Agenda item 16

NHS James Paget University Hospitals NHS Foundation Trust

NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

NHS The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Norfolk and Waveney Hospitals Group
Better together
JPUH NNUH QEH

Report in Common to Trust Boards

Report Title	Development of the Norfolk and Waveney Hospitals Group (NWHG) Update for Boards in Public July 2022
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Presented by	Jon Barber – Director of Strategy and Transformation, JPUH Simon Hackwell – Director of Strategy and Major Projects, NNUH Carly West-Burnham – Director of Strategy and Integration, QEH

Issues for escalation/decision(s) required

The individual Trust Boards are asked to:

- Note the update on the development of the NWHG and its key priorities and areas of focus moving forward.

Progress update

Each Board has been unanimous in their desire to see the Norfolk, and Waveney Hospital Group, set out clear actions and accountabilities (which will subsequently be delivered through individual Trust executive teams) that will have the maximum impact on our collective operational imperatives as early as possible.

The NWHG Committees in Common at its meetings in May and July 2022 confirmed their agreement to a number of key areas of focus moving forward and progress against these are summarised in the report attached.

Risks

N/A

Update on the Development of the Norfolk and Waveney Hospitals Group

1. Overview

The aim of this report is to provide the Board with an update on progress in delivering against the Norfolk and Waveney Hospitals Group (NWHG) Action Plan and Strategy for 2022/23 and update on the key areas discussed at the July Formal Committees in Common.

2. Programme Update

2.1-Committees in Common Away Day

A successful Away Day of CIC members took place on the 24th of June, the meeting was also attended by Patricia Hewitt (ICS Chair) and Frankie Swords (ICS Medical Director) and facilitated by Matthew Taylor, CEO of NHS Confederation. At its meeting on 11th July, the Committees in Common received a summary of the key areas discussed at the Away Day. This included acknowledgement of the new duty to collaborate, the importance of the involvement of patients and staff in service development, the need to embed a culture of collaboration across all three trusts, the importance of aligned governance arrangements and the need for an acute clinical strategy that sits within that of the wider system.

2.2-NWHG Delivery Plan

In the short to medium term the Hospitals Group Delivery Plan is focused on delivering operational imperatives and NHSE planning guidance, developing our approach to aligning clinical service strategies, and progressing any plans collectively agreed across the Norfolk and Waveney Integrated Care System:

At the July Committees in Common a detailed discussion took place in relation to the need to be clearer on the key deliverables, accountabilities, outcomes, and associated milestones and that the plan itself should have a critical role in shaping the agendas of the Committees in Common and the newly established Programme Executive. It was also agreed that going forward, the CiC would benefit from increased rigour around reviewing progress against the plan.

CEOs, Chairs, Directors of Strategy, and the Programme Team will be meeting to discuss the delivery plan priorities including the role of SROs, format of reporting including trajectories against which to measure progress, actions, and areas of escalation.

Priorities moving forward

- Finalise shared CEO objectives and key outcomes for the NWHG focusing on collective actions and priorities that will make a difference. All will form part of a revised Delivery Plan with clarity on timescales, critical path, key deliverables, and accountabilities.
- Agree SROs for NWHG Key Programmes for work, recognising that each SRO will be acting on behalf of the NWHG with clear lines of accountability to the Committees in Common.
- Implement changes to Governance Arrangements of the Committees in Common including a review of Terms of Reference, revising delegations, launching an Integrated Performance Report, and reporting against an agreed Outcomes

Framework. An amended Committees in Common Terms of Reference will be circulated to Boards for approval in due course.

- Annual rotation of Committees in Common Chair from 1st April 2023 who will work to a defined set of objectives for the year.
- Embed a culture of collaboration across the 3 Hospitals overseen by a Chair / NED led Steering Group.
- Finalise branding and new partnership identity for the NWHG and associated workstreams.
- Agee the roadmap for implementation of the Acute Clinical Strategy across the NWHG and wider system.

2.3-NWHG Programme Executive

A NWHG Programme Executive has been established (this includes CEOs, Directors of Strategy and Programme Team) and will meet monthly. The Executive will play a key role in providing oversight and assurance to the NWHG Programme and delivery of its key objectives and operate within the delegated authorities of each CEO. In addition to leadership of the programme and delivery of the plan the Executive will also play a key role in terms of:

- Acting as a single point of coordination with the ICS EMT and its programme of work and enable mutual value within the ICS structure.
- Act as a single point of escalation and executive action for priority system programmes of work such as the Acute Clinical Strategy, EPR, Workforce and the System Medium Term Financial Plan.
- Working with ICS Leads to map the accountabilities at each level of ICS Governance and clarify where responsibilities sit.
- Focusing on the delivery of the operational imperatives through the leadership and coordination of the service review process undertaken bi-monthly at Committees in Common. The Elective Recovery Programme was reviewed on the 13th of June with agreed actions and improvements being taken forward and the next area of review in August is UEC with a particular focus on delayed discharges and system flow.

2.4-Acute Clinical Strategy

Building upon the agreed priorities within the Norfolk and Waveney Clinical Strategy, detailed work is now underway, in collaboration with the ICS, on the development of the acute clinical strategy. Together, the strategies will ultimately define which services are delivered where within the ICS. Once designed, the acute hospitals will work together to determine how best the services from within the acutes can best be delivered around the needs of patients. The acute clinical strategy will be developed whilst acknowledging the strengths, challenges, and strategic priorities of each of the individual hospitals.

In line with the Norfolk and Waveney Clinical Strategy priorities, the Acute Clinical Strategy will aim to reduce long waits, act early to improve health, address health inequalities, be reliable, see patients as a whole person rather than a series of conditions and work as one,

high quality, resilient service. There will be overlapping phases of work, commencing with the development of a strategic framework. This will define the big picture in terms of clinical aspirations, aims and objectives. It will set out how we will work together and provide the high-level direction and further engagement with patients and staff moving forward.

An oversight group has been established to oversee and lead on the development of the joint strategy, which reports to the Programme Executive and Committees in Common. The oversight group (which includes Medical Directors, Chief Nurses and Chief Operating Officers) has agreed the strategy development plan described above.

Discussions are underway with the ICS Medical Director to ensure that the development of the acute clinical strategy is in line with the Integrated Care System's vision for service delivery.

2.5- Workforce Futures Programme

The Committees in Common at its July meeting received an update from the system wide Workforce Futures Programme which aims to build an efficient and effective workforce within Norfolk and Waveney. Everyone recognised the critical importance of this programme both on an individual hospital and wider system basis and the following was agreed in terms of next steps:

- That the Workforce Futures Programme reports on a regular basis to the Programme Executive with issues and risks escalated to the Committees in Common by way of exception.
- A commitment to enabling systemwide agreements to progress key priorities (e.g., Bank and Agency agreements)
- Work is undertaken to identify the incremental opportunities available to the acutes through working in collaboration
- Identification of a Hospital Group Senior Responsible Owner for the Bank and Agency Programme.

2.6- ICS Financial Plan Update

The ICS Director of Finance attended the July Committees in Common to provide an update on the System Financial Plan and its underpinning efficiency programme and the following next steps were agreed:

- That the Committees in Common via its Programme Executive will receive regular updates on the delivery of the system Medium Term Financial Plan
- That the Norfolk and Waveney Hospital Group develops and finalises its own Financial Efficiency Plan

2.7- ICB and Sub Committee Representation

In line with the Governance Structure of its Integrated Care Board (ICB) and Jon Barber (Director of Strategy & Transformation JPUH) has now been confirmed as the provider representative on the Integrated Care Board. NWHG has also recommended that Roy Clarke (Finance Director NNUH) and Graham Ward (Interim Chair QEH) act as the Acute

Finance Director and Provider Non-Executive Director respectively on the ICB Finance Sub - Committee.

2.8-Extraordinary Committees in Common

In line with agreed schemes of delegation an extraordinary Committees in Common is taking place on the 1st of August to review and approve the Full Business Case for the Diagnostics Assessment Centre Programme (DAC). Alongside this, a focus on Urgent and Emergency Care will take place. It is also anticipated that an additional extraordinary meeting will be required in August to review and approve an updated OBC for the Electronic Patient Record Programme (EPR).

3. Next Steps and Recommendations

Working together during 2022/23 there will be further opportunities for the Acute Collaborative to:

- Improve healthcare outcomes
- Identify new ideas, innovations, and technologies
- Share best practice
- Understand the patient journey through the health system in more detail
- Look to standardise the way we work to reduce variation and duplication.

The Boards are asked to:

- Note the key updates in the report and the proposed next steps