PRIVATE AND CONFIDENTIAL

REVIEW OF MANAGEMENT ARRANGEMENTS

Introduction

When I became permanent Chief Executive in West Hertfordshire in September, I committed myself to a review of the existing management arrangements. I said in it that I had no personal agenda in doing the review and indeed that I was responsible for a fair bit of the existing arrangements, but that it seemed opportune to review them. I have now had an opportunity to have discussions with senior executive and clinical managers across the organisation and, in areas where it has appeared there might be greater need for change, with others. I have now concluded my review and set out below my findings and proposals. My review has not been about the performance of individuals and my proposals are not reflections upon individuals but on the appropriateness of the management arrangements and structures in which they work. If a system is wrong then you blame it and not people if it doesn't produce the right results. Clearly people need to perform, but the system needs to be right to enable them to do so.

Findings

1. The vast majority of people I have spoken to are broadly content with the existing management arrangements and think that, in most ways and for most of the time, they work. I agree with this and do not propose to make fundamental changes.

2. The structure of committees supporting the organisation has evolved gradually over the last two years and is now working well. Changes have been made over the last few months to ensure we have comprehensive and consistent arrangements to cover Governance, including Clinical Governance and Risk. These make sense and should be given time to bed in properly. There is an issue about ensuring that they are clear, clearly understood and properly used.

3. The one area where people expressed confusion about responsibilities and systems was Outpatients. Managers from the Divisions, those working in and managing Outpatients and a number of clinicians conveyed some concern and some confusion. Shortly after embarking on the review, we also received preliminary results of the National Outpatient Survey, the first for five years. While we are still awaiting the full results that compare us with other Trusts, it is clear from what we already have that our performance is very worrying and significantly below the norm for an acute trust. Something is clearly going wrong as far as our patients are concerned and we have to do something about that.

4. The Delivery Directorate is at the heart of what we do and most staff within the organisation work within that Directorate. Overall it works well and we have a capable group of committed clinical and general managers there. In Medicine it has been strengthened by the splitting of AAU and A&E management from the rest of Medicine. However, the burdens on Surgery come across as enormous and the short term action group I have set up to look at the management and working processes in the theatres at Watford has identified a number of major issues needing resolution and the relative shortage of senior general and clinical management input. In my view this problem will be helped by a degree of structural change and management strengthening.

5. Our management arrangements within Medicine and Surgery are unusual. The Business Managers and the Clinical Directors have no direct responsibility for managing most services. The Ward Sisters manage the ward budgets and are accountable to Matrons and through them to the Head of Nursing who is in turn accountable to the Divisional Manager. All Ward clerical staff are managed as a group through the Division of Medicine (although this is a relatively recent and deliberate change). Business Managers who are accountable to Divisional Managers, are however responsible for all targets and processing of patients in a timely fashion. This arrangement has some advantages but in many other Trusts Business Managers have wider responsibilities and more people accountable to them. As a result of the arrangements we have, when there are real pressure points it can be difficult to pin down precise accountability, and also, however willing people are, they are unsure what to take responsibility or be accountable for. This has been particularly evident this year within Surgery which has faced a lot of pressures but has overspent very significantly and has been the Division least able to realise its necessary cost improvements.

6. With changes at Executive Director level, there is an opportunity and indeed a need to look at corporate support and some scope to save on corporate posts.

Proposals

1. The management of Outpatients needs to change. To begin this process, I am setting up a short term action group, the Outpatient Project Steering Group, reporting directly to me (and which I will attend), as I have in a number of other areas where we have needed to effect quick and decisive change (e.g. infection control, waiting times, AAU set up, and Watford theatres). This group will be chaired by Colin Johnston, our Medical Director, who will for the period of the review, be the Director in charge and the clinical lead for Outpatients. I have asked Louise Gaffney to take on the role of Outpatients Project Review Manager reporting directly to Colin Johnston. She will take over operational management responsibility for the whole of Outpatient services for this period. Elaine Donald and the outpatient nurses will also report to Louise, unifying operational management of outpatients under a single service manager. Louise will be working closely with James McQuillan who has been coordinating our service improvement review group looking at outpatients. This new review group will take over and accelerate the work of the existing outpatients review group. I have asked Nikki Vousden, the current Head of Patient Access and Health Records Libraries, to lead a parallel strategic review of medical records, and outpatient clinic support. In doing this review she will continue to manage medical records and clinic preparation and their staff and report into Nick Evans' Directorate as now. This project structure is expected to remain in place for about 6 months.

2. We also need experienced objective advice from outside to help us to gauge just where our weaknesses and greatest needs are in relation to outpatients and I have therefore asked Stuart Marples, an NHS Manager and former CEO with enormous operational experience to undertake a quick external review of outpatients and then to act as an advisor to Outpatient Project Steering Group. Stuart provided a similar and invaluable role to the AAU Steering Group which so successfully planned and implemented our recent rationalisation of services. I have asked Stuart to undertake his review and feed his results in to the group progressively but in total by no later than the end of February and I will be asking the group to have agreed a way forward by early February and be embarked on a full implementation plan by the end of March. On the basis of what they find, I will then set up permanent management arrangements to take forward their work. Once the permanent management arrangements are agreed there will be a formal process of consultation to implement any changes, which will begin in Summer 2010.

3. You will by now know that after a prolonged period of sickness, Gary Etheridge, our Director of Nursing has decided to stand down and that we are now advertising for a successor. The time is right for us to look at how as an organisation we review, respond to and seek to improve our patients experience and we will therefore be advertising for a "Director of Nursing and Patients Champion", giving this postholder a central and public role in that improvement.

4. We have made great strides following our earlier disappointing inpatient surveys with our 'Pledge' and all the actions flowing from that. We now need to make more progress, very particularly in Outpatients. This will move ahead – it has to – before our new Director of Nursing is in post but when they are I expect them to lead what will become – needs to become – an increasingly central objective of our service delivery and improvements, a really good patient experience. None of this in any way implies that staff throughout this organisation are not committed to doing all they can to respond to patients and their needs. But society and people's expectations are changing and we need to try and remain ahead of those changes rather than be dragged along by them.

5. As a key part of this, the very disappointing Outpatients survey also needs to be addressed, but not just by this group. We will be beginning a much wider process of review, reflection and consultation with staff involved in outpatients looking at what the survey tells us and what we need to improve. The aim will be to put in hand a whole range of specific timed actions, set out in an outpatients experience improvement plan. I will be asking staff and patient representatives to help put together an Outpatients Charter based on our Pledge, giving patients detailed assurance and of how we will behave towards them.

6. Strain within the Surgical Division and the number of management and performance issues facing it and the shortage of senior management and clinical management time to address them has persuaded me that we need to divide the Division into five key services: theatres, general surgery, orthopaedics, specialist surgery and anaesthetics. I propose that the clinical heads of these five services should form the Divisional Management Board with two Divisional Managers and the Senior Nurse for Surgery. This should lighten the load of the Divisional Director as more responsibility is devolved to these five Directors and two managers. One of the "service" Directors will become Divisional Director, hopefully for two years, with another the designated deputy and with a preference for the Divisional Director to come from either theatres or general surgery, though not an exclusive preference. This means that the Divisional Managers will have to work with different service Directors, but the proposal is that one Divisional Manager be responsible for all surgical services at St. Albans and also be the overall managerial lead in the three areas of orthopaedics, general surgery and specialist surgery. The other Divisional Manager will be the lead for all surgical services on the Watford site and would be the lead for Theatres, ITU and anaesthetics. As this change will impact on a number of colleagues' current roles I am proposing a formal consultation on this change which will begin in early February and with an implementation date of mid March 2010 and at the very latest by 1 April 2010.

7. The possible fragmentation of management within the Divisions identified in my findings needs to be addressed. However, it is complex, complicated and detailed and as this is an underlying problem rather than an immediate crisis it is important that we take the time to look at the issue properly and find the best way forward. Again, it is my view that we could benefit from external help and I think that help can usefully be tied in with the help we are getting on outpatients. I am therefore asking Stuart Marples to review the various strands of management within wards and from ward level upwards, within Medicine and Surgery, with a view to recommending a simpler, more comprehensive model with clear accountability and responsibility and fewer layers. It is my hope and expectation that this will bring with it some savings in management overhead though this is not the driver of the review. Again, the aim is to get this work going during January with a view to having an agreed way forward before the end of the financial year, hopefully with an implementation date, following any necessary consultation, at the beginning of the new financial year.

8. Corporate support posts (especially second in line) will be reviewed to see if savings are possible. Colin Johnston our new Medical Director has already revised his support structure and reduced from four Associate Directors to two, covering respectively postgraduate education and medical manpower.

Jan Filochowski
Chief Executive
21 January 2010