

## Re: Your request made under the Freedom of Information Act 2000

1. Is your Acute trust part of an acute care provider collaborative? **No**

**1a.** If yes, could you please provide the name of the acute care provider collaborative that you are a part of?

**1b.** Could you please provide the name of the lead trust in the acute care provider collaborative that you are a part of?

**1c.** Could you please provide the name of the person (people) who represent your organisation at the acute care provider collaborative?

2. Is your Acute trust a member of a place-based collaborative? **Yes**

**2a.** If yes, could you please provide the name of the place-based collaborative that you are a part of?  
**Doncaster Provider Alliance**

**2b.** Could you please provide the name of the person (people) who represents your organisation at the place-based collaborative? **Andrea Squires, Divisional Director of Operations**