

NHS Cumbria

A guide to the structure and management of the primary care trust

A decorative graphic at the bottom of the page consisting of a solid blue background with several white, wavy, horizontal lines that create a sense of movement and depth.

March 2010



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1. Management structure

The NHS Cumbria management structure was reviewed in April 2008 and a new structure implemented from July 2008.

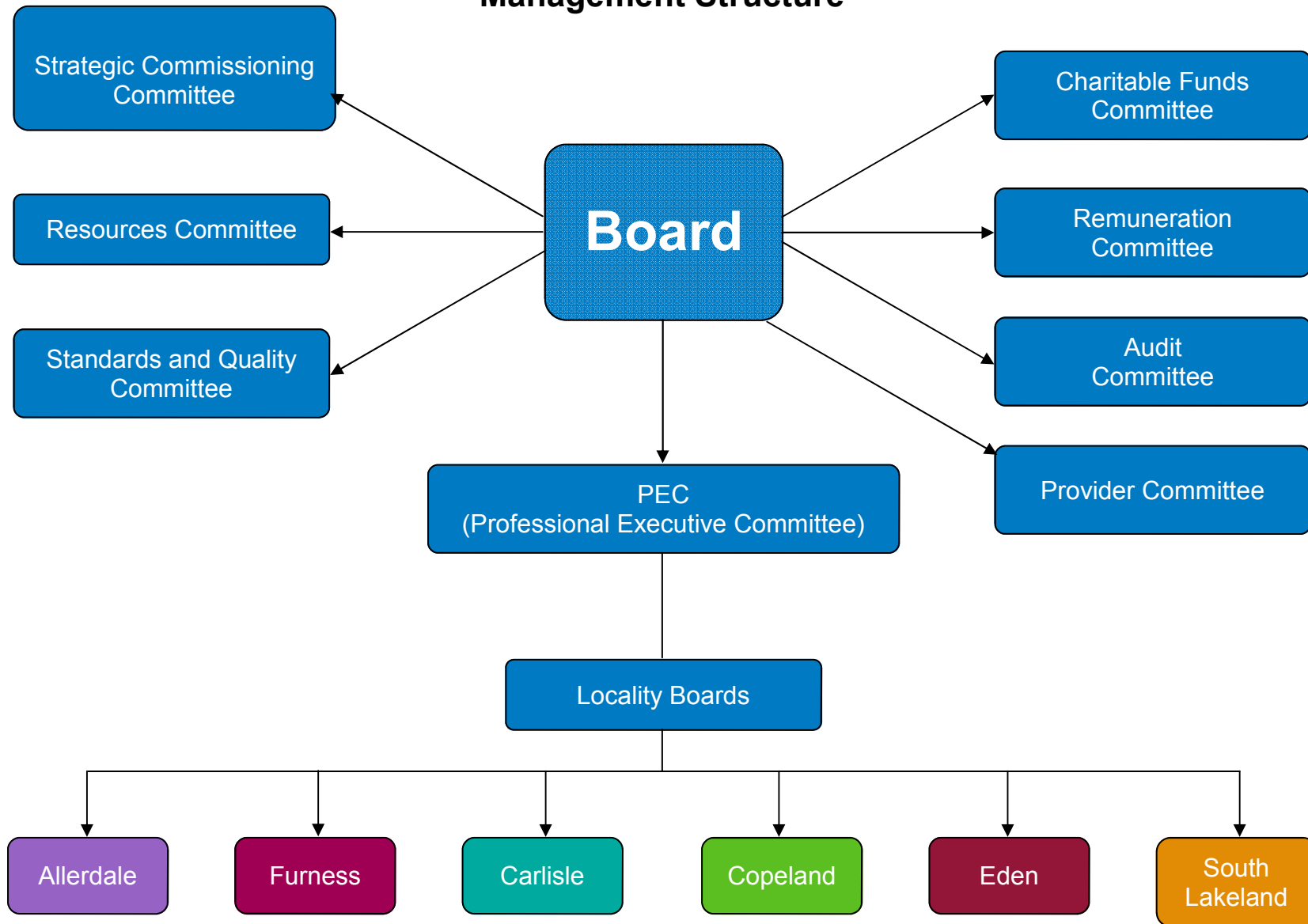
The primary care trust is organised on a locality commissioning model, with teams working within localities and with corporate teams working in a way to align with locality working. Decision making, responsibilities and accountabilities have been structured to support this approach.

The structure will be reviewed on a regular basis to ensure that 'form follows function' and that the primary care trust has the right skills in the right place.

The primary care trust also operates within a complex system of partnership arrangements, the purpose of which is to improve the health and wellbeing of the people of Cumbria.

The organisational charts show posts in red and blue. Red denotes clinical posts, enabling the Trust to monitor its pledge that clinicians will lead across the organisation.

Management Structure





2. The Board of Directors

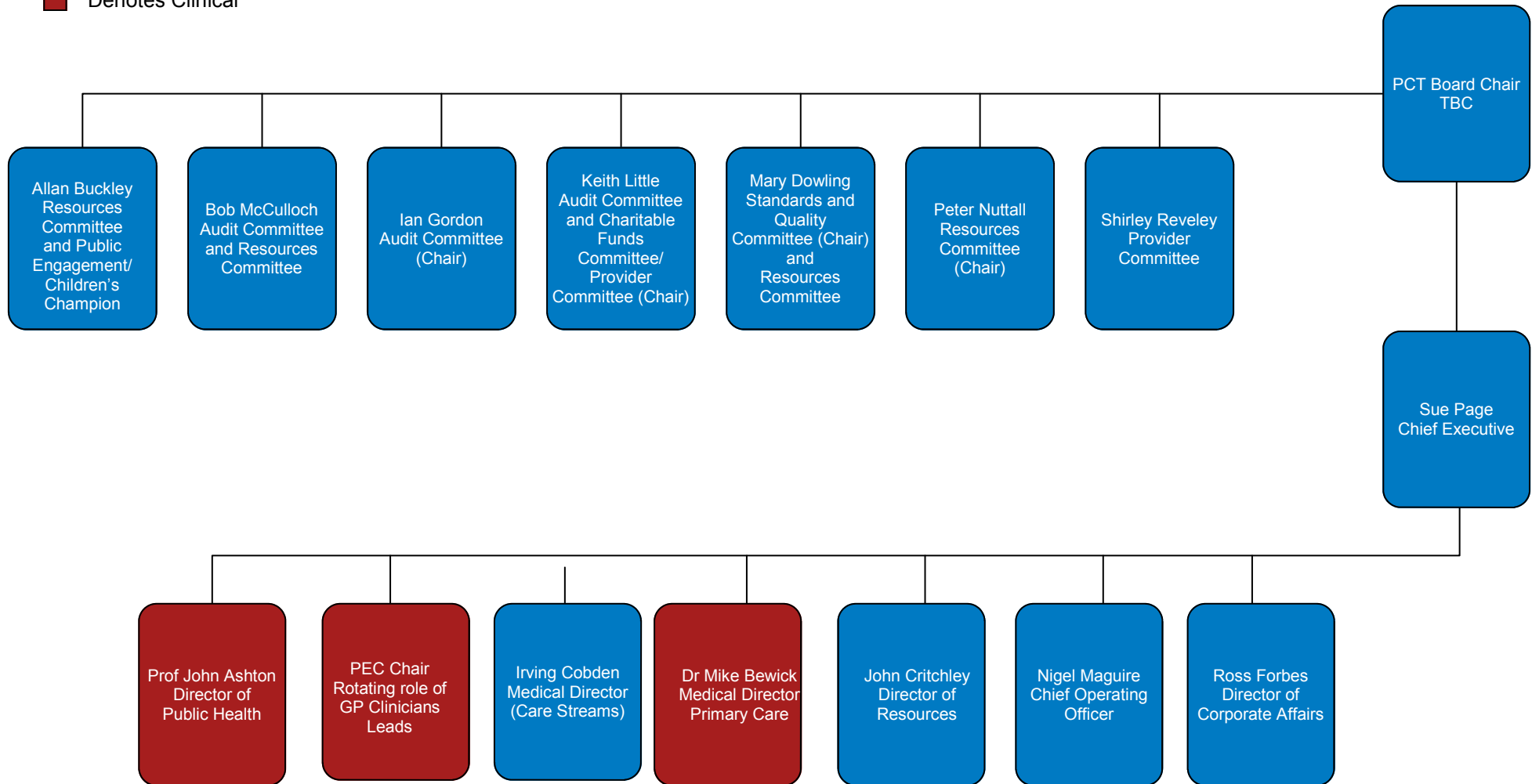
The Board is the formal governing body of NHS Cumbria. It supervises the work of the organisation, decides which health services local communities need and makes sure the organisation remains accountable and financially sound.

The Board is made up of non-executive directors (appointed from the community by the Secretary of State) and executive directors (senior clinicians and managers employed by the primary care trust).

A number of sub-committees support the Board:

- Professional Executive Committee
- Standards and Quality Committee
- Resources Committee
- Remuneration Committee
- Provider Committee
- Audit Committee
- Strategic Commissioning Committee
- Charitable Funds Committee

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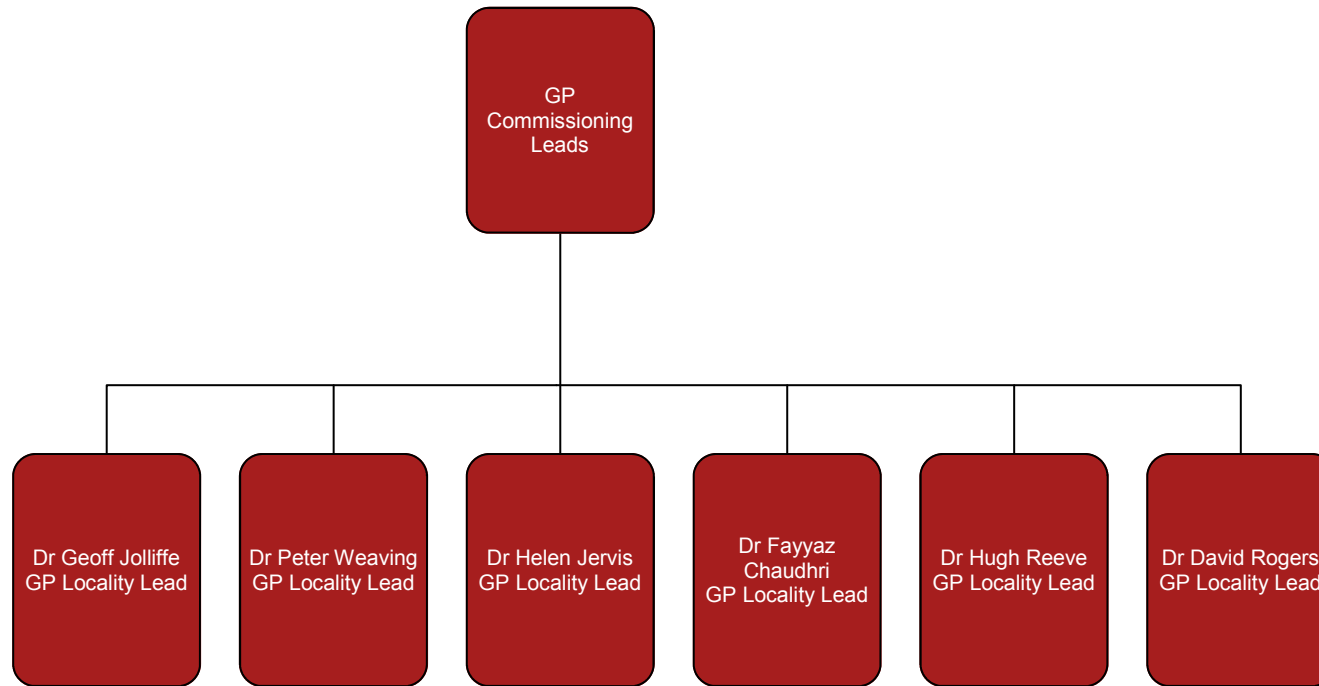
3. Professional Executive Committee (PEC)

The PEC is the key decision making body within the overall strategy set by the Board. It is a clinically led body that has responsibility for setting clinical strategies.

It is county wide, with responsibility for the whole population and includes the GP commissioning leads from each locality (who report to the PEC Chair). By bringing service development proposals back to the PEC, locality development and priorities are balanced with the county wide whole population strategy.

The PEC is supported by the Clinical Executive Group which has been established to incorporate Locality Lead GP's and to facilitate enhanced clinical leadership within the corporate management arrangements of the trust. In time, the CEG is expected to take on a greater role in the trust's clinical decision making.

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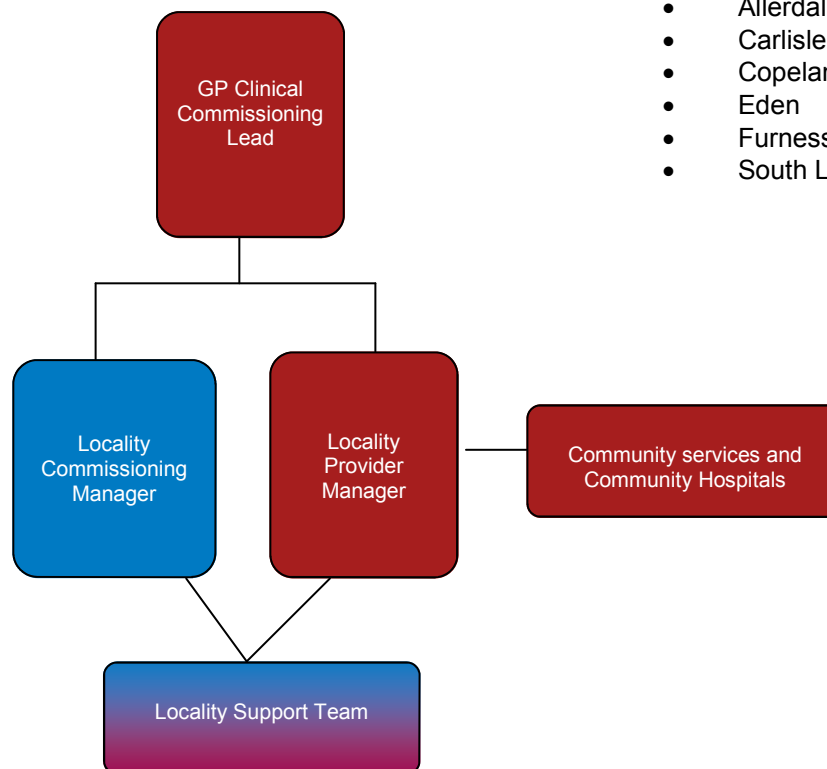


4. Locality Management Leadership

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GP Commissioning lead across six localities:

- Allerdale Dr Fayyaz Chaudhri
- Carlisle Dr Peter Weaving
- Copeland Dr David Rogers
- Eden Dr Helen Jervis
- Furness Dr Geoff Joliffe
- South Lakeland Dr Hugh Reeve

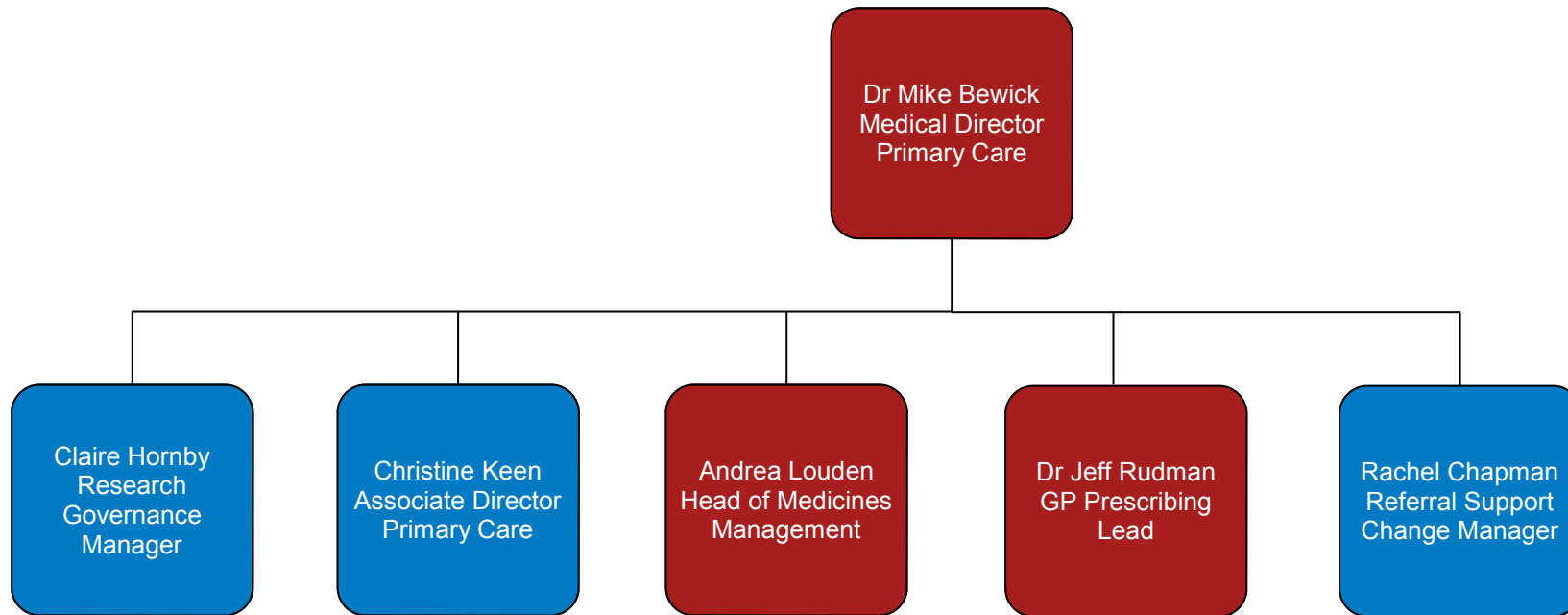




5. Primary Care Directorate

Primary Care is a new directorate for NHS Cumbria, being formed following a key recommendation in the management review. The directorate is responsible for the strategic development of services in primary care, including the commissioning of services from the four main independent contractor groups. There is a particular emphasis on workforce development, and governance, with the Medical Director being the lead for the development of Cumbria as a teaching PCT.

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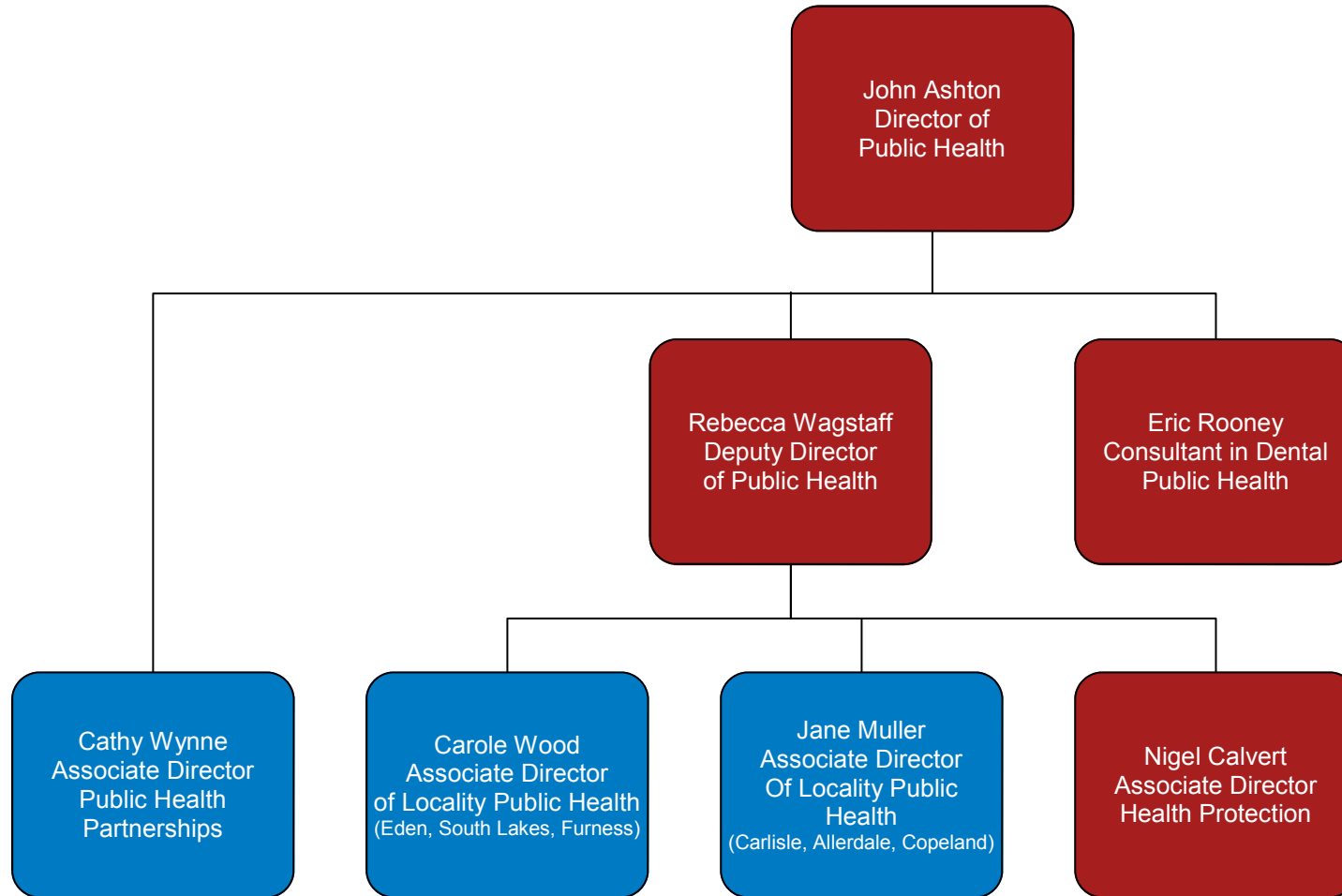




6. Public Health Directorate

The Public Health Directorate, headed by the Director of Public Health as a joint appointment with Cumbria County Council, provides public health expertise across the full range of the primary care trust's activities, including health protection. There is both a county wide and locality emphasis, with the Associate Director of Partnerships working in particular at county level and locality based specialists integrated within locality commissioning and partnership teams. Following the management review, posts within the directorate were re-aligned to increase the integration of public health within the commissioning agenda and to create a health intelligence unit of both public health and general health information analysts.

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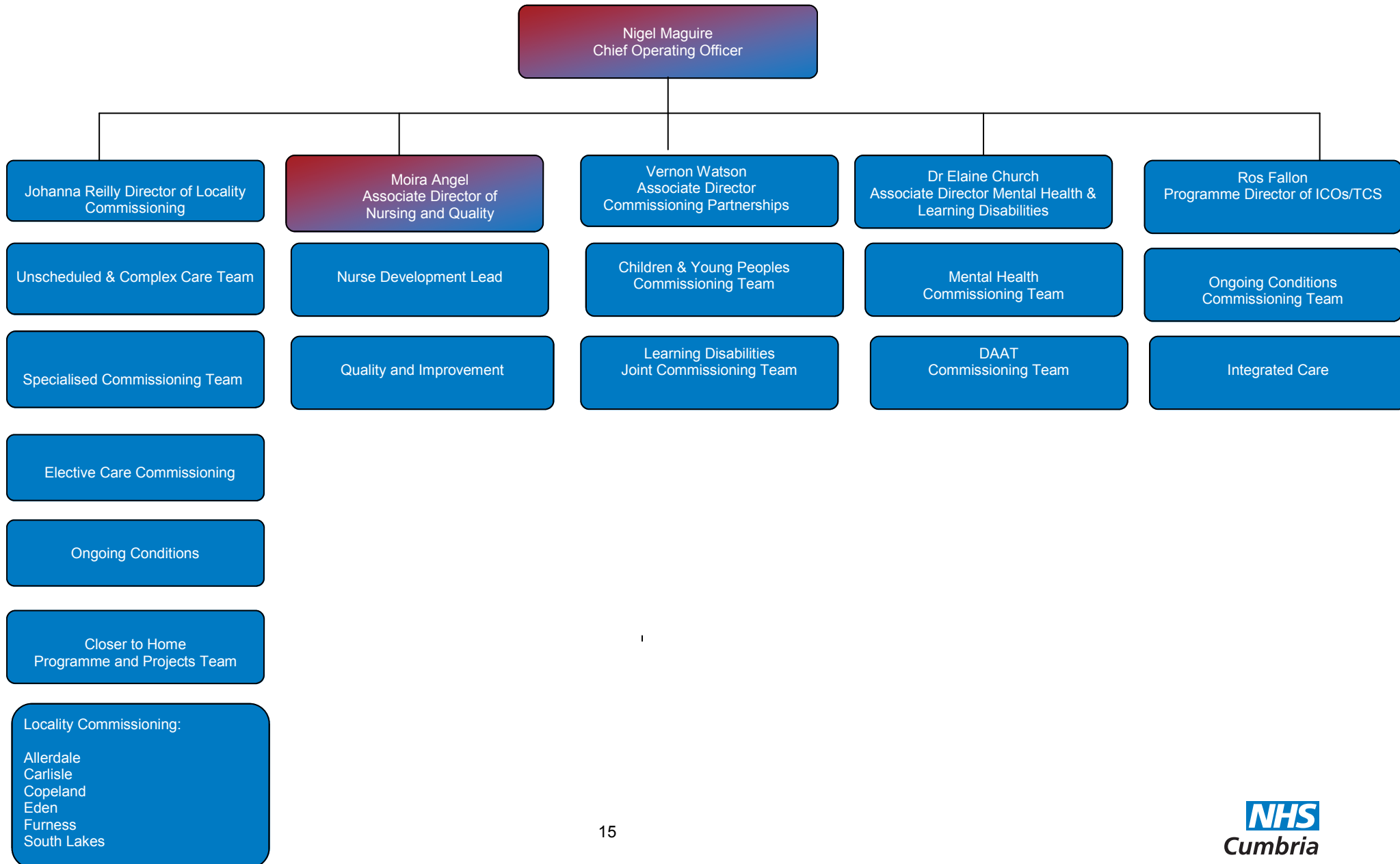


7. Market Development Directorate

The Market Development Directorate leads on commissioning strategy development and implementation for the primary care trust, working both strategically and to ensure effective implementation and performance. In addition to locality and care stream commissioning staff, the directorate includes performance and information teams and leads the programme of delivery on Closer to Home. Several posts are joint appointments with the County Council, who are partners in commissioning services for children and young people, people with mental health problems, people with learning disabilities and substance mis-users.

Restructuring to better align and support locality commissioning and to ensure appropriate capability and capacity to support the commissioning and performance priorities of the primary care trust was included as part of the management review recommendations, as was the creation of a health intelligence unit bringing together analysts from across disciplines into one team.

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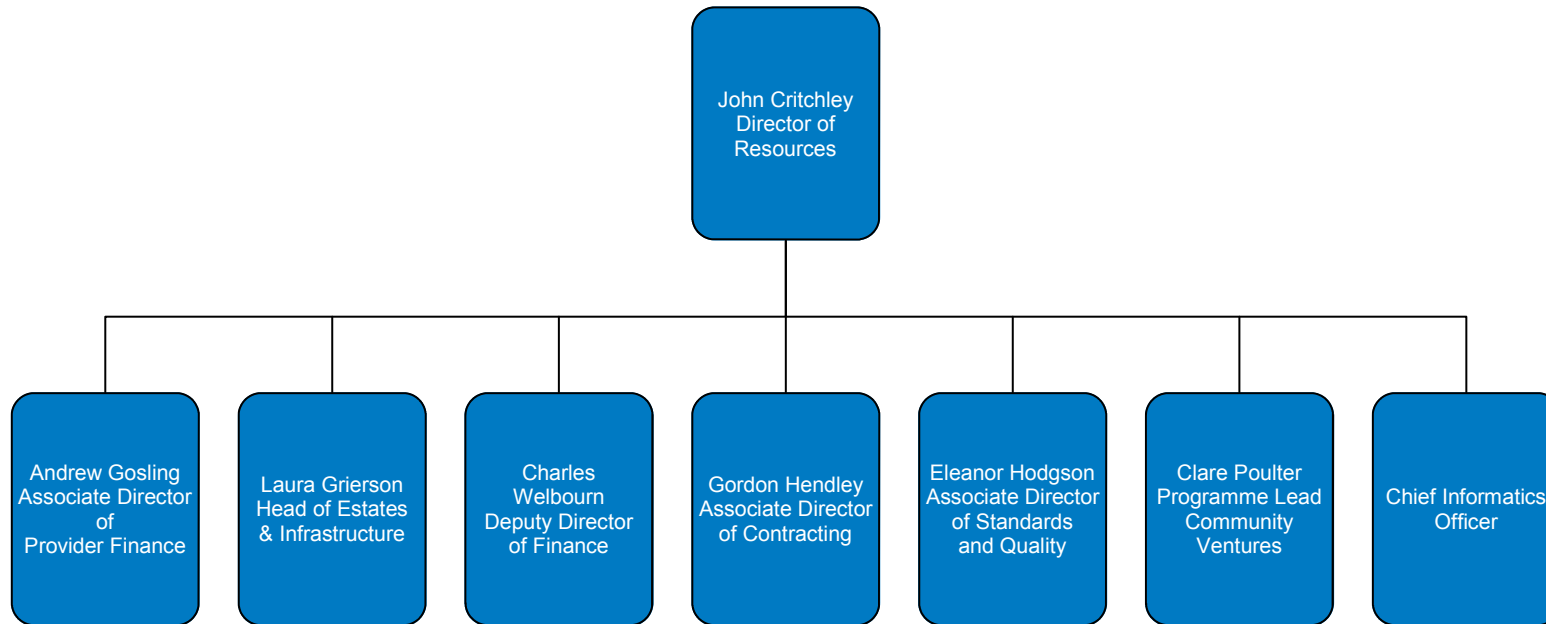
8. Resources Directorate

The Resources Directorate is responsible for the strategic and management planning for the organisation in the use of its financial and capital resources. The directorate includes a financial planning and management team to support the full range of the primary care trust's responsibilities and also leads on contracting processes. In particular, the directorate leads on the development of the Community Ventures programme in addition to the management and development of the estate. A significant role is the lead for governance and standards across the primary care trust.

Community Ventures is a programme developed jointly with Cumbria County Council to provide gold standard health and social care in a unique way by developing community hospitals alongside residential care homes for older people.

A "LIFTco" has been established. This is a public-private partnership company which works with local organisations to provide bespoke, tailor-made facilities. The LIFT model allows a range of buildings to be procured, from small GP practices to one stop centres to community hospitals and multi-million pound, multiple agency, health and social care centres.

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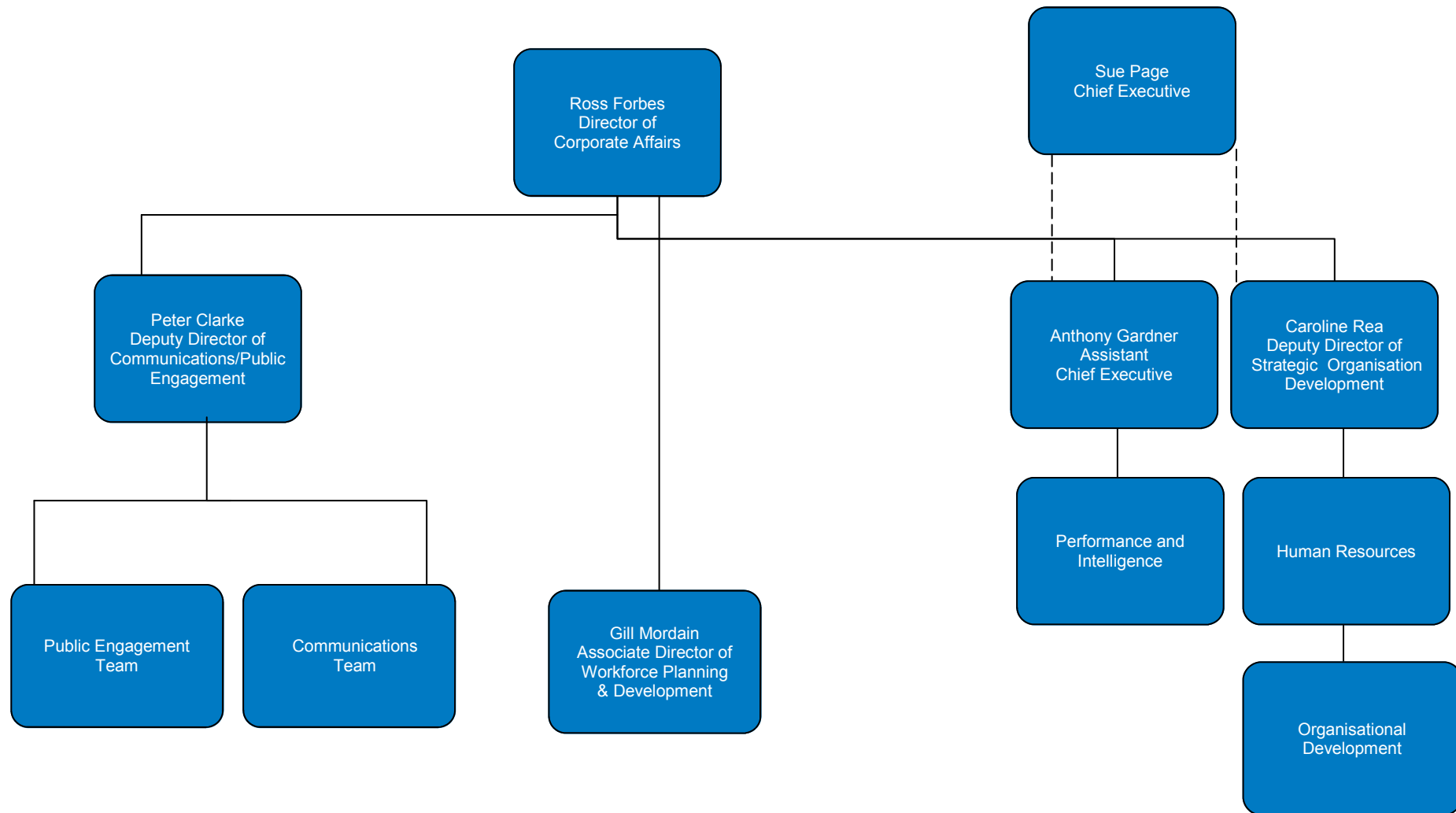


9. Corporate Affairs Directorate

Corporate Affairs has a specific responsibility for the development of the organisation and its partnerships with the public. The directorate incorporates communications, public engagement, strategic organisational development, workforce development and human resources.

Following the primary care trust's management review, the communications function has been strengthened and aligned under the leadership of a deputy director for communications and engagement. In addition, a strategic organisational development team has been created, led by a deputy director, and a redesigned and focussed approach to workforce development introduced.

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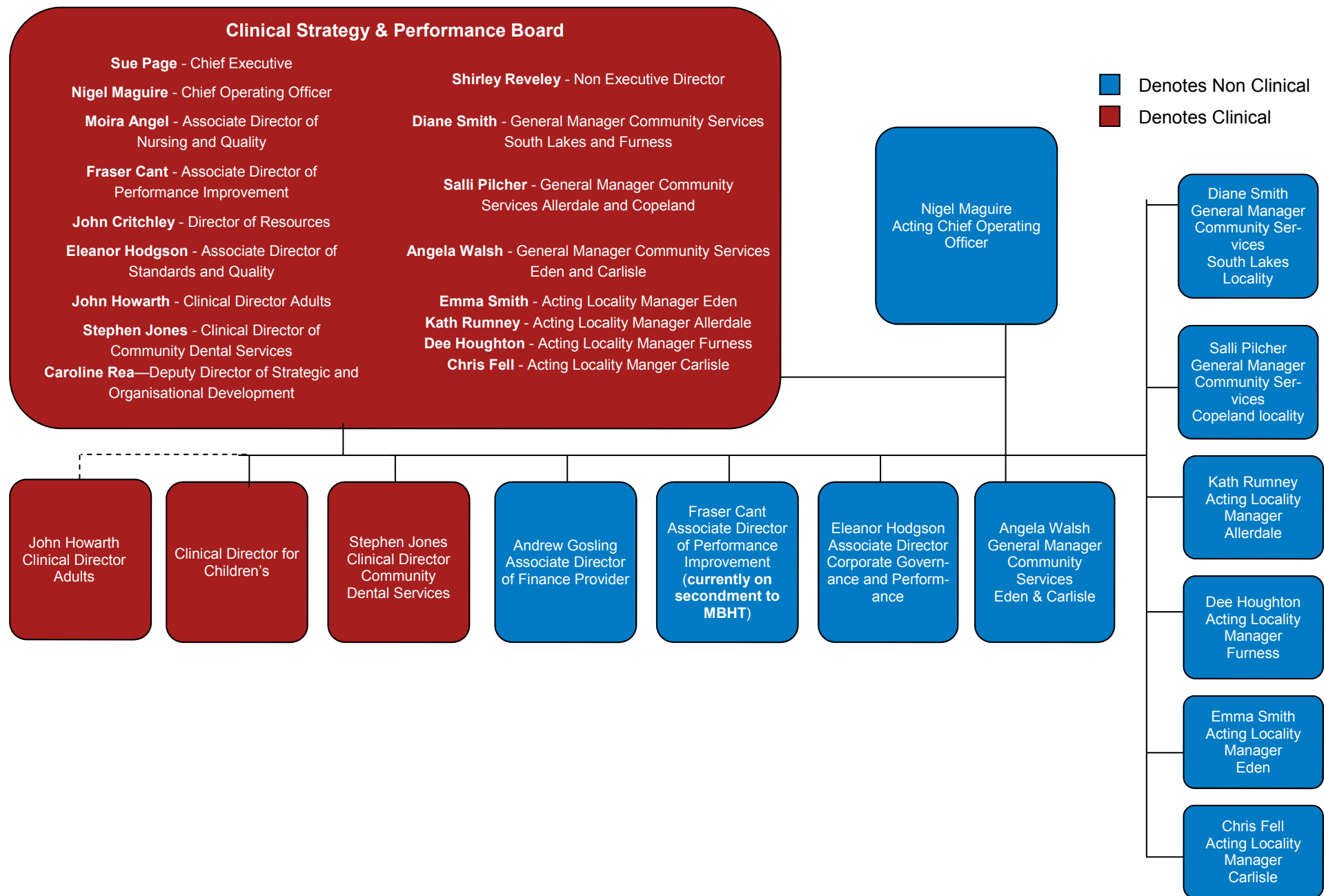
10. Provider Services Directorate

The Provider Services Directorate is the part of NHS Cumbria which provides safe, high quality and patient centred primary healthcare services to the diverse localities of Cumbria.

Although services differ across localities, in terms of frequency of clinics and numbers of staff, the primary focus of the Directorate is always to achieve an equitable service for local people.

Around 2,500 people are employed by Provider Services in six broad areas:

- Adults and Older People
- Child and Family Health
- Dental Services
- Community Hospitals
- Allied Health Professional Services
- Sexual Health, Prison Services, and Primary Care based Community Health Services.





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