

Strategic Direction Statement

April 2009 to March 2011

## About this document

In this section we set out the background to this strategic direction statement and introduce Cambridge University Health Partners.

## Background

Cambridge University Health Partners is a new organisation, created to formalise and strengthen the collaboration between the University of Cambridge and its principal NHS partners. The purpose of this collaboration is to achieve a range of social and economic benefits, primarily related to health services and population health. The members of CUHP are:

- **The University of Cambridge**  
The mission of the University of Cambridge is to contribute to society through the pursuit of education, learning, and research at the highest international levels of excellence. The University has a highly-rated School of Clinical Medicine, which works closely with the NHS, but is also excellent in many other disciplines of potential relevance to health, for example life sciences, physics, chemistry and computing.
- **Cambridgeshire and Peterborough NHS Foundation Trust**  
County-wide NHS Foundation Trust with primary, community, secondary and specialist mental health services and learning disability services; highly active in education, training and development across all workforce groups and also with strong interests in the education of service users; leads an NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC).
- **Cambridge University Hospitals NHS Foundation Trust**  
Large general acute and maternity NHS Foundation Trust offering a wide range of healthcare services including regional specialist services; research-intensive: funded as an NIHR Comprehensive Biomedical Research Centre and hosts NIHR Comprehensive Local Research Network; highly active in education, training and development across all workforce groups; runs a Postgraduate Medical Education Centre.
- **Papworth Hospital NHS Foundation Trust**  
Cardio-respiratory specialist NHS Foundation Trust with a strong track-record of applied research, innovation and engagement with industry; active in education, training and development across all workforce groups; including Postgraduate Medical Education; particular experience in the education and training of clinical teams; hosts the regional NHS Innovation Hub.

In 2008 the Department of Health launched a competition to identify the most outstanding academic clinical partnerships in England. These partnerships would be supported by the Department through a process of designation as 'Academic Health Science Centres'. Award of this status was by the Secretary of State on the basis of advice from an international panel. This was comprised of leaders from leading academic health centres in other countries and provided peer review, reflecting the requirement for these centres to be globally competitive. Building on existing relationships and strategies, the four partner organisations were successful in their proposal to establish an Academic Health Science Centre for Cambridge, to be known as Cambridge University Health Partners. The proposal was distinguished by four characteristics that are unique to Cambridge:

- the proposal was being put forward half-way through a 20-year programme to develop a world-leading academic clinical centre for Cambridge in which much has already been achieved but where the opportunity exists to achieve a great deal more;
- the three NHS partners have operated throughout this period as a co-ordinated delivery system, with collaboration over patient pathways and no duplication of services;
- the partnership is based in the Cambridge sub-region, an area of exceptional economic dynamism and growth from a knowledge-based economy, within which biotechnology is a significant sector;
- the partners have access to over 70 acres of green-field land with development permissions for purposes consistent with the tripartite mission.

Feedback from the panel confirmed that all of these attributes were recognised and endorsed. Cambridge was one of only five centres in England to be designated as Academic Health Science Centres by the Secretary of State. Designation was for a period of five years and there will be a process of re-designation in 2013/14.

### Cambridge University Health Partners

Cambridge University Health Partners (CUHP) has been established as a company limited by guarantee, with the four partner organisations as members (acting as corporate persons). The Board of Directors of CUHP balances representation from the University and the NHS under an independent Chairman. Although most Directors have been appointed *ex officio* from member organisations they are bound, under Company Law, to act in pursuit of the objects of CUHP when acting as CUHP Directors. These objects are related to the pursuit of the 'tripartite mission' of healthcare delivery; health research and healthcare related education.

The purposes of creating a new company, rather than operating through an unincorporated association or informal alliance, are:

- to create a more formal partnership and obligations around pursuit of the tripartite mission;
- to allow CUHP to enter into contracts on behalf of the partners, should this be deemed desirable.

The constitution of CUHP supports these purposes and seeks to balance the protection of member interests with freedom of action for CUHP. The company was first registered in September 2009 and the Board of Directors met for the first time on 23rd November 2009.

No additional funding was provided by the Government to designated Academic Health Science Centres and CUHP is funded by member contributions and externally generated income.

### Purpose of this Strategic Direction Statement

CUHP is faced with the challenges common to any new organisation: establishment of formal structures, governance arrangements, staffing and routines; effective deployment of limited resources and task prioritisation; securing a market presence and demonstrating value. In addition to these generic challenges there are further challenges specific to the project of establishing an Academic Health Science Centre:

- the absence of precedents and established models for AHSCs in the specific context of the UK;
- the need to define what success looks like for an AHSC, ensuring that this is directly related to public benefit, primarily through improved health care and population health;
- the need to ensure that the 'added value' of the AHSC is directed in ways that are supportive of regional health strategy;
- the forecast reduction in the rate of growth of public spending, which will significantly limit the scope for investment in AHSC infrastructure and in new initiatives;
- the need to work with the other AHSCs to develop a collective presence that can engage with the public and with government, whilst recognising that the AHSCs will remain in healthy competition with each other;
- the need to integrate - conceptually and practically - other Cambridge initiatives which are also concerned with the more effective collaboration of the NHS and Higher Education for public benefit.

Against this background, this document sets out the strategic priorities for CUHP in the first two years after designation. For the members, it is intended to serve as the platform for the development of both a detailed business plan and a longer-term strategic plan. For the public, it is intended to provide an introduction to CUHP and to provide information about its role and priorities.

## Cambridge University Health Partners: Role and Functions

In this section we discuss the unique role of Cambridge University Health Partners and the organisation's nature and possible ways of working. We also briefly explain the governance and management of the organisation.

### What sort of organisation?

We know from the international literature that academic health organisations can successfully function as a wide range of organisation types, ranging from loose coalitions and alliances through to tightly integrated, single legal entity models. Furthermore, there is no obvious correlation between which of these approaches is adopted and AHSC performance.

Across the five designated AHSCs in England, emerging differences of approach are already visible. There are, therefore, no conclusive answers from external models to the question 'what sort of organisation should CUHP be?' The CUHP members must instead determine which approach will add most value in their specific local context. For CUHP to meet the expectations of its members there must be mutual agreement on three matters:

- the role of CUHP;
- the ways of working through which CUHP might discharge its role;
- the resources available to CUHP, whether these are made available through the direct allocation of funding to the CUHP entity or through the re-direction of resources within member organisations to support CUHP priorities.

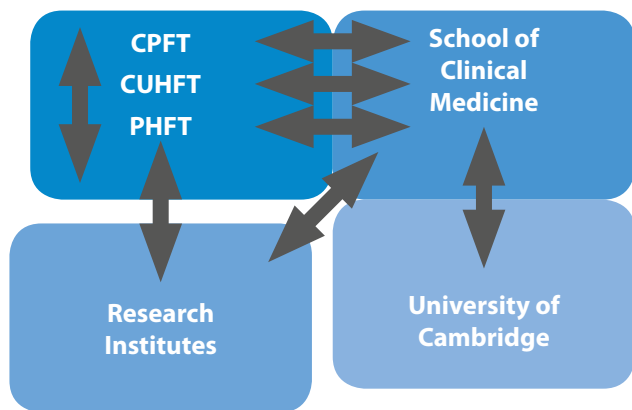
### The Role of CUHP

The role of CUHP is to realise the vision for the Cambridge Academic Health Science Centre as set out in the proposal to the Department of Health. CUHP's role is not to duplicate the functions of the member organisations. More specifically, the overarching role can be broken down into three roles:

- to develop and implement strategies to strengthen further the Cambridge academic clinical partnership, ensuring translation into health and economic gain;
- to work in the interfaces between the organisations, leading strategic projects that are of common interest and addressing issues that inhibit the optimal functioning of the partnership (see figure 1);
- to act as a collective vehicle for members in bidding, contract holding or delivery.

In time, member organisations may also wish to make greater use of Cambridge University Health Partners as a common identity. However, CUHP is not yet established as a brand, whilst the member organisations have strong existing brands. Furthermore, brands closely related to the partnership, such as the Cambridge Biomedical Campus, will be the subject of further development and promotion in coming years. Careful consideration will, therefore, need to be given to issues of brand values, hierarchy and relative positioning before operational policies for communication can be agreed.

Figure 1: CUHP works at the interface between the partners



CUHP works in the arrows, not in the boxes. These arrows cover 4 types of interface: i) between the NHS Foundation Trusts; ii) between the NHS and the Clinical School; iii) between the Clinical School and the rest of the University; and iv) between the NHS and Clinical School and Research Institutes (e.g. MRC, CRUK) closely associated with the partnership. The goal is effective functional integration across all four dimensions.

### Ways of Working

A range of possible ways in which CUHP could operate has been identified, as set out in table 2.

Table 2: Possible modes of working for CUHP

Mode	What this means in practice	Effect on the business of member organisations
Shared identity	CUHP is promoted as an identity by member organisations.	No direct change to members' businesses but possible indirect benefits, e.g. attraction of high-quality staff.
Relationship Manager	CUHP provides forums for information exchange, negotiation of concordats, and identification of common issues.	Limited direct change to members' businesses but will improve strategic alignment longer-term and may act as a catalyst to partnership projects then pursued by members.
Broker	CUHP acts as broker through the identification and analysis of issues; the promotion of interaction and debate; and an intermediary role in partners' negotiations.	May lead to significant change in members' businesses, depending on mandate and effectiveness.
System integrator	CUHP acts to promote the integration of the academic health science partnership through the development of shared strategies and through specific interventions.	May lead to significant change in members' businesses, depending on mandate and effectiveness.
Expert service provider	CUHP provides an expert service that is not provided by any of the member organisations.	Limited direct impact on members' businesses but will support pursuit of shared strategic goals.
Joint Venture: enabling	CUHP is used either as a special purpose vehicle for projects of shared interest or as a bidding vehicle.	Would require some ceding of control over development projects but only with the purpose of better achieving goals of the underlying business.
Joint Venture: delivery	Significant business activities transferred to CUHP or new activities developed through CUHP.	Significant impact on underlying businesses.

In practice, CUHP is likely to adopt a mix of these ways of working, employing several concurrently at any one point in time. Initially CUHP has worked mainly as a relationship manager, broker and enabler for specific projects. In time, CUHP will also need to begin to act as a system integrator and expert service provider if it is to fully demonstrate its added value.

## Resources

There are two channels through which CUHP can act to pursue excellence in the tripartite mission:

- Through the agency of its leadership and the core staff of CUHP.
- Through the agency of the staff of its member organisations.

In the former approach, change is achieved through the direct actions of the organisation, CUHP. In the latter approach, CUHP acts more as a collaboration and change occurs more indirectly through the altered sense of priorities, translated into actions, of its member organisations. In the former approach, CUHP is an executive organisation like its members. In the latter, it is more of a means of network governance and an animating ideal.

These are the only two ways in which CUHP can enact the priorities agreed through its Board. Establishing the balance between these two modes of working will be a key question which will be addressed by CUHP 'feeling its way' on a case-by-case basis.

## Governance and Management

CUHP has the following organs of governance and management:

- **The Board of Directors** comprised of individuals drawn from the member organisations, mostly *ex officio*. The role of the Board is to lead and control the company. The Chairman of the Board of Directors is responsible for the effective functioning of the Board.
- **The Executive Director** of CUHP is responsible to the Board for the running of the company's business. This role is occupied *ex officio* by the Regius Professor of Physic.
- **The Executive Group** is a committee of the Board (i.e. it acts under delegated authority from the Board) but its membership may include individuals other than Directors. Its role is to coordinate those projects and activities agreed by the CUHP Board through the business plan and to ensure their delivery.
- **The Associate's Forums** are meetings convened by CUHP to develop and manage relationships with Associates, i.e. organisations with whom close collaboration is required to prosecute the mission of CUHP but who are not members of CUHP. There are two forums: one for campus associates and one for regional associates. The former encompasses those associates located

on the Cambridge Biomedical Campus whereas the latter is a wider grouping of regional partners that is likely to be re-cast as the CUHP Health Innovation and Education Cluster.

- **The Core Capacity of CUHP** consists of the Executive Director, the Chief Operating Officer and a small team of support staff. This is referred to in this document as the 'core staff'. The Chief Operating officer is also the Company Secretary. At present the core staff has very limited capacity. How the capacity of CUHP might be enhanced, whether directly or through the agency of its members, is further discussed under the consideration of priorities.

## Vision, Goals and Priorities

**In this section we set out the vision, goals and priorities of Cambridge University Health Partners. For each priority, a likely mode of working is identified and this is linked to resource requirements. Priorities are also mapped to our own goals and to wider regional priorities and pledges.**

### Vision

Cambridge University Health Partners will be a world-leading academic clinical partnership, improving patient care, patient outcomes and population health through innovation and through the integration of the three strands of mission: service delivery, health research and clinical education.

### Goals

Each of the three strands of mission will strengthen the other to build capacity. Strategic goals include:

- **knowledge generation** - adding to the global stock of knowledge through research and dissemination; building research capacity; fostering innovation in service delivery;
- **knowledge application** for health and healthcare improvement - moving discoveries into practice through translational and applied research; promoting a service culture of systematic enquiry and openness to innovation; engagement of our people in mechanisms for developing, diffusing and applying evidence for improvement; alignment of service between partners and with the academic mission;
- **knowledge transmission** - providing a setting for the education, training and development of healthcare professionals and the wider healthcare workforce that is characterised by systematic enquiry and a commitment to the use of evidence in practice;

- **contributing to a knowledge-based economy** - contributing to economic and social development for the benefit of the Cambridge sub-region, the East of England and the UK as a whole; fully engaging with the attributes that make the Cambridge sub-region notable as a system for innovation.

A number of priorities have been identified that will support these strategic goals, and these are set out in the following sections under three headings:

- Priorities related directly to CUHP strategic goals
- Development of governance and management capacity to support AHSC functioning
- Communication and marketing of the AHSC

### Priorities related directly to CUHP strategic goals

1. *Provide leadership across the partnership and the local healthcare system that will integrate service, research and education along patient pathways in line with regional priorities.*

Various structures, covering different geographies, already exist for improving care across organisation boundaries: for example the programme boards established by NHS East of England under the Towards the Best, Together strategy, which have a regional remit. CUHP does not wish to duplicate these structures but to support them by promoting system integration across the CUHP member organisations and by ensuring that academic resources and programmes support NHS priorities.

A key early action will be the appointment of a Director of Clinical Strategy: Academic Health Science System. The Director will provide leadership in devising and implementing the clinical strategy for the Cambridge Academic Health Science Centre. The role will, in particular, involve building partnerships in clinical service, and their integration with education and research, with other providers in the surrounding healthcare system - the regional hospitals and primary care organisations - to create a group of regional associates of the AHSC, together forming an Academic Health Sciences System.

2. *Develop a CUHP joint research and innovation strategy.*  
The desire for closer co-ordination of the research activities across the member organisations was a key motivator for the forming of CUHP. A research strategy for an Academic Health Science Centre will need to identify what actions need to be taken to deliver a broad health research portfolio to the highest international standards of

academic excellence. Crucially, its focus will need to move beyond research production to consider the translation of research into new interventions for improved health and the dissemination of those interventions to the wider NHS. A shared research strategy will also need to identify the research technologies and research management infrastructure needed and how this can best be provided.

A key early action will be the appointment of a Director of Research and Innovation for CUHP. The Director will provide leadership in devising and implementing the research and innovation strategy for the Cambridge Academic Health Science Centre.

3. *Develop a CUHP joint education, training and development strategy.*

As with research, the desire for a closer co-ordination of education activities across the member organisations, and indeed within organisations, was a motivator for the establishment of CUHP. The need for a cross-organisation, multi-professional lead was also identified in CUHP's proposals for a Health Innovation and Education Cluster (HIEC).

A key early action will be the appointment of a Director of Postgraduate Education for CUHP. The Director will provide leadership in devising and implementing the education, training and development strategy for the Cambridge Academic Health Science Centre.

4. *Act as a collective bidding vehicle for service, education, innovation and research opportunities.*  
The members of CUHP operate in contestable markets for all three aspects of mission. CUHP could be used as a collective identity for bidding or possibly as a prime contractor.

An early success from collective bidding is the Cambridgeshire HIEC, where CUHP led a collaborative bid involving nine organisations (including all four CUHP members). HIEC objectives overlap entirely with AHSC objectives for education and innovation, although a larger number of partners are involved.

5. *Promote interaction between partners and industry, linking this to national strategy on 'super-cluster' development.*

National policy supports increased interaction between the NHS, universities and industry as a means of driving innovation and making the UK attractive to the healthcare industries as a base. CUHP will respond to this policy by co-ordinating

responses to specific initiatives, for example from the Office of Life Sciences, and through its role in promoting the Cambridge Biomedical Campus.

6. *Lead on non-property aspects of Cambridge Biomedical Campus research quarter marketing and communications.*

The successful development of the commercial research quarter of the Cambridge Biomedical campus is in the interests of the CUHP members because it will open up new collaborations and provide the infrastructure necessary for new clinical developments such as the New Papworth hospital development. CUHP will support the marketing of the research quarter by acting as a source of information and intelligence and as a point of access to the research and clinical communities across the campus.

7. *Take forward the project to develop an Education Centre on the Cambridge Biomedical Campus.*

This is an example of CUHP taking an enabling role for a project of shared interest. CUHP will undertake a commercial viability study and identify options for procurement and funding. Members will need to decide whether they are sufficiently committed to the project for it to proceed to procurement.

8. *Identify and deliver initiatives to increase shared support services.*

CUHP will act as a catalyst for the exploration of opportunities to shared support services. CUHP can also act as a broker/co-ordinator for these projects depending on resources available. Although these discussions could be led by individual members there are likely to be advantages in using CUHP as an 'honest broker.'

9. *Refresh processes for appointments and job planning so as to strengthen commitment to academic mission.*

CUHP will act as an initiator of this process and, through its governance structures, approve new policies and ensure delivery.

**Development of governance and management capacity to support AHSC functioning.**

1. *Establish an effective Executive Group.*

The Executive Group will be the key means of co-ordinating and ensuring progress where activities are to be led and taken forward by the agency of the staff of member organisations. It must be executive in role and not simply a further forum for information sharing and consultation.

2. *Establish effective Associates' Forums.*

The Associates' Forums will be the key means of linking with organisations who are not members of the AHSC but whose purposes are closely aligned. Establishing Forums requires determining terms of reference and membership, recruitment and communication, establishment of meeting cycles and modes of meeting, determination of future agendas etc.

3. *Establish governance for HIEC.*

The HIEC will require its own governance structures. These must be aligned to AHSC structures in a way that is effective and economical.

4. *Develop key performance indicators for AHSC activities and systems for regularly reporting these to the Board.*

There is no shortage of Performance Indicators across the three strands of mission. However, simply aggregating these into a scorecard may fail to capture the added value of partnership and may not be useful to member organisations, which already have their own systems for performance monitoring. Many of the beneficial effects of partnership may not, in any event, be easily quantifiable as they may relate mainly to changed behaviours and dynamics. Monitoring and appraising AHSC performance thus represents a significant challenge.

**Communication and marketing of the AHSC.**

1. *Develop basic presence and distinctive identity for CUHP.*

Develop website and initial visual identity for CUHP. This will serve as a public statement of our aims and objectives and a portal to reach the resources of the four partners across the four strands of the mission in an organised fashion.

2. *Develop policies for use of CUHP as an endorsing brand by members.*

The CUHP brand should be used on communications by the four partners where it can increase the impact of and response to communications such as recruitment advertising. Policies will need to be developed and implemented for a range of situations.

3. *Develop communications and branding strategy.*

As the core values and aims of CUHP are agreed, and to the degree that they demand independent activity by the organisation, there will be a need to go beyond the initial basic presence and begin actively to promote CUHP itself. Policy on brand hierarchy is an urgent requirement.

4. *Connectivity and information sharing between CUHP members.*  
 Cross-organisational working is made more difficult by barriers to direct computer communication. File sharing and normal intranet-like facilities such as common email and telephone directories do not yet exist between the four partners. An initial CUHP email system and a shared file space already exists and barriers to access to it from each of the partners should be removed. This work could continue by, for example, making the four corporate intranets available to all parties or providing software platforms specifically designed to promote interaction.
  
5. *Organising meetings and events of interest across partners.*  
 CUHP is already beginning to act as a single point of contact and meeting organiser for organisations wanting to be involved with more than one partner. A recent example of this is the visit of the NHS EU Office where 10 organisations on the Campus were invited to a common briefing on access to EU funding.

**Monitoring performance**

There are no established key performance indicators (KPIs) for monitoring of performance for an AHSC. One of the early tasks of the AHSC will be, therefore, to determine what success looks like. It is anticipated that this task will not be attempted in isolation but will involve collaboration with the other AHSCs and with the external evaluation team that will be appointed by the Department of Health (this work will commence early in 2010).  
 The performance monitoring framework will need to include KPIs related to each aspect of mission. These will be required to demonstrate the continuing excellence of the partners, which is a condition of retaining AHSC accreditation. The framework should also include goals related to partnership so as to demonstrate the added value of working as an AHSC. Goals related to mission should be largely output or outcome based but goals relating to partnership may appropriately be focused on more qualitative measures of changed behaviours and partnership activities.

Figure 2: Provisional AHSC performance management framework

<b>Added value of partnership</b>			
<b>Outcome measures, e.g. value of investments or savings secured through collaboration.</b>		<b>Proxy measures, e.g. number of collaborative projects.</b>	
<b>Research Outputs</b>	<b>Health Outputs</b>	<b>ETD Outputs</b>	<b>Economic Impact</b>
<b>Research Quality</b>	<b>Healthcare Quality</b>	<b>ETD Quality</b>	<b>Commercial Collaborations</b>
<b>Research Capability</b>	<b>Knowledge-based Implementation</b>	<b>ETD Capacity</b>	<b>Innovation</b>
<b>Knowledge Production</b>	<b>Knowledge Application</b>	<b>Knowledge Transmission</b>	<b>Knowledge Economy</b>

Annex A sets out provisional metrics for the ‘pillars’ of this Performance Assessment Framework. During the first six months of 2010/11 these will be refined and supplemented with measures of the added value of partnership. It is hoped that these will be developed in collaboration with the Evaluation Team appointed by the Department of Health.

## Annex A

Mission	Domain	Metrics	DH Assessment	Originator
Knowledge Production	Research Outputs	Value of grant income	N	U/T
		Number of research projects	N	U/T
		Source of grant funding	N	U/T
		Peer reviewed publications (journal impact factor weighted?)	N	U/T
	Research Quality	Research Assessment Exercise 2008	Y	External
		Shanghai Jiao Tong Clinical and Medical League Table	Y	External
		Trials performance (accruals, approvals time)		
	Research Capacity	Higher degrees supported	N	U
		CATO indicators (number of fellowships by source)	N	U/T
		Investments in research infrastructure	N	U/T
		Research network hubs hosted	N	T
	Knowledge Application	Healthcare Quality	CQC Quality of Service Rating	Y
CQC National Survey of Adult Inpatients			Y	External
Dr Foster Quality Account			N	External
CQC use of resources rating			Y	External
Monitor Financial Risk Rating			Y	External
Clinical Academics in position of clinical leadership (national, regional and local)			Y	U
Knowledge Transmission	Education Outputs	Numbers of students (undergraduate/postgraduate)	N	U
		Doctors in training grades	N	N
	Education Quality	THES/QS ranking - life sciences and biomedicine	Y	External
		National Student Survey % satisfied	Y	External
	Education Capacity	Numbers of courses offered (M & D level)	N	U
		Metrics (?) covering PGME capacity for CPD Capacity in PGMET	N	T
		Investments in education infrastructure	N	U/T
		Numbers of courses offered (M & D level)	N	U
Knowledge Economy	Commercialisation	Metrics covering technology transfer Licensing, patents, other agreements	N	U/T
	Industrial Collaboration	Metrics covering industrial collaborations (number/ value commercial trials, number other collaborations)	N	U/T
		Investment in science park by companies with NHS/ Uni collaborations. Value of inward investment	N	U/T/ External
		R&D jobs created	N	U/T/ External
	Innovation Funding	RIF funding secured Other external funding secured (e.g. RDA)	N	U/T

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