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

Title:	Trust Operating Model Implementation Update

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 background and progress of implementing the operational structure and new ways of working for the Trust Operating Model (TOM).

The Report is provided to the Board for:

Decision		Discussion	✓
Assurance		Information	✓

Summary/Key Points:

- Background
- Implementing the Operational Structure
- Implementing new ways of working

Recommendations

That the Trust Board notes the progress of implementation of the Trust Operating Models' structure and planned actions for embedding the 'new ways of working'.

That the oversight of the implementation and the Transition Plan of the TOM and new ways of working is the responsibility of the Workforce and Transformation Committee.

Strategic Risk Register	Performance KPIs year to date
The Trust Operating Model will provide the opportunity for the Trust to deliver the 2021 Strategy and Vision through more efficient and effective services supported by improved capability of our people.	The key performance indicators will be monitored through the performance management framework, which forms part of the new ways of working.

Assurance Implications
This paper forms part of the governance assurance of the Trust for the implementation of the TOM.

Patient and Public Involvement (PPI) Implications
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, provide improved patient care, performance and value for money.

Equality Impact
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.

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 an update to the Trust Board on the background and progress of implementing the operational structure and new ways of working for the Trust Operating Model (TOM).

2. Recommendations

2.1 That the Trust Board notes the progress of implementation of the Trust Operating Models' structure and planned actions for embedding the **'new ways of working'**.

2.2 That the oversight of the implementation and the Transition Plan of the TOM and new ways of working is the responsibility of the Workforce and Transformation Committee.

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 Back in 2017, the Directorates started discussing different approaches to the configuration of the established fifteen directorates providing services over our sites. This led to a commissioned review by KPMG in early 2018, which identified from feedback that fifteen directorates were too many, leading to inconsistent structures and a lack of clarity of decision-making.

3.3 The key recommendations were to:

- Move to a new operating model to reduce the tension that pulls service areas into meeting day-to-day activity, at the expense of delivering and driving the transformational changes needed to meet our 2021 vision.
- Strengthen roles and review team structures.
- Reconfirm governance.
- Develop staff to address cultural issues.

3.4 These recommendations were shaped into the Trust Operating Model (TOM) programme, with the new operating model being underpinned by a need for extensive work around layers of change aligned to our 2021 vision, identified in the following diagram:

3.5 The design principles and benefits from the new TOM identified:

- That it needed to remain within the current costs.
- Build on clinical directorates and triumvirate model.
- Smaller number of directorates with specialty focus.
- Service and delivery is everyone's business – integrated approach.
- Reduce variation increasing quality and consistency of patient experience and outcomes across sites.
- Structure to streamline decision-making and facilitate delivery of 2021.
- Divisions are manageable with increased ability to resolve issues through clear governance giving clarity of autonomy and empowerment, sustainability and ability to build capability.
- Clarity of performance, planning and earned autonomy through devolution.
- Technology needs to support new approach.
- Developing a "one Team" approach.

3.6   A central feature of the TOM will be its ability to communicate to internal and external stakeholders how the organisation will work. The following diagram sets out the layers of the TOM:
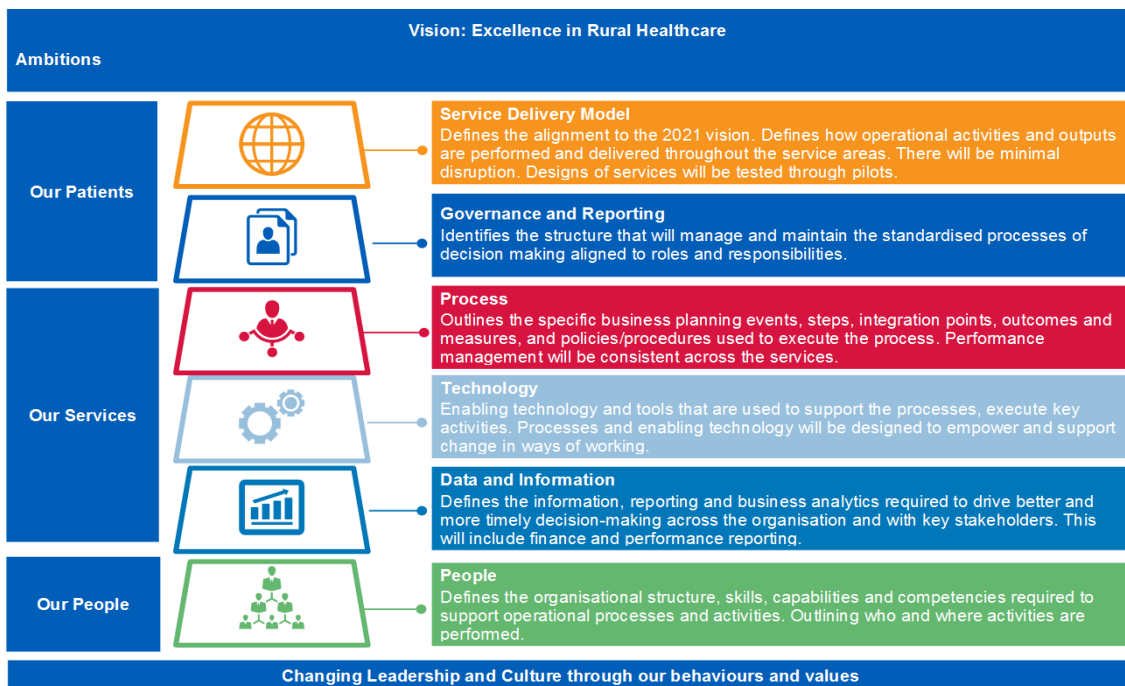
Service Delivery Model Layer

3.7   This layer defines the structural alignment, setting out how operational activities and outputs are performance and delivered.

3.8   Whilst the redesign of our clinical services is dependent upon the wider health and care transformation, through the Acute Service Review (ASR) and the delivery of 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.

3.9   The interim structure from fifteen Directorates to four Divisions has provided key learning, which has contributed to the formal structure.

3.10   The operational structure has been co-designed with 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.

3.11   The operational structure consists of clinically-led triumvirates (management trios), incorporating a Divisional Clinical Director , Divisional Nurse / Head of nursing/midwifery and Allied Professionals and a Divisional Managing Director across the Divisions, supported by layers of support from Clinical Business Units and speciality teams. The structural framework is identified in the following diagram:
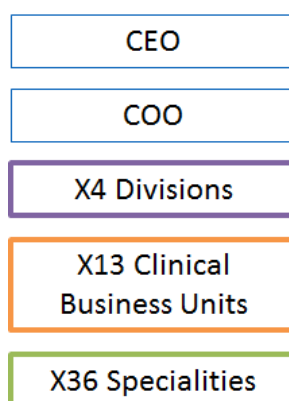
3.12   The following table outlines the Divisional Structures:

Division	Clinical Business Unit	Clinical Service		
Women and Children	Women's Health	Breast	Obstetrics and Gynaecology	
	Children's and Younger Person	Paediatrics	Neonatology	
Clinical Support Services	Diagnostics	Radiology Radiotherapy Medical Physics	Pathology Audiology Orthoptics	
	Therapies and Rehabilitation	Rehabilitation Medicine Occupational Therapy Speech and Language Therapies	Dietetics Physiotherapy	
	Pharmacy			
	Outpatients			
	Cancer	Haematology/Oncology	Palliative Care	
Surgery	Surgery	General Surgery and Vascular Urology	Head and Neck	
	T+O and Ophthalmology	Orthopaedics	Ophthalmology	
	TACC & Pain	Theatres	Critical Care	
Medicine	Urgent and Emergency Care	A&E	Acute Medicine	
	Cardiovascular	Cardiology (incl Cardiac Physiology) Stroke	Diabetes Renal	
	Specialty Medicine	Dermatology Rheumatology Neurology	Gastroenterology Respiratory Health Care of the Older Person	

3.13   An overview of our Divisional Organisational Structures are attached as **Appendix A**.

Governance and Reporting Layer

3.14 This layer identifies the structure that will manage and maintain the standardised processes of decision-making aligned to roles and responsibilities, which includes:

- **Governance Guide**: is a guide of TOM for our staff, which sets out the arrangements for direction and control, decision-making processes and assurance.

- **Meeting Structures**: sets out the proposed meetings to support the future governance from Board level, Corporate/Trust wide management level to Divisional Cabinet level, which will be underpinned by engagement and improved transparency of decision-making.

- **Executive Devolution Policy:** sets out ULHTs policy direction for the delegation of authority and decision-making power to divisions, including devolution of control through the system of **'earned autonomy'**.

Process Layer

3.15 This layer outlines the specific business planning events, steps, integration points, outcomes and measures, and policies and procedures used to execute the process, which includes:

- **Planning Process:** refreshing our planning process and building on the True North improvement priorities to develop a strategic planning framework.

- **Policies:** there is a review of the corporate policies to ensure alignment to the new ways of working.

Technology Layer

3.16 This layer outlines the enabling technology and tools that are used to support the processes, execute key activates. Processes and enabling technology will be designed to empower and support change in ways of working which includes:

- **Agile Working Policy**: being developed for an approach to enable the Trust to operate its buildings more efficiently and cost effectively whilst enabling employees to maximise their performance.

Data and Information Layer

3.17 This layer defines the information, reporting and business analytics required to drive better and more timely decision-making across the organisation and with key stakeholders. This includes finance and performance reporting.

- **Information**: review of Information Services, which includes the collation of future requirements for information supported by the Data Quality project on reviewing KPIs for the Trust. This is further enhanced by the development of the Kite Mark for our data.

- **Performance Framework:** to set out the processes and alignment of responsibilities that enable the monitoring of the Trust's achievement against financial, quality and operational performance, enabling appropriate action to be taken when performance against set targets deteriorates. The performance

framework has been built around our True North priorities which will demonstrate progress to achieving our 2021 Strategy.

- **Finance Reporting:** aligning reporting to the new Divisions through the realignment of Financial Management structures.

People Layer

3.18 Defines the organisational structure, skills, capabilities and competencies required to support operational processes and activities.

- **New roles developed**: defined in the structure, which will support the development of skills, capabilities and competencies required to support operational processes and activities.

- **Person specifications**: over 100 roles, with revised job descriptions and person specifications, which have been internally and externally advertised.

- **Rigorous assessment and selection processes**: supported with assessment centres based on values, appointed candidates involved in later recruitment, with the likely outcomes that there will be a mix of existing and new staff appointed.

Enabled by
- **Organisational Development Plan**: sits within the overarching framework of the People Strategy, which will support the Divisions. This will focus on 'hearts and minds' to deliver the new ways of working, supported by an emphasis on building the leadership we require in the TOM triumvirates to work effectively within the frameworks being established through direct interventions and coaching, together with team development.

- **Corporate Offer**: developing the clarity of the corporate functions offer to the Divisions to support the new ways of working.

- **Transition Plan**: this currently in development and will be a crucial part of ensuring that we manage the shift from the current to the new structures and ways of working, particularly as from 1st April whilst many members of the new structure will be in place, there will be key members who will not be in place. This will also include a range of engagement mechanisms to ensure that there is broad awareness of the intention of TOM as a means to achieving the changes in the ways of working we need.

Next stages

3.19 The key activities that are underway and planned include;

- **Open Consultation on the draft governance and reporting documents, which closes on the 1st March:**

  o Governance Guide for staff
  o Meeting Structure
  o Executive Devolution Policy

- **Finalising the new ways of working through the TOM Board:**

- o Analysis of the feedback from consultation on the governance documents.
- o Updates and final version of the governance documents to be signed off.
- o Overview of all the meetings Terms of Reference
- o Finalisation of the enabling plans:

  - Organisational Development Plan
  - Agile Policy first phase
  - Corporate Offer

- **Team Briefing updates**

  - o Cascade briefings through our Senior Leadership Forum.

- **Senior Leadership Forum updates**

  - o Overview provided to the forums on updates and progress of implementation of the structures and transition to the new ways of working.

- **Roadshows in March, supported by a Communications pack:**

  - o 11th March – Pilgrim 10:00-11:00, Jan Sobieraj, McKenzie Room PGME
  - o 18th March – Grantham 12:30-13:30, Martin Rayson, Lecture Theatre
  - o 19th March – Louth 9:00-10:00, Martin Rayson, Thoresby Suite
  - o 20th March – Lincoln 14:00-15:00, Mark Brassington, Trust Board Room

- **Workshops/Masterclasses/Further engagement from the end of March through to September:**

  - o Set up Masterclasses for each of the Divisions – to meet demand.
  - o Extended opportunities to work through the governance documentation in detail.
  - o Extended communication and engagement to support the delivery of the Organisational Development Plan to ensure 'hearts and minds' are focussed on the new ways of working and developing a 'One Team' approach to how we work.

- **Phased Transition plan**

  - o Transition plan developed to manage the continuing implementation of the operational structure from the 1st April until all the posts have been filled.
  - o Over the next 6 months there will be close monitoring of the new ways of working to support the Divisions which will form part of lessons learned and further improvements.
  - o Finalising the second phase roll out of the Agile Policy for September 2019.

- **Monitoring**

  - o There will be monitoring throughout the next year to contribute to the annual review of implementation.

Appendix A: The new Operating Structure.

Women & Children Division

Hospita
NHS Tr

Finance	Quality Safety Officer
HR	Quality Matrons
Estates	Nurse Educators
IM&T	Planning / Contracting

Transformation Team

Divisional Analyst

Divisional Clinical Director

Divisional Head of Midwifery and Nursing

Divisional Managing Director

Lead Nurse Nursing and Midwifery

Associate Clinical Director

Deputy General Manager

Deputy General Manager

Lead Children's Nurse

Associate Clinical Director

Women's Health Clinical Business Unit

Breast	Obstetrics & Gynaecology	
Clinical Lead	Clinical Lead Obstetrics	Clinical Lead Gynaecology
Matron .5	Matron x 2	Matron .5
	Matron Community	

Clinical Service Manager

Children's & Young Person's Clinical Business Unit

Paediatrics		Neonates
Clinical Lead Acute	Clinical Lead Community	Clinical Lead
Matron	Matron	Matron

Operational Service Manager

Divisional clinical Director provides professional support to clinical leads
Associate clinical Director is allocated from CBU clinical leads
Divisional Managing Director Line manages GMs
Divisional Nurse / Midwifery Director Line manages Lead nurses
Lead nurse roles provide professional support to Matrons
GM lines manages clinical leads, matrons and AGMs

Band 5 x 3 – As Is

Clinical Support Service Division

Pathology Contract

Transformation Team

Divisional Analyst

Divisional Clinical Director

Divisional Clinical Lead

Divisional Managing Director

Finance	Quality Safety Officer
HR	Quality Matrons
Estates	Nurse Educators
IM&T	Planning / Contracting

Corporate responsibility
Cancer standards
Medicine Optimisation

Diagnostics CBU
Head of Diagnostics

As is

Therapies and Rehab CBU
Head of Therapies & Rehab

As is

Pharmacy CBU
Chief Pharmacist

As is

Outpatient CBU
Outpatient Services

As is

Deputy General Manager

Lead Cancer Clinician

Lead Cancer Nurse

Cancer Services CBU

Cancer Centre

Haematology/ Oncology

Palliative Care

Clinical lead

Matron

Clinical Service Manager

The Chief Pharmacist:
-Is the Clinical Lead for Medicines optimisation with responsibility for reporting associated safety, quality and professional standards to the to the Medical Director and Trust Board.
-Reports to the Trust Board for all statutory accountable roles supported by the Medical Director (delegated authority from CEO).

Matrons outpatients – x2 as is
Matrons – diagnostics and therapies / rehab as is
New B7 – outputs as per capacity plan

Divisional Managing Director Line manages Heads of Departments / GM

Divisional Head of Nursing / AHP line manages Lead cancer nurse

GM lines manages clinical lead, matron and Clinical Service Manager

Band 6 x 1
Band 5 x 1

Division of Surgery

Transformation Team

Divisional Analyst

Divisional Clinical Director

Divisional Nurse

Divisional Managing Director

Finance	Quality Safety Officer
HR	Quality Matrons
Estates	Nurse Educators
IM&T	Planning / Contracting

Corporate responsibility
RTT & WL Management

General Manager ← **Lead Nurse**

Associate Clinical Director

Deputy General Manager ← **Lead Nurse**

Associate Clinical Director

General Manager ← **Lead Nurse**

Associate Clinical Director

Surgery Clinical Business Unit

General Surgery & Vascular	Urology	Head and Neck
Clinical Lead	Clinical Lead	Clinical Lead
Matron		Matron
Clinical Service Manager	Operational Service Manager	Clinical Service Manager

T&O and Ophthalmology CBU

Orthopaedics	Ophthalmology
Clinical Lead	Clinical Lead
Matron	
Operational Service Manager	

TACC (& Pain) - CBU

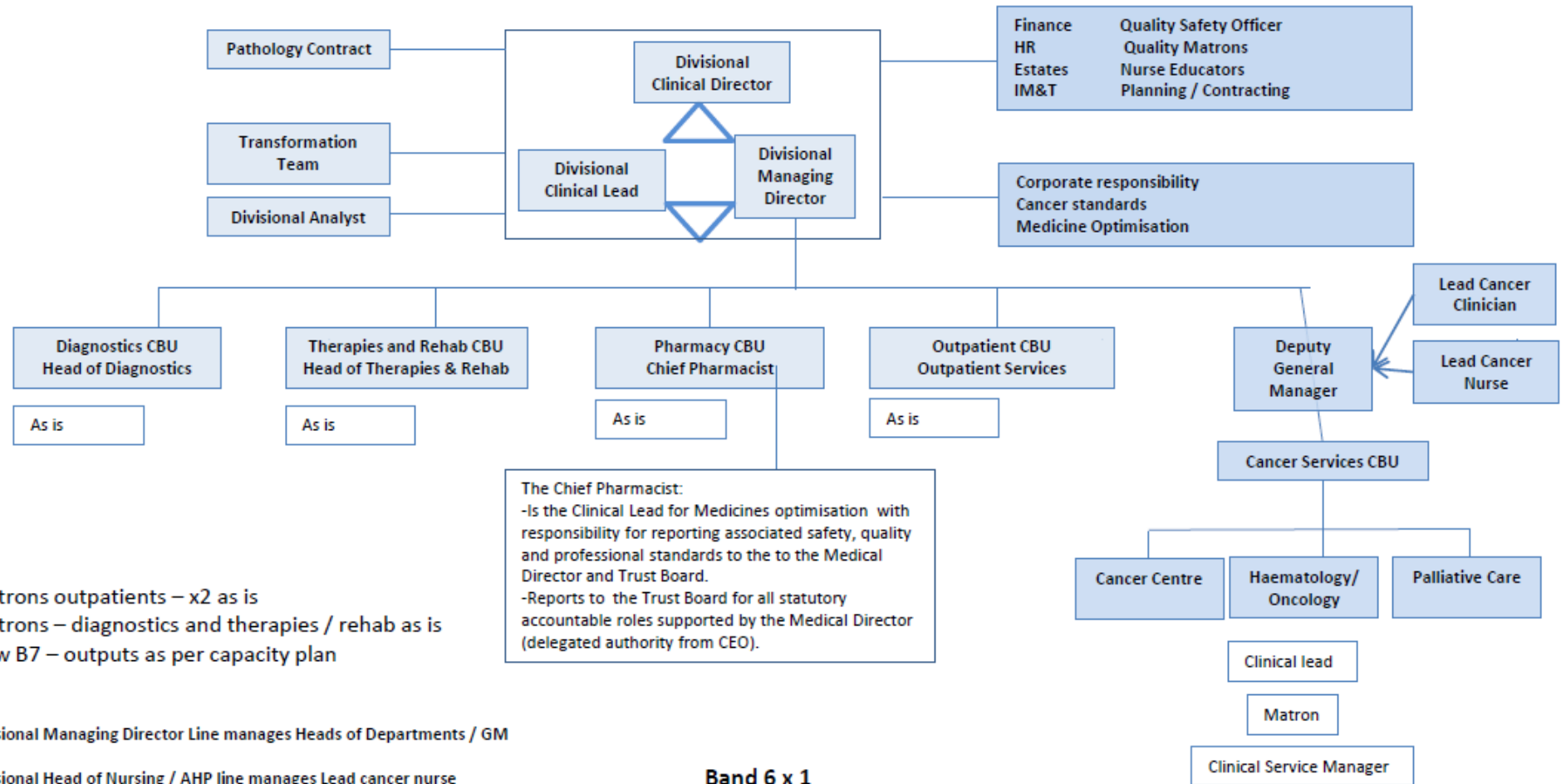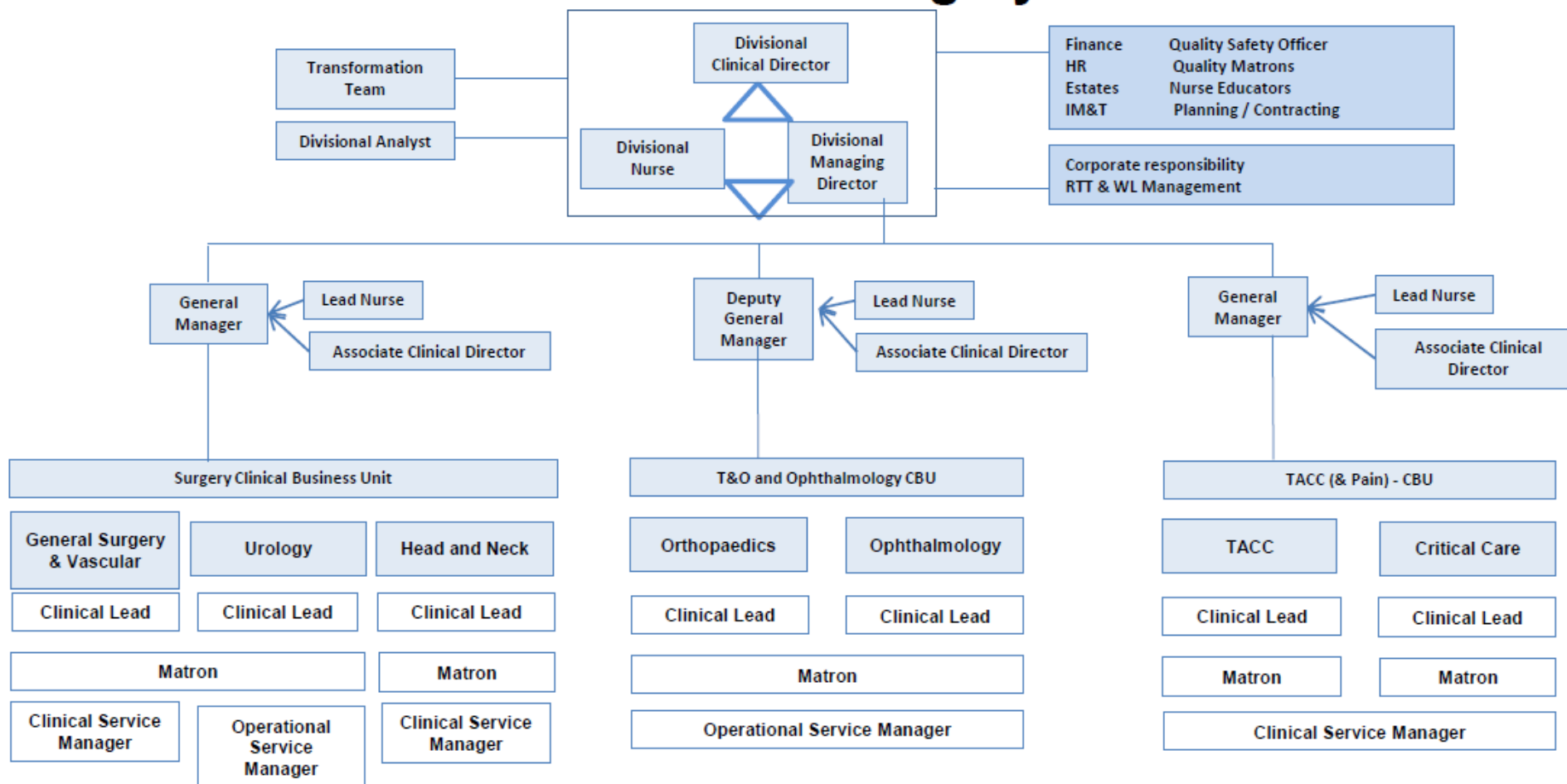| TACC	Critical Care
Clinical Lead	Clinical Lead
Matron	Matron
Clinical Service Manager	

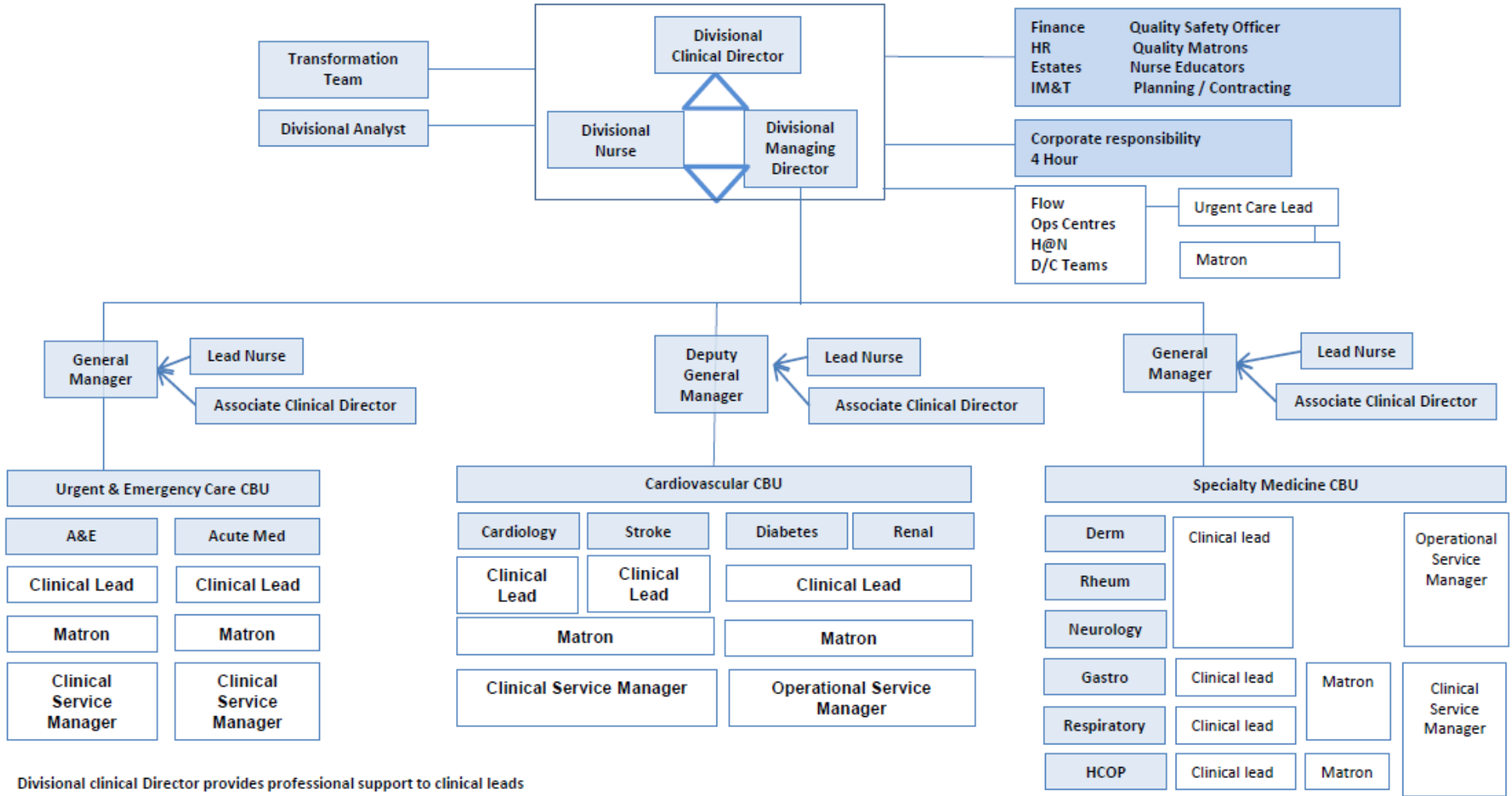
Divisional clinical director provides professional support to clinical leads
Associate clinical director is allocated from CBU clinical leads
Divisional Managing Director Line manages GMs
Divisional Nurse / Midwifery Director Line manages Lead nurses
Lead nurse roles provide professional support to Matrons
GM lines manages clinical leads, matrons and AGMs

Band 6 x 6

Band 5 x 8

Division of Medicine

Divisional Clinical Director

Divisional Nurse

Divisional Managing Director

Transformation Team

Divisional Analyst

Finance	Quality Safety Officer
HR	Quality Matrons
Estates	Nurse Educators
IM&T	Planning / Contracting

Corporate responsibility
4 Hour

Flow
Ops Centres
H@N
D/C Teams

Urgent Care Lead

Matron

General Manager

Lead Nurse

Associate Clinical Director

Deputy General Manager

Lead Nurse

Associate Clinical Director

General Manager

Lead Nurse

Associate Clinical Director

Urgent & Emergency Care CBU

A&E	Acute Med
Clinical Lead	Clinical Lead
Matron	Matron
Clinical Service Manager	Clinical Service Manager

Cardiovascular CBU

Cardiology	Stroke	Diabetes	Renal
Clinical Lead	Clinical Lead	Clinical Lead	
Matron		Matron	
Clinical Service Manager		Operational Service Manager	

Specialty Medicine CBU

Derm	Clinical lead		Operational Service Manager
Rheum			
Neurology			
Gastro	Clinical lead	Matron	Clinical Service Manager
Respiratory	Clinical lead		
HCOP	Clinical lead	Matron	

Divisional clinical Director provides professional support to clinical leads
Associate clinical Director is allocated from CBU clinical leads
Divisional Managing Director Line manages GMs
Divisional Nurse / Midwifery Director Line manages Lead nurses
Lead nurse roles provide professional support to Matrons
GM lines manages clinical leads, matrons and AGMs

Band 6 x 6
Band 5 x 7