

Board of Directors Meeting in Public

Subject:	Provider Collaborative	Date: 6 th April 2023		
Prepared By:	Claire Culverhouse, Managing Director Provider Collaborative			
Approved By:	Paul Robinson, Chief Executive Officer			
Presented By:	Paul Robinson, Chief Executive Officer			
Purpose				
To update Trust Boards on the current position of the Collaborative, its priorities for 2023/24 and next steps.		Approval		
		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				
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			X
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Provider Collaborative Chairs and Chief Executives meeting				
Acronyms				
ICB = Integrated Care Board SRO = Senior Responsible Owner COO = Chief Operating Officer				
Executive Summary				
<p>The purpose of this paper is to update Trust Boards on the current position of the Collaborative, its priorities for 2023/24 and next steps. It is a 'Paper in Common' going to all Provider Collaborative Boards during March and April 2023.</p> <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. note the next steps on our collaborative journey and 2. consider what the Provider Collaborative could take responsibility for delivering in the ICB 5-year joint forward plan. 				

Update on Nottingham and Nottinghamshire Provider Collaborative at Scale Common Paper for Trust Boards

1. Background

While collaboration across NHS providers has existed for many years; in summer 2021, NHS England formalised the move to collaborative working and set out guidance for how providers should work together at scale in provider collaboratives.

The Nottingham and Nottinghamshire Provider Collaborative at Scale has been operating for just over a year. The focus has been on building relationships and agreeing a vision, objectives and principles of working. A conscious decision was made early last year that the Provider Collaborative's 'form will follow function' so decisions about our operating structure are still to be made.

Having done the preliminary work; in the second year of our Provider Collaborative (2023/24), the focus will be on delivering change at pace. We are planning to:

- deliver care improvements for our patients as they 'flow' through our urgent and emergency care services,
- consider options around workforce passporting, a shared bank, a leadership programme for our colleagues and strengthen talent management across organisations,
- decide our form and mobilise our governance arrangements with the aim of creating improvements in care, adding value plus instilling better control and legitimacy and,
- further engage with our colleagues and wider partners about what we are doing and what we might want to do in future years.

2. Main Report Details

3.1 Visioning Session

A visioning session for the Provider Collaborative took place on 30 January 2023, including executive directors and chairs of the five providers involved in the collaborative. The intention throughout the session was to build on existing work and take people through the work that had previously been undertaken.

Attendees voted on their level of appetite for collaboration against each previously identified priority and were also asked to rank the potential priorities to determine whether the focus was still on the right things. The priorities receiving the highest votes were:

- (i) Urgent and Emergency Care including Clinically Ready for Discharge
- (ii) Workforce including Leadership Development and Talent Management.

It was also agreed that a 'prospectus' would be developed for the collaborative, setting out what the collaborative is and is not, why we exist, what our priorities are, how we will operate, what governance forms we will consider and how we will work and communicate with our partners.

Throughout the visioning session there were some clear themes:

- **Ambition:** All organisations demonstrated a commitment and an appetite for collaboration and wanted an injection of pace or a ‘supercharge’ of this work. Members understood that this collaborative was collectively owned and wanted to be a part of it.
- **Understanding each other:** Consideration was given to whether we really know what each member organisation’s priorities are and how they align with ours. It was felt that there was more work to do to understand other member organisation’s positions on topics. We also identified that although it happens in part, leaders from across our organisations do not routinely connect with their counterparts to build relationships, share work programmes and identify strategic opportunities for collaboration.
- **Priorities:** We discussed how our priorities need to have a relevance for all member organisations. We agreed that we should be able to clearly articulate the answer to the ‘what is in this for me?’ question when we consider our work programmes.
- **Governance/Operating Model:** We discussed how form follows function but also highlighted the need to wrap some governance around members to bind us together around our priorities. How we govern the collaborative as a whole was discussed but also how the programmes of work will need clear governance arrangements. This discussion highlighted the need to ensure that the resource for the collaborative and our work programmes, was commensurate with the ambition.
- **Partnerships:** Although the collaborative is about how member organisations come together, the need to continue to remain close to our wider partners e.g., City Care, ICB, Local Authorities, Place Based Partnerships, Primary Care was also highlighted. We discussed how the collaborative should focus on its unique value - doing what only we can do - as a group of NHS providers. On this basis, some of our work will likely be feeding into wider system structures, and could even act on behalf of them, so that connection to and clear communication with wider partners will be vital.

2.1. Next Steps

2.1.1. Mobilising our Priorities

A Chief Executive Officer has taken on the role of SRO for each of the priorities, supported by an Executive Director(s) and a project manager to help drive the detailed content of the programme.

- Anthony May (Nottingham Universities Hospitals) will lead on the overall development of the collaborative, which in the first instance, would include development of the prospectus and establishment of a suitable governance structure to enable delivery.
- Paul Robinson (Sherwood Forest Hospitals) will be the SRO for the Urgent and Emergency Care Programme.
- Ifti Majid (Nottinghamshire Healthcare Trust) will be the SRO for the Workforce Programme.

Work has started in these three areas and includes scoping the work programme, finalising the anticipated outcomes and added value, plus identifying risks.

The ICB is currently writing a 5-year joint forward plan to be published in June 2023 and discussions have started about the role of the Provider Collaborative during this timeframe. As a Collaborative, we will want to decide what we will take responsibility for delivering.

2.1.2. Operating Model

Setting out how the Collaborative will operate will be a core component of our prospectus and will include governance arrangements and leadership / delivery arrangements.

At the visioning event, there was widespread support that we should consider a model of governance that binds member organisations into the collaborative. The Directors of Corporate Affairs from all partners will lead on the development of the options for governance which will subsequently be debated by Boards. The intent is to hold joint Board development sessions to work through the options being considered, e.g. joint committees / committees in common plus update on progress, agree risks and mitigations plus agree a shared position on priorities for maturing our Collaborative.

2.1.3. Leadership / Delivery arrangements

There was a commitment at the visioning session for a model of distributed leadership. The Provider Collaborative Executive Team is being expanded to engage a broader range of Executive Directors from across our partner organisations in order to reflect the progress of Collaborative. Other groups are also being explored such as a Medical Director or COO group. The objective is to add value through these groups, not add additional layers of structure.

2.1.4. Finances and Resourcing

An interim financial plan has been agreed and is being mobilised that supports the programme management element of the two priorities and the development of the prospectus. It includes dedicated communication support. The intention of this interim plan is to get pace and deliver some 'quick wins' on the agreed priorities as the detailed design work for governance arrangements and the longer-term resourcing decisions take place.

The current funding methodology includes partners providing resources into the Collaborative either in terms of funding or 'in kind' staffing. There is also support that contributions will be proportional to scale of the organisation and the intend impact of the work being done.

2.1.5. Communication and Engagement

A communications and engagement plan for the collaborative is in draft and sets out how we will engage with our colleagues and wider partners about what we are doing and what we might want to do in future years.

It was also agreed at the visioning session that the collaborative needs an identity and with that, it will need a new name and branding.

3. Recommendations

The Board are asked to:

- note the next steps on our collaborative journey and
- consider what the Provider Collaborative could take responsibility for delivering in the ICB 5-year joint forward plan.