

TRUST BOARD

Date of Meeting: 26/02/2013	Agenda Item No: 6.2	Enclosure: 9
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 ▪ Ensuring the clinical strategy drives the highest quality of care ▪ Ensuring the right relationships are in place with the Clinical Commissioning Group ▪ Establishing service line reporting to ensure the leaders have the right information to take the right decisions at the right time ▪ Being visible 		
Specific implications and links to the Trust's Strategic Aims:		
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		✓
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
- 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 next stage of development is the recruitment of Clinical Directors across North Cumbria and this process started in January. The Emergency Surgery and Elective Clinical Business Unit are planning to hold interviews in February and the Emergency Care and Medical Business Unit are planning to hold interviews in March. Two Clinical Business Units (Paediatrics & Clinical Support) are working on the proposed model for integrated working and will report to the Trust Board in March.

3. Producing, Approving and Delivering a Corporate Strategy and Clinical Strategy

The draft Corporate Strategic Plan on a Page will be discussed at the first Oversight Committee in March and a joint Trust Board between Northumbria and North Cumbria should be arranged to consider and agree a Group Strategy before the end of March. Consultation with key stakeholders is taking place and this plan is receiving positive feedback. This will continue over the next few months.

The key improvements were included in the Draft Integrated Forward Plan required by the Trust Development Authority by 25th January. The Trust Development Authority has confirmed approval of our draft plan (feedback on finance is still expected). An updated version is expected following the successful negotiation of the contract, by 5th April. The Trust Board needs dedicated time to consider the financial plan & contract negotiations, reflect on the Francis Inquiry lessons and add any appropriate updates.

Using Care Closer to Home, the information from due diligence and the information from meeting the clinical teams, a clinical strategy was produced that set out the context, drivers for change and the key priorities. The Clinical Business Units then took time out during November and December to reflect on this clinical strategy and were supported by an external specialist company to produce specific clinical strategies for their clinical business units in order to direct delivery.

There has been a reasonable engagement process within the clinical business units and their feedback will be considered at the West Divisional Clinical Policy Group on Friday, 15th February. Key amendments will be reported to the Trust Board in February and then these will be recommended to the Trust Board for approval.

The next stage in development is to approve the governance arrangements to support the delivery of executive and clinical leadership to plan and deliver the clinical strategy from April. The main vehicle will be a Clinical & Operational Workstream consisting of Senior Management Team members and this team would meet monthly using the time currently dedicated to SMT business. The focus will be to develop an appropriate clinical programme of change supported by business cases and operational delivery plans which the Trust Board is asked to consider and approve.

4. Quality Strategy and Priorities

The Trust Board agreed the new Quality Strategy in November and confirmed our safety and quality priorities. These were launched on the 26th November. Teams are in place to lead on the trust wide improvements with supporting metrics to measure improvement are now reported to the Public Trust Board. This includes our plan to continually improve our mortality and harm rate. The focus is on four key themes and these are:

- (i) Clinical care bundles
- (ii) Clinical documentation and information
- (iii) End of Life
- (iv) Leadership and Culture

The safety and quality report by Chris Platton and Mike Walker confirm the actions and measurement of success. We start to the process to revise the safety and quality priorities for 13/14 at the Clinical Policy Group in February and conclude by March.

5. The right relationships with the NHS Cumbria Clinical Commissioning Group

The forums are now established for the right relationships to be developed to address enhancements to the whole systems. We look forward to these developing innovative ways of working to respond to the challenges in the system. Emphasis last month was on the continued development of an Integrated Emergency Floor and a whole system approach to managing the national minimum standard for 95% of patients to be treated within 4 hours. Future discussions will include presentations on our clinical plans to deliver Care Closer to Home and the opinion of our partners

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

Clinical teams receiving the right information at the right time in order to decide how best to deploy resources is critical. Further enhancement will require feedback from the job planning agreements with the consultant staff and the timetable for job planning starts from March to the end of July.

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.

Clinical Business Unit Directors are working on a timetable that allows them time to work on both sites each week and hold face to face meetings with key staff. This new way of working will be in place from the end of February as the staff employed to backfill the clinicians, come into post, allowing the release of their time.

Engagements in the last month focused on meeting District Council leaders and Chief Executives and Council members as appropriate.

Recommendation

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

Ann Farrar
Interim Chief Executive
February 2013