Progressing our long-term partnership

We are continuing to progress our long-term partnership and identify how we should develop and shape it to deliver the best possible benefits for the people we serve. This edition of ‘In Partnership’ updates you on where we are at now and how we plan to keep you informed as work develops.

The new partnership – helping build a more sustainable pattern of health care for residents of Suffolk and North East Essex

There are many good reasons why a long term partnership between our organisations makes good sense for residents of Suffolk and North East Essex and for CHUFT and IHT.

Our analysis of current pressures and future needs tells us that neither of our organisations is sustainable on its own in the long term. For example, we are both struggling with recruitment for medical and nursing staffing in multiple specialities, which is likely to worsen if there is no change. We are both medium sized organisations facing increasingly tough financial challenges and, although only 20 miles apart, we have separate sets of business and clinical support arrangements. We both serve relatively small populations, but added together, the scale (some 730,000 people), provides potential new opportunities for organising services differently and delivering them more efficiently and with higher quality for our patients. It may also help us make more of a case for developing new services that people currently have to travel further for.

So the partnership between our organisations will help both organisations continue serving our communities in the long-term.

A strong case for change and improvement – the CHUFT/IHT partnership is a key programme in our footprint area’s Sustainability and Transformation Plan (STP).

Our developing partnership fits firmly within wider NHS planning for a more sustainable pattern of health and social care for residents of Suffolk and North East Essex - a pattern that is more robust and able to deliver high quality and safe healthcare for residents now, and for generations to come.

The STP for North East Essex and Suffolk was submitted to the Department of Health on 21 October. It sets out three priorities for action. They are: Resilient Communities, Collaborative Working and Acute Reconfiguration. The STP identifies a range of issues, including those set out in the paragraph above, that make a compelling case for change for IHT and CHUFT. It also recognises that doing nothing in such circumstances is not an option. That is why it includes the developing CHUFT/IHT partnership as one its key programmes.

Where we are now

This phase in our development is an exploratory one we expect to last some 12 weeks starting from the week beginning 24 October.

It sees us working to gather and examine information needed to help pin down how, and in what form of partnership, we could obtain the best possible benefits for our populations. Over the next three months,
we will test our assumptions by collecting and examining evidence and looking at a range of potential development scenarios taking into account such factors as:

- The clinical case for change
- The financial, economic and commercial case for change

We will develop criteria that can be used to test emerging scenarios as they develop and ensure a tight focus on patient care and quality. Our aim is to provide the IHT and CHUFT Boards with the information they need to decide which scenarios for change they want to develop further with stakeholders in the New Year.

Initial Clinical engagement in this exploratory phase

We will set up a Clinical Reference Group (CRG) with membership from consultants, nurses and our allied health professionals (AHPs) to help with criteria setting and scenario development during this early, exploratory phase. When we have identified specific scenarios to examine in more detail, we will engage more extensively and inclusively with patients, clinicians, staff and service users. We are working with stakeholders now to make this level of engagement as meaningful as possible. As a first step, and running in parallel to the work we are doing to develop the long term direction for our partnership, we intend to focus our limited resources to pilot criteria as they develop in two specialities – spinal surgery and cardiology.

Oversight and management of the developing programme.

The two Trust Boards met together for the first time on 10 October. Unanimously they committed to the partnership being a long-term arrangement between our organisations. They also consented to the programme of work necessary to help identify how best it could work to benefit our communities.

The Boards agreed to strengthen their contribution to and oversight of the partnership programme through the inclusion of three Non Executives on the Partnership Advisory Board, (PAB), to help in its advisory role. Nick Hulme, Chief Executive of both hospital organisations, chairs this group and membership now includes David White, Chairman of IHT and CHUFT, and Diane Leacock, Non-Executive Director from CHUFT and Elaine Noske, a Non- Executive Director at IHT.

Other members are: Lisa Nobes, Director of Nursing at IHT, Angela Tillett, CHUFT Medical Director. Paul Scott, IHT Director of Finance & Strategy, Barbara Stuttle, CHUFT Director of Nursing and Quality, Dawn Scrafield, CHUFT Director of Finance, and Barbara Buckley. The PAB co-ordinates partnership development between our two organisations and, as the name suggests, is advisory only. It has no delegated functions and no decision making powers. Those powers remain, as at now, with the Boards and Executive Teams of both Trusts.

The PAB continues to meet monthly supported by a small Partnership Working Group (PWG) of officers which meets weekly to support it. Membership of the PWG has also been widened to include Derek Vaughan (Assistant Director at EY), who is the collaboration work stream lead for the CHUFT ‘Every Patient Every Day’ improvement programme. This will ensure both programmes are linked effectively. Other members of the PWG are: Dr. Shane Gordon, CHUFT Director of Integration, (Chair), Paul Scott, Director of Finance & Strategy at IHT and IHT Programme Manager Nicky Leach.
Continuing a sharp focus on the day job

Though we are working at pace to test potential partnership scenarios for further development, both organisations have strong management teams and robust clinical leadership in place to maintain operational focus on day to day delivery. We are determined there should be no loss of focus on our day jobs of delivering high quality, safe and compassionate care to patients 24 hours a day, 7 days a week. It is a tough challenge, particularly as winter draws on, but thanks to the professionalism and dedication of the people who work for both Trusts, we know it is one we can meet successfully. To help further, we have strengthened operational oversight and delivery arrangements at both Trusts. We have:

- **Provided extra capacity to deliver CHUFT’s ‘Every Patient Every Day’ quality improvement programme**

  We have boosted capacity and improvement expertise at CHUFT by commissioning support from EY

- **Following a robust recruitment process we have appointed New Managing Directors at CHUFT and IHT (from 1st December)**

  **Barbara Buckley** has been appointed as the new Managing Director of CHUFT. Barbara, who moves to this appointment from that of Medical Director of IHT, has a strong track record of success in the NHS, with considerable expertise in strategic clinical leadership and delivery and a strong track record in helping improve and sustain safe, caring and high quality patient services.

  **Neill Moloney** has been appointed as Managing Director of IHT. Neill’s former position is that of Chief Operating Officer of IHT where he has been instrumental in helping to secure and sustain performance improvements.

  Neill and Barbara both report directly to Nick Hulme chief executive of both our organisations.

Coming soon - guidance and frameworks for operational and clinical leads dealing with short term, operational delivery challenges

We are working to produce guidance and frameworks to help steer work needed to address immediate, short term clinical issues. It will include guidance about networking/joint working approaches and the link to recently published CCG commissioning intentions and give more details on opportunities and processes for engaging staff more closely as the partnership develops further.

Keeping you informed and in touch - ‘In Partnership’ newsletter and a new email box for your ideas and questions

We will do our best to keep you well informed about what’s happening and why and to give you opportunities to give your views. We will also work closely through the usual representative groups. We intend to issue ‘In Partnership’ monthly and include updates in our leadership briefings and all staff sessions.

We have also set up a new ‘InPartnership’ email box in both hospitals. So if you have any questions, or ideas about how we can use the partnership to deliver further benefits for patients. Please do get in touch.

In IHT you can send them to: Inpartnership@ipswichhospital.nhs.uk

In CHUFT you can send them to: Inpartnership@colchesterhospital.nhs.uk