

# Annex C: Multilateral inter trust clinical service models

Working Together Programme





# Multi-Lateral Inter Trust Clinical Service Models

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## Governance Arrangements

Agreed by PE October 2015

This document sets out the governance for delivery of multi-lateral clinical service models between Trusts engaged in the Working Together Programme.



## Multi-Lateral Inter Trust Clinical Service Models

### Governance Arrangements

#### Contents

1. Parties to These Arrangements: .....	1
1. Introduction: .....	2
1.1 Purpose: .....	2
1.2 Strategic Context:.....	2
2. Quality Requirements: .....	3
2.1 Quality Standards:.....	3
2.2 Clinical Governance:.....	3
2.3 Trust Roles and Responsibilities:.....	4
3. Liabilities and Indemnities: .....	5
4. Monitoring and Review:.....	6
5. Local Access and Induction: .....	6
6. Dispute Resolution:.....	6
7. Signatories:.....	7
APPENDIX ONE: Template Letters for Trust Approval .....	10

#### **1. Parties to These Arrangements:**

The following Trusts are Parties to these arrangements:

- Barnsley Hospital NHS Foundation Trust (BHFT)
- Chesterfield Royal Hospital NHS Foundation Trust (CRHFT)
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBHFT)
- Mid Yorkshire Hospitals NHS Trust (MYHT)
- Sheffield Children’s Hospital NHS Foundation Trust (SCHFT)
- Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)
- The Rotherham Foundation NHS Trust (TRFT)

Each Trust agrees to the approach set out in this document.



## 1. Introduction:

### 1.1 Purpose:

The purpose of this document is to set out governance for the management of clinical service models across three or more of the seven Parties to this agreement.

Existing or new bi-lateral arrangements between two Trusts are excluded from these arrangements as there are already clear processes in place. This document serves to clarify governance underpinning multi-lateral models of provision, which are emerging as Trusts increase collaboration as a means of supporting sustainability and safety of local services.

Examples of multi-lateral models are centralised rotas which are staffed by clinicians from multiple Trusts, and inter-Trust cover arrangements.

These models will be premised upon the delivery of services by clinical staff employed by one party (“employer Trust”) to one or more of the other parties (“receiving Trust(s)”). In some circumstances, there also may be a further Trust responsible for the administration of the arrangements (“lead Trust”).

The arrangements set out in this document have been created to enable such arrangements to be successful and are underpinned by the following principles:

- A clinician employed in one Trust should have the clinical competence to deliver the agreed service in the other Trusts
- The process by which clinical staff are approved to deliver services within other Trusts should be efficient, consistent and safe
- Clinical staff should be supported to focus upon direct clinical care and not faced with avoidable administration when requested to work across Trusts
- There should be appropriate risk-share in relation to liabilities and indemnities across Trusts

The arrangements seek to build upon, rather than replace, relevant provider to provider / service level agreements.

The Lead Unit model in place for employment and training of junior doctors and dentists has separate agreements and governance in place and is hence exempt from these arrangements.

### 1.2 Strategic Context:

The Working Together Programme (WTP) is a collaboration between the named Parties to this agreement. WTP aims to identify and deliver new models of care which improve the sustainability and safety of local clinical services.



In some cases, new models of care will require a multi-Trust approach to the delivery of clinical service models. These service models may require clinicians employed by one Trust to provide services within others.

Whilst provider to provider agreements have existed for a number of years, it has been identified that multi-lateral arrangements are innovative between the Trusts involved in the Working Together Programme. There is hence a need to develop consistent arrangements which mitigate avoidable bureaucracy and duplication whilst maintaining safety of care. A need has also been identified for appropriate risk sharing across Trusts in relation to liabilities and indemnities, which enable effective inter-Trust arrangements.

This document seeks to provide a clear framework for the delivery of the above.

## 2. Quality Requirements:

### 2.1 Quality Standards:

The following general points apply to the delivery of quality standards:

1. Any multi-lateral arrangement should be clearly set out in a standard operating procedure which will include specific quality standards.
2. Any multi-lateral arrangement will require a nominated Lead Trust, responsible as a minimum for the effective co-ordination of the arrangement in line with agreed quality standards, and relevant clinical governance processes (see 2.3)
3. Any multi-lateral arrangement should set out the clinical competences required, to be self-certified by the relevant clinician and counter signed by the Employer Trust Medical Director. Clinicians must adhere to relevant national quality standards and guidelines for best practice regardless of location.
4. These standards relate to both clinical and administrative quality, including record management.

### 2.2 Clinical Governance:

The following general points apply to the delivery of clinical governance:

1. Any multi-lateral arrangement should satisfy the clinical governance assurance processes of the nominated Lead Trust.
2. Whilst the lead Trust will be responsible for the approval of relevant clinical governance documentation, nominated colleagues within all Trusts engaged in the multi-lateral arrangement should be involved in the development of relevant clinical governance documentation.
3. Where disagreement occurs in relation to any points within relevant clinical governance documentation, this will be escalated to the Medical Directors for a decision.



4. The clinical governance documentation must set out clearly and pragmatically the roles and responsibilities of each Trust in relation to on-going clinical governance.

### 2.3 Trust Roles and Responsibilities:

Each service will require clearly defined roles and responsibilities. The following sets out key roles and responsibilities which are likely to apply:

Medical Directors	<ul style="list-style-type: none"> <li>• Responsible Officer for clinicians employed within their Trusts who are engaged on multi-lateral service models</li> <li>• Responsible for signing Letters of Authorisation that enable clinicians to work across Trusts (see Appendix One)</li> </ul>
HR Directors	<ul style="list-style-type: none"> <li>• Responsible for ensuring named clinicians comply with DBS and Occupational Health checks prior to commencement on new service</li> </ul>
Service Co-ordinator (Lead Trust)	<ul style="list-style-type: none"> <li>• Named Officer with responsibility for co-ordination of service model and delivery of Lead trust responsibilities</li> <li>• Responsible for co-ordination and administration of arrangement, liaising with service leads in other Trusts as appropriate</li> <li>• Responsible for completion of relevant contracts / service level agreements prior to commencement and at set review points</li> <li>• Responsible for delivery of clinical governance process</li> <li>• Responsible for ensuring appropriate letters of authorisation/ honorary contracts are in place across Trusts, along with confirmation from employer Trusts that named clinicians are fit to deliver services within arrangement (see Appendix One). This will need to be in place prior to commencement and at agreed review periods thereafter</li> <li>• Responsible for co-ordination across relevant Trusts to ensure effective delivery of arrangements</li> <li>• Responsible for collation and provision of relevant information to Trusts in terms of the monitoring and audit of the arrangement</li> <li>• Responsible for collation and escalation of notified issues in relation to quality and standards</li> </ul>
Service Lead (Receiving Trust)	<ul style="list-style-type: none"> <li>• Named Officer responsible for delivery of receiving Trust responsibilities, liaising with other colleagues as appropriate</li> </ul>



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	<ul style="list-style-type: none"> <li>• Responsible for ensuring efficient and safe local induction for clinicians, and onsite advice</li> <li>• Responsible for escalation of notified issues in relation to quality and standards</li> <li>• Responsible for ensuring clinician access to relevant policies and protocols</li> <li>• Responsible for supporting in terms of ID badges, security and car parking fobs or permits</li> <li>• Responsible for support clinicians with relevant queries in relation to the service</li> <li>• Responsible for supporting Service Co-ordinator in the effective delivery of the service</li> </ul>
Service Lead (Employer Trust)	<ul style="list-style-type: none"> <li>• Named Officer responsible for delivery of employer Trust responsibilities, liaising with other colleagues as appropriate</li> <li>• Responsible for delivery of Trust obligations in relation to service</li> <li>• Responsible for ensuring commitments are appropriately structured in Job Plan</li> <li>• Responsible for ensuring an appropriate balance of responsibilities between host Trust and other Trusts</li> <li>• Responsible for dealing with any escalations relating to issues impacting quality and standards</li> <li>• Responsible for providing relevant information in relation to service that supports validation and accreditation of clinicians engaged in arrangements</li> <li>• Responsible for providing relevant information in relation to service where necessary in relation to investigation and disciplinary procedures</li> </ul>
Clinician	<ul style="list-style-type: none"> <li>• Responsible for own clinical practice</li> <li>• Responsible for effective delivery of service as set out in SLA</li> <li>• Responsible for ensuring compliance with receiving Trust policies</li> </ul>

### 3. Liabilities and Indemnities:

It will remain the responsibility of the employer Trust for all costs and checks in relation to the employment of appropriately qualified clinical staff. This includes:



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- Travelling expenses
- Maternity leave
- Sick pay in excess of a continuous 8 week period
- Visa and work permit verification
- Occupational Health approvals and vaccinations
- DBS checks
- Any costs arising from non-compliance in relation to the European Working Time Directive

Investigations in relation to patient care will be led by the receiving Trust (where the service has been delivered), with support from employer Trusts as required. Where a matter arises in relation to the employment of a clinician, any disciplinary process will be the responsibility of the employer Trust, with receiving Trusts supporting any process as appropriate.

Any costs, claims, damages, losses and expenses in relation to clinical negligence will be managed under the National Health Service Litigation Authority (NHSLA) clinical negligence scheme of the Trust responsible for the activity.

Any costs, claims, damages, losses and expenses in relation to managing any grievance, disciplinary and employment tribunal claims will remain the responsibility of the employer Trust.

### **4. Monitoring and Review:**

Any arrangement will be subject to clearly defined protocols which include relevant monitoring and audit processes.

### **5. Local Access and Induction:**

Any arrangement should ensure that a named officer exists within each receiving Trust who is responsible for ensuring relevant clinicians are supported in terms of accessing other sites, including:

- Clear guidance on where on site to report
- Clear arrangements for car parking (with agreement that colleagues should not have to pay twice for car parking)
- Local induction including relevant health and safety
- Where necessary ,support in using local IT systems and medical equipment
- Other relevant support to enable visiting clinician to deliver duties

### **6. Dispute Resolution:**

The parties will attempt in good faith to resolve any dispute or claim arising out of or relating to the arrangement promptly through negotiation.





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Where possible, dispute resolution will be managed across the relevant service leads involved in the arrangement.

If a dispute cannot be managed at service level, this should be escalated in writing to the Lead Trust Medical Director, who will raise via the Working Together Clinical Reference Group.

### 7. Signatories:

<b>Trust:</b>	Barnsley Hospital NHS Foundation Trust
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Trust:</b>	Chesterfield Royal Hospital NHS Foundation Trust
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Trust:</b>	Doncaster and Bassetlaw Hospitals NHS Foundation Trust
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Trust:</b>	Mid Yorkshire Hospitals NHS Trust
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Trust:</b>	Sheffield Children's Hospital NHS Foundation Trust
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Trust:</b>	Sheffield Teaching Hospitals Foundation Trust
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	



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<b>Trust:</b>	The Rotherham Foundation Trust
<b>Name:</b>	
<b>Role:</b>	
<b>Signature:</b>	
<b>Date:</b>	



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### APPENDIX ONE: Template Letters for Trust Approval

#### **Purpose:**

This paper sets out a consistent letter of authorisation process and template documentation. It should be read in conjunction with “Multi-lateral Inter Trust Clinical Models – Governance Arrangements”.

#### **Context:**

The Working Together Programme is developing clinical service models which will involve clinicians from three or more Trusts working to deliver a new service.

There are already several services across the seven Trusts where a clinician employed one Trust delivers a service within another, based upon a service level agreement between the organisations. These tend to be bi-lateral agreements which are relatively straightforward to implement.

One of the processes that underpins clinicians working across Trusts involves the Medical Director of the receiving organisation signing a letter of authority for a clinician to work within their Trust, supported by the clinician CV. A correspondence also takes place between HR departments which confirms relevant employment checks are in place.

In practice there is variation as to how this process is managed across Working Together Trusts, including documentation used. An opportunity has been identified to move to a consistent process, which will also then underpin new models developed by the programme. This process will form part of wider governance arrangements underpinning new models of care. It is intended that this process will be held and adhered to by HR departments and Medical Director offices in all seven Trusts.

It is assumed that an officer will be assigned with responsibilities for co-ordination of the process.

#### **Process:**

Prior to service commencement:

A Service Level Agreement (SLA) and/or relevant operating procedures will be developed which sets out the new service model. This will clarify a lead Trust for the co-ordination of the service model. If a bilateral agreement between two Trusts, this will be the Trust delivering the service. If a multi-lateral agreement (three or more Trusts), this role will be assigned and confirmed. The SLA will include minimum clinical competences to deliver the service.

1. The names of clinicians and their employer Trusts will be submitted to the Directors of HR in relevant Trusts, by the officer responsible for the co-ordination of the service. A template for this is set out as Appendix One.
2. Directors of HR of employer Trusts to provide assurance to the officer responsible for the co-ordination of the service that the listed clinicians are compliant with DBS and occupational



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health checks, and passed all relevant employment checks at the start of their employment. A template for this is set out in Appendix Two.

3. The clinicians self-certify that they meet the minimum clinical competences to deliver the role.
4. Medical Directors to provide a Letter of Authorisation confirming that clinicians are approved to work within their Trusts, supported by the confirmation provided by HR Directors and Clinician Self-Certification. A template for this is set out in Appendix Four.
5. Copies of the Letters of Authorisation will be held by Trust Medical Director offices or relevant department and by the service co-ordinator in the lead Trust.

The officer responsible for the co-ordination of the service will be responsible for ensuring that this process is completed following service commencement for any new clinicians seeking to be part of the agreed service model.



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Dear Directors of HR

Please be advised that an agreement to share clinical resources has been approved between the following Trusts:

- Xxxxx
- Xxxxx
- xxxxx

The name of the service model is xxxxxxxxx. I am responsible for the co-ordination of this service model. I am contacting you to request confirmation that the clinicians employed by your Trust meet relevant employment checks:

- DBS Clearance
- Occupational Health Clearance
- Are not currently subject to any restrictions on practice or have been referred to the GMC/GDC

The names of the clinicians nominated to deliver the service are:

Trust Name	Clinician Full Name	Grade	DOB

Please could you provide confirmation that the clinicians employed by your Trust meet checks by xxxx. Your response will support a Letter of Authorisation to be signed by Medical Directors approving the clinicians

Should you need to contact me, my details are xxxxxxxx.

Yours sincerely

Xxxx

(Job Description/Trust)



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### *Form Two- Letter Confirming Clinicians Meet Relevant Employment Checks:*

Dear XXX

- Further to your letter of XXXX, I can confirm that the below clinicians employed by this Trust are compliant with DBS and Occupational Health checks. They are also not currently subject to any restrictions on practice or have been referred to the GMC/GDC.

Trust Name	Clinician Full Name	Grade	DOB

Yours sincerely

Xxxx

Director of HR



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### *Form Three- Clinician Self-Declaration*

Date: xxxx

Dear XXXX (officer responsible for co-ordination of the service model)

RE: (Name of Service Model) Self Declaration

I hereby declare that I am not aware of any criminal conviction, GMC registration issue, restriction to practice or other matter that would impact my suitability to deliver the above service across agreed Trusts.

I confirm that I have the clinical competence to deliver the relevant service.

Yours sincerely

Xxxxxx

(Job Description/Trust)





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## Form Four - Employer Trust Medical Director Letter to other Medical Directors

Dear Working Together Medical Directors

Further to confirmation received by Directors of HR in relation to employment checks, and self certification on the agreed minimum clinical competences, I am writing to confirm suitability of the following clinicians to deliver services across Working Together Trusts for the purposes of delivering the xxxxxx service.

Trust Name	Clinician Full Name	Grade	DOB

Yours sincerely

Xxxx

Medical Director



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Dear XXXX (officer responsible for co-ordination of the service model)

Further to confirmation received by Directors of HR, I hereby give authorisation for the following clinicians to deliver services within this Trust for the purposes of delivering the xxxxxx service.

Trust Name	Clinician Full Name	Grade	DOB

Yours sincerely

Xxxx

Medical Director

CC:

Medical Directors / Medical Staffing Departments

Directors of HR