

Trust Boards in Public

November 2022

Report Title:	WSFT & ESNEFT collaboration report
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Purpose

This report provides our Boards with a summary of collaborative activity and proposed next steps for collaboration between West Suffolk NHS Foundation Trust (WSFT) and East Suffolk and North Essex NHS Foundation Trust (ESNEFT).

Background

The 2019 NHS Long Term Plan¹ set out the need for all providers to contribute to the success of their integrated care systems (ICS). It set out a ‘duty to collaborate’ which was expanded in the 2021 guidance Working Together At Scale² which created a requirement for all NHS providers to be part of one or more provider collaboratives by April 2022. The 2022 Health and Care Act³ removed the requirement for competition between providers and the need for collaboration was further reinforced in the 2022-23 NHS planning guidance⁴.

Collaborative working to date

During the COVID-19 pandemic and subsequently, WSFT and ESNEFT have successfully supported each other with mutual aid in elective care services including Orthopaedics, Urology, Ophthalmology, ENT and Gynaecology. A joint elective care committee has been established, with co-chairs and there has also been joint working in relation to procurement.

In May 2022, a Board-to-Board meeting was held between our Trusts to review the potential for further collaboration. At this meeting the Boards discussed the importance of collaboration for the sustainability of our services and the equity of access to high quality care in our Integrated Care System. Six areas for continuing collaboration were identified:

- Clinical and clinical support services
- Workforce Development
- Estates & Facilities
- Corporate Services
- Organisational policies and protocols

¹ [NHS Long Term Plan v1.2 August 2019](#), NHS England

² [B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf \(england.nhs.uk\)](#)

³ [Health and Care Act 2022 \(legislation.gov.uk\)](#)

⁴ [20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf \(england.nhs.uk\)](#)

- Digital infrastructure

Two case studies of existing collaboration are provided at Appendix 1.

At a second meeting, in October 2022, our Boards reviewed progress in collaboration to-date and considered what further action was needed. Key themes from this meeting were:

1. **The need to make our collaborative work visible** and to engage our staff, governors and communities, and to celebrate and promote our successes. A regular report should be provided to both Boards on collaborative activity.
2. **The need to recognise the diversity of cultures and expectations** in our Trusts and communities.
3. **The support required for bottom-up collaboration led by clinicians and services.** The need to identify and support champions of collaborative working.
4. **The desire to develop our shared strategic focus including collective vision, principles and ways of working,** the development of a joint oversight mechanism, investment of resources to facilitate change including programme support.

Our Boards identified some priorities for future collaboration:

1. The selection and implementation of an Electronic Patient Record (EPR) for ESNEFT, in collaboration with WSFT. This was recognised as a key to the standardisation of practice and reduction of variation which is critical to quality of care. It is a key enabler to the integration of care across the ICS. Collaborative planning is required in the short and long term.
2. Collaboration and improvement in equality, diversity and inclusion (EDI) was identified as a moral priority for our staff, patients and communities. There are opportunities to share learning and work jointly between our staff networks.
3. Collaboration in the development of virtual wards. The Boards recognised the importance of standardisation of clinical protocols and pathways, governance structures and the opportunities to create shared workforce plans, recruitment and training activity, and even joint appointments. The Boards acknowledged the good work already underway to share learning in 2022/23 and identified the development of a common operating model as a priority for 2023/24.

Next steps

To support further collaborative work, our Boards are recommended to:

- adopt a shared vision for collaboration between WSFT and ESNEFT, recognising that this collaboration is part of a wide network of collaboration between NHS and other public sector organisations;
- adopt common Principles for collaboration;
- establish a minimum level of governance through a collaborative oversight mechanism; and
- create a shared programme support function to support the development of a shared vision

Draft Vision

Our shared vision is:

As integrated Acute and Community Trusts and anchor organisations, we are uniquely positioned to improve the health and care of our communities. Working together and learning from each other we will offer the highest quality and access to care for the people of Suffolk and north-east Essex. We

will work collaboratively to reduce variation in the services available to our communities and to improve the wider determinants of health.

Draft Principles for Collaboration

Our proposed shared principles are:

1. We will work together to deliver the best quality and access to care.
2. We will challenge and hold each other to account for the delivery of our vision.
3. We will make shared decisions where this supports positive transformation, improves sustainability of services for our communities and reduces variation in quality. We recognise and respect our separate duties and accountabilities, acknowledging that we will need to act separately in other matters.
4. We will support and empower our staff to work together, for the benefit our patients and communities, through standardising care and reducing variation in quality.
5. We recognise the importance of clinical leadership and governance in all our work, and the vital role of operational leadership in delivering high-quality, sustainable services.
6. We will actively involve our staff, patients, partner organisations and communities in our work.
7. We will take shared responsibility for delivering agreed priorities and managing risks.

Oversight of collaborative work

Our Boards have identified the need for shared oversight of collaborative work. A number of models from informal oversight to formal joint governance have been shared with the Boards. Our Boards have expressed the desire to avoid the development of complex governance structures in the short term, due to the risk of distraction from the immediate challenges of the care of our patients, whilst acknowledging that some shared oversight is now desirable. Proposals for this will be developed and presented to our Boards in due course.

A shared programme support function

Our Boards recognised the need for a shared programme support function, to co-ordinate collaborative activity, support and facilitate services to plan and work together and provide regular reporting and insight on progress. There was recognition that joint investment would be required to give this sufficient impetus, and the ICS will be requested to offer support. Detailed proposals will be presented to our Boards in due course.

Recommendations

The Boards are recommended to:

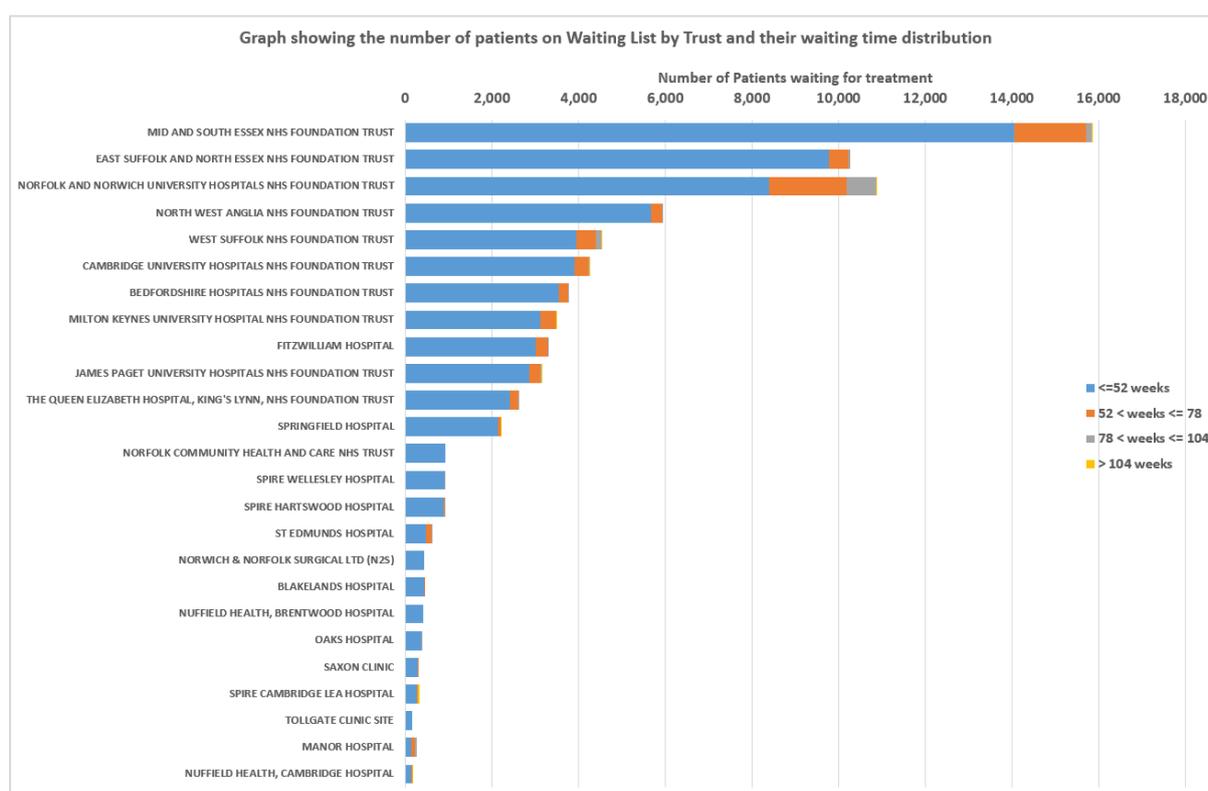
1. Note the progress of collaboration to date and the themes for future work.
2. Agree the Vision, Principles and Ways of Working.
3. Agree the establishment of a collaborative oversight mechanism, with detailed proposals to follow.
4. Support the development of shared programme support for the priorities identified at the October Board-to-Board and provide regular reporting on collaborative activity to both Boards. Further proposals for joint investment will follow.

Appendix 1 – collaboration case studies

Case study 1: Orthopaedic services

During the last year, orthopaedic services at WSFT and ESNEFT have collaborated to treat our longest waiting patients for hip and knee surgery, reducing unwarranted variation in waiting times. This included surgeons operating on some of their patients at a different hospital. As a result the proportion of very long waits in both Trusts is now significantly better than in most of the region:

ICS	Patients waiting (Aug 22)	Patients waiting 52+ wks
BLMK	8,313	863 (9.3%)
C&P	14,102	1,048 (6.9%)
MSE	20,361	2,037 (9.3%)
N&W	18,036	3,744 (16.5%)
SNEE	15,961	1,445 (7.8%)



Source: NHS England Consultant-led Referral to Treatment Waiting Times Data 2022-23 (August 2022) [Statistics » Consultant-led Referral to Treatment Waiting Times Data 2022-23 \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/consultant-led-referral-to-treatment-waiting-times-data-2022-23/)

On the 18th October, clinical and operational leaders in orthopaedics and anaesthetics met to discuss strategy for musculoskeletal services in SNEE. Supported by executives from both Trusts, they considered the challenges facing our services and communities due to the likely growth in demand for hip and knee replacements (up to 25% over the next 20 years) and how we should approach the development of our services in terms of the model of care, workforce, governance, innovation and technology.

Significant priorities were identified for a shared approach to planning and working, including:

- The critical importance of adopting the same Electronic Patient Record (EPR) system to enable collaborative working
- Standardisation of clinical practice.
- A common approach to the use of virtual care, patient portals, self-care apps and wearable technology to improve the engagement of patients in their own care, reduce outpatient contacts and increase access to services.
- Rationalisation of surgical implants and a combined procurement for these.
- A combined approach to recruitment, education and training of staff.

Case Study 2: Procurement

The working relationship between ESNEFT and WSFT Procurement teams has continued to develop with momentum over the last 12 months. The overarching aim is to align the functions to reflect the strategic objectives and benefits as promoted in NHSE's ICS Procurement Target Operating Model (PTOM) and more recently the newly formed Central Commercial Function (CCF). Recent progress includes the joint decision to standardise our procurement systems and data sets. This involves both ESNEFT and WSFT transitioning to the Atamis Online Procurement System, which will provide transparency on our contracting activities and increase our opportunity to undertake collaborative procurements to achieve both quality and value for money outcomes. Other strategic developments include a joint plan to develop and implement the PTOM over the next 2-years, the introduction of Social Value, Zero Net Carbon, and Sustainability into all tender activity, and the alignment of quote and tender thresholds policy to achieve standardisation of processes and to utilise resources more strategically.

Global supply constraints, especially relating to clinical supplies, continue to present real and tangible problems that can impact the ability to provide healthcare to patients. Our Clinical Procurement and Materials Management Teams (stock replenishment) have developed processes that quickly identify and source alternative substitutes to ensure patient procedures can continue as scheduled. Where alternative sourcing is not possible, we have developed effective escalation procedures for mutual aid across our ESNEFT and WSFT hospital and community sites.

Working in collaboration with WSFT enables both Trusts to review non-clinical supply opportunities for joint procurements and efficiencies. Examples include:

- ✓ Minor Works
- ✓ Digital Histopathology Project - which has created a network between West Suffolk and ESNEFT for the sharing of digital clinical images within Pathology. This project has been completed and is being implemented. This also has the scope to incorporate NNUH in the future.
- ✓ Coagulation Blood Testing
- ✓ Laboratory Information Management Systems
- ✓ Electronic Patient Records

Clinical Procurement is progressed via regular meetings between the procurement teams at ESNEFT, WSFT and NHS Supply Chain. Examples include:

- ✓ Minimal Invasive Surgery – Working across the provider Trusts we implemented a standardisation programme for surgical stapling and energy devices with Johnson & Johnson which is delivering both financial and clinical outcome benefits
- ✓ Wound Care – Suffolk Wide wound care formulary, now working to incorporate North East Essex with a ICS based formulary in 2023

- ✓ Needle Free Devices – Standardised product in use across ICS delivering both training and financial benefits
- ✓ Patient Appliances – Continence – working with ICS medicines management team to align products used in hospital to those available via community formulary
- ✓ Mutual Aid – Working closely during supply disruption to support each organisation with inter-site transfer of products and replacement
- ✓ Trauma & Orthopaedics – Sharing best practice and looking for opportunity to collaborate

The Procurement Departments at ESNEFT and WSFT have an excellent working relationship with collaboration at the heart of everything we do. Our current phase of development is the implementation of the joint PTOM plan that will deliver greater integration of our processes across the SNEE ICS and improve resource utilisation.