Clinical Management Structure Review

Framework Document

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Action for Board:

- For information ✓
- For consideration
- For decision
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

CLINICAL MANAGEMENT STRUCTURE REVIEW FRAMEWORK

TRUST BOARD

22ND OCTOBER 2015

1.0 Introduction

The clinical management structure has been in place at Moorfields for over three years, and in line with the views of the previous chief operating officer (COO), and the trust management board (TMB) as a whole, it is now time to review and possibly to revise, its form and function, on the basis of an assessment of how fit for purpose it remains in a constantly changing environment.

The review will build on previous observations and thinking, and take on board the views that have been expressed regarding the need to improve communication and decision making within the trust.

The review will take into account the range of challenges facing the trust, including financial constraints and the need to create significant efficiencies, potential further expansion, new builds, increasing clinical demand, regulatory pressures, a need to create a culture change and a desire to transform or improve administrative and clinical services.

There will be two parallel strands to the review:

- A short-term, operationally focused piece of work that starts with the current structure, considers the problems that it presents (in part as set out in Mary Sherry’s paper), and implements short term, quick changes that address some of these immediate problems

- A longer term strategic piece of work that starts with a blank piece of paper, articulates what the structure needs to achieve, and recommends for the consideration of the new CEO, a structure and working arrangements to deliver this. The structure that emerges must have the appropriate processes and resources to support the effective delivery of high quality, safe, patient focussed services, and to support multidisciplinary education and research. It must ensure appropriate ongoing scrutiny of the clinical and financial performance of existing services, as well as new developments. It must facilitate timely, transparent decision making to maximise opportunities to improve existing services, and develop new services for patients. Finally it must encourage all clinicians and managers to contribute to the development of the annual strategic plan and then take responsibility for contributing to its delivery.

2.0 The review

The purpose of this paper is to provide a framework for the review.

The review will not only look at the structure but also examine a number of broader questions, as set out in appendix one, which will help the trust to prepare for the challenges described above, and ensure that there is clear and appropriate
information flow from shop floor clinical areas to Trust Board level and vice versa, as well as robust performance management.

The output of the short term piece of work outlined above will be a report and recommendations, for implementation by the interim COO and then her replacement. Some changes will be within the remit of the COO and / or clinical directors, others will be presented for approval to the management executive committee (ME), or the TMB, as appropriate.

The output of the longer term strategic piece of work will again be a report and recommendations for approval by the new CEO. It will be produced with the appropriate involvement of the new COO, and the current and interim CEOs, and the progress of this work will be reported regularly to the TMB and to the Trust Board.

2.1 Scope of the review

The following areas will be within the scope of this review process:

- The existing clinical management structure, including the sizes and constituent parts of our existing clinical directorates, and the interdependencies between them.
- The robustness and efficiency of our clinical and managerial leadership arrangements.
- The strategic fit between the clinical management structure and the trust’s direction of travel, as defined by our corporate priorities and our ten-year strategy.
- The role of the COO.
- The scope and purpose of the ME and the TMB, and their respective roles in decision making processes within the organisation.
- The way in which Moorfields Private interfaces with the clinical management structure, to enable both parties to achieve their operational and strategic objectives.
- The extent to which our clinical management structure supports integration between clinical services and research and development.
- The extent to which our clinical management structure supports the delivery of high quality, multi-disciplinary education.

The following areas are outside the scope of the review process:

- The Trust Board
- The roles of executive directors with the exception of the COO
- Moorfields Pharmaceuticals
- Moorfields in the United Arab Emirates

Corporate departments are outside the scope of the review, but senior leaders in each department will be asked to consider how they might adapt their departmental structures to meet the needs of a restructured organisation.
3.0 Group membership

3.1 The short term operational group

Membership of the short term, operationally focused, ‘quick wins’ group has been determined by the interim COO. The membership includes representation from all clinical directorates and is multidisciplinary. Relevant executive directors are included in the membership of this group to ensure that due regard is paid to the financial, quality and safety and HR implications of any recommendations.

The membership of the short term operational group is as follows:

- Chief operating officer - chair
- NHS finance director
- Director of nursing and allied health professions
- Medical director
- Deputy director of human resources
- Clinical director - Moorfields South
- Clinical operations manager - Moorfields Croydon
- Nurse manager - outpatient and diagnostic services
- Lead orthoptist
- General manager - surgical services
- General manager – Moorfields North
- Clinical director – Moorfields at Bedford

3.2 The project steering group

Membership of the project steering group, which will be responsible for the long term, more strategic piece of work, also includes multi-disciplinary representation from all existing clinical directorates. The membership of executive directors has been expanded to acknowledge the focus on all aspects of the business and on the strategic fit of any new proposed structure.

The membership of the project steering group is as follows:

- Non-executive director – chair (until appropriate for COO to take over)
- Chief operating officer
- NHS finance director
- Director of nursing and allied health professions
- Medical director
- Director of human resources
- Director of strategy and business development
- Director of corporate governance
- Clinical director for quality and safety
- Director of joint research – MEH and the IoO
- Deputy director of human resources
- General manager – Moorfields South
- Clinical director – Moorfields Croydon
- Clinical director – outpatient and diagnostic services
- Lead optometrist
- Clinical director – surgical services
- Nurse manager – Moorfields North
- Clinical director - Moorfields Ealing
The longer term, strategic group will review all work completed to date, identify any gaps in contributions (e.g. from service directors, heads of clinical departments, nurse managers etc.), and seek views to achieve a more comprehensive level of consultation than has been achieved to date.

The group will seek to identify, and agree through the ME and the TMB, the key criteria for a new structure. It will consider how other successful healthcare providers organise themselves, and informed by this, it will propose a new structure designed to meet the key criteria referenced above. Reports will go from TMB to the Trust Board.

3.3 Project oversight and wider consultation

The progress of this initiative will be reported periodically to the TMB, where it will feature as a regular agenda item.

TMB’s role in this regard throughout the project work plan and before any new clinical management structure is recommended, will be to receive project updates, and to review, test and challenge proposals developed by the steering group.

TMB members will be supported to enable them to seek and to represent the wider views of their respective constituents.

4.0 Reporting arrangements and governance

The short term operational group will report to the project steering group which will in turn report to the CEO and TMB and thus on to the Trust Board.

Project support will be provided by the Deputy Director of Human Resources, but will be expanded as necessary.

5.0 Timetable of activities

The review will encompass a range of activities, and each group will publish a timetable in due course.

The short term operational group is expected to be publishing recommendations by the end of November 2015.

6.0 Next steps

The next steps are as follows:

- To present the updated framework to the Trust Board on 22nd October 2015 and to the TMB on 27th October 2015.
- To set up meeting schedules for the two project groups – the short term operational group will meet for the first time on 8th October 2015 and the longer term strategic group on 22nd October 2015.

Appendix one

Questions to be answered as part of this review process

1.0 Communication within the organisation

- What changes need to be made to improve communications up and down the organisation?

- What structure is needed to encourage Moorfields and the Institute of Ophthalmology (IoO), to work more effectively together to facilitate research, whilst dealing effectively with the competing demands of service delivery and education. The current external review of this subject commissioned by the IoO should be finished shortly and should help inform the design of the new structure.

- How do we ensure that managers and leaders at all levels are visible and accessible as well as familiar with shop floor issues?

2.0 Leadership with its roles and responsibilities

- Are key roles and responsibilities clearly understood and accepted by those in leadership positions?

- Are individuals in leadership roles trained and supported to be able to deliver in line with expectations?

- How much time do clinical leaders need to dedicate to their clinical leadership roles?

- Do the roles provide the appropriate level of authority and accountability?

- Do the support and administrative services have the leadership [clinical and non-clinical] that they require? This is particularly important as there is a perception that the trust has not given enough priority to essential administrative functions such as medical records.

- Is the workload of the chief operating officer sustainable, and if not how might we consider supporting the role? Is there a role for a deputy chief operating officer?

- Is there a role for an associate / deputy medical directors?

3.0 Quality and safety

- How do we increase the focus on quality and safety within our structure?

- How do we build in the capacity and capability to operate on a continuous improvement basis, delivering real service improvement and transformation as “business as usual”?

- How do we manage the demands, reasonable and unreasonable, as well as sometimes conflicting, of our many regulators.
4.0 Structure – directorate, services and support services

- Are the directorates as defined within the current structure organised in such a way to deliver optimum benefit to the organisation? If not do they need to be redefined or do existing management structures need to be strengthened?

- Are there ways to learn from parts of the existing structure that obviously work well?

- What is a manageable size for a directorate? How do we group services and sites and support services logically into units? Do we have divisions?

- How do we ensure that the key support services deliver an optimal, equitable service at all sites?

- Is the relationship between City Road, the sub-specialty services and the satellites clear?

- Should large sites be stand alone or should their services be managed by service leads?

- How and how much should we decentralise decision making? How much autonomy for sites and services and how do we then ensure consistency?

- How and how much should we decentralise budgets to support decision making, authority and responsibility?

- Have we optimised the potential benefit of the medical, nursing/AHP and management triumvirate, either at service or directorate level, and if not how might we do so?

- Can the regular directorate performance meetings be improved without increasing the reporting burden on managers?

5.0 Staff development and succession planning

- How do we make Moorfields a really sought after place to work, and attract the best managers from healthcare and other industries, in the same way that we attract very good ophthalmic trainees and consultants?

- Are there ways to develop our future clinical leaders (medical and non-medical) so that they can potentially have a greater range of opportunities available rather than simply having to wait until the next CD’s or SD’s post becomes vacant? There are numerous roles with limited well defined objectives in which future clinical leaders can and do develop their leadership skills. Individuals taking on these roles need targeted internal and/ or external training and support.