

REPORT ON THE SERVICE LINE MANAGEMENT CONSULTATION

4 OCTOBER 2010 – 1 NOVEMBER 2010

1. INTRODUCTION

This paper outlines the consultation process by which a Service Line Management Structure (comprised of clinical business units), has been identified through formal consultation with staff across the organisation, from 4th October to 1st November 2010.

The consultation has sought to formally seek responses informed by the consultation document and through consultation meetings open to all staff, attending staff departmental briefings in order to highlight issues with regard to proposed changes informed by the consultation paper.

The consultation paper asked for feedback on eight questions as follows:-

- **How will these changes benefit patients?**
- **Do you wish to comment on the proposed Clinical Business Unit structure and Service Lines?**
- **Do you agree key corporate functions such as Finance and HR should be more accountable to Clinical Business Units?**
- **Are there any other changes to corporate services you would you like to see over the next 3 years in order to support the development of Clinical Business Units?**
- **Do you agree that business development functions should be provided in the Clinical Business Units, as proposed in the Consultation paper?**
- **What are your views on increasing clinical and business leadership at Clinical Business Unit/ Service Line level?**
- **Please provide any comments on the Leadership Competency framework required for the development of the Clinical Business Units?**
- **Please provide any other comments or suggestions which you feel should be considered as part of the proposed changes?**

The proposed Clinical Business Unit structure as presented to the Executive Management Group on 15th November 2010.

2. CONSULTATION ON SERVICE LINE MANAGEMENT

The consultation paper set out the following dimension to staff:

- Introduction to service line management
- Background and context informed by Monitor's guidance and the NHS White paper, *Liberating the NHS*,
- Implementing service line management
- Developing the management structure for clinical business units

- Organisational leadership
- Developing service line management in the Trust
- Monitor's compliance framework
- Organisational change process including appendices to inform the job descriptions for Associate Medical Director roles, Business Unit Managers, Monitor's Leadership competency framework and the Trust Human Resources change policy re: security of employment
- Consultation timescale and implementation timeline
- Consultation Questions

3. CONSULTATION PROCESS

The formal staff consultation on the introduction of service line management across the Trust ran from 4th October 2010 to 1st November 2010. At the end of the consultation period, formal responses were sought from staff and departments with regard to the proposed clinical business unit structure and a number of questions posed. Introduction of service line management will require. The consultation process also included a range of formal "open to all staff" briefing meetings which took place on the following dates:

- 01 October 2010
- 06 October 2010
- 13 October 2010
- 18 October 2010
- 26 October 2010

The consultation also included a presentation to the Trust Joint Staff Management Committee Meeting on 14th September 2010 and the Medical Staff Committee on 14th October 2010.

4. CONSULTATION PAPER

Prior to the formal consultation process, several months of engagement and dialogue with staff took place on the following dates to inform the development of the clinical business unit structure, which informed the proposed structure in the consultation paper, including:

Specialist Nurses Forum	26 February 2010
Nursing & Midwifery Professional Forum	11 March 2010
Consultants and Matrons meeting	18 March 2010
Senior Managers/Heads of Department	19 March 2010
Senior Managers Forum	25 March 2010
Clinical Leads Forum	27 April 2010
Operations Leadership Team	30 April 2010
Consultants/Matrons/General Managers	4 May 2010
Clinical Leads Forum	26 May 2010
Operations Leadership Team	28 May 2010
Clinical Leads Forum	8 June 2010
JSMC	15 June 2010
Finance Committee	20 July 2010
Trust Board	24 August 2010

The Consultation paper on the proposed clinical business unit structure was formally launched on 4th October 2010 when the consultation paper was distributed by e-mail to all staff members. Managers were asked to ensure that all staff without access to e-mail were provided with access to a hard copy of the document. The consultation period ended one month later, on 1st November 2010. This paper comprises the initial findings of the consultation as indicated by the eight questions posed above (please refer to **Section 1**).

5. RESPONSE TO THE CONSULTATION PAPER

In total, 110 staff attended the “staff presentations”, either in the “dedicated briefing sessions or presentation to Department’s teams, by the Strategic Project Manager.

In total, 23 formal responses were received to the consultation paper. A copy of the key findings are summarised in the presentation slides (see **Appendix 1**), the Trust JSMC received a summary of the headline findings at the meeting on 9th November 2010. No additional comments were noted at this meeting.

An observation from the formal responses (both departments or individual staff members), the quality of their responses had understand the impact of introducing service line management and where further work was required, in order to embed the business focus as set out by Monitor’s guidance, regarding leadership and capability.

Summary of formal responses to the Consultation paper:

- 15 Individuals,
- 8 Departmental responses,

In addition to the formal feedback, the Strategic Project Manager and /or Dr Jeremy Sizer, held a number of all staff briefing sessions, attended by 110 staff members including representation from:

- Executive Office and Administration & Clerical staff,
- Clinical Leads Forum,
- Executive Directors,
- Matrons and Nurses Professional Forum,
- Support Services,
- Estates Department,
- Organisational Development/Human Resources,
- IM&T Department,
- Moorfields staff,
- Procurement
- GSTS Pathology,
- Medical Staff Committee,
- Senior Managers Forum,
- Representation from Pharmacy department,
- Divisional Management teams,
- Operations Leadership team.

6. KEY THEMES ARISING FROM THE CONSULTATION REPSONSES

6.1 The key findings arising from the consultation responses are set out below, as per each of the questions set out in the consultation paper:

6.2 How will these changes benefit patients?

- QIPP Urgent Care – is a good example of multi-organisational approach across services, this approach with CBUs will embed this matrix approach to deliver high quality services to patients,
- CBUs- require good leadership and appropriate representation to understand and plan future business developments,
- Increase accountability of Clinicians i.e. patient safety,
- Improving Quality and Patient outcomes/ satisfaction,
- Ensure patient care is at the heart of informed decision making,
- Raise awareness of costs re; delivery of patient care, and identify where resources could be better spent,
- NO benefits to patients – will introduce conflict for resources vs. maintaining quality

6.3 Do you wish to comment on the proposed Clinical Business Unit structure and Service Lines?

- Overall, the proposed clinical business unit structure consulted upon, enjoyed a broad level of support among senior clinicians, divisional managers and their teams, trust corporate office departments, and heads of service i.e. therapies, support services, estates department, finance department, etc.
- Ophthalmology – Moorfields should be in Corporate,
- Pharmacy – sits better with Clinical Support
- Patient call centre with OPDs in Women's & Children,
- OPDs – should include General and Medical OPDs and the OPD Call Centre,
- If OPDs are transferred to the community, what will the Trust role be?
- Service Lines appear to be thrown together by size/ budget rather than a natural service line,
- OPDs- illogical to be in Women and Children's – OPDs is part of every service line,
- Surgery – Service Line comprised of radiology/ Vascular/ Interventional Radiology, PCI and Stroke Unit,
- Pharmacy –logical to fit in Acute Medicine or Clinical Support,
- Theatres & Anaesthetics and Critical – should they sit within Surgery,
- Establish single Service Line of Dermatology & Plastics,
- Cluster Therapies as a Service Line (SLT, OT, Physiotherapy, Dietetics, Podiatry),
- How will Therapies work across CBUs if they are autonomous,
- Therapies – functionality of integrated service provision suggests alignment with Acute or Specialty Medicine CBUs, i.e. long term conditions, future community focus,
- Service Line Reporting – data captured must be accurate and able to interrogate care pathways, as well as specialties,
- Clinical Support – how will competing priorities of acute focused services vs. therapies be addressed in the CBU,
- Service Lines appear to be thrown together by size/ budget rather than a natural service line,

6.4 Do you agree key corporate functions such as Finance and HR should be more accountable to Clinical Business Units?

- Finance – ensure resources are apportioned to reflect patient care in each CBU/ Service Line,
- YES – want to see Finance “Work as a Team” with individuals assigned to each CBU,
- YES – encourage matrix working and greater understanding of the allocation of resources at service level,
- Finance – needs to be represented on each CBU and provide a financial business function,
- HR – increase accountability to CBUs, improve recruitment capability to identify the best candidates for roles,
- Medicine works in partnership with PCT and social care – this requires agreed outcome measures to inform changing working practices aligned with integrated care pathways,
- NO – these functions should exist in support of CBUs, maintaining professional and line management links to Exec Directors. Will ensure supportive relationships continue,
- All corporate functions should provide an appropriate level of service to each CBU and each CBU would hold these functions to account informed by the amount of support they require, i.e. governance, business planning, etc. An Executive Lead should be appointed for each CBU,

6.5 Are there any other changes to corporate services you would like to see over the next 3 years in order to support the development of Clinical Business Units?

- Contracts/ Commissioning – need to improve the understanding with clinical sign-off,
- Trust to undertake a review of Corporate services,
- As CBUs mature, more support would be devolved over time i.e. quality and finance,
- Competing priorities – QIPP, CIPs, Clinical Service Plans vs. SLM, can the Trust manage the complexity of change given “management input” and maintaining quality of patient care required?

6.6 Do you agree that business development functions should be provided in the Clinical Business Units, as proposed in the Consultation paper?

- YES – encourage/ facilitate the “business acumen” in CBUs. Requires a change management programme to improve matrix working,
- CBUs should develop their own business development functions and initially will require corporate support,
- Where will marketing/ sales expertise sit, especially as commissioning becomes more fragmented?

6.7 What are your views on increasing clinical and business leadership at Clinical Business Unit/ Service Line level?

- SLM requires- strong leadership, encourage positive approaches in order to empower staff to improve services to the benefit of patients and the Trust,
- Spontaneous, vibrant leadership will improve productivity. Establish a hierarchical clinical structure
in the CBUs to mentor junior consultants and empower them with support/ guidance,
- CBUs need to be clinically led to progressively expand their business capability and disempower poor performance,

- CBU's require top quality clinical nurses working alongside nursing management,
- Organisational transformation is required and should encompass all clinical leaders,
- The focus on patient outcomes needs to be strengthened, in both clinical and management leadership of each CBU,

6.8 Please provide any comments on the Leadership Competency framework required for the development of the Clinical Business Units?

- SLM will enable staff to think "outside of the box", avoid the "we have always done it like this" attitude,
- Ensure the right people with the right skills are in the best role,
- Skill gap analysis should be undertaken, to inform learning and development requirements,
- Coaching and mentoring should be included,
- CBU's require strong top quality clinicians, supported by good managers. History informs that the Trust management will not let go! SLM must clearly identify real intention to change and listen to clinical advice,

6.9 Please provide any other comments or suggestions which you feel should be considered as part of the proposed changes

- SLM provides a huge opportunity to get things right for patients,
- Embed a Total Quality Management approach,
- Each CBU should provide an Annual presentation to EMG to demonstrate progress i.e. Clinical Service Plans, CIP, QIPP, etc.
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- Nursing and Therapies appears to be marginalised, with no Nurse on the project board
- Strong emphasis on medical and management leadership, but no clinical leadership across professional boundaries. The role of Associate Medical Director would prevent other professionals providing clinical leadership,
- Alignment of Matrons appears to be an afterthought. Some FTs, have nurses and therapist as CDs,
- The Trust should now prepare a "How to guide to service line management" should be prepared for all staff to own and understand their contribution, this must not be seen as "top down approach",
- Future level of management costs required vs, direction of NHS White Paper advocates a reduction with re-investment in front-line services,
- Consultation paper describes how Medical Director and COO support CBU's, but how will CBU's interface with trust executives who have corporate responsibilities re; compliance,

7. RECOMMENDATION

7.1 CLINICAL BUSINESS UNIT STRUCTURE

- Trust Board is asked to note the contents of the report and appropriate actions as agreed by EMG on 15th November 2010.
- To ratify the Clinical Business Unit structure as informed by the consultation process, as described in **Appendix 2**,
- To note the key issues to be addressed in the change management process, to inform the establishment of the autonomous CBU structure,

- Agree to the future procurement of service line reporting software to understand income and cost and service level and patient level, as informed by discussion at the SLM Project Board on 23rd November 2010,

7.2 IMPLEMENTATION OF THE PROPOSED CLINICAL BUSINESS UNIT STRUCTURE

Trust Board to support the agreed actions from EMG on 15th November 2010:

- Appointment of Associate Medical Directors for the CBU structure,
- Appointment of Clinical Business Unit Managers for the CBU structure,
- Future alignment of Matrons/ senior Nursing staff to the CBU structure in relation to quality and patient safety, as informed by Monitor's Compliance Framework,
- Review of the corporate business unit and how these functions inform the development of clinical business units and their future business function. This work will be scoped by the Director of Organisational Development and inform the development of a series of master classes and future leadership will be established.

These key actions will be taken forward by the Service Line Management Project Steering Group, between December 2010 - March 2011

Stephen Wells
Strategic Project Manager
24th November 2010