CLINICAL DIRECTOR ROLE PROFILE

**OPERATIONAL PERFORMANCE**

**ACCOUNTABLE TO:** Divisional Director

**PROFESSIONALLY ACCOUNTABLE TO:** Medical Director

**BACKGROUND / CONTEXT**

The Chief Executive has taken the opportunity to fundamentally review all aspects of the way the hospital is run, ensuring the right people with the right skills in the right jobs, including:

* The organisational structure to deliver services with quality of care paramount
* Devolving responsibility and accountability to key decision-makers, for more effective and efficient delivery of operational imperatives and longer term strategic plans. It is based on the concept of effective clinical leadership coupled with devolved accountability and responsibility for decision-making; and,
* Building the skills and capability needed in the future.

The premise of clinical leadership is accepted as the most appropriate strategic and operational approach for CUH and it is envisaged that the revised roles for Divisional and Clinical Director will be transitional and if successful ultimately leading to obsolescence of the Divisional Director role as it is currently framed.

There is a clear need for appropriate support and training to be provided to all Clinical Directors during the establishment of the new Clinical Directorates and in some cases this may take a number of years. However, the intention is for Clinical Directorates to become largely autonomous with the Clinical Director working with their team to determine the priorities for development and growth. Being accountable and / or responsible for something does not mean that individual has to personally do everything, rather it will be up to them to delegate as appropriate. Some of the support available to the Clinical Directorate may be a shared resource e.g. Operations Manager, OD Manager. It will be for the Clinical Director to give direction to these individuals as part of a matrix working arrangement (see proposed structure chart below) but they will not be expected to directly line manage or undertake the appraisals of these individuals, although they will be expected to have input into the process.

It is important to emphasise that Clinical Directorates will not become entirely autonomous, as they will not become separate legal entities but will remain part of CUH. Trust budgets are set to take account of the vagaries of tariff and financial responsibility means ensuring optimum efficiency within the agreed budget and wherever possible to generate an underspend / surplus. There will remain a need for an element of all surpluses to make a contribution to overheads for the day to day running of the Trust together with the costs of capital maintenance and investment.

## **KEY PURPOSE OF ROLE**

## Provide focus and leadership on the delivery of the highest quality care in the context of the Trust’s Quality strategy and directorate priorities.

## Lead the establishment of the Clinical Directorate from strategy to implementation, closely supported by the Divisional Director

## Reflecting the Divisional / Corporate strategy provide strategic, clinical and operational leadership to the Clinical Directorate

* As a key member of the Divisional Board inform the Divisional / Corporate strategy from a clinical perspective

## Responsible for the delivery of the Clinical Directorate budget together with the agreed quality, operational and financial targets

* Work collaboratively with other Clinical Directorates within the organisation
* Participate in, and potentially lead collaborative working relationships with appropriate external partner organisations including, but not limited to other health care provides, commissioners and social care.

.

Divisional Structure

**Divisional Director**

**Clinical Director**

**Clinical Director**

**Clinical Director**

ADO

Divisional Nurse

Divisional Head of Finance

Operations Manager

OD/HR

COO

Chief Nurse

Head of Finance

Head of OD/HR

Nursing

Medical Director

CEO

Specialty Lead

R&D

E&T

**KEY ACCOUNTABILITIES**

* The “accountable officer” for the Clinical Directorate
* Leads the development and delivery of the Directorate clinical, quality and risk management strategy and delivery plans:
	+ Works with the Divisional Director and Divisional Board to ensure alignment of Clinical Directorate strategy and plan with agreed Trust corporate direction
* Drives patient service delivery across the Clinical Directorate to agreed performance metrics (quality, safety, clinical, operational, financial):
	+ Works closely with Specialty Leads to ensure clear accountability for delivery of agreed performance metrics
	+ Promotes and encourages development of effective cross-speciality/patient pathway working/alignment
	+ Supports delivery of research and education plans within the Clinical Directorate
* Develops an effective and high performing Clinical Directorate management team
	+ Direct line management responsibility for Specialty Leads within the Clinical Directorate
	+ Works closely with Divisional Board colleagues to define and ensure effective deployment, utilisation and performance of assigned resources
* Responsible for ensuring full compliance with the requirements of clinical and professional governance including patient safety, infection control, induction, mandatory training, appraisal, job planning, clinical audit and revalidation
* Delivery of agreed productivity and cost saving targets achieving agreed annual financial surplus
* Completion of all job plan reviews as part of the Medical Productivity Transformation Workstream and agreed implementation plan within 12 months of appointment
* Ensure the professional development of colleagues to ensure appropriate succession planning for the Clinical Directorate
* It is envisaged that one Clinical Director in each Division will also undertake the role of operational deputy for the Divisional Director on matters where a clinical opinion / input is required (day to day Operational deputising will be undertaken by the ADO)

# TERMS of APPOINTMENT

* The appointment will be made by open competition
* The appointment will be for a maximum of 5 years, subject to satisfactory annual review
* The first cohort of Clinical Directors will be appointed with staggered end dates to ensure sufficient continuity at an organisational level at any given point in time
* The appointment will be made by the Divisional Director , the Medical Director and the Chief Operating Officer
* The post holder will be allocated 3PAs to undertake this role, two of which must be allocated within the normal working week in order to attend key meetings and to provide appropriate support to their team. The third PA may be worked flexibly. These PAs are substitutive for existing PAs, not in addition.
* Appropriate backfill will be provided for the clinical service.
* In addition there will be a responsibility allowance of £15K per annum, which is not superannuable and the job description does not form part of the contract for employment
* An appropriate exit strategy will be agreed on an individual basis to allow the postholder to return to full clinical duties at the end of their term of appointment