

# Lessons learned and challenges ahead for provider collaboratives at scale

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## Introduction

This briefing is the fifth 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 our webinar *Lessons learned and challenges ahead for provider collaboratives at scale*, featuring two case studies: the West Yorkshire Association of Acute Trusts (WYAAT) and the South West Provider Collaborative.

## Key messages from members

- Provider collaboratives, including relatively long-established collaboratives, are going through a change process as they adapt to integrated care systems (ICSs) taking statutory form.
- Trust and confidence often take time to develop, particularly when there are many competing demands, and if there is turnover in the senior leadership of the constituent organisations. Investing in an organisational development programme can help build trust and relationships.
- Partnering executives and clinical leads from different providers to oversee key work programmes can help to create a culture of collaborative, shared leadership.
- Strengthening mutual understanding of the services of each partner organisation, and moving towards open-book accounting, is critical in laying the groundwork for effective collaboration.
- A well-resourced project management office or equivalent dedicated team is essential to help create momentum and drive forward agreed programmes of work.

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*Getting clinicians and service users together to look at the outcome data to see where there is variability across the patch or where outcomes are below the national average is a great way to galvanise support around improving a service collaboratively.*

MELANIE WALKER, CHIEF EXECUTIVE  
DEVON PARTNERSHIP NHS TRUST

## CASE STUDY 1

### West Yorkshire Association of Acute Trusts (WYAAT)

#### Organisations

The organisations forming the West Yorkshire Association of Acute Trusts (WYAAT) are: Leeds Teaching Hospitals NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and Harrogate and District NHS Foundation Trust.

#### Background

West Yorkshire is one of the bigger integrated care systems with a population of 2.4 million and five places. WYAAT is a collaboration of six acute trusts who came together as a formal collaborative with a committee in common in 2016. This followed several years of informal conversation about how they could make a reality of the idea of greater partnership rather than competition. The collaborative has set up dedicated groups for medical and nursing directors, chief operating officers, human resources and finance directors, all of which feed into the chief executives' group, which in turn reports into the committee in common.

WYAAT aims to provide a forum and single voice for acute trusts across West Yorkshire, with a focus on facilitating clinical and operational collaboration and mutual aid.

#### Achievements

##### Vascular service

Changes to **vascular services** across WYAAT are a good example of how the providers collaborated to achieve service reconfiguration and a new clinical model, which will hopefully improve outcomes for patients.

Facing the challenge of reducing their vascular services from three to two arterial sites, the trusts involved in WYAAT agreed they should jointly recommend a proposal to commissioners. They gathered evidence on where the two arterial sites should be and created a new clinical model to both reduce admissions and patient length of stay. They then put forward a recommendation for a single vascular service, which was consulted on and has now been implemented. Members of the collaborative agreed this process was a great learning opportunity for WYAAT on how they as providers could collectively play a leadership role in addressing strategic challenges that may previously have fallen to commissioners.



*As a chief executive with an SRO role for a provider collaborative programme you do feel peer responsibility and pressure for ensuring the programme is making progress and delivering. We have built partnerships and friendships between chief executives which is one of the spin-off benefits of the way we work.*

SIR JULIAN HARTLEY, CHIEF EXECUTIVE  
LEEDS TEACHING HOSPITALS NHS TRUST

## CASE STUDY 1

### West Yorkshire Association of Acute Trusts (WYAAT)

Other improvements as a result of the WYAAT collaboration include:

- the reconfiguration of hyper-acute stroke services including difficult decisions about site locations
- the implementation of a single picture archiving and communication system (PACS) with common scanning protocols, imaging and reporting shared across all WYAAT trusts, helping to reduce repeat scanning and manual image sharing
- a single laboratory information management service (LIMS) for pathology and alignment around a single clinical strategy, with the aim of reducing clinical variation.

All of these service changes have been underpinned by a high level of clinical leadership and engagement, with consultants encouraged to build relationships and work collectively, informed by data and insight such as Getting It Right First Time (GIRFT) data, to address unwarranted variation.

#### What makes WYAAT work

- Shared vision and common purpose – a sense of collaboration based on strong relationships between the six trust boards and senior clinicians in particular.
- Collaborative, shared leadership – regular meetings of the programme executive (chief executives meet every month) and the committees in common (chief executives and chairs meet every two months); and each chief executive taking SRO responsibility for one of the key WYAAT programmes working with the programme team and an executive director of another trust.
- Collaboration of the willing and voluntary involvement – leaders and staff in all six organisations see the benefit of the work of the collaborative and engage willingly.
- Well-resourced project management office – the six trusts have invested significantly in ensuring that the collaborative programmes can be run effectively (just over £1m per year is invested across all six trusts, with contributions relative to each trust's size). The value for money of the PMO has been significant, with money saved on things like PACS, LIMS and procurement.
- Effective governance – ensuring that all decisions made by WYAAT are taken back to each individual trust board.
- Networks of executive directors and clinical leads – engaging with wider senior leaders beyond the committee in common and programme executive is crucial when talking about service change and reconfiguration.

#### Where next?

WYAAT is now focusing on a set of future priorities where they see the greatest benefits of working at scale including:

- workforce
- fragile services
- imaging and diagnostics
- economies of scale and elective recovery.

## CASE STUDY 2

### South West Provider Collaborative

#### Organisations

The organisations forming the South West Provider Collaborative are: Devon Partnership NHS Trust, Cornwall Partnership NHS Foundation Trust, Somerset Partnership NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, Gloucestershire Health and Care NHS Foundation Trust, Elysium, Cygnet, The Priory and Livewell South West Community Interest Company.

#### Background

The South West Provider Collaborative is made up of five NHS providers, three independent sector companies and a community interest company. The collaborative covers seven ICSs with approximately five million in population stretching from the Isles of Scilly to Gloucestershire. It uses a lead provider model, with Devon Partnership NHS Trust acting as the lead provider. The collaborative and was a wave one vanguard site as part of the New Care Models programme starting in late 2016. At that point over two thirds of patients requiring secure in-patient mental health care were in placements outside of the South West of England. It became one of the fast-track mental health provider collaboratives in October 2020.

A programme director and a medical director were initially funded by Devon Partnership NHS Trust to get things started and they are now supported by a team of around 20 people with skills in commissioning, finance and programme management.

#### Collaborative services

The provider collaborative currently commissions and runs adult secure care services (tier 4), CAMHS (tier 4) and adult eating disorder inpatients services (tier 4) across the South West of England.

They hope to start providing perinatal inpatient care (tier 4) and the remaining mental health specialised services in the near future. They are keen to make the case that the collaborative takes on any services where operating or working as a network at scale would make sense clinically and financially and deliver better outcomes for patients.

#### Regional collaboration

The South West Provider Collaborative has become increasingly influential in regional decisions and has helped shape some of the plans and priorities that the region wants to develop on mental health, learning disability and neurodiversity.

As one example, the collaborative recently worked together with ICSs to secure £40m capital investment to support improvements to inpatient services for learning disability patients.

They are now looking at other optimisation programmes including workforce planning in conjunction with Health Education England as well as shared learning on clinical pathways.

## CASE STUDY 2

### South West Provider Collaborative

#### Benefits

The collaborative has a shared view on the benefits they can realise for service users, staff and partner organisations.

#### Service User

- Reduction in out of area placements (they have achieved a shift from 75% of secure care patients placed out of region in 2016 to the current level of just 15%).
- Improved access to community orientated care with the least restrictive principle.
- Decreased inpatient length of stay.
- Variations reduced and quality of experience increased.
- Co-designed and agreed outcome-focused care.
- A strategic approach to clinical and service user engagement and coproduction through a clinical senate with embedded service user voice.

#### Staff

- Staff feeling part of the solution, and listened to and able to share their learning.
- Investment in staff.
- Increased training opportunities and upskilling.

#### Organisations (all provider partners)

- Clinically led and clinically informed solutions.
- Shared learning through the clinical senate and shared risk.
- Mutual support to each other.
- Opportunities to lead collaboratively with a lead chief executive and a lead clinician from a different provider for each service.
- Service investment.



*It's really helped that we started small with high risk and high-cost patients and built out from there. We're now keen to engage with other collaboratives to avoid the risk of developing sector siloes.*

MELANIE WALKER, CHIEF EXECUTIVE  
DEVON PARTNERSHIP NHS TRUST

## 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:

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*It feels like there is an opportunity for provider collaboratives to do more and we at WYAAT are keen to do more and take on more programmes of work... I think that a lot of the energy and commitment comes from the sense that we are entering into this in a voluntary way and us wanting it to work rather than feeling railroaded because it is written down in a written document.*

SIR JULIAN HARTLEY, CHIEF EXECUTIVE  
LEEDS TEACHING HOSPITALS NHS TRUST

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