PROVIDER COLLABORATION

February 2022

Provider collaboration: realising the benefits and bringing people with you

Introduction

This briefing is the second in a series designed to share board-level learning on provider collaboration as part of a new NHS Providers programme. It covers the key messages from our webinar on ***Realising the benefits and bringing people with you***, featuring case studies of three more established provider collaboratives on how they have worked with clinical staff, service users and their community to deliver service improvements.

Webinar key messages

- When developing at scale collaborative arrangements, trust leadership teams need to identify and articulate what they are trying to achieve together. Service users, staff and partners need to be involved in this process and assured of the boards' commitment and intentions. Co-producing clinical strategies can help as part of that process.
- It is essential to build and retain trust with service users, clinical teams and board members across the organisations involved in provider collaboratives. Understanding the history of partner organisations and their previous relationships will help unlock more collaborative ways of working.
- Bringing people together at conferences, team meetings and events plays a key role in developing buy in among staff and service users and can help to strengthen a culture of collaboration and co-production.
- Recognising service users' expertise through experience and embedding co-production methods will help build trust in the vision and objectives of provider collaboratives.
- Clinical leadership should be at the heart of provider collaboration, with service improvement as the driving force behind partnership working. Some more established provider collaboratives have found it helpful to share financial risk across all providers within the collaborative, so that each provider is invested in its success.
- Provider collaborations can lead to reductions in readmissions and out of area patients which can also lead to to savings that could be reinvested.
- Successfully embedding provider collaboration will involve paying attention to the human and emotional factors, such as fear and resistance, that can accompany change. If collaboration is likely to involve major service changes, e.g. consolidation of services across sites, it's important to be upfront and transparent with both staff and local communities at the earliest opportunity.
- Regardless of how strong collaborative relationships appear, it is advisable to collectively clarify formal decision making, and dispute resolution, processes at the outset.

Visit our **online hub** for more resources and support

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CASE STUDY
University Hospitals of Northamptonshire NHS Group

The context

The University Hospitals of Northamptonshire NHS Group is a hospital group collaborative with a shared leadership model made up of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust. The providers are two mid-sized district general hospitals with complex relationships in the past. Alan Burns was appointed chair of Kettering General Hospital (KGH) in 2017, and Northampton General Hospital a year later, with the intention of increasing collaboration and improving services across both hospitals.

Purpose and priorities

The group held a number of joint board meetings and a large and very inclusive clinical conference where clinicians agreed that they were interested in collaboration, although some stakeholders were wary after previous unsuccessful attempts.

They agreed three front running services – cardiology, breast and ear nose and throat – to improve, having been selected because they were either fragile, had poor patient experience or presented opportunities for improvement if delivered in collaboration.

Following the decision to collaborate, these services embraced planning for a joint population of 800,000 rather than the two populations of 400,000 the hospitals have historically served. This change was powerful in opening up new clinical conversations. Around a year into the change process COVID-19 struck, but by then the partner organisations had reached three key decisions about the future of the collaboration:

1. The key driver for collaboration is – and will remain – improving clinical services.
2. They would retain two acute hospitals providing acute services in their respective areas of Northamptonshire.
3. They would take advantage of the opportunities of collaboration and appoint a group leadership team including chief executive officer, chief financial officer, chief digital officer and chief people officer.

At the start of every collaboration it's important to take time to develop a deeper understanding of partners. Trust is earned but very quickly lost so investing the time to understand what your partners want to get out of the collaboration is really crucial.

SAM ALLEN, CHIEF EXECUTIVE
SUSSEX PARTNERSHIP NHS FOUNDATION TRUST

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CASE STUDY
University Hospitals of Northamptonshire NHS Group

Bringing people with you

There was a significant amount of staff, public, governor and service user engagement, which included open chat forums and regular open staff briefings.

Alan was genuinely surprised by how actively engaged the staff were, with 25% taking part in the debates on the development of the mission, vision and values of the group and 10% of staff regularly attending briefing sessions with the group chief executive.

These engagement activities helped to shape the group's digital, people, finance, academic and clinical strategies.

Challenges

There are still some governance challenges around committees in common and aligning performance metrics across the two boards. At the start of the process there were 120 different metrics across the two boards of which 87 were calculated differently, although they were called the same thing. It's important for each board to understand each other and getting performance metrics aligned is a necessary precursor for boards to be able to compare and contrast. There is also a tension around managing trust accountability verses group responsibilities and getting the balance right between trust and group leadership is a perpetual challenge.

Lessons

- '*We mean this*' is a really important mantra for the group to show the staff that they will follow through and carry out what has been agreed.
- You must pay a lot of attention to mission, vision and strategies and you must invest the time and resources to support the strategies and monitor and report progress.
- You can't overdo staff engagement and reassurance helps.
- Governance arrangements will need to keep evolving as the collaborative's programmes develop.

The experience of developing the provider collaborative has felt like being on a water slide, going at varying speeds, fast and smooth, bumpy and scary, and sometimes being a bit out of control and worst of all you're not sure what it's going to feel like at the end... but I think people think are glad we are where we are now.

ALAN BURNS, CHAIR
UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE NHS GROUP

Questions for boards

Based on our conversations with trust leaders, please see below a short list of questions that all board members may wish to consider when thinking about engaging staff and the wider community in the development of your provider collaborative.

- How are we co-producing the key purposes and ambitions of the provider collaborative and ensuring all partners are clear and aligned on these?
- How are we engaging with and involving service users and local people, including those from under-represented backgrounds, to ensure their, experience and aspirations help inform the strategic objectives of the collaborative?
- How are we building on existing public engagement undertaken by the organisations within the provider collaborative (and at system/place level)? Are we avoiding duplication by coordinating engagement across partners?
- How are we listening to the views of our workforce to ensure that we have considered the potential impact of new provider collaborative arrangements on our staff?
- How are we embedding a range of diverse perspectives in the management structure of our collaborative(s), including non-executive scrutiny and challenge on an ongoing basis?
- What steps can we take to ensure our wider system partners – such as local authorities and place-based partnerships – are informed about, and where appropriate engaged in, the development of a collaborative and support its purpose/ambitions?
- How are we communicating the purpose, strategy and implications of provider collaboration to staff and local service users in ways that are transparent, accessible and reflect their priorities?
- How well do we understand, monitor and report the progress of provider collaboration? And how will that insight inform future planning processes?

We have allowed clinicians to lead patient involvement and co-production and those two things have really made a difference.

DR IFY OKOCHA, CHIEF EXECUTIVE, OXLEAS NHS FOUNDATION TRUST, SOUTH LONDON PARTNERSHIP PROVIDER COLLABORATIVE

Further information

The Provider Collaboration programme focuses on sharing good practice and peer learning through a range of events and resources for boards. It covers the full spectrum of collaborative arrangements that providers are forging at scale and aims to support members to maximise the potential of greater provider collaboration to tackle care backlogs, reduce unwarranted variation, address health inequalities, and deliver more efficient and sustainable services.

Visit **www.nhsproviders.org/provider-collaboratives** for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources. To find out more, contact **bobby.ancil@nhsproviders.org**.

NHS England and NHS Improvement also have resources on provider collaboration **here**.

This webinar featured presentations from:

Dr Ify Okocha, chief executive, Oxleas NHS Foundation Trust
Sam Allen, chief executive, Sussex Partnership NHS Foundation Trust
Alan Burns, chair, University Hospitals of Northamptonshire NHS Group

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