

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	Jan Sobieraj, Chief Executive
<b>Date:</b>	January 2019

<b>Title:</b>	<b>Update on the Trust Operating Model</b>
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**Author:** Karen Sleigh, Head of 2021 Programme

**Purpose of the Report:**

The purpose of this report is to provide an update to the Trust Board on the progress of the Trust Operating Model and the key next stages.

**The Report is provided to the Board for:**

Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>

**Summary/Key Points:**

- Good progress is being made in developing a new Trust Operating Model, which includes lines of reporting, accountabilities, business processes, information flows and supporting structures.
- There has been an opportunity to learn from the implementation of interim structures.
- The formal consultation with staff affected by the redesign of Departments to Divisions has been undertaken, with ongoing plans for recruitment and assessment centres to the new roles within the Divisions.
- There is ongoing work to develop a clear narrative and supporting infrastructure from an overarching Governance Guide, Clinical Governance Framework and Integrated Performance Framework.
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**Recommendations**

That the Trust Board notes the progress that has been made and the future key actions.

**Strategic Risk Register**

The Trust Operating Model will provide the opportunity for the Trust to deliver the 2021 Strategy and Vision through more efficient and effective services.

**Performance KPIs year to date**

The key performance indicators will be monitored through the current performance management mechanisms and there will be the development of the Performance Management Framework to support the Trust and the new TOM.

<b>Assurance Implications</b>
This paper forms part of the governance assurance of the Trust for the implementation of the TOM.
<b>Patient and Public Involvement (PPI) Implications</b>
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.
<b>Equality Impact</b>
There will be an Equality Impact Assessment conducted to ensure that inclusivity and the opportunities for improving creativity and improvement are addressed throughout the consultation and engagement process.
<b>Information exempt from Disclosure – No</b>
<b>Requirement for further review? Yes</b>

## **1. Purpose of the Report**

- 1.1 The purpose of this report is to provide the Trust Board with an update on the progress of the Trust Operating Model and the next key stages.

## **2. Recommendations**

- 2.1 That the Trust Board notes the progress made and the forward plans.

## **3 Summary of Key Points**

### **Background**

- 3.1 The primary purpose of developing our Trust Operating Model (TOM) has been to enable the delivery of the 2021 Strategy and vision of achieving Excellence in Rural Healthcare. This will be achieved through the reorganising of our internal Directorate structures into Divisions to be more efficient and effective for the future delivery of our services to our patients and communities.
- 3.2 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 has been shared and tested with our clinical directors and our interim divisional teams, before we went out to formal consultation.
- 3.3 The structural redesign of our x15 Directorates into x4 Divisions, has to also be underpinned by key supporting business elements to be worked through to fully realise the benefits of the new model.

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- 3.3 There will be 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 will be further supported by a governance structure, which will facilitate robust and nimble decision-making that will be crucial to delivering effective services for our patients.
- 3.4 The key success factors of introducing the new Operating Model 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.
  - 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.
  - Reducing variation, and increasing quality across sites.
  - Increasing consistency of patient experience and outcomes.
  - Developing a “one Team” approach.

### **Consultation**

- 3.5 There has been a period of formal consultation throughout November. Updates have been provided to various Committees, Boards and wider engagement to ensure openness and transparency of the process.
- 3.6 At the end of November the feedback from this consultation was reviewed and the following key amendments have been made to the structure:
- Introduced Deputy Divisional nurse in medicine and surgery.
  - Women’s and Children Division introduced a trust wide role for Hidden Children.
  - The costs have been contained within the overall existing funding envelope.
- 3.7 All the job descriptions have been written, banded and signed off, and are available on the Intranet Site. The following posts have been advertised with some internally and most externally:
- Divisional Managing Director
  - Divisional Clinical Director
  - Divisional Nurse
  - Divisional Head of Nursing & Midwifery
  - Divisional General Managers
  - Deputy General Managers
- 3.8 Advertisements close for externally advertised roles on the 23<sup>rd</sup> December, with shortlisting and notification to candidates by the first week of January 2019.

- 3.9 The interviews and assessment centres for the following posts (which have been out to advert) will be held on the week commencing 7<sup>th</sup> January:
- Divisional Managing Director
  - Divisional Clinical Director
  - Divisional Heads of Nursing (& Midwifery)
  - Divisional Clinical Lead (CSS)
- 3.10 The next Assessment Centres will be held from the week commencing the 4<sup>th</sup> 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
- 3.10 As the recruitment process unfolds, some dates may be amended to enable new postholders to be involved. There is ongoing communication and engagement about the TOM and the progress of implementing the structure which will continue beyond the go live date of April 2019.

### **Supporting Business Elements**

- 3.11 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.
- 3.12 The new TOM is not simply about the setting out of new staffing structures, there are many implications for supporting functions to realign themselves to support the operational interfaces with the new Divisions. 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. The key areas being worked through and reported to the TOM Board are:
- People
  - Patient experience
  - Finance
  - Data
  - Performance
  - Speciality Governance
  - Technology
  - Estates and Facility

### **Good Governance**

- 3.13 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.
- 3.14 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. This will also be supported by 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.
- 3.15 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.
- 3.13 **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 <sup>rd</sup> December  By 31 <sup>st</sup> December	Advertisements close for externally advertised roles  Shortlisting	Mark Brassington	First phase TOM structural advertisements
w/c 2 <sup>nd</sup> January	Notify shortlisted candidates	Helen Nicholson + Admin Support	
4 <sup>th</sup> 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 <sup>th</sup> January	Interviews and assessment centre to take place for the following posts:  <ul style="list-style-type: none"> <li>- Divisional Managing Directors</li> <li>- Divisional Clinical Directors</li> <li>- Divisional Nurses</li> <li>- Divisional Head of Nursing &amp; Midwifery</li> <li>- Divisional Clinical Lead (CSS)</li> </ul> Internal adverts for Clinical Leads – 7 <sup>th</sup> 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 <sup>st</sup> January	New ways of working: First Drafts to the TOM Board	Kevin Turner / Paul Matthew	Good Governance Guidance: <ul style="list-style-type: none"> <li>• Governance Guide</li> <li>• Clinical Governance</li> <li>• Performance Framework (Scheme of Devolution)</li> <li>• Standing Financial Instructions aligned to earner</li> </ul>

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			<ul style="list-style-type: none"> <li>• autonomy</li> <li>• Organisational Development Plan</li> <li>•</li> </ul>
31 <sup>st</sup> January	Update to the Senior Leadership Forum	Jan Sobieraj / Mark Brassington	Progress update on the structure and supporting planning and Tasking Group preparations for good governance and “ways of working” in the new TOM as part of staff engagement
1 <sup>st</sup> 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 <sup>st</sup> 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"> <li>- Deputy General Managers</li> <li>- Clinical Leads</li> </ul> <p>Likely to be other roles, but will be determined post-consultation e.g.</p> <ul style="list-style-type: none"> <li>- Lead Nurses</li> <li>- General Managers</li> <li>- Clinical Service Managers</li> <li>- Operational Service Managers</li> </ul>	Helen Nicholson Triumvirate members engaged in assessment process	Assessment Centres
7 <sup>th</sup> 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 <sup>st</sup> 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

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January – post assessment process	Offer Letters & contracts issued (two weeks' notice)	Mark Brassington	
w/c 18 <sup>th</sup> February	Development Centre for individuals slotted into roles	Helen Nicholson	Assessment Centres
25 <sup>th</sup> 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"> <li>• Governance Guide</li> <li>• Clinical Governance</li> <li>• Performance Framework (Scheme of Devolution)</li> <li>• Standing Financial Instructions aligned to earner autonomy</li> <li>• Organisational Development Plan</li> <li>•</li> </ul>
1 <sup>st</sup> 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 <sup>th</sup> 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
1 <sup>st</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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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