

# Systems thinking: from provider competition to collaboration

## Introduction

This briefing is the third in a series designed to share board-level learning on provider collaboration as part of a new NHS Providers programme. It covers the key messages from our webinar on *Systems thinking: from provider competition to collaboration*, featuring a case study of The Foundation Group of South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust and Wye Valley NHS Trust, an established acute provider collaborative using a shared leadership model. The webinar was divided into two parts with the first half dedicated to the lessons learned in the development of the group and the second focusing on moving to a systems mindset and interacting with leaders at system and place.

## Webinar key messages

The development of The Foundation Group

- Identifying and sharing good practice from each trust in the provider collaborative can help to build a culture of support and collaboration and ensure that all providers feel like equal partners.
- Protecting the cultures of individual organisations and retaining each trust's sovereignty, accountability and organisational culture can also help to make collaboration smoother.
- Getting the governance right is essential but the key challenge is to demonstrate improved population outcomes by using local partnerships to improve flow between parts of the system and better integration of services.
- Provider collaboration should be an opportunity to catalyse new ideas and expand examples of clinical innovation, which can be shared across organisational boundaries.
- Acute provider collaboratives need not be restricted to an ICS footprint and can be formed across system boundaries where it will be possible to join services up, share best practice and use capacity more effectively to address the elective backlog.
- Benchmarking services across the partnership is one of the opportunities to use horizontal collaboration to drive up clinical standards. This is facilitated by agreeing shared metrics, which in turn require collective development – e.g. through committees in common.

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*We will be judged by what we are doing in partnership  
with other parts of the system. We as integrated care systems  
need to spend more of our time at place.*

GLEN BURLEY, CHIEF EXECUTIVE  
THE FOUNDATION GROUP OF SOUTH WARWICKSHIRE NHS FOUNDATION TRUST,  
GEORGE ELIOT HOSPITAL NHS TRUST and WYE VALLEY NHS TRUST

## The transition to collaboration at place

- It is important to have a mindset of being the 'host provider' of services at place and not the sole provider, recognising that other local partners like community services, mental health, primary care and social services have vital skills, experience and capacity that should be used.
- Developing principles about how a host provider will behave and collaborate well with primary care and other partners at place can help build trust and strong relationships. It can also demonstrate to other partners at place that you will operate responsibly.
- Trust can be built at place by bringing to the table all providers and primary care. As a host provider it is particularly important to broker and simplify the relationships between providers and primary care networks.
- It is essential that you provide demonstrations of delivering on promises made to providers at place, as you will be judged by your partners at an early stage in the relationship.
- Understanding your partners' priorities and supporting them to deliver on these is more likely to result in partners supporting you to achieve your priorities too.



*We wanted to protect the culture and sovereignty of each of the individual organisations that make up The Foundation Group rather than impose something on them and we wanted to have a model that we could move forward with quite quickly.*

GLEN BURLEY, CHIEF EXECUTIVE  
THE FOUNDATION GROUP OF SOUTH WARWICKSHIRE NHS FOUNDATION TRUST,  
GEORGE ELIOT HOSPITAL NHS TRUST and WYE VALLEY NHS TRUST

## CASE STUDY

### The Foundation Group of South Warwickshire NHS Foundation Trust, Wye Valley NHS Trust and George Eliot Hospital NHS Trust

#### The context

The Foundation Group was set up as a partnership in 2017, initially between South Warwickshire NHS Foundation Trust and Wye Valley NHS Trust. George Eliot Hospital NHS Trust joined the Foundation Group a year later in 2018.

The group uses a shared leadership model, with a shared chief executive and chair. Each trust maintains its sovereignty, accountability and organisational culture and has a managing director in place who reports directly to the group chief executive.

Alongside shared leaders, the group's strategic direction is set through a group strategy committee, which is a sub-committee of all three trust boards. The group has decided that everything that goes through the group strategy committee also goes through each trust board. Each trust board has more members on it who are not part of the group strategy committee than are. This helps to empower individual organisations and maintain the sovereignty of each trust.

In 2022 Worcestershire Acute Hospitals NHS Trust became an associate member of The Foundation Group and joined the group strategy committee to collaborate on improvement work across the trusts.

#### Why the group model?

The leadership team had witnessed hospital mergers which had been unsuccessful for a range of reasons, and they wanted to protect the cultures and sovereignty of the individual organisations. They chose a group model because they were bringing together organisations with similar strategies and scales to share best practice. The relative simplicity of the group model, when compared to a merger, meant that they were able to make changes relatively quickly and deliver improvements in services across The Foundation Group.

#### Overarching strategy

The overarching strategy for the group is the NHS Long Term Plan and the desire to achieve better integration. Every year, the three trusts set out their organisational objectives which go through the individual boards and then through the group strategy committee. The group then identifies where the opportunities are to work together to strengthen and improve services.

Many of the objectives overlap, e.g. elective recovery and integration, but there are slightly different arrangements and partnerships. About 20% of each strategy is bespoke to each individual trust, but the rest is very similar across the group.

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## Foundation trusts and trusts working together

The Foundation Group leadership team took some of the components of the foundation trust model at South Warwickshire NHS Foundation Trust and applied them to the other trusts in the provider collaborative. Being a foundation trust gives some additional flexibilities, such as using an arm's-length company to support some of the back-office functions.

One advantage of using a company is its independence from the three trusts. Each organisation pays a fee towards the management overheads and can hold the company to account to deliver on the services they have promised.

One of the services they have put into the company include dispensing pharmacy, which allows the group to recruit and retain pharmacists using competitive terms and conditions, and promotes flexibility and a more user-centred service model. This change improved the patient experience at South Warwickshire and has been rolled out to other trusts in the group.

They have also created a digital innovation hub which they use to bring in industry to look at ideas and try things out e.g. virtual wards. Things like this would not be possible for individual trusts of their size without the company structure.

## Key initiatives

A wide range of new initiatives and developments have come with the collaboration of the three trusts including:

- sharing best practice through Group Strategy Committee and 'three boards' development meetings
- shared back offices (mainly virtual) for IT and finance
- group-wide advisory roles – strategic finance, improvement, digital, OD
- group-wide improvement network and database (a way of searching for a particular subject of clinical care and connecting with the person who is leading)
- group work on prevention strategies with communication teams working together
- executive portfolio alignment and informal networks of execs and non-executive directors
- aligning research strategies
- common board performance pack moving to combined quarterly board meetings
- regular managing director forum to share ideas and effort
- single virtual Grand Round where consultants in all three trusts join in and share best practice
- gradual harmonisation of policies.

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#### The benefits

When they first created the group, South Warwickshire NHS Foundation Trust had a 'good' rating from the Care Quality Commission (CQC) but after introducing some innovative approaches from Wye Valley it moved up to an outstanding CQC rating.

Wye Valley NHS Trust was in special measures when it joined the group. The group came up with a 10-point improvement plan which they have delivered drawing on the skills and expertise from the partner trusts. This has stabilised the organisation, in particular improving retention and recruitment, which had previously been challenging.

The group model and being connected to South Warwickshire NHS Foundation Trust has given some cover and support to the two other trusts, which has meant that they have spent less time working with regulators on assurance and more time working to improve services.

#### Working with partners at place

The Foundation Group believe that 80% of their time should be spent focusing on place rather than systems, given that a key ambition of integration is improving patient pathways and working in partnership with primary care to help keep people out of hospital. The group believe that they have created an identity at place and a level of excitement about the goals that they want to achieve, which is a move away from the transactional behaviour of the past and towards a shared focus on what local populations need.

The three trusts in The Foundation Group are acting as 'host providers' in their local places of Warwickshire North, South Warwickshire and Herefordshire, across two integrated care systems (ICSs), (Herefordshire and Worcestershire ICS and Coventry and Warwickshire Health and Care Partnership). The trusts are each using slightly different governance models for place-based leadership. They believe that there is no one way to work with partners at place and that they will not always get it right first time.

The Foundation Group believes that it should be judged by what its member trusts do with partners at place, and ICSs should be the servant to place, spending more time there with colleagues working in primary care, social care and voluntary and community sector partners like hospices.



***The building blocks of place are primary care networks and if you look at population needs at this level you can really start to tackle health inequalities. It's that localisation which is not only the right way to go about tackling inequalities, but it's also what excites primary care colleagues and local communities.***

GLEN BURLEY, CHIEF EXECUTIVE  
THE FOUNDATION GROUP OF SOUTH WARWICKSHIRE NHS FOUNDATION TRUST,  
GEORGE ELIOT HOSPITAL NHS TRUST and WYE VALLEY NHS TRUST

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They have set up a list of priorities that they are calling their 'signature moves' as host provider at place in all three trusts, to try to ensure they involve primary care in whatever they do:

- involve primary care in leadership roles and change structures to focus more on place
- alongside local commissioners, deliver on the mental health investment standard to invest more in mental health care
- prioritise business cases which deliver activity reductions or public health benefits
- incentivise primary care to reduce acute demand
- draw on the skills of local authority commissioners to reduce the cost of continuing healthcare
- support the voluntary sector and local hospices including developing integrated IT and records
- turn data into intelligence to improve public health outcomes with key partners
- facilitate the development of skills and roles in the wider health and care workforce
- be a trusted source of evidence to our communities to support healthy lifestyle choices
- take decisive action to reduce carbon emissions and act as an anchor institution at place.

### Operating as host provider

In each of the places the trusts that make up The Foundation Group will be the host provider for services, but it is likely to start narrowly. For example, alongside acute care they might provide an out-of-hospital service, a hospice contract, some of the discharge to assess capacity, and continuing care. Ultimately, GP contracts could also be held by the host provider, particularly if they are successful in building trust with primary care by incentivising them to do different things.

The relationships with partners will be based on the trust and confidence of what they deliver and being the host provider should not be taken for granted.

### Building relationships with local councils and social care

The Foundation Group has really good relationships with the councils across the two ICSs and the district councils have brought lots of enthusiasm and expertise around place. They made a decision to not commission out of the Foundation Group trusts, but they have created new joint posts between the trusts and the local authorities to commission things like discharge to assess, which has been really helpful. The group hope that there will be more pooling of funds which will take them further down the road of integration.

## Questions for boards

Based on our conversations with trust leaders, please see below a short list of questions, prompted by the Foundation Group case study, that board members – both executives and non-executives – may wish to consider in the development of your provider collaborative.

- How are we aligning our individual organisational strategies to identify areas where we can work together to make service improvements?
- Are we using our existing strategies, such as the NHS Long Term Plan, to support collaboration and achieve common goals?
- Is our provider collaborative sharing examples of good practice and experience to enable collaboration?
- How can we ensure that we spend more time with partners at place to better understand the priorities of our key stakeholder organisations in the community?
- What do we and our partners in our provider collaborative need to do better or differently to be good host providers in our place?

## Further information

The Provider Collaboration programme focuses on sharing good practice and peer learning through a range of events and resources for boards. It covers the full spectrum of collaborative arrangements that providers are forging at scale and aims to support members to maximise the potential of greater provider collaboration to tackle care backlogs, reduce unwarranted variation, address health inequalities, and deliver more efficient and sustainable services.

Visit [www.nhsproviders.org/provider-collaboratives](http://www.nhsproviders.org/provider-collaboratives) for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources. To find out more, contact [bobby.ancil@nhsproviders.org](mailto:bobby.ancil@nhsproviders.org).

NHS England and NHS Improvement also have resources on provider collaboration [here](#).

This webinar featured a presentation from:

**Glen Burley**, chief executive, The Foundation Group of South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust and Wye Valley NHS Trust

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