PROVIDER COLLABORATION

Trusts IN SYSTEMS

Provider collaboration – learning from peers

December 2022

Introduction

This briefing is the sixth in a series designed to share board-level learning on provider collaboration as part of an NHS Providers programme. It covers the key messages from a **joint webinar** with NHS Confederation, featuring two provider collaboratives and one integrated care board case study: The Acute Hospitals Alliance provider collaborative, South Yorkshire and Bassetlaw Acute Federation, and Shropshire, Telford and Wrekin Integrated Care Board.

Key messages from members

- Don't aim for perfection from the start. Ensure alignment across the collaborative on initial priorities and enable trust and momentum to build over time.
- There is a lot that provider collaboratives can get on and do without creating new structures, but it's important not to underestimate the cultural challenges of collaborating in new ways. Invest time in getting to know people and come from a place of curiosity rather than judgement.
- For many provider collaboratives, particularly in the acute sector, it is early days in considering the delegation of functions and budgets from Integrated Care Boards (ICBs), but it is important for provider collaboratives to have access to the resources and expertise required to make this work in practice.
- It makes sense to identify and realise the goals and opportunities that can only be delivered through collaboration.

> ***Building and nurturing strong relationships and behaviours with collaborative partners is very important because if you don't invest in building trust and transparency you are going to fall foul of what is best for the system versus what is best for an organisation. It needs organisational and clinical appetite and willingness to change and for people to go where the energy is.***
>
> CARA CHARLES-BARKS, CHIEF EXECUTIVE, ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST

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CASE STUDY 1
The Acute Hospitals Alliance

Organisations

The organisations forming the Acute Hospitals Alliance (The Alliance) are Great Western Hospitals NHS Foundation Trust (GWH), Salisbury NHS Foundation Trust (SFT) and Royal United Hospitals Bath NHS Foundation Trust (RUHB).

The three trusts have been working together as a collaborative for four years. Initially the priority was getting to know each other and building a position of trust. In 2021 they took part in a series of workshops and refreshed their priorities, as well agreeing a new memorandum of understanding and the creation of committees in common.

Ways of working

When they first set out as a provider collaborative they agreed three initial thematic priorities around equity, sustainability and improvement. Alongside this they agreed a set of behaviours which include:

- Transparency and clarity between organisations: working together and learning from each other has become their starting point. This means being open with each other, including acknowledging the 'red lines' for each organisation or place.
- Relationships between executive leads – chief executives have regular joint, facilitated coaching sessions which helps them bring difficult conversations into the room.
- Leadership – executive directors sponsor key programmes to drive pace and visibility, supported by clinical leadership where required. The three trusts have invested in clinical leadership and there are three medical directors who lead their system transformation work.
- Shared roles – they have developed shared roles for estates and digital across at least two of the partner trusts, with the option to extend across all three.
- Recruitment – whenever they recruit to an executive team role they have one of the partner chief executives on the panel to ensure system fit and alignment with the collaborative's goals. For specialty roles they include a peer from one of the other trusts in the selection process too.
- System partnerships – they recognise their multiple roles in working to maximise the opportunities of collaborating at scale but also how they can work effectively as place partners.

CASE STUDY 1

The Acute Hospitals Alliance

Delegation and relationship with the ICB

It is early days in considering the delegation of functions and budgets from the ICB. The Alliance recognises that as acute trusts they don't have a lot of existing expertise in commissioning. With this in mind, they are exploring how to create a resource network, strong executive peer network and commissioning networks.

One area that they are starting to explore is whether the Acute Hospitals Alliance could hold the elective portfolio for the Integrated Care System (ICS) which could shape the response to the elective demand for acute services over the next few years, determining where these services could be best delivered to ensure maximum productivity and improved outcomes for patients.

The Alliance are also thinking about horizontal and vertical collaboratives and recognise that they need to work through both to improve whole pathways. They are aware that there is no need for some services to be predominantly run through acute providers and they are thinking about how to move these services into partner organisations, only using the acute sector when it's necessary.

Benefits and achievements

Genuine progress has been made on procurement collaboration, surgical and critical care mutual aid, virtual clinical teams, and testing new models such as a shared waiting list for paediatric dentistry, which have had real benefits for patients and saved money. For example, the trusts took a collective approach to tackling their waiting lists for children needing ear, nose and throat (ENT) and oral surgery. Through sharing staff, equipment and locations they reduced waiting lists by 47% for ENT and 44% for oral surgery. This work reduced variation in access to care with a standardised approach, and practically demonstrated the benefits of greater provider integration.

The procurement teams at the trusts merged after a period of time working collaboratively. This proved extremely beneficial during the early stages of the pandemic when personal protective equipment (PPE) availability was very challenging. This joint working will save £4.4m in 2022-23 and £4.9m in 2023-24.

CASE STUDY 1

The Acute Hospitals Alliance

Current priorities and next steps

The Alliance has realigned their programmes to ensure they're effectively supporting the delivery of the ICS strategy - Bath and North East Somerset, Swindon and Wiltshire Together ICS (BSW). Each programme is executive led but with a chief executive sponsor from another trust. They have been through cycles of deciding the vision and ambition of their collaborative, and they have now aligned around six areas of work where the providers believe they can add the most value to the local population:

1. At the centre there is a single common clinical strategy, and falling from this they have a work plan of areas where they want to collaborate vertically and horizontally.
2. They are looking at an open book financial picture and productivity discussion. Although there are some understandable sensitivities, the relationships are now strong enough to move forward on this.
3. They now have a common staffing methodology and they are looking at how they carry forward their staffing model.
4. They have got a single capital priorities list – so instead of competing for capital they are advocating for each other, taking the approach that what matters most is getting the capital into the ICS rather than individual trusts.
5. They have got a common improvement methodology/language between the three trusts which is a helpful enabling tool.
6. They are in the procurement stage of buying a common electronic patient record (EPR) platform.

> ***The reason the acute trusts have come together in South Yorkshire is because they want to identify and realise the goals and opportunities that we can only deliver through collaboration.***
>
> PETER MOORE, MANAGING DIRECTOR, SOUTH YORKSHIRE ACUTE FEDERATION

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CASE STUDY 2
South Yorkshire and Bassetlaw Acute Federation

Background

The South Yorkshire Acute Federation is made up of five acute trusts: Barnsley Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, The Rotherham NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. The members have a long history of working together since 2012 and are unified in wanting an effective collaborative to improve care for the populations they serve.

In 2022 they moved to a committees in common approach and have a provider collaborative system delivery group, which includes the chief executive from each trust, and a representative from each professional group. There are also partnership groups for each professional function (chief operating officers, directors of finance, directors of strategy, medical directors, HR directors, chief nurses, company secretaries) with membership from each trust as they try to set a platform for integration and collaboration and identify where they can just do things once across the provider collaborative.

Purpose statement

The Acute Federation is made up of the five acute NHS Trusts in South Yorkshire. We will use our collective expertise and resources to ensure the people of SYB have prompt access to excellent healthcare through:

- working together to drive the quality of care to be amongst the best in the country
- taking a proactive approach to reduce health inequalities for the populations we serve
- collaboratively developing our colleagues and teams so that there are sufficient numbers of happy staff across all partners
- being a great partner to the rest of the health and care system in South Yorkshire and Bassetlaw
- supporting each other to achieve all the NHS waiting time standards for local people
- seeking innovative ways to more effectively use the NHS pound so there is enough resource for the whole system.

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CASE STUDY 2
South Yorkshire and Bassetlaw Acute Federation

Priority areas in 22/23

The following priorities have been agreed for 2022/23:

- elective recovery
- focus specialities: orthopaedics, ophthalmology, ENT and general surgery
- review the Hosted Clinical Networks and associated work programmes
- clinical priority areas; urology, rheumatology, gastro bleeds and maternity
- development of a strategic framework for clinical services for the future
- acute federation collaborative waste reduction plan/ financial improvement plan
- development of the Acute Federation and OD.

To support delivery of these priorities, a workplan is in development to communicate what they are going to do, how they will do it and by when.

Challenges

The relationships with place are still evolving so they are currently focusing energy and efforts on the things that they can do as a collection of acute trusts. They are keen for more clarity to emerge on how the provider collaborative can best support place-based working.

Benefits already realised include:

- Hyper acute stroke services have been brought into two trusts. This has delivered efficiencies and savings and better outcomes for patients.
- Achievements have been made within the gastroenterology services by sharing best practice and enabling mutual aid working between the service sites which has helped to reduce patient waiting times.
- Successful workstreams are ongoing in maternity, urology, paediatrics, urgent and emergency care, pathology, imaging and procurement.

CASE STUDY 3

Shropshire Telford & Wrekin Integrated Care Board (ICB)

Simon Whitehouse, chief executive, Shropshire, Telford and Wrekin ICB shared a system view on collaboration across the ICS and the role of provider collaboratives within the Shropshire, Telford and Wrekin integrated care system. They are using their provider collaboratives to help with two large scale transformation projects (that have already existed) – the local care partnership and hospital transformation. Due to the makeup of the Shropshire Telford and Wrekin ICS they are heavily invested in place and thinking about how the provider collaboratives can work with/align with the Local Authorities and place, and focus on prevention, workforce and unwarranted variation.

See a recording of Simon's presentation **here** (from 3 mins 53 secs).

> ***If we can get people to work in the health and care sector when they are young and offer them routes through to qualifications and the right employment offer then they are more likely to settle and stay in the area and we will be working towards our ambition to become an anchor employer."***
>
> SIMON WHITEHOUSE,
> CHIEF EXECUTIVE, SHROPSHIRE TELFORD AND WREKIN ICB

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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** for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources.

To find out more, please contact:
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