

Improving Clinical Leadership

1 Purpose

- 1.1 This paper describes the principal vehicles for managing business at ULHT (the Trust). These reflect and are consistent with the agreed management arrangements in place within the Trust.
- 1.2 These arrangements will at all times be consistent with the Trust's standing orders which define:
 - 1 Those powers and responsibilities which are reserved for the Trust Board; and
 - 2 Those powers and responsibilities formally delegated to the Chief Executive in the Trust's formal scheme of delegation.
- 1.3 As such these arrangements will form part of the Trust's formal corporate governance arrangements.

2 Role of the Trust Board

- 2.1 The Trust Board is responsible for overall stewardship of the organisation focussing on three core duties:
 - Shaping organisational culture,
 - Holding the organisation to account through the Chief Executive; and
 - Setting strategy.
- 2.2 The Trust's standing orders give further detail about the role, function and powers of the Board, as part of the Trust's corporate governance manual.

3 Clinical Executive Committee (meets monthly – 1st Thursday)

- 3.1 Chaired by the Chief Executive, CEC will meet monthly to:
 - Approve clinical and non clinical policy and strategy
 - Approve corporate plans
 - Develop and agree clinical strategy
- 3.2 The agenda will be set around meeting the above expectations, with papers circulated at least three working days before the meeting.
- 3.3 Decisions of the CEC are binding and all members of CEC will exercise collective responsibility to:
 - Promote CEC's decision within the Trust; and

- Execute the decision within their spheres of responsibility.

3.6 Membership

CEO (Chairman)
 Clinical Directors x 15 (one to act as Vice Chair)
 Executive Directors
 Senior Business Managers
 Heads of Nursing/Midwifery
 Clinical Lead – Therapies and Rehabilitation Medicine
 Head of Radiography/Clinic Support Services
 Deputy and Associate Medical Directors
 Director of Medical Education
 Deputy Directors of Nursing
 Chief Pharmacist

3.7 Authority to act

3.7.1 CEC's authority to act is dictated by:

- The authority delegated to the CEO in the Trust's scheme of delegation. The CEO retains the prerogative to act within the scheme of delegation should consensus not be achieved within CEC.

3.7.2 In the absence of consensus the Chief Executive can:

- Exercise the prerogative to make a decision within his/her scope of authority to act under the scheme of delegation and their status as Accountable Officer; or
- Advise the Board of the absence of decisions for matters reserved for the Trust Board at the same time reflecting the balance of views within CEC

4. Clinical Management Board (CMB) (meets monthly – 3rd Thursday)

4.1 The CMB is the principal executive delivery forum for the Trust. It's overall purpose is to support the CEO in discharging his/her responsibilities to the Trust Board, as set out in the scheme of delegation.

4.2 Specifically the CMB will be responsible and accountable for the:

- Delivery of the agreed corporate objectives and targets
- Delivery of agreed plans
- Managing Risk
- Policy and strategy adoption
- Agree clinical standards

- Implementation of Policy

- 4.3 The agenda will be set around meeting the above, with papers circulated at least three working days before the meeting.
- 4.4 Members of the CMB will each be accountable for their specific management responsibilities, in addition to the collective CMB being collectively and corporately responsible for Trust wide delivery of performance.
- 4.5 Decisions of the CMB are binding and all members of the CMB will exercise collective responsibility to:
- Promote the decision within the Trust; and
 - Execute the decision within their spheres of responsibility.

4.6 Membership

CEO (Chairman)
Clinical Directors (one to be appointed as Vice Chair)
Executive Directors

Each member is expected to personally attend 75% of meetings each year. Deputies will be permitted to attend, but excluded from the quoracy numbers.

4.7 Quoracy

Decisions of CMB will be binding when a minimum of substantive members are present, being

- Chair or appointed vice chair
- 7 CDs (including the vice chair when appropriate)
- 4 Executive Directors.

4.8 Authority to act

4.8.1 The CMB's authority to act is dictated by:

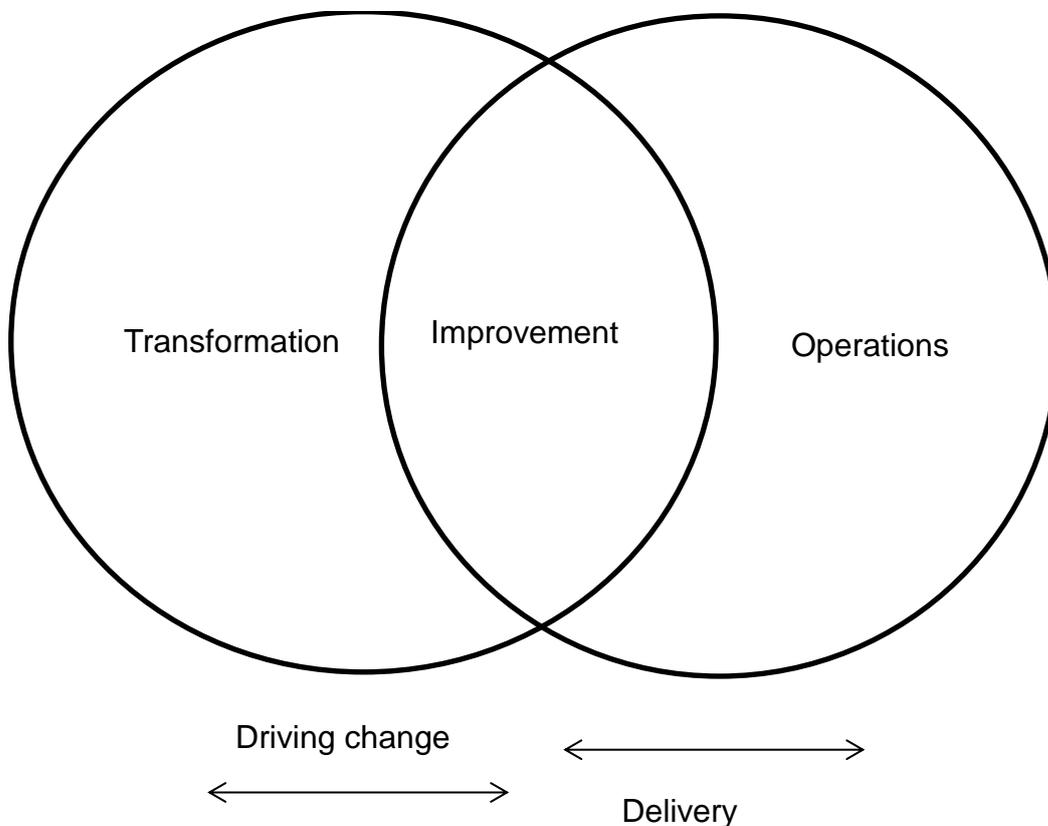
- The sum of individual members authority to act (as defined in the scheme of delegation and budgetary powers); and
- The authority delegated to the CEO in the Trust's scheme of delegation. The CEO retains the prerogative to act within the scheme of delegation should consensus not be achieved within the CMB.

4.8.2 In the absence of consensus the Chief Executive can:

- Exercise the prerogative to make a decision within his/her scope of authority to act under the scheme of delegation and their status as Accountable Officer; or
- Advise the Board of the absence of decisions for matters reserved for the Trust Board at the same time reflecting the balance of views within the CMB.

5 Supporting Executive Processes

- 5.1 The combined outputs and outcomes of CEC and CMB will drive forward the operational, improvement and developmental priorities for ULHT (i.e. the whole spectrum of strategy, planning, performance and delivery).
- 5.2 In order to fulfil its objectives CEC's and CMB's time together is quite limited. It therefore needs to operate in a structured and efficient manner, concentrating its efforts on priority issues. Put another way, it cannot and should not be focussed on detailed analysis, monitoring and review, but more so agreeing actions to address known issues. However, the detailed analysis, monitoring and review needs to, nevertheless, be undertaken somewhere.
- 5.3 If we adopt a model which defines our corporate agenda as



then it follows that support mechanisms need to be in place. This being the case the following mechanisms will support CEC and CMB.

5.3.1 Executive Team (meets weekly)

Consisting of the Executive Team, led by the Chief Executive, the ET will focus on delivery by:

- Reviewing progress towards delivering the current year objectives and performance standards; and escalate issues for resolution and assurance to CMG
- Responding to day to day and short term operational challenges; and escalating issues for resolution and assurance to CMB or CEC
- Monitoring risk and escalating issues for resolution and assurance to CMB or CEC
- Exceptionally making decisions within the scope and powers of the CEO.

The Executive Team will routinely receive performance management score cards and delivery updates so that each month a detailed review of progress towards in year objectives (through the mechanisms of the Performance Management Framework).

The performance score cards will be drawn from the performance score cards for clinical directorates.

5.3.2 The 2021 Programme Board (meets monthly)

Consisting of the Executive Team, led by the Chief Executive and supported by designated Project Managers, the 2021 Programme Board will have a longer term focus towards delivering transformational and improvement change consistent with the delivery of the Trust's Medium Term Plan (2016 to 2021). It will oversee the 6 defined work streams of:

- Clinical service development – pathway redesign, Clinical Strategy and LHAC
- Efficiency and productivity – pathway efficiencies, productivity gain, Lord Carter priorities etc
- Improving market share – redressing the imbalance between elective and urgent capacity to restore market share (by improved urgent care utilisation)
- Workforce review – R and R, skill mix review
- Staff engagement – improving engagement and empowerment within the workforce
- Quality – ensuring a focus on responding to quality gaps.

Within each work stream a defined set of projects will be established, all drawn from the priorities identified in the Trust's MTP.

Each month the 2021 Programme Board will receive RAG rated updates of progress within each of the projects within each work stream. The 2021 programme Board will give assurance or otherwise to CMB on strategic improvement, escalating issues for resolution to CMB where appropriate.

5.3.3 Clinical directorate business reviews

Using balanced score cards (consistent within the corporate balanced score cards), the COO will routinely lead business reviews with Clinical Directors and Business Units. Matters for concern will then be considered by ET as part of its monthly cyclical review and escalated to CMB as appropriate.