

July 2012

Integration Special

# StaffMatters

We've put together this special edition of *Staff Matters* as part of our commitment to bringing you the latest updates about the integration from across the organisation. Don't forget you can email [integrationquestions@york.nhs.uk](mailto:integrationquestions@york.nhs.uk) with any questions and we'll publish the answers in a future edition of *Staff Matters*.

## Chief Executive's update...

### Welcome from Patrick Crowley, Chief Executive

Welcome to this special edition of *Staff Matters*, our first as a single organisation.

The time and effort invested by many of you in preparing us for integration should be recognised, as a tremendous amount of work has gone into making sure we had everything in place to enable us to proceed. I'd also like to thank those of you who, although not directly involved in the acquisition work, continued to work hard to ensure both organisations continued to operate effectively and that performance and patient feedback has improved in both organisations.

In many respects the acquisition marks the beginning rather than the end of the process, and it is now that much of the detailed

work must be undertaken to integrate the two organisations and ensure we're all working towards the same goal of bringing the best out of the new Trust and making sure we're offering the very best services that our patients deserve.

I strongly believe that bringing our two organisations together will bring improvements for staff and patients, not only on the East Coast, but across the whole patch. The acquisition gives us greater protection in this challenging

environment by offering us the opportunity for more and better resources, which neither organisation would have if we remained as separate entities.

I'll be out and about across all of our sites, and I have made a personal commitment to meeting as many staff as possible face-to-face in our first year as a single organisation. I always welcome feedback from staff, whether it is a question or concern, or an idea for how we might make something better within the organisation.

Becoming a single organisation gives us the opportunity to remind ourselves why we do what we do, and to reinforce the importance of our values and how the way we act should reflect these. We have launched the Personal Responsibility Framework which outlines the values and behaviours we hope

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to see demonstrated in the new organisation by all individuals, and is in turn reinforced and embedded in everything we do.

It promotes the idea that the Trust will provide an environment which enables staff to do their job safely, efficiently and effectively, and in turn there is an expectation that all staff behave in line with our values.

A leaflet explaining the framework is being distributed to staff along with our values document, and I hope that you will take the time to look at these and discuss them in your teams.

I'm incredibly proud to be part of York, and I hope that wherever you work and whatever your role, you will feel equally proud of the organisation and the services you all work so hard to provide.

### Got a story?

If you have a story for a future edition of *Staff Matters*, we would love to hear from you! Contact the communications team:

Lucy Brown, Head of Communications:  
[lucy.k.brown@york.nhs.uk](mailto:lucy.k.brown@york.nhs.uk)

Rebecca Aspin, Media and Communications Officer:  
[rebecca.aspin@acute.sney.nhs.uk](mailto:rebecca.aspin@acute.sney.nhs.uk)

Elaine Vinter, Media and Communications Officer:  
[elaine.vinter@york.nhs.uk](mailto:elaine.vinter@york.nhs.uk)

Heather Millard, Communications Assistant:  
[heather.millard@york.nhs.uk](mailto:heather.millard@york.nhs.uk)

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**What's in a name?**

Many people have been asking what the organisation will be called, and what implications this might have for the various hospitals within it. The name of the overall organisation will be York Teaching Hospital NHS Foundation Trust, and once the acquisition is complete we have committed to consult with staff on the name in a year to 18 months. Each of the hospitals will retain their names, but signage is being updated to reflect that the hospitals are part of the Foundation Trust. We know that staff and patients relate to their local hospitals and therefore it is important to retain local identity for each of the hospitals in the new organisation.

# Integration of corporate areas

Here is an overview of the work that is underway to integrate our corporate areas, including what's been achieved so far and what's happening next.

## Finance

York and Scarborough Finance and Procurement teams started working together to develop a joint integration plan for the Finance function in December 2011.

This initial work resulted in a joint project team who were tasked with bringing the two Finance and Procurement teams together seamlessly on to a common set of systems.

A key priority for the project team is to ensure that the integration process causes least disruption for all of our customers across the York and Scarborough healthcare community.

Budget holders and requisitioners will continue to use their current budget codes and use the same systems for processing order requests. Where changes to business processes are required these will be communicated via team brief and email.

The project team have been busy in May and June implementing the required changes ready for the acquisition.



## Human Resources

**The pay date for Scarborough is currently different to York. Initially, pay dates will remain the same but we will aim for a common pay date in the future and will keep people informed, consulting with staff where necessary. A number of HR Policies have been harmonised across both Trusts.**

### Recognising our staff

York Trust's Celebration of Achievement Awards have been very successful for the past three years, particularly in terms of demonstrating how the Trust values and recognises staff. As part of the integration process a decision has been taken to broaden these awards to include all of the new organisation, and the nomination process for the 2012 awards has now closed. A review of the categories has resulted in some really excellent opportunities to nominate staff for their valuable contributions. Nominations will be judged by panels drawn from across the organisation and the top three finalists for each category will be invited to a celebration event to be held in York on 6 September.

In 2013 the plan will be to hold the celebration event in Scarborough and we are currently looking at venues. These awards are financed through the Charitable Funds and this year we are also seeking sponsorship.

Agreement has been given to merge of Scarborough's ABCD awards and York's Star Performer awards and the working group has considered the issues around making this happen by July 2012. Staff groups are considering various options to ensure the best aspects of both awards are included. Information



about the new award and the nomination processes will be shared with staff soon.

Long Service and Retirement Events will be held in 2012 as part of the recognition events programme, we are currently looking at the figures to help make a decision about venues and dates. The options are to hold one large event in York or two smaller events in Scarborough

and York, this will depend on numbers. The criteria is that an individual has worked for 40 years or 25 years in the NHS with 10 years continuous service in York, Scarborough or community services. In respect of retirement we invite those who have retired in the previous financial year and who have served 10 years continuously in one of the above Trusts.

# Integration of corporate areas

## Human Resources – reaping the benefits

The acquisition means that Scarborough and Bridlington-based staff will be able to enjoy a staff benefits package that is in line with the one currently offered to York trust staff. This includes a joint Staff Lottery, The Cyclescheme, Childcare Voucher Scheme and a Staff Benefits Handbook .

### Staff Lottery

The Staff Lottery currently offered to York Trust staff has been rolled out to staff from Scarborough Trust.

All employees are invited to join the lottery and have the opportunity to win monthly cash prizes and other fantastic prizes. Staff Benefits road shows are being arranged at Scarborough, Bridlington and Whitby Hospitals where staff can find out more.

### Childcare Vouchers, Cyclescheme and Family Car Lease scheme

York Trust currently operates a number of salary sacrifice schemes. The schemes form part of the voluntary benefits package we offer to staff. Salary Sacrifice is a tax efficient way of receiving staff benefits. Our aim is to offer all staff the same opportunity to join any of the schemes, which might replace some of the

schemes that are already offered to staff in Scarborough Trust.

### Staff Benefits Handbook

Work has begun negotiating with businesses in Scarborough, Bridlington and Whitby to secure offers, discounts and gym memberships which will go into the Staff Benefits Handbook. The handbook will be available to staff in September.



## Estates and Facilities

A single Estates and Facilities senior management team will be established to provide assurance to the Board of Directors on all of our properties.

It is anticipated that the senior team will be in place in July.

Local management teams will continue to be responsible for each property as they are now, although their line management arrangements might change.

Once the new organisation is established we will consider whether there are potential efficiencies as a result of being a larger organisation, and we will be working with local teams to identify these opportunities.

We will also look to standardise policies and procedures, building on the best from each of the current organisations.

## Performance

This workstream is looking at how we manage the delivery of our performance targets within the organisation. York Trust's

performance framework has been accepted by Scarborough's Board of Directors and is now in place. This means that once we become a

single organisation all teams will be working to the same performance management framework. A review of the processes supporting the

framework is now underway, and stakeholders are being approached to give feedback and suggestions for improvement.

# Integration of corporate areas

## Governance structure

A revised governance structure is being put in place which will be fully operational from 1 July.

Changes to the meeting arrangements including the introduction of a new Strategic Executive Group, two Hospital Executive and community Groups and one overarching Clinical Quality and Safety Group, one overarching health and safety and non-clinical risk committee, one emergency planning department that covers the whole organisation, one Health and wellbeing group, one overarching equality and diversity group and one R&D, learning and development group.

Sitting underneath these key corporate groups are a number of local groups specific to the subject matter. People involved in those groups will be made aware of their need to attend as appropriate.

Currently the governance arrangements for all committees are being reviewed and amended where appropriate so that the revised structure will work.



## IT, Systems and Networks



A number of activities were completed ahead of the acquisition

- The roll out of the new phones for Scarborough Hospital began, and members of the IT team have been contacting staff to agree the rollout plan.
- A network link has been put in place that will join the two hospitals together, which means that work can begin to ensure that we have one network domain. This means that people will be able to log on to one single network and access email and other applications.

### July:

- It is expected that we will have one Datix system.
- We expect to have the same patient index for Scarborough and

York and will start deployment of case note library into Scarborough. This will mean that medical secretaries in Scarborough will be able to use casenote library for all patient correspondence (e.g. discharge and outpatient letters) and that the correspondence can be sent to GPs. We will also be able to feed CPD with radiology reports from Scarborough.

### August:

- we expect to have one single email system.

There are many other developments underway in this area. In preparation for the single network users in Scarborough will have to change their username to the first initial of their forename and up to seven letters of their surname

eg Susan Rushbrook username would be "srushbro". We will also have to ensure that the constitution of the password is the same.

The work to enable the deployment of CPD across the organisation has started with the plan to start full deployment by Christmas this year. The first phase of understanding the differences between the way in which iPM is used in Scarborough and CPD is used in York has been completed.

The team is working with laboratory medicine and the laboratory system providers to integrate laboratory systems. It is expected that this process will take six to eight months.

They are also working with pharmacy and the pharmacy system providers to integrate the pharmacy systems.

## Nursing And Midwifery

There are a number of areas covered by the nursing and midwifery workstream.

The key priorities for integrating nursing and midwifery are the alignment of the safety and quality strategies, the standardisation of documentation to support

staff and ensure equitable care across all settings, a review of staffing establishments and models, and ensuring full 'ward to Board' reporting mechanisms and embedded accountability of professional practice.

Under Healthcare Governance, a single,

integrated governance structure will be implemented, and cultural learning from both organisations will be used to influence standardised practices which prevent harm events.

Infection prevention and control is of fundamental importance in both

organisations, and core processes and standards will be aligned and implemented to underpin all clinical practices.

Work is underway to provide a clear reporting, learning, accountability and management structure for infection prevention and control.



## Integration of corporate areas...continued

### Cancer Services

Consultant Surgeon David Alexander will be the Cancer Lead across the new organisation, with Liz

Booth as the strategic lead. The cancer agenda will include the following:

- Delivering quality outcomes

and performance for all patients diagnosed with cancer

- Delivering the survivorship agenda

- Enhancing end of life care across health economy
- Strengthening alliances with neighbouring organisations

## Developing Integrated Health and Social Care Services

As well as the integration of the two acute Trusts, there is also a significant piece of work underway to integrate community services in Selby and York and Scarborough, Whitby and Ryedale with the acute Trusts following their transfer from PCTs in April 2011.

Our vision for integrated care is: Right care, right place, first time, with joined up services that enable people to regain and keep their optimal health, wellbeing and independence.

The vision was developed in partnership with colleagues from Clinical Commissioning Groups, Local Authorities and also through engagement with practitioners and clinicians. In developing and delivering the new model of integrated care we will ensure that this is aligned with our vision.



### What has been delivered to date?

The integrated care programme is a large scale transformation project and is expected to deliver over a three to four year timeline.

In the first year we have delivered the following high-level changes:

- Identified and developed a shared understanding of the challenge facing all stakeholders in delivering integrated care
- Developed a shared vision
- Agreed the broad outline and implementation plan for each locality
- Agreed the specification for services to be provided by the Neighbourhood Care Teams and the implementation plan
- Introduced a Single Point of Co-ordination for the Scarborough and Ryedale Localities
- Implemented an Intermediate Tier Team
- Development of Enhanced Community Team

### Keeping up to date

We recognise how important it is for staff to know what is going on, and to know where they can find out the latest news and developments about the Trust.

From 1 July we will be making changes to the current internal communications process to help ensure we are giving you as many opportunities as possible to find out information.

This will include a single team brief for the new organisation

and the introduction of a monthly bulletin called 'Need to Know.' The communications departments from York and Scarborough have been working together as a single team since last summer.

Activity from the communications workstream includes the development of a single website and intranet site, the alignment of policies and processes including media handling and internal communications, and branding for the new organisation..

### Foundation Trust Membership

Staff who have transferred to York Teaching Hospital NHS Foundation Trust as a result of the acquisition automatically become foundation Trust members. Membership entitles you to:

- stand for election as a staff governor on the Trust's Council of Governors
- vote for a governor to represent you

- make your views and thoughts known to the staff governors so that those views can be represented at the Council of Governors

You can find out more about membership and the role of governors on the Trust's website: [www.york.nhs.uk](http://www.york.nhs.uk)

Staff are free to opt out of membership if they wish.

# Clinical Integration

The Clinical Integration programme started in January 2012, with the aim of supporting the integration of clinical services across the enlarged organisation.

The initial focus has been with the following specialty services, using a standardised approach, which will be linked to the annual planning cycle:

- Breast
- Cardiology
- Chronic Pain Management
- Colorectal / GI
- Dermatology
- Diabetes
- Gastroenterology
- Head and Neck
- Laboratory medicine
- Neurology
- Ophthalmology
- Pharmacy
- Radiology
- Respiratory
- Rheumatology
- Urology
- Vascular



Further specialties will start the planning process in September and during the first two years of the enlarged organisation all

clinical services will be involved in either integration or alignment, where there are core site services such as emergency medicine.

## The Integrator Team

The role of the Integration Team is to provide support and guidance, together with effective programme management. This means progress tracking, reporting and risk management and ensuring effective governance through the Integration Steering Group, reporting in turn to the Board of Directors.

Members of the integration team are Nicki McNaney (Programme Director for Integration), Lynda Provins (Head of Integration Governance), Linda Dunlop and Kerry Blewitt (Service Improvement Facilitators) and Jayne Bone (Business Manager).

If you want to contact the team for more information, please email: [Jayne.Bone@York.nhs.uk](mailto:Jayne.Bone@York.nhs.uk)

## Developments so far...

Clinical Teams have embraced the challenge of integration with professionalism, showing real commitment to providing equitable care to all patients across the enlarged organisation. There are obvious challenges for new teams working together across such a large geographical area and with current differences in service provision, however, staff involved are showing vision and real innovation in planning how services can be developed and delivered.

Here are just a few examples of the early work:

### Breast service

As trailblazers ahead of the programme of clinical integration support, the team has been focussed on ensuring a patient-centred service that is sustainable across the enlarged organisation.

### Dermatology

Dermatology is already an outreach service and as such is a forerunner for how an integrated clinical service can work across two sites. Work is underway to further unite the management and nursing teams and develop a more consistent service, particularly focusing on nursing provision at Scarborough.

### Head and Neck

This directorate is ahead of the curve as it includes some outreach services and some that are already integrated across sites, such as Maxillofacial Surgery and ENT. Teams are working to review the way staff work across sites, standardise selected policies and procedures, and to develop services in key areas.

### Laboratory medicine

This team started early in integrating members of the management and clinical leads to form the Laboratory Medicine Integration group. This inclusive approach helped the initial integration work to develop quickly. Key areas of activity have focused on developing a vision for the service for the enlarged organisation through addressing basics such as staffing, management and governance structures and quickly identifying processes, equipment and estate issues requiring improvement. An example of some work underway is around scoping Point of Care Testing, and ensuring that work is done in partnership with Systems and Network Services to standardise how performance data and information about the service will be shared.

### Ophthalmology

The team are working with the NHS Institute for Innovation and Improvement to test the 'Development Framework' which is designed to support teams in building improvement capacity to continuously improve services for patients.

### Urology

Two successful workshops have been held with high MDT representation to inform integration planning across York and Scarborough. This is an exciting time for Urology with opportunities to redesign how this specialist service is provided across Yorkshire and focus on patient-centred care through the development of a one-stop diagnostic centre.



## Clinical Integration...development continued

### Pharmacy

This team has moved forward quickly to run cross-site integrated meetings to decide the vision and basic structure of the service. The teams are starting to look at projects which will improve the service and release benefits in relation to cost and quality. They have developed a plan with sections owned by specific leads from across Pharmacy who will take the work forward.



## Key Appointments

There will be a single Board of Directors for the Trust overseeing the acute hospitals, community hospitals, and other community-based services.

### The Board of Directors:

- Alan Rose, Chairman
- Patrick Crowley, Chief Executive
- Mike Proctor, Deputy Chief Executive and Chief Operating Officer
- Andrew Bertram, Director of Finance
- Libby McManus, Director of Nursing
- Dr Alastair Turnbull, Medical Director
- Peta Hayward, Director of Human Resources
- Philip Ashton, Non-executive Director and Senior Independent Director
- Linda Palazzo, Non-executive Director
- Libby Raper, Non-executive Director
- Mike Sweet, Non-executive Director
- Dianne Willcocks, Non-executive Director and Vice Chairman

New non-executive directors are being appointed to the Board as we will have two vacancies.

### Other directors who are not members of the Board are:

- Bernard Chalk, Programme Director, Community Services
- Gordon Cooney, Director of Planning and Performance
- Brian Golding, Director of Estates and Facilities
- James Hayward, Programme Director for Capital Projects
- Sue Holden, Director of Learning, Research, and Organisational Development
- Nicki McNaney, Programme Director, Integration
- Sue Rushbrook, Director of Systems and Network Services

### Hospital and Community Executive Boards:

There will be a hospital and community executive board in both York and Scarborough, and will comprise corporate directors and clinical directors. The clinical directors for the new organization are:

### York:

- Sarah Anderson: Ophthalmology
- John Coyle: Medicine for the elderly
- Adrian Evans: Obstetrics and gynaecology
- Rahul Jain: orthopaedics and trauma
- Glenn Miller: General surgery and urology
- Mark Quinn: Specialist medicine
- Donald Richardson: General and acute medicine
- Dominic Smith: Child health
- Olujimi Jibodu: Obstetrics and gynaecology
- Mike Williams: Emergency Medicine
- James Taylor: head and neck
- Jonathan Wilson: Anaesthetics, theatres and day unit.

### Scarborough:

- Charles Mitchell: Medicine
- Clare McNaught: General surgery
- Ed Smith: Emergency medicine
- Edward Jones: Care of the elderly
- Ian Renwick: Radiology
- Tim Adams: Surgery and critical care
- Udupa Venkatesh: Women and children
- Andy Booth: Obstetrics and gynaecology

There are vacancies for clinical directors in radiology (York) and laboratory medicine which are currently being recruited to.

### Strategic executive group:

This group has been established as a high level advisory group to the chief executive, to initially oversee the integration process and have oversight of the Trust's strategic direction. Clinical strategic leads have been appointed from the consultant body to site on this group. The clinical strategic leads are: Andrew Grace (ENT Surgeon), David Alexander (General Surgeon), Tony Bowker (Radiologist), John McPhee (General Surgeon), John Patison (Physician), and Jonny Thow (Endocrinologist).