

NHS COMMISSIONING BOARD

AND

NHS Providers

**Contract for professional and consultancy services between NHS England
and NHS Providers**

ATAMIS BUSINESS CASE REF: BC-10295

VARIATION AGREEMENT

THIS VARIATION AGREEMENT is made on

23rd February 2023

BETWEEN:

- (1) **NHS COMMISSIONING BOARD** (also referred to as NHS England) of Quarry House, Quarry Hill, Leeds, LS2 7UE ("**the Authority**"); and
- (2) NHS Providers, NHS Providers, 157-197 Buckingham Palace Road, London, SW1W 9SP ("**the Supplier**").

Each a "**Party**" and together referred to as "**the Parties**".

BACKGROUND:

- (A) The Authority and the Supplier entered into a contract for professional and consultancy services on 10 October 2021 ("**the Contract**").
- (B) The Authority and the Supplier have mutually agreed to vary this agreement and included an additional area of work to scope out a new programme of work on 'Leading improvement with an equity lens across organisational boundaries – accelerating progress and sharing learning from provider collaboratives'. Details of the additional scoping work to be delivered under this variation are at Appendix 1. For context only, the proposal for the full programme of work of which the scoping work is one part is included at Appendix 2.
- (C) The Authority will make payment to the Supplier on the basis of delivering an interim report on the scoping of the programme as described in section 3 below.

IT IS AGREED as follows:

1. Definitions and Interpretation

- Capitalised words and phrases in this Variation Agreement shall have the meanings given to them in the Contract.
- The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

2. Contract Variation:

- The Authority and the Supplier have mutually agreed to incorporate additional work within the existing collaborating to address health inequalities workstream within the current contract. The additional work consists of undertaking scoping for a programme of work focussed on 'Leading improvement with an equity lens across organisational boundaries – accelerating progress and sharing learning from provider collaboratives'
- Programme scoping - Interim report on scoping insights to date by 31/3/23:
 - Early insight calls with board members and programme directors
 - Full analysis of questions on shared improvement in a wider survey of provider collaboratives
 - Wider NHS Providers, Q and Health Foundation engagement with providers and systems on health inequalities and improvement
 - Meetings with key stakeholders
- The deliverable for this element of the work is the delivery of an Interim report on scoping insights for the programme.

3. Costs / Schedule 6 (Commercial Schedule)

- This variation is valued at an additional £59,000 to the current contract value.
- The Supplier will deliver the proposed works in accordance with the Supplier proposal as attached in Appendix (1).

The Supplier will be paid a maximum of £59,000 (excluding VAT) in accordance with the Price detailed in Appendix (1).

IN WITNESS OF WHICH the Parties have signed this Variation Agreement on the date(s) shown below:

**Signed by an authorised signatory to
sign for and on behalf of the Supplier**

[Redacted Signature]

[Redacted Signature]

15 March 2023

**Signed by an authorised signatory to
sign for and on behalf of the Authority**

[Redacted Signature]

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Full Name: [Redacted]

Job Title/Role: [Redacted]

Date Signed: 8 March 2023

Appendix 1

Key Deliverable As Part of this Agreement

Programme scoping - Interim report on scoping insights to date by 31/3/23:

- Early insight calls with board members and programme directors
- Full analysis of questions on shared improvement in a wider survey of provider collaboratives
- Wider NHS Providers, Q and Health Foundation engagement with providers and systems on health inequalities and improvement
- Meetings with key stakeholders

Proposal

Leading improvement with an equity lens across organisational boundaries – accelerating progress and sharing learning from provider collaboratives

A joint NHS Providers & Q Community proposal

Overview

This proposal sets out how NHS Providers and the Health Foundation's Q Community could together support provider collaboratives to use shared approaches to improvement to tackle key operational priorities around access, ensuring an equity lens is embedded from the outset. The ambition is to both accelerate and share their progress, identifying learning not just for the provider sector but all system partners as they work together across organisational boundaries to use improvement-led delivery approaches to improve care and address deep-seated health inequalities.

This proposal for a foundation year of the programme builds on 18 months of joint work between the Health Foundation and NHS Providers which has shared board-level actionable insights on how to lead trust-wide, and increasingly, cross-organisational improvement. It also draws on our programmes on the importance of embedding a focus on health inequalities at all levels within provider organisations. Given the positive impact of the work to date, the Health Foundation is prepared to contribute financially to the foundation phase of this programme, on the basis that this is at least matched by NHS England and a financial commitment can be made before end Q4 2023.

Background

Since May 2021, NHS Providers has collaborated with the Health Foundation on a programme to help boards develop a greater understanding of systematic approaches to improvement, to take action to implement and sustain improvement in their trusts, and - as the programme and wider context evolved - to share learning on improvement in a system context. The programme provides opportunities for board-level peer learning through webinars, workshops and action learning sets, and online resources to support boards' improvement journeys.

The programme has had strong provider engagement despite unprecedented headroom pressures, with 120+ trusts taking part to date. Ongoing evaluation shows strong results for improved awareness and understanding of organisation-wide improvement, increased confidence in leading improvement and ability to access relevant resources.

Two cohorts of expertly facilitated action learning sets have been positively evaluated, virtual learning events have consistently been rated highly and support resources are repeatedly accessed: recordings of the first seven virtual learning events have reached over 1,000 views, blogs have been read over 3,600 times, and our flagship guide to improvement for board members has been viewed over 4,300 times to date.. Trusts taking part over the last 18 months have consistently expressed an appetite for further support for improvement in the system context.

Alongside this work, NHS Providers is running a parallel programme to support members to maximise the potential of greater provider collaboration at scale. In recent months this has captured insights on how provider collaboratives at very different stages of maturity are developing shared approaches to improvement - and in some cases already making an active contribution to building the improvement capacity of system partners. It has also underlined member demand for more specific support on this topic to help collaboratives fully realise the benefits of working at scale.

Both NHS Providers and Q have knowledge of where trusts are now in their work to tackle health inequalities in outcomes, experience and access. NHS Providers is running a programme supporting members to embed health equalities as part of core business which has already engaged over 70 trusts in a series of online events and peer learning forums since its launch in August 2022. Q has recently used action learning with its members to focus on new approaches to using data to drive more equitable access to services. Q is also in the early scoping phase of supporting a NHS England programme on equity, exploring how health inequalities have been shaped over the long term by structural social, economic and political factors.

The focus of this new programme therefore harnesses our combined insights, expertise and experience of working on improvement, provider collaboration and health inequalities, alongside our unique ability to bring together board members and improvement leads across the sector to share learning and accelerate the pace of change.

Context

Peer learning between provider collaboratives on how they can collectively take an improvement-led delivery approach aligns with the vision emerging from NHS England's Delivery and Continuous Improvement (DCI) Review. This has looked into way in which the NHS, working in partnership with integrated care systems, can achieve more consistent, high-quality care, using data-driven approaches to continuous improvement as an essential component of quality management.

The DCI Review concludes there is a need to build delivery and improvement capability at scale and pace at local level and emphasises the critical role of leadership in embedding improvement approaches in local organisations and systems. The emerging model of improvement support will in part rely on structures that enable peer links and development across geographies, building on existing assets.

Early insight gained through engagement with providers and their partners over the last 18 months has suggested that most capability for systematic improvement currently sits within the provider sector. As detailed above, while this work is at a very early stage, there is already evidence that provider collaboratives are starting to use this strength to underpin partnership improvement in practice, with nine in ten recently stating they are developing work focused on embedding improvement and just over half saying they have developed and are 'actively applying' a common approach to improvement through their collaborative (in a survey completed by programme directors from 42 provider collaboratives). The survey also gave some indication of the top priorities for provider collaboratives for the next 12 months, with 45% of respondents focusing on 'approaches to addressing inequalities in access, experience or outcomes'.

This aligns with the national priorities outlined for 2023/24 in the priorities and operational planning guidance. This emphasises the importance of all providers tackling health inequalities as an integral part of recovering core services and productivity alongside the delivery of Core20PLUS5. Similarly, ICBs joint forward plans must address the five strategic priorities on health inequalities and reflect Core20PLUS5, underpinned by a quality improvement approach.

Proposed approach

We propose a minimum 15-month initial foundation programme, with potential to extend. This would begin with a robust scoping and mobilisation phase to test the assumptions detailed in this proposal and gather deeper insight, as well as lay the groundwork for a longer-term programme.

Beyond this diagnostic phase, we believe depth of insight and impact would be best delivered by anchoring the programme in ongoing, regular engagement with relevant members of leadership teams within a group of provider collaboratives, all actively committed to improving access through an equity lens. Drawing on the strength of our unique strategic partnership, we will convene spaces that include both board members and members of the Q community, and other improvers (likely focusing on those who report into or work closely with the board or are leading work on equity). This will enable us to share different perspectives and foster a deeper level of insight and understanding on what boards need to do differently to create an enabling environment for improvement.

Through a series of engagement events and resources we will seek to build capability for improvement with equity embedded, by helping provider collaborative leadership teams to:

- Step back – by providing space to sense make, problem solve and learn from both peers and the existing evidence base;
- Reflect – hearing the experience of others and how this applies to their contexts;
- Take action – to accelerate the pace of change, with greater clarity on next steps across the partnership.

To ensure wider benefit from this Learning and Improvement Group, an emphasis will be placed on playing out insights to board leaders and programme directors across all provider collaboratives, capitalising on other NHS Provider networks and support programmes, as well as sharing insights through the Q Community.

To maximise impact, we propose a small number of design principles that will guide further programme development. These are:

- Ensuring our focus on equity and access is framed in terms that speaks to the priorities of all NHS Provider members (acute, community, mental health and ambulance trusts) and the leadership role of boards;
- Positioning the programme as peer-led to maximise ownership, with the detail of the offer co-designed with trusts;
- Anchoring our work in the current challenges and maturity levels of the provider collaboratives taking part, creating momentum by going where the energy is in each case;
- Seeking to provide a balance in emphasis between understanding and accelerating progress on immediate challenges whilst recognising and supporting longer-term improvement.

Aims

- To understand and share learning on how provider collaboratives are using shared approaches to improvement, led by the board, to address their challenges around access to care, with an equity lens embedded from the outset.
- To support the further adoption of improvement with an equity lens across provider collaboratives, aligned with the key components of the NHS Improvement Approach.
- To generate insight on what this tells us about the application of the NHS Improvement Approach in practice, and what is required to create a more enabling environment for sustainable, equity-focused, locally-led improvement.

Objectives

- To work with a group of provider collaboratives to support progress and learn from their experiences of collectively harnessing the components of the NHS Improvement Approach to tackle key challenges around equity and access.
- To generate and share board-level, granular, actionable insights from this work with provider collaboratives across England through a range of events and resources.
- To identify and share relevant key learnings with wider system partners through our members' own networks and our national partnerships and programmes.
- To share insights on an ongoing basis with NHS England, with a particular focus on what could be done nationally and regionally to support the effective embedding of

the different elements of the NHS Improvement Approach.

Insight and learning

We believe this programme provides an opportunity to use provider collaboratives as a 'lab' to answer a range of questions critical to achieving shared local and national ambitions around service recovery and productivity, the Long Term Plan and transforming the NHS for the future. To be tested through the full scoping phase and agreed with NHSE, these could be approached from two angles:

Understanding strategies for improving access, collaboratively and equitably

- How are provider collaboratives tackling their priorities around access and in what ways is their collaboration supporting more effective improvement?
- How is equity being hardwired into their improvement approach? What is the board's role in ensuring an equity lens is embedded from the outset? What challenges are being encountered and what's working to get beyond those?
- What are the quick wins being seen at board level and how are these being used to support further momentum and progress?
- What is the learning on how cross-organisational approaches to improvement can help tackle immediate operational challenges in ways that build capability for longer term transformation?
- What are the opportunities and barriers for adopting solution ideas generated centrally or elsewhere within the system?

Understanding the NHS Improvement Approach in practice

- What does the NHS Improvement Approach mean in practice for provider collaboratives – and how does this vary between collaboratives?
- What different strategies are being deployed (e.g. sharing successful solutions developed by one provider across the collaborative, or using the collaborative to agree shared methodologies or common principles and building capability)?
- What is the board's leadership role in aligning with the NHS Improvement Approach and driving forward shared approaches to improvement?
- What can we learn from provider collaboratives about how to build capability for whole system convening and improvement? What barriers and enablers are encountered or anticipated embedding the Approach with wider system partners?
- What type of on-going support is most wanted and needed?

Illustrative activities and methods

The proposed key elements of the programme are outlined below. All elements will be tested during the scoping phase through further engagement with providers and wider stakeholders.

Throughout, a flexible and iterative approach both to content and timing will be necessary, to closely reflect provider ambitions and given the unprecedented pressures and uncertainty in the operating environment.

1. Programme scoping and mobilisation

A robust scoping process will ensure the offer is rooted firmly in where providers are now in their collaborations and work to address challenges in access. A thorough diagnostic phase will aim to provide:

- A rich picture of where provider collaboratives are in progressing improvements in access, the role equity is playing, and the leadership role of the board.
- Insight into where the energy is for change and how best to harness that within the programme, with an understanding of the priority peer-to-peer learning topics.
- Clarity on the perceived learning and skills gaps at leadership level, against the backdrop of alignment with the key enabling factors within the NHS Improvement Approach.
- Identification of a group of peers who are well positioned and equipped to share relevant board-level learning with the wider community of provider collaboratives.

Learning and Improvement Group selection

Our working assumption is that a group of relevant provider collaboratives can be identified from a combined analysis of several known data sets. The full scoping phase will test the validity of drawing from the below, recommending any adaptations needed:

- Those who applied to the Innovators scheme and outlined an interest in improvement and equity.
- Those identified through the joint survey with NHS Confederation with a priority focus on addressing inequalities in access, experience or outcomes and a commitment to improvement in partnership.
- Any relevant cross over with those in the Core20Plus5 Collaborative of quality improvement, behaviour change and system leadership experts.
- Those who are more mature in improvement through provider collaboration with sufficient learning and insight to share.

This is not intended to be an exclusive programme with an application process, but rather a method to identify an initial group of peers addressing a shared problem, from which useful insights relevant to the wider system can be drawn. As such, provider collaboratives and individual leaders will self-select to take part or be invited based on insight learned through scoping.

It is expected that the group will be made up of provider board members with oversight or strategic input into provider collaboratives, provider collaborative programme directors, and Q members. It is anticipated that this group could evolve beyond the foundation programme into more specific themes and relevant subgroups (for instance, learning between similar types of provider collaboratives).

2. Supporting the Learning and Improvement Group to progress

Building connections: This group will commit to forming a peer learning network, benefitting from NHS Providers' ability to engage members and board-focused peer learning expertise, coupled with the long-standing improvement-in-action expertise of the Q Community, which can help connect this board level work to the clinical frontline. Regular engagement will help to identify how each collaborative is approaching their shared challenges. This will draw on both NHS Providers track record of establishing communities of practice, and network analysis and development methods pioneered by the Q community. As leaders from each provider collaborative develop closer links through the programme, they will be offered the opportunity to learn, and be supported to use, methods to engage their local improvers effectively.

Learning together: a core offer for Learning and Improvement Group members of regular peer learning sets and events, bringing together different audiences (e.g. board members, programme directors, clinical leaders and improvers) to problem solve and share lessons learned around emerging challenges and opportunities related to a access and equity. Bite size resources will be produced to rapidly share key insights across the group. There will be an opportunity to feed into this work practical examples and learning from the current round of Q Exchange and Q Labs, both of which will focus on reducing waits, as well as from the NHSE programme on improving equity.

Tailored support: Drawing on our scoping insights and co-designed with Learning and Improvement Group members, we will also offer tailored, interactive sessions and resources developed by experts from the Q Community. This will provide access to experts, and for example, could draw on the Health Foundation and Q's leading work on the skills needed for collaborative improvement across boundaries; how to establish effective partnerships; how to develop quality management systems, what's important when using data to reduce waits while improving equity, and the adoption of innovation across a multi-organisation/local system context. Content would align with the components and enablers of the NHS Improvement Approach.

Additional modular options could be added to this offer if there is appetite from group members, and if additional resource was made available, for example incorporating development and support in improving patient flow, through a collaboration with the Health Foundation funded Flow Coaching Academy. This is currently not factored into the core offer included in the costing below.

3. Sharing learning and building capability more widely

Sharing insights: we will facilitate regular sharing of insights to other provider collaboratives across England, drawing on the credibility of a peer community with direct experience of leading improvement across organisational boundaries. Formats are to be agreed but they will build on both NHS Providers and Qs ability to develop dynamic communications outputs to bring alive case studies and other learning from the programme, and will capitalise on the existing wider programme of work on provider collaboration at NHS Providers.

Our focus will be on actionable insights on shared and pressing system and clinical priorities including elective recovery and care backlogs, handover delays and discharge, all with an

equity lens embedded from the outset. The learning will be shared through virtual peer-to-peer 'spotlight' webinars which bring together board members, clinical leaders and Q members from the Learning and Improvement Group to explore their learning in-depth.

Insights will also be provided regularly to NHS England to disseminate as appropriate to regional teams, through clinical networks, clinical support networks and Cancer Alliances. There is also opportunity for two-way learning with the NHS England Equity programme mentioned earlier, and the Race and Health Observatory programmes supported by the Health Foundation funding to the Institute for Healthcare Improvement.

Engaging wider system partners: this will include drawing together examples and learning on how provider collaboratives are supporting an increase in capability for improvement with an equity lens across their wider system partnerships. These insights could be shared across all ICSs using our existing networks, including NHS Providers strategic partnership with the NHS Confederation and LGA on the Leading Integration Peer Support Programme, enabling us to share relevant insights through an existing schedule of joint events and briefings.

Peer review: In addition to the programme elements currently included in programme costings, there is the potential to enhance the offer with expertly facilitated improvement-capability focused peer reviews. These would provide a forum for provider collaboratives to come together with peers to sense check approaches and to hear how others are meeting similar challenges, to encourage the cross fertilisation of good practice between systems. This is considered as separate to the core offer budgeted below, because it would require careful process design and thoughtful matching of peer sites, along with expert facilitation to maximise learning to make the most of the trusted, peer relationships to unlock open, rich assessments. This could draw on methods used within the Q community to facilitate peer comparison in ways that avoids some of the drawbacks of assurance. It would also be designed in a way that compliments other peer-review work happening nationally.

Programme phasing

Laying the groundwork: programme scoping and mobilisation

Phase one – Q4 22/23

Workstream a – programme mobilisation and evidence review

- Programme redesign between Q and NHS Providers
- Alignment with emerging policy in partnership with NHS England
- Team mobilisation across NHS Providers and Q
- Initiate review of the existing evidence base on cross-organisational improvement

Workstream b – programme scoping

Interim report on scoping insights to date from:

- Early insight calls with board members and programme directors
- Full analysis of questions on shared improvement in a wider survey of provider collaboratives
- Wider NHS Providers, Q and Health Foundation engagement with providers and systems on health inequalities and improvement
- Meetings with key stakeholders

Phase two – Q1 23/24

- Insight calls with Q members
- Further testing of proposal through additional insight calls and as part of NHS Providers existing member engagement
- Focus groups with provider collaborative leaders and local Q members and survey with NHS Providers members
- Complete review of the existing evidence base on cross-organisational improvement
- Work to identify the Learning and Improvement Group and start of co-design
- Final scoping report

Programme launch: establishing the Learning and Improvement Group network – Q2 23/24

- Full co-design
- Launch communications including blogs from NHS Providers and Q
- Kick off workshops for Learning and Improvement Group and start of regular peer learning sessions as determined by scoping insights

Deepening our engagement and sharing initial insight – Q3/4 23/24

- Ongoing engagement with the Learning and Improvement Group through peer learning events and workshops, alongside tailored support
- Series of online learning events aimed at all provider collaboratives
- Session with reflections from NHSE at NHS Providers annual conference

- Summary outputs on early findings aimed at all providers, disseminated through existing NHS Providers and Q channels, and with system partners through existing national partnerships.
- Stocktake of learning and impact in the foundation year to inform a proposal for subsequent years.

Year 2 and 3

The insight and momentum generated through the diagnostic phase and foundation year would generate significant value, should that be the extent of this work. However, we see a strong case for building on the programme over time, not least to reflect the longer-term nature of sustained improvement. Follow-on funding would enable us to deepen the insight on what an improvement journey across organisational boundaries looks like in practice, accelerate the adoption of equity-led approaches which align with the key components of the NHS Improvement Approach, and scale participation to address other key operational priorities.

Activities beyond the first year will again be determined through co-design with the Learning and Improvement Group (which could be reset or expanded) and will be anchored in the current capabilities and priorities of provider collaboratives. Key workstreams could include:

- Workshops, peer learning events and resources to deepen learning and accelerate group progress in key areas, with the option to scale participation.
- Further events and briefings to capitalise on this insight across the provider sector.
- Additional tailored support to help provider collaboratives use tested tools and approaches to support wider improvement capability building with system partners;
- A playback of the latest insights on the role of national and regional bodies and ICSs in fostering an enabling environment for improvement.
- Alignment with wider emerging work (e.g. by Q Community) on improvement across systems, drawing as relevant on learning from other parts of the UK and Ireland
- Workshops led by the delivery teams at NHS Providers and Q for NHS England teams reflecting back learning from the foundation year, in support of changes to NHS England ways of engaging with providers.

Impact

Our evaluation strategy will be developed during further programme scoping, but will include how we frame and measure impact for the Learning and Improvement Group and provider collaboratives more widely. Impact can be linked as appropriate to understanding of and confidence levels in implementing the NHS Improvement Approach as well as the provider collaborative maturity matrix currently in development.

The leading measures of direct benefit to participants are likely to build out from our existing improvement programme to include:

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| Contributions | | |
| Health Foundation | | £200,000 (Y1 pilot) |
| NHS England | | £200,000 |

Why us

- Together, NHS Providers and the Q Community have unique credibility and audience reach, bringing together all provider boards in England and a dynamic community of thousands of improvers across the UK;
- We already have a track record of collaborating to drive impact through our existing Trust-Wide Improvement programme, combining NHS Providers ability to engage board

members and share peer learning with the Q Community's long-standing expertise in continuous improvement and expertise in network development;

- Our members see us as being independent, 'from and of the sector' and therefore uniquely qualified and equipped to provide leaders with a confidential space to work through opportunities and hear how others have solved similar challenges;
- This proposal builds on wider NHS Providers, Q Community and Health Foundation programmes which will enable us to play out learnings to a wider audience and amplify our impact.

Key contacts

To discuss please contact [REDACTED] and [REDACTED]