

Report Title:	Acute Provider Collaboration Board Update		
Sponsoring Executive:	Dave Baker, Director Partnerships & Innovation		
Report Author:	Danielle Joseph, Programme Director		
Meeting:	Public Board	Date	2 nd December 2021

1. Suggested discussion points <i>[two or three issues you consider the Committee should focus on]</i>
<p>This paper updates the Board on the key discussions and decisions from Acute Provider Collaboration Board on 18th November 2021. Of note:</p> <ul style="list-style-type: none"> The Programme Board commissioned Ernst & Young (EY) to undertake a high level review of site service configuration across the Black Country based on data and clinical engagement over an eight week period, and to make recommendations for future configuration options towards the end of December. EY will be engaging with key stakeholders including Executives in the coming weeks to inform this review. Standardised, consistent Waiting List Initiative (WLI) rates for Consultants across the Black Country and West Birmingham were discussed. The board agreed that an out of hours rate should be in line with the consultant contract. Consultation with medical staff side committees in each Trust will now seek to ratify this decision for implementation by April 2022. The new, national guidance on provider collaboratives was discussed. It has been agreed to move to a new governance structure, with a bi-monthly provider collaborative Board, which will include acute, community, ambulance and mental health/LD Trusts. An executive programme Board to steer the work on acute provider collaboration and service integration, will be formed and a review of the programme, to better prioritise joint work which will have the greatest benefit, will commence shortly and involve the Directors of Strategy from the 4 Trusts involved.

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective this paper supports]</i>												
<table border="1"> <thead> <tr> <th>Our Patients</th> <th></th> <th>Our People</th> <th></th> <th>Our Population</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	Our Patients		Our People		Our Population		To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X
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3. Previous consideration <i>[where has this paper been previously discussed?]</i>

4. Recommendation(s)	
The Board is asked to:	
a. NOTE the key issues discussed and decisions taken at the Acute Provider Collaboration Programme Board held on 18th November 2021.	
5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>	
Trust Risk Register	
Board Assurance Framework	
Equality Impact Assessment	Is this required? Y N If 'Y' date completed
Quality Impact Assessment	Is this required? Y N If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Board: 2nd December 2021

Acute Provider Collaboration Board Update

1. PURPOSE

The purpose of this paper is to provide an update to the Board on the Acute Provider Collaboration Programme.

2. KEY ISSUES AND DECISIONS TAKEN AT THE PROGRAMME BOARD MEETING ON 21st OCTOBER 2021

a) Programme Review

The Programme Board commissioned Ernst and Young to undertake a high level review of site service configuration across the Black Country based on data and clinical engagement over an eight week period, and to make recommendations for future configuration options towards the end of December.

Over the coming weeks they will be getting in touch with key members of exec and clinical teams as part of the engagement process. All four trusts will shortly have submitted the data returns requested by EY for analysis and the outputs are to be presented back to the December Programme Board.

The intention is for this work to run alongside development of the clinical services work streams and fully involve the system clinical leads. Both streams of work should come together to be able to develop a wider vision for clinical services within the Black Country.

b) Clinical Work stream

Nine System Clinical leads have been appointed across the Black Country with good representation from across all four trusts. They are as follows:

Speciality	Name	Organisation
Urology	Pete Cooke	Wolverhampton
Gynaecology	Ayman Ewies	Sandwell & West Birmingham
Ophthalmology	John Barry	Dudley Group
Critical Care	Shameer Gopal	Wolverhampton
Colorectal	Andrew Torrance	Sandwell & West Birmingham
Head and Neck	John Murphy	Wolverhampton
Orthopaedics	Muhammed Butt	Dudley Group
Skin	James Halpern & Aaron Wernham	Walsall
Breast	Martin Sintler	Sandwell & West Birmingham

We have asked the leads to set up network structures for their specialities across the system engaging all clinical directors, operational and nursing leads and to start developing their plans for the services.

The next element of recruitment will be for system operational leads- this will be staff working in an operational role in one of the above specialities as an additional responsibility to their existing role.

There will be project management support for the Networks and their remit is to incorporate GIRFT delivery, recovery, restoration, and cancer improvement where applicable.

We have scheduled the fourth Clinical summit for February 2022, and wider engagement has started with a virtual introduction to the programme for PCN leads and a meet and great with the new clinical leads.

c) 'Back Office' / support services Work stream

We are planning to meet with executive leads for all back office areas over the next few weeks to discuss how they measure their departments' effectiveness and impact on front line staff, releasing time to care as well as sharing best practice.

d) Workforce and OD Work stream

A paper was presented on Black Country wide consultant WLI options with a request for each Trust to discuss and confirm their preferred option back to Alan Duffell, System Workforce Lead, by the end of January for implementation in April 22.

The board agreed that an out of hours rate should be in line with the consultant contract. **Communications and Engagement Work stream**

The first Provider collaborative newsletter has been finalised and distributed.

Briefing papers for OSC chairs and VSCE organisations have been drafted at high level to commence engagement with external stakeholders.

The plan is to bring branding options to the December programme board.

e) Governance and Implementation Work stream

NHS E guidance documentation suggests a provider collaboratives core aims should be:

- Recovery of services after COVID (including resilience through mutual aid)
- Redesign of services based on specialisation and consolation where outcomes would be improved

- Reducing variation and improving health outcomes including access and experience

On this basis, a draft governance structure was reviewed and discussed with the following agreements-

1. That we should move from an 'acute' provider collaborative to a 'provider collaborative', inviting representation from mental health, ambulance service and primary care.
2. That an executive led programme board is established which allows Provider Board to meet bi-monthly.
3. That system groups such as Elective and Diagnostic recovery board, Cancer Board and Urgent Care Board come under the remit of the Provider Collaborative board with joint reporting to the ICB where appropriate.

There is a need to avoid duplication of function with the ICB and we expect further clarity on this structure to be developed over the coming months.

f) Digital, Data and Technology

At October programme board, approval was given to go out to tender for a IT solution to host a system cancer PTL. This has been paused whilst a review is commenced on two new systems which have been made available on framework.

Work is underway to map the software landscape across all four trusts and contract end points.

3. KEY NEXT STEPS

The next Programme Board meeting is to be on 16th December 2021. This will include feedback on the initial outputs of the EY work on clinical reconfiguration.

4. RECOMMENDATIONS

To note the key issues discussed and decisions taken at the Acute Provider Collaboration Programme Board held on 18th November 2021.

**DANIELLE JOSEPH
PROGRAMME DIRECTOR- BLACK COUNTRY ACUTE PROVIDER COLLABORATIVE
DECEMBER 2021**