United Lincolnshire Hospitals NHS Trust

To:	Public Trust Board
From:	Jan Sobieraj, Chief Executive
Date:	31 August 2018
Healthcare standard	

Title:	Update on Trust Operating Model

Author/Responsible Director: Jan Sobieraj, Chief Executive

Purpose of the Report: To update the Trust Board on the progress of the Trust Operating Model.

The Report is provided to the Board for:

Information	X	Assurance	
Discussion		Decision	

Summary/Key Points:

- Good progress is being made in developing a new Trust Operating Model which includes accountabilities, governance, lines of reporting, business processes, information flow and supporting structures
- The implementation timescales are now aligned to interim arrangements required to bring greater accountability in the shorter term
- Any proposals will be agreed by the Clinical Management Board and the Trust Board will be informed.

Recommendations: To note.

Strategic Risk Register This will improve governance arrangements	**Performance KPIs year to date** In annual plan

Resource Implications (eg Financial, HR) Within budgets

Assurance Implications N/A

Patient and Public Involvement (PPI) Implications N/A

Equality Impact Staff affected will be subject to Management of Change policy

Information exempt from Disclosure N/A

Requirement for further review? Trust Board to be updated

Summary

Following a corporate review it was agreed that the Trust should proceed with a plan to improve its Operating Model which includes service delivery arrangements, business processes, data flows, governance accountabilities and supporting arrangements.

Work is being led by a Task and Finish Group led by the Chief Executive involving senior clinical and managerial staff and a Non Executive Director.

Options are being developed which are being shared within teams and the Senior Leadership Forum with a view to going out to formal staff consultation in early December 2018 following the implementation of any interim governance arrangements that are required. Formal consultation will follow a number of staff engagement sessions in October and November.

Progress

A Project Initiation Document has been agreed which scopes out the remit of the Task and Finish Group. The initial work included the following 6 layers through which our Trust Operating Model can be implemented:

The recommendations from the review were:

- **Move to a divisional structure focused on services not locations accountable for more services and owning whole pathways.**
    - It was recognised that locality pride is strong, and the new structure would seek to channel that pride into excellence and

accountability in rationalising to specific services on each site. This would maintain the sense of pride in a locality as well as encouraging a more corporate view. There needs to be a 'one Lincolnshire' view, rather than a locality view. It would reduce the current number of Clinical Director roles.

- **Strengthen roles and review team structures underneath the new divisional roles (e.g. heads of service roles).**
    - Current managerial structures are very linear with short spans of control and little broad banding. Giving clarity to the roles and responsibilities within each new division is key. Engagement of functions, specifically HR, finance and data analysis/insight within each new division is also critical.
- **Reconfirm the current governance and the TOR of each group.**
    - To strengthen the role of the Clinical Management Board (CMB) and to give clarity on the decisions each group are accountable for. As well as confirming where decisions affecting each profession can be made, and engaging all professions in both governance and performance review. This includes scheduling the performance review meetings ahead for a year and rationalising their number to reflect the new structure. Additionally cascading accountability into services for elements of performance to strengthen the head of service roles and provide a meaningful career path for future senior clinical leaders.
- **Empower/develop staff to address the cultural issues associated with this change, as well as with delivering the ASR and 2021 Vision.**
    - This would mean taking 2/3 cross organisation challenges to work on for example; ulcers and coding. Upskilling staff to tackle an issue of importance once, as a cross professional group and to embed that change would cement the culture needed to deliver in this new divisional structure. Enabling autonomy and empowering staff to deliver continuous improvement.

The aims of the review and the new model are:

No.	Aims
1	To move to a smaller number of directorates, focused on groups of services, not sites.
2	To strengthen roles and review team structures underneath the new divisional roles.
3	Reconfirm the governance model to improve decision-making supported by clear accountability and responsibility for each group.
4	Empower/develop staff to address the cultural issues associated with this change, as well as with delivering the ASR and 2021 vision.

It is believed that these aims will:

- Improve the application of best practice to patients in Lincolnshire
- Use the process of organisational design to break down barriers

- Increase a sense of pride across services and sites
- Demonstrate improvement within each service
- Improve the speed and consistency of decision-making in order to effect change through whole patient pathways
- Improve clarity of new divisions for staff to reduce confusion of the current mixed model of service / speciality directorates
- Improve staff engagement
- Demonstrate implementation and ownership of the 2021 vision.

The design principles have been agreed as:

- Deliver our 2021 vision through implementing a new operating model
- Support improvements across performance, quality and finance. Giving clarity of autonomy and empowerment
- Underpin our Staff Charter and increase staff engagement
- Reduce variation, and increase quality across sites. As well as increasing consistency of patient experience and outcomes
- Primarily management teams will be responsible for whole pathway care
- The model will be practical to implement.

Additional considerations:

- Divisions will be manageable, being set up for success by recognising where a division may be 'too big'
- Decision-making will be enabled by the new model – it will enable agility and clarity of decision rights
- Technology needs will be considered – especially setting the organisation up for future success and streamlining to support embedding of technology innovations (such as pharmacy).

Options are now being considered around a small number of clinically led "Divisions" encompassing all clinical services and supported by corporate directorates. The details are now being worked through for sharing with staff in this "concept" stage and before any formal consultation. The current thinking is to establish four clinical divisions – Surgery, Medicine, Women and Children's and Clinical Support Services – supported by around twelve clinical management groups which are in turn supported by around 30/35 clinical specialties. The details of these are still being discussed by the relevant teams and will be subject to affordability tests in keeping with the design principles and project aims. The operational group is due to finalise these at its next meeting in September.

Timescales

As highlighted the original timescale has been adjusted to take account of the introduction of an interim model and the details are set out in appendix 1. Dates for the staff engagement sessions will be finalised shortly.

Next steps

Further work on the workforce, financial and operational implications of the possible options is being carried out.

Updates will be provided to the Trust Board.

Jan Sobieraj
Chief Executive