## Board of Directors Meeting in Public - Cover Sheet

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| **Subject:** | East Midlands Acute Provider Collaborative | **Date: 7th September 2023** | |
| **Prepared By:** | David Selwyn | | |
| **Approved By:** | Paul Robinson | | |
| **Presented By:** | David Selwyn/ Paul Robinson | | |
| **Purpose** | | | |
| To update Trust Board on the East Midlands Acute Provider, which over the last 24 months, has matured from a collective towards a cross ICB provider collaborative. | | **Approval** | |
| | | **Assurance** | **X** |
| | | **Update** | **X** |
| | | **Consider** | |

| **Strategic Objectives** | | | | | |
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| Provide outstanding care in the best place at the right time | Improve health and well-being within our communities | Empower and support our people to be the best they can be | To continuously learn and improve | Sustainable use of resources and estate | Work collaboratively with partners in the community |
| **X** | **X** | **X** | **X** | **X** | **X** |

| **Principal Risk** | | |
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| PR1 | Significant deterioration in standards of safety and care | **X** |
| PR2 | Demand that overwhelms capacity | **X** |
| PR3 | Critical shortage of workforce capacity and capability | **X** |
| PR4 | Failure to achieve the Trust's financial strategy | **X** |
| PR5 | Inability to initiate and implement evidence-based Improvement and innovation | **X** |
| PR6 | Working more closely with local health and care partners does not fully deliver the required benefits | |
| PR7 | Major disruptive incident | |
| PR8 | Failure to deliver sustainable reductions in the Trust's impact on climate change | |

**Committees/groups where this item has been presented before**

**Update papers at Executive Committee**

**Acronyms**

AGEM Arden & GEM commissioning support unit
AHSN Academic Health Science Network
CEO Chief Executive Officer
COO Chief Operating Officers
EMAP East Midlands Acute Provider
ICB/ ICS Integrated Care Board/ System
MD Medical Director
MOU Memorandum of Understanding
SFH Sherwood Forest Hospitals
Spec Comm NHS England Specialist Commissioners

**Executive Summary**

**1.0 Summary**

1.1 After 2 years of development, EMAP has matured from an unstructured clinical discussion forum to a formalised provider Board, chaired and attended by CEO's from the 8 acute provider across the East Midlands.

1.2 EMAP now has dedicated funding, has advertised a Managing Director role and begun to identify a program of work to deliver against key regional NHS challenges of workforce, access standards and best use of resources.

1.3 A number of mitigations and ultimately, solutions, for SFH's challenged services will be delivered by the EMAP workstreams.

1.4 Trust Board is asked to note this update and to consider any impact of EMAP on the Nottingham & Nottinghamshire Provider Collaborative.

**2.0 Background**

2.1 The East Midlands Acute Provider was formed in 2021, arising from discussions which had for some years taken place between the region's acute provider Medical Directors.

2.2 EMAP currently remains an informal collaboration, where members are signatories to a Memorandum of Understanding, and where EMAP's purpose (per it's Board Terms of Reference) is to "*bring acute providers across the East Midlands together to support greater clinical stewardship and leadership and to develop a shared understanding of population need, agree pathways to meet population need and provide necessary oversight to ensure expected outcomes are being achieved.*"

2.3 The MOU is clear that it cannot replace or supersede organisations' statutory responsibilities or sovereignty, and signatories can leave at any time by giving six months' written notice. The MOU is values based and sets out the 'Values and Behaviours of Cooperation' to which all parties are expected to commit in order to foster strong collaboration.

2.4 All eight NHS acute providers in the East Midlands have been invited to participate in EMAP's work:

- Chesterfield Royal Hospital NHS Foundation Trust (CRH)
- Kettering General Hospitals NHS Foundation Trust (KGH)
- Northampton General Hospital NHS Trust (NGH)
- Nottingham University Hospitals NHS Trust (NUH)
- Sherwood Forest Hospitals NHS Foundation Trust (SFH)
- United Lincolnshire Hospitals NHS Trust (ULH)
- University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)
- University Hospitals of Leicester NHS Trust (UHL)

KGH and NGH are operating a group model together as University Hospitals of Northamptonshire (UHN), and they may participate either individually or as UHN.

2.5 Initially, EMAP met for an hour on a monthly basis with the meeting being held as a Network Meeting rather than a formal Board. Whilst not signatories to the MOU, NHS England Specialist Commissioners attended on a routine basis, as did Arden & GEM Commissioning Support Unit (AGEM), who provided some specific capacity for EMAP work programmes. Trusts were largely represented by Medical Directors and / or Directors of Strategy, although some COOs attended and support was provided by Strategy team members.

**3.0 Progress to date**

3.1 Over the first 18 months of EMAP, the collaboration has:

- Established regular contact and an atmosphere of trust and open discussion – the collaboration has built open relationships across the region, helping us to leverage collective power (including commissioners, AHSN, et al) in response to shared challenges

- Commissioned 3 clinical work programmes designed to bring partners together and jointly address challenged service sustainability
    - *East Midlands Head & Neck Cancer Network* - currently working around common data to enable operational capacity management, common triaging and around the tracheostomy workforce
    - *Haematology* - developing changes to the service model, designed to increase capacity and workforce resilience
    - *Cardiac Services* - working collaboratively (between acutes and with Spec Comm) to eliminate extended wait times and reduce inequality in access and outcomes
- Agreed the next work programme, developing shared approaches to reducing agency spend
- Established strong links to NHS England Specialised Commissioning, where we have discussed arrangements for Spec Comm devolution to ICBs to inform future arrangements
- Strengthened links to regional clinical networks, including identifying additional leadership resource for priority areas
- Undertaken considerable work to explore the wider opportunities of collaboration
- Run a senior workshop where we reaffirmed the value of, and commitment to, the collaboration and began to scope our future approach

Progress on the three clinical work programmes has provided useful material for reflection on the EMAP collaboration, progress made and outstanding actions, and is included as Appendix A.

**4.0 Ambitions for EMAP**

4.1 A workshop was held in late 2022, reflecting upon the first year of EMAP and reviewing progress against the three initial workstreams, as well as considering the questions arising over how best to use EMAP as a vehicle. The workshop had Executive level representation from all East Midlands acute providers bar SFH (due to unavailability – however a senior manager attended) and from CRH.

4.2 At the event, the group were aligned upon there being a real potential for EMAP to add value and strengthen ongoing collaborations between providers in the region. It was felt that EMAP should take a long-term view and operate with sustainability front of mind when many providers are busy managing day-to-day operational challenges. Opportunities for EMAP should be driven by its focus on equity of outcomes, workforce, access and service fragility.

4.3 There was a theme of 'less talk, more action' based upon experience to date, and an agreement that EMAP should be focused on ensuring programmes result in tangible change through delivery of plans. Areas of opportunity need to be addressed in a way that builds on existing relationships in the patch and acts as an 'unblocker' to delivery and progress.

4.4 With the required support to maintain and grow the collaboration, a future direction was agreed with EMAP intending to:

- Work together to develop and deliver shared principles around tackling Health Inequalities; patients and population need to be at the centre of EMAP's actions
- Undertake systematic service sustainability mapping, agreeing a common definition of, and means of identifying, 'fragile services' – from this shared analysis, future collaborative priorities will be determined. Data will power EMAP's work

- Develop sustainable service models driven by a series of work programmes; one driven by service sustainability / fragility, one by population health considerations and one arising from 'enablers' for clinical transformation – the Agency Spend harmonisation / reduction programme is the 'enabler' programme

- Establish strong relationships with our region's ICBs. Particularly for services which have been delegated to ICBs from Specialised Commissioning, for services with patient flows which cross ICB boundaries, and for any other pan-system work, it will be of clear benefit to have our clinical conversations in one place

- Further develop its relationship to Clinical Networks, with the intention that EMAP could form an overarching supporting structure in regional governance, with a view to ensuring that those networks are consistent, peer supported and delivering tangible change at pace

- Continue to develop the partnership, with a particular focus upon its infrastructure, to enable the direction of travel outlined

4.5 Looking forward, the EMAP collaboration offers significant further scope for collaboration. In terms of workforce, for example, in addition to planned work on agency, there is scope to develop the talent management function and allowing rotation between trusts. In terms of access and capacity**,** existing work on mutual aid through the Head & Neck Cancer Network could ultimately be broadened out to develop infrastructure that allows the sharing of capacity between trusts and shared capacity planning.

4.6 Common approaches to digital solutions and analytics are a further possibility. EMAP provides greater leverage to work with both commercial and other partners (e.g. AHSNs) to attract and develop major research and development schemes.

4.7 Whilst the value of EMAP has been confirmed across providers, and whilst there are strong ambitions for the future, several significant questions and challenges have also been identified with this medium-long term model for EMAP.

4.8 As EMAP's work programme expands, and development work around the nature of collaboration continues, it becomes likely that a coordinating and overseeing leadership function will be required.

4.9 This could be delivered through a number of routes. At present, existing strategy team personnel, largely from NUH and UHDB, co-ordinate activities (e.g. agenda setting) on an as-and-when basis; one option is for this arrangement to continue. However, capacity is relatively limited in this model, and as EMAP's work expands greater capacity could be offered by either providing dedicated / ring-fenced senior resource from within (e.g. 2-3 Trusts each providing 2-3 days per week), or funding a specific senior role or roles (potentially equating to local the system Provider Collaborative Director roles), hosted by one Trust for EMAP.

4.10 Additional to this, workstream leadership requires consideration and resourcing. Both the Haematology and Head & Neck work programmes have illustrated that dedicated clinical leadership would bring increased traction and engagement. Both have also benefitted from dedicated network / programme management resource. A number of options are available for management capacity, but all require resourcing.

4.11 A crucial issue for EMAP is therefore the extent and means by which the work programme and the overall collaboration are funded. Funding has come from a number of sources to date, with a significant amount from AGEM, plus some Head & Neck network funding from Specialised Commissioning.

4.12 Seven of the eight EMAP Trusts also contributed £12k each, non-recurrently. Spec Comm have agreed to roll Head & Neck funding on for a further year.

4.13 Discussion in the 2022 workshop highlighted a view that, if we wish to maximise the potential of EMAP, then there is a requirement to demonstrate a more tangible commitment. An agreed approach to resourcing is therefore required.

4.14 It is accepted that benefits realisation and return on investment approaches would be required to confirm the value of this EMAP investment.

4.15 Initially, EMAP's governance has been loose and informal, with no set agendas and no formal reporting / assurance arrangements for work programmes. Agenda items are submitted against a broad range of topics, and the current hour-long meeting is unable to accommodate all requested items.

4.16 The establishment of a formal EMAP Board structure, with an assurance and oversight function, supplemented by an 'operational' meeting which manages the work programme (a model used by some collaborations, e.g. the Black Country partnership) has been proposed.

4.17 In any collaboration, there is potential for individual organisations to be net 'winners' and 'losers' in a given workstream. There is a challenge around how EMAP makes decisions, and how to compensate when some of those decisions may be detrimental to some organisations but are positive for the majority. Risk and gain share requires careful consideration.

4.18 Currently, providers are bound only by a values-based MOU, which can be left without penalty, and where all participation is voluntary. With this mechanism, there remains a risk that decisions are a) not able to be binding and b) can be taken in the organisation's rather than the global interest.

4.19 The more structured or formal decision-making approach described above, with an assurance formal Board, (and therefore more binding commitment) is required. In addition options for EMAP might require a governance or delegation similar to those being implemented in some system provider collaboratives. Similar previously informal provider collaborations (e.g. South Yorkshire and Bassetlaw) have, for example, adopted Committee in Common approaches to formalise and strengthen decision making.

4.20 Whilst EMAP remains at a relatively early stage of development, EMAP is steadily working towards 'formal' Provider Collaborative status, albeit cross ICS borders.

4.21 The NHS England Regional Office were approached for an outline indication of whether they would support a pan-ICS, regional bid, and they confirmed that they would support such a proposal. Notwithstanding the decision not to apply for the current national scheme, the Regional Office indicated that they may introduce a Midlands regional support programme in due course.

**5.0 EMAP Workshop 2023 and CEO involvement**

5.1 A second workshop aimed at answering some of these outstanding questions and clarifying the potential for EMAP was arranged with a CEO-to-CEO conversation and attendance. This was held on 16th June 2023 at Leonardo Hotel, East Midlands Airport, chaired by NUH CEO.

5.2 There was strong support for EMAP to be developed as a vehicle to tackle cross organisational workforce challenges. Along with long standing access, equity and health inequality concerns and possibly help in the face of the current difficult financial climate. Advice was to be sought from Julian Hartley on EMAP as a delivery vehicle for the East Midlands.

5.3 The outputs from the AGEM challenged/ fragile services workstreams were reviewed and a commitment made to complete the outstanding programme of work.

5.4 As EMAP matured from a collective towards a provider collaborative, more detailed discussions around form, function and governance arrangements were required. This developed into the formalised Board structure

proposal described above.

5.5 Each EMAP Trust CEO agreed to commit £50k per year for 3 years minimum, for the collaboration to realise its full potential.

5.6 An EMAP Managing Director job description has been agreed, advertised, and closes 6th September 2023.

5.7 The inaugural meeting of the Provider Leadership Board took place on 21st August 2023. This was attended by CEO's representing all EMAP partners.

5.8 Draft Terms of Reference and the EMAP Purpose Statement were considered and agreed, subject to the purpose being clearer in representation of the compelling reason why EMAP is the best vehicle, for work to be undertaken.

5.9 It was agreed that the Leadership Board would be Chaired by Richard Mitchell, CEO at University Hospitals of Leicester, with Stephen Posey, CEO at University Hospitals of Derby and Burton, as Deputy Chair.

5.10 Consideration was also given to the EMAP Prospectus and it was agreed that there is a need to seek early results from a small number of new workstreams to confirm the partnership value and to build confidence. A draft discussion document covering governance and prospectus is attached as Appendix B.

5.11 Learning from the development journey of EMAP has been shared with a similar, but not identical, West Midlands Acute Providers.

5.12 Trust Board is asked to note this update and to consider any impact of EMAP on the Nottingham & Nottinghamshire Provider Collaborative.