

Cover Sheet

Trust Board Meeting in Public: Wednesday 9 November 2022

TB2022.095

Title: Acute Provider Collaborative – Memorandum of Understanding

Status: For Decision

History: BOB ICB meeting with Chairs/Chief Executives, 14 October 2022

Board Lead: Chief Executive Officer

Author: Dr Laura Lauer, Deputy Head of Corporate Governance

Confidential: No

Key Purpose: Strategy, Performance

Acute Provider Collaborative – Memorandum of Understanding

1. Rationale

- 1.1. The BOB Acute Provider Collaborative (APC) is being developed as a mechanism to enable delegation of funding and delivery of ICS-wide programmes.
- 1.2. The Memorandum of Understanding (Appendix) is the first step; maturity is envisaged by 2024/25.
- 1.3. A work plan will be developed for 2023/24; governance arrangements are expected to be finalised during this time (as outlined in the Annex A to the Appendix).
- 1.4. The Chair and Chief Executive Officer have been involved in the leadership-level discussions regarding the APC and recommend the Memorandum of Understanding to the Trust Board.

2. Recommendations

- 2.1. The Trust Board is asked to **approve** that the Chair and Chief Executive Officer sign the Memorandum of Understanding on behalf of the Trust.



**Acute Provider Collaborative (APC)
Memorandum of Understanding
Between**

**Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS
Foundation Trust and Royal Berkshire NHS Foundation Trust**

Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a good-faith foundation between the Parties for future collaborative efforts that are mutually beneficial. The Parties agree to work together in a cooperative and coordinated manner to achieve shared priorities that ultimately benefit the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) and wider population served, whether directly or indirectly.

This MOU does not obligate the Parties to provide funds or payment, nor does it bind Parties to any legal obligations but rather sets out the principles to be adopted to support the three statutory organisations working more collaboratively where there is joint benefit in doing so.

Operating principles

The Parties commit to the following operating principles to enhance delivery:

- To work openly and transparently, sharing knowledge and intelligence to inform aligned solutions where appropriate and possible to do so.
- Informed by the health needs of the population of BOB ICS, work together where there is opportunity to reduce health inequalities and improve equity of access.
- Support the exploration and identification of mitigations to service or performance challenges where working together will improve delivery outcomes.
- Reduce costs by doing things once across the three Parties where possible
- Encourage improved recruitment and retention within the system through the exploration, alignment and adoption of innovative staffing models

In agreeing priority areas of work there will be:

- Clear alignment of opportunities to the objectives of BOB ICS and wider NHS England Operating Plan requirements
- Tangible and quantifiable benefits of working together with a clear return on investment
- Strong clinical leadership and sufficient resource to support priorities with all Parties contributing

Operational framework

- An annual work plan will be developed and delivered by the APC Executive Delivery Group, framed by the operating principles.

- Delivery against the work plan and resulting benefits will be reported to Trust Chief Executives and Chairs of the APC members.
- An indicative development plan and reporting arrangements for the APC is detailed in Annex A

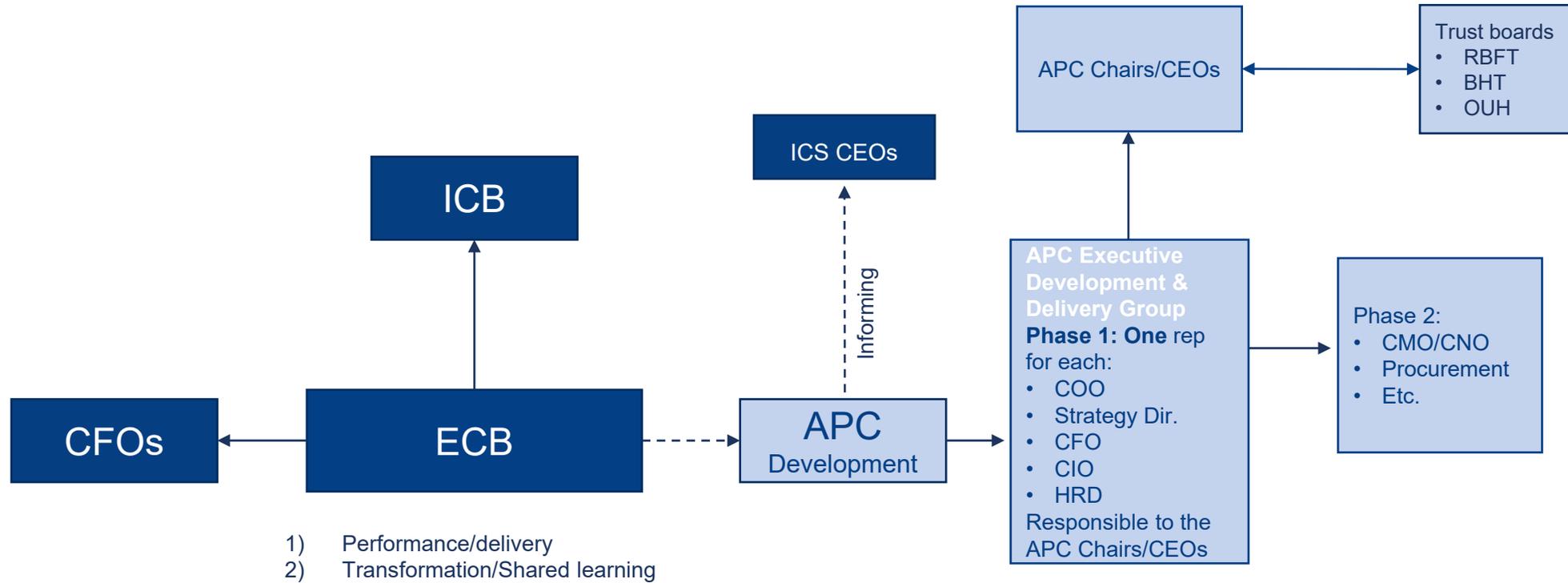
.....
Neil MacDonald Chief Executive Buckinghamshire Healthcare NHS Trust	David Highton Chair Buckinghamshire Healthcare NHS Trust
Date:	Date:

.....
Professor Meghana Pandit Chief Executive Oxford University Hospitals NHS Foundation Trust	Professor Sir Jonathan Montgomery Chair Oxford University Hospitals NHS Foundation Trust
Date:	Date:

.....
Steve McManus Chief Executive Royal Berkshire NHS Foundation Trust	Graham Sims Chair Royal Berkshire NHS Foundation Trust
Date:	Date:

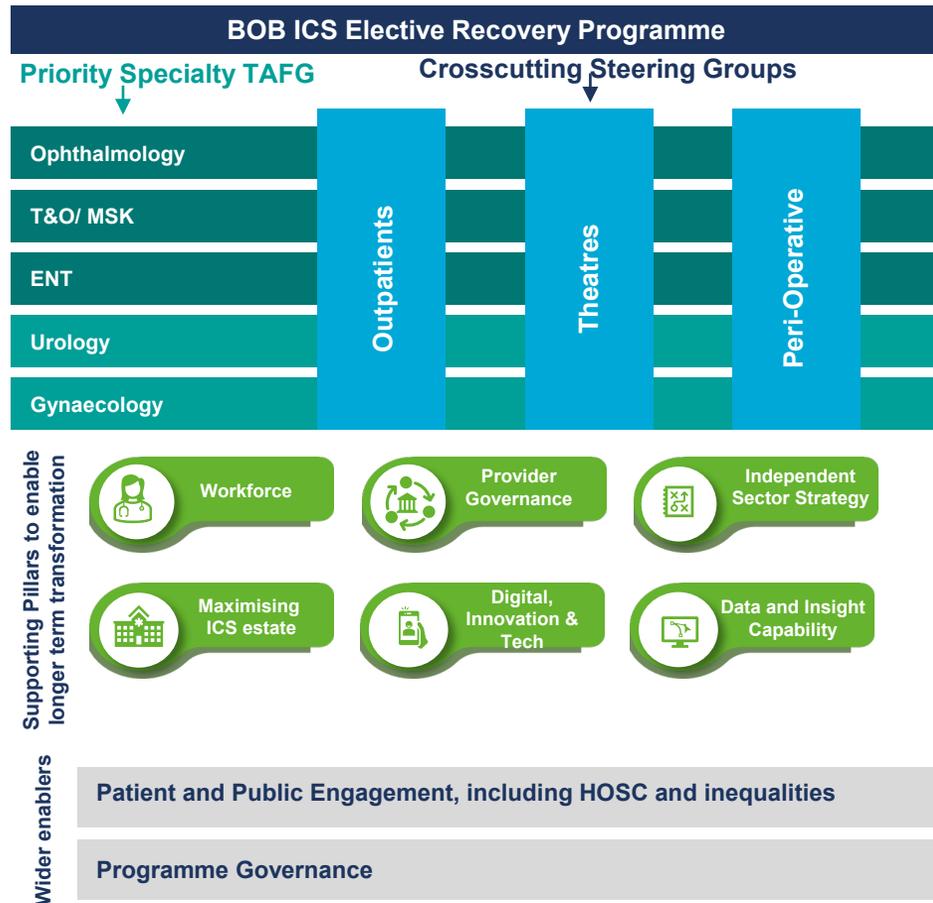
BOB ICS APC Governance Overview

The proposed governance model for the APC and the link with the ICS Elective Care Board (ECB)



Evolution of the Elective Recovery Programme

The Elective Recovery Programme (ERP) is a BOB ICS programme, which is overseen by the Elective Care Board (ECB). This governance structure has been in place since September 2021, prior to this there were similar groups operating under the Acute Collaboration Workstream. Currently the remit of the ERP covers five priority specialty Task and Finish Groups (TAFG) and three cross-cutting Steering Groups (SG) with each group having clinical and operational representation from all three Acute providers and is chaired by an Exec level SRO.



Role of ECB to date

As the oversight forum for the Elective Recovery Programme the Board has prioritised the following across the workstreams:

- Understanding current position and pressures across the system within the particularly challenged areas
- Focuses on collaboration and system transformation, through learning from best practice and system successes
- Developing short term actions and understanding where the largest gaps and pressures are
- Workstream (TAFG/SG) level plans to deliver improved patient experience, performance and quality

Future Role of ECB and the ERP more broadly

As the Board forms a governance role within the ICB, the ECB will slightly expand in remit to include the following, whilst still maintaining the strong existing structure:

- Clear visibility and oversight of performance of operational targets pertaining to elective care (including diagnostics)
- Develop Elective Recovery Pillar priorities and work with broader ICS programmes and structure to deliver against these
- Increased focus on tangible benefits and impact from cross-cutting themes to deliver specialty level improvements. Improved governance and connection across the SGs and TAFGs

APC development FY22/23 and next steps

- The approach undertaken to progress APC formation is outlined below and has engaged key stakeholders from across the ICS. The key principles to this approach have been collaboration, transparency and fairness, and identifying opportunities that yield benefit from a system approach including both short term 'wins' for proof of concept, and medium to longer term strategic priorities.
- The governance of the APC will evolve from MOU and collaboration in year one (FY 22/23) through to formal delegation from ICB with Trust resource by FY24/25 aligned to operational planning and ICS strategic priorities. ICS wide programmes will transfer to the APC as the main delivery vehicle, with links to other collaboratives and partners as appropriate.



- Initial paper supported at ECB with approval to progress principles, function and form
- Workshop of CEOs/Execs across the ICS supported development of APC, proposing a number of possible areas for focus

- Agreement of CEOs/Chairs to form the APC via a MOU to confirm intent and operating principles/ framework for collaboration
- Recognition to move to more formal arrangements as APC matures and delegation from ICB is secured

- Bimonthly meeting of the APC Chairs/ CEOs to support briefings, updates and onward communication to Boards
- Formation of operating group of Trust nominated exec leads to input and lead APC development and delivery

Next steps:

1. Draft MOU to developed with COOs/CFOs be shared with CEOs/Chairs in October for endorsement
2. Trusts to confirm exec leads to form APC Executive Development & Delivery Group (est. November)
3. APC work plan to be developed for 23/24 in Qu4, informed by ICS priorities and NHS Operating plan requirements

Indicative Roadmap to APC delegation

It is the intention to develop a multi-year programme with the ambition to integrate the benefits of clinical networks and diagnostic workstreams within the APC, supported by a clinical priorities programme.

The initial core focus of the APC is proposed to be:

- Elective Recovery
- Areas of mutual financial benefits
- Digital alignment



Acute Provider Collaborative – Emerging Opportunities

Clinical opportunities

Tactical	Strategic
<ul style="list-style-type: none">• Elective recovery - priority specialities and cross cutting areas (peri op, outpatients and theatres)	<ul style="list-style-type: none">• Clinical services strategy – consideration to finance, activity, health inequalities and configuration
<ul style="list-style-type: none">• MSK redesign	<ul style="list-style-type: none">• Diagnostics strategy
<ul style="list-style-type: none">• Diagnostics oversight	
<ul style="list-style-type: none">• Wet AMD treatment change	

Non clinical opportunities

Tactical	Strategic
<ul style="list-style-type: none">• System wide change teams/improvement approach	<ul style="list-style-type: none">• Digital roadmap linked to Electronic Patient Record
<ul style="list-style-type: none">• Business intelligence	<ul style="list-style-type: none">• Procurement – possibly with a lead provider
<ul style="list-style-type: none">• Medical workforce in the BOB People strategy temporary workforce programme	<ul style="list-style-type: none">• Corporate
<ul style="list-style-type: none">• Workforce planning for some key acute pathways – e.g. ENT, diagnostics and midwifery	<ul style="list-style-type: none">• Workforce wellbeing/support, including occupational health, MSK and MH support