

**A MEMORANDUM OF UNDERSTANDING
BETWEEN**

Berkshire Healthcare NHS Foundation Trust

of Fitzwilliam House, Skimped Hill Lane, Bracknell, RG12 1BQ;

Bracknell Forest Borough Council

of Easthampstead House, Town Square, Bracknell, Berkshire, RG12 1AQ;

East Berkshire Primary Care Out of Hours

of Abbey House, Grenville Place, Bracknell RG12 1BP;

Frimley Health NHS Foundation Trust

of Portsmouth Road, Frimley, Camberley, Surrey, GU16 7UJ;

NHS Bracknell & Ascot Clinical Commissioning Group

of King Edward VII Hospital, St Leonards Road, Windsor, Berkshire, SL4 3DP;

NHS Newbury & District Clinical Commissioning Group

of NHS Rivergate House, Newbury Business Park, London Road, Newbury, Berkshire, RG14 2PZ;

NHS North & West Reading Clinical Commissioning Group

of 57-59 Bath Road, Reading, RG30 2BA;

NHS Slough Clinical Commissioning Group

of King Edward VII Hospital, St Leonards Road, Windsor, Berkshire, SL4 3DP;

NHS South Reading Clinical Commissioning Group

of 57-59 Bath Road, Reading, RG30 2BA;

NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group

of King Edward VII Hospital, St Leonards Road, Windsor, Berkshire, SL4 3DP;

NHS Wokingham Clinical Commissioning Group

of Chalfont Surgery, Chalfont Close, Lower Earley, Reading, RG6 5HZ;

Reading Borough Council

of Civic Offices, Bridge Street, Reading RG1 2LU;

Royal Berkshire NHS Foundation Trust

of London Road, Reading RG1 5AN;

Royal Borough of Windsor and Maidenhead

of Town Hall, St Ives Road, Maidenhead, SL6 1RF; and

Slough Borough Council

of 112 Burnham Lane, Slough SL1 6LZ.

South Central Ambulance Service NHS Foundation Trust

of North Wing, Southern House, Sparrowgrove, Otterbourne, Hampshire, SO21 2RU
or Unit 7 &8 Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR;

West Berkshire Council

of Council Offices, Market Street, Newbury, RG14 5LD;

Wokingham Borough Council

of Civic Offices, Shute End, Wokingham, RG40 1BN;

**HEREINAFTER REFERRED TOGETHER AS THE “Parties” AND INDIVIDUALLY REFERRED TO AS A
“Party”.**

Purpose

In relation to the Connected Care (Interoperability) programme, this Memorandum of Understanding (MoU) sets out the framework for the intended working relationship between the Parties.

It has been developed with the contributions of representatives from each Party and describes a programme of collaboration with objectives set around the sharing of information and service delivery transformation across health and social care. In doing so, the programme of collaboration should leverage the strengths of each Party and identify opportunities to improve the health IT economy as well as the health and well-being of the population.

Introduction

Across Berkshire the health economy is facing similar challenges posed by aging populations, increasing levels of co-morbid chronic disease and the escalating complexity of care delivery and healthcare costs.

Despite organisational differences across health and social care systems, there are often common approaches to addressing these challenges and recognising opportunities for improvement. Approaches can be predicated on the increased availability and cultural willingness to make use of quality health and social care information for clinicians, carers and patients.

Accordingly the framework set out in this MoU takes account of these common aims and intends to complement respective priorities around key digital strategies. This MoU details ways in which the Parties may work together while also delivering such respective statutory functions.

The MoU is intended to set out principles for the Parties to follow in the course of their working relationships. The Parties expect that the MoU may be supported by protocols or other documents not included here that set out a detailed work programme as well as any operational and governance considerations for how the Parties plan to work together.

The aims and scope of this MoU are intended to reflect prior decisions and on-going discussions regarding cross organisational service redesign and to recognise the need to embrace innovation, continuous improvement and best practices.

The potential activities foreseen within the framework of this MoU include the following:

Principles of Collaboration

Working relationships would be characterised by the following principles:

- Promoting best practices, patient safety and high quality care;
- Respecting each organisation's independence and Governmental responsibility;
- Working in an open and transparent fashion, acknowledging that each Party has statutory duties and that sometimes cooperation may not be necessary;
- Using human resources efficiently, effectively and economically;
- Will cooperate and act in a manner that will enable the programme to be delivered within the agreed budget; and
- Keeping each other fully informed about developments in their approach, methodologies and business as usual activities (where Connected Care has a dependency).

Operational Governance

The Connected Care programme board meetings (East and West) will remain the primary vehicle for information exchange and decision making. The Parties intend to maintain dialogue with each other and other key stakeholders, particularly around governance, status reporting and monitoring of risks, issues and challenges. Any status reporting would be collated and disseminated to the Board.

In addition, senior leads from each Party will be identified and provide appropriate leadership for any required work streams. Dependencies with existing programmes of work which could impact the outcomes of this collaboration will be acknowledged and expertise/integration sought as required.

Resource Management

The Parties intend to draw on their own and other underlying resource for subject-matter expertise and the implementation of any activities conducted under this MOU (which would be at the discretion of each).

Such resources based activities could include (but not limited to):

- Participation in solution design workshops;
- Participation in clinical and care service redesign activities;
- Review (and amendment) of supplier documentation;
- Definition of test scripts and any associated testing materials;
- User Acceptance Testing activities;
- Training activities (train the trainer and associated backfill);
- Source system data cleansing;
- Activities required to enable data sharing (N3, IG compliance, NHS number compliance, etc.);
- Project management;
- Technical and integration development; and
- Source system relationship management.

In providing resources, the Parties agree to make these individuals available to the Connected Care project based on a mutually agreed implementation plan.

The Parties will work with the implementation team to ensure that any changes to agreed resourcing schedules are highlighted well in advance of any deadlines.

The Parties accept that programme delays caused by non-availability of Party resources may result in additional supplier costs or a reduction in scope due to reduced budget availability.

Data

Each Party is responsible for ensuring that their organisation complies with the IG principles as defined and agreed by the Parties via the IG Steering Group and the associated Caldicott Guardians.

Each Party intends to make an agreed subset of their data available to other Parties and in so doing:

- Agrees to work with the agreed solution provider to understand and investigate any source system data anomalies that may arise;

- Agrees to (where appropriate) alter existing data feeds or create new data feeds from their source systems to accommodate the needs of the Connected Care solution;
- Will ensure that the NHS number is used as the primary record identifier;
- Will ensure that their data has been cleansed to a level that can be utilised by the other Parties (for back-loading and on-going extraction);
- Will allow their data to be centrally stored in the solution providers data repository located in a secure 3rd party data centre;
- Will act reasonably when considering requests for data availability from other Parties; and
- Will not delay the signing of any Information Sharing Agreements.

Examine potential areas for mutual learning and support the patient's/citizen's access to and use of their health data in managing their care.

Lever shared interests and accelerate the development of standards and interoperability that enhance patient care.

Adoption Of The Connected Care System

Explore ways to maximize the successful and widespread adoption of the Connected Care solution across clinical and care staff.

Looking for appropriate opportunities to decommission existing systems where duplication and/or clear overlap exist.

Further Sharing & Quality Indicators

Agree a set of quality indicators to be tracked.

Identify alignments across existing boundaries with the potential for further collaboration and harmonisation, particularly in the area of longitudinal patient indicators.

Other Activities

Other activities undertaken by Parties may include:

- Promoting the exchange of expertise and organising events Sharing knowledge and capability in design, architecture and standards
- Collaboration to ensure effective capability for work stream efficiency
- Conference and showcasing
- Formation of joint working groups and networks
- Collation of outcomes and its application to policy and strategy

Terms and Review

This MoU does not create legally binding obligations. The MoU may be modified at any time by mutual written consent of each Party.

All activities undertaken pursuant to this MoU are at the discretion of each of the Parties and are subject to the availability of appropriated funds, as well as any other applicable laws and regulations that may govern a given Party.

This document does not replace existing business plans, reporting systems or accountability lines of each Party.

The MoU is effective from the date of the signature of each Party and is intended to continue for a period of 24 months unless discontinued by the Parties.

A Party wishing to discontinue this MOU should provide written notice to the others. Its terms may be renewed or modified following a review of the operation of the MoU at the end of the first 24 months. The MoU may be renewed for a period of 12 months at a time.

Signatories

Signed on behalf of:		
Berkshire Healthcare NHS Foundation Trust	Bracknell Forest Borough Council	East Berkshire Primary Care Out Of Hours
Signed:	Signed:	Signed:
Print name:	Print name:	Print name:
Title:	Title:	Title:
Frimley Health NHS Foundation Trust	NHS Bracknell & Ascot Clinical Commissioning Group	NHS Newbury & District Clinical Commissioning Group
Signed:	Signed:	Signed:
Print name:	Print name:	Print name:
Title:	Title:	Title:
NHS North & West Reading Clinical Commissioning Group	NHS Slough Clinical Commissioning Group	NHS South Reading Clinical Commissioning Group
Signed:	Signed:	Signed:
Print name:	Print name:	Print name:
Title:	Title:	Title:

Signed on behalf of:		
NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group	NHS Wokingham Clinical Commissioning Group	Reading Borough Council
Signed:	Signed:	Signed:
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Royal Berkshire NHS Foundation Trust	Royal Borough of Windsor & Maidenhead	Slough Borough Council
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South Central Ambulance Service NHS Foundation Trust	West Berkshire Council	Wokingham Borough Council
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