

# EMAP Board Meeting

## March 2023 report on AGEM investment projects

### Contents

Background .....	1
Investment and Actual Spend .....	1
Summary of progress and recommendations.....	2
AGEM partnership funding 2023-4 .....	4
Summary and conclusions .....	4
Investment Programme Reports.....	5
<b>Haematology Service and Workforce Review</b> .....	5
<b>Head and Neck Cancer Capacity Dashboard</b> .....	9
<b>Cardiac Surgery Analytical Support (Phase 1)</b> .....	11
<b>EMAP Board Development</b> .....	12

### Background

AGEM agreed to an investment of £300k to support EMAP development, as part of AGEMs strategy to develop further capacity and capabilities for the future, and to demonstrate support for this important collaboration. A Memorandum of Understanding was developed and agreed that set out the investment of this funding, and that the program management arrangements would be led through UHDB – Gino Distefano Director of Strategy and James Scott Head of Partnerships.

### Investment and Actual Spend

Project Area	Budget	Actual Forecast
Haematology Service and Workforce Review	£75,000	£75,000 - staff resource costs
Head and Neck Cancer Capacity Dashboard	£50,000	£60,000 - staff resource costs
Cardiac Surgery Analytical Support [Ph1]	£120,000	£120,000 - commission of Strategy Unit to complete review
EMAP Board Development	£50,000	£50,000 - staff resource costs
<b>Total</b>	<b>£300,000</b>	<b>£310,000</b>

## Summary of progress and recommendations

The enclosed project highlight reports set out the work delivered within this budget and the recommendations for further development should the Board require this. This is summarised in the following table:

Project	Progress	Recommendations	Investment implications
<b>Haematology Service and Workforce Review</b>	<ol style="list-style-type: none"> <li>Discovery phase completed with analytics and clinical engagement</li> <li>Initial design phase on recommendations for the changes to care model</li> <li>Demand, capacity and workforce model partially built to model the impact of changes to the care model on sustainability</li> </ol>	<ol style="list-style-type: none"> <li>A full report and recommendations will be provided at the end of March from the PMO</li> <li>The pathway review has highlighted changes needed in Referrals Optimisation Outpatients design and workforce model, MDT efficiencies and standards and Ongoing Patient Management</li> <li>Completion of the demand, capacity and workforce model</li> <li>Handing over to a network group</li> </ol>	<p>If continue with development of a sustainable network with support PMO £90,000 with a 50% reduction from AGEM £45,000</p>
<b>Head and Neck Cancer Capacity Dashboard</b>	<ol style="list-style-type: none"> <li>Discovery phase completed to understand current information available across network providers and to understand PAS and cancer reporting systems used.</li> <li>Network data group established with representation from 4 main providers, monthly meetings take place. Problem statements developed and vision and priorities agreed with group. AGEM attendance at H&amp;N Cancer Board December 2022 to share findings and vision.</li> <li>Data sharing requirements agreed and DPIA template provided. Engaging with providers to identify IG Leads and agree next steps for next data sharing.</li> <li>Proof of concept H&amp;N cancer dashboard developed in Foundry to show activity and performance by site (based on national data). Demand and Capacity planning tool prototype in development awaiting data.</li> </ol>	<ol style="list-style-type: none"> <li>The network data group should continue to engage and work collaboratively. Next steps are to identify and engage with clinical leads ensure solutions meet expectations.</li> <li>Prioritise agreement of data sharing principles and establish platform for sharing of data across the network.</li> <li>Develop Demand and Capacity planning model in Foundry based on provider shared data.</li> </ol>	<p>£150,000 with a 50% contribution from AGEM [if agreed]</p> <p>£75,000 investment to deliver this</p>
<b>Cardiac Surgery</b>	Parts 1 to 3 of the following analytical work is complete and	The recommendations will be developed in early April once the	Assume similar investment request of

<p><b>Analytical Support [Ph1]</b></p>	<p>undergoing sense check stages with lead SROs Kiran Patel (WMAP) and Andrew Furlong (EMAP) and clinicians and managers who have been involved in the project from the 6 centres.</p> <ol style="list-style-type: none"> <li>1. Analysis of trends, patterns and demand factors in adult cardiac surgery</li> <li>2. Description of inequalities in access to cardiac surgery</li> <li>3. Evaluating the productivity/efficiency of cardiac surgery units</li> <li>4. Developing system dynamic and simulation models to model change scenarios for adult cardiac surgery</li> </ol> <p>The development of the system dynamics model is in its final stages with data from each centre feeding into the model and the next stage is to develop the ‘what if’ scenarios with relevant stake holders and then to test these change scenarios in the model.</p>	<p>scenarios are tested in the model and the analytical work is triangulated to these.</p>	<p>£120,000 for Strategy Unit [no AGEM contribution, but potential for reduction depending on discussion with the Strategy Unit ]</p>
<p><b>EMAP Board Development</b></p>	<ul style="list-style-type: none"> <li>• Workshop 1 (Confirming the Case for Collaboration) was completed successfully in October 2022 and the required output produced and shared with all members (Strategic intent document including “the vision for EMAP”, agreed priority areas of opportunity for collaboration, and proposed future work programme).</li> <li>• Between November 22 – January 23 a report was developed and shared with the Boards of each of EMAPs eight member organisations providing an update on the current status of EMAP, and outlining a series of key questions to be addressed relating to: membership, leadership, resource, structure, decision making, and the future collaborative work programme. Each Board was asked to note the current status and to approve the proposals</li> </ul>	<p>We recommend continuing with the development programme as planned, including a further x2 workshops that has not yet been possible to complete (due to time constraints including winter pressures and the requirement to engage all member organisation Board via the progress report and key questions described above). We propose that this would run as follows:</p> <p>Workshop 2 (schedule for May 2023) Workshop 3 (schedule for August 2023)</p> <p>The focus of these workshops will be to build on progress made during the first workshop in October 2022, and to consider the Board responses to the January 2023 report. The workshops should therefore include membership (CEOs and MDs) of each eight member organisation and will focus on confirming the future collaborative workplan for</p>	<p>Assumption of support and development for £100,000 [with some external support] and an AGEM reduction of 50% £50,000</p>

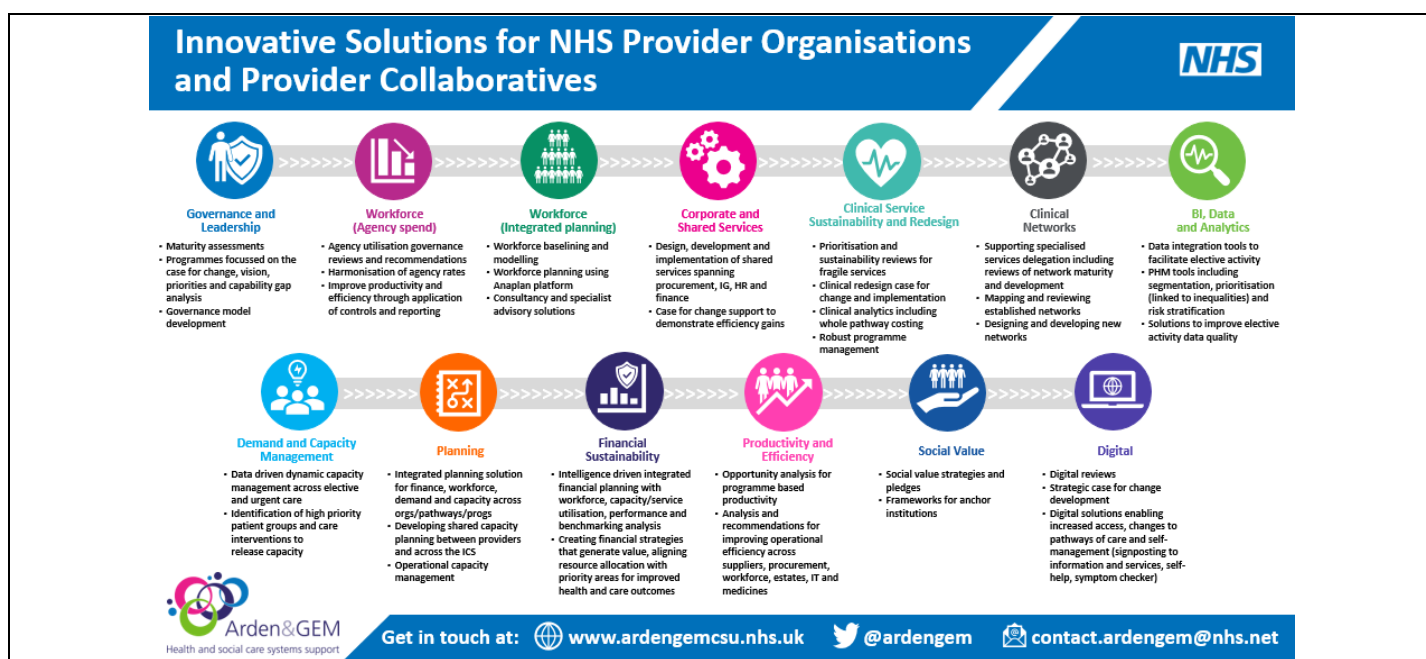
		EMAP, as well as a shared agreement on the future operating and governance model required to deliver the workplan effectively.	
<b>Total</b>	Potential carry forward work for prioritisation		<b>£290,000 estimate</b>

Board members are invited to note the additional investment made, and the progress, and learning points on the enclosed reports, and to discuss any area in this that would be suitable for prioritisation in 23-4 alongside new projects and initiatives that meet the strategic development goals of EMAP

## AGEM partnership funding 2023-4

AGEM is offering a model for 2023-4, where if a project is commissioned and funded it will be matched by an equivalent resource from within AGEM, therefore a project funded at say £50k would buy £100k of support against and agreed specification.

This fund is being made available to EMAP first as part of the strategic and collaborative support provided. The list below provides a summary of the sort of support and capabilities that might be accessed if required.



## Summary and conclusions

The resources made available have been fully deployed, however greater value might have been gained with a clear leadership model within the executive having fuller engagement on the priorities that have been selected and to drive results against each area, together with project reporting, accountability and performance against results required for the investment

Alison Tonge  
ISS Director AGEM

# Investment Programme Reports

## EMAP – AGEM Investment Report March 2023

### Haematology Service and Workforce Review - Prepared by Zeshan Mahmood

#### Project scope

EMAP commissioned Arden & Gem to lead a review into Haematology services across East Midlands Providers with a view to address the significant challenges the services are facing including increasing demand and workforce shortages. The programme aims to work with key stakeholders from across the 8 Trusts to design a future sustainable model for Haematology, looking at pathway re-design and new workforce models. The review aims to present a set of clear clinical recommendations to EMAP in March 2023 for implementation.

#### Key deliverables:

- Develop a workforce plan / actions / recommendations for approval to implement
- Clinical recommendations for changes to pathways employing a whole pathway approach to address demand and current inefficiencies
- Identify solutions that require a networked approach
- Develop a model / tool for analysing demand and capacity across the region using the existing pathways and new proposed pathways to understand current and future gaps
- Establish baseline to measure change

#### How the work was organised and delivered

An initial analytical analysis was conducted using centrally accessible SUS data for each of the 8 Trusts to understand the variations that exist for Haematology activity across the region. The outputs of the analysis and case for change were presented at a workshop involving clinical and operational representatives from each Trust.

#### Key outputs from the session were:

- Demand is high and increasing some of which may be exacerbated by non-acute / system factors and therefore primary care involvement is necessary
- Significant, sustained workforce challenges, particularly in medical staff
- Challenges in capacity, particularly outpatients and diagnostics
- Variances both in performance but also the intensity or of the challenge between East Midlands providers

It was agreed to commence a programme of work to review and develop solutions to the issues identified, revolving around workforce and service pathway models.

#### The project was subsequently broken down into the following areas:

- Pathway redesign
- Workforce redesign
- Demand and capacity

For each of these areas a specialist was engaged to gather the relevant data and to create a process or plan to support teams to understand the problems and implement any solutions identified.

#### Pathway Redesign

Engagement with key clinical and operational leads at each Trust both individually as well as at a collaborative workshop involving primary care to understand the challenges within each segment of the pathway. Circulation of a questionnaire and results analysed to identify those areas of the pathway that are to be prioritised and potential solutions.

Desktop research for the areas identified, to ensure good practices and standards that may exist within, or outside region are captured in the design.

Establish working groups with dedicated Clinical leads to work up the solutions proposed and develop a list of recommendations / action plan for improvement.

### Workforce Redesign

Partake in the Health Education England Workforce Planning Masterclass Workshops to understand the 6-step process for workforce planning

Using the HEE Masterclass sessions to engage with key stakeholders from across the 8 Trusts to develop alternative staffing models for the outpatient setting

Obtain DPIA sign-off and subsequently acquire data to baseline workforce and understand gaps to enable a strategic workforce plan to be developed

### Demand and capacity

Collate a set of metrics encompassing outpatient activity and capacity data to be used for modelling current and future demand and impact of any changes. Design and develop a modelling tool on Anaplan involving a Test site (Trust)

Progress – what has been achieved

### Pathway Redesign

The pathways areas for focus have been identified as:

- Referrals Optimisation
- Outpatients and Ongoing Patient Management
- MDT Efficiencies

Action plans are being created for teams to use as they progress the work. Leads for each of the areas have been identified and the first meetings have taken place. Although this work is still in its infancy and will require ongoing focus, some of the recommendations that have been worked up are:

#### **MDT**

- Stakeholders input and agree on the East Midlands Haematology MDT standards that have been drafted. This document aims to support triage, management, outcome, and audit of the MDT meetings. EMAP to review and sign-off for implementation.
- Agree bi-annual audit of MDTs and look at potential for peer review.

#### **Referrals**

- Agree tests that can safely and appropriately be undertaken in / by primary care with a view to ensuring patients are 'as investigated as possible' prior to referral
- Categorise and agree tests that fall under primary and secondary care to optimise patient pathway and reduce duplicate repeat testing. Develop associated guidance for roll-out
- Review the IT requirements to support information sharing
- Understand approach to advice and guidance at each Trust and agree approach to be used and communicate with wider health community
- Review of report writing and additional information that needs to be communicated to recipient
- Collate all education information, format in an easily consumable way and engage with education teams to support wider rollout
- Agree formal project group to take work forward

#### **Outpatients**

- Engage with clinicians who can agree clinical guidelines for new approaches to patient management.
- Share good practice for new clinics and engaging with additional staff e.g. GPs
- Create a detailed plan for workforce recruitment, management and training.
- Review care planning approaches from other specialties to understand what is possible for haematology.
- Set up group to look at the approach going forward.

### Workforce

The project has, to date, not delivered a strategic workforce plan, although there are processes in place to collect and collate data to support this. The project team are waiting for DPIA and information sharing agreements to be completed by participating Trusts.

The HEE Masterclass workshops have been used to develop a workforce model for outpatients with a view to expand the workforce by focussing on non-medics. Currently, working group meetings are in place to test the outputs, ensure input from across the Trusts, and agree a final model. These meetings are running until 22<sup>nd</sup> March 2023.

Demand and Capacity

Work has been undertaken and partially completed to develop a Haematology specific demand and capacity outpatients modelling tool and a workforce modelling tool on Anaplan. A combination of centrally accessible SUS data and dummy data has been used to test the functionality of the tool. Further work is required to deliver acceptable outputs to the customer

What are your recommendations for any follow -on work in 23-4 to hand over to an Executive Lead

Pathway Redesign

Each of the areas of focus require a dedicated project team, made up of staff from each organisation, to take the actions listed above forwards. To make improvements the teams will require a dedicated service improvement specialist, who understands the complexities of this level of work, to support them in a collaborating and implementing the solutions at scale. The service improvement specialist should also be able to provide project management support to ensure that the work is undertaken in a timely way so as not to lose momentum.

Workforce

Workforce planning - Once DPIA approval is complete, existing systems can be used to produce a workforce baseline and feed this into the Anaplan model. This will then allow for scenario planning around skills mix changes and gap analysis between current and future models of care. Once this is complete, to work with the participating Trusts to agree workforce action plans and make recommendations for implementation of workforce changes, incorporating the outpatients workforce model that has been developed.

Demand and capacity

Further work will be required to test the model with Trusts and input Trust level activity and workforce data (once DPIAs are signed off) to complete and to deliver acceptable outputs to the customer. This will include inputting the change initiatives developed through the workforce and pathway redesign workstreams into the tool to model the impact on demand and enable future planning of capacity to meet demand

What would you recommend in terms of

Project governance

This work would benefit from a governance structure that allowed discussions to take place across all organisations and that would allow issues to be escalated for support from senior team members from each organisation and across the East Midlands.


Updates to EMAP Board of key project milestones and avenue for escalating any issues/risks identified

Specialist support

Ongoing service improvement and workforce specialists are required to ensure that the right tools and techniques are applied throughout the lifecycle of the project. Furthermore, dedicated specialists from the Haematology clinical and managerial teams across the 8 Trusts to ensure agreed recommendations are implemented into each service and practice

Project management





Service improvement specialists often also bring the skills of project management. This is vital to ensure the momentum is maintained and that activities are understood and aligned to support the implementation of solutions.


**Leadership /executive support**

The programme is supported by a programme manager to coordinate activities between project teams and with EMAP, consideration should be given on future leadership.

**Clinical engagement and leadership**

Pathway Redesign

The current pathway area leads are also included in other pieces of work, so their time to support this work is very limited. Having a more diverse group, made up of staff within a managed network, would mean that discussions and solutions may be richer. This would be a good opportunity to allow more junior clinicians the opportunity to build their service improvement skills, with the support of senior team members where barriers were encountered.





## Head and Neck Cancer Capacity Dashboard - Prepared by Doug Smith

### Project scope

Head and Neck Cancer services within the East Midlands have experienced significant sustainability challenges, as well as several Data Challenges when looking at this Service from a Whole Network and End-to-End Pathway perspective, including:

- Waitlist and associated data is often not visible, out of date and inaccurate which impacts operational effectiveness and inequity of care
- No holistic view of current regional capacity (both asset and workforce) in a single location
- Lack of insight from current information to improve capacity planning across trusts in the region, including staffing options, and capacity initiatives.

The AGEM Foundry Programme were engaged to work collaboratively with the East Midlands H&N Cancer Network to develop an actionable tool, or set of tools, to assist the participating trusts in improving operational performance across the Head and Neck pathway.

### How the work was organised and delivered

During 2022/23 the work was organised into four main workstreams as follows:

1. Reviewing Existing Business Intelligence provided throughout the Network and carry out Gap Analysis and create Delivery Plan to achieve agreed requirements, including identification of Best Practices and Quick Wins from existing information.
2. Engaging with Network Providers through Focussed Workshops to clearly Define the Problem Statements, understand Desired Outcomes, and agree Scope and prioritise Requirements.
3. Establishing Data Sharing and Information Governance foundations for the data programme.
4. Developing Foundry capabilities to deliver near real-time data across the prioritised pathway components at the system and provider collaborative level.

### Progress – what has been achieved.

5. Discovery phase completed to understand current information available across network providers and to understand PAS and cancer reporting systems used.
6. Network data group established with representation from 4 main providers (data and cancer performance leads), and monthly meetings take place. Problem statements developed and vision and priorities agreed with group. AGEM attendance at H&N Cancer Board December 2022 to share findings and vision.
7. Data sharing requirements agreed and DPIA template provided. Currently engaging with providers to identify IG Leads and agree next steps for next data sharing.
8. Proof of concept H&N cancer dashboard developed in Foundry to show activity and performance by site (based on national data). Demand and Capacity planning tool prototype in development awaiting data.

### What are your recommendations for any follow -on work in 23-4 to hand over to an Executive Lead

4. The network data group should continue to engage and work collaboratively. Next steps are to identify and engage with clinical leads ensure solutions meet expectations.
5. Prioritise agreement of data sharing principles and establish platform for sharing of data across the network.
6. Develop Demand and Capacity planning model in Foundry based on provider shared data.

[See Appendix 1]

### What would you recommend in terms of

#### Project governance

Weekly meeting between AGEM delivery lead and Network lead (Michelle Graham)

Continue monthly network data group meetings.

Updates to EMAP board to be improved.

Quarterly updates to H&N Cancer board to be established

#### Specialist support

Data sharing has proved the most challenging aspect of this project, therefore any expertise in data sharing and governance would be useful to unblock these challenges.

**Project management**

Project management to be provided by the AGEM Foundry Programme in line with current practice if funded .

**Leadership /executive support**

Data sharing by providers has proved the most challenging aspect of this project, therefore executive support may be required. Any need for executive support will be escalated.

**Clinical engagement and leadership**

Clinical engagement is fundamental to this programme. H&N Cancer Board have agreed to nominate clinical leads who we will engage with as part of a core group, advising and informing the various stages of the project particularly the modelling.

**Appendix 1 - Foundry Programme, East Midlands H&N Cancer Network, Delivery Roadmap**



East%20Midlands%20H&N%20Cancer%20Network%20Delivery%20Roadmap

**Cardiac Surgery Analytical Support (Phase 1) - Prepared by Mahmooda Begum**

**Project scope**

West Midlands Acute Providers (WMAp) and EMAP via the NHSE regional team have commissioned the [Strategy Unit](#) to undertake analysis to support the development and design of specialist adult cardiac surgery services across the Midlands. The support is intended to provide additional insight to the existing workstreams under way and ultimately to aid with elective recovery and waiting list reduction.

The analysis is designed to explore the following questions:

1. What is the current state of provision and how does that compare to previous? Are there any obvious differences/similarities between centres
2. What is the balance between interventional and surgical revascularisation and is it consistent? [NB this requires us to look at PCI activity outside centres ...so we can also describe balance at a populations level.]
3. Are services equitable?
4. How might future demand impact?
5. What patient or pathway factors appear to drive higher resource utilisation in cardiac centres?
6. Is there any indication that there are productivity improvement opportunities within and across centres?
7. Can we create and populate a model which reflects the dynamic system that exists in and around cardiac centres and that allows us to explore the possible impact of changes?

**How the work was organised and delivered**

The analytical work from September 2022 to April 2023 is as follows:

5. Analysis of trends, patterns and demand factors in adult cardiac surgery
6. Description of inequalities in access to cardiac surgery
7. Evaluating the productivity/efficiency of cardiac surgery units
8. Developing system dynamic and simulation models to model change scenarios for adult cardiac surgery

Each element is being delivered by an expert in the relevant analytical approach supported by experienced analysts.

**Progress – what has been achieved**

Parts 1 to 3 of the analytical work is now complete and undergoing sense check stages with lead SROs Kiran Patel (WMAp) and Andrew Furlong (EMAP) and clinicians and managers who have been involved in the project from the 6 centres.

The development of the system dynamics model is in its final stages with data from each centre feeding into the model and the next stage is to develop the ‘what if’ scenarios with relevant stake holders and then to test these change scenarios in the model.

**What are your recommendations for any follow -on work in 23-4 to hand over to an Executive Lead**

The recommendations will be developed in early April once the scenarios are tested in the model and the analytical work is triangulated to these.

**What would you recommend in terms of:**

**Project governance**

Regular meetings/emails to update SROs from WMAp and EMAP  
 Updates to WMAp Board, EMAP Board and CCEF at key milestones of project  
 Any issues/risks flagged to Kiran Patel in the first instance

**Specialist support**

The project requires high engagement and involvement of the 6 cardiac centres including analysts, clinicians and operations managers representing the centre and providing relevant data and

**Project management**

Each analytical project has a dedicated project manager feeding into the overall programme manager and project director who will liaise with WMAp and EMAP SROs and NHSE regional team to ensure delivery and management of the projects.

**Leadership /executive support**

The programme is supported by a programme manager to coordinate activities between project teams and with WMAp and EMAP and the NHSE regional team. Leadership for the programme is provided by Peter Spilsbury, Director of the Strategy Unit.

**Clinical engagement and leadership**

Clinical engagement is fundamental to this programme and clinicians and operations managers have been involved as part of a core group advising and informing the various stages of the project particularly the modelling.

## EMAP Board Development - Prepared by Sara Roberts

### Project scope

AGEM were commissioned to design and deliver a Development Programme for the East Midlands Provider Alliance (EMAP), focussed on your continued development towards working effectively at scale, through collaboration and partnership across the East Midlands.

The programme would be designed to cover 3 key elements of provider collaboration development:

1. Agreeing the case for change - Confirming a shared understanding of the vision, core purpose and aims of the Provider Collaborative, and establishing short, medium and long terms priorities.
2. Capability Gap Analysis - Providing a common understanding of the capabilities required to effectively discharge your functions and achieve your identified priorities
3. Governance Arrangements - Exploring the future form and governance arrangements required to organise capabilities in order to deliver your vision and strategic priorities, to hold each other to account and to ensure robust mechanism for decision making.

The outputs of the work were agreed as follows:

1. Strategic intent document- including agreed priorities and collaboration direction
2. Capability Assessment including gap analysis report and recommendations
3. Governance options appraisal and recommendation report

### How the work was organised and delivered

Programme planning and organisation was undertaken by a small working group attended by Gino DiStefano and James Scott on behalf of EMAP, and Alison Tonge and Sara Roberts on behalf of AGEM.

The delivery plan was for a 3-workshop programme as follows, resulting in the production of the outputs listed above:

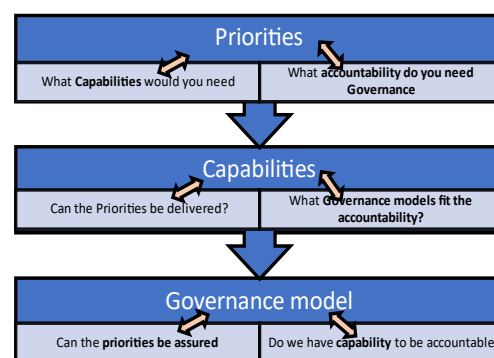
Workshop 1 (October 2022) – The case for collaboration

Workshop 2 (planned for January 2023) – Collaboration priorities and capabilities

Workshop 3 (planned for March 2023) – Collaborative governance and operating model

Prior to the workshops a series of 1:1 exploratory interviews were conducted with representatives from all EMAP member organisations (Medical Directors, and a mixture of Chief Operating Officers (COOs) and Directors of Strategy (DoS) from each partner Trust). Key findings and themes from the interviews were used to design the content of the development programme.

A delivery partner (Carnall Farrar) was procured to support the delivery of the development workshops alongside colleagues at AGEM and EMAP, providing senior peer to peer level leadership development expertise.



### Progress – what has been achieved

- Workshop 1 was completed successfully in October 2022 and the required output produced and shared with all members (Strategic intent document including “the vision for EMAP”, agreed priority areas of opportunity for collaboration, and proposed future work programme). [See Appendix 2 and Appendix 3]
- November 22 – January 23 a report was developed and shared with the Boards of each of EMAPs eight member organisations providing an update on the current status of EMAP, and outlining a series of key questions to be addressed relating to: membership, leadership, resource, structure, decision making, and the future collaborative work programme. Each Board was asked to note the current status and to approve the proposals [Alison do we know the outcome of this and do we have the final version to be able to attach it as an appendix?].

**What are your recommendations for any follow -on work in 23-4 to hand over to an Executive Lead**

We recommend continuing with the development programme as planned, including the further x2 workshops that to has not yet been possible to complete (due to time constraints including winter pressures and the requirement to engage all member organisation Board via the progress report and key questions described above). We propose that this would run as follows:

- Workshop 2 (schedule for May 2023)
- Workshop 3 (schedule for August 2023)

The focus of these workshops will be to build on progress made during the first workshop in October 2022, and to consider the Board responses to the January 2023 report. The workshops should therefore include membership (CEOs and MDs) of each eight member organisation and will focus on confirming the future collaborative workplan for EMAP, as well as a shared agreement on the future operating and governance model required to deliver the workplan effectively.

**What would you recommend in terms of**

**Project governance**

- Continue regular planning meetings with EMAP leads and AGEM delivery leads at which opportunities / issues / risks will be escalated and project progress / planning discussed
- Consider the establishment of an expanded programme steering / leadership function to include further representation by key nominated EMAP members who will be integral to the design and delivery of the future development programme
- Updates to EMAP Board and continued attendance by AGEM delivery leads at monthly EMAP Board meeting

**Specialist support**

The programme requires specialist leadership / organisational development support, to include senior (Board Level) peer to peer leadership development expertise and capability

**Project management**

Some project management support is required to co-ordinate the planning and preparation of future workshops, access diaries of senior staff across multiple organisations, develop action plans for key work to be completed between workshops etc.

**Leadership /executive support**

As EMAP’s work programme expands and as the development programme continues, it is recommended that an expanded and formalised coordinating / steering /overseeing leadership function will be required. At present, existing strategy team personnel provide this function (supported by AGEM), however greater capacity could be offered for example through ring-fencing senior resource from within member Trusts or establishing a specific senior role.

**Clinical engagement and leadership**

To date this programme, as well as others supported by AGEM (Haematology, Head & Neck, Cardiac etc.) have illustrated that dedicated clinical leadership brings increased traction and engagement and therefore it is strongly recommended that this is a key requirement to delivering the future work plan.

**Appendix 2 – EMAP Development Programme Workshop 1 Write Up (Vision for EMAP and agreed priority areas for collaboration**

**Appendix 3 – EMAP Collaboration Priorities / Proposed Future Workplan (Nov 23)**



221007 EMAP  
Workshop Pack Write



EMAP Collaboration  
Priorities Nov 22.pdf