Acute Provider Collaborative Update

1. Purpose

1.1. The purpose of this paper is to provide an update to the Board on the current positions of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Acute Provider Collaborative (APC).

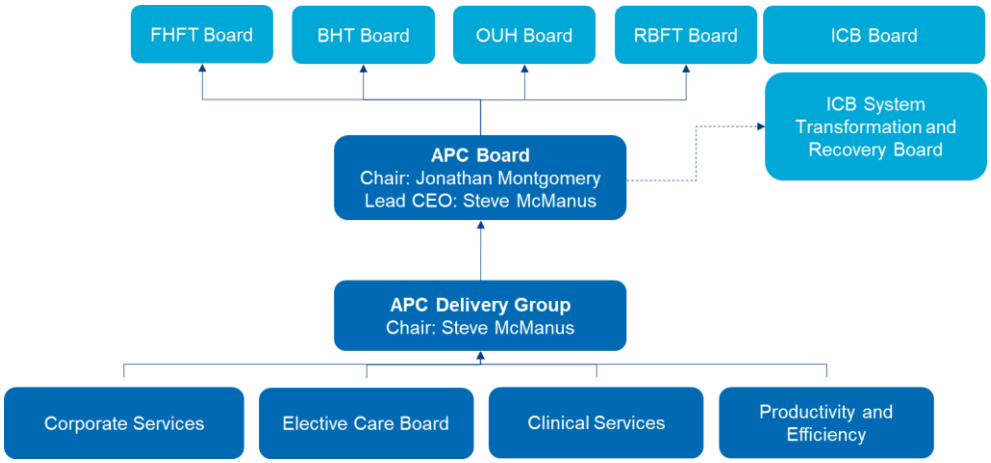
2. Programme update

2.1. The APC Board met on Tuesday 26 August. The Board confirmed that Frimley Health NHS Foundation Trust (FHFT) will formally join the APC from September 2025. The name of the collaborative is now the **Thames Valley Acute Provider Collaborative** (TVAPC) to reflect this change.

2.2. A new APC Delivery Group has been established, which sits every other month to the APC Board, and is responsible for managing performance, quality, and risks/issues relating to APC programmes. It receives first sight of business cases and proposals prior to consideration by the Board. The Executive SROs and the ICB Chief Delivery Officer sit on the Group, and it is chaired by the Lead CEO, Steve McManus.

2.3. The APC currently updates BOB ICB on its work programmes at the monthly System Transformation and Recovery Board. This will need to be reviewed and updated in line with changes to the Thames Valley ICB operating model.

Figure 1: Revised APC governance structure



2.4. Executive SROs from the APC met with their FHFT counterparts over the summer to review the current programme of work and ensure that

deliverables meet the needs of FHFT. Expected changes to the current programme of work will need to be confirmed, but are likely to include:

2.5. **Making best use of elective care capacity across the system.** There is frequently a mismatch between the availability of resources (e.g. staffing and estate) with the demand for elective services. The Elective Care Board is tackling this issue by supporting patients who are willing to travel to other providers for their treatment, staff passporting, a streamlined approach to perioperative care, and implementing the GIRFT model for High Volume Low Complexity (HVLC) procedures. There are clear opportunities for FHFT to participate in this approach, including making best use of capacity at the Heatherwood Elective Surgical Hub, and Tina Benson (COO, FHFT) will become the Executive Lead for the programme from October this year.

2.6. **Improving the quality of clinical services.** The APC works with clinical and operational teams to conduct 'deep dives' into clinical services and identify opportunities to reduce unwarranted variation and improve resilience. The following three areas have been identified as of interest to FHFT:

2.6.1.1. The joint **Fracture Liaison Service** is already enhancing patient outcomes by streamlining care pathways, facilitating shared multidisciplinary team meetings, and strengthening collaboration with primary care. The FHFT Clinical Lead has joined this established working group and is benefiting from the progress and foundations already in place.

2.6.1.2. Scoping is underway with the **Neurology** teams to agree a set of common challenges and solutions that could benefit from a joint approach e.g. developing a portfolio pathway for Neurology to attract and grow a highly skilled workforce.

2.6.1.3. **Dermatology** has been flagged as an area of interest for FHFT and the BOB acute providers, so would be a likely candidate for the next 'deep dive' that is identified and scoped.

2.7. **Driving value for money through economies of scale.** FHFT will be invited to join the current procurement working group, which brings together the leads of the five providers in BOB (including MH and Community) to share best practice and facilitate joint contracts where it makes sense to do so and drives value for money.

3. Recommendations

3.1. The Trust Board is asked to receive this paper for information.