

**TRUST BOARD**

<b>Date of Meeting:</b> 27/11/12	<b>Agenda Item No:</b> 7.2	<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 as approved by the Board in June</li> <li>▪ Ensuring the hospital clinical strategy drives the highest quality of care</li> <li>▪ Ensuring the safety and quality priorities are embedded to drive our quality objectives</li> <li>▪ Ensuring the right relationships are in place with the Clinical Commissioning Group to deliver the Commissioners strategy and North Cumbria's strategy</li> <li>▪ Establishing service line reporting to ensure the leaders have the right information about their service to take the right decisions at the right time</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 note 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 to drive our quality objectives
- Ensuring the right relationships are in place with the Clinical Commissioning Group to deliver the Commissioners’ strategy and North Cumbria’s strategy
- Establishing service line reporting to ensure the clinical leaders have the right information about their service to take the right decisions at the right time.

**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 were appointed on Tuesday, 6<sup>th</sup> November and the Deputy Directors were appointed on Monday, 12<sup>th</sup> November. The following appointments were made:

<b>Business Units</b>	<b>Emergency Surgery and Elective care</b>	<b>Emergency Care and Medicine</b>	<b>Clinical Support</b>	<b>Paediatrics</b>
<b>Clinical Business Unit Directors</b>	Mr. Patrick Armstrong	Dr. Denis Burke	Dr. Clive Graham*	No appointment*
<b>Deputy Directors</b>	Louise Corlett	Barbara Monk	Stephanie Preston*	No appointment*

Notes\*: It is recommended that the Clinical Business Unit Director for Clinical Support Services explore options for an integrated Business Unit with Northumbria Healthcare NHS FT. It is also recommended that the Associate Medical Director for Paediatrics explore the options for an integrated Clinical

Business Unit for Paediatrics for Northumbria Healthcare NHS FT. Both reviews should report their findings to both Trust Boards before the end of March 2013.

The interviews for the GP Medical Director are planned to take place on Wednesday, 21<sup>st</sup> November.

### **3. Clinical Policy Group**

The first meeting of the West Clinical Policy Group was held on Friday, 16<sup>th</sup> November. Over 90 clinical staff were invited (35 regular members) and 56 clinicians for the purpose of receiving feedback on the findings of the case-note review and agreeing the action plan to act. The first meeting of the Group Clinical Policy Group is planned for Friday, 7<sup>th</sup> December.

### **4. Ensuring the hospital clinical strategy drives the highest quality of care**

North Cumbria senior management team and Northumbria senior management team met on Thursday, 8<sup>th</sup> November to consider the hospital clinical post integration plan including cost reductions and investments going forward. This plan sets out what needs to be implemented (and where there is much clinical consensus) following the agreement to Closer to Home and also some pressing operational issues. This plan is in advanced draft stage and will be shared with Board members. This plan is was produced by the Interim Chief Executive and the Clinical Director for Service Transformation, since September 2012, following the meetings with clinicians to get a better understanding of the way forward to address the structural financial deficit and ensure a strong clinical vision in line.

The organisational and clinical service strategy workshops are now arranged for the last week in November/1<sup>st</sup> week in December and there is positive feedback from senior clinical staff. The clinical teams will receive an overview of the organisational and individual clinical strategies to form a whole hospital clinical strategy at the Clinical Policy Group in January.

At the last Trust Board it was agreed to hold a Board Development session, led by Bernard Marr, on 18 December (8.30-10am) followed by one to one interviews in order to produce a 1<sup>st</sup> draft of the 'Plan on a Page'. From here, we agreed the next stage would be develop this approach into a Group organisational strategy with the Board of Directors from Northumbria and this is planned from February.

### **5. Draft Quality Strategy and supporting Safety and quality priorities**

The safety and quality priorities will be launched from 26<sup>th</sup> November and reported via appropriate metrics to the Trust Board from next month. The Director of Patient Experience, Annie Laverty is presenting a draft Quality Strategy to the Board in November. Together, both of these measures will drive Quality in North Cumbria in line with Monitor's Quality framework.

## **6. Ensuring the right relationships are in place with the Clinical Commissioning Group to deliver the Commissioners strategy and North Cumbria's strategy**

There is now agreement by both the Trust and the Clinical Commissioning Group on the right relationships and governance arrangements for strategic and operational clinical matters of business. This was agreed during November. The first meeting of both Groups is being arranged for the month of December. The key purpose is to continually improve patient care so there is seamless care for the patient.

## **7. Local Medical Committee**

I met the Chair of the Local Medical Committee and Chief Executive of the Lancashire & Cumbria Consortium of LMCs with Dr. Derek Thomson, Medical Director of NHCFT week beginning 5<sup>th</sup> November. We agreed on the variety of ways that the LMC could be engaged with the Trust and these are now being put in place with effect from January 2013. In effect the LMC will be a member of the North Cumbria Clinical Policy Group and likewise the GP Medical Director will have a co-opted voice on the LMC.

## **8. Establishing service line reporting to ensure the leaders have the right information about their service 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.

## **9. Being Visible and Listening**

The Director of HR has produced a structured schedule of staff walk-rounds for the Executive Directors and the feedback will be reported to the senior management team meetings from week beginning 26<sup>th</sup> November.

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.

## **10. Work-stream Risks**

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

Ann Farrar  
Interim Chief Executive  
19<sup>th</sup> November 2012