

An appetite for collaboration

The Department of Health and Social Care's white paper, which sets out its legislative proposals for a Health and Care Bill, establishes a duty for all NHS providers to collaborate to address the needs of local populations. Collaborations could be an arrangement by which acute and/or mental health providers work together. They may also involve other types of providers, such as community, ambulance, primary care, third sector, private or local authority providers.

Collaborative working raises a new set of organisational risks for provider boards and their partners to identify, manage and mitigate. For example, how should boards facilitate streamlined decision-making, while exercising proper oversight of those who will be making decisions at a system level?

To help boards diagnose whether current systems and processes are fit for purpose for collaborativeworking, here are checklist questions around six key areas, from ensuring required skills and capacity are in place to ensuring processes facilitate joint working:

1. Establishing board-level skills and capacity
2. Co-creating purpose, priorities and roles
3. Selecting partners and setting up collaborative working relationships
4. Facilitating joint decision taking
5. Managing shared risks
6. Enabling joint working

1. [Establishing board-level skills and capacity](#)

- Skills and capacity: has the board identified the board-level skill and capacity requirements for collaborative working, and identified any gaps?
- Training: have all board members received the necessary induction, training and ongoing support needed to discharge their duties effectively in collaborative working arrangements?
- Organisational development: is an organisational development (OD) programme in place to help shift culture to collaborative behaviours?



2. Co-creating purpose, priorities and roles

- Scope: has/have the population(s) the organisation serves, or could potentially serve, been defined?
- Objectives: have the objectives you have, or could have, been defined in terms of population outcomes?
- Insights: do you have sufficient data and insights about the target populations' needs?
- Role and interdependencies: has an adequate understanding been established of the organisation's role in achieving the population outcome objectives and have interdependencies with others been identified, e.g. place leaders, primary care, social care, third sector providers, private sector providers, trusts from other systems?
- Collaboration potential: is sufficient information in place to understand which objectives it may make sense to tackle together with others due to efficiency, consistency, sustainability or shared problem?
- Quick wins: have potential quick-win initiatives, which could benefit all stakeholders, been identified?

3. Selecting partners and setting up collaborative working relationships

- Stakeholders: have all relevant stakeholders and potential partners been identified and prioritised?
- Due diligence: has due diligence been undertaken to give assurance that the potential partners are sustainable, reliable and well managed?
- Contractual arrangements: are appropriate contractual arrangements in place, e.g. memorandum of understanding, terms of reference, accountability framework, or joint working agreement, which summarise membership, decision-making arrangements and ways of working, risk/share agreements, and agreements on capital allocations?
- Dispute resolution: do all parties have a shared understanding of what an acceptable dispute resolution process would be, as well as the acceptable terms of joining/leaving the partnership?
- Stakeholder management: is additional administration support in place to manage stakeholder relationships?

4. Facilitating joint decision-taking

- Delegation: is a scheme of delegation in place stipulating what decision-making powers can be delegated and to whom?
- Voting: has the board identified on which issues they would accept gated decision-making and/or agreement on decision that require a less than unanimous vote?
- Review: is a system in place for retrospectively considering decisions taken under delegation to examine the risks and provide assurance on how they are being mitigated?
- Informal meetings: is there a process of informal meetings between executives and non-executive directors and chairs so that potential decisions can be challenged before being taken?

5. Managing shared risks

- System risk management: have meta-partner/system risks been appropriately incorporated into the risk management processes?
- System assurance: have additional sources of assurance on partnership/system-wide risks been identified?
- Corrective actions: has the board identified what actions they would take if there were concerns?



6. Enabling joint working

- Transparency: is everything in place to allow open-book sharing of plans and strategies to enable benchmarking and to identify gaps and duplication?
- Aligned definitions: has a process been put in place for revising definitions so that they align with partners, e.g. shared definitions of best practice, common quality improvement methodology, standardisation of protocols, policies and pathways?
- Holistic pathways: in addition to patient pathways have more holistic 'citizen' pathways been identified and do the descriptions highlight where they cross historical boundaries of primary, secondary and tertiary care?
- Resource sharing: has a process been put in place to enable shared resources, e.g. patient records, joint patient treatment lists, joint clinical teams, collective procurement, joint laboratory systems, joint back office (e.g. HR, procurement, estate management, contracting, data/information/reporting)?
- Staff passporting: are systems in place to enable staff to work across providers?
- Delegation and commissioning: are processes in place to help determine how functions should be delegated/commissioned?

GGI has helped a wide variety of NHS and partner organisations ensure collaborative working arrangements are set up for success. GGI also offers a rapid diagnostic to help boards quickly identify strengths and potential gaps in skills, capability and processes. If you would like to hear more, please get in touch.

Illuminations

- Collaborative working raises a new set of organisational risks for provider boards and their partners to identify, manage and mitigate.
- Collaborative working requires new skill sets, additional capacity, and a review of processes to ensure joint working is facilitated and supported.
- Diagnostic questions can help identify strengths and potential gaps.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk