

TRUST BOARD

Date of Meeting: 30/04/2013	Agenda Item No: 6.2	Enclosure: 13
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Organisational Readiness		
Aims: This report aims to provide a progress report to the Board Members on the key items of business to prepare for the acquisition date.		
Executive Summary:		
<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"> ▪ Establishing the right leadership ▪ Corporate Strategy, Clinical Strategy & Integrated Forward Plan ▪ Ensuring the right relationships with the Clinical Commissioning Group, Cumbria Partnership NHS FT and the County Council ▪ Being Visible and Listening 		
Specific implications and links to the Trust's Strategic Aims:		
We deliver excellent clinical outcomes along closely integrated pathways		✓
We provide excellent patient-centred services		✓
We deliver excellence in safety, quality and regulatory compliance		✓
We deliver efficient care and work within budgets		✓
Recommendations:		
The Board is requested to approve this report.		
Prepared by: Ann Farrar Interim Chief Executive	Presented by: 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
- Bring visible

2. Establishing the Right Leadership

The Clinical Business Unit structure is taking shape with the appointment of all clinical directors. The next tier of review is for the general managers, operational managers and the modern matrons. This is scheduled to start from early May. The organisational development for these teams starts from the Summer.

Two Clinical Business Units (Paediatrics & Clinical Support and Cancer Services) presented their proposals to the Group Clinical Policy Group in March and these were accepted and the NCUH Board accepted these recommendations in March. Paediatrics and Clinical Support & Cancer have held their first shadow Board meetings and this is welcomed.

Clinical Policy Group is developing an open and transparent culture by clinical leaders discussing challenges and addressing concerns. They are also discussing the learning as a result of serious incidents and complaints and agreeing the right action plan and holding colleagues to account.

3. Corporate Strategy, Clinical Strategy & Integrated Forward Plan

The draft Corporate Strategic Plan on a Page was discussed at the Oversight Committee in March and a joint Trust Board is being arranged in May to discuss this further. In the meantime, this is the Plan on which North Cumbria moves forward.

The Integrated Forward Plan was approved by the Board last month. The safety and quality priorities confirm the delivery of this Plan to all staff and

these are to be embedded in appraisals this year. This was emphasised via the staff road-shows during April.

The clinical strategy has executive leadership in the form of the Clinical & Operational Work-stream. A work programme is in place and is split into pre-acquisition, safe day one and transformation. This feeds into the draft post transaction integration plan. The priorities were presented to the Board via the clinical business unit Plan on a Page. Presentations to the Board last month were vascular surgery and trauma & orthopaedics. Primary PCPI, general surgery and out of hours emergency GI will feature in future months.

4. Ensuring the right relationships with the Clinical Commissioning Group, Cumbria Partnership NHS FT and the County Council

Positive relationships are developing with key stakeholders providing opportunities to discuss opportunities such as the Kings Fund work on “Integrated Care” and as well as forums to consider in greater depth challenges we all have to deliver the minimum NHS standard of patients being treated within 4 hours. There is a real opportunity for partners to work with NCUH to “pull” patients along a journey of seamless care, 7 days a week rather than the current system which is designed for a “wait and book” service more fit for a Monday to Friday service. The first high level clinical leaders’ meeting to discuss this is on 1 May.

5. Being Visible and Listening

A structured schedule of staff walk-rounds is in place for the Executive Directors. The Interim Chief Executive continues to be based at WCH and CIC 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.

Clinical Business Unit Directors are now working 50% of their time on leading the Business Unit and are working on both sites during the week. They are also starting to do walk-rounds and getting to meet staff and work with them to resolve problems. Many of the CBU Directors attended the staff roadshows.

Recommendation

The Board is asked to approve the progress in this report.

Ann Farrar
Interim Chief Executive
April 2013