Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors

Subject:	Provider Collaborative	**Date: 9th June 2022**	
Prepared By:	Provider Collaborative Working Group		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
To update on the work to establish the Provider Collaborative and to obtain the necessary approvals to progress this.		**Approval**	X
		Assurance	
		Update	X
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X	**X**	**X**	**X**	**X**

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
		X		

Risks/Issues	
Financial	Risk of lost opportunities for delivering financial benefit from collaborative working at scale.
Patient Impact	Risk of lost opportunities for collaborative working at scale that otherwise would have had a positive benefit to patient outcomes.
Staff Impact	Risk of lost opportunities for collaborative working at scale that otherwise would have had a positive benefit to staff.
Services	Risk of lost opportunities for collaborative working at scale that otherwise would have had a positive benefit to services.
Reputational	Failure to establish a Provider Collaborative would have adverse reputational consequences

Committees/groups where this item has been presented before

Provider Collaborative Leadership Board

Executive Summary

This paper provides an update on the work progressing to establish an ICS Provider Collaborative at scale between Sherwood Forest Hospitals NHS Foundation Trust (SFH), Nottinghamshire Healthcare NHS Foundation Trust (Notts HC), Nottingham University Hospitals NHS Trust (NUH), Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBH) and East Midlands Ambulance Service NHS Trust (EMAS).

The paper focusses on:

- Establishment of the Provider Leadership Board (PLB)
- Nominations for the Partner Member Representatives for NHS Trusts and Foundation Trusts on the Nottingham and Nottinghamshire Integrated Care Board (ICB)
- Leadership of the Provider Collaborative at Scale
- Ongoing Development of the Provider Collaborative at Scale.

Board Committee is asked to:

1. **Approve the establishment of the Provider Leadership Board for the Nottingham and Nottinghamshire ICS Provider Collaborative at Scale**

2. **Approve the proposed nominations for the two Partner Member Representatives for NHS Trusts and Foundation Trusts on the Nottingham and Nottinghamshire Integrated Care Board (ICB), and**

3. **Confirm the proposed leadership of the Nottingham and Nottinghamshire ICS Provider Collaborative at Scale.**

Establishing an ICS Provider Collaborative at Scale

May/June 2022

1. Background

1.1. Trust Boards will be aware of the previous work that has been undertaken to develop a Provider Collaborative at Scale across our Integrated Care System, as referenced in the joint Board paper that was shared with SFH, Notts HC and NUH's Public Board meetings in March or April 2022. The paper was also shared with EMAS at a Trust Board development session in May and with the Deputy Chair of DBH for sharing with DBH Board colleagues.

1.2. In that paper, it was referenced that although the date of establishment of any Provider Collaborative at Scale has been slipped to 1 July 2022 along with the establishment of the Integrated Care Board, this date will remain as a step in our journey of our collaboration, not an end-point.

1.3. This paper sets out the recent actions that are being taken to develop the Provider Collaborative at Scale and asks Board to agree the recommendations in relation to establishment and nomination of Integrated Care Board partner member representatives.

2. Establishment of the Provider Leadership Board

2.1. In the last update to Board, it was confirmed that as a starting point, a shadow Provider Leadership Board (PLB) would be established and reviewed every 6 months. We have been operating a shadow Provider Leadership Board since then.

2.2. At this moment in time, the shadow PLB is chaired by Dr. John Brewin, Chief Executive of Notts HC. It was agreed that the Provider Leadership Board would be chaired by a nominated lead from one of the Provider Collaborative Member organisations.

2.3. Since we already have a shadow model in place, for the 1 July establishment date, we are asking Trust Boards to agree to formalise this arrangement. Board members will be aware that over time, we would look to delegate authority to the Provider Leadership Board in order to simplify the delivery of some of the key work areas.

2.4. As colleagues will also be aware, we are currently undertaking a piece of work supported by external partners, in order to confirm and prioritise our initial areas of focus. Board members from across the providers are being encouraged to participate in this work.

2.5. In terms of delegated authority, we have always approached the development of the Provider Collaborative to ensure that form follows function. On that basis, we are not proposing that any authority is delegated to the Provider Leadership Board at this stage. Once we determine and prioritise our key areas of focus, in areas that we can add unique value within our system, the next step will be to consider what authority may need to be delegated in order to be able to do that most effectively.

2.6. At the point when we consider delegating any authority we will need to return to Boards and consider that with appropriate information and details. This will also mean that we will consider the make-up of the PLB and consider our governance arrangements, for example, by considering whether there may need to be roles for Non-Executives on the PLB. These considerations will take place when the functions determine them.

2.7. The Trust Board is asked to approve the establishment of the Provider Leadership Board for the Nottingham and Nottinghamshire Provider Collaborative at Scale.

3. Partner Member Representatives for the Integrated Care Board

3.1. In the previous update to Boards, we highlighted that provider organisations would likely support the Partner Member representative seat around the Integrated Care Board for NHS Trusts and Foundation Trusts being filled by the Chair of the PLB. However, as the legislation has passed through Parliament, there has been an amendment, which has introduced a second Partner Member representative seat around the ICB.

3.2. These two ICB Partner Member roles are different; one must be able to bring an informed view of hospital, urgent and emergency care services and the other member must be able to bring an informed view of mental health, intellectual disability and community services. As the ICB is a unitary Board, Partner Members will also hold collective accountability, along with all other Board members, for the broader responsibilities of the ICS, alongside their specific areas of focus.

3.3. Each Trust or NHS Trust eligible to nominate for the partner member representative seats has been asked by the Chair and Chief Executive of the ICB to do so. The organisations eligible to nominate in Nottingham and Nottinghamshire are Notts HC, SFH, NUH, DBH and EMAS. Each organisation will be asked to nominate for both posts and nominations can be a Chief Executive or an Executive Director with a relevant portfolio. The Chair of the ICB will then consider all nominations and determine who is most appropriate to fill the posts.

3.4. Clearly the initial thinking around how we approached the nomination process is no longer relevant. Chairs and Chief Executives of provider collaborative member organisations discussed the nomination process at their meeting on 16 May 2022.

3.5. For the Partner Member representative role covering mental health, intellectual disability and community services, it was agreed that Notts HC are most appropriately placed to provide a representative. Given the importance of this role this post will be provided from the Office of the Chief Executive at Notts HC. Members of the Nottingham and Nottinghamshire Provider Collaborative at Scale are proposing to nominate the Chief Executive of Notts HC for this role.

3.6. As the remaining four key partner organisations could demonstrate some evidence in meeting the brief for the other partner member role, this is the seat that the Chairs and Chief Executives have discussed in detail.

3.7. Conversations with EMAS and DBH have confirmed that it is unlikely that they will want to field a representative for the Nottingham and Nottinghamshire ICB, given their geographical reach into other ICB areas.

3.8. As NUH is currently in the process of awaiting for a new Chief Executive to start in post, the environment for nominations is a little complex. In order to consider the second partner member post, it is important we do so by considering it alongside the role of Lead for the Provider Collaborative at Scale.

4. Leadership of the Provider Collaborative at Scale

4.1. As referenced in section two of the paper, the current Chair of the Provider Leadership Board is Dr. John Brewin. Colleagues will likely have seen that Dr. Brewin has recently announced his retirement and will leave Notts HC in August 2022. On this basis, further consideration is also needed to determine who will lead the Provider Collaborative at Scale.

4.2. If we consider the fact that DBH and EMAS are both involved in other ICS areas, the fact that Notts HC will have a representative on the ICB and are also currently due to lose their current Chief Executive to retirement, it leaves SFH and NUH as key members of the Provider Collaborative at Scale with no currently agreed role.

4.3. To ensure that the three key organisations all play a system leadership role within the provider landscape and there is a fair and balanced distribution of leadership capacity and involvement in representing and developing the provider landscape across Nottingham and Nottinghamshire, it is recommended that NUH and SFH each undertake one of the 2 lead roles, (a) for the Provider Collaborative and (b) the ICB Partner Member for NHS Trusts and Foundation Trusts covering hospital services and urgent and emergency care across NUH and SFH.

4.4. Given the necessity to ensure, where possible, the continuity of any ICB appointments and drawing on the expertise available to fulfil that role, it is proposed that Paul Robinson, as Chief Executive of SFH, is nominated as the Partner Member Representative for NHS Trusts and Foundation Trusts focusing on hospital services and urgent and emergency care.

4.5. On that basis, it is proposed that NUH will lead the Provider Collaborative at Scale and Chair of the Provider Leadership Board going forwards. This will mean that Rupert Eggington will fill that role until there becomes an appropriate time to hand over to Anthony May, the incoming NUH Chief Executive.

4.6. Trust Boards are reminded that these appointments are for 2 years in the first instance.

4.7. Given that the timescales for nomination by the ICB will have passed by the time that the Board receives this paper, these nominations have already been submitted to the ICB with the caveat that Boards will have to ratify them at their next meetings.

4.8. The Trust Board is asked to approve the nomination of Notts HC Chief Executive and Paul Robinson, Chief Executive of SFH, as the Partner Member Representatives on the ICB for NHS Trusts and Foundation Trusts, covering mental health intellectual disability and community services and hospital services and urgent and emergency care respectively.

4.9. The Trust Board is asked to approve the proposal that Rupert Egginton and then Anthony May, in their role as Chief Executive of NUH will lead the Provider Collaborative at Scale and Chair the Provider Leadership Board.

5. Ongoing Development of the ICS Provider Collaborative at Scale

5.1. Oversight of the development of the Provider Collaborative has been taking place through the ICS Transition & Risk committee up until May 2022, to ensure alignment with other developing system plans / architecture but this committee will cease to exist after the May meeting. At this point, the Provider Leadership Board will assume responsibility for the ongoing development of the ICS Provider Collaborative at Scale, along with oversight and leadership of the work programmes that are owned by the Provider Collaborative.

6. Conclusion

6.1. This paper provides an update on the work progressing to establish an ICS Provider Collaborative at scale across the Nottingham and Nottinghamshire ICS and makes recommendations to establish the Provider Leadership Board, nominate suitable representatives for the Nottingham and Nottinghamshire ICS Partner Member roles and agree the future leadership of the Provider Leadership Board.