

To:	Trust Board
From:	Jan Sobieraj, Chief Executive
Date:	5 th February 2019

Title:	Trust Operating Model (TOM) Implementation Update										
Author:	Karen Sleigh, Head of 2021 Programme										
Purpose of the Report:	<p>The purpose of this report is to provide the Trust Board with an update on the implementation of the Trust Operating Model (TOM), together with highlighting the next stages to be delivered to support the new Clinical Divisions.</p>										
The Report is provided to the Board for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%; text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td></td> <td style="text-align: center;">Information</td> <td style="text-align: center;">✓</td> </tr> </table>			Decision		Discussion	✓	Assurance		Information	✓
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Assurance		Information	✓								
Summary/Key Points:	<p>Outlining:</p> <ul style="list-style-type: none"> • The background to developing the new Trust Operating Model. • The Operational Structure and progress. • The supporting business elements offer. 										
Recommendations	<p>That the Trust Board notes the progress made on implementing the new Trust Operational Model's structure and the future key actions to be delivered.</p>										
Strategic Risk Register	<p>The TOM will provide the opportunity for the Trust to deliver the 2021 Strategy and Vision through more efficient and effective services.</p>	Performance KPIs year to date									
		<p>The TOM aims to deliver sustainable improvements to quality and performance</p>									
Assurance Implications	<p>This paper forms part of the governance assurance of the Trust for the implementation of the TOM.</p>										
Patient and Public Involvement (PPI) Implications	<p>There will be further communication and engagement to provide updates to our staff, patients and the public to communicate how the operating model will improve the delivery of our ambitions, improved patient care, improved performance and value for money.</p>										
Equality Impact	<p>There will be an Equality Impact Assessment conducted to ensure that inclusivity and the</p>										

opportunities for improving creativity and improvement are addressed throughout the consultation and engagement process.

Information exempt from Disclosure – No

Requirement for further review? Yes

1. Purpose of the Report

- 1.1 The purpose of this report is to provide the Trust Board with an update on the implementation of the Trust Operating Model (TOM), together with highlighting the next stages to be delivered to support the new Clinical Divisions.

2. Recommendations

- 2.1 That the Trust Board notes the progress made on implementing the new Trust Operational Model's structure and the future key actions to be delivered.

3 Summary of Key Points

Background

- 3.1 The environment in which United Lincolnshire NHS Hospitals Trust (ULHT) is operating is changing at a dramatic rate. Ongoing pressures and rising demand for our services is putting unprecedented strain on the operational ability to sustain high quality care across each of our hospital sites.
- 3.2 Whilst the redesign of our clinical services is dependent upon the wider health and care transformation, through the delivery of the Sustainability and Transformation Plan (STP), Acute Service Review (ASR) and our Clinical Strategy, reshaping our operating model is a fundamental response to represent how our clinical Divisions are configured and function together to deliver the Trust's 2021 Strategy.
- 3.3 A central feature of developing our TOM will be its ability to communicate to internal and external stakeholders how the organisation will work. It lays out how and where the 2021 Strategy will be executed from a process, governance, people, patient experience, finance, data, performance, and technology and estates perspective.
- 3.4 The TOM Programme has concentrated on the design authority redesigning the operational structure (system 1) to deliver our services, whilst working through the supporting infrastructure required to support the delivery of services through the operational structure (system 2).

System 1: Operational Structure

- 3.5 The Trust commissioned a review to determine how to reduce the tension that pulls service areas into meeting day-to-day activity, at the expense of delivering and driving the transformational change to meet our 2021 vision. The review recommended a need for a new operating model.
- 3.6 This led to the set-up of a programme to design and implement the new TOM. One of the first key stages of the programme of work has been to develop the structure of the TOM with a group of senior staff including senior doctors, nurses, AHP, NEDs and

managers. The proposed model was shared and tested with our clinical directors and our interim divisional teams, before we went out to formal consultation.

3.7 The interim structure for operational delivery moved from fifteen Directorates to four Divisions. This has provided valuable opportunities for sharing learning, which have contributed to the new formal operating structure. The Divisions being:

- Clinical Services Division
- Women's and Children's Division
- Surgery Division
- Medicine Division

3.8 The operational structure consists of clinically-led triumvirates (management trios), incorporating a Clinical Chair, Heads of nursing/midwifery and Allied Professionals and a general manager across the Divisions, supported by layers of support from Clinical Business Units and speciality teams. This structural redesign has to also be underpinned by supporting business elements to ensure benefits are realised.

3.9 The key success factors of introducing the operating structure include:

- Right sizing – operational model with the right people in the right place with the right skills.
- Designing fit for purpose clinical structures.
- Affordability of the future operating model to better meet demand.
- Adapting a model that is within the current financial envelope.
- Reducing unwarranted variation and increasing quality across sites.
- Ability to benchmark the operating model against similar hospitals – Model Hospital – to demonstrate value for money.
- Improved and speedier decision-making and consistency of standards.
- Increased leadership capability – building capacity and capability into leadership roles.
- Sustainability, operational, transference criteria and capability.
- Giving clarity of autonomy and empowerment.
- Underpinning our Staff Charter and increasing staff engagement.
- Increasing consistency of patient experience and outcomes.
- Developing a “one Team” approach.

Consultation and recruitment into the new structure

3.10 There was a period of formal consultation with our staff on the new operating structure throughout November 2018. Updates were provided to various Committees, Boards and wider engagement to ensure openness and transparency of the process. The feedback was reviewed and amendments to the operating structures were made.

3.11 The first round of recruitment through assessment centres and interviews have been conducted from the week commencing the 7th January for:

- Divisional Managing Director
- Divisional Clinical Director
- Divisional Heads of Nursing (& Midwifery)
- Divisional Clinical Lead (CSS)

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- 3.12 This has led to the successful recruitment of the Clinical Services Division and the Women's and Children's Divisions Clinical Directors and Managing Directors.
- 3.13 The next Assessment Centres will be held from the week commencing the 4th February for the following posts (which, with the exception of Clinical Leads, will be filled from internal staff at risk:
- Clinical Leads
 - General Managers
 - Deputy General Manager
 - Clinical Service Managers
 - Operational Service Managers
- 3.14 As the recruitment process unfolds, some dates may be amended to enable new potholders' to be involved. There is ongoing communication and engagement with staff throughout the organisation about the TOM and the progress of implementing the structure, which will continue beyond the go live date of April 2019.

System 2: Supporting business elements

- 3.15 The new TOM is not simply just about setting up of new staffing structures, there are many implications for supporting functions to realign themselves to support the operational interfaces with the new Divisions. This is vitally important for enabling our new Divisional structures to meet their operational requirements and deliver transformation to achieve the 2021 Strategy and our wider system clinical redesign.
- 3.16 The successful implementation of the TOM will require support from various corporate functions, to shape their service offers around the needs of the new Divisions, to ensure that there are supporting governance structures, which will facilitate robust and nimble decision-making that will be crucial to delivering effective services for our patients.
- 3.17 Whilst there has been a great deal of progress made so far to get to our future Divisional Structure blueprints, to enable them to be ready for delivery from April 2019, there also needs to be the assurance that supporting key business functions are aligned to enable the full benefits of the new TOM to ensure that:
- That the target state is clearly understood.
 - That change is visually communicated and executive clarity is achieved.
 - That leadership has a real opportunity to optimise all change opportunities in terms of the size and shape of our operational Divisions.
 - That the Trust can effectively communicate its new model and benefits.
 - That design is not constrained by existing ways of working and functional structures.
 - That there is a clear Organisational Development Plan to support new ways of working.
- 3.18 One of the key TOM strands of work has been to de-construct the organisation into its constituent parts of the impact of the proposed changes so that they can be clearly mapped through the design authority of the TOM Board consisting of:

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- People
- Patient experience
- Finance
- Data
- Performance
- Speciality Governance
- Technology
- Estates and Facility



- 3.19 There has been the realignment of service functions across HR and Finance to ensure business partners are aligned to the new Divisions. This will be supported by the Trusts business planning process and interface with the Performance Review Meetings for managing performance in the new model. There is also a need to ensure that there is access to business intelligence, through available data and technology.
- 3.20 To support the Divisions, there is work being undertaken to develop our Governance Guide, which will clearly outline how the Trust’s decision-making processes work, and how this supports the Divisional Governance. Clear Clinical Governance and Performance Management Frameworks, which will also outline the Standard Financial Instructions, freedoms and flexibilities, earned autonomy and a Scheme of Devolution, will also support this.
- 3.21 This good governance approach will be supported by a comprehensive Organisational Development Plan (based on the different ways of working described above), which will support the Divisions and the rest of the Trust to embed the understanding of the systems and processes of good governance. The Plan will focus on:
- Individual coaching and leadership.
 - Triumvirate team development.
 - Work with whole Divisional Leadership teams.
 - Staff engagement events to focus on new ways of working and embedding the values through the staff charter.
 - Customer service training for support functions.
- 3.22 There is also work to build a clear narrative for the longer term to support the direction of the Trust to deliver the ambitions set out in the 2021 Strategy, which will be enabled by the new Divisional Structures.
- 3.23 Throughout February there will be a focus on socialising the draft good governance and “new ways of working” proposals with senior leaders and staff, gaining their feedback to help shape the final documents. There will be a roadshow in March where there will be an opportunity to clarify the good governance and “ways of working” in the new TOM with our staff, offering an opportunity for questions and answers sessions.
- 3.24 **Appendix A** provides an overview of the Implementation Plan.

Appendix A: HR/OD Implementation Plan

HR/OD TOM IMPLEMENTATION PLAN

Dates	Key actions	Lead	Milestone Progress
23 rd December By 31 st December	Advertisements close for externally advertised roles Shortlisting	Mark Brassington	First phase TOM structural advertisements
w/c 2 nd January	Notify shortlisted candidates	Helen Nicholson + Admin Support	
4 th January	Update on progress of TOM to the 2021 Programme Board	Jan Sobieraj	Progress update from the overall planning and Tasking Group preparations for good governance and “ways of working” in the new TOM
w/c 7 th January	Interviews and assessment centre to take place for the following posts: <ul style="list-style-type: none"> - Divisional Managing Directors - Divisional Clinical Directors - Divisional Nurses - Divisional Head of Nursing & Midwifery - Divisional Clinical Lead (CSS) Internal adverts for Clinical Leads – 7 th January	Helen Nicholson NB AAC panels required for external medical appointments Martin Rayson	Interviewing and Assessment Centres for the first wave of TOM structural posts
21 st January	New ways of working: First Drafts to the TOM Board	Kevin Turner / Paul Matthew	Good Governance Guidance: <ul style="list-style-type: none"> • Governance Guide • Clinical Governance • Performance Framework (Scheme of Devolution) • Standing Financial Instructions aligned to earner autonomy • Organisational Development Plan
31 st January	Update to the Senior Leadership Forum	Jan Sobieraj / Mark	Progress update on the structure and supporting planning

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		Brassington	and Tasking Group preparations for good governance and “ways of working” in the new TOM as part of staff engagement
January – post assessment process	Offer Letters & contracts issued (two weeks’ notice)	Mark Brassington	
1 st February	Update on progress of TOM to the 2021 Programme Board	Jan Sobieraj	Progress update from the overall planning and Tasking Group preparations for good governance and “ways of working” in the new TOM
1 st February	Engagement Plan on TOM		
w/c 4th February	<p>Assessment Centres for any posts to be filled through a competitive process. Will include:</p> <ul style="list-style-type: none"> - Deputy General Managers - Clinical Leads <p>Likely to be other roles, but will be determined post-consultation e.g.</p> <ul style="list-style-type: none"> - Lead Nurses - General Managers - Clinical Service Managers - Operational Service Managers 	Helen Nicholson Triumvirate members engaged in assessment process	Assessment Centres
7 th February	Update on progress of TOM to the Clinical Management Board (CMB)	Jan Sobieraj	Progress update from the overall planning and Tasking Group preparations for good governance and “ways of working” in the new TOM
w/c 11 st February	Advertise any roles which have not been filled through the initial processes, including “at risk” interviews and slotting	Aimee Vickers	Further advertisement of roles
February	Socialising the ways of working	Jan Sobieraj	Share draft documents on Good Governance, Executive Devolution Policy, Performance Framework and Organisational Development Plan with senior leaders
18 th February	Trust Board Development Session	Jan Sobieraj	Provide an overview of the developments of the

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			implementation of the operational structure and the supporting governance approaches
w/c 18 th February	Development Centre for individuals slotted into roles	Helen Nicholson	Assessment Centres
25 th February	New ways of working: Second Drafts to the TOM Board with updates and feedback from CMB	Kevin Turner / Paul Matthew	Good Governance Guidance: <ul style="list-style-type: none"> • Governance Guide • Clinical Governance • Performance Framework (Scheme of Devolution) • Standing Financial Instructions aligned to earner autonomy • Organisational Development Plan
End February	Finalising the new ways of working	Jan Sobieraj	Opportunity to gather feedback on the new proposed ways of working and finalise ready for March
1 st March	Update on progress of TOM to the 2021 Programme Board	Jan Sobieraj	Final draft of good governance and “ways of working” in the new TOM
7 th March	Update on progress of TOM to the Clinical Management Board (CMB)	Jan Sobieraj	Final draft of good governance and “ways of working” in the new TOM
March	New “ways of working” Roadshow	Jan Sobieraj	Roll out of a new “ways of working” roadshow across our hospital sites
1 st April	Final good governance “ways of working”	Jan Sobieraj	Final good governance and “ways of working” in the new TOM
April onwards	Implement structure	Mark Brassington	
4 th April	Update on final “ways of working” Clinical Management Board (CMB)	Jan Sobieraj	Final good governance and “ways of working” in the new TOM
5 th April	Update on final “ways of working”	Jan Sobieraj	Final good governance and “ways of working” in the new TOM
April to June	Parallel running of interim and permanent structures and handover period	Mark Brassington	

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