

**TRUST BOARD**

<b>Date of Meeting:</b> 18/12/2012	<b>Agenda Item No:</b> 6.4	<b>Enclosure:</b> 8
<b>Intended Outcome:</b>		
<b>For noting</b> ✓	<b>For information</b>	<b>For decision</b>
<b>Title of Report:</b> Organisational Readiness		
<b>Aims:</b> This report aims to provide a progress report to the Board Members on the key items of business to prepare for the acquisition date.		
<b>Executive Summary:</b>		
<p>This report provides assurance to Board Members of the range of items of business to ensure North Cumbria is best placed to be ready for the acquisition.</p> <p>This report focuses on:</p> <ul style="list-style-type: none"> <li>▪ Establishing the right leadership</li> <li>▪ Ensuring the clinical strategy drives the highest quality of care</li> <li>▪ Ensuring the right relationships are in place with the Clinical Commissioning Group</li> <li>▪ Establishing service line reporting to ensure the leaders have the right information to take the right decisions at the right time</li> <li>▪ Being visible</li> </ul>		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		✓
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		✓
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		✓
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		✓
<b>Recommendations:</b>		
The Board is requested to approve this report.		
<b>Prepared by:</b> Ann Farrar Interim Chief Executive	<b>Presented by:</b> Ann Farrar Interim Chief Executive	

## ORGANISATIONAL READINESS FOR THE ACQUISITION

### 1. Introduction

This report provides assurance to Board Members of the range of items of business to ensure North Cumbria is best placed to be ready for the acquisition.

This report focuses on:

- Establishing the right leadership
- Ensuring the hospital clinical strategy drives the highest quality of care
- Ensuring the safety and quality priorities are embedded
- Ensuring the right relationships with the Clinical Commissioning Group
- Establishing service line reporting to ensure the clinical leaders have the right information, to take the right decisions, at the right time.
- Bring visible

### 2. Establishing the right leadership

The Trust Board approved the proposed leadership plan in June and this is now being put into effect. The Clinical Business Unit Directors became effective from Monday, 3<sup>rd</sup> December and their organisational charts are enclosed for information. The next stage of development is the recruitment of Clinical Directors across North Cumbria. These are very important posts for the day to day leadership of integrated care pathways.

The interviews for the GP Medical Director took place in November and Dr. Peter Weaving was appointed (subject to usual employment checks). We look forward to Peter joining North Cumbria in January and supporting closer relationships with primary care to ensure we have a greater fit with each others' priorities to support the patient at every stage of their pathway.

### 3. Ensuring the clinical strategy drives the highest quality of care

The first meeting of the Group Clinical Policy Group took place on Friday, 7<sup>th</sup> December and the clinical strategy (as described in Care Closer to Home) was agreed and the focus is now on implementation. To take this forward the Clinical Business Units have taken time out in the last two weeks to work on the development of the big improvements that need to be in place and we look forward to each Clinical Business Unit presenting their findings to the Clinical Policy Group in January and recommending these to the Trust Board in January.

#### **4. Quality Strategy and supporting Safety and quality priorities**

The safety and quality priorities were launched from 26<sup>th</sup> November and are positively reported to all staff and at all entrances. Metrics to support the measurement of improvement are now reported to the Trust Board.

The draft quality strategy has now been approved by both the Group Clinical Policy Group and the Trust Board. This will now be launched and delivered via the Quality Council from January 2013.

#### **5. The right relationships with the Clinical Commissioning Group**

The first meeting of the local Clinical Forum took place on Wednesday, 12<sup>th</sup> December and the outcome will be reported verbally to the Board. The first meeting of the Strategy Forum will take place on 20<sup>th</sup> December.

#### **6. Establishing service line reporting to ensure the leaders have the right information, to take the right decisions, at the right time**

A significant improvement going forward for the successful operation of the clinical business units will be access to real-time information about costs, income, expenditure and clinical outcomes at clinical business unit level but also at service line and ward level. This information is essential. A steering group is established to take service line reporting forward so the minimum is in place for the acquisition. This will receive the support of the clinical business unit leaders and Northumbria staff who have a tremendous knowledge and experience. A report will now come to the Finance Committee at monthly intervals and this will be a major driver to deliver the right financial outcome of the Trust.

#### **7. Being Visible and Listening**

The Director of HR has produced a structured schedule of staff walk-rounds for the Executive Directors. The Interim Chief Executive continues to be based at WCH and CI at weekly intervals and visit clinical areas weekly and also meet 1:1 with Consultant staff and other clinical staff that request meetings. This is proving to be very popular and encourages open dialogue.

To support this a leadership development event was held on Thursday, 6<sup>th</sup> December for all operational managers to listen to the feedback from the staff survey and produce four actions to improve staff engagement in their respective clinical business units. These will be considered and approved by the clinical business units during January and presented to the Trust Board.

## **8. Work-Stream Risks**

The Transition Board risk register will now be subject to regular review by the senior management team as normal business.

### **Recommendation**

The Board is asked to approve this report.

Ann Farrar  
**Interim Chief Executive**  
December 2012