

University College London Hospitals and Whittington Health Collaboration

Improving the health of our local community through closer collaboration

Joint Health Overview & Scrutiny Committee Meeting
11th November 2024

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SECTION 1

CONTEXT AND APPROACH

Background

The collaboration between UCLH and WH was originally formalised in 2017 through a memorandum of understanding (MOU). The MOU described the complementary strengths of both organisations and the opportunity to leverage them to better deliver services and support a population approach to healthcare. Substantial partnerships have emerged between the two providers in areas including community services, paediatric dentistry, pathology, cancer, orthopaedics and general surgery. In addition there are long-standing collaborations in other areas including medical training, red cell haematology and tuberculosis screening. The pandemic provided further opportunities for the Trusts to work together and a joint chair was appointed in April 2020.

Although the collaboration has achieved significant success, there is a recognition that there is more than could be done to join up additional care pathways and work more closely to better improve health and access for the shared population.

The 2022 Health and Social Care Act formalised the requirement for an integrated approach to health and care, with provider collaboratives established to promote partnership working for the benefit of patients. The UCLH and WH collaboration is part of a broader set of partnership arrangements with the North Central London Integrated Care System (ICS) which aim to improve population health. Given UCLH and WH's close proximity, collaborating at the service level creates further opportunities to deliver services together for the local population, as well as addressing points of vulnerability and sustainability in services, and maximising combined resources to deliver more care.

A Partnership Development Committee was established in May 2023 with the primary purpose of creating a long term vision for the partnership, developing a plan to achieve this vision and overseeing the successful delivery of the priorities.

Vision, objectives & approach

A dedicated programme team was established in May 2024 and has initially focused on working closely with clinical teams to help establish a clinically compelling case for collaboration*. The team is also exploring opportunities for back-office harmonisation but this has only recently commenced and remains at an early stage.

The programme team has defined collaboration as *working together to improve clinical outcomes and ensure greater sustainability for local services.*

Vision

- To use our collective strengths to improve the health of our community and deliver excellent patient care for our combined population.

Objectives

- Enhance patient outcomes
- Improve access and experience
- Reduce duplication and unwarranted variation
- Improve staff resilience & create a flexible workforce so both organisations are better equipped to address external pressures

Approach to date :

- Prioritise work with clinical teams (ahead of back office) to ensure clinically compelling case
- Focus on bilateral opportunities but remain cognisant of NCL wide plans e.g. pathology, MSK etc
- Focus primarily on clinical vanguards & enthusiasts

*This approach echoes the North London Mental Health Partnership which changed its early focus on back-office harmonisation (which was expected to be less controversial) to working with clinical teams to ensure a more compelling and engaging case for change.

Scope

Although both Trusts have emphasised that the focus of the collaboration will be on improving clinical outcomes and ensure greater sustainability of services, there were inevitable questions and concerns about what the collaboration would mean for local services and whether staff should worry about job security.

Both Trusts have therefore been clear about what is in and out of scope and emphasised that the collaboration is not driven by changes to organisational form and/or cost savings. A Joint Chief People Officer was appointed across the partnership in April 2024 to address the common strategic workforce challenges facing both organisations but both Trusts remain independent bodies and there are no plans to recruit further joint posts.

The collaboration is also limited to working across just Whittington Health and UCLH, in order to achieve pace. The team is therefore concentrating on bilateral opportunities across the two trusts, rather than involving other trusts within the integrated care system (ICS) such as the Royal Free London.

It is important to provide assurances that both Trusts continue to engage with ICB wide clinical strategies or projects, for example the proposed new model for MSK which is discussed later in this report.

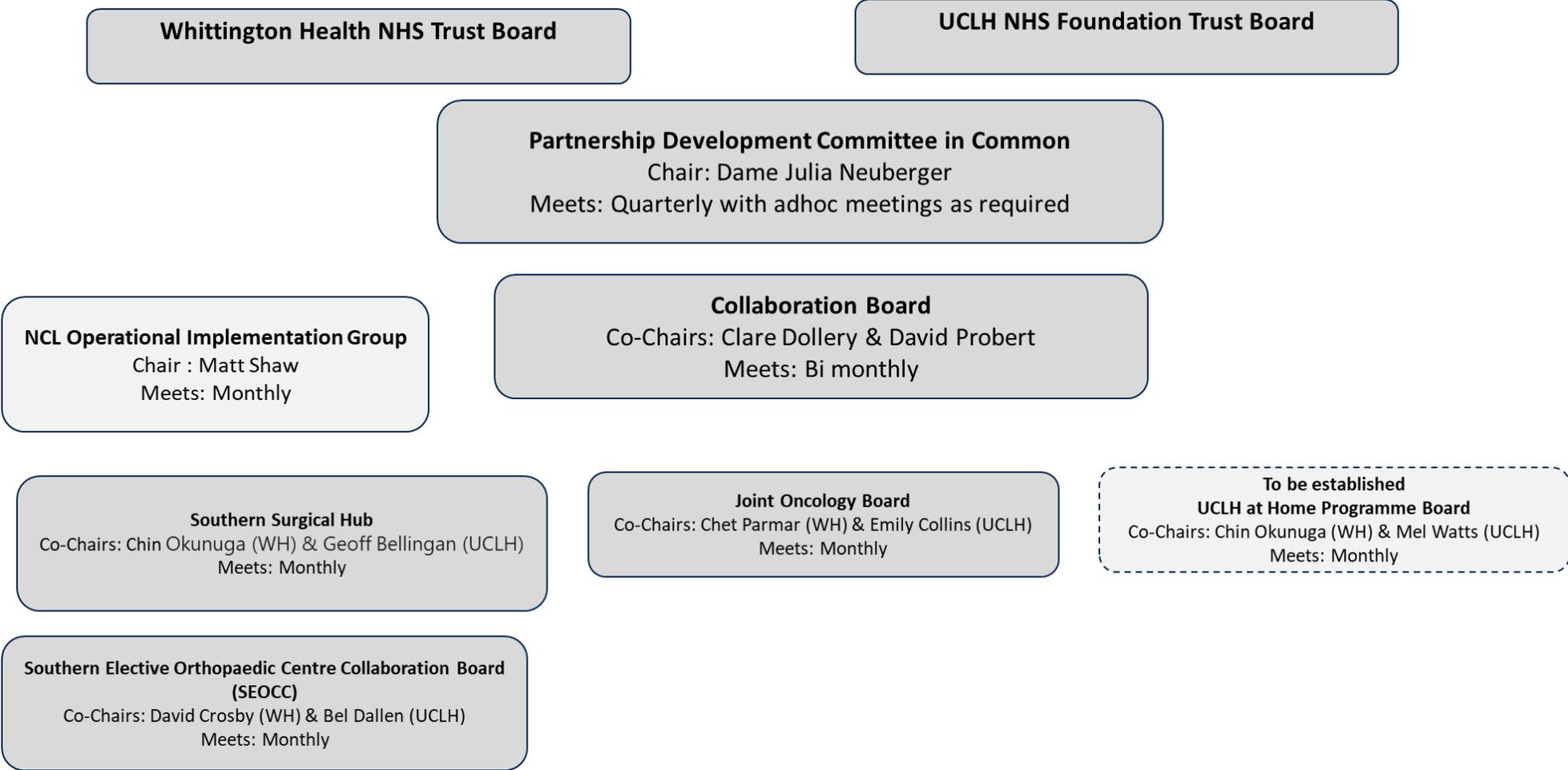
In scope

- Clinical services
- Non clinical (back office) services
- Existing NCL frameworks (eg MSK, pathology)

Out of scope

- Organisational form
- Direct engagement with other acute providers in NCL eg Royal Free London

The following governance arrangements are in place to provide scrutiny of the collaboration programme and provide assurance that plans are delivered



Stocktake of collaboration maturity

The table below summarises where individual specialties and services are across both Trusts on the pathway to mature collaboration. The left-hand column includes a number of well-established joint services that have developed organically over the last five years including, the tuberculosis MDT, joint breast MDT and the joint Eastman Dental and community dental service.

Collaborative success stories*	Areas that need attention/support	New opportunities
<ul style="list-style-type: none"> • Tuberculosis MDT • Joint breast MDT • WH oncology service now most improved in London (National Cancer Patient Experience Survey) as a result of UCLH support • Eastman Dental Hospital & community dentistry • Place based respiratory medicine • Consolidation of hips & knees into the Orthopaedic Southern Hub • General Surgery (inc LGI) pathway • Nuclear medicine at WH • Aligned gynaecology pathways • Joint haematology appointments • Critical Care Network 	<ul style="list-style-type: none"> • Establish integrated surgical model with joint theatre capacity plan (through Southern Surgical Hub) • Community neurosciences (led by Queen Sq) • Virtual wards 	<ul style="list-style-type: none"> • Community / edge of hospital support for UCLH • WH rheumatology • Joint approach to endometriosis pathway including access to UCLH robot • Access to neurophysiology • WH CAMHS support for children with mental health needs admitted to UCLH • Joint dispensary
<p><u>Next steps:</u></p> <ul style="list-style-type: none"> • <i>Joint comms approach underway to promote success stories and share learning</i> <p>*NB: Success stories listed have often been achieved organically</p>	<p><u>Next steps:</u></p> <ul style="list-style-type: none"> • <i>Agree access & financial model to WH theatre capacity & priority areas eg urology</i> • <i>Help promote the service to users eg community neurosciences</i> • <i>Develop roadmap for cancer vision</i> • <i>Ensure alignment with existing networks (Southern Surgical Hub, NCL long term conditions) & use as a vehicle for collaboration</i> • <i>Ensure closer alignment re: partner expectations for virtual wards</i> 	<p><u>Next steps:</u></p> <ul style="list-style-type: none"> • <i>Early discussions about areas of mutual benefit are underway accepting that there might not always be an appetite to collaborate</i> • <i>Understanding best fit for fragile services - joint appointments, consolidation or franchise?</i>

Stocktake of collaboration maturity

Five priority areas have been derived from table 1 based on the following criteria:

- Support needed to support operationally challenged area or service;
- Key strategic importance to one or both partners; and
- Opportunity to deliver a quick win as a result of previous focus and attention

Each priority area is described in further detail in the section 2 of this report.

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SECTION 2

FIVE PRIORITY WORKSTREAMS

Five priority workstreams (1/2)

Priority workstreams	Objective	Benefit(s)
1. Successfully deliver a joint theatre capacity plan	<ul style="list-style-type: none"> Reduce UCLH's PTL by providing WH theatre capacity direct to UCLH's surgical teams 	<ul style="list-style-type: none"> Reduced waiting list Reduced reliance on private sector
2. Increased community provision from WH	<ul style="list-style-type: none"> Improve community-based support for UCLH patients, using WH's expertise as an integrated care organisation 	<ul style="list-style-type: none"> Consistent pathways regardless of where the patient lives Establishment of a more aggressive hospital at home model with step up provision for patients on UCLH's emergency pathway
3. Modernising cancer services at WH	<ul style="list-style-type: none"> Establish a resilient and sustainable service for WH patients that benefits from UCLH cancer expertise 	<ul style="list-style-type: none"> Patients will no longer travel past their local hospital for treatment, unless clinically essential Enhance the existing WH service as a result of closer links with the centre of excellence at UCLH

Five priority workstreams (2/2)

Priority workstreams	Objective	Benefit(s)
4. Establishing resilient gynaecology pathways across UCLH & WH	<ul style="list-style-type: none"> Establish a new robotic surgical pathway supported by joint appointments and new clinical rotations. Establish improved, faster access to specialist service with appropriate community based discharge support when required 	<ul style="list-style-type: none"> Improved recruitment for WH Reduced backlog of long waiters at UCLH Better utilisation of capacity across both sites as a result of shared posts Better access to research opportunities and communities of practice
5. Joint outpatient dispensing service across UCLH and WH	<ul style="list-style-type: none"> Explore the creation of a wholly owned subsidiary that runs the OP services across a number of hospitals, starting with a joint model for UCLH-WH and potentially expanding this further in the future Establish an evidence-based case for change determining whether joint outpatient dispensing model could deliver mutual benefit for the partnership 	<ul style="list-style-type: none"> Reduced reliance on private sector Integrated approach supports a joint oncology model

SECTION 3

CRITICAL SUCCESS FACTORS

Successful delivery of the priority workstreams will be dependent on a range of critical success factors including:

- Clinical support for the changes
- Support for changes from patient groups
- Excellent communication
- Alignment with / support from NCL Integrated Care Board
- Resourcing

Clinical support

The collaboration has focused on improving clinical pathways rather than back-office functions to establish a clinically compelling case. As a result, the collaboration team works closely with doctors, nurses and allied health professionals from both Trusts.

A growing number of consultants have joint and honorary* contracts across both UCLH and WH which can help break down organisational barriers, enhance fragile services, streamline pathways and ensure that resources are used more effectively. Although the current proportion of joint appointments (as a percentage of all staff) remains quite low an increasing number of joint appointments are expected over the next six to 12 months. The following specialties are supported by consultants with either a joint or honorary contract:

- General surgery
- Orthopaedics (excluding spinal surgery)
- GI medicine
- Haematology
- Oncology
- Uro-gynaecology

Both Trusts have also agreed a new memorandum of understanding (MOU) making it easier for all staff to work across the two organisations

*An honorary contract can be used for individuals coming for a period of work, research or training at a partner organisation, but will not be paid directly by the organisation

Patient engagement and support from local patient groups

Both Trusts have a good track record of patient engagement and often score well with patient surveys. For example, in the recent National Cancer Patient Experience Survey, WH jumped the highest number of places in London in terms of their national ranking and are now ranked the same as the Royal Marsden. This improvement would not have been possible without the support of the UCLH oncology teams.

Both trusts have committed to putting patients before their organisations and the collaboration team has begun early discussions with the following groups:

- Joint Patient Partners (with UCLH WH staff and patients)
- NCL Cancer Alliance
- Healthwatch leads across Camden, Islington and Haringey
- Whittington Voices

Patients have told us that they would like to see improvements in the following areas:

- Consistent services regardless of where they are provided
- More consistent administrative support across different specialties
- Better communication between the hospitals and referring GPs

Now that the priority workstreams are better established, there is an expectation that there will be increased engagement efforts.

NCPES 2023 Rankings

Rag rating :- improvement from 2022, drop from 2022

Benchmarking scoring
 Questions above expected range were given a value of +1, questions within expected range were given a value of 0 and questions below expected range were given a value of -1



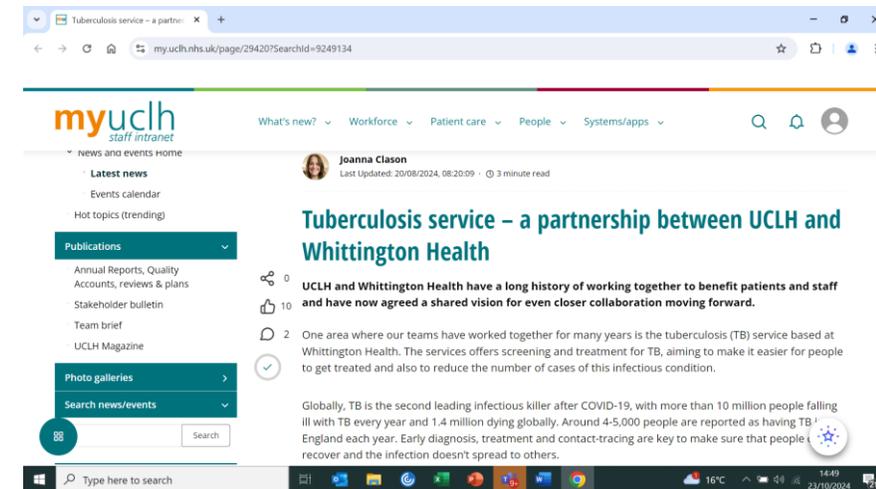
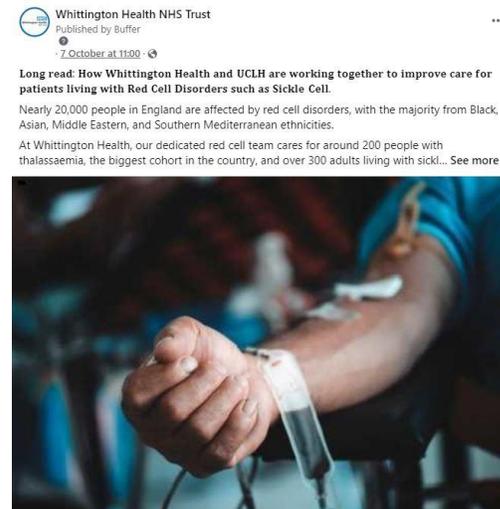
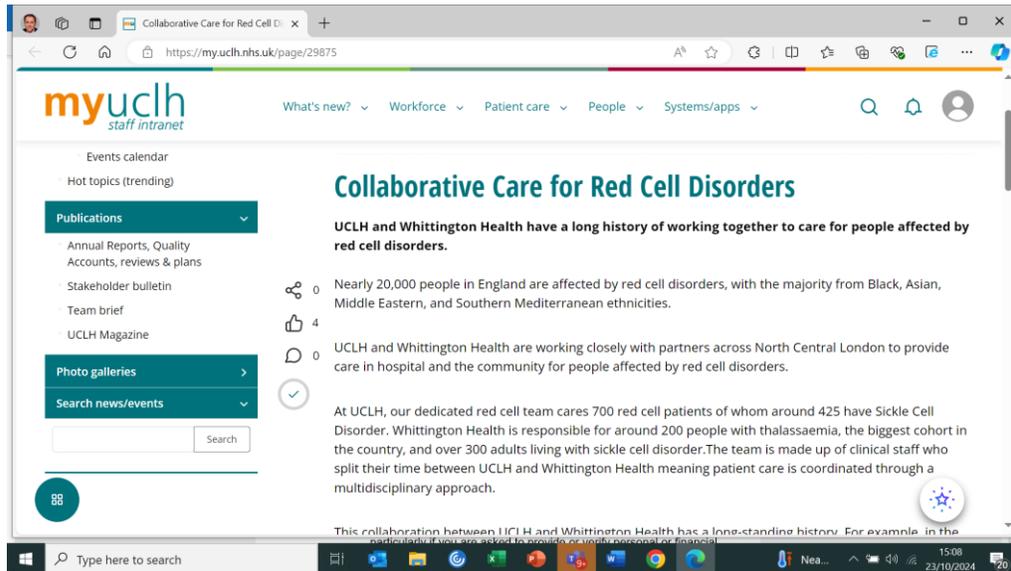
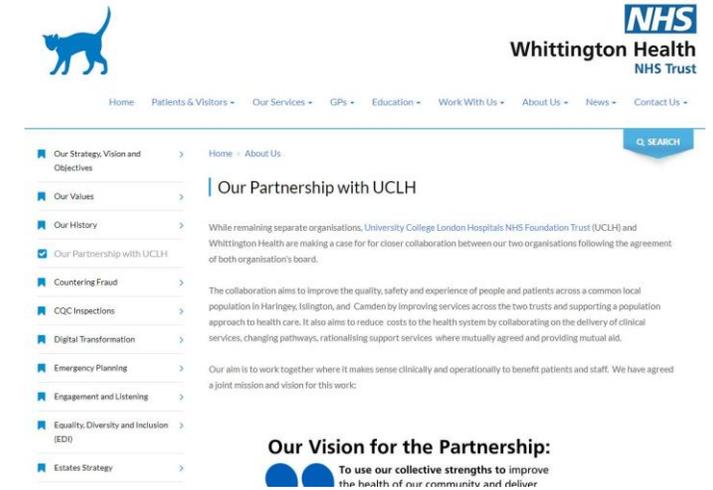
National Rank (out of 131)	London Trusts	Ranked Score	Number of questions			Respondents	2022 National Rank	Change in Rank 2023 vs 2022
			Above Expected Range	Within Expected Range	Below Expected Range			
41	Kingston Hospital	-4	4	57	0	149	77	36
47	The Royal Marsden	2	11	41	9	1337	13	-34
47	Whittington Health	2	3	57	1	119	86	39
55	St George's University Hospitals	-1	3	56	2	673	7	-48
63	Epsom and St Helier University Hospitals	0	2	57	2	173	77	14
63	The Hillingdon Hospitals	0	2	57	2	117	53	-10
74	Homerton Healthcare	-1	0	39	1	17	86	12
82	Chelsea and Westminster Hospital	-2	1	57	3	333	104	22
82	Croydon Health Services	-2	1	57	3	134	77	-5
91	Royal National Orthopaedic Hospital	-4	1	49	5	31	86	-5
98	Royal Free London	-5	1	54	6	716	129	31
101	Moorfields Eye Hospital	-6	3	41	9	44	70	-31
109	King's College Hospital	-11	0	50	11	380	114	5
109	University College London Hospitals	-11	4	42	15	1144	114	5
115	North Middlesex University Hospital	-13	0	48	13	270	112	-3
118	Barking, Havering and Redbridge University Hospitals	-15	0	46	15	396	93	-25
121	London North West University Healthcare	-16	0	45	16	278	86	-35
125	Barts Health	-21	0	40	21	474	110	-15
126	Guy's and St Thomas'	-22	1	37	23	979	94	-32
129	Imperial College Healthcare	-26	1	33	27	713	117	-12
130	Lewisham and Greenwich	-29	0	32	29	264	128	-2

Factors to support successful delivery

Excellent communication (1/2)

Communicating well with patients, staff and key stakeholders is key if the collaboration is to be a success, with demonstrable improvements in outcomes. The WH and UCLH communications teams have a track record of working together and have agreed a joined-up approach to promoting stories about the collaboration. This process is expected to develop further into even more aligned communication releases.

Special sessions with local staff representatives have also taken place to ensure that there is clarity about the approach taken and reassurances that future organisational form remains out of scope.



Excellent communication (2/2)

6

'Virtual wards' help patients to recover at home

The UCLH@Home service is helping patients like 80-year-old Margaret Stone to continue their recovery in their own home under the care of their hospital team.

UCLH@Home is a nurse-led 'virtual ward' that is run in partnership with Whittington Health NHS Trust. The service enables clinically stable patients to go home from hospital and complete the remainder of their acute care in the community, while remaining under the care of UCLH.

This may include patients who need regular intravenous antibiotics, or heart-failure patients requiring ongoing monitoring after returning home.

For Margaret Stone, who has been an inpatient at UCLH many times in recent years for her lung conditions, being

cared for by UCLH in the comfort of her own home was a really positive experience.

"Although I've had wonderful treatment when I've had to stay in UCLH, I much prefer to be in my own home with my own things. When my lung problems recently took a turn for the worse and I needed to be looked after by the hospital team, I was really grateful to be given the option to be cared for at home," Margaret said.

"The nurses from the UCLH@Home service made sure I was well cared for. They visited me at home every

day for four or five days, to give me my medication and make sure I was getting better."

Nigel Steventon, UCLH@Home matron, explains some of the benefits of the service: "Patients often tell us they prefer to be looked after in their own home and we acknowledge that a prolonged stay in hospital is not always the best thing for them.

"Virtual wards like UCLH@Home have a key role to play in freeing up hospital beds for those that need inpatient care, while providing safe, home-based care for stable patients."

“ I was really grateful to be given the option to be cared for at home. ”



Margaret Stone with nurse Prudence Martin



7



Whittington Health

8,132 followers

2mo • 🌐

Proud of the fantastic work by our joint TB service with [University College London Hospitals NHS Foundation Trust](#)! This collaboration shows how teamwork can make a real difference in our community. 🤝



University College London Hospitals NHS Foundation Trust

49,991 followers

2mo • 🌐

UCLH and [Whittington Health](#) have a long history of working together to benefit our patients and staff.

Our joint [#tuberculosis](#) (TB) service is just one of many cases where our teams have collaborated together to positively impact our community.

Based at Whittington Health, the service offers outpatient and inpatient services for TB patients including those with complex medical needs, such as children, prisoners, HIV and TB infections together, homeless people and multi-drug resistant TB. Since 2019, the team has held over 23,000 patient consultations and

The collaboration remains closely aligned with NCL Integrated Care Board clinical strategy (1/2)

Pathway	ICB priority	Collaboration link
Acute	<ul style="list-style-type: none"> Improving access to urgent & emergency care 	<ul style="list-style-type: none"> WH runs its own virtual wards to Islington and Haringey residents but also provides a virtual ward service (UCLH at home) for patients attending UCLH
Elective	<ul style="list-style-type: none"> Reduced waiting times and the total numbers of patients waiting for treatment 	<ul style="list-style-type: none"> Joint theatre plan utilising spare WH capacity to improve access and reduce waiting list size for general surgery, urology and gynaecology patients
Cancer	<ul style="list-style-type: none"> Improved cancer waiting times Better clinical outcomes Increased access to clinical trials 	<ul style="list-style-type: none"> Repatriation of cancer patients currently being treated in the private sector due to lack of surgical capacity at UCLH Joint appointments now in place so that both trusts can provide oncology care closer to home for those patients who live near WH, and improved access to clinical trials at WH
Maternity	<ul style="list-style-type: none"> NCL Start Well Programme with focus on: <ul style="list-style-type: none"> Maternity Neonates Paediatric surgery 	<ul style="list-style-type: none"> New joint pathway for women requiring c-section based at WH WH is preparing for potential increase in births as a result of Start Well reconfiguration of maternity services 7 new neonatology cots will open at UCLH (from 2028) as well as a new birthing unit New Reproductive Medicine Unit with expanded fertility service will open at UCLH (from 2026)

The collaboration remains closely aligned with NCL Integrated Care Board clinical strategy (2/2)

Pathway	ICB priority	Collaboration link
Community	<ul style="list-style-type: none"> Establishing a more responsive and consistent model for patients with musculoskeletal needs across NCL 	<ul style="list-style-type: none"> WH & UCLH have agreed joint clinical model covering referrals from Camden, Islington and Haringey. WH's community services for adult and children (both physical and mental health) are rated good and its community dental and end of life care is outstanding
Population health	<ul style="list-style-type: none"> Ensuring that all residents in North Central London live healthy and fulfilling lives 	<ul style="list-style-type: none"> WH is an integrated care organisation which can improve population health by providing high quality services closer to home and speeding up communication between community and hospital services and tailoring services for ethnicity and deprivation inequalities UCLH is primarily an acute and specialist centre but has created a Health Hub in the ground floor atrium of University College Hospital site providing links to community groups and other sources of advice for patients and staff

Resourcing

Both Trusts remain committed to the collaboration and have already invested directly into patient care across the partnership. The table below summarises the investment to date and includes new posts in theatres which are currently being recruited. :

Specialty area	Profession	Staff whole time equivalent (wte)
Oncology	Medical support	2
Oncology	Pharmacy support	1
Theatres	Additional theatre staff	36
Joint virtual wards	Nursing staff	35
Weekend support for acute urology at WH	Medical support	3
Pathway support	Multi-disciplinary support	4

Investment has been to deliver additional activity in an efficient way and has been directed at improving outcomes, enhancing the patient experience, increasing capacity and reducing the reliance on acute hospital care.

SECTION 4 RISKS

Risks

Risks relating to the collaboration are included in a central risk register and are also reported through each Trust's respective risk management and board assurance frameworks. The collaboration risk register is reviewed on a monthly basis by the Collaboration Board (chaired by both CEOs) and is also presented for information to the Provider Development Committee (chaired by the WH and UCLH chair).

The following risks currently have the highest risk score:

- Collaboration opportunities stall / remain undelivered due to lack of management bandwidth (at either Trust) and/or business as usual (BAU) pressures
- Organisational income (at Trust level) adversely affected by new pathways e.g. with the consolidation of specialist orthopaedic work

Despite both risks scoring nine, there is suitable mitigation and the necessary controls in place including:

Mitigation	Controls
<ul style="list-style-type: none">• Assurance that financial impact remains a key criterion for any service change arising from the collaboration• Any pathway changes would require approval at local Trust level	<ul style="list-style-type: none">• Regular reports are presented to:<ul style="list-style-type: none">• Directors of Strategy (monthly)• Collaboration Board (bi-monthly)• Committee in Common (bi-monthly)• In addition any change that had the potential to result in loss of material income would need to be reviewed by the respective Trust Board.

Risk register for WH & UCLH collaboration (as of 25/10/24) – 1/2

Theme	Risk	Likelihood	Consequence	Risk score	Mitigation	Controls
Patient & public engagement	Opposition from patient groups and their representatives to proposed changes arising from the collaboration	2	4	8	<ul style="list-style-type: none"> Any pathway changes would require engagement with local patient groups eg NCL Cancer Alliance Patient Group The programme team maintain regular dialogue with Trust level PPI teams and borough-based groups 	<ul style="list-style-type: none"> Any issues can be escalated via Trust, borough or (if necessary) system partners
Joint strategic direction	<p>The joint strategic approach to work more collaboratively has an unintended adverse impact on:</p> <ul style="list-style-type: none"> Patient choice Viability of local services Co-dependencies with other services Staff anxiety resulting in increased turnover / poor retention 	2	4	8	<ul style="list-style-type: none"> Systematic review of planned outcome metrics to ensure that any adverse variation is identified and addressed quickly Thorough engagement with stakeholders in local government, borough partnerships, Health & Wellbeing Boards and the wider ICB 	<ul style="list-style-type: none"> Any issues can be escalated via system partners at borough or ICB level
Financial	Partnership unable to resource the costs associated with the collaboration	2	4	8	<ul style="list-style-type: none"> WH has recruited programme support on a permanent basis Current team (2wte) relatively small with no indirect cost Any investment opportunities (eg cancer staffing, additional theatre lists) will require approval at local Trust level 	<ul style="list-style-type: none"> Programme budget is capped at 2wte and held by Dirs of strategy No plans for devolved programme budget beyond that held by Dirs of Strategy
	Organisational income adversely affected by new pathways e.g. with the consolidation of specialist orthopaedic work	3	3	9	<ul style="list-style-type: none"> Where appropriate the programme would seek a risk share arrangement to avoid unilateral losses Financial impact remains a key criteria for any service change arising from the collaboration Any pathway changes require approval at local Trust level 	Any issues can be escalated to local finance leads or (if necessary) the Collaboration Board

Risk register for WH & UCLH collaboration (as of 25/10/24) – 2/2

Theme	Risk	Likelihood	Consequence	Risk score	Mitigation	Controls
Distraction of BAU pressures	Collaboration opportunities stall / remain undelivered due to lack of management bandwidth and/or pressures of BAU	3	3	9	<ul style="list-style-type: none"> Robust governance framework in place supported by regular review by Dirs of Strategy 	Regular reporting to: <ul style="list-style-type: none"> Dirs of Strategy Collaboration Board (mthly) Committee in Common (Quarterly)
Resistance from clinical teams	Clinical teams resist working together as a result of concerns that patient pathways may be adversely affected	2	4	8	Programme approach based on: <ul style="list-style-type: none"> Need for mutual benefit when considering pathway changes. Emphasis on improved patient outcomes / access rather than organisational change/cost improvement 	Any issues can be escalated to local clinical managers or (if necessary) the Collaboration Board
Stakeholder engagement	Progress stalls because ICB partners and elected representatives raise concerns about WH-UCLH collaborative approach/impact elsewhere in NCL	2	4	8	<ul style="list-style-type: none"> ICB is represented at a number of collaborative meetings eg Southern Surgical Hub Prog Dir regularly shares approach with NCL Operational Implementation Group Programme Dir has regular dialogue with ICB Exec Dir of Performance & Transformation Dedicated session in place to brief ICB CEO 	Any issues can be escalated to Dirs of Strategy or (if necessary) the Collaboration Board

SECTION 5 WAY FORWARD

Way forward:

- Both Trusts will develop demand and capacity plans for 2025/26 that are based on shared access to theatre capacity;
- Develop a joint approach to patient engagement so that it better reflects the patient's own journey across multiple NHS providers;
- New joint consultant appointments expected across a range of specialties including oncology, urogynaecology, rheumatology and urology;
- Consider where increased one team working could provide stability for fragile services ensuring that standard operating policies are consistent and clear;
- Improve transfer of clinical information across both sites access to better reflect patient pathways and treatment requirements;
- Consolidate research and development opportunities and ensure that where appropriate more patients are offered access to clinical trials; and
- Continue to harmonise corporate functions eg aspects of finance, legal, procurement, estates and HR reducing duplication and unwarranted variation.