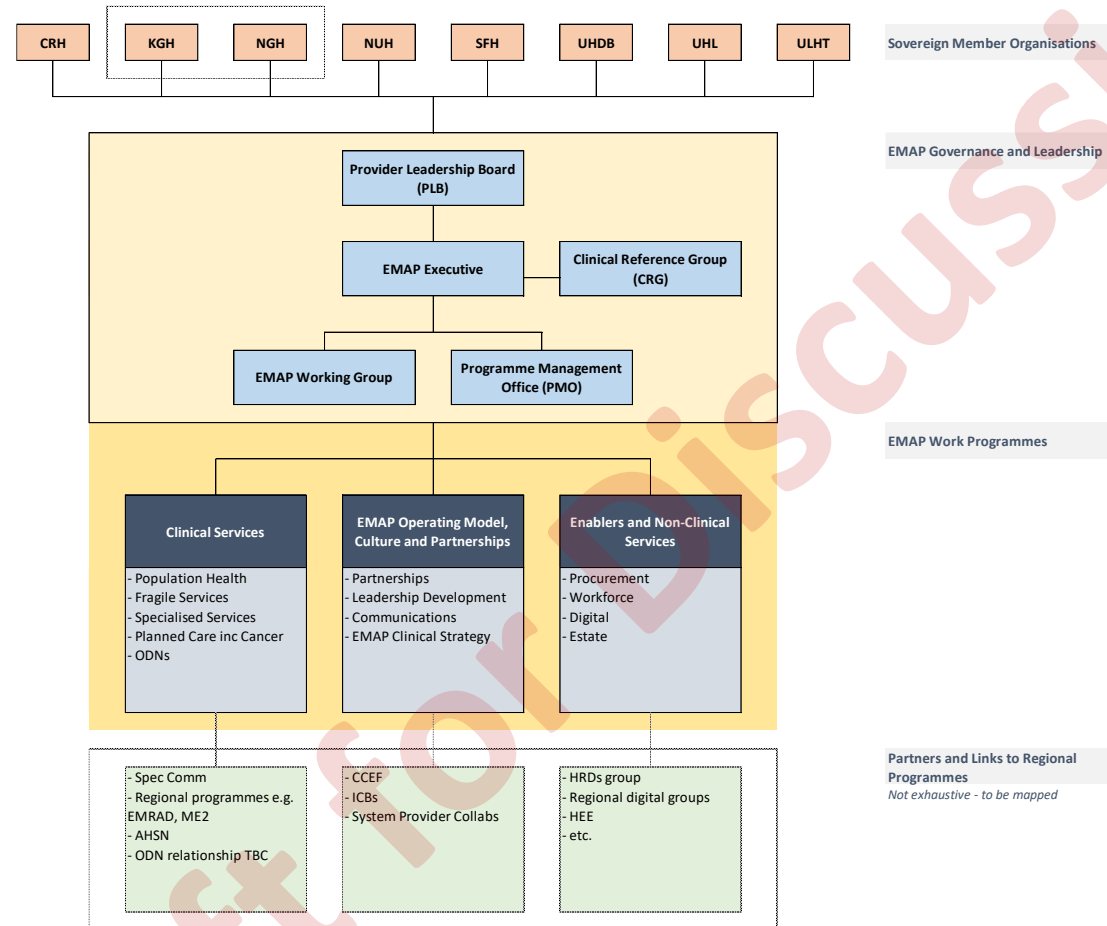


Draft for Discussion

EMAP Governance and Prospectus

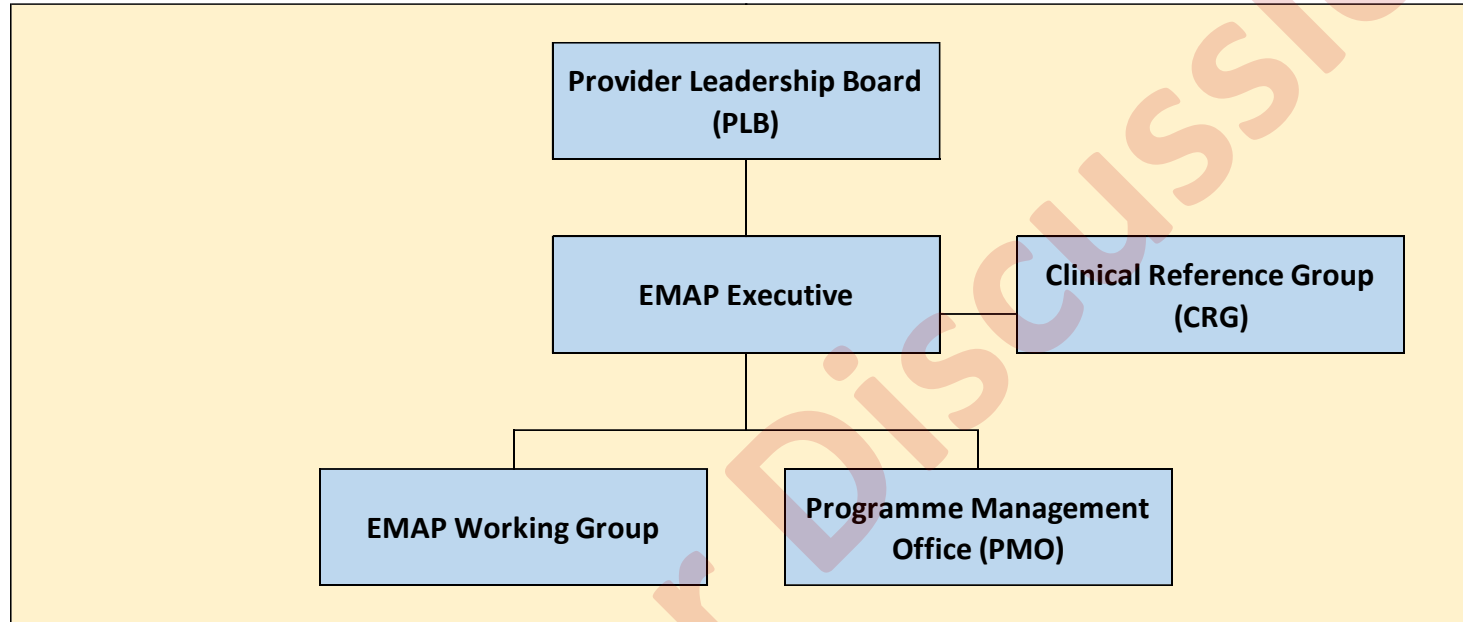
EMAP Meeting 16/8/23

Proposed Governance – Main Features (Updated)



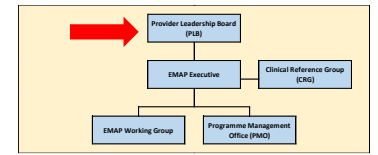
- Initial version agreed by CEOs call 21 July
- Second iteration – discussed today and next CEOs/PLB next week – included in draft Prospectus

Governance and Leadership



Draft for Discussion

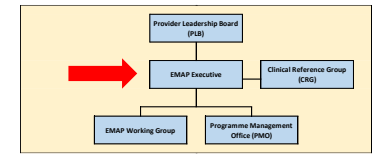
Leadership Groups – PLB



- Provider Leadership Board
- *(CEOs to confirm ToRs at first meeting):*
 - Elected Chair from CEOs
 - Quarterly (21 Aug, 27 Nov, 26 Feb, 20 May, 2 Sep...)
 - Membership is CEOs (with consistent, named deputy) + Managing Director (non-voting). This is an important aspect.
 - Sets strategic vision and direction, and high-level agenda for the Executive
 - Senior decision-making body, ultimate point of escalation
 - Accountable to sovereign Boards but not a formal sub-committee

Draft for Discussion

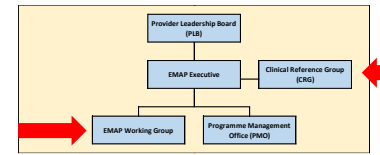
Leadership Groups – EMAP Executive



- *Questions / Proposals - for your views, to feed back to CEOs*
 - **Chaired** by CEO Chair of PLB, agreed in first CEO meeting
 - **Frequency – proposed** monthly (timing subject to Chair)
 - **Membership – proposed** Chair, MD (non-voting), plus one named, consistent Exec (and deputy) per provider (all 8 providers represented x1, Chair is neutral):
 - Ideally, diverse portfolios represented. **Q:** Is this viable? May mean new members
 - No proposed membership for e.g. commissioners – proposal for co-opted Subject Matter Experts, on a topic-by-topic basis. Exec is owned and run by the providers
 - **Q:** Does the range of portfolios in fact replicate a Board?
 - **Q:** We may in time need to consider EMAS, Doncaster & Bassetlaw Teaching Hospitals
 - **Q:** Would Chair of CRG have core membership?
 - **Function – delivers** the strategic vision for the partnership, manages delivery of the EMAP work programme, identifies areas of concern/opportunities for collaboration
 - Propose work programme reporting / management into this group first. Strong delivery focus.
 - Develops proposals for PLB to consider / approve
 - Natural successor to (replacement for) the current monthly EMAP meeting
 - **Q:** Are we satisfied this adequately describes the role?
 - **Q:** Should there be a structured agenda? Is one hour adequate?

Leadership Groups – Other

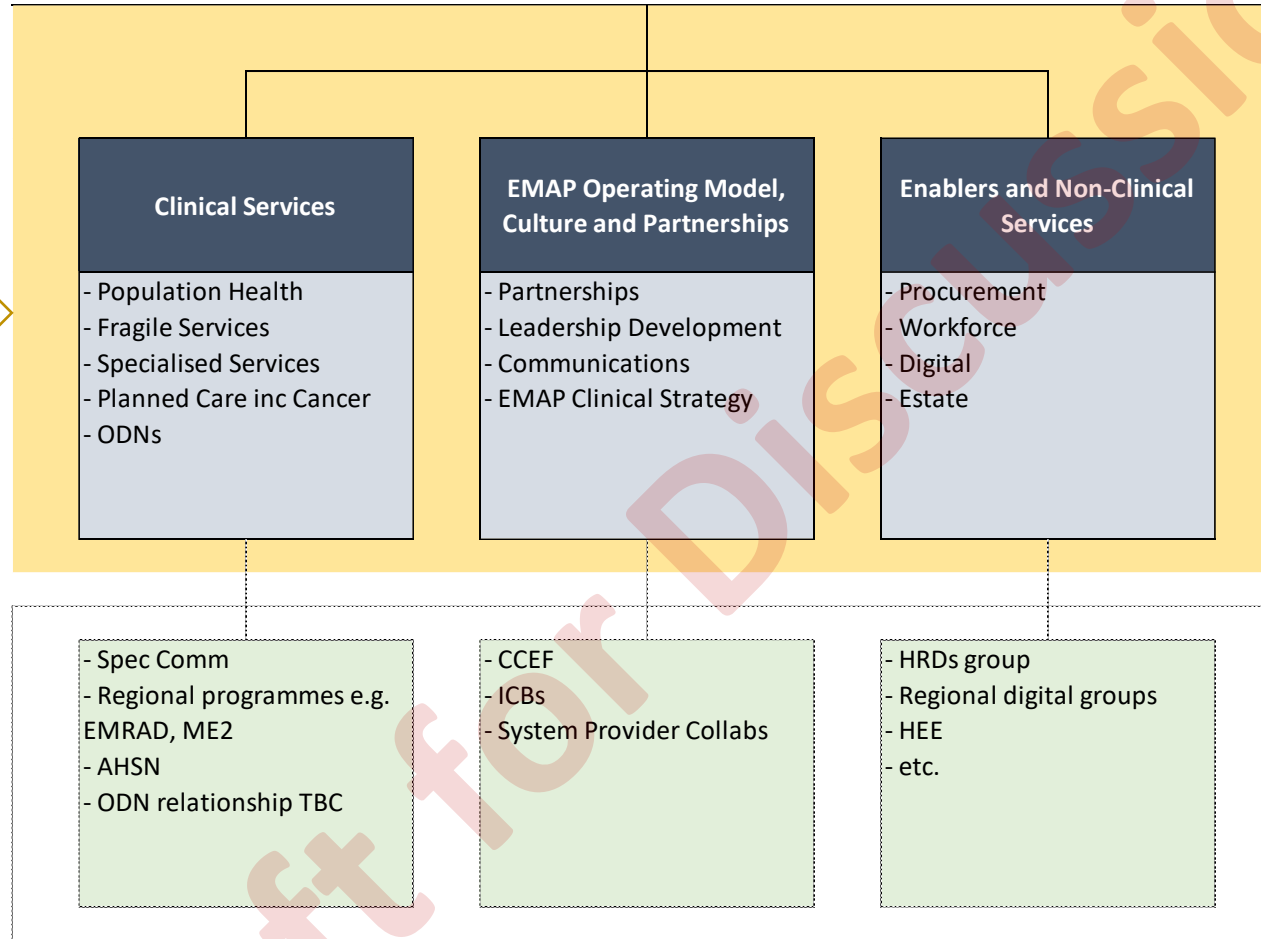
- PMO to evolve over time
- Retain Working Group at least as an interim state
- CRG stood up as required
- Needs clear purpose / mandate re: work programmes, cannot be a talking shop
- Would clinical leadership for the PMO help now / early?



Draft for Discussion

Work Programmes and Links (*Proposed, for discussion*)

- Exact programme defined via prospectus;
- Organised into 3 proposed areas for convenience – does this make sense?
- What leadership input is required? At workstream and project level?



- EMAP to provide a link / home for regional groups
- These provide co-opted SME – leverage / commission their skills in line with EMAP work programmes
- Fit with Executive portfolios?

Draft for Discussion

Risks / Considerations

- Lessons from Haematology work:
 - Lack of engagement from some services, rooted in a perceived lack of a clear / compelling case developed with the service
 - Lack of a Data Sharing Agreement (which could extend to adequate BI / analytical capacity)
 - Case building data is central to this, as is messaging from Trust leadership to services
- Balance of quick wins / proof of concept / tangible benefit vs building trust, culture and infrastructure
- Shared Decision Making – what are the right mechanisms at the right speed
- Danger of duplication / clash with system-level work, *also* ICB relationships

Draft Recommendations

1. Develop and Progress Clinical Services Programme Content

- A. Rapidly consider existing clinical transformation programmes
- B. Identify further clinical transformation options
- C. From this combined long-list, identify 4-5 key clinical transformation schemes
- D. More widely, consider scope for Planned Care collaboration

2. Develop and Progress Non-Clinical / Enabler Work Programme Content

- A. Scope options for workforce transformation with HRDs
- B. Scope options for acute procurement collaboration with Trust procurement leads

Draft Recommendations

3. Further Develop EMAP's Operating Model and Infrastructure

- A. Progress recruitment to EMAP roles (Managing Director to be appointed September 2023)
- B. Implement, embed and review the EMAP governance model
- C. Ensure as a priority that Business Intelligence Infrastructure is in place to support EMAP requirements
- D. Ensure active and ongoing engagement with system provider collaboratives to agree complimenting agendas
- E. Consider the role of Networks and how they may support delivery
- F. Develop an EMAP Clinical Strategy
- G. Develop an EMAP Communication Plan