

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board held on 11th January 2023

Chief Executive's Report – Appendix 3

Provider Collaborative Update

1. Background

- 1.1 The Black Country Provider Collaborative was formed in late 2020 as part of the new Integrated Care System (ICS) infrastructure that sees Provider Collaboratives and Placed Based Partnerships as the delivery vehicles for the ICS.
- 1.2 It quickly set about trying to instigate change across Clinical and Corporate Services with a heavy focus on 9 Clinical Services that have a significant impact on the Cancer pathway or which have a high volume of High Volume/Low Complexity work and thus impact Referral to Treatment times. The services selected were: Breast; Colorectal; Critical Care; ENT; Gynaecology; Ophthalmology; Orthopaedics; Skin/Dermatology and Urology.
- 1.3 In pursuit of improvements to these 9 areas the Collaborative has hosted a number of events that have sought to break down organisational boundaries at a clinical level.

2. Progress

- 2.1 In pursuit of improved performance around Access; Quality and System Resilience and Transformation the Collaborative commenced 57 pieces of work. These have now been categorised into 13 projects; 30 tasks and 17 milestones. Whilst nothing has yet been completed the Provider Collaborative PMO has an expectation that 65% to 70% of these priorities will be completed by March 2023.
- 2.2 Further work is being commenced under a Corporate Improvement work stream with consideration as to the right scale (potentially across ICS boundaries) at which to approach each initiative.
- 2.3 The Collaborative has pursued developments around Community Diagnostic Centres, Surgical Robots and Mohs surgery. All of these bring new clinical capabilities and service offers into the Black Country.

3. Some Potential Challenges

3.1 “After some “short pragmatic” work the Provider Collaborative has begun to use a vision statement:

“One healthcare system, across multiple sites, working in partnership to provide better, faster, and safer care to the population of the Black Country and beyond”

There is some challenge to the vision statement in two areas: 1) The use of the word “system” may cause confusion with the Integrated Care Board (ICB); 2) whether the vision statement alone is sufficient to:

- create an aligned leadership and a consistent picture of what the Provider Collaborative leaders are striving to achieve;
- create consistent messaging and behaviours by all the Provider Collaborative leaders that staff in all the organisations could follow;
- inform strategy, planning and resource allocation.

3.2 The ICB has commented that they feel that the Provider Collaborative should return to being referred to as an “acute provider collaborative” so that there is clear differentiation between this collaborative and the “Places” which focus on “Out of Hospital care”.

3.3 Whilst initial Goals around Access, Quality and System Resilience and Transformation are set out, there are no metrics/statistical process control charts that assess progress and focus the improvement effort. The Integrated Care Board is currently looking at the System Oversight Framework (SOF) metrics for allocation and prioritisation into the Collaboratives/Places. This may provide us with some focussed “move metrics”.

3.4 There have not been any breakthrough wins i.e., wins that signal that the Provider Collaborative can achieve things that have never been possible by the organisations working alone. There is now a focus on the alignment of bank rates with maternity, theatres and ED being the short-term priorities.

3.5 The Collaborative has also committed to keeping a log of agreements reached and policies that have been aligned. Further initiatives may include: a single patient treatment list; acceleration of projects around payroll, procurement and digital passporting and a short-term win for each of the 9 clinically prioritised areas.

4. Looking Forwards

4.1 It feels like the Provider Collaborative should try to get further ahead with its planning so that the individual Trusts can sign off priorities and commit resources to the plans. To this end, the Provider Collaborative is scheduling a planning and prioritisation event in February 2023.

This may be too late to obtain the commitment of the individual Trusts through their annual planning rounds. This could mean that the provider collaborative will have to focus on low investment initiatives such as the alignment of bank rates and job banding whilst planning for higher investment initiatives in the subsequent year. In of itself, this is unsurprising given the “flat cash” scenario for next financial year set out in the 2023/24 planning guidance, which will significantly curtail freedom to invest additional revenue monies.

In further support of the February event there is some desktop work being undertaken by the Chief Strategy Officers to look at the challenges of each of the 4 trusts. This work considers such documents as: CQC reports; System Oversight Framework (SOF) letters; top 15 risks. Its intent is to identify commonality of issue or significant variation between the providers. This is being supplemented by a review of the SOF metrics, set against the 9 “programmes” set out in the ICB Joint Forward Plan and their link to the Provider Collaborative (as opposed to one of the other 6 delivery vehicles i.e. 4x places; Mental health and learning disabilities or the Primary Care Collaborative).

- 4.2 The Collaborative have explored converging electronic patient records across the Black Country. Leaders have clearly stated their organisational approaches to manage inherent corporate risks and it is agreed that convergence will happen over a longer timeframe. There are varied views on the merits of convergence from clinical teams. Some clinicians are content that the ‘*read only*’ regional shared care record (ShCR) project will serve their needs. However, the critical care and ophthalmology clinical workstreams are actively seeking to converge around single EPR products with write-access, as a matter of need. Understanding the opportunities, risks, benefits, overheads and compliance status of multiple silo solutions need to be reviewed holistically. Work is being undertaken by the Provider Collaborative CIO lead by March 2023 to look at interim options.
- 4.3 Currently there is inequity in the provision of Ear Nose and Throat (ENT) services across the Black Country. Dudley and Wolverhampton have a long-standing arrangement of joint working, with Wolverhampton providing the non-elective services out of hours and at weekends for both Trusts, with Dudley providing non-elective service provision 09:00 – 17:00 Monday to Friday. The Head and Neck (H&N) Cancer service between the two Trusts is provided for at Wolverhampton.

The current Black Country Provider Collaborative networking proposals include a similar paired arrangement between Sandwell and West Birmingham and Walsall for the elective and non-elective service provision, with cancer patients also being referred to and managed at Wolverhampton. These latter proposals are subject to further discussion and agreement. When, and if approved, this would vastly improve the efficiency of service provision at the two Trusts and repatriate H&N Cancer patients back into the Black Country.

- 4.4 The Collaborative is considering a scheme of delegation as part of proposed refresh to Governance arrangements. This would be a step towards a Group Model and in line with NHS statutory guidance which was published in September “Arrangements for delegation and joint exercise of statutory functions”. In essence this enables the individual organisations to delegate some part of its statutory responsibilities (and pooled resources) to a Joint Committee developed by all of its Partners.

Done well this would help the Collaborative to move faster, however, it would require increased levels of strategic alignment, trust and planning before being executed. With this in mind, it was agreed that this is some way off and perhaps dependent on the joint Chair being in place across the 4 Trusts.

- 4.5 The Black Country Provider Collaborative has submitted an application to the NHSE Provider Collaborative Innovators Scheme. Nationally 7-9 Provider Collaboratives will be accepted onto this scheme to fast track their developments, in line with ambitions to deliver for their local economies.