

Tertiary Partnerships Strategy

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Executive Summary

Context

In Our Five Year Plan - Delivering Caring at its Best we outline our vision to become smaller, more specialised and financially sustainable delivering specialist services from two acute sites. We are moving services into alternative settings and we will grow our specialised portfolio.

Our strategic objectives describe the things we must do in order to get there including “integrated care in partnership with others”. Our priorities - outside of the Better Care Together Programme - are to develop and formalise partnerships with a range of providers for tertiary and local services.

We will work to keep care as local as possible using the strengths of a large teaching hospital to support the continuation and development of high quality care in district general hospitals (DGH). By building our relationships with DGH teams we will secure the flows of patients with more complex clinical needs into UHL. We will also work with other providers of tertiary services to look at how we might work better together to lead on the planning and provision of specialised services across a wide geography. This document sets out our draft strategy for tertiary partnerships for 2015 to 2020.

Questions

1. Does the Tertiary Partnerships Strategy reflect the ambition of the Board for the spectrum of tertiary partnerships?
2. Will the principles and behaviours, methods of identification and priorities described support the delivery of the UHL Vision and Strategic Objectives?

Input Sought

For comment and approval.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes / No / Not applicable]
Effective, integrated emergency care	[Yes / No / Not applicable]
Consistently meeting national access standards	[Yes / No / Not applicable]
Integrated care in partnership with others	[Yes / No / Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes / No / Not applicable]
A caring, professional, engaged workforce	[Yes / No / Not applicable]
Clinically sustainable services with excellent facilities	[Yes / No / Not applicable]
Financially sustainable NHS organisation	[Yes / No / Not applicable]
Enabled by excellent IM&T	[Yes / No / Not applicable]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes / No / Not applicable]
Board Assurance Framework	[Yes / No / Not applicable]

3. Related **Patient and Public Involvement** actions taken, or to be taken: None yet.

4. Results of any **Equality Impact Assessment**, relating to this matter: None yet.

5. Scheduled date for the **next paper** on this topic: [TBC]

6. Executive Summaries should not exceed **1 page**. [My paper does /~~does not comply~~]

7. Papers should not exceed **7 pages**. [My paper does /~~does not comply~~]

University Hospitals of Leicester NHS Trust: Strategy for Clinical Tertiary Partnerships 2015-2020

1. Introduction

The University Hospitals of Leicester (UHL) NHS Trust is one of the largest and busiest hospitals in England. We are a leading teaching hospital with a strong research portfolio and are recognised for the strength of our specialised clinical services. We have the busiest Emergency Department outside of London and are the fourth largest cancer centre in the country. Our hospital provides specialised and general healthcare to about one million people living in Leicester City, Leicestershire and Rutland, specialised services for the wider regional population of four million and some very specialised services for the whole of the UK.

This document sets out our strategy for tertiary partnerships for 2015 to 2020.

2. Our Vision

In *Our Five Year Plan - Delivering Caring at its Best* we outline our vision to become smaller, more specialised and financially sustainable delivering specialist services from two, rather than three, big hospitals in five years' time. We are moving services which can be delivered outside of an acute hospital into alternative settings and we will grow our portfolio of specialised services.

Our strategic objectives describe the things we must do in order to get there including "*integrated care in partnership with others*". Our priorities - outside of the Better Care Together Programme, which concentrates on creating a single integrated local health and social care system - are to develop and formalise partnerships with a range of providers for tertiary and local services.

We will work to keep care as local as possible - where this is the right thing to do - using the strengths of a large teaching hospital to support the continuation and development of high quality care in district general hospitals (DGH). By building our relationships with DGH teams we will secure the flows of patients with more complex clinical needs into UHL.

We will also work with other providers of tertiary services to look at how we might work better together to lead on the planning and provision of specialised services across a wide geography; this may lead to us having to take ambitious decisions on what, where and how services are delivered.

Our Vision fits with the NHS England Five Year Forward View which states that: *smaller hospitals will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. And: NHS England will now work with local partners to drive Consolidation...specialised providers to develop networks of services.*

Working in this way will support us to improve our responsiveness to commissioning intentions, service specifications and clinical policies and help build our reputation as a leading provider of acute specialised services in England.

3. The principles and behaviours we will apply to tertiary partnerships.

The key principles we will apply to all tertiary partnerships are as follows:

- Our services will be clinically led and patient centred;
- Our partnerships will drive clinical, financial and performance sustainability;
- We will address, rather than shift, cost pressures across organisations;
- We will work in partnership rather than in a hierarchy of organisations or services;
- We will work to keep care as local as possible to support the continuation and development of high quality patient care in DGHs;
- We will work collaboratively and not aim to destabilise any partner.

We will adopt behaviours which support collaborative working:

- Respect for each other;
- Openness; honesty; transparency and accountability;
- Good communication and sharing of expertise and experience.

We will aim to:

- Establish an offer to other organisations which is based on what we can do now, what we could do in the future and honesty about what we cannot do;
- Coordinate targeting of organisations as a whole, rather than at an individual service specific level.

4. How we will identify areas where there is an opportunity for a tertiary partnership?

Partnerships are likely to arise in the following situations:

- Where we have identified issues with our current services, for example with meeting national standards or specifications;
- Where there are challenges with respect to our current or future workforce;
- Where we want to set up a new specialised service;
- Where we want to adopt new ways of working;
- Where there may be benefit in rationalising services which are currently provided by more than one organisation;
- Where we have strong and innovative services that can mutually benefit us and other organisations.

(Or another organisation has approached us regarding the above).

Partnership arrangements are likely to be of benefit to UHL where:

- Minimum numbers of patients or procedures are required as part of a service standard;
- Access to limited or high-cost expertise and facilities is needed;
- Quality, access, patient experience, waiting times, staffing or cost is an issue.

5. Who are partners and what are some of our priority areas?

The acute hospitals in the area which surround us are our key partners and include: Bedford Hospital; Birmingham Children's Hospital; Burton Hospitals; Derby Teaching Hospitals; Kettering General Hospital; Milton Keynes University Hospital; Northampton General Hospital; Nottingham University Hospitals; Peterborough and Stamford Hospitals; Queen Elizabeth Hospital King's Lynn;

Sherwood Forest Hospitals; United Lincolnshire Hospitals; University Hospitals Birmingham; University Hospitals of Coventry and Warwick.

We have long-standing relationships with the majority of these hospitals, however with some we will need to develop new relationships. In addition to our regional partners there will inevitably be circumstances when we will work with hospitals from further afield particularly as new organisational forms emerge nationally.

In some circumstances, such as congenital cardiac, partnerships will cover multiple organisations in a networked configuration.

Our priority partnerships are likely to be with the following organisations.

5.1. Nottingham University Hospitals

University Hospitals Leicester (UHL) and Nottingham University Hospitals (NUH) are the two large tertiary teaching hospitals located in, and serving the populations (around 4.4 million) of, the East Midlands (Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland). Leicester and Nottingham are situated west of the centre of the region connected by the M1 and A46; the Leicester Royal Infirmary (LRI) and Queens Medical Centre (QMC) sites are 28 miles and 40 minutes apart.

From a geographical position, NUH naturally provides tertiary care for the population of Nottinghamshire, Derbyshire and North Lincolnshire; UHL provides tertiary care for Leicestershire, Rutland, Northamptonshire and South Lincolnshire. However, patient flows do not always follow a single geographic pathway and different services within the same hospital may refer to different tertiary centres based on a number of factors including: historic arrangements; clinician relationships; training rotations and so on.

The majority of tertiary services are provided by both NUH and UHL. Some, however, such as congenital heart services; neurosurgery and some specific cancer sites are only provided by one trust or the other.

As the two major acute tertiary teaching hospitals in the East Midlands, there are times when it makes sense for UHL and NUH to stand back-to-back particularly to provide regional leadership for specialised services. However both organisations recognise that there will be other times when we will continue to work in competition or alongside other tertiary hospitals.

This relationship will allow us to challenge the current configuration of services and organisational forms to produce a work programme of ambitious transformation in line with our principles of partnerships.

We already have a Children's Services Joint Working Group with a programme of work across specialised services which will move us to a more integrated service across the East Midlands working out of the two trusts and reaching into other organisations.

As part of producing a partnerships strategy with NUH, we will concentrate on the following services in the first instance: children's services; cancer; spinal surgery; intestinal failure; cardiology; cardiac services. This list is likely to evolve as we start to more rigorously apply our criteria for partnership working.

5.2. Northampton General Hospital and Kettering General Hospital

Northampton General Hospital (NGH) and Kettering General Hospital (KGH) are the two (separate) DGHs covering the population of Northamptonshire. NGH and KGH are 16 miles apart and 42 and 25 miles, respectively, away from the LRI site. The majority of general clinical services are provided at both hospitals however some such as vascular, stroke and PPCI have been concentrated at one of the hospitals.

Local CCG commissioners, NHS England commissioners, the Chief Executives at NGH and KGH and the Director of Strategy at UHL have agreed to the principle of a strategic partnership for specialised services and meet on a quarterly basis to identify issues and review progress of partnership work. There are some specific service arrangements in place such as oncology, urology and gynaecology which are covered by service level agreements. However, at a service level, referrals are made to a number of different centres: Papworth Hospital; Cambridge University Hospital; London Hospitals; Birmingham Hospitals; Oxford University Hospital and University Hospitals of Coventry and Warwick. In some circumstances the same service will refer to multiple tertiary partners.

There are longstanding partnership arrangements with KGH and NGH across a number of clinical specialties where UHL supports care being delivered locally, where this is the right thing to do for patients, with access to more specialised facilities when required.

Most progress is being made on the establishment of a single oncology service across all three hospitals with the appointment of a single Clinical Lead and the successful appointment to three NGH based oncologist vacancies with UHL appointments. Governance arrangements, operational arrangements and clinical models are being progressed.

For other services scoping work and the establishment of governance structures is on-going but potential service partnerships include: complex vascular surgery; interventional radiology; haemoglobinopathy; specialised cancer; complex orthopaedics; congenital heart; haemophilia; fetal medicine and spinal services.

We will build on our successes to be the single tertiary partner across the majority of clinical services at both KGH and NGH.

5.3. United Lincolnshire Hospitals

United Lincolnshire Hospitals (ULHT) is spread across four sites with acute services Grantham and District Hospital, County Hospital Louth, Lincoln County Hospital and Pilgrim Hospital Boston. The hospitals are 40, 80, 56 and 64 miles away respectively from the LRI site and the majority of acute services are concentrated at Boston and Lincoln. It is likely that there will be further consolidation of emergency services at Lincoln County Hospital following a process of local consultation.

We have recently been selected as ULHT's preferred partner for vascular and specialised urology services through a competitive bidding process. In addition we have some existing relations in cardiac, cleft and plastic surgery.

We will continue tripartite arrangements between ourselves, ULHT and NUH in a number of clinical areas to investigate how we might jointly approach some of the challenges particularly around specialised services.

5.4. Birmingham Children's Hospital and University Hospital Birmingham

We have submitted a joint proposal with Birmingham Children's Hospital (BCH) and University Hospital Birmingham for a Pan-Midlands Congenital Heart Network to NHS England. If this is successful, we will need to agree formal arrangements to support congenital cardiac services and we will look to build greater paediatric links with BCH as a national provider of specialised children's services.

5.5. University Hospitals of Coventry and Warwick

University Hospitals of Coventry and Warwick is a large teaching hospital 22 miles away from the LRI. Because of the old commissioning boundaries (East and West Midlands) our contact with UHCW has been limited to date. We have met and will agree to work with UHCW to investigate areas of work which might be of mutual benefit.

5.6. Independent Sector Healthcare Providers

We will explore working with the independent sector on a case by case basis.

6. Industry

Working with industry has the potential to open up access to resource and expertise which can be used when forming partnership arrangements and pathways when working across a larger geography. We will continue to negotiate with industry bodies to understand how these arrangements might work.

7. Overseas Partners

We have experience in working with overseas partners, for example we have provided plastic surgery for patients in Gibraltar for a number of years. Emerging markets, particularly in China, present new areas for partnership working. We will test these and produce a specific strategy over time.

8. How will we provide oversight and measure success?

We have established a UHL Tertiary Partnership Board (TPB) which reports to the Executive Strategy Board (ESB) with membership drawn from across the clinical and corporate areas. The TPB will facilitate the process through: detailed debate; testing of ideas; sharing experience and gaining support for proposals. The role of the TPB is to:

- Identify areas of opportunity for future tertiary partnerships;
- Be the single point of focus for all existing and new tertiary partnerships;
- Hold a schedule of tertiary partnerships (existing and new);
- Prioritise and agree a tertiary partnerships work programme;
- Set-up and oversee working groups to deliver prioritised tertiary partnerships;
- Hold the working groups to account for delivering their outputs in line with agreed timescales;

- Make sure all partnerships are patient centred; maintain or improve patient outcomes and experience; are aligned to the UHL's strategic direction; have risks (including delivery of performance targets) adequately identified and mitigated; have been through the UHL Business Decision Making Process; and deliver an appropriate return on investment;
- Check that all partnerships are supported by adequate governance arrangements;
- Promote partnerships and the UHL brand internally and externally to the organisations.

9. How will we make decisions and check alignment of those decisions.

The UHL Partnership Board will check the principles for decision making and process defined in the UHL Business Decision Process are followed for all elements of the tertiary partnership work programme.

It is expected that all potential partnerships will be aligned with the UHL Reconfiguration Programme and their contribution to the overall Cost Improvement Programme clearly articulated.

10. The Governance Arrangements around Partnership Working

We will underpin all our partnerships with the principles and behaviours in this document and as a minimum we would expect for these to be set out in a memorandum of understanding between the partner organisations.

Where services, expertise or resources move between partners we will apply NHS Standard Terms and Conditions to any agreement or contract.

We will explore all opportunities for the most suitable organisational and contractual forms to support new partnership working. These may range from a straightforward service level agreement under the NHS Standard Contract to the formation of a new Joint Venture between organisations.