Agenda Item 9f

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 September 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
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 (NWHG), 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 strategic and operational imperatives moving forward. The NWHG Committees in Common at its meetings in August and September 2022 confirmed their agreement to several key areas of focus moving forward and an overview of areas discussed, and decisions made 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 of Directors with an update on progress in delivering against the Norfolk and Waveney Hospitals Group (NWHG) Plan and Strategy for 2022/23 and to provide an overview of the key areas discussed at the August and September Committees in Common meetings.

2. Update from the August Informal Committees in Common

The informal Committees in Common met on the 8th August where a development session focusing on the Urgent and Emergency Care Programme was held. This meeting was attended by Operational leads from each of the three Acute Hospitals, Stephen Collman the SRO for the UEC Programme and Mark Burgis the Director of Patients & Communities for Norfolk and Waveney ICS.

A number of key challenges and issues were presented at the meeting which included;

- Increasing demand on each acute hospital and increase in % of patients with no criteria to reside (CTR)
- Workforce challenges across all Providers
- The need for more bedded capacity in Community settings
- Insufficient Domiciliary Care capacity to meet current needs
- The need to agree a common approach to demand and capacity modelling

There remains an ongoing commitment to tackle the longest stay patients first and this requires ongoing liaison with Local Authorities in relation to patients requiring social care and those with more complex needs. In addition, there are a number of medium and long-term solutions being explored which include:

- Provider led and commissioned *Discharge to Assess* pathways
- Provision of additional reablement and domiciliary care capacity
- Recruitment of additional carers and support workers
- Creating dedicated capacity for *pathway 2* patients and patients with complex needs
- Increasing capacity at each of the urgent care treatment centres
- Expansion of virtual ward capacity

The reliance and current demands being placed on the residential and care sectors were discussed and it was felt that focused system discussion should be arranged to consider this in more detail in particular understanding the current restrictions being placed on some care providers by the CQC.

Looking forward it was noted that there is likely to be additional funding from NHS England to support winter planning and this could be used to address the current pressures on acute hospital beds by creating and commissioning additional capacity in community settings. With this winter planning in mind, it was agreed that the Urgent Care Programme would seek to match the current deficit in bed numbers with a trajectory on actions and the likely impact of those actions in terms of capacity increase.

The Chief Operating Officer from JPUH and the Deputy Chief Operating Officers from QEH and NNUH provided an update on the work that is currently being undertaken in each Acute Trust in relation to discharge planning with a focus on;

- Increasing the number of discharges before midday
- Implementing Criteria Led Discharge as business as usual across all hospital sites
- The need to redesign the current process for Transfer of Care Hubs
- Increasing the number of discharges on weekends.
- Improvements in coding and timeliness of reporting
- The need to access capital funding in a timely way to support extensions of capacity
- Revamping and refocus of system escalation meetings.

The work being undertaken at each Trust was recognised and Committees in Common asked that the three Acute Trusts continue to work together in this area to share best practice, standardise approaches and ensure alignment with NWHG and wider system programmes and strategies.

3. Update from the September formal Committees in Common

The formal Committees in Common met on the 12th September and an overview of the key areas discussed and decisions made is provided below.

Development of Shared CEO Objectives

Chairs and CEOs have worked together to finalise and agree shared objectives to underpin and support delivery of the Acute Collaborative Programme. Each of these objectives will map to the NWHG delivery plan to ensure clarity on milestones, timescales, critical path, and accountabilities.

In delivering these shared objectives each CEO will work collaboratively with fellow Acute CEOs, ensuring and enabling the right partnership behaviours and leadership within our respective executive teams. Together there is a commitment to make the most of the potential to achieve strategic change and develop a working model between the three hospitals that achieves far more than the sum of its parts.

The latest version of the objectives and associated milestones were presented at the meeting, and it was agreed that further work needed to be undertaken between the Programme Director and the CEOs to ensure greater focus on strategy and wider system priorities. The final agreed set of objectives and indicators will be presented to the October Committees in Common for sign off.

UEC Programme – Focus on Discharge Planning

Stephen Collman attended the meeting in his role as SRO of the Urgent and Emergency Care (UEC) Programme. He provided an update on the key priorities included within the System Discharge Planning Strategy focusing on new schemes, processes, and next steps in relation to winter planning and requests for additional funding.

The following key actions were agreed and will be led by the UEC Programme;

- Establish process for prioritisation of winter funding (schemes, programmes, and additional support).
- Strategy Directors to meet with Stephen Collman to discuss the opportunities for strategic alignment with existing NWHG Programmes of work such as the Acute Clinical Strategy and more specific areas of work such as virtual ward, SDEC and UTC.

- Consider whether a system dashboard could be developed to monitor the volume of 'simple' discharges being initiated across the 3 Acute Hospitals on a weekly basis.

Electronic Patient Record (EPR)

Each Acute Hospital is working towards the implementation of a shared electronic patient record (EPR). Martin Evans the Programme Director for the EPR Programme provided an update on progress to date and confirmed that;

- The OBC V1 was approved by Programme Board and Trusts in early July
- Work has been completed to improve affordability of the business case with the residual gap significantly reducing.
- There is strong support from Region / NHSE Frontline Digitisation for agreement to bridge the residual affordability gap.
- The OBC V2 was approved by the Programme Board on 9 September and is going forward for local approval by Trust Boards and ICS with Committees in Common involvement being required at the appropriate time.
- As part of the national digitisation programme with dedicated funding the aim will be implement an EPR in our acute trusts by March 2025.

Working towards a shared electronic patient record is one of the top three system priorities and it was noted that developing the EPR will be a major undertaking requiring input from clinical and operational teams in each Hospital and that it is vital that frontline staff help us to design the EPR and have a say in how it works recognising that implementation itself will be transformational.

The Committees in Common agreed that the EPR and its implementation should be a key area of focus at the informal Committees in Common in October and a wider range of stakeholders will be invited to join the discussions.

Acute Clinical Strategy

An update on the development of the Acute Clinical Strategy was provided by the QEH Director of Strategy & Integration who confirmed that completion of the first stage of development of an agreed strategic framework, has been achieved within the agreed timescales and that development of the full clinical strategy (phase 2) is due to be completed by the end of March 2023 with the following high-level milestones:

- Diagnose stage: by mid October 2022
- Forecast stage: by mid November 2022
- Generate options stage: end of Feb 2023

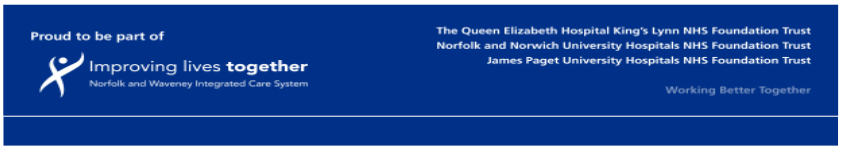
Detailed work has already commenced, in collaboration with the ICS, to confirm the opportunities for future service delivery at a specialty level, focusing on opportunities for alignment and out of hospital provision with fortnightly meetings with the ICS Medical Director now in place. This work will ultimately define which services are delivered where within the ICS and how the acute hospitals will work together to determine how best the services from within the acutes can be effectively designed and delivered around the needs of patients. The strategy is being developed in a series of overlapping phases of work and patients, staff and all other key stakeholders will be engaged throughout the development process.

In addition, it was also noted that discussions between the Trusts are taking place in relation to the Digital Histopathology Programme.

Revised Vision, Branding and Engagement Plan

A number of key priorities were identified at the Committees in Common Away Day in particular; reshaping the NWHG Branding, developing an underpinning Communication and Engagement Plan and updating the vision statement to align with the current direction of the NWHG.

In relation to branding, the NWHG Comms lead worked closely with the ICS Communications Team to develop the revised branding (image below) with an emphasis on collaboration.



As can be seen the branding;

- Includes the NHS logo with the names of the Collaborative which appears in the black text underneath.
- Follows NHS guidance naming principles.
- Link to the wider system and ICS strategy.

The Committees in Common approved the revised branding and a change in name to Norfolk and Waveney Acute Hospital Collaborative and agreed that the revised branding should be launched across the Programme from the 1st October.

The Committees in Common also approved the proposed Communications and Engagement Strategy for 22/23 and the key activities contained within.

The revised vision and purpose for the NWHG was also presented to the Committees in Common for approval and Committee asked that prior to final approval steps should be taken to make the wording more patient and user friendly.

New Hospitals Programme

The Director of Estates for JPUH and the Deputy Chief Executive for QEH updated the Committees in Common on the progress of the New Hospitals Programme for JPUH and QEH respectively.

The plans for a rebuild of the James Paget University Hospital are taking shape as the teams work on the space requirements, linked to clinical needs and national specifications. The next step is an outline business case after the JPUH team received the national go-ahead with funding confirmed back in 2020. The aim is for building work to start in 2025/26.

The Queen Elizabeth Hospital completed its Strategic Outline Case (SOC) for a new hospital in June and it is working on a series of enabling works, such as the new multi-storey car park to support its plans. Meetings have also taken place with NHS England national leads in relation to planning replacement of the current building.

Revised Delegations and Terms of Reference.

The Programme Director presented proposed changes to the Committees in Common Terms of Reference in particular changes to frequency, moving to annual Chairing arrangements from the 1st April 2023, and providing further clarity on strategic priorities moving forward. In addition, the Programme Director also presented a revised scheme of delegation outlining a broader range of decisions relating to group priorities that could be made at the Committees in Common.

The proposed changes were agreed in principle subject to advice being sought on the governance and legal position in relation to the delegation of significant spend decisions to Committees in Common. Once advice has been received the paper will be updated and shared with members of the Committees in Common for review and then onto individual Trust Boards for final approval given the Committees in Common status as a formal Sub-Committee of each individual Trust Board.

Governors Forum

The Programme Director presented a paper outlining options in relation to the future of the NWHG Governors Forum. It was noted that the NWHG Governors Forum was established to support the original intention to appoint a Group Chair and Group CEO recognising the Governor's duty in this regard. Given that this intention is no longer being pursued there is a need to agree the future direction of the Governors Forum.

The Committees in Common discussed the issue in detail and agreed with the recommendation to stand down the NWHG Governors Forum on the basis that the original reason for its establishment and function no longer remains. The factors underpinning this recommendation were;

- That we are not at the stage of formally progressing with the Group model and in that context the Governors Forum is no longer required.
- Authority at this stage rests with the whole Council of Governors at each individual Trust.

It was confirmed Governors will continue to receive updates through the Assurance Report in Common which goes to each Trust Board and will have the opportunity to raise any questions relating to the NWHG at individual Trust Council of Governors meeting. It was also noted that should a decision be made to revisit the appointment of a Group Chair and Group CEO then consideration would be given to reinstating the Governors Forum to support this process.

Provider Collaboration across the Norfolk and Waveney Integrated Care System

This item was discussed as an AOB at the meeting and the Programme Director updated on early emerging discussions at the ICS EMT in relation to how Providers could collaborate on a wider scale across the ICS.

It was felt that further discussions would need to be undertaken with Community and Mental Health Providers in the first instance to establish a shared understanding prior to the ICS EMT Away Day on the 23rd September.

4. Conclusion and key recommendations

Discussions and decisions made at the August (informal) and September (formal) Committees in Common have been integral in ensuring that the NWHG focuses on key collective priorities and delivers on the key objectives of its Programme of work in particular;

- Working with system partners to deliver the key objectives of the UEC programme with a particular focus on taking collective to reduce the number of discharge delays and to ensure sharing of best practice across the NWHG.
- Developing a common set of strategic and operational objectives.
- Agreeing an implementation plan for the development and delivery of a single Electronic Patient Record across the NWHG.
- Jointly developing a single Acute Clinical Strategy with a focus on working in partnership with the ICS to implement priority pathways during 2022/23.
- Further developing the New Hospitals Programme and progressing through NHS England approval gateways.
- Developing and launching a new brand identity for the NWHG.
- Launching a new communication and engagement plan and ongoing development and socialisation of the revised NWHG Purpose and Vision.
- Agreeing changes to the Terms of Reference and Schemes of Delegation of the Committees in Common and seeking to clarify the key decisions that Committees in Common can make on behalf of each organisation in relation to group priorities

Trust Boards are asked to note and approve the key outcomes from the August and September Committees in Common meetings.