| Paper ref: | TB (11/21) 015 |
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Sandwell and West Birmingham Hospitals NHS
NHS Trust

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| **Report Title:** | Acute Collaboration Programme | | |
| **Sponsoring Executive:** | Richard Beeken, CEO | | |
| **Report Author:** | Dave Baker (Director of Partnerships and Innovation) | | |
| **Meeting:** | Trust Board (Public) | **Date** | 4th November 2021 |

**1. Suggested discussion points** *[two or three issues you consider the Trust Board should focus on]*

The Board received a paper about the acute collaboration Board last month which has now been in place for ~6months and reports monthly. The Acute Collaboration programme is currently focussed on "at scale" clinical service integration and "back office" integration. It has a number of supporting workstreams. With the potential significance of "provider collaboratives" and "place-based partnerships" in the future Integrated Care System's operating model it was agreed by the acute collaboration board sponsors that a monthly update would be shared with the respective provider boards.

The paper is an update as written by the Director of Strategy and Transformation at Dudley Group NHS FT. Key Points of note are:

1) The acceptance that the provider collaborative has a long-term place in the future infrastructure (rather than just being a programme) of the ICS and that the current programme will be reviewed in the context of being a delivery vehicle for one part of it;
2) The progress of the specialty led clinical summits and the commissioning of a 2-month piece of work around clinical configuration.

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective this paper supports]*

| 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 | |

**3. Previous consideration** *[where has this paper been previously discussed?]*

None

**4. Recommendation(s)**

The Trust Board is asked to:

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| **a.** | Note the intention to begin to formalise the infrastructure |
| **b.** | Note the clinical configuration review scheduled for November/December |
| **c.** | |

**5. Impact** *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Trust Risk Register | X | Fragile Services | | | | | | |
| Board Assurance Framework | X | | | | | | | |
| Equality Impact Assessment | Is this required? | | Y | | N | X | If 'Y' date completed | |
| Quality Impact Assessment | Is this required? | | Y | | N | X | If 'Y' date completed | |

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Public Trust Board: 3rd November 2021

### 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 Board reviewed the original programme objectives, scope, structure and governance arrangements and then considered how this should fit within the new architecture for ICSs. It was clear that good progress had been made, not least in terms of clinical engagement, and this gives a strong platform to move forward to develop a provider collaborative.

It was agreed that the existing programme should become a workstream within the overarching provider collaborative, with work undertaken over the coming months to describe how that will operate, including scope and governance arrangements. This will be brought back to the Programme Board (and onwards to Boards) for development and discussion each month, with the new arrangements agreed by March 2022.

**b) Test Bed Site**

Following submitting an expression of interest, it was confirmed that the programme has been accepted to be part of the national 'deep dive test site' into how acute provider collaboratives are working. This will inform best practice and guidance for other systems and give us access to NHSE/I expertise. More information on what is required should follow shortly.

**c) Clinical Workstream**

The third clinical summit was held on 24th September, attended by over 100 people from across the four organisations, largely clinicians. One of the presentations was on robotic surgery which has generated significant interest. It was agreed that a robotics strategy should be developed as part of the programme in order that outcomes are optimised. It was noted that Royal Wolverhampton are in the process of commissioning a second robot and agreed that other Trusts would pause on any further investment at this stage until the strategy has been agreed. It was also noted that the ICS Directors of Finance group had started to consider how a system bid should be supported.

It was also noted that recruitment to cancer leads is progressing well, with appointments likely to be finalised in the next week.

**d) 'Back Office' / support services Workstream**

It was noted that this workstream has been more difficult to progress, however, leads have now been confirmed and work can accelerate.

**e) Workforce and OD Workstream**

- **Waiting List Initiatives**

Work is progressing to align payments for waiting list initiatives across the Trusts. It was agreed that once more detail has been developed and subject to appropriate engagement, the new arrangements should be implemented from April 2022.

- **Staff 'passporting' across organisations.**

The Memorandum of Understanding to enable staff to work across the four organisations was agreed in June 2021 and has been signed off. Several issues which need to be addressed to facilitate this have been identified, including use of NHS mail; shared IT helpdesk; transfers on ESR; estates issues; mandatory training. These are being taken forward by the HR and Digital workstream leads, with a lead to be identified by the CEOs for the estates issues.

**f) Communications and Engagement Workstream**

It was noted that the inaugural newsletter for the programme would be launched in the next few days. This would focus on the vision and objectives, and include content from the clinical leads to highlight their vision for their services.

**g) Governance and Implementation Workstream**

A revised programme budget was shared and agreed.

It was also noted that the tender to select a provider to review options for clinical configuration across the hospital sites has been selected and following the stand-still period should commence during the first week of November.

**h) Digital, Data and Technology**

It was agreed by the Programme Board that the tender for support to develop automatic analytics tools should be focused on elective recovery and cancer pathways.

**3. KEY NEXT STEPS**

The next Programme Board meeting will be held on 18th November 2021. This will include further consideration of how the programme should develop in light of the advent of provider collaboratives, with the CEO of the Mental Health Trust invited.

A key piece of work over the next two months will be the review of clinical configuration across the sites, which is expected to be completed by Christmas.

Alongside this, the programme board will agree speciality priorities for change.

## 4. RISKS AND MITIGATIONS

In relation to DGFT's strategic risks, this programme is a key part of addressing the Trust's strategic risk 6A – 'Failure of the Trust to influence the local and wider evolving health economy due to a lack of engagement and poor performance undermining our credibility means our clinical and financial viability is undermined as we lose key high value services and opportunities for profitable growth.' As such, significant executive and clinical leadership time continues to be committed to ensure its success in accordance with the refreshed Trust strategic plan.

## 5. RECOMMENDATIONS

To note the key issues discussed and decisions taken at the Acute Provider Collaboration Programme Board held on 21st October 2021.

**KATHERINE SHEERIN (Dudley Group NHS FT)**
**DIRECTOR OF STRATEGY AND TRANSFORMATION**
**NOVEMBER 2021**