Black Country Provider Collaborative

NHS

Annual Report 2022-23

Executive Summary

Working in partnership

Sandwell and West Birmingham NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

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The Black Country Provider Collaborative (BCPC) has navigated a transformative year that saw extensive change made to the NHS landscape, at both national and system level. This included the establishment of Integrated Care Boards (ICBs) and the embedding of Integrated Care Systems (ICSs). As part of this transformation at system level, the four partner Trusts within the Black Country have come together to develop shared governance, vision and goals, in order to maximise our value and performance.

The impact of the COVID-19 pandemic has continued to be felt, particularly across cancer care, elective recovery and resource optimisation. In our first 18 months working as a collaborative, our Trusts have collectively driven progress by reducing variation, standardising care and exploring resource efficiency. Our clinical networks are already showing promise, working toward improved consistency of care, access to services and – crucially – patient outcomes.

We have proactively championed emerging clinical models, including 'Networked Service Solutions' and 'Centres of Excellence' – enhancing how we use our skilled workforce for superior patient care. Other initiatives of note include the procurement of surgical robots to help create centres of excellence across a number of surgical disciplines and supporting the repatriation of Mohs surgery into local cancer care. Much work has gone into bringing in national funding into the Black Country so we can expand theatre and diagnostic capacities, strengthening elective care recovery.

This year, we have established a single Chair, which will further enhance collaboration, as well as progressed the evolution of our 'Committee in Common' to a forthcoming 'Joint Provider Committee.' This will empower the BCPC to focus on at-scale priorities, resource optimisation and swift decision-making, while maintaining partner autonomy and fostering Trust-based relationships.

As we continue through 2023-24, we reflect on our achievements but identify that challenges persist. We commit to creating an environment where our workforce can flourish and we will continue to pursue quality, productivity and collaboration across the Black Country health and care system.

This executive summary sets out some of the key highlights from the formative 18 months of the BCPC and a snapshot of our future ambitions. For a deeper dive into the extent of our work, both carried out and planned, we invite you to refer to the full Annual Report.

Year to date

Over the past year and a half, the four Acute Trusts of the BCPC have made substantial progress in their collaborative efforts. Starting in April 2022, the BCPC restructured its governance to establish a permanent Chair and decision-making bodies including a collaborative Board, Executive and Clinical Leads Group. This was aimed at better organising, managing and delivering our work plan, supported by a newly established Programme Management Office (PMO). Our focus has initially been around three key areas: Clinical Improvement, Corporate Improvement and System Transformation Priorities.

Central to our achievements has been a shift from competition to collaboration: engaging closely with clinical and service leaders and showing a shared commitment to inclusion, empowerment and trust-building through partnership. Despite facing complex challenges at a system level, the BCPC has made substantial strides. We have implemented a clinical improvement programme to bring quality to the forefront of service planning and delivery, we have successfully reduced elective care wait times, secured TIF (Targeted Investment Fund) funding for additional capacity and delivered innovations such as patient-initiated follow-ups and virtual consultations. Strategic developments include investment in surgical robots and Mohs surgery, as well as expanding diagnostic capacity through community diagnostic centres (CDCs) and bolstering critical care. Accomplishments also extend to cancer care, driven by our clinical network, with initiatives including the Faecal Immunochemical Test (FIT) programme and Teledermatology Services.

The BCPC received commendation in a National GIRFT review, for the efforts we have made to understand and tackle the challenges we face on our journey towards improving health outcomes and productivity.

Acknowledging the input of senior leaders, clinical leads and functional leads, we are strongly committed to a continuous journey of strengthening collaboration and are planning further governance enhancements including appointing vice Chairs in the four Acute providers and transitioning to a ‘Joint Committee’ arrangement. Our aspirations remain high, grounded in the belief that the solid foundation already built will support continued progress in positively changing the Black Country health and care landscape.

Context

Provider collaboratives are partnerships of NHS Trusts that aim to collectively benefit populations. This aligns with national policy that required Acute and Mental Health Trusts to have joined at least one collaborative by April 2022. The policy guidance asks collaboratives to focus on three key themes: reducing unwarranted variation and inequality, enhancing resilience and making use of consolidation and specialisation to optimise outcomes.

The Black Country Provider Collaborative (BCPC) formed in 2020 and involves four Trusts: The Dudley Group NHS Foundation Trust (DGFT), The Royal Wolverhampton NHS Trust (RWT), Sandwell and West Birmingham NHS Trust (SWB) and Walsall Healthcare NHS Trust (WHT). We have developed a shared vision statement and priorities, aligned to the areas of access, quality and system resilience and transformation.

The Black Country has a population of 1.3 million people across the boroughs of Dudley, Sandwell and Walsall and the city of Wolverhampton. A detailed assessment of health demographics can be found in the STP 2019-24 Strategic Plan, but notable challenges include declining cancer outcomes, a pandemic-induced elective care backlog and service fragility amid financial challenges. The credibility of our local healthcare system is also compromised by low Care Quality Commission (CQC) and NHS Oversight Framework (NOF) ratings.

Ambition

Our goal (set out in our vision statement) is to deliver **better, faster and safer care to the population of the Black Country and beyond**.

We aim to become one of the leading healthcare systems in the NHS by embracing integration and innovation over competition. Given our current low CQC and NOF ratings, there is significant room for development.

Our plans are gradual but ambitious, encompassing:

- Enhancing the quality of care for Black Country residents
- Supporting financial recovery through productivity and efficiency
- Boosting elective recovery and achieving national standards for waiting times
- Elevating care standards to enhance health outcomes
- Reducing health inequalities and unwarranted variation in access and outcomes
- Transforming services and optimising resources through specialisation and consolidation
- Elevating the reputation of the Black Country healthcare system through improved performance and quality.

Our focus

The BCPC has established a vision, objectives and goals to guide our system-level work. The vision emphasises unified healthcare across sites for improved care. Objectives and goals include enhancing patient care, quality, access and system resilience through Clinical and Corporate Improvement Programmes. In 22/23, our primary focus was to establish a Clinical Improvement Programme to target health inequalities, poor cancer outcomes and surgical access issues. The BCPC's further maturation led to three areas of focus: Clinical, Corporate and System Improvement. The intended benefits encompass enhanced access, reduced care variance, improved health outcomes and diminished health inequalities. These align with the expected principles for provider collaboratives and the core purposes of the Black Country ICS.

Priorities

Priorities were developed iteratively throughout 2022/23. Clinical Leads engaged peers through clinical networks, meetings and discussions, leading to around 60 priorities across three goal categories. Priorities were classified as either projects, tasks, or critical milestones. The Clinical Improvement Programme was complemented by a corporate improvement programme, pursuit of key enabling priorities in workforce and data, digital & technology, plus a selection of key system and transformation priorities that are best progressed at scale (for example the pursuit of business cases for surgical robots and Mohs). Detailed priorities and progress are outlined in Appendix A of the full Annual Report.

Approach

Achieving our ambition of improved care relies on integrated partnership across the Black Country. While we have focused initially on acute care priorities, their implementation impacts the broader health system. We therefore collaborate with diverse stakeholders, including healthcare professionals, services, organisations, local authorities, patients and the voluntary sector. Our inclusive approach is evident in our executive membership, which includes representation from Black Country ICB and NHS England, while our Clinical Leads Group includes these and all four partner Trusts. In addition, partner Trusts are engaged in Place Based Partnerships and we work through matrix structures on strategic boards like Elective and Diagnostics, Cancer and Out of Hospital.

Delivery

Clinical Improvement Programme

Our Clinical Improvement Programme has dual priorities of addressing poor cancer health outcomes and a growing elective surgery backlog due to the pandemic. Nine Clinical Networks were initially established to tackle these issues, with two more added later.

These networks are Breast, Colorectal, Critical Care, ENT, General Surgery, Gynaecology, Opthalmology, Orthopaedics, Pharmacy and Medicine Optimisation, Skin and Urology. The networks meet monthly and are led by Clinical Leads, supported by Project and Operational Managers. Strategic support is given through regular meetings with the BCPC Managing Director and CMO.

The networks developed a mix of quick wins and long-term priorities to improve patient care, equity and system resilience. An initial set of around 60 priorities was organised around three goals: enhancing access, ensuring quality and boosting system resilience. These priorities were shaped through engagement in specialty-specific away days, clinical summits and network meetings. The following summary outlines progress in each Clinical Network, highlighting achievements and next steps for 2023-24.

Cancer

The **Breast Clinical Network** was established to counter the detrimental effects of the pandemic on breast service performance, marked by breached cancer targets and overwhelming demand. In response, the network, led by Mr Martin Sintler and supported by Kelly Hayward and Samantha Beck, focused on short and long-term strategies to enhance acute breast services and patient satisfaction.

The initial set of priorities encompassed streamlining referral processes, optimising the workforce skill mix and transformative projects that promise sustainable enhancements in service quality, patient experience and health outcomes. Further details of these priorities and the initiatives that will help to deliver them can be found in Appendix A of the Annual Report, along with an overview of their progress at year-end.

By October 2022, concerted actions across the four partners led to notable progress, with key performance targets being achieved once more. The initial priorities continued to undergo review and refinement, focusing on those that continued to align with the goals of improved performance, service quality, patient experience and health outcomes. Consequently, one priority was deferred and four others were abandoned, leaving eight priorities.

Of the eight, two have been successfully implemented and are currently in the 'benefits realisation' phase. These are the establishment of Breast Pain Clinics, serving as an alternative pathway for patients with benign conditions to alleviate pressure on cancer services and the standardisation of GP referral forms, enhancing referral quality and accuracy.

The anticipated benefits of these priorities are primarily non-financial and encompass reduced unwarranted referrals, equitable service provision, improved patient experience, reduced repeat visits and enhanced referral quality. These benefits are being meticulously monitored and results are projected to be available by the conclusion of Quarter 2 in 2023.

Looking ahead to 2023-24, the Breast Network is set to continue on a positive trajectory, achieving the three priorities aligned with supporting elective recovery and advancing three transformational projects, subject to approval. These projects include consolidation of acute breast units, establishment of a radiology alliance and creation of a plastics reconstructive unit with free flap surgery capabilities.

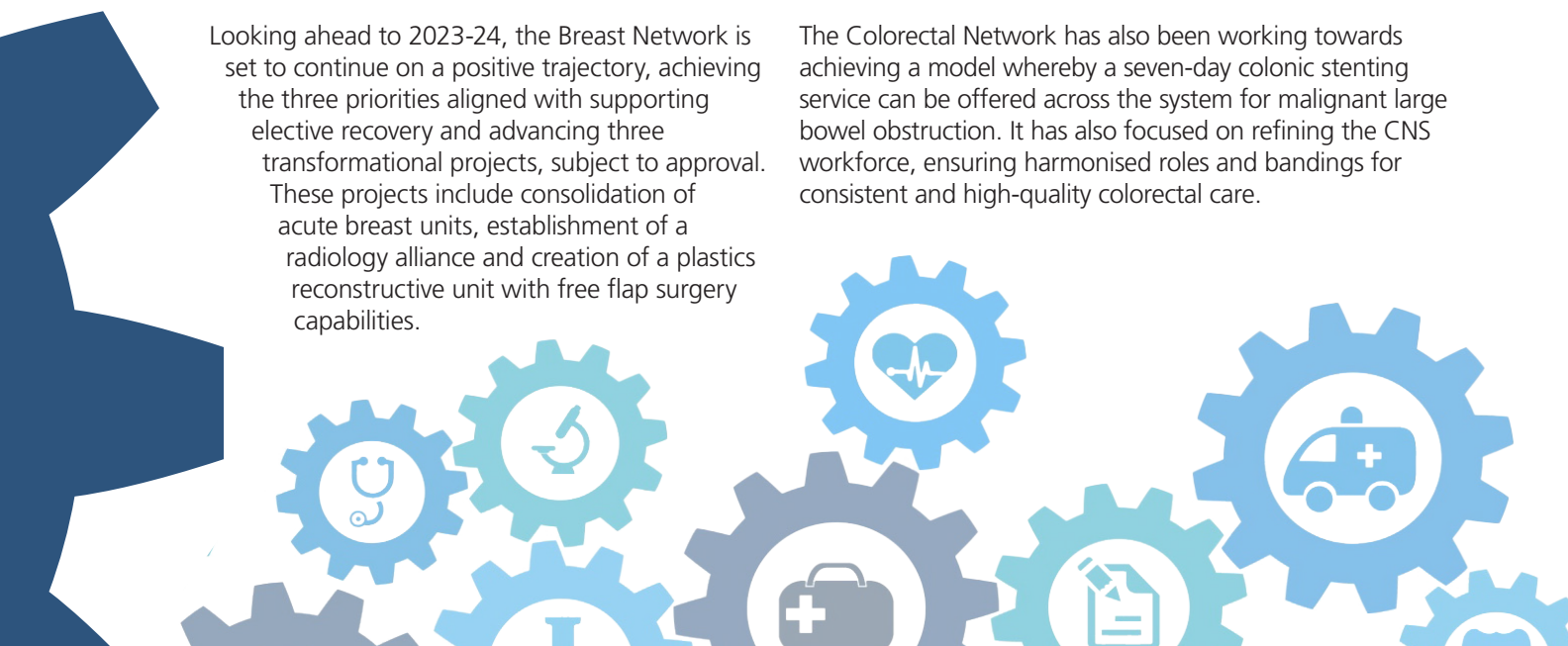
The **Colorectal Clinical Network** is led by Clinical Lead Mr Andrew Torrance and Project Manager Aradhika Heer. Through active engagement and strategic planning during 2022/23, the network identified six priorities geared towards quality improvement and transformation.

A prominent priority was the National Bowel Cancer Audit (NBOCA), seeking to harmonise and standardise colorectal pathways: reducing practice variation, enhancing patient survival rates and streamlining services by assessing advanced colorectal cancer and early rectal cancer diagnosis and treatment. Collaborative efforts ensured alignment among Black Country providers and a Quality Improvement (QI) plan was devised, focusing on targeted areas for enhancement.

While progress was achieved through engagement, data availability posed challenges, prompting the network to push for improved data sharing, which is anticipated to foster better engagement and see more tangible outcomes. One example from the QI plan is the enhanced recovery after surgery (ERAS) pathway, spearheaded by Sandwell and West Birmingham NHS Trust, which aims to improve recovery times for patients undergoing major surgery. The network is working with providers to adopt and assess the pathway's impact.

The 2-week wait FIT Improvement Programme is a priority in the pursuit of faster cancer diagnoses. The programme uses patient-performed stool sample tests, which significantly reduce waiting times and support with rapid triage. Collaborating with cancer managers and Clinical Nurse Specialist leads, the network enhanced the 2WW FIT process, which is now moving into the benefits realisation stage.

The Colorectal Network has also been working towards achieving a model whereby a seven-day colonic stenting service can be offered across the system for malignant large bowel obstruction. It has also focused on refining the CNS workforce, ensuring harmonised roles and bandings for consistent and high-quality colorectal care.



Improving outcomes in advanced colorectal cancer and better management of early rectal cancer was also identified as a priority, with Multi-Disciplinary Team (MDT) processes being streamlined and optimal standards of care being identified in order to reduce variation.

Colorectal remains a challenged pathway but looking ahead, the network plans to further consolidate its priorities, evaluate outcomes and continue strengthening partnerships, to facilitate further improvements in future.

The **Skin Clinical Network**, led by Clinical Leads Dr James Halpern and Dr Aaron Wernham and Project Manager Leanne Bood, has been proactive in addressing the challenges exacerbated by the pandemic. The network honed in on two key issues: access to services and deteriorating cancer health outcomes resulting from delayed presentation.

To alleviate these issues, the network championed a variety of innovative solutions, including establishing one-stop clinics to expedite patient assessment and treatment in a single appointment, bolstering the cancer pathway and enhancing the patient experience.

Teledermatology emerged as another critical priority, enabling the rapid remote triaging of skin problems within 24 hours. This transformative project involved GP-provided images of skin conditions, which are reviewed remotely by Consultant Dermatologists, effectively shortening wait times, supporting remote patient care and reducing anxiety over results.

The introduction of Mohs surgery (a minimally invasive surgical technique for skin cancer) within the Black Country addressed a vital need for specialised treatment closer to home, reducing travel and enhancing patient outcomes. This "gold standard" treatment includes the addition of a satellite laboratory and will provide multiple opportunities for staff development and the furtherance of research.

The network has created a positive platform to build on and priorities for the coming year include completing the Teledermatology Service rollout, finalising Mohs implementation, enhancing the CNS workforce and refining care guidelines.

The **Urology Clinical Networ**k, led by Clinical Lead Mr Pete Cooke and Project Manager Khalida Begum, has been proactive in engaging partners and has identified four key priorities.

A High Volume, Low Complexity (HVLC) programme aims to revolutionise high-volume services by standardising clinical pathways, consolidating treatment in surgical hubs and increasing the number of day-case procedures. The concerted efforts of the network and its partners has seen remarkable progress, falling marginally short of reaching the 104-week waiting list target by 31 March 2023. The focus has now shifted to eliminating 78-week waits.

Specialist cancer pathways have undergone a number of efficiency measures, including encompassing one-stop clinics, ring-fenced diagnostic tests, rapid reporting and increased theatre days, which all aim to expedite diagnoses, enhance patient outcomes and reduce waiting times.

The introduction of Local Anaesthetic Transperineal Prostate Biopsy (LATPB), led by the network in collaboration with Urologists and service managers, supports a shift toward Nurse-led delivery, ensuring patients receive timely diagnosis and freeing up Consultant time to be used elsewhere. The initiative not only expedited biopsy services but also demonstrated the potential of skilled Nursing staff to undertake traditionally medical procedures.

Finally, a review of how specialist services are provided is under way, looking at the potential to develop sites as training hubs to attract talent to the region and pursue a "centres of excellence" approach to some of its cancer work, assisted by the successful procurement of two new surgical robots. The future holds promising developments for the Urology Clinical Network, including the continuation of ongoing initiatives, bolstered by shared learning, aligned objectives and sustained partnerships.

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Supporting elective care recovery

The **ENT Clinical Network**, led by Clinical Lead Mr John Murphy, Project Manager Amrick Singh and Operations Lead Mandeep Channa, has chosen to focus on clinical improvement priorities that support elective recovery, as well as improving performance metrics, workforce development and refining pathways for Patient Initiated Follow-Up (PIFU) and virtual consultations.

Key Achievements and Initiatives:

- Reconfiguration of ENT Oncology services into a Hub and Spoke model, enhancing cancer outcomes by providing high-quality treatment to all patients across the region. The project involves a pilot with GPs to filter low-risk referrals, creating capacity at the hub
- Reducing paediatric tonsillectomy readmissions through innovative pathways including implementing intracapsular tonsillectomy procedures, post-operative analgesic medpacks and patient empowerment through pain diaries. There has also been a focus on increasing day-case rates for adult and paediatric procedures
- Forming a vertigo multidisciplinary team, to reduce waiting lists and enhance capacity, including using a prescribing Vestibular Physiotherapist to treat balance disorders, increasing virtual consultations and decreasing Consultant appointments
- Reducing the number of MRI scans carried out for sensorineural hearing loss, improving access to MRI diagnostics and reducing unnecessary testing
- Setting up an ENT Consultant workforce review, to address workforce need across the Black Country by establishing cross-Trust posts and enhancing collaborative working and knowledge sharing

The network has undertaken a range of engagement activities including a clinical away day to foster stronger relationships among Clinical Leads and Consultants and a presentation to the Clinical Summit.

Looking forward to 2023-24, the ENT Clinical Network aims to move ahead with the ENT Oncology Project, monitor a reduction in paediatric tonsillectomy readmissions, recruit to the vertigo multidisciplinary team and continue working toward increasing uptake of PIFU and virtual consultations.

The **General Surgery Clinical Network**, led by Clinical Lead Mr Salman Mirza and Project Manager Aradhika Heer, was added to the Clinical Improvement Programme in response to identified gaps in the pursuit of GIRFT/HVLC priority metrics. The network's focus includes:

- Participating in the GIRFT review of the Black Country by the national team and identifying a need to focus on pathways relating to emergency appendectomy, emergency cholecystitis, inguinal hernia and laparoscopic cholecystectomy
- Exploring the potential for a centre of excellence model for laparoscopic adrenal surgery

The network has engaged key stakeholders across the system to develop its work programme. Positive discussions have led to clear directions for the network being identified. It is currently reviewing local data against GIRFT metrics and its priorities will be firmed up during 2023-24 to guide future initiatives.

The **Gynaecology Clinical Network**, led by Clinical Lead Mr Ayman Ewies and Project Manager Kelly Hayward, has achieved steady progress in its identified priorities of elective recovery, cancer outcomes and improving acute benign gynaecological care.

The network has initiated 10 of its 12 identified priorities, with six delivered on time or early, including a review of waiting list validation methods, delivery of a GP training programme on common gynaecological conditions, establishing a menopause clinic, developing remote consultation and PIFU guidelines and launching a day-case laparoscopic hysterectomy service.

To complement this, the network has identified key GIRFT metrics for improvement, including length of stay for vaginal hysterectomy, access rates for hysterectomy for benign conditions and HVLC pathways.

The network's engagement with key stakeholders remains high and the focus for the coming year includes continuing to develop the Clinical Improvement Projects, integrating completed projects into routine practice and addressing GIRFT metrics to enhance care quality and patient outcomes.

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The **Ophthalmology Clinical Network**, led by Clinical Lead Mr John-Sebastian Barry and Project Manager Khalida Begum, has embarked on its journey to address challenges and elevate services within the Black Country. Despite encountering complex arrangements stemming from historical commissioning, lack of a consistent strategic vision and engagement difficulties with tertiary services, the network has made strides in its seven identified key priorities:

- High-volume low-complexity (HVLC) cataract service: The Black Country has varying activity levels which impacts clinical competence and compromises training opportunities. The network engaged with stakeholders to review commissioning arrangements and plan for a sustainable cataract service. The network also supports HVLC activities to reduce elective care backlog and improve service efficiency
- Community glaucoma pathway: This will manage low-risk patients within community optician services, releasing acute capacity for complex cases and optimising resource allocation and service access. Referral pathways are being refined to ensure timely access to hospital-based care and community management for appropriate patients
- Refining the medical retina pathway: to include triage before reaching Trust providers, reducing false positives, developing a two-way referral system and implementing a one-stop offer of diagnostics and treatment in the same attendance. The network is unifying the risk stratification methodologies and criteria for community management, aiming for standardised practice across the system
- A community diagnostics hub at Corbett Hospital, is now up and running delivering services for glaucoma and medical retina patients and achieving a high rate of diagnostic delivery
- Paediatric community optic nerve imaging service: This priority aims to address the high volume of referrals for suspected disc swelling, which are frequently false positives but are often referred into acute care due to the high stakes for any potential missed cases. Transitioning towards an Allied Health Professional (AHP) led model, already established at The Royal Wolverhampton NHS Trust, aims to minimise false positive referrals and enable remote assessment
- Black country EPR alignment project: The network sought to align patient management systems across Trusts and integrate the community system (Opera). While challenges have delayed full integration, progress has been made, with operational web-based options and further implementation discussions underway
- Opthalmology workforce: Historic workforce underinvestment has necessitated a focus on developing and upskilling the AHP workforce. Funding has been secured from Health Education England to support staff development, diversification and new ways of working

In the upcoming year, the network will concentrate on delivering three key priorities: cataracts (Black Country service specification and HVLC activity delivery), medical retina and glaucoma. The network aims to establish a clear Black Country ophthalmology strategy, collaborate with ICB partners and review an agreed tertiary level strategy.

The **Orthopaedics Clinical Network**, under the guidance of Clinical Lead Mr Sohail Butt, Project Manager Leanne Bood and Operations Lead Charlotte Hathaway, has strategically navigated challenges to improve routine Orthopaedic care and prioritise patient needs. Its priorities have been:

- Transforming delivery of routine orthopaedic care: To tackle elective wait times, the network developed a dedicated ‘cold site’ at Cannock Chase Hospital. National TIF funding supported the project and the network engaged various stakeholders to establish clinical models and patient pathways and optimise resources. Following a visit led by Professor Tim Briggs in March 2023, national accreditation for Cannock Chase Hospital was secured
- GIRFT/HVLC priority pathways: The network has been reviewing model hospital data, in line with the GIRFT programme, to identify variations between sites and actively work to reduce them, in a bid to meet or exceed national norms. Progress against GIRFT metrics is a standing item on the network agenda
- Standardising care pathways: This priority aims to level up care across the system, reducing variation in standards and pathways. A total of 26 care pathways has been identified, and six have been approved by the policy group. These include shoulder decompression surgery, hip and knee replacement, and knee arthroscopy for degenerative knee disease and acute knee injury.

Engagement activities such as clinical summits, away days and presentations, have facilitated collaboration among orthopaedic professionals. This will continue into the coming year, in addition to a ‘North Hub’ programme governance arrangement, to support delivery of this project.

System resilience

The establishment of the **Critical Care Clinical Network** has been driven by the need to address inequalities in access to Intensive Care Units (ICUs) and to enhance system resilience, especially highlighted during the pandemic. Led by Clinical Lead Dr Shameer Gopal and Project Manager Polly Kaur, the network's focus has been on key priority areas to improve critical care services across the four partner Trusts. These are categorised as follows:

- Expansion of Advanced Critical Care Practitioner (ACCP) workforce: The network recognised the need to bridge workforce gaps and meet increased demand. Funding was secured from Health Education England (HEE) for eight ACCP trainees, working across Wolverhampton, Walsall and Dudley, with each Trust confirming substantive funding for these roles post-training
- Expansion of level 1 surgical beds at Wolverhampton: The network identified a deficit in level 1 surgical beds at The Royal Wolverhampton NHS Trust, to accommodate patients whose care needs cannot be fully delivered on a ward. Business cases have been developed and submitted to the ICB for approval, with positive feedback received
- Expansion of NIV/RSU beds at Walsall: Walsall is addressing a shortage of non-invasive ventilation (NIV) and respiratory support unit (RSU) beds, proposing a dedicated acute respiratory unit to improve care for patients requiring NIV, HFNO and those with tracheostomies. A business case has been submitted for approval
- Critical care clinical information system: The paper-based system at Wolverhampton and Walsall is not compliant with national standards. An outline proposal has been developed for a new system, using learnings from Dudley and Sandwell
- Standardisation of guidelines: The Critical Care Clinical Network is focusing on standardising clinical practice across the system to reduce inequity of care and improve outcomes. Regular meetings have allowed representatives from the partner Trusts to collaborate and agree on best practices, to date delivering standardised guidelines for vasopressors, dysphagia and sedation

Engagement activity including site visits by the Clinical Lead, a clinical away day and presentation to the Clinical Summit, have had a positive cultural impact whereby data is more openly shared among partners.

The **Pharmacy and Medicine Optimisation Network** was established in October 2022 and is led by Clinical Lead Mr Puneet Sharma and Project Manager Amrick Singh. It aims to improve quality and services for patients, achieve cost savings and address workforce shortages across the four Trusts. Improvement projects include:

- Aseptics Programme: This programme focuses on improving cancer outcomes through the review and development of aseptic services for sterilising cancer drugs
- Introduction of Lower Cost Biosimilar Medicines: The network plans to introduce lower cost biosimilar drugs in various departments (including ophthalmology to treat macular degeneration), to release significant pharmacy savings
- Pharmacy Workforce Review Project: The network aims to address staff shortages among pharmacists and technicians by assessing roles and responsibilities to align job descriptions, as well as promoting pharmacy careers within higher education

The network has supported the partner Trusts to work in synergy and has improved communication, as well as upskilling the workforce by providing opportunities for cross-site working and shared learning.

Corporate improvement programme

The Corporate Improvement Programme focuses on transforming corporate services across the partner Trusts, with a mandate to consolidate these where appropriate. Early work established baselines by understanding the current operating model, future opportunities and any barriers to improvement, across eight function areas. Work will progress in three phases.

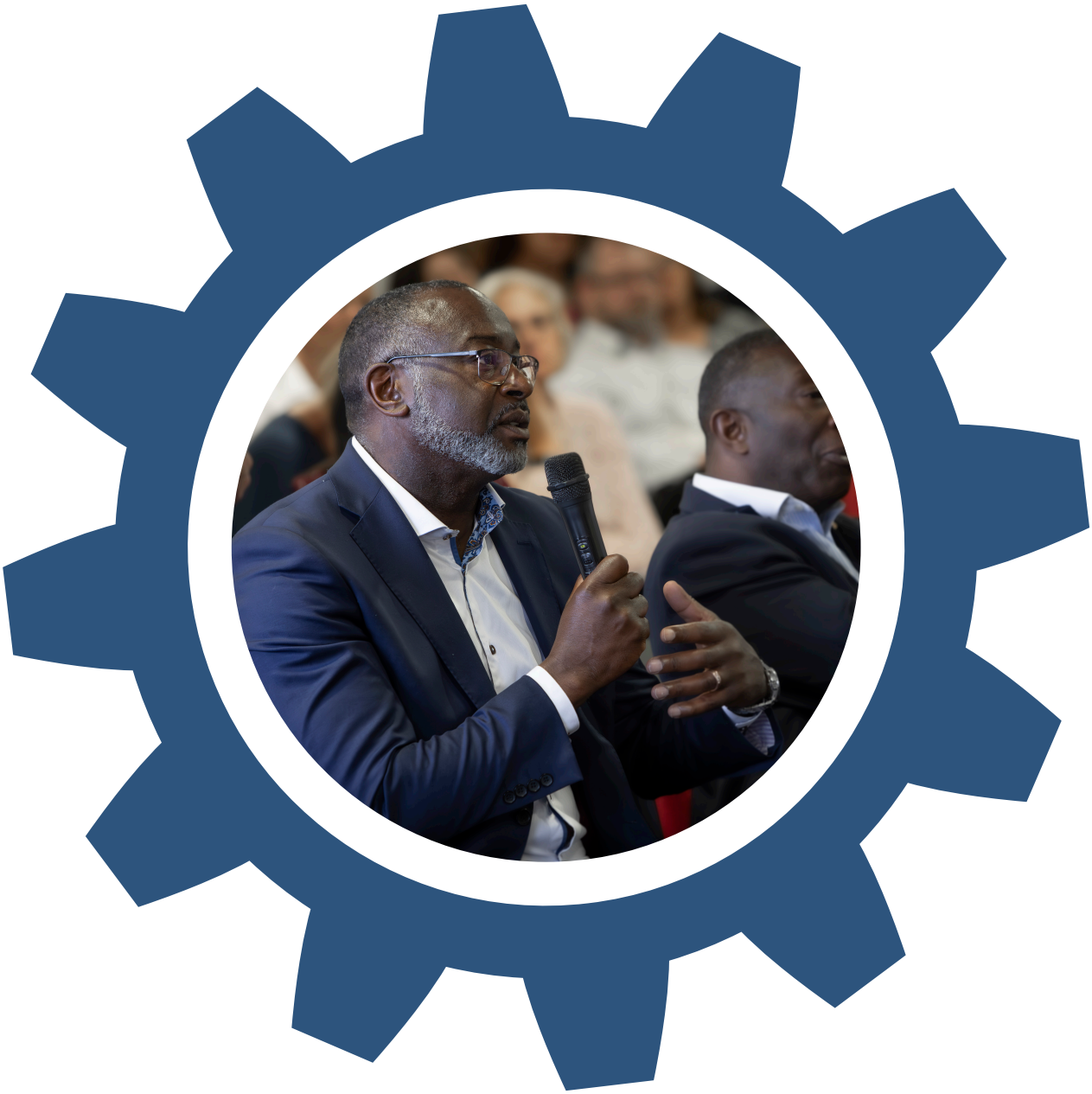
The initial phase includes Human Resources (Workforce), Payroll and Procurement:

- **Human Resources:** consolidating specific HR functions to enhance efficiency and quality
- **Payroll:** A preferred option to combine payroll services into a partnership model has been identified, strengthening resilience and quality.
- **Procurement:** Options have been appraised and plans are underway to merge procurement hubs for more efficient and effective procurement services.

The programme will then proceed with its phased approach to transform Corporate Services in phase 1B, with work taking place in the latter half of 2023-24 and implementation during 2024:

- **Communications and engagement**
- **Data, digital and technology**
- **Estates and facilities.**

The final tranche, including governance and legal, and finance, will be pursued in the new financial year.



System transformation and enabling priorities

BCPC has embarked on a transformation journey to improve both clinical and corporate aspects of healthcare delivery. We have established several key workstreams to support this initiative, including: communications and engagement, digital, data and technology, the North Hub orthopaedic elective cold site at Cannock Chase Hospital, surgical robots and workforce.

Communications and engagement

Spearheaded by Sally Evans (RWT/WHT), our communications and engagement workstream has been gaining momentum. Newsletters, initially in print but now electronically available on the BCPC website, have been highlighting overall progress and spotlighting clinical specialties that have made headway in priority areas. The website serves as an essential platform to communicate the collaborative's goals, objectives and updates to staff and stakeholders across the system – especially as we pursue improvement and transformation involving service change.

The Communications Team plays a pivotal role in the NHSE assurance process for service change, a significant aspect of our transformation efforts. An example is the "North Hub" elective orthopaedic cold site at Cannock Chase, where engagement and consultation are integral to the project's progression. Similar processes are anticipated for other initiatives like creating centres of excellence and networked service solutions.

Thanks to the efforts of the Communications workstream, BCPC's profile and reputation have grown, with active participation in national forums and the provision of insights to other ICSs on establishing provider collaboratives. The collaborative has been an active participant in national learning sets, contributing to broader discussions on healthcare transformation and improvement.

Digital, data and technology

Adam Thomas (DGFT) leads the digital, data and technology workstream, which has a pivotal enabling role in various BCPC projects.

The collaboration aims to level up digital capabilities across partners, addressing disparities in technology maturity, infrastructure and analytics. Progress has been made in standardising systems, enhancing communication tools and exploring initiatives such as real-time patient waiting list management.

"North Hub" orthopaedic elective cold site

The "North Hub" project, led by the BCP Collaborative, focuses on establishing a cold-site orthopaedic elective centre at Cannock Chase Hospital. The project will address orthopaedic capacity issues, contributing to improving waiting lists and patient outcomes. The approval process involves navigating the NHSE assurance process, engaging stakeholders and ensuring alignment with transformation goals. Successful preparatory work, national recognition and a proposed opening timeline are significant milestones.

Worforce

Alan Duffell (RWT/WHT/DGA) leads the workforce portfolio, focusing on reducing barriers to the movement of skilled staff across the system, reducing vacancies and aligning workforce processes and systems. The collaboration aims to make staff movement seamless across the system by addressing barriers like IT access and car parking. Efforts are directed at reducing vacancies, including an international recruitment initiative that has brought an additional 470 nurses, 78 midwives and 10 diagnostic radiographers into the system to date. Aligning workforce processes, systems and harmonising policies is also a priority, along with exploring options for a consolidated mandatory training provision.

With the Clinical Improvement Programme gaining traction, workforce initiatives will play a pivotal role in enabling new models of care delivery. We aim to build on existing successes in the coming year, including in international recruitment, harmonisation of systems and optimised training.

Surgical robots

Dr Jonathan Odum leads the surgical robot initiative, to address disparities in robotic surgical capabilities across the system. Recognising the benefits of robotic assisted surgery (RAS), we aimed to bridge the inequality by acquiring additional surgical robots. The initiative focuses on specialised surgery areas, training and developing "centres of excellence" and has made tangible progress with the successful procurement and implementation of robots at Russells Hall Hospital and Sandwell Hospital.

Our Future

As we move forward into the 2023-24 financial year, we are acutely aware of the environment in which we operate, marked by the following challenges and considerations:

- **Financial challenge:** The coming year requires collaborative efforts across the ICS to manage significant financial challenges
- **Challenges in delivering care:** An increasing elective backlog and challenging cancer performance highlight the need for system-wide transformation to prevent service fragility
- **Evolving NHS landscape:** The Black Country ICS and Integrated Care Board (ICB) are evolving, with shifts in responsibilities and accountability
- **Provider collaborative growth:** We will seek to build on progress achieved in 22/23, focusing on transactional and transformative priorities to enhance care quality and performance
- **Strategic acute collaboration:** Our acute environment in the Black Country is maturing, seeking to establish a Joint Provider Committee to align priorities at scale, optimise resources and ensure effective decision-making

As we continue to grow and develop, so will our ambitions, which will include:

- **Convergence:** Greater alignment of standards, technology and care approaches among partner organisations
- **Resilience:** Development of innovative care models to address fragile services
- **External ratings:** Greater line of sight between our work and its impact on CQC and NOF ratings
- **Collaboration:** Strengthened collaboration with the Primary Care Collaborative and the Mental Health and Learning Disabilities Collaborative
- **Integration at Place:** Improved integration between BCPC and the four Place-Based Partnerships for a whole system approach to delivery
- **Delegations:** Seeking appropriate delegations from the ICB for responsibilities like elective, diagnostic and cancer care
- **Governance:** Reviewing governance arrangements to leverage opportunities from the NHS Health and Care Act (2022), including establishing a Joint Provider Committee
- **Transformational change:** Identifying challenges and opportunities for transformative service improvements that better meet the needs of local people

Our 2023-24 work plan, developed collaboratively by our partner Trusts, continues to prioritise the clinical improvement, corporate improvement, system and transformation and enabling work categories. We will maintain our focus on enhancing cancer outcomes, levelling up priority pathways, embracing new care models and improving corporate functions such as human resources, payroll and procurement.

Achieving our ambitious plans requires active engagement, inclusion and involvement of all partners, along with robust performance management mechanisms to measure progress. As such, our steadfast commitment to strategic collaboration and transformative healthcare delivery for the benefit of the population of the Black Country will remain paramount in addressing the challenges ahead.