funding envelope for Trafford Healthcare NHS Trust (**Table 7**, right) as at 25 March 2011.

The funding envelope should be viewed in the context of the following assumptions made by NHS Trafford:

- The planned figure for 2011/12 takes into account the PCT's view of activity plans for 2011/12 having adjusted them for planned CRES across elective, non-elective and outpatients, in line with previous commissioning intentions. CQUIN has been included and is assumed to deliver 100%, therefore any underachievement of targets will reduce the amounts available.
- The 2011/12 plan takes into account the latest PBR tariff – no changes/adjustments have been made to the price base for 2012/13 onwards that may arise due to PBR price changes, grouper changes or further changes to the PBR regime above what we are already aware of. Specifically, in essence, a zero % change has been accommodated into the plans for the Trust in regards to PBR prices/casemix etc.
- In setting these plans, the PCT has assumed that there will be no growth funding from 2012/13 onwards and that other service plans have been established based upon the latest operating plan guidance and consistent with the PCT's current Service, Workforce and Financial Plan. The 2011/12 Operating Framework has been used to set these plans and therefore adjustments have been made to the contract for continuance of the 2008/09 non-elective threshold adjustment and implementation of deductions in respect of the re-admission agenda. The PCT has made no assumptions in regards to changes that may arise as a result of new Operating Frameworks from 11/12 onwards.
- No monies are included within the figures above for enabling schemes that will support the delivery of the ICS agenda.
- No monies are included within the figures above for any transitional arrangements or developments.
- The figures above reflect pure contract baselines and do not include any monies in respect of non-contract services that the Trust may provide e.g. supplies, IT support, CCNTs etc.
- The figures above reflect PbR and Block activity contract baselines and do not include any monies in respect of non-contract services that the Trust may receive from the PCT as pass-through funds from DH e.g. Clinical Excellence.
- Based upon the PCT assumptions, the PCT anticipates a reduction in the income of Trust, these plans need to be worked through with the Trust as these are likely to require further refinement as the plans and funding in future years becomes clearer.
- Whilst the PCT has compiled these plans together with the involvement of GPs/TCC, further work will be required to finesse the figures as TCC and indeed commissioning consortia develop and accordingly these are indicative of the areas where savings are likely to be made.
- The PCT has assumed that monies and services will transfer from THT on 31 March 2012 to reflect the services previously identified under Group 1 of the Community Services transfer. The amount that has been taken for Group 1 services from the PCT baseline with the Trust is £5,548k. It is assumed that it is removed from 1 April 2012. There has been no adjustment for Group 2, 3 or 4 services.
- No changes have been assumed or made to local price baselines for services presently provided by the Trust under that element of the contract.
- No adjustments have been made for any changes that may arise in future for pace of change/ revised funding arrangements or indeed revised commissioner arrangements to GP consortium as well as other policy changes regarding provider landscapes.

Summary I&E Plan 2011/12 to 2015/16

Table 6

	Forecast Outturn 2010/11 £000	Plan 2011/12 £000	Plan 2012/13 £000	Plan 2013/14 £000	Plan 2014/15 £000	Plan 2015/16 £000
Income	95,711	97,449	73,583	73,210	72,851	72,507
Expenditure	(93,685)	(98,812)	(88,731)	(88,348)	(88,130)	(87,899)
OPERATING SURPLUS/(DEFICIT)	2,026	(1,363)	(15,147)	(15,138)	(15,279)	(15,392)
Interest & Dividends	(2,466)	(2,555)	(2,447)	(2,435)	(2,422)	(2,409)
RETAINED SURPLUS/(DEFICIT)	(440)	(3,918)	(17,594)	(17,573)	(17,701)	(17,801)
Less Impairment	440	4,400	0	0	0	0
RETAINED SURPLUS/(DEFICIT) FOR BREAKEVEN DUTY PURPOSES	0	482	(17,594)	(17,573)	(17,701)	(17,801)
Surplus/(Deficit) Brought Forward	(8,337)	(8,337)	(7,854)	(25,448)	(43,022)	(60,723)
Surplus/(Deficit) Carried Forward	(8,337)	(7,854)	(25,448)	(43,022)	(60,723)	(78,524)

NHS Trafford - Funding Envelope For THT (including CQUIN)

Table 7

Agreed Plan	Five-year Forecast Plan				
2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
67,826	62,816	56,128	55,798	55,468	55,138

In relation to financial planning, Trafford Healthcare NHS Trust and NHS Trafford have agreed the following communiqué:

2010/11 Contract Outturn with NHS Trafford
NHS Trafford has indicated that it will settle the 2010/11 contract at a level that will enable the Trust to break even.

2011/12 Contract

NHS Trafford has indicated that its financial envelope for the THT contract in 2011/12 is £62.8m.

To deliver financial balance, the Trust has a requirement of £79.6m income from NHS Trafford. It is expected that £9m strategic assistance will be made available by NHS North West in 2011/12 and a further £4.5m in 2012/13 to assist the transition to a new partner.

Further work is therefore required to close the residual financial gap of £7.8m. Information on progress on resolving this issue will be brought to your attention during the clarification period, and placed in the virtual data room.

Capital Expenditure

In recent years the Trust's capital expenditure programme has been funded largely through depreciation. The baseline programme of £3.7m in 2010/11 was supplemented by a loan of £0.7m from Salix for energy conservation schemes, with the loan repayable over four years from 2011/12. The main schemes within the 2010/11 baseline programme are:

- New front entrance at Trafford General Hospital - £1.2m
- Clinical equipment - £0.7m
- IT developments - £0.6m
- Ward improvements - £0.5m
- New Children's Resource Centre - £0.4m

The SHA has approved in principle the Trust's business case for the re-provision of Altrincham General Hospital.

The original proposal was for a leased facility but the scheme is now proposed to be funded from a combination of Public Dividend Capital (£7m) and sale proceeds from Altrincham General Hospital and St Anne's Hospital (£4m).

The Trust received £7m PDC from the SHA in 2010/11 which facilitated the bring-forward of planned capital schemes from 2011/12 and 2012/13. In turn this will allow, subject to the approval of the business case by the SHA, the Trust's baseline capital funding to be used to complete the new hospital over the period 2011/12 to 2013/14.

The Trust's capital expenditure assumptions for the next three years are given in **Table 8**, right.

Contractual Relationships

The Trust has contractual relationships with a number of neighbouring NHS organisations. Services received are principally related to medical staffing and diagnostic services whilst key services provided include:

- Provision of estate, support and other services to Greater Manchester West Mental Health Foundation Trust – c£1.5m.
- Provision of three wards and associated support services to Central Manchester University Hospitals Foundation Trust – c£1.3m (nb. notice has been given to vacate two of these wards from April 2011).
- Provision of procurement, information and IT services to Trafford Primary Care Trust – c£0.5m.

Table 8
Capital Programme 2010/11 to 2013/14

	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	Total £000
(Undershoot)/Overshoot B/F					0
CRL February 2011	12,019				12,019
Baseline depreciation		3,850	3,850	3,850	11,550
CRL non-cash adjustment		(2,950)	2,538	412	0
Sub-Total CRL	12,019	900	6,388	4,262	23,569
Baseline programme incl. SALIX	4,900	2,000	1,505	1,262	9,667
PDC advance - cap prog b/f	7,000				7,000
New hospital building		1,800	6,008	3,000	10,808
Sale of St Anne's - NBV (expected)		(2,900)			(2,900)
Sale of AGH - NBV (expected)			(1,125)		(1,125)
Sub-Total	11,900	900	6,388	4,262	23,450
(Undershoot)/Overshoot	(119)	0	0	0	(119)

Clinical Governance, Quality & Safety

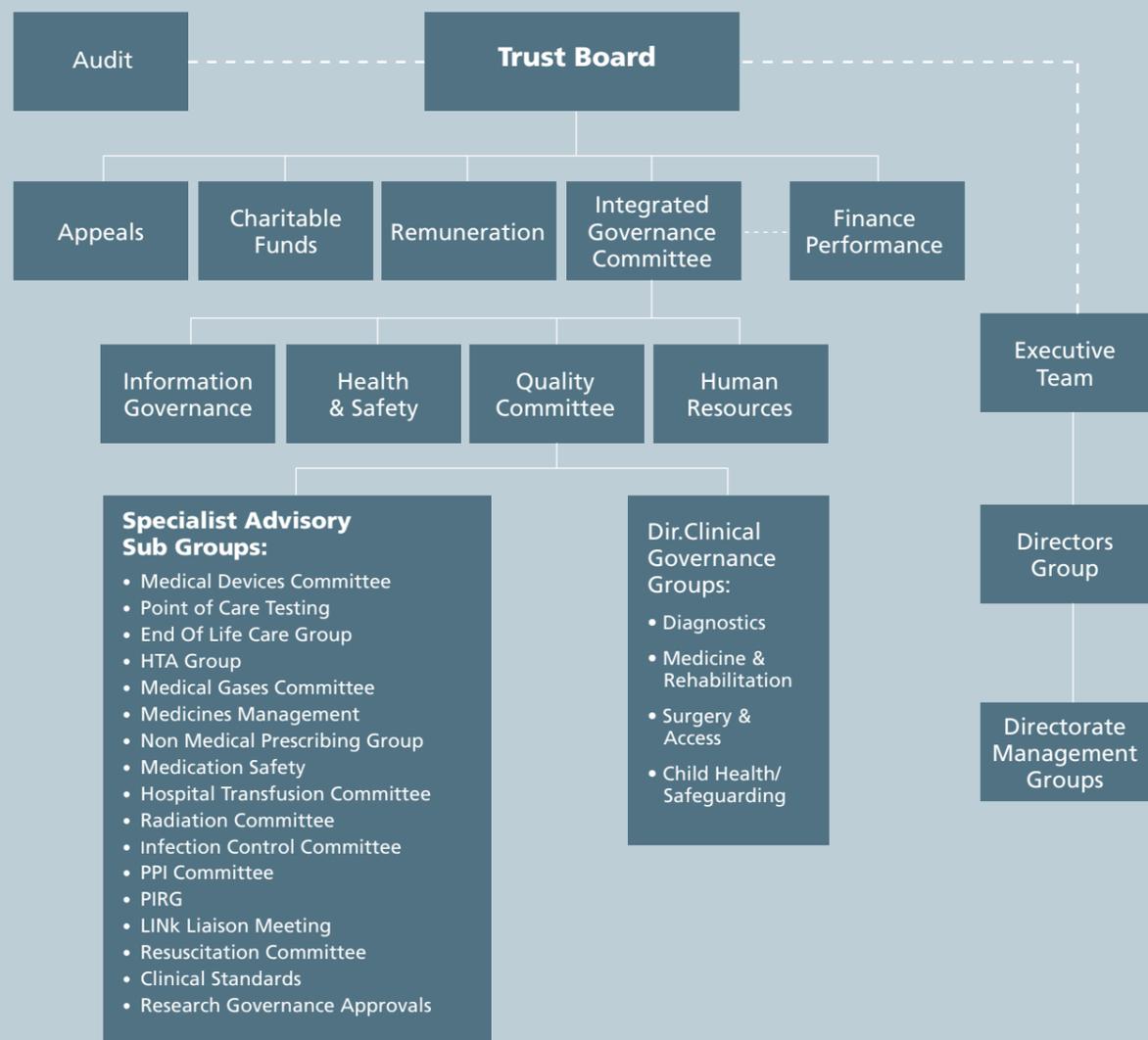
SECTION 11

The Trust Board and all employees of the Trust seek to meet its statutory duty of high-quality care and seek to do this by ensuring robust clinical governance systems are in place.

The Trust has worked to ensure effective leadership exists and all staff work within a culture where openness and participation are encouraged and it learns from incidents.

This has made it possible for the Trust to seek continuous improvement in the quality of care provided at the Trust. A strong integrated governance ethos underpins this across all disciplines and services from direct patient care to corporate support services and is supported by an robust assurance framework as demonstrated below and a number of internal controls:

Trafford Healthcare NHS Trust – Assurance Framework & Committee Structure (Internal Control)



Trust Board – is responsible for seeking adequate assurance that the quality of service delivered is of a high standard and that any gaps in assurance or significant lapses in quality or safety notified to them are addressed in a timely manner. The Board encourages a fair and reasonable culture of openness where adverse events, mistakes, clinical incidents, poor performance, unexpected clinical or operational outcomes and near misses are reported without unjustifiable personal repercussion, thus enabling the organisation to learn and share lessons.

Integrated Governance Committee – is a sub committee of the Trust Board with delegated responsibility for ensuring effective risk management processes are in place and providing assurance to Trust Board. The Integrated Governance Committee receives assurance from the following committees and is chaired by a Non Executive Director of the Trust:

- Quality Committee
- Information Governance Committee
- Health & Safety Committee
- Human Resources Governance Committee.

Quality Committee – provides a strategic lead on maintaining and improving a high standard of clinical care by the Trust. It includes establishing a framework for quality that identifies priorities and performance targets (with indicators for intervention) and how these will be assessed and managed in a systematic manner and the Trust Quality Improvement Programme. The Quality Committee also co-ordinates the work of the specialist advisory groups and receives assurance reports as per the Quality Committee work programme. The Quality Committee also oversees and supports the Directorates in their quality improvement programmes.

The Quality Committee is chaired by the Medical Director who is the executive lead with responsibility for quality and has patient, PCT and commissioner representation.

Directorate Clinical Governance Groups are established within each of the directorates. The Associate Director and Clinical Director are responsible for leading this group. The groups retain responsibility for the clinical quality of services delivered within their directorate and provide assurance to the Quality Committee.

Internal Controls

In addition to the processes noted above there is:

- External assessment including both internal and external audits performed annually
- Establishment of a robust assurance reporting work programme
- Effective clinical governance reporting system for Directorates and specialties analysing clinical governance data (for example, incidents) to identify trends and themes and areas for improvement
- Implementation of Trust-wide quality dashboard
- Development and implementation of a comprehensive Trust-wide clinical audit programme
- Development and implementation of a Trustwide ward clinical audit portfolio
- Restructured approach and delivery of CAS alerts to ensure deadlines are met
- Robust system in place to ensure the implementation, review and update of all clinical standards
- Effective partnership working with stakeholders

Deliveries of these robust corporate and clinical governance arrangements have enabled the Chief Executive Officer to sign the Statement of Internal Control as the Accountable Officer.

Risk Management & Patient Safety

The safety of our patients and services is one of our top priorities. This philosophy has resulted in the Trust being recognised as a high performer in patient safety. The Board recognises that risk management is an integral part of good management practice. As such, risk management systems and processes are embedded throughout the organisation.

The Trust has a Board-approved strategy for managing risk that identifies accountability arrangements and the resources available; it also contains guidance on quantifying risk and what may be regarded as acceptable risk within the organisation.

The Trust has achieved NHSLA Level II accreditation.

Serious Untoward Incidents

During 2010/11 five serious adverse events, including one breach in data security, were formally reported to the NHS North West and NHS Trafford using the Strategic Executive Information Sharing System (STEIS).

These incidents were investigated in accordance with the Trust's Root Cause Analysis Policy and recommendations were implemented as a result. Monitoring of these is via the Directorate Clinical Governance Groups and the Trust's Quality Committee.

The following table provides further information:

SUI no.	Category	Current Status
2010/7635	Safeguarding Adults	Closed
2010/13260	Slips Trips and Falls	Ongoing
32363/32364	Slips Trips and Falls	Ongoing
2010/4370	Infection control	Closed
2010/9229	Confidential information loss	Closed

Complaints Handling

The staff of Trafford Healthcare NHS Trust work very hard to provide a seamless and effective service to all who access the Trust. Unfortunately, despite the best efforts of the staff, occasionally mistakes do happen. The Trust recognises the importance of acknowledging such instances and taking action to resolve mistakes, learning new ways to improve and preventing a recurrence of the same problem in the future.

The Trust has adopted the Principles for Remedy for the handling of complaints, as set out by the Parliamentary & Health Service Ombudsman. It has received 71 formal complaints from 1 April 2010 to date which have been investigated under the NHS complaints procedure.

Formal Complaints April 1, 2010 - February 18, 2011

Service Area	
Orthopaedic Unit	7
Outpatients Department - TGH	11
Emergency Department - TGH	8
Ward 2	2
Ward 4	2
Ward 6	2
Seymour Unit	7
Medical Assessment Unit	6
Minor Injuries Unit - AGH	3
Gynaecology Unit	4
Theatre	3
Surgical Unit	6
ENT	1
Dermatology	3
Paediatric Outpatients	1
AGH Outpatients	1
CAMHS	2
Mortuary	1
Car Parking/Estates	1
TOTAL	71

Subject Area	
Appointments	7
Attitude Doctors	6
Attitude Nurses	3
Clinical Treatment	24
Communication	24
Discharge	3
Equality & Diversity	1
Security	1
Transfer	2
TOTAL	71

The Capital Assets

The Trust owns four sites – a district general hospital, two under-used outpatient hospitals, and a boarded-up surplus hospital. All are within Trafford Borough. The Trust’s estates strategy is to be included in the virtual data room.

Trafford General Hospital Moorside Rd, Davyhulme, M41 5SL



The Trust’s main site of 9.5 hectares with 8,000 square metres of buildings in varied condition, lying on Moorside Road in a suburban location in Davyhulme. The main two-storey complex dates from the 1930s with several extensions and courtyard infill schemes since then, most recently a 14,000 sq.m. special surgical centre.

There were 11 theatres on site until last autumn, clustered in groups of four, three, two and two singles. One single is now being converted as part of a new endoscopy unit, whilst the other single will become surplus in 2011 (although there is external interest from a private company in leasing it). The main four-theatre block refurbishment will be completed later this spring.

Several wards have been remodelled as outpatient suites, and work is underway to remodel another as an improved critical care/high dependency unit of eight beds. The existing ICU/HDU will then be converted into a day surgery recovery unit in 2011.

There are physically some 450 bed spaces within the hospital, although some are vacant and others are leased out. Three inpatient wards are rented by Central Manchester Trust, although the lease on two of them is terminating in April 2011.

By mid-2011 there will be four empty wards, although it is intended to rehouse the regional Critical Care Training Institute in one of them, and keep another vacant as a decant facility to allow for a rolling programme of air duct cleaning within occupied wards.

The site is heated by steam from three gas-fired boilers that serve local heat exchangers which in turn supply conventional radiator systems. There is



an oil back-up supply. There are four substations on site, each with its own diesel back-up generator. The water supply includes an on-site storage tank and local pumped distribution.

Over the last 18 months much work has been done to address previous under-investment in the building fabric. Three temporary buildings were demolished last year and we aim to demolish another three this year, giving recurrent I&E savings.

Several departments have moved into refurbished premises; others will do so during 2011, whilst a private medical company running a Walk-In Centre intends to expand into part of the outpatient area.

The site has some 350 public car spaces and 350 staff car spaces, and work is underway to create another 100 spaces. Parking is free for the first 3 hours, and is controlled by numberplate recognition cameras.



Altrincham General Hospital Market St, Altrincham, WA14 1PE



Despite its name this is not a general hospital, since the inpatient wards closed in 2006. It is a 0.3 hectare site within the town centre of Altrincham and next to a covered stallholders market. The site is almost wholly covered by buildings, mostly c19th and one mid-c20th. Total floorspace is 5,800 sq.m. of which half is in clinical use, some is under-used for filing, and some is simply vacant. There is no hospital-provided parking.

The site provides a number of outpatient clinics, X-ray and a Minor Injuries Unit.

The buildings just remain wind and watertight but the heating system (gas-fired boiler which distributes steam to heat exchangers) is hard to maintain and gives poor output. Lifts & X-ray machines are beyond their design life. However all operate safely, including the emergency power supply.

The layout with restricted passages, floors at different half-levels, and small room sizes mean that the whole hospital has been assessed as below modern standards. A recent design and costing exercise put the cost of bringing it up to standard as £10 million, which involved a new entrance with new horizontal and vertical circulation.

The Trust, the Strategic Health Authority and the local community are all committed to replace the hospital with a new one, probably on an alternative town centre site. A lengthy competitive dialogue process began in 2008 to achieve this. It is hoped to secure full business case approval during spring 2011, allowing work to start on whichever new private site is chosen by autumn 2011.

Finance for the £10 million capital cost will come from already-provided public dividend capital, and from the sale of both the AGH site and the nearby St Anne’s Hospital for private development. The existing AGH will remain in use until the new hospital is ready for occupation.

The redevelopment of AGH has the support of the PCT and GP commissioners.



Stretford Memorial Hospital Seymour Grove, Old Trafford, M16 0DU



This is an under-developed site of 1.1 hectares with 1,500 sq.m. of under-used buildings. The main one is of 1930s date, half empty and half tenanted by NHS Trafford who operate 10 inpatient beds and have some office space.

A second 1950s building is used by the Trust for outpatient clinics, with some capacity for increased activity. The third is a three-storey late Victorian building, not listed but held to be of character by the local Council, which is occupied by the jointly-run CYPs for both clinical and office use. The buildings are all linked by passages.

There are 60 car spaces. The complex is heated by an ageing steam system. The power supply and its back-up are safe. All buildings are wind and watertight. However substantial renovation costs will have to be met within 10 years on the Victorian building, whose future is best as an office block.

The sensible future for the rest of the site is to combine its outpatient activity with the clinic operated on the same street by NHS Trafford into a combined new facility.

This is most easily done by finding and developing a third site as a polyclinic, and then selling both Stretford Hospital (excluding the office building) and the PCT’s nearby clinic for housing development. Land for the new polyclinic is available, but to meet affordability and value-for-money tests the design must be tight and its size must closely relate to activity levels.

In the short-term the main building should be demolished to save running costs as soon as the PCT vacates the inpatient ward. This is due by autumn 2011, and notice should be served on the PCT’s office use to allow demolition thereafter.

St Anne's Hospital
Woodville Rd, Altrincham, WA14 2AQ



This is a boarded-up complex set on a leafy 0.7 hectare site in an upmarket housing area. The buildings are not listed, but the site is within a conservation area.

There are four late c19th buildings together with a 1960s prefabricated building. All hospital activity ended in 2004, and 24-hour security has been maintained for the last few years to prevent further damage to the complex.

The Trust has agreed terms to sell the whole site for housing development, on a subject-to-planning basis with stage payments plus overage on sales. The proceeds are to be used to finance the reversion of Altrincham Hospital, and the SHA has confirmed that the sale proceeds may be kept for that purpose.

Site plans for all the above sites are available in the virtual data room.

The Capital Programme

Looking at the condition of the Trust's building stock, it is clear that capital monies have not been available or have not been spent on the building fabric for many years.

Capital investment that is self-financed by the depreciation charge is £3.7 million this year. For the last two years the Trust has been playing a catch-up game with this limited resource, augmented during 2010/11 by a £730k interest-free loan for energy-saving investment, and by a £7 million injection of public dividend capital.

In rough terms the pattern of expenditure over the last two years has been for half the monies to be spent on building improvements, a quarter on medical equipment and a quarter on IT projects. The programme is run through an inter-departmental Capital Planning Committee, overseen by a sub-committee of the Board called the Estates Committee. Next year the programme may drop to less than £1 million because the bulk of the capital resources available will be committed to stage payments for the new Altrincham Hospital.

Major investments are still required to complete the re-structuring of underground passageways, to complete the programme of recovering and simultaneously insulating all roofs throughout the hospital, to complete the replacement of single-glazed windows, to carry through the programme of wall insulation of the older parts of the stock, and the programme to replace conventional radiators with ceiling or skirting-board systems to help control our low rates of hospital infection, and to set up the rolling programme to clean air-handling ducts.

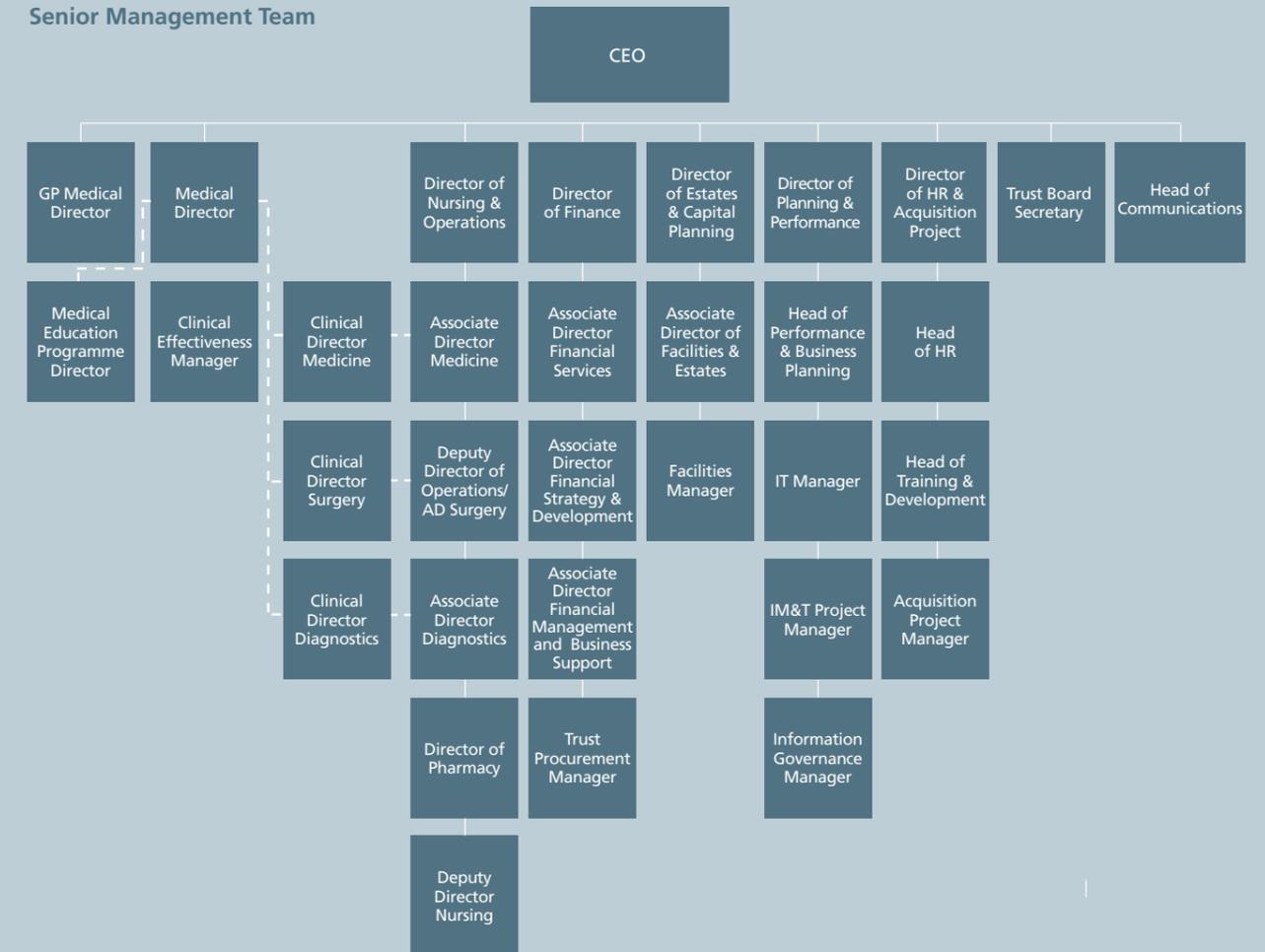
Many departments are moving or have moved recently, so by the end of 2011 the layout of departments round the site should work better, whilst the overall appearance of the hospital and its car parks should be much improved.

Major schemes are still needed to create a Day Surgery reception / recovery area, an improved chemotherapy unit, and a big upgrade of the ED into an urgent care village.

Workforce

THT has a focus on providing a collaborative and enabling working environment for all staff to ensure efficient management and high-quality service provision. The Trust has a committed, skilled and largely long-serving workforce.

Senior Management Team



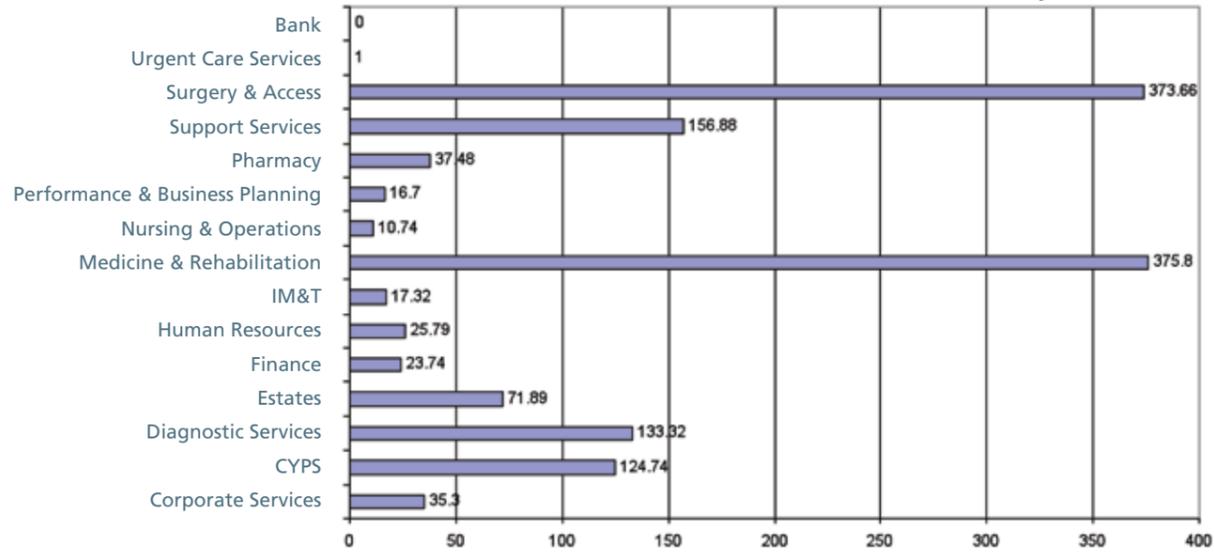
Within the senior management team, the Chief Executive is employed on a fixed-term contact with a current end date of 30 September 2011. The Director of Finance is an interim appointment as the substantive Director of Finance is seconded to another trust. All directors are employed on individual contracts which contain a six-month notice period.

Staff

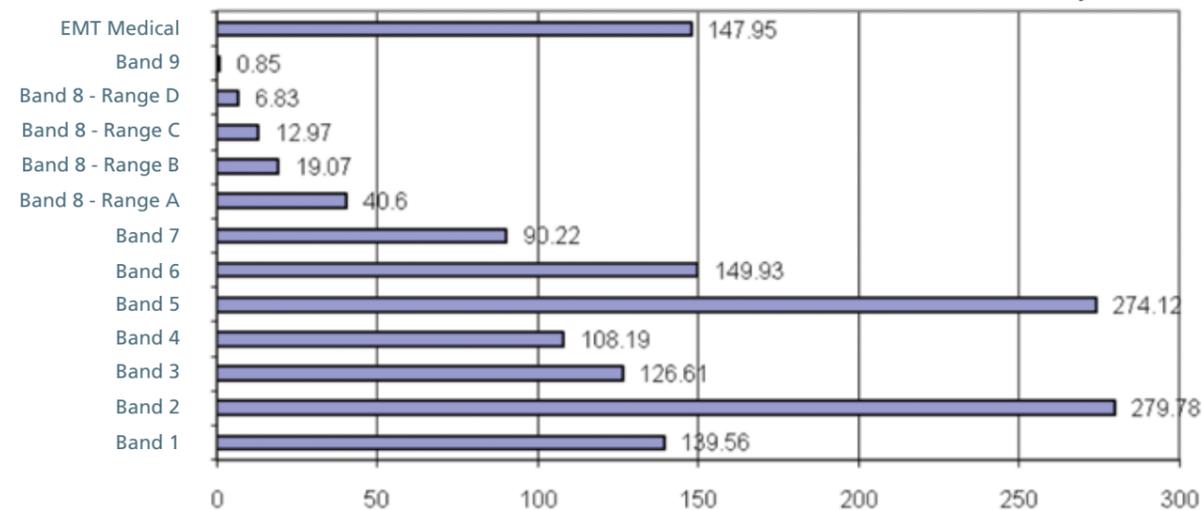
THT employs 1,858 staff equating to 1,404 full-time equivalents. Included in these figures are 43 fixed-term employees and two secondments to local NHS organisations. The Trust has an average sickness absence rate of 5.09% and a turnover rate of 15.59%.

The tables below show staff numbers by Directorate and AfC grades and staff costs. Details of Directorate and Departmental structures can be found in the virtual data room.

Staff by Directorate



Staff by Grade



Staff Costs

	Cumulative M01-M08 2011	Monthly Average
Total pay bill	38,340,420.17	4,792,552.52
<i>Including:</i>		
Agency	2,961,292.78	370,161.60
Bank	1,443,838.58	180,479.82
Locums	617,838.08	77,229.76
Total	43,363,389.61	5,420,423.70

Terms and Conditions of Employment

All staff except directors are employed on Agenda for Change or medical and dental national terms and conditions of employment. The Trust has a small number of local agreements, details of which can be found in the HR policy section of the virtual data room.

Employee Communications and Engagement

The Trust believes that its staff are its greatest asset and therefore invests considerable effort in communication, engagement and recognition activity. Examples of this include:

- Regular staff open forums and Q&A sessions
- Weekly staff bulletins
- Weekly managers briefing
- Monthly team briefs
- Directorate staff forums
- Management action pledges
- Attendance incentive scheme
- Health & wellbeing programme
- Staff awards scheme

Relationships with Trade Unions

THT maintains good working relationships with trade unions through regular formal and informal communications and engagement. The Joint Staff Side has taken a very supportive approach to the acquisition project and are keen to engage with an acquiring partner at the earliest opportunity. The main trade unions active within the Trust are UNISON, RCN, Unite and the BMA.

Pensions

The majority of employees of THT are members of the NHS Superannuation Scheme. There are no other pension arrangements within the Trust.

Learning and Development

THT seeks to promote continuous learning and development, to create a workforce with improved competencies and a varied blend of varied skills and competencies. The Trust also ensures that its obligations regarding statutory and mandatory training are met.

Total training in the Trust in 2009/10 comprised 3,971 mandatory sessions and 2,189 non-mandatory sessions. All Trust staff are encouraged to access development activity to support their existing role, ensure continuous professional development and provide development opportunity for future role progression.

The Trust makes good use of externally funded training and development for both clinical and non-clinical staff and seeks to maximise the return on investment of all development activity.



Medical Education

The Trust has an active Postgraduate Medical Department, led by Dr Shazad Amin, who is also a Consultant Psychiatrist with Greater Manchester West Mental Health NHS Trust, exemplifying the close links with this neighbouring trust.

There is a comprehensive Foundation Programme that has received good feedback in recent years in the PMETB/ GMC surveys. It encompasses varied specialties in FY1 including Anaesthetics and Psychiatry.

In FY2, the Trust has developed innovative GP placements that include special interest sessions in Palliative Care, ENT and Dermatology. It has recently incorporated a 'Lessons Learnt' programme in its teaching programme which has allowed foundation trainees to report on, and learn from critical incidents in a confidential and safe environment.

There are specialty trainees in Medicine, Anaesthetics, Emergency Medicine & Orthopaedics. The confederated ED allows for higher trainees to rotate to Trafford to give them wider experience in a DGH. There is a longstanding medical case conference programme and similar programmes in other specialities.

The Trust holds a monthly Quality Half-Day which all medical staff are expected to attend. It has also provided training for SAS doctors to improve their generic skills and specific training for Clinical & Educational Supervisors aimed at meeting GMC standards for training.

Information Management & Technology (IM&T)

THT's IM&T Strategy has seen the delivery of a range of patient-related projects since 2001.

The Trust is now one of a small number of trusts in the UK which has implemented an integrated technical architecture where leading edge IT systems use electronic messaging (Interoperability) to communicate with each other with real benefits to patient and clinician alike.

This strategy is based on the delivery of service not systems and has resulted in best-of-breed solutions based on latest web technologies. These provide highly cost-effective and flexible IT applications that now serve both business imperatives and patient information requirements.

The NHS Informatics Review by Lord Darzi called for all trusts to focus on the delivery of the 'Clinical 5' systems in order to mitigate the delays in the national CfH programme. THT has already implemented most of these recommendations which re-affirms the validity of the Trust's IM&T Strategy.

The principal systems THT have in place are:

- An Electronic Patient Record (EPR) accessible by clinical staff in both secondary and primary care with approximately 40 million documents providing a patient-centric view of the patient journey from outpatient appointment to inpatient discharge – supplied by Graphnet Health Ltd.
- A Choose and Book (CAB) compliant generic electronic appointment scheduling application handling all patient registration, outpatient, inpatient and theatre appointment booking and scheduling, multi-resource scheduling, clinical coding and activity/data reporting. It is a highly sophisticated, rules-based planning system that now provides the core planning system for many of the largest European hospitals as well as whole regions such as Madrid or whole countries such as Denmark. The BMI Group in the UK use it across 52 hospital sites – supplied by UltraGenda (an iSoft company.)
- Theatre management system that is directly linked to the scheduling system and provides data recording for theatre occupancy and WHO checklist data, procedure capture, resource utilisation and clinical coding and facilitates utilisation efficiencies – provided by UltraGenda.
- SMS text and voice reminder service for all patients due to attend for outpatient or inpatient activity that automatically links via web services to the scheduling system – provided by Soft Option Technologies.
- Active bed management – a pan European first of its type – providing real-time bed states, bed occupancy planning and discharge management whilst also offering significant improvements in patient safety whilst in hospital through the reduction and management of infections – supplied by UltraGenda.
- An ED patient pathway-based system prioritising patient condition severities in the context of waiting time targets and clinical supporting actions – supplied by Ascribe PLC.

- Trust-wide accessible Picture Archiving System (PACS) for radiological images and associated diagnostic reports coupled to a Greater Manchester wide radiology system – supplied by CSC Ltd.
- A pathology test and report system that supports automated electronic ordering and results reporting for both Trafford GPs and TGH clinicians with specific interfaces to the Trust's national award-winning blood tracking system for underpinning the blood transfusion process – supplied by iSoft Ltd.
- Full order communications and results reporting for pathology and radiology is in place for patient requesting in outpatients and inpatients but also for all Trafford GP practices. Launched from the EPR, ED or practice system, it assures patient identification, rules-based requesting and supports results sign-off in EPR by the original requestor – provided by Sunquest / Anglia.
- Medical casenote tracking based on barcoding which allows records to be tracked to individual shelves within offices providing instant access management at nearly 1,000 locations across the Trust's sites – supplied by Msoft Technologies Ltd.
- A Paperlite process which is facilitating the progressive scanning of legacy casenotes and ongoing patient activity records centred on an electronic document management system with auto links direct to the patient record in EPR – provided by Plumtree Group.
- Full digital dictation of all patient / GP letters and notes with workflow management for the dedicated typing pool which ensures document delivery targets are effectively managed – provided by SRC Ltd.
- Ward management of patients is handled through an innovative electronic whiteboard based on truly interactive touch-screen displays. These draw information from systems such as bed management and EPR but, critically, will offer web-based technology solutions for recording electronic information about handover actions, referrals, daily progress and pathway management.
- Electronic forms with intelligent formats are in use for increasing numbers of traditional paper forms and cover referrals, risk assessments, admission checklists etc. Copies are sent to the EPR and the underlying database for full clinical analysis and reporting – provided by Microsoft Sharepoint's Infopath.

- Single Sign On (SSO) through the use of smart cards has been deployed to all clinical staff to support information governance and facilitate instant access to a wide range of systems directly, through the electronic whiteboards and through mobile computers linked to the wireless network – provided by Imprivata/Enline.
- The integration of all the above systems that allows information sharing via web service and HL7 messaging capabilities, centred on the Ensemble interface engine (supplied by Intersystems Ltd) and enterprise Master Patient Index (ePMI) that delivers system to system electronic messaging – supplied by Avoca Systems Ltd.
- A sophisticated data warehouse based on latest technology platforms that derives data from the databases underpinning the Trust's key systems which in turn delivers data for KPI's, CDS reports and a range of operational management data extracts – supplied by Gecko Technologies.
- A Trust-wide intranet service providing staff access to Trust policies, documents, initiatives and news, together with secure access to THT systems, email services and THT performance information.
- A Trafford community-wide high speed data network coupled with wireless technologies at TGH that links users to the secure IT server facilities that in turn provide secure email, internet, intranet and system access for staff in both primary and secondary care.
- A data centre hosting a virtualised server environment for over 70 systems with automated real-time back up facility and server cluster resilience.
- Oracle finance systems hosted by SBS.
- ESR
- The Trust is currently in the process on implementing the Allocate e-Rostering system.

The summary above outlines the key systems that provide THT with a sophisticated integration of patient-centred information for management of its business and patient treatment. There are other smaller systems that also integrate with the overall shared information model such as Endoscopy, Bronchoscopy, Colposcopy, Anti Coagulation, Infection management, Rheumatology, etc.



Within the EPR there are also sophisticated clinical pathway-based processes for Diabetes and Cancer Services as well as data capture routines such as Cardio Respiratory and Maternity.

The EPR also has a discrete set of patient records with a separate level of functionality dedicated to provision of information to primary care clinical staff based on GP-extracted data records.

GPs and groups of THT clinical staff have access to both sets of records via the Trafford-wide area network. This immediately provides a pan-Trafford community shared record and a key information source for establishing an integrated care approach to patient service provision.

Alignment with the CfH programme during the last eight years has continued with the deployment of a CAB-compliant scheduling system (UGPro), the LSP-provided PACS and radiology systems and reports in appropriate formats on activity for, say, cancer services and Colposcopy as well as SUS reporting requirements.

THT has the capability of supplying the appropriate data to the national Care Records Summary when those data standards are finally agreed. The data is already held within the EPR.

The following strategy has been issued by NHS Trafford and Trafford GP Commissioning Consortia. THT has signed up to the broad principles contained within the strategy.

Trafford Integrated Care Service Strategy

What integrated care means for Trafford

Everyone knows that the public sector is facing big challenges. Trafford is no exception. The organisations that deliver our health and social care services are having to work within some of the toughest financial constraints ever. And this is not just about riding the storm.

To ensure that the people of Trafford continue to get the healthcare and support they need into the future, at a cost that is realistic and affordable, we need to make services fairer, better and more accessible so people stay healthier and demand for costly hospital care goes down.

We know that to meet this very real challenge, everyone involved in health and social care will have to work together more closely, and think more creatively and radically than ever before.

In Trafford, we've already started to do that and are developing radical and exciting proposals for a new **integrated care system** – a way of delivering healthcare services which we believe is fundamentally different and financially viable.

The proposal

Truly integrated (or 'joined-up') care is what patients want and what our communities need as people live longer and their health and social care needs become more interlinked and complex.

The creation of an integrated care system in Trafford is about recognising that the only way to deliver affordable and effective care into the future is to work as hard as we can to help people stay healthier, more independent and more in control of their wellbeing. In short, we need to be much more proactive. One of the most important ways we can do that is to put the professionals and their skills as close to patients as possible – in our neighbourhoods and in our communities.

As close to patients as possible...

The new system will bring about a shift in care from a reactive hospital-based setting to a proactive community-based setting, with increased activity in health screening, health improvement and care at home.

It will use primary care as the cornerstone for a new model of care and create a common view of patients, to drive health improvements by identifying those most at risk and most vulnerable. This will be supported by a care co-ordination service to provide a central point of contact for patient information, co-ordinate a faster and more effective referral process and manage the use of new technologies to monitor some health conditions remotely.

This proposal will enable hospital services to focus on dealing with emergency admissions and scheduled operations that require an overnight stay in hospital. In achieving this, specialist consultants will have more time and increased opportunities to work more closely with GPs and community services.

GPs, hospital consultants, nurses, allied health professionals (e.g. physiotherapists), will have a much greater role in leading and delivering services in community settings, such as clinics, GP practices and other community venues. At the same time, an even stronger emphasis will be put on the experiences of patients and carers – actively seeking their input into how services are working and what would make them better.

Social care staff will be crucial members of new neighbourhood-based teams from the outset. They will work alongside doctors, nurses and other health professionals and be located in the same local areas to ensure patients get the seamless care they need.

GPs are at the very heart of this. They are the professionals who see most clearly the impact of all aspects of care on an individual, and can therefore make the biggest difference to it.

GPs also hold the key to improving the health of not just individuals, but whole communities through the GP 'registered list'. These lists currently record everyone who is registered with a GP, along with a summary of their health, such as whether they have a long-term condition (e.g. diabetes or a heart problem) or a history of frequent hospital admissions.

Taken together, the lists capture the health status of virtually the whole population of Trafford. That makes them a unique and powerful tool, both in terms of:

- identifying the most vulnerable people and communities so service commissioners and health and social care teams can work proactively to improve people's care – this might mean, for instance, installing new telehealth technology that gives patients a remote link-up with their care teams and allows them to accurately monitor their own condition;
- co-ordinating care – the GP registered list will form the basis of a new integrated care record for each patient – a cornerstone in the delivery of joined-up health and social care services.



Our vision and aims

Our vision is quite simply to:

- **Ensure the best possible care is provided at the lowest appropriate cost.** Over the past two years, we have worked closely with GPs, hospital consultants, nurses, other health and social care professionals, as well as patients and the public, agreeing this vision and shaping the integrated care proposals. As part of this we have arrived at **three core integrated care system aims** that we want to build into every aspect of integrated care in Trafford.

Aim 1

A system that will empower patients and staff

A key feature of the new system is the creation of 'clinical panels' – groups of doctors and other health professionals that will develop and reinforce high standards of clinical care, make decisions about where money is spent, drive up the quality of local services and monitor whether they are working for patients. At the centre of this is multi-skilled care teams made up of hospital and community doctors, nurses and other health and social care professionals. Their role will be to deliver the care that has been agreed (with input from patients) by the clinical panels and service commissioners.

Aim 2

A system with quality at the centre

This aim cuts right through everything we will do as an integrated care system. No matter how well-organised we are and no matter how closely we work together, we will only be successful if we are improving the quality of the care people receive and our population's health and wellbeing (e.g. more people being successfully treated for cancer and longer life expectancies). We already have several excellent programmes in place to drive up the quality of care, but we want to do even more with a new quality strategy that will stretch across our whole system. There will be more self-care options for patients – including health improvement programmes and the use of new technology. Where appropriate, telehealth will be used allowing clinicians to monitor patients remotely – starting with an initial group of 20 diabetes and cardiac patients. We will be working together to establish a new rapid discharge service

that will ensure patients get the full range of care and equipment they need after just one single assessment.

Aim 3

A system that will promote partnership working

We have a healthy head start on this aim – with good relations already existing between Trafford's health organisations and Trafford Council, the Children and Young People's Service and adult social care. What we need now is to make these partnerships even stronger and ensure that health service providers are active partners in the wider Trafford community and economy – something that will help make healthcare sustainable in the future.

To support delivering these aims:

- There are other factors that will be crucial in achieving the vision of integrated, neighbourhood-based care in Trafford – including making sure that we are organising and supporting our **healthcare professionals** in the right way; that our buildings and properties are **modern, multi-purpose clinical spaces**, and that we are making maximum use of **technology**, not just to share patient data, but to support staff in the delivery of integrated care services.

Commissioning Intentions for NHS Trafford & Trafford Commissioning Consortium from 2011

Introduction

As part of the process of seeking an acquiring partner for Trafford Healthcare NHS Trust it is essential that any new provider is aware of the potential future service requirements from Trafford commissioners.

NHS Trafford commissioners and Trafford Commissioning Consortium (TCC) have therefore taken this opportunity as part of this Prospectus to set out the strategic plans for commissioning of services from 2011 onwards.

As commissioners, NHS Trafford and TCC would look to the new acquiring organisation(s) to continue to support the strategic direction of the health economy.

NHS Trafford would require the new organisation(s) to engage actively in the further development and implementation of the integrated care service strategy in Trafford, including the reshaping of the current services to ensure they complement and fit the new delivery of care models. The detail of the integrated care strategy and delivery vehicles are outlined in more detail below.

The commitment of the acquiring organisation(s) to the commissioning intentions will be a component of the post-acquisition contract paperwork.

Future commissioning intentions

TCC/NHS Trafford are looking to develop a non bed based integrated care organisation (ICO) in the community.

The model will offer the widest range of community services with consultants offering advice and treatments as part of the community teams.

Crucial to this is the ability to better target effective healthcare through improved use of the GP list. Identifying cohorts of the population who are at the greatest risk of poor outcomes or inappropriately high interventions can improve quality and reduce cost.

This system of care will be offered to children and adults across the full range of care pathways within the integrated care organisation.

Beds will be purchased from a choice of providers that will be contracted to offer the acute element of care that interface with the community ICO as part of the integrated care pathway.

It is expected these providers will promote early discharge back to the community teams and discharge all care back to the community ICO (with the exception of very complex and tertiary care).

The new strategic partner(s) for THT would be expected to work in this way and support with redesign groups to ensure implementation of the integrated care models.

The acquiring organisation(s)' support for these future commissioning intentions and the five-year resource envelope will be enshrined in the post-acquisition contract paperwork.

Anticipated changes in commissioning from 2012 as part of integrated care implementation

It is also expected that some of the current services provided by Trafford Healthcare Trust will need to be considered in detail to determine the most appropriate future provider(s). The commissioners will work with the new provider(s) to consider each individual service offering and the future shape of the service.

The outline on pages 72–76 gives the new strategic partner(s) an early indication of the type and shape of services that will not be commissioned from a provider(s) in a traditional model from an acute setting. It segments services into four sections, the first being services that would be expected to be commissioned from a community provider at the earliest opportunity. The second group are the first wave of services that are currently undergoing redesign as part of the integrated care service strategy. The third group is the second wave of redesign services that would complete the full integrated care model and is expected to be concluded within the next 3-5 years. The fourth group represent those services that it is considered will continue to be commissioned from an acute service provider.

TCC/NHS Trafford would look to the new strategic partner(s) potentially being able to support these services for a short period during the development of the community based ICO, and to be fully aware that the commissioners would not look to support the current traditional models of care for the long term. Some services will need to be considerably remodelled or reduced over time, and the detailed planning for this would be agreed between the commissioners and the acquiring organisation(s). This will involve working closely with the commissioners' redesign teams to consider different service offering and gradual reduction in service provision.

The necessary commitment to working closely with commissioners on these changes will form part of the post-acquisition contract paperwork.

In order to give a new provider an indication of the shape of service required in the future the re-design groups have considered the shape and reduction in activity from an acute setting and consider the below to be the reconfiguration outputs that would be required from an acute service provider(s):

- 40% reduction in non-elective hospital admissions within 5 years (against March 2010 activity levels)
- 35% reduction in first outpatient appointments in a hospital setting within 5 years (against March 2010 activity levels)
- 26% reduction in outpatient follow-up interventions in a hospital setting within 5 years (against March 2010 activity levels)

General Approach

NHS Trafford and TCC are looking to implement a system-wide approach to healthcare for the residents of Trafford. This is based on the principles of care closer to home and integration of services. The health economy as a whole has spent several years testing and developing models to understand the best strategic fit for Trafford. We have now agreed the vehicle for delivery of integrated care will be a community non bed based integrated care organisation, the detail of this can be found in the main body of the document. The model builds from the principle that all care that doesn't require an inpatient stay should be provided within the community as part of the integrated care system model. Where appropriate, specialist opinion should be sought in the community setting rather than in a traditional outpatient hospital model. Linkages to current and future acute service providers, where appropriate, are fundamental to this model.

Background to the Development of Integrated Care

Trafford health economy has for a number of years been developing a whole system approach to healthcare. The aim is to develop integrated care across the health and social care system for the people of Trafford. It has been developed on a set of principles that we would look to a new provider embracing and working with the commissioners to achieve within the provision of service. The model that has been developed can be read in detail in the below references.

Reference – A new health deal for Trafford – developing an integrated care system (2009)

Reference – Implementation framework for the Trafford integrated care services strategy (05/2010)

A summary of the principles and progress to date is outlined below to give the potential provider an overview of the programme of work.

Progress of ICS to date in Trafford

The integrated services strategy within Trafford has been in constant development since the autumn of 2008. Key elements of the process to date include:

- Extensive work to gather and understand public and patient opinion, and the development of a 'citizen's panel' that has played a key role in the principal engagement events
- Significant work to incorporate clinical opinion including the running of five major 'clinical congress' events and the establishment of a Clinical Board consisting of key clinical leaders from the health economy
- Extensive research of international models of care
- Detailed business case planning, enabling the economy to gain an overview of the key parameters relating to short and medium term financial position

The investment to deliver the foundations of integrated care is designed to develop functions that will change the way existing resources will work, and considerably increase the capability of the system to work together. The strategy is not to 'bolt on' a series of new functions but to carefully place a series of investments that will begin to change the way existing functions work, and using increased effectiveness to drive improved productivity.

Crucial to this is the ability to better target effective healthcare through improved use of the GP registered list. By identifying cohorts of the population who are at the greatest risk of poor outcomes or inappropriately high utilisation of services – and monitoring them with very high frequency – we can develop interventions to both improve quality and reduce cost. The clinical panels provide the means for both the clinical governance and the professional accountability associated with this endeavour.

The main criteria for judging the success of the ICS strategy will be the achievement of measurable improvements in the quality and effectiveness of clinical services, tackling health inequalities and improving cost-effectiveness through integration.

In 2010/11 NHS Trafford has made available funding for the pump priming of the redesign of clinical services, with investment in the following infrastructure;

- Clinical panels redesigning services
- Data sharing protocols
- Appointment of community matrons and community geriatricians
- Specialist nurses spending more time working in community
- 'Early adopter' GPs working on new pathways
- Patient experience tracking design work
- Telehealth / telecare integrated systems

The model is based on the GP registered list and uses the patient record in GP practice to identify those who have need of early intervention and care. Data sharing allows for all those within the integrated care system to be aware of these people and also the interventions they have received. A skilled community team infrastructure wraps around the GP practices to ensure the maximum amount of care that can be offered is given in the home, the local surgery or in neighbourhood integrated care bases.

The team includes specialist matrons and where appropriate consultant opinion and treatment planning. The use of innovative technologies such as telehealth and telecare form part of this. Testing of this system is underway in a group of identified GP practices known as "vanguard practices" to see if this very early identification and interventions will improve health and reduce the need for hospital care. The vanguards are acting as test beds and sharing their learning and experience with the wider re-design team.

Trafford commissioners and the wider clinical team are fully committed to this programme and as such have designed their commissioning intentions to reflect this. We have outlined these overleaf.

Future commissioning intentions

TCC/NHS Trafford are looking to develop a non bed based integrated care organisation (ICO) in the community. The model will offer the widest range of community services with consultants offering advice and treatments as part of the community teams.

Crucial to this is the ability to better target effective healthcare through improved use of the GP list. By identifying cohorts of the population who are at the greatest risk of poor outcomes or inappropriately high interventions we can improve quality and reduce cost. This system of care will be offered to children and adults across the full range of care pathways within the integrated care organisation.

Beds will be purchased from a choice of providers that will be contracted to offer the acute element of care that interface with the community ICO as part of the integrated care pathway.

It is expected these providers will promote early discharge back to the community teams and discharge all care back to the community ICO (with the exception of very complex and tertiary care). The new strategic partner(s) for THT would be expected to work in this way and support with redesign groups to ensure implementation of the integrated care models.

The diagrams below show pictorially how care will be offered in localities and the structure of the overall system.

FIG 1: Integrated Systems of Care: Neighbourhood-based approach

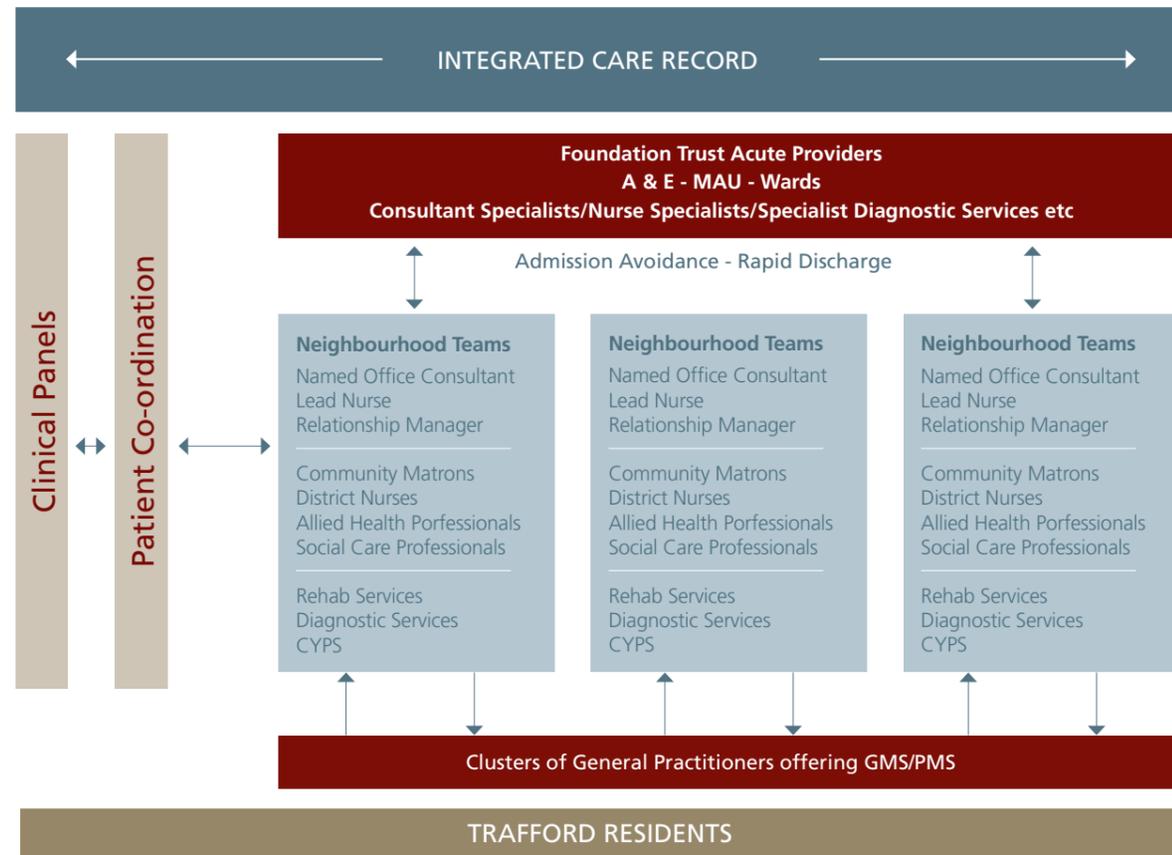
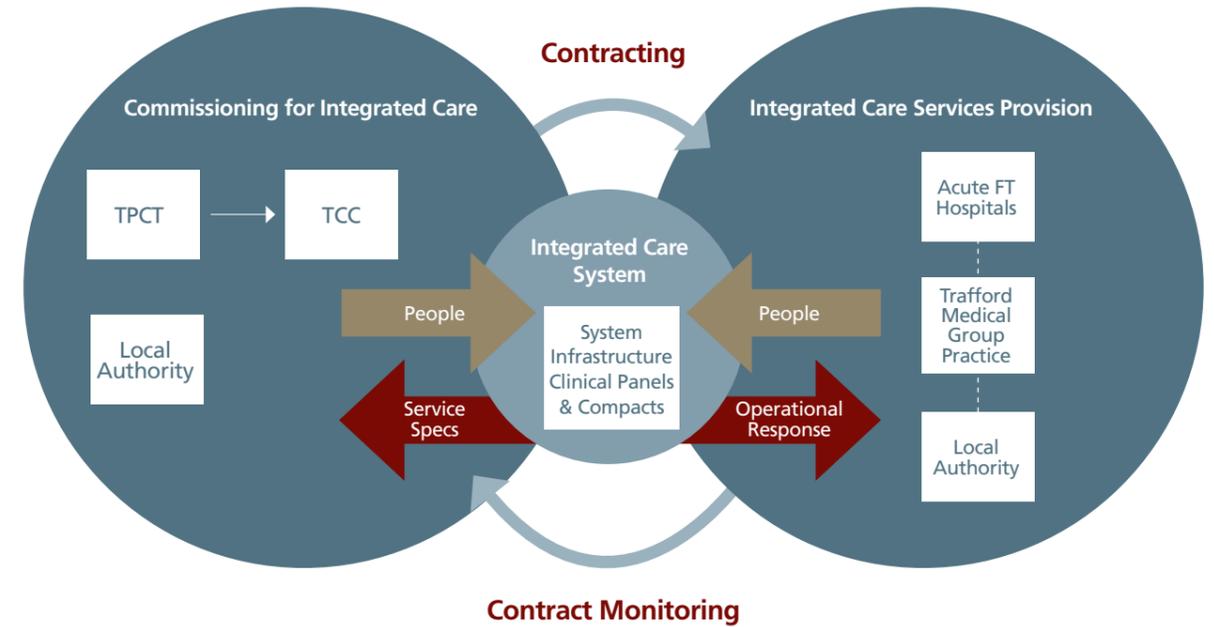


FIG 2: Structure for integrated Care System



Current Service provision

Historically Trafford Healthcare Trust has offered a large range of services as outlined in the body of the THT Prospectus. Trafford commissioners currently commission a range of services from THT both through block contacts and Payment by Results. The total value of this contract is £72 million p.a. From a commissioner's perspective some of these services are appropriate to be provided from an acute service provider; however there is a set of services that would be much better placed within the community setting and should no longer be located within an acute trust environment. A prime example of this would be school nursing which is currently provided by THT but forms part of the Trafford Children's and Young People's Service.

As part of the overall strategy there has to be consideration of Trafford's community services. The commissioners are in agreement that Trafford Provider Services will form part of the integrated community

organisation once it has been developed. However as there is a timing issue in implementing Transforming Community Services, it is expected that by April 2011 the current Trafford Provider Services will be managed in an interim arrangement with a neighbouring community trust. This is a temporary measure in order for the commissioners to complete the design and achieve approval of the Trafford Community ICO.

It is the intention of commissioners to offer all integrated community services (through due process) to a community based ICO in which Trafford Provider Services will be included.

NHS Trafford and Trafford Commissioning Consortium would be looking for a provider who is willing to support the described strategy and work alongside a community integrated care organisation. We would also expect the provider to be willing to support the general principles outlined overleaf.

General principles for care providers in Trafford

NHS Trafford and TCC are keen to engage with THT's strategic partner in ensuring the following principles are adhered to:

- To work as part of the integrated model of care
- To ensure that patients who can be managed within the community receive their care in this setting, ensuring early discharge back to community care – CQUINs will be developed to support this
- To allow the commissioning of specialist opinion and support from the acute provider's clinical teams to work with the integrated care organisation within the community system
- To work closely with the GP community as part of clinical panels in order to redesign pathways and service provision
- To work closely with the community integrated care organisation to ensure integrated delivery of care
- For an acute provider to actively participate in the role of the clinical panels
- Local tariffs which have been agreed with THT will be subject to 0% rise in pricing for a period of one year post acquisition
- To adhere to the agreed Trafford Effective Use of Resources Policy

Services that will be commissioned from an acute provider(s)

The acute provider(s) will be commissioned to provide specialists' pa sessions in the community. They will work with the integrated community teams to offer specialist advice and planning of care. The commissioners would look for consultants in all specialties to offer this service, but with particular emphasis on long-term conditions and elderly care support from hospital specialists in the community.

The acute provider(s) will be expected to offer a full range of inpatient facilities that complement the ICS pathways of care. Bed stock will be considerably less than in traditional models of care and may be accessed in innovative ways via the community ICO teams.

Location and estates

The current estates offering at THT needs to be considered when developing and reshaping services. In line with the commissioner's strategy to offer care closer to home the provider would be expected to maintain local services. Continued use of the Trafford General site is essential and it would be expected that the new provider(s) actively encourages community services to work closely with them and if appropriate from the hospital site. There would be an expectation that the community ICO and new acute provider would work together with the commissioners to ensure the development of new facilities in Altrincham and Stretford to ensure local access with integration of primary and secondary care types of care.

Contracts and payment

As this model of care is radical and innovative the commissioners will be looking to contract from the acute provider(s) in potentially different ways. There will remain a requirement for short intervention acute care beds which may be commissioned from community services themselves as and when required. Also as outlined above there will be a need for outward facing support from the acute clinical teams to the community integrated care system. The commissioners are considering innovative approaches to how this can be achieved to ensure this different service offering can be made from the new provider, allowing us to move beyond the current payment by results mechanism and are based on capitation / individual care pathways and flexible contracting approaches.



Conclusion

This is a time for change in Trafford with the development and implementation of integrated care. As GP and PCT commissioners we see the entry of new strategic partner(s) in the delivery of services for Trafford residents as an exciting opportunity for us to work in a collegiate way in continuing to develop our integrated care strategy within a mutually agreeable timescale for changes reflecting our commissioning arrangements. We have strong partnership working with the Borough Council, primary care and the wider clinical community and we are looking forward to developing a strong working relationship with the new strategic partner(s).

Group 1

THT has agreed to transfer these services to a community provider prior to the acquisition of THT by a foundation trust on 1 April 2012. The commissioner has been informed of this decision and is content:

Service	Value	Activity	Contract type
CAMHS services	£2,249,672	0	Block
Child protection	£208,427	0	Block
Community child nursing	£587,074	0	Block
Family planning	£533,087	0	Block
Medical community service	£744,957	0	Block
School nursing	£878,018	0	Block
Health visitor liaison	£107,351	0	Block
Welfare foods	9,773	0	Block
Orthodontics	£195,871	1,808	PBR
Dental	£14,122	188	PBR
TOTAL	£5,548,342	1,966	

Group 2 - Wave 1 ICS

Services considered as part of the ICS first wave where, on completion of redesign, elements of pathways may no longer be required from an acute services provider (this is not an exhaustive list and is subject to change). It is expected on all these pathways a small amount of specialist activity will remain within the acute setting.

Service	Part of pathway to provide in community	Price	Activity at 100% (plan)	Contract type
Diabetes	Outpatients Tier 2	£880,541 -	8,191	PBR
Respiratory	Outpatients	£619,358	4,204	PBR
	Specialist nurse service	£56,952		Block
GUM	Outpatient	£474,373	3,640	PBR
Haematology	Anti-coagulant services	£680,630	4,829	PBR
ENT	Outpatients Diagnostics	£1,359,466	12,110	PBR
Cardiology	Outpatient Services Diagnostics	£514,315	3,792	PBR
Rheumatology	Outpatient Services	£509,956	3,632	PBR
Older People's Medicine	Outpatient Services	£197,801	1,181	PBR
	Rehabilitation to be re-designed services to an integrated model	£3,639,999	14,288	Local agreed tariff
Dermatology	Outpatients	£828,831	7,475	Local agreed tariff
TEDS – children services	Full service	£358,930	0	Block
PAOU	Full service	£647,000	0	Block
Direct Access Pathology	In line with NW re-design	£1,661,258	609,140	Local agreed tariff
Direct Access Radiology		£975,082	23,603	Local agreed tariff
Palliative Medicine	Outpatients	£70,063	158	Local agreed tariff
Paediatrics	Day Case	£15,540	17	PBR
Respiratory Medicine	Day Case	£1,745	3	PBR
Audiology		£1,343,092	15,412	Local agreed tariff
Orthotics		£57,173	1,035	Local agreed tariff
Direct Access ECG		£82,945	1,467	Local agreed tariff
TOTAL			714,177	

Group 3 - Wave 2 ICS

Redesign services that would be expected to be concluded within the next 3-5 years where elements of the pathway would be commissioned from a community provider.

Group 3

Service	Part of pathway to provide in community	Price	Activity at 100% (plan)	Contract type
General Surgery	Minor Surgery (Day Case)	£1,313,465	1,968	PBR
	Outpatients	£1,005,101	7,077	PBR
Trauma & Orthopaedics	Outpatients	£2,019,102	18,222	PBR
	Diagnostics	-		
Urology	Outpatients	£820,873	5,987	PBR
	Diagnostics	-		
Gynaecology	Outpatients	£1,148,939	10,429	PBR
	Diagnostics	-		
Colorectal	Outpatients	£53,769	356	PBR
Cancer Care	Outpatients	£195,765	279	PBR
	IV Therapies	-		
Paediatrics	Outpatients	£630,796	3,745	PBR
Ophthalmology	Outpatients	£223,600	2,276	PBR
Clinical Genetics	Outpatients	£6,695	12	PBR
Gastroenterology	Outpatients	£700,840	4,614	PBR
Unscheduled Care	Various/currently being scoped	Unscheduled Care has already been counted within the individual service lines		
Mental Health	Outpatients	This may relate to Greater Manchester West Mental Health NHS FT		
TOTAL		£8,118,944	54,965	

Group 4

Services that it is considered will continue to be commissioned from an acute service provider.

Adult services only

Group 4

Service	Part of pathway to provide in community	Price	Activity at 100% (plan)	Contract type
Nervous System Procedures	Inpatient beds and A&E	£1,223,606	1,417	PBR
Pain Management	Procedures that require heavy diagnostic and in patient bed	£673,151	1,080	PBR
Mouth, head, neck and ear procedures/ disorders	Inpatient beds and A&E	£1,518,560	1,897	PBR
Respiratory system	Inpatient beds and A&E	£2,459,180	1,946	PBR
Cardiac disorders and procedures	Inpatient beds, A&E and those procedures requiring complex diagnostics/ interventions	£2,230,522	2,574	PBR
Digestive system	Inpatient beds and A&E	£4,363,208	4,355	PBR
Hepatobiliary and pancreatic system	Inpatient beds, A&E and complex procedures	£710,753	485	PBR
Orthopaedic – procedures / musculoskeletal disorders	Inpatient beds, A&E and complex procedures	£7,777,476	117,511	PBR
Endocrine disorders / diabetic medicine / metabolic disorders	Inpatient beds, A&E and complex procedures	£666,806	1,071	PBR
Urology	Inpatient beds, A&E and complex procedures	£907,164	1,520	PBR
Haematological and immunology	Inpatient beds, A&E and complex procedures	£2,041,919	2,964	PBR
General surgery	Inpatient beds, A&E and complex procedures	£266,616	267	PBR
Anaesthetics	Services	£252,549	1,638	PBR
General Medical	Inpatient beds, A&E and complex procedures	£2,241,321	4,548	PBR

Group 4 (continued)

Services that it is considered will continue to be commissioned from an acute service provider.

Adult services only

Service	Part of pathway to provide in community	Price	Activity at 100% (plan)	Contract type
Gastroenterology	Inpatient beds, A&E and complex procedures	£284,113	372	PBR
Oncology	Inpatient beds, A&E and complex procedures	No activity shown – found in Haematology		
Geriatric medicine	Inpatient beds (including rehab beds for a short period of time) and A&E	£397,988	442	PBR
A&E		£3,910,817	49,811	Local agreed tariff
Critical Care	ICU and HDU	£1,935,712	1,469	Local agreed tariff
A&E Speciality Inpatients	Not covered by another group	£66,360	52	PBR
A&E Outpatients		£116,268	981	Local agreed tariff
Gynaecology	Excluding Outpatients	£1,630,106	1,633	PBR
High Cost Drugs		£2,100,000	2,100,000	Local agreed tariff
Histopathology	Outpatients – in line with NW re-design	£770,922	38,940	PBR
Insulin Pumps		£89,813	47	Local agreed tariff
Nephrology		£19,135	97	PBR
Oral Surgery		£352,368	2,526	PBR
Rheumatology		£14,647	27	PBR
Chemical Pathology		£46,948	707	PBR
Other	COPD Specialist Nurse, Day Care, Domiciliary Visits and Stretford Support	£476,362	0	Local agreed tariff
TOTAL		£39,544,390	2,338,963	

SECTION
17

About the Borough of Trafford

The Borough

Trafford is one of the most sought after locations to live in the North of England. It is easy to see why with its high-quality living environment; schools and a college that are among the best performing in the whole country delivering excellent results; a diverse and resilient economy; a highly skilled resident population; efficient and integrated transport and an enviable collection of internationally renowned sporting, cultural and leisure attractions.

Trafford is some 41 square miles and home to 212,200 people living in 92,200 dwellings. The Borough enjoys an enviable location within the Greater Manchester conurbation, with close proximity to Manchester City Centre and excellent connections to the motorway network of the M60, M56, M6 and M62.

Located in Greater Manchester South, it sits between the two cities of Manchester and Salford. With close proximity to both the central business district of the regional centre in the north and Manchester Airport to the south, the Borough acts as an extension of the Cheshire plain into Greater Manchester. It offers some of the highest quality and most expensive housing in the North West and is home to some of its wealthiest residents.

The People

Trafford has a highly skilled resident population. Over a third are graduates, by far the highest rate within Greater Manchester and well above UK levels. Furthermore, Trafford has the lowest proportion of residents with less than Level 2 qualifications and the highest proportion of key stage 4 pupils in Greater Manchester achieving at least 5 GCSEs grades A*–C: (80.3% cf. GM 70.2%) and the highest proportion of key stage 4 pupils achieving at least 5 GCSEs grades A*–C that includes English and Maths: (63.3% cf. GM 48.8%).

Whilst Trafford is the largest single contributor of labour to the City of Manchester's economy (at just under 10%), with workers attracted by its quality of life, housing and education offer, overall Trafford imports approximately half of its workforce (49%), drawing in labour particularly from Manchester, Salford and Stockport.



The relatively affluent and prosperous nature of the borough is reflected in the fact that Trafford has a relatively older population in a Greater Manchester context. The average age of Trafford residents is expected to continue rise over the next seven years, although there is also forecast to be strong growth in 20 to 29-year-olds over the same period.

Overall levels of deprivation are much lower than those elsewhere in Greater Manchester and Trafford has the lowest level of Incapacity Benefit claimants and the second lowest rate of child poverty in Greater Manchester. Nearly four-fifths of residents say their health is good or very good.

It is important to note, however, that not all Trafford residents share in the prosperity of the borough, and that there are certain neighbourhoods within Trafford that are of particular concern with regards to income, health and disability, and employment. Most notably these include Old Trafford in the north and Partington, Carrington and Sale West to the west.

The Economy

Trafford's strong and diverse economy offers a wide range of investment, employment and business opportunities and with the City Centre forms the economic engine powering the Greater Manchester city region.

Much of the Borough's success over recent years has been driven by its growing business base which underpins a high quality of life locally.

The growth of Trafford's economy has historically been driven by the private sector. The Borough has a highly resilient economy and diverse business base with strong representation from the growth sectors with limited reliance on the public and other more vulnerable sectors. It is the conurbation's capital of enterprise with excellent business start-up and survival rates and has the highest business density of any of its districts.

Many businesses have chosen to make Trafford their home, from burgeoning SMEs to major international brands like Kelloggs, Adidas and L'Oreal.

Trafford has played a central role in the economic renaissance of Greater Manchester, and hosts some of the conurbation's key economic assets including Trafford Park. The oldest and still the largest industrial park in Europe, Trafford Park covers some 3,000 acres and has a long-established reputation for business transformation across three centuries. It is currently home to almost 1,300 companies and employs some 32,000 people.

In recent years, Trafford Park has seen an introduction of new uses, particularly at its eastern and western ends with developments such as the Trafford Centre and now MediaCity:UK, 30% of which sits on the Trafford bank of the Ship Canal, and is set to host the next stage of this exciting development with the arrival of Granada Television and its new Coronation Street set.

Trafford Wharfside and The Quays area sit on the banks of the Ship Canal (Greater Manchester's Waterfront) and are home to a cluster of amazing sporting, cultural and leisure attractions: Manchester United Football Club and Lancashire County Cricket Club; the Imperial War Museum (North) which looks over the water to the Lowry; and, a little further afield, the Trafford Centre which attracts more than 30 million visitors every year.

Four Town Centres

Trafford has four vibrant town centres, each with its own distinctive character, which are at the heart of the Borough as places where people enjoy, living, working, shopping and leisure activities.

The largest is **Altrincham** which benefits from excellent public transport links, including direct Metrolink tram connection to Manchester City Centre. With over 300 retail units, sporting and cultural venues and a strong commercial office base already in the town, Altrincham is undergoing a major multi million pound redevelopment.

Sale also has direct Metrolink services to Manchester and a vibrant leisure offer including Sale Waterside Arts Centre and a range of retail, restaurant and bars which support the good standard of office accommodation and the popular residential environment.

Urmston is served by a good rail link in the heart of the town centre and is currently witnessing significant redevelopment focused on Eden Square shopping centre and mixed-use development which incorporates a new state-of-the-art library.

Stretford in the north has easy access by car, bus, and Metrolink. It has a purpose-built shopping centre including major high street names and local businesses.

People are safer in Trafford than in any other part of Greater Manchester and overall residents continue to enjoy a high quality of life in a thriving, diverse, prosperous and culturally vibrant borough at the heart of the Manchester city region.

Stakeholder Views

The views of THT's partners and stakeholder are extremely important to the Trust. As a consequence we have sought to engage a wide range of stakeholder in the process of acquisition through the establishment of advisory reference groups for the project. It is important that potential bidders have the opportunity to understand our stakeholder views and we have therefore included these below.

Trafford Metropolitan Borough Council

The Local Authority has a strong commitment and proven track record of joint working with local health services. Trafford Children and Young People's Service is a groundbreaking partnership between Trafford Council, NHS Trafford and THT and commissions and delivers all health, education, and social care services for the children and young people of Trafford. It also has an existing joint mental health service, and strong operational and commissioning links with local health services.

It has been fully engaged and supportive of the development of the Integrated Care System, and would want the new provider to be fully committed to further development of integrated health and care services, along with the integration of primary and secondary health services.

The Local Authority is committed to transforming services across the Borough, both internally and in partnership with external agencies. It would want to see a provider that was prepared to deliver creative, innovative and radical changes in service delivery which produce substantial health benefits to the residents of Trafford.

The Local Authority would want to see a provider that would challenge traditional organisational models of healthcare, develop localised approaches tailored to the needs of Trafford residents, and work across existing inter-agency boundaries to create joint services that directly impact on the health and wellbeing of local people. At a time of increasing resource scarcity the Local Authority would expect the new provider to support the delivery of improved value for money across the whole health and social care economy for Trafford.

Our expectations of the new provider are:

1. To support the development and delivery of an integrated health and social care service which is accessible to local people at the time and place they need it. To actively support the development of joint community health and social care services, and to integrate hospital-based services with community services to create more effective and accessible provision for local people. This will include being an active partner in the ICS, delivering significant and sustainable changes to clinical practice and organisational arrangements in order to bring about integration of primary and secondary health services.
2. To support the continued development of Trafford CYPS and play a full part in the planning and delivery of integrated services for children and young people.
3. To be a fit-for-the-future provider, which responds flexibly and readily to changing demands, able to develop and implement innovative practice, and deliver value-for-money provision. Central to this is the ability to work to, and support, the joint commissioning strategies of the local NHS and LA commissioners, and supporting the development of a joint commissioning hub across LA, NHS and other statutory agencies.
4. To support the public health agenda, and to provide services that actively work to reduce health inequalities across the borough, including the delivery of early intervention and preventative health services.
5. To work with a range of partners across the borough to develop and deliver services that meet the needs of local residents. This includes other health and social care providers, external agencies and voluntary sector groups.

6. To support the development of personalised services across the health and social care services, including the development of personal budgets across social care and health provision. To support the development of outcome-based services, linked to improving the overall wellbeing of citizens.

7. To support and contribute to the Big Society agenda, working at local and borough-wide level to transform traditional models of care and support, and to encourage the growth of social enterprises, mutuals and systems of co-production with local residents and groups.

Overall the Local Authority would wish to see a provider that actively seeks to share its resources, expertise and reputation with other services and agencies to create local services that act in the best interests of local people.

The culture and ethos of the provider should be to work collectively to understand and respond to needs of local people, able to embrace new working practices and service models, and committed to the delivery of best-practice health and social care for all those who need it.

The Trafford Partnership is the borough's Local Strategic Partnership, an organisation that brings together public, private, community and voluntary sector organisations in order to work together for a better Trafford. This includes the statutory organisations such as the council, police and NHS, as well as the voluntary and community sector, equality networks and residents groups.

The partnership seeks to help promote joint working between all the organisations to address local problems and improve within the borough.

Trafford Partnership's Sustainable Community Strategy, 'Trafford Vision 2021: a blueprint', sets out what the Trafford Partnership will deliver to improve the lives of Trafford residents by the year 2021.

Vision 2021

Trafford is thriving, diverse, prosperous and culturally vibrant: a borough at the heart of the Manchester City Region celebrated as the enterprise capital of the North West and home to internationally renowned cultural and sporting attractions.

Further information can be found on the Trafford Partnership Website:
<http://www.traffordpartnership.org>

Trafford LINK

Trafford LINK's vision is for a strong, active and diverse community network that provides a positive and constructive challenge to local health and social care services. We strive to be well connected and well respected, earning our place at the heart of planning, commissioning and reviewing of services.

Our mission is to give local people a greater voice in improving health and social care in Trafford by:

- Identifying and promoting the priorities of local communities
- Reviewing and making recommendations about local services
- Promoting equality for all
- Working to ensure communities are engaged in their own health and wellbeing
- Working to ensure engagement is a central tenet of the statutory sector's work.

Trafford LINK has developed a robust working relationship with our strategic partners especially Trafford Healthcare Trust, NHS Trafford and the Local Authority. This has enabled us to be reassured that the services provided are delivered in a joined-up way that meet the needs of Trafford residents. We would expect a new provider to support the same level of engagement and to develop a mutually respecting relationship with Trafford LINK/ Local Healthwatch.

Trafford LINK's expectations of a new partner are:

Vision for Trafford

We would expect a new provider to have a long-term vision for healthcare in Trafford:

- That has a real commitment to improved health outcomes and reducing health inequalities.
- To be able to respond quickly to changing demands.
- The development of innovative practice.
- Provision of value for money services.
- That is able to work with commissioners, Local Authority and other health and social care providers including those in the voluntary sector.

Trust Governance

We would expect all Trafford residents to be equally represented through the governor and membership structure within the new provider's trust.

Integrated Care System

We have been fully engaged with and supportive of the development of the Integrated Care System since its conception and would want the new provider to be committed to further development of an integrated health and social care system.

- Providing local services that are easily accessible to Trafford residents
- Being involved in the creation of clinical panels
- Support partnership working

Children and Young People's Services

We are proud of the outstanding success of the integrated Trafford Children and Young People's Service (CYPS) and would want to see a new provider being committed to playing a full role in the planning and delivery of services for the children and young people of Trafford.

We would want to see continued support for those services restructured as part of the Making it Better agenda i.e. Children's services, Maternity antenatal services at Trafford General and the Paediatric Community Nursing Service.

Patient Safety and Quality of Service.

We would expect the new provider to maintain and continue to improve the high standard of clinical care and patient safety that exists at Trafford General Hospital.

Inequalities in Healthcare

Trafford is one of the most sought after locations in which to live in the North West. It is a relatively affluent and prosperous borough compared to other areas of Greater Manchester. However there are areas of Trafford where there are pockets of deprivation with regards to income, health, disability and employment.

Residents in these areas are more likely to die earlier than those in the more affluent areas. Much work is being done to reduce these health inequalities.

Trafford LINK would expect a new provider to support the public health agenda and to provide services that would reduce health inequalities across the borough through earlier intervention and prevention.

Retaining Services at Trafford General Hospital

Trafford residents would expect a new provider to maintain current service provision at the Trafford General site, especially Accident and Emergency, Seymour Unit and Children's services.

Retaining Services at Altrincham General Hospital and Stretford Memorial

We would expect a new provider to continue to provide access to local services at Altrincham General Hospital and Stretford Memorial Hospital.

In conclusion Trafford LINK would like to see a provider that shares its resources and expertise whilst retaining the best practices and quality service developments within Trafford Healthcare Trust.

Glossary

SECTION 19

THT and/or the Trust – means Trafford Healthcare NHS Trust

Prospectus – means this prospectus and such term shall include the Bidder Instruction Pack and all Appendices to each document

Commissioners and/or the PCT – means NHS Trafford

Contract – means the contract to be entered into by the Preferred Acquirer to acquire THT

Bidder – means an organisation intending to respond to this Prospectus by way of submitting a Bid

Bid – means a Bidder's response to this Prospectus as a bid to acquire THT

Compliant Bid – means a Bid that complies with the terms of this Prospectus

Preferred Acquirer – means a submission, in response to this Prospectus, to acquire THT

Transaction – means the project which is the subject matter of this Prospectus being the intention of THT to select a Bidder to acquire THT

Clarification Process Commitment Letter – means the letter issued to each Bidder with this Prospectus requiring commitment to the clarifications process

Bid Commitment Letter – means a letter accompanying a bid submission giving commitment to engaging in the transaction and assurance that the Bidder is authorised to do so

Authorised Representative – means the representative of a Bidder who has been duly authorised to act on behalf of that Bidder in all respects relating to the Bid

FOIA – means the Freedom of Information Act 2000

Request for Information – means a request for information pursuant to FOIA

TGH – Trafford General Hospital

AGH – Altrincham General Hospital

SMH – Stretford Memorial Hospital

ICO – Integrated Care Organisation

ICS – Integrated Care System

CYPS – Trafford Children and Young People's Service

GMSC – Greater Manchester Surgical Centre

OSC – Overview and Scrutiny Committee

UHSM – University Hospital of South Manchester

CMFT – Central Manchester Foundation Trust

Prospectus

Trafford Healthcare NHS Trust
Trust Headquarters
Trafford General Hospital
Moorside Road
Davyhulme
Manchester
M41 5SL
0161 748 4022
www.trafford.nhs.uk