

## ANNEX 2 – Provider commentary

For further detail on how to use this Annex to obtain commentary from local, acute providers, please refer to the Technical Guidance.

|   |   |
|---|---|
| <b>Name of Health &amp; Wellbeing Board</b> | Halton                                    |
| <b>Name of Provider organisation</b>        | St. Helens & Knowsley Hospitals NHS Trust |
| <b>Name of Provider CEO</b>                 | Ann Marr                                  |
| <b>Signature (electronic or typed)</b>      | <i>Ann Marr</i>                           |

For HWB to populate:

|  |   |       |
|--|---|-------|
| <b>Total number of non-elective FFCEs in general &amp; acute</b> | <b>2013/14 Outturn</b>  | 7559  |
|  | <b>2014/15 Plan</b>   | 7370  |
|  | <b>2015/16 Plan</b>   | 6992  |
|  | <b>14/15 Change compared to 13/14 outturn</b>                                   | -2.5% |
|  | <b>15/16 Change compared to planned 14/15 outturn</b>                           | -5.1% |
|  | <b>How many non-elective admissions is the BCF planned to prevent in 14-15?</b> | 189   |
|  | <b>How many non-elective admissions is the BCF planned to prevent in 15-16?</b> | 378   |

For Provider to populate:

|    | <b>Question</b>  | <b>Response</b>  |
|----|--|--|
| 1. | <b>Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?</b> | The Trust can confirm that the intentions within the BCF plan are aligned with the Trust IBP/LTFM. However, given that the health and social care economy has never delivered a sustained reduction in urgent care demand the Trust cannot at this stage be confident that the BCF plan will bring about the improvements as per the stated intention. Further work is required across the whole system to provide assurance that the plan will have an impact at the scale and pace required. |
| 2. | <b>If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?</b>   | The BCF submission includes a comprehensive list of schemes which are intended to improve services although several of these are described as a “continuation of” or “maintenance of” and as such these are not new. Where new schemes are identified these lack clarity with regard to scheme specific  |

|    |  |  |
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|    |  | <p>methodology, milestones, programme management plan, performance metrics etc.</p> <p>The Trust is also as yet unclear as to how the proposed governance system will function; who will be represented on what committees, what decisions will be made etc. The Trust would welcome further discussion with regard to this.</p>   |
| 3. | <p><b>Can you confirm that you have considered the resultant implications on services provided by your organisation?</b></p> | <p>If the BCF plan does not deliver at scale and pace the impact upon the Trust will be considerable as pressures in the urgent care pathways will continue to rise.</p> <p>In the last three years the Trust has been operating at full capacity with many occasions when demand exceeded available beds. During this period admissions to “specialty beds” have continued to rise. Even if activity levels remain the same as the last two years there will be many occasions when capacity will be exceeded.</p> <p>In late 2013 the Trust initiated a Medicine Redesign Programme without funding and made a significant investment into A&amp;E, nursing, and ward based discharge planning teams all of which has underpinned service delivery.</p> <p>These services cannot be continued if they are not funded and this is the highest priority for the Trust this winter and beyond</p> |