

# Strategy & Partnership Update

Author: Jon Currington Sponsor: Kate Shields Date: 31 July 2015

## Context

## Paper J1

Our strategic direction requires that the Trust becomes smaller and more specialised in order to be sustainable and to secure the investment required to make our buildings fit for the future. There are a number of partnership opportunities currently being developed which will help us achieve this goal either by supporting local services for patients outside of UHL or securing tertiary pathways to UHL for patients requiring more specialised care.

## Questions

1. What do we need to put in place in order to respond to the Trust Board Thinking Day in June when partnerships were discussed?
2. What is the key progress and priority work going forward in tertiary partnerships?

## Conclusions

1. We will produce a Tertiary Partnerships Strategy to include:
  - 1.1. A mapping exercise which describes our current partnership arrangements and flows of patients both into and out of UHL at an individual service level.
  - 1.2. Our proposed approach with key partners.
  - 1.3. An exploration of the opportunities which exist to develop new partnerships not constricted by current health boundaries and not limited to the provision of healthcare.
  - 1.4. A strategic approach to partnership decision making which will make sure that all work aligns with our organisational objectives and supports the delivery of business critical priorities.
  - 1.5. The establishment of appropriate governance to oversee the work.
  - 1.6. Underpinning benefits analysis to show return on investment for partnership work.
2. Tertiary partnerships work is starting to yield positive benefit for UHL

## Input Sought

The Trust Board is asked to note the plans for developing a Tertiary Partnerships Strategy, the key progress to date on partnership development.

# 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: Not at this stage.

4.Results of any Equality Impact Assessment, relating to this matter: Not at this stage.

5.Scheduled date for the next paper on this topic: Next ESB

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]

## Strategy & Partnerships July 2015 update

### Vanguard Applications

#### Urgent and Emergency Care

1. We have been successful in our application to become one of eight vanguard sites that will launch the transformation of urgent and emergency care- to improve the coordination of services and reduce pressure on our A&E department.
2. This new Vanguard status will give us access to expertise and support from national clinical leads that will bring new innovative ideas to help us to develop our local health and care services.
3. Over the last 18 months we have come together locally as a whole health and social care economy to design and implement innovative models of care to start our transformation. Our preferred solution involves a new front door / ambulatory assessment model, commissioned by Clinical Commissioning Groups from UHL. This would see us work with a GP partner with expertise in urgent care assessment, streaming and treatment to deliver a more effective front door model that would serve both the Emergency Department (ED) and the Urgent Care centre (UCC).
4. There are several aspects to the new approach that would set it apart from the existing model, including the presence of senior decision makers (with specific training and expertise in urgent care) at initial contact, direct access to trust diagnostics, and direct access to ED streams and other parts of the hospital.
5. The Emergency Care Quality Steering Group (EQSG) and the Urgent Care Board signed off the proposal and the clinical working group have been asked to implement the model. The intention is to have the service operationalised in September, ahead of winter 2015.

#### Acute Hospitals Working Together – Oncology Alliance with Northampton General Hospital (NGH) and Kettering General Hospital (KGH)

6. As part of a partnership with KGH and NGH and in conjunction with local commissioners in Leicestershire, Northamptonshire and Rutland and our specialised commissioners at NHS England in the East Midlands, we have submitted an Acute Care Collaboration Vanguard bid.
7. We have appointed a Clinical Director to provide leadership across the three sites and four new consultant posts have been recruited through UHL to fill longstanding vacant posts at NGH.
8. We have agreed to a 'memorandum of understanding' across all three Trusts' Boards which is underpinned by a principle of partnership not acquisition or take over. An 'Oncology Partnership Board' is being created – this will account to each of the partner organisations' Trust Boards. The Oncology Partnership Board will be

created under a federated partnership model and will be responsible for the setting of priorities and identifying and delivering the preferred future organisation form.

9. We will be progressing with the establishment of South East Midlands Oncology Centre regardless of the outcome of the Acute Care Collaboration Vanguard bid because we believe that this is the right thing to do for our patients. Any potential investment in the mechanisms of project delivery will inevitably speed up the process, increase the likelihood of success and provide a national reference site.

### **Stereotactic Ablative Radiotherapy (SABR)**

10. We will be one of the first centres to treat a whole new group of cancer patients with Stereotactic Ablative Radiotherapy (SABR), as part of NHS England's latest national evaluation programme. NHS England has invested £15m over three years to assess the use of SABR through its Commissioning Evaluation initiative.
11. SABR is a modern, more precise delivery technique of radiotherapy, which delivers high doses of radiation while causing less damage to surrounding healthy tissue than conventional radiotherapy

### **Congenital Heart -Networked model of care to meet national specification.**

12. We submitted a joint proposal with Birmingham Children's Hospital (BCH) for the establishment of a Midlands Congenital Heart Network (MCHN) to provide services to all patients living in the East and West Midlands and North of East of England, to NHS England and NHS Providers on the 5th June 2015.
13. The proposal, along with those from all the other CHD surgical centres across England, was presented to the New Congenital Heart Disease Review Team on the 12th June 2015. We have received positive support from NHS England and we are working with our network colleagues to get proposals in place by September 2015.
14. The business case for the children's hospital is in development with the Outline Business Case (OBC) due to be complete by November 2015.
15. We have had discussions with Great Ormond Street Hospital and agreed an approach to cross network patients flows.