

Inner north east London Joint Overview and Scrutiny Committee

25 May 2012

Dr Steve Ryan, Medical Director

Shona Brown, Director of Organisational Development

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Purpose

To provide the committee with an update on our merger journey and benefits of becoming Barts Health

To provide an overview of our progress since merging, including transitional site arrangements, values of the new trust and senior leadership appointments

Our commitments as a new trust

Merger journey, benefits and future ways of working

Dr Steve Ryan, Medical Director

Barts Health is a platform for the future

The Vision

To offer acute, specialist and community services that are tailored to meet the needs of its local communities

To be recognised locally, nationally and internationally for outstanding clinical services, research and education

Identifying and sharing best practice across the trusts

- Standardise services to best practice – reducing length of stay

Realising any efficiencies and economies of scale

- Combining the clinical workforce to raise quality of care in paediatrics
- Change the way we deliver pathology services to capture economies of scale

Developing clear clinical pathways to enable rapid access to the right care

- Integrate acute patient pathways in cancer care
- Integrate specialist, secondary and community patient pathways for diabetic patients

Financially resilient trust with no organisational barriers, a single clinical vision and accountability that is capable of becoming a foundation trust

Re-cap on merger journey milestones

- July 2011: Outline business case (OBC) approved by three legacy trust boards
- August 2011: OBC approved by NHS London
- August 2011: 16 week programme of local engagement undertaken
- December 2011: Full Business Case (FBC) approved by three legacy trust boards, two commissioning clusters and NHS London
- February 2012: NHS Cooperation and Competition Panel (CCP) recommend that merger takes place
- February 2012: FBC approved by the Department of Health Transaction Board
- March 2012: Final approval to merge received from the Secretary of State for Health
- March 2012: Consultation with trust staff and union reps on transfer of employment to the new merged organisation
- 1 April 2012: Barts Health NHS Trust established

What are the Clinical Academic Groups?

There are eight Clinical Academic Groups (CAGs):

- Ambulatory care
- Cancer services
- Cardiovascular services
- Children's Health
- Clinical support services
- Emergency care and acute medicine
- Surgery
- Women's Health

Each CAG in the new organisation will be led by a senior clinician, with a director of nursing and governance, an operations director, and an education and research lead

The CAGs will provide a range of services, to high standards of clinical quality, patient safety, and value for money. To achieve this, each CAG will prioritise:

- The experience of their patients and carers
- Health improvement and reducing health inequalities for our local communities
- Their role in promoting human rights and equalities, for staff and for patients

One of the early priorities will be to agree areas for early service improvement and/or for co-designing integrated clinical pathways. This work will be undertaken with the representatives of patients and carers, primary care and community health services, commissioners, public health teams and with partners in social care and other sectors.

Clinical academic group (CAG) appointments

Group directors

Cancer: [Maurice Murphy](#)

Cardiovascular: [Charles Knight](#)

Emergency Care and Acute Medicine: [Alistair Chesser](#)

Surgery: [Andy Morris](#)

Women's Health: [Sandra Reading](#)

Directors and nursing and governance

Ambulatory Care: [Christine Pidgeon](#)

Cancer: [Catherine Walsh](#)

Cardiovascular: [Louise Crosby](#)

Children's Health: [Elaine Wall](#)

Director of Therapy, Nursing and Governance – Clinical Support Services: [Simon Ashton](#)

Emergency Care and Acute Medicine: [Scott Maclean](#)

Surgery: [Shirlene Jones](#)

Director of Midwifery, Nursing and Governance – Women's Health: [Dawn Johnston](#)

Operations directors

Ambulatory: [Janet Lewis](#)

Cardiovascular: [Sara Davenport](#)

Clinical Support Services: [Fiona Isacson](#)

Directors of education and research

Cancer: [Nicholas Lemoine](#)

Clinical Support Services: [Muaaze Ahmad](#)

There remain a number of posts with the CAGs to which no appointment has been made. The external recruitment process that has been put in place will be completed over the next month.

Transitional arrangements

A date for when we will change to this new CAG operational structure has not yet been determined, but will only happen when all the necessary appointments have been made to ensure that we maintain and improve performance at each of the hospital sites.

In the interim, Len Richards, Chief Operating Officer has strengthened the senior management team structures at each of our hospitals.

Since 1 April, three interim managing directors have been appointed to help lead the legacy organisations through the transition, whilst at the same time maintaining and improving performance. They are:

- Toby Lewis (St Bartholomew's, The Royal London, The London Chest hospitals)
- Mark Cubbon (Whipps Cross University hospital)
- Diana Lacey (Newham University hospital)

These colleagues are supported in the transition by the new and existing leadership teams (where possible), including the current medical directors, directors of nursing and most of the existing corporate leaders who work at each hospital.

Barts Health



NHS Trust

Organisation values

Shona Brown, Director of Organisational Development

A sense that we have been listening to patients and what matters to them

- Staff attitude
- Communication to patients
- Communication between staff
- Appointment processes
- Maternity services
- Care of older people
- Patients as partners
- 'Life style options', e.g. noise, food, cleanliness, pain control, what happens in their bed area

The key ingredients for the Barts Health vision

- **Do the right thing, first time, every time.** Build a reputation for being dependable and reliable and focused on delivery. This means doing the right thing for our patients, our staff and our partners
- **Be honest** when we don't get it right
- Have a **focus on health** and addressing health inequalities
- **Listen and respond.** Build a reputation for being responsive and build local confidence in Barts Health
- Be recognised as being **consistently** concerned about **getting the fundamentals right**
- Provide easily **accessible, locally connected, great** healthcare
- Really **engage with our staff, patients, partners and local communities** to improve services and build a local, national and international reputation
- Have a workforce that is truly **reflective of our local population**
- Build on our **academic and research strengths** for the benefit of improving local care, treatment and promoting health
- Create an **organisation we are all proud of**, providing the best value sustainable services

Our indicative values

- **Caring and compassionate** with patients, with each other, and with our partners
- Actively **listening, understanding and responding** to patients, staff and our partners
- **Relentless improvement and innovation**, learning from our patients, and other experiences
- **working together** to deliver ambitious results
- **valuing** every member of **staff's contribution** to the **care our patients**

Trust Board

The Barts Health NHS Trust Board has now been formally established and is accountable for setting the strategic direction of the trust, monitoring performance against objectives, ensuring high standards of corporate governance and promoting links between the trust and local community

As part of the indicative values work the Board have committed to the following:

- Amplifying the patient voice in the Board:** a patient story for each Board meeting was agreed at April meeting
- Board visibility:** 'Friday Free' meeting days are a good illustration of how we want to dedicate quality time to hear from patients and staff (clinical and non-clinical)
- Strong processes from front line to Board:** for raising concerns, with clear response and feedback mechanisms

Executive and senior leadership appointments

Shona Brown, Director of Organisational Development

Trust Board members

The Barts Health NHS Trust Board has 13 voting Board members comprising the Chair, seven non-executive directors and five executive directors:

- Mr Stephen O'Brien, Chair
- Mr Peter Morris, Chief Executive
- Dr Steve Ryan, Medical Director
- Professor Kay Riley, Chief Nurse
- Mr Len Richards, Chief Operating Officer
- Mr Mark Ogden, Chief Financial Officer
- Philip Wright, Non-Executive Director, Trust Board Vice Chairman and Senior Independent Director
- Millie Banerjee, Non-Executive Director
- Alastair Camp, Non-Executive Director
- Gautam Dalal, Non-Executive Director
- Sally James, Non-Executive Director
- Professor Richard Trembath, Non-Executive Director
- Anne Whitaker, Non-Executive Director

Other senior leadership appointments

The following senior leadership appointments have been made to support the new Trust Board and CAGs:

- Associate chief nurse: care standards: [Hazel Tonge](#)
- Associate chief nurse: nursing informatics and innovation: [Lyn Hinton](#)
- Associate director of finance: financial services: [Martin Botterill](#)
- Associate director of finance: income, contracting and costing: [Tracey Braniff](#)
- Deputy chief executive and development director: [Toby Lewis](#)
- Deputy chief nurse: patient experience and engagement: [Hilary Shanahan](#)
- Deputy chief nurse: quality and governance: [Nancy Fontaine](#)
- Deputy chief nurse: [Tracey Carter](#)
- Deputy medical director: workforce and deputy responsible officer: [Celia Skinner](#)
- Deputy trust secretary: [Sean Collins](#)
- Director of academic health science: [Professor Jo Martin](#)
- Director of communications and engagement (interim): [Adrienne Noon](#)
- Director of corporate affairs: [Ian Walker](#)
- Director of human resources (interim): [Julia Whitehouse](#)
- Director of organisational development: [Shona Brown](#)
- Director of planning: [Graham Simpson](#)
- Director of primary care: [Dr Shera Chok](#)
- Director of research development: [Gerry Leonard](#)
- Managing director of education academy: [Dawne Bloodworth](#)

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Stakeholder engagement

Adrienne Noon, Director of Communications and Engagement (interim)

Stakeholder engagement

Following the publication of the OBC, over 10,000 people had an opportunity to help shape the new organisation through a variety of engagement activities including:

- **26,000 copies of prospectus** and **10,000 copies of clinical prospectus** inviting comments on the proposals were distributed throughout hospitals, to community and patient groups, libraries, trust membership lists and to local authority and commissioning colleagues – documents also available in a variety of languages and alternative formats including Easy Read and audio
- **25 roadshows for staff, patients and the public** to find out more, ask questions and give their views
- Attendance by clinicians and senior managers at **over 100 local meetings** including overview and scrutiny, local involvement networks and clinical commissioning groups
- Regular feature in **local community publications** and features on the **hospital trust and partner websites** and intranets for staff
- Transitional **website** to provide central information on the merger
- **Patient Advisors Group** established to help design the new organisation patient experience and involvement strategies, branding, signage and other key issues
- Frequent information and **briefings to staff** and their representatives

Further detail on the engagement period can be found here: <http://www.bartsandthelondon.nhs.uk/assets/merger/Communications-and-Stakeholder-Engagement-Report-and-Letters.pdf>

What we heard

The feedback received from our engagement with stakeholders and local partners was extremely valuable in developing our integration plans.

Six key themes arose from the engagement programme and discussions with a broad range of individuals, organisations and partners. These were:

- Financial sustainability for future generations
- Delivering care closer to home
- Partnership working
- Realising the benefits
- A need to improve communication
- Taking staff on the journey

Further engagement opportunities

Opportunities to be further involved and engaged with the new trust continue and include:

- partnership workshops to develop the new brand for Barts Health
- local events to share views and develop our values and behaviours
- engagement to develop a new trust website which meets local needs
- opportunities for patient pathway development
- existing meetings with stakeholders including overview and scrutiny committees, LINKs, health and wellbeing boards, clinical commissioning groups and patient representative panels in addition to one-to-one meetings with MPs and GP commissioners
- becoming a member of the trust so that local people and their representatives can have a greater voice in the organisation

Further opportunities are planned for the months ahead and will continue to be shared with the committee.

Our commitments

Trust priorities

The new trust is absolutely committed to ensuring local people and their representatives can have a greater voice in the organisation.

At the heart of everything we do will be ten pledges below. These will permeate through every aspect of the trust's work. The pledges will help us to challenge the way we work and enable our stakeholders to hold us to account.

- Patients will be at the heart of all we do.
- We will provide consistently high quality health care.
- We will continuously improve patient safety standards.
- We will sustain and develop excellence in research, development and innovation.
- We will sustain and develop excellence in education and training.
- We will promote human rights and equalities.
- We will work with health partners to improve health and reduce health inequalities.
- We will work with social care partners to provide care for those who are most vulnerable.
- We will make the best use of public resources.
- We will provide and support the leadership to achieve these pledges

Trust priorities

Adherence to these pledges will also enable us to deliver on our strategic priorities which are essential for addressing our health challenges and achieving our vision:

- A significant contribution to programmes which improve health and reduce health inequalities achieved through joint working with local partners via the Health and Wellbeing Boards
- Secure local acute services, with improved access across north east London to the full range of specialist services supported by enhanced research and education capabilities
- Better quality as well as reduced variability of clinical outcomes, patient experience and operational performance
- Financial resilience and a sustainable platform for acute services in north east London