

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the JHOSC: 4 November 2021

1. Purpose

The purpose of this paper is to provide an update 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.