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# Group Accountability Framework

2023/24





March 2023

# The Structure of this Accountability Framework

Barts Health NHS Trust

This Accountability Framework is structured in the following way:

| Overview and Purpose of the Group Model (Slides 3 to 16) |
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| • The purpose of the Accountability Framework<br>• An overview of the Barts Health Group Model and the journey we have been on to develop it to this point<br>• Our operating model – strategy, planning and oversight<br>• The guiding principles of the Group Model and Accountability Framework<br>• The Group Model structure, its purpose and role and the accountability relationships between different parts of the Group that enable us to deliver our objectives<br>• Our role in contributing to system leadership |

| Group Leadership (slides 17 to 23) | Hospitals (slides 24 to 37) | Clinical Boards and Networks (slides 38 to 40) | Group Support Services (slides 41 to 45) |
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| • The role and purpose of Group Leadership<br>• What authority is devolved from Group Leadership to other parts of the Group | • The key and fundamental role that hospitals play both within the Group to deliver day-to-day operational services and within the wider system, particularly within their boroughs<br>• Services that have been devolved to hospitals or they lead in a networked model<br>• Accountability and performance oversight and assurance | • The purpose and role of clinical boards and networks, recognising this is evolving within the ICS | • The purpose, role and accountability of Group Support Services |

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# Overview and purpose of the Group model

# Purpose of the Accountability Framework

Barts Health NHS Trust

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| **What is an accountability framework?** | The accountability framework sets out the **'rules of engagement'** of the Trust's Group Operating Model. It details the policies, guidance and mechanisms we have for **holding ourselves and each other to account** for the delivery of safe, high quality, patient-focused compassionate care in line with the Trust's strategy and available resources. |
| **Why do we need one?** | The Trust Board must ensure that the Trust effectively discharges its statutory, regulatory and financial responsibilities as a public body, provides safe and effective services and is sustainable in the long term. In an organisation of our size, a clear accountability framework allows the Board to:<br>• **Set objectives and allocate resources** and delivery expectations<br>• **Devolve authority** to Hospitals and Group Support Services to work in the best way<br>• **Facilitate collaboration** across different parts of the Trust to work towards common goals<br>• **Oversee performance** and **provide support** when needed<br>It is the operating manual for the Group Model, aimed at senior leaders in the organisation and links particularly to our 'accountable' value. It outlines the Group structures and processes and sits alongside the WeLead and WeBelong frameworks. |
| **How does it work?** | For each major component within the Trust (Group Leadership and Clinical Boards, Hospitals, Group Support Services), the accountability framework describes the **key roles and responsibilities**, **accountabilities, delegated authorities** and our approach to **performance management**.<br>The Accountability Framework seeks to build on the learning and will be **reviewed and updated annually**. |
| **What is out of scope** | There are a number of changes taking place through the Acute Provider Collaborative (APC) in North East London and the Closer Collaboration with Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) which will impact how the group model operates in the future. Changes as a result of developing clinical leadership across the APC and the new group model with BHRUT are out of the scope of this framework but will be reflected in future iterations. |

# Our vision and values

Barts Health NHS Trust

Our vision is ***to be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond***. That means being a *provider of excellent patient safety*, known for delivering consistently high standards of harm-free care and always caring for patients in the right place at the right time. It also means being an *outstanding place to work*, in which our **WeCare** values and behaviours are visible to all and guide us in how we work together through our **WeBelong** (our culture), **WeLead** (our leadership behaviours) and **WeImprove** (our quality improvement) *frameworks*.

Since its introduction in 2015, the Group model has enabled the Trust to deliver sustainable improvement including exit from Quality Special Measures and a 'Good' rating for well-led in February 2019, and exit from Financial Special Measures in December 2020.

There has been an ongoing process of reviewing and refreshing the Group model. The Trust made a step change in May 2019 and there was continued maturing of the model during 2020/21-2021/22 in how we organised our response to the pandemic. During 2022/23 there was further evolution of the Group Model to enable it to respond to the challenges and changes in system working, including working more closely in collaboration with acute providers in North East London and a greater focus on Place-based leadership.

The scope of this document is focused on Barts Health but will contribute to the design of a new group model with BHRUT. It builds on the work we have undertaken to strengthen strategy and planning. It reflects the 'as is' state of the Barts Health Group Model and replaces the existing Accountability Framework and Corporate Governance manual.

# Refreshing the Accountability Framework

As described on the previous slide, the group model has continued to mature and this needs to be reflected in an updated accountability framework.

In addition the wider NHS system has continued to evolve, and the Barts Health relationship with partners within the system. Changes include:

### Provider Collaboration with Barking, Havering and Redbridge Hospitals University Trust (BHRUT)

- Barts Health has formed a provider collaboration with BHRUT with a number of shared posts including a chair in common, three joint non-executive directors (NEDs), a joint Accountable Officer/Group CEO and the BHRUT CEO is also the Barts Health Deputy CEO.
- Both organisations are committed to developing a new Group model across seven hospitals, whilst retaining two statutory organisations, taking the Barts Health Group Model as its starting point.

### North East London Integrated Care System (NEL ICS)

- In line with national policy, NEL ICS has developed and became a statutory organisation from April 2022.
- Development of a number of collaboratives across primary care, community, mental health and acute services within NEL. Barts Health is part of the Acute Provider Collaborative (APC) alongside BHRUT and Homerton Healthcare
- The APC will include the development of clinical leadership on a NEL wide footprint
- Greater focus on place based care within each borough of NEL

In spring 2022 work was undertaken to further evolve the Group Model, reflecting the how the Group had evolved during the pandemic and changes in the wider system. A small working group was formed to update the Accountability Framework reflecting these changes and learning from accountability frameworks from other NHS organisations.

# Overview of the Barts Health Group Model

Barts Health NHS Trust

- The Group Model structure was introduced in 2015. By organising ourselves as a Group we believe we are ***best able to leverage the benefits from our scale while ensuring effective management and oversight of services at a local level***.

- Structurally the Group model consists of:
  - **Group Leadership** establishes and communicates the vision and values, sets strategic direction and operational plans and holds the other parts of the Group to account for delivery. As part of Group Leadership, nine clinical boards supported by clinical networks work across the hospitals to set clinical strategy and standards and lead transformation. The hospital CEOs are also part of Group leadership through membership of the Group Executive Board with the group directors.
  - **Hospital leadership teams** for Newham, Royal London and Mile End, St Bartholomew's and Whipps Cross provide operational leadership to our five hospitals, and increasingly, at 'place' in the boroughs they are located.
  - **Group Support Services** is a network that provides corporate service support to the hospitals, Group Leadership, and partners.
  - **Clinical Boards and Networks** set clinical standards and strategy to reduce variation. As part of the development of the APC in NEL Clinical Boards and Networks are being re-designed to operate on a wider footprint. This transition is taking place during 2022/23 so whilst there is only a short section on Clinical Boards and Networks within this Accountability Framework, clinical leadership remains central to the Barts Health Group Model as a key function of Group Leadership.

- The Group Model enables the **right balance between hospitals having local freedom to deliver objectives** in a flexible way that meets the needs of their population, **whilst realising the benefits of standardisation through Group Leadership, the Clinical Boards and Networks** to ensure there is equity of care provided across the hospitals.

- The **Group Model has enabled the Trust to deliverable sustainable improvement**, including exit from Quality Special Measures (QSM) and a 'Good' rating for well-led in February 2019, and exit from Financial Special Measures in December 2020. Following exit from QSM the Trust made a step change in the Group model in May 2019, set out in an Accountability Framework.

# Delivering the Trust's strategy

Barts Health NHS Trust

A 'golden thread' of strategy, planning and oversight runs through how Barts Health operates, with the Accountability Framework forming part of the oversight element enabling the Group to deliver whilst managing or reducing risk.

## Strategy

**Defining our longer term strategy which *could* include, eg:**

- Refresh of Group Objectives
- Creation of a Long Term Financial Plan
- Renewal of Clinical Strategy
- Review/refresh of key enabling Strategies where required

## Planning

**The creation of a clear planning framework covering, for eg:**

- Accountability, roles and responsibilities
- Governance
- Information and analysis
- Process and timelines
- Final Outputs and products

## Oversight

**Oversight and assurance of delivery of the Group Operational Plan:**

- Agreeing key GOP metrics and reporting requirements
- Refresh of BIU Board Report
- Refresh of Barts Health Accountability Framework, including, eg PR meetings

# Guiding Principles

Barts Health NHS Trust

There are a number of guiding principles that underpin the Accountability Framework. These are:

**Clear delivery expectations:** there should be clear, agreed objectives and measures of success for each part of the Group, which support delivery of the Group's vision, goals and strategic priorities.

**Integrated approach**: there should be a joined up understanding of performance across the Trust's three corporate objectives and operational plan, with quality at the heart of what we do.

**Consistency in setting standards:** there should be consistent standards developed and applied to all services regardless of which hospital provides them

**Consistent rules-based approach:** there should be clarity over the triggers for intervention, at hospital and divisional level. These should be proportionate to risk.

**Localise where possible but centralise where necessary:** authority and accountability should be as close as possible to patient services, while recognising that the role of Group Leadership needs to be 'tighter' in certain circumstances.

**Recognise inter-dependencies within the Trust and with other partners**: there are clear inter-dependencies within the Trust between the hospitals and between all components of the Group model. There are also clear inter-dependencies with the wider system.

**Encouraging openness and honesty**: processes should promote openness and honesty over issues and risks, and the support needed.

**Equity and Inclusion:** in line with our WeBelong principles there is a compassionate and inclusive leadership culture across all parts of the organisation and at every level

**Accountable and Responsible:** each part of the Group is accountable and responsible for delivery

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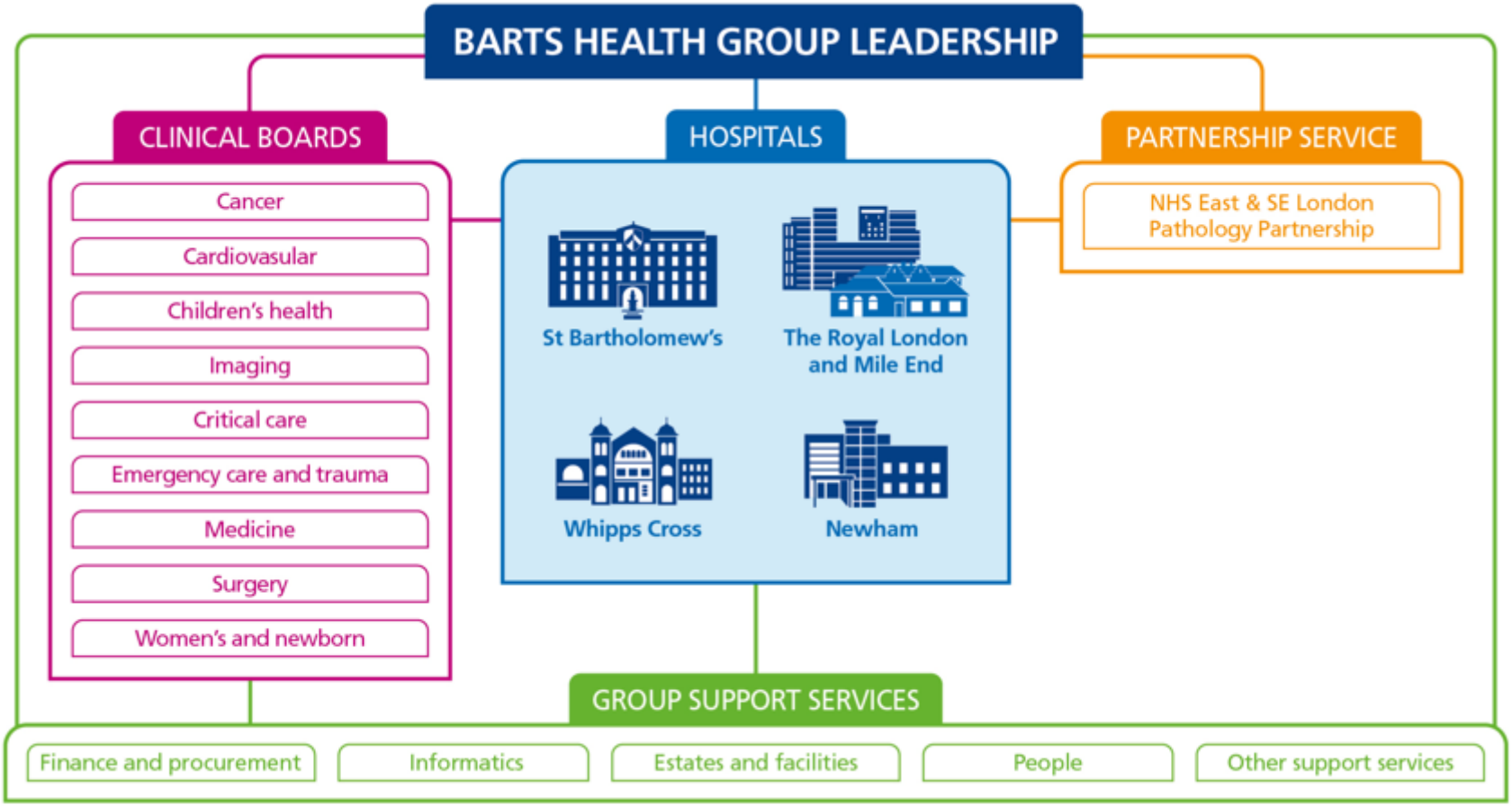
# Group Model

# Group Model

Barts Health NHS Trust




NB: Clinical Leadership for North East London is being reviewed so Clinical Boards are subject to change

# A ‘well-led’ organisation

Barts Health NHS Trust

The Group model contributes to Barts Health being a ‘well-led’ organisation, as defined by the CQC’s well-led KLOEs:

| | | |
|---|---|---|
| **Leadership capacity and capability** | **Vision, values and strategy** | **Inclusive Culture** |
| **Group Leadership, the hospitals and GSS** use the WeLead framework to develop effective leadership throughout the organisation and make a significant contribution to the leadership of the wider system | **Group Leadership** sets and cascades the vision and value for the Group, and contributes to the creation and alignment of strategy at a system, group and local level. The **hospitals and GSS** deliver this through implementing their operational plans and working collaboratively with system partners | **Group Leadership, the hospitals and GSS** deliver WeCare and WeBelong creating a compassionate, just and fair culture across the organisation where our people feel they are valued and belong |
| **Governance and Accountability** | **Barts Health Group Model** | **Risk and Performance** |
| **Group Leadership** holds the group to account and leads a governance framework that connects to the wider system and enables regulatory compliance. **Hospitals and GSS** work within the governance structure and accountability framework to deliver services. | | **Group Leadership** sets the risk appetite, identifies opportunities and manages a consistent risk management and performance framework, which **the hospitals and GSS operate within.** This framework supports the wider system and place to succeed. |
| **Insight** | **Patients and public participation** | **Learning and Improvement** |
| **Group Leadership** create a framework which provides guidance on how we triangulate to inform decision making, supported by robust data quality. **GSS** provide the insight and the **hospitals** use this to improve services for patients and support the system and place to improve population health outcomes in North East London | **Group Leadership** creates a consistent approach across the Group which the **hospitals** implement. **Group Leadership and the hospitals** collaborate with the wider system to maintain a high level of participation with patients and the public. | **Group Leadership, the hospitals and GSS** continue to embed WeImprove across the organisation to ensure the processes and capabilities are in place for learning and improving and innovating. **Group Leadership** contributes to a single improvement methodology across the wider system. |

# Roles within the Group

We have identified the **unique respective roles and contributions** of Group Leadership, the hospitals, Clinical Boards and Networks and GSS to the delivery of our vision, as summarised below.

**Barts Group Vision and Values**

To be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in East London and beyond

Welcoming | Engaging | Collaborative | Accountable | Respectful | Equitable

Action to evolve the group model in support of our group vision and values

## Group Leadership

Group Leadership provides the guiding mind for how the Group works in a collaborative and sustainable way. Group Directors have a greater focus on system working through the ICS, Acute Provider Collaborative and BHRUT collaborative.

## Hospitals

The hospitals are responsible for operational delivery, including additional services devolved from GSS and Group Leadership. They will also have a greater focus on Place based working.

## Clinical Boards and Networks

Clinical Boards and Networks develop the strategy and vision and set standards to reduce variation. Clinical Networks will be established on a NEL footprint providing leadership to clinical strategy and transformation.

## Group Support Services

Group support services is a network that works in partnership with hospitals and other partners to provide best in class corporate services and to be able to offer these services more widely across NEL.

## Accountability Framework

All of the above will be supported by this document which outlines the accountabilities between different parts of the Group model, reflecting the wider system context the Trust operates in

# Accountability Relationships

| | |
|---|---|
| **Group Leadership** | • Responsible for ensuring that the Trust effectively discharges its statutory responsibilities as a public body<br>• Holds to account the hospitals and Group Support Services through regular Performance Reviews<br>• The Chair, Non-Executives and Hospital CEOs are part of Group Leadership |
| **Hospitals** | • Responsible for the delivery of the hospital operational plan and accountable to Group Leadership and the Trust Board<br>• Hold Divisions to account for delivering their element of the operational plan<br>• Responsible for networked services across the other hospitals<br>• Responsible for leading the Barts Health relationship at 'place' within their borough<br>• Collaborate with other hospitals at specialty, divisional and Hospital Executive Board levels<br>• Hospital Chief Executives and Hospital Executive members are part of Group Leadership |
| **Clinical Boards and Networks** | • Responsible for developing the strategy and vision, setting standards and reducing variation<br>• Clinical Boards hold the clinical networks to account and they have a regular interface with the hospitals |
| **Group Support Services** | • Accountable to Group Leadership and the hospitals for the delivery of corporate services |
| **Other Partners*** | • Accountable to Group Leadership and Hospitals as outlined in their service level agreements |


* e.g. Pathology Partnership

# Enabling our Group Objectives

Barts Health NHS Trust

**Examples of how the Group model will support delivery of the Trust's 2023/24 objectives include:**

- **Attracting, developing and retaining the best leaders** who are compassionate and inclusive, in line with our WeLead Framework
- **Creating a fair and just culture,** delivering the WeCare values and our inclusive WeBelong strategy
- **Building a more sustainable and resilient workforce** supporting wellbeing and growing a permanent, stable workforce

→ **An outstanding and inclusive place to work**

- **Ensuring grip and control on quality** standards through effective local operational management assured at Group level
- **Enabling the scaling up of local improvement and transformation** across the Group through the use of WeImprove tools
- **Reducing unwarranted clinical variation** through our clinical networks setting standards across the system, supported by common information systems and shared patient datasets
- **Accelerating the translation of research into clinical practice** across the widest possible population

→ **Providing excellent and equitable health and care**

- **Improving the health of our growing population** by providing leadership at place and provider collaborative level
- **Maximising resources for North East London** by using our influence as a Group at regional and national level
- **Securing the provision of high quality non-clinical support services** by working at scale within the Group and where appropriate across NEL.
- **Using our strength as a major anchor** organisation to deliver benefits across our diverse communities

→ **Working together with our local communities**

# System Leadership

Barts Health NHS Trust

As our collaborative working within the NEL system deepens, the Barts Health Group model will adapt to ensure it remains fit for purpose and has the leadership capacity that it needs to succeed. Group Directors and Hospital leadership teams will have a greater role in system working through the ICS, acute provider collaborative, place and the BHRUT collaboration.

A key factor is the continuing ability to work in a matrix, so that regardless of where they sit in the management structure, our teams work together to contribute to high quality care to our patients, improving the health of the population of North East London, and delivering value.

### Hospitals will take play an increasing system leadership role in the Group model

- Hospitals will be central to Place Based Partnerships and hospital CEOs will lead this work for their boroughs on behalf of the Group with more local ownership and responsibility
- Each Hospital CEO is the Senior Responsible Officer (SRO) for a clinical workstream within the APC

### Group Leadership will have greater capacity to support system working

- With the devolution of further operational clinical services to the hospitals, Group Leadership will have greater capacity to support system working through the ICS, Acute Provider Collaborative and BH-BHRUT provider collaborative.
- Our Clinical Boards and networks will support system, group and place-based clinical priorities and transformation and are being redesigned to reflect this.
- We will refocus our strategic development capacity, turn data into insight and align our transformation and improvement resources to ensure that we identify and focus our resources on addressing the priorities.

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# Group Leadership

# Role of Group Leadership

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At all times the Group Leadership function needs to ensure that the organisation discharges effectively its statutory responsibilities as a public body and meets other regulatory requirements, as reflected in its annual governance statement. It needs to maintain effective oversight of all components of the Group model (hospitals, Clinical Boards and Group Support Services).

Group Leadership needs to ensure the appropriate balance of:

- **Improvement & Transformation**: the consistent use of the WeImprove methodology to enable sustainable staff-led change and shape the organisational culture
- **Assurance**: appropriate use of compliance and assurance mechanisms to ensure patients receive safe care at all times

Group Leadership also sets the parameters within which the hospitals, Clinical Boards and Group Support Services can operate, for example the extent to which decisions are devolved and those that require consultation and agreement with the relevant Group Director. All components of the Group are expected to work within the parameters of Trust policies.

Building on the work during the pandemic and during recovery, the Clinical Boards have been positioned at the heart of Group Leadership to enable clinical leadership of transformation. The role of Group Leadership has evolved during 2022/23 with a greater focus on system leadership and the role of Clinical Boards is evolving at a NEL level to reflect this. Hospital Chief Executives are part of Group Leadership and lead the Barts Health relationship at ‘place’ within their borough. Hospital Executive members are also part of Group Leadership as they have a key role on Group Boards and in Group projects.

There are aspects of the Group Leadership role that are analogous to that of a regulatory body such as NHS England. Critically however regulators are independent of the organisations that they regulate, whereas Group Leadership has statutory accountability for the services in the Group.

Group Leadership has a core responsibility to ensure the effective operation of the Group model, and to govern interactions between the components. Support/intervention by Group Leadership can be triggered by performance indicators, soft intelligence and horizon scanning. Informal interaction between individual Group Directors and hospital CEOs and hospital executive board members outside of Performance Review meetings are important to enable issues, risks and potential interventions to be discussed. Group Leadership should increasingly take a long term perspective on performance, considering the implications on the following year, informed by the trends in time series data.

# The purpose of Group Leadership

Barts Health NHS Trust

The purpose of Group Leadership is to **lead an exemplary, collaborative and sustainable group which responds to the needs of our diverse population by ensuring equitable and high quality care**. This will be achieved through eight areas of responsibility:

### Leadership capacity and capability

Use the WeLead framework to develop effective leadership across the Group, and make a significant contribution to the leadership of the wider system.

### Vision, values and strategy

Collaboratively set and cascade the vision and values for Group, and contribute to the creation and alignment of strategy at a system, group and local level through a strategic framework and annual business plan.

### Inclusive culture

Deliver WeCare and WeBelong to create a compassionate, just and fair culture across the Group, where our people feel they are valued and belong.

### Governance and accountability

Hold the Group to account and lead a governance framework that connects to the wider system, enables regulatory compliance, and supports the system to work in a collaborative, flexible, and matrixed model.

### Risk and performance

Set the risk appetite, identify opportunities and manage a consistent risk management and performance framework within the Group, and support the wider system to succeed.

### Insight

Create a framework which provides guidance on how we triangulate insight to inform decision making across the Group, supported by robust data quality. Contribute to the wider system in using insight to drive decision making

### Patients and public participation

Create a consistent approach across the Group and collaborate with the wider system to maintain a high level of participation with patients and the public.

### Learning and improvement

Continue to embed WeImprove across the Group and ensure the processes and capabilities are in place for learning, improving and innovating. Contribute to a single improvement methodology across the wider system.

# Devolving authority

Barts Health NHS Trust

A key responsibility of Group Leadership is to identify and respond rapidly to risks and issues arising within the Group. Group Leadership will devolve authority where:

- there are lower levels of statutory / regulatory accountability
- there are lower levels of risk in service delivery with confidence in capacity / capability to sustain delivery
- there are less significant economies of scale in organising once at Group level
- it is more important to be agile and to respond rapidly to the environment
- it is a priority to retain talent on a long term basis

Since 2019 further authority has been devolved to the hospitals and Group Support Services. Group Leadership will support the local leadership teams to enact the changes required to respond to any risks or issues, however there may be occasions where it is necessary for Group Leadership to intervene directly.

In order for the Group to function in a coherent way, there is an expectation of a standardised approach in some specific areas:

- Core HEB membership and parity of job role grading between the hospitals with core templates used for job descriptions
- HEB sub-committee structure reflective of Group Governance structure
- HEB members will have a professional accountability to Group Leadership as well as to their hospital CEO in a management capacity (e.g. Hospital Director of Finance has professional accountability to the Group Chief Financial Officer)

Group Leadership sets the parameters within which the hospitals and Group Support Services can operate with devolved authority. Any changes to HEB structures or job descriptions, or devolved corporate services (e.g. finance, people, estates), should be agreed with the relevant Group Director. Discussions will also be required with Finance in relation to the budget.

# Executive level governance

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**WeImprove** — **Group Executive Board**

| Thematic Group Boards | Inclusion & Equity Board *Chair: DI&E* | Estates Board *Chair: CFO* | Informatics Board *Chair: DS* | People Board *Chair: CN SRO: DP* | Quality Board *Chair: CMO/ CN* | Maternity Board *Chair: CN* | Financial Recovery Board *Chair: CFO* | Elective Care Board *Chair: COO* | Unplanned Care Board *Chair: COO* |
|---|---|---|---|---|---|---|---|---|---|
| GEB Commission | *To lead the **WeBelong** programme, ensuring equality and equity underpins all of our work.* | *Owning and delivering our **Estates Strategy,** including green plan and maintaining operational oversight of Estates, Facilities and Soft Services performance* | *Planning and delivering our **digital strategy** to ensure that this supports delivery of our key strategic objectives and helps to transform services* | To develop our **People Strategy**, make Barts Health an employer of choice and ensure we have workforce plans that reflect our ambitions | To ensure that our clinical services are **safe and high quality**, and that our patients have the best possible experience | *To lead the delivery of our **Maternity Strategy*** | Oversees delivery of our financial recovery plan | To lead all aspects of our elective programme, ensuring we have strong operational processes as well as a elective transformation programme that increases our productivity and delivers group priorities | To lead our approach to unplanned care, ensuring that the whole hospital is helping to reduce pressure at the front door. |
| Cross Cutting Group Boards | **Clinical Advisory Group: *Chair: CMO*** | | | | | | | Acts as an advisory board to ensure the clinical voice is built into our decision making process | |
| | **Strategy & Planning Board: *Chair: DS*** | | | | | | | Leads Strategy development and the Group planning process, triangulating finance, workforce and activity, and overseeing our investment programme | |
| | **Risk Management Board: *Chair: DCD*** | | | | | | | Oversees our key risks across the group, ensuring these are appropriately mitigated | |
| Functional areas manage/ subgroups | WRES/WDES<br>Staff Networks<br>Inclusive leadership<br>Fair and just culture<br>Equity of care<br>Community partnership<br>Population Health inequalities<br>Anchor organisation<br>Inclusion observatory | Health & Safety (Fire)<br>Green Plan | Oversight of Informatics Programme<br>BIU development<br>Data Quality | Health and Wellbeing Group,<br>Staff Partnership Forum,<br>People Board working groups x3 | Patient Safety<br>Clinical Effectiveness<br>Patient Experience<br>End of Life,<br>Safeguarding,<br>Medicines Governance, IPC<br>Pharmacy<br>Radiation Safety | Maternity services<br>Neonatal services | Financial Recovery Plan | 104 week and 78 long waiters<br>Activity v Plan<br>Establishing HVLCs<br>Outpatients<br>Diagnostics<br>Cancer<br>Data Quality<br>IECCP/LUNA implementation | Overseeing UEC performance<br>Winter Planning<br>Transformation programme<br>REACH<br>SDEC<br>Discharge<br>Virtual wards<br>Emergency Planning |

# Board level governance

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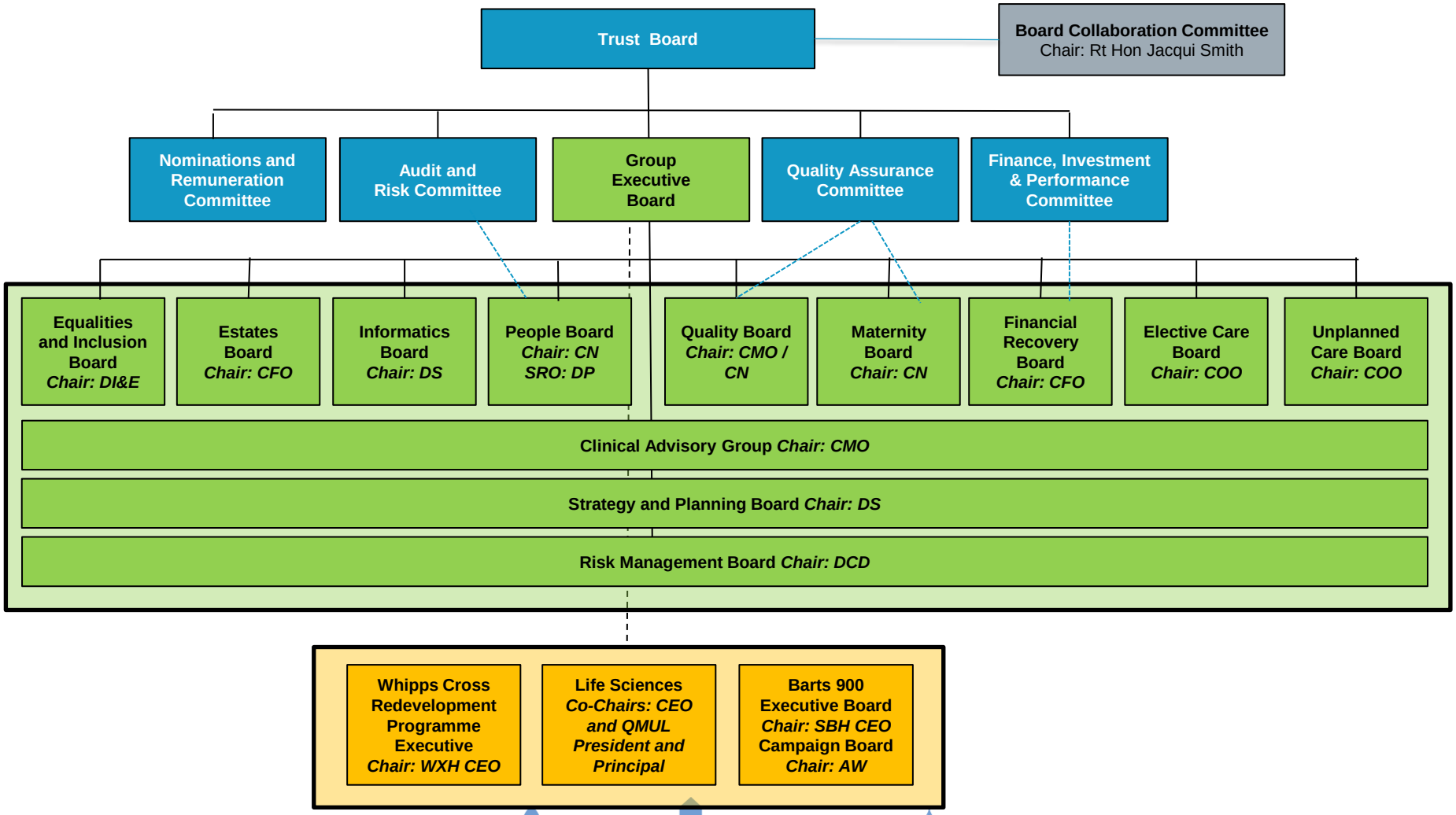
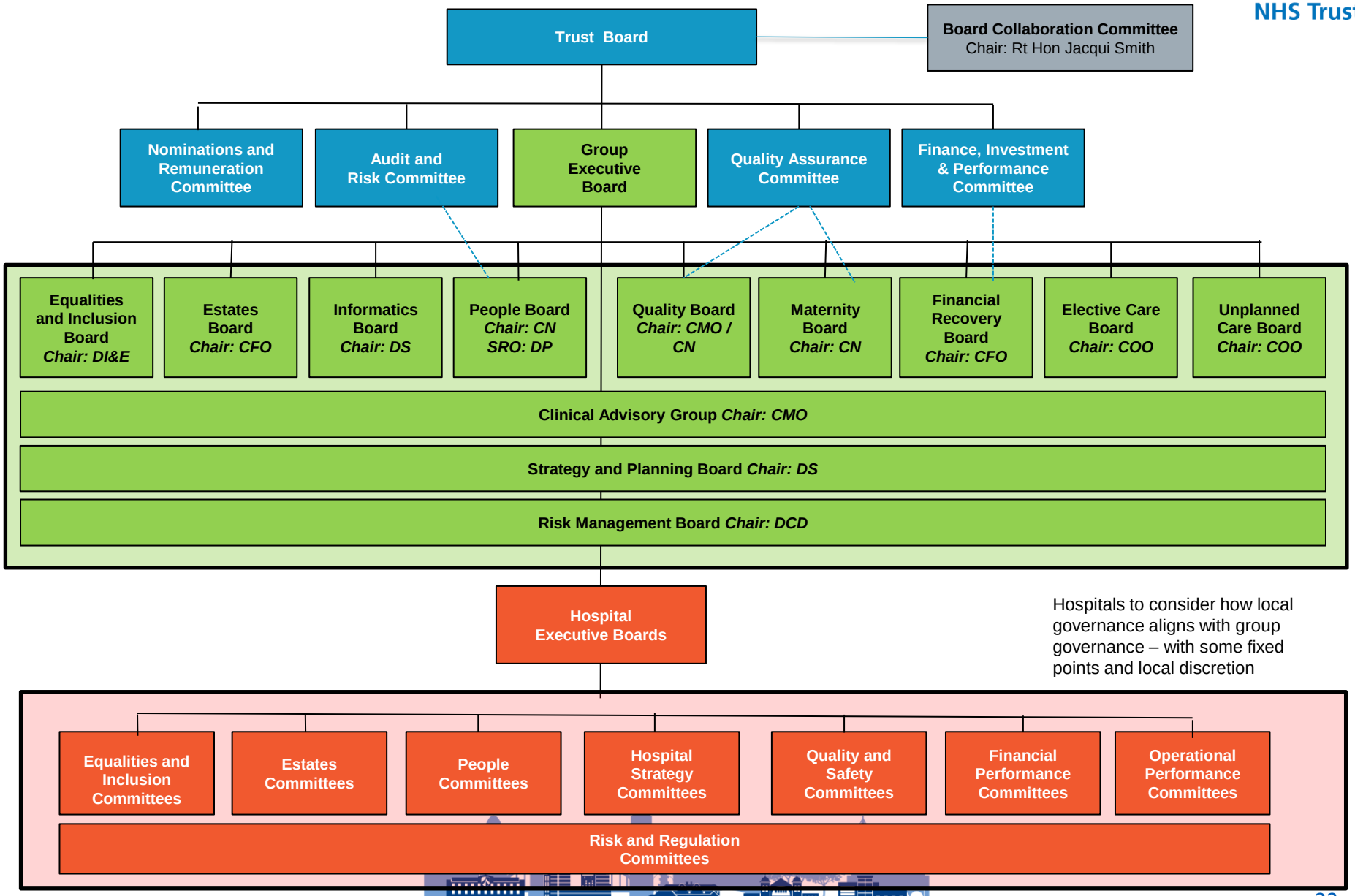


# Executive level governance




Hospitals to consider how local governance aligns with group governance – with some fixed points and local discretion

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# Hospitals

# Role of Hospitals

The hospitals deliver operational and clinical services on behalf of the Group and enable the delivery of regulatory and statutory requirements. The majority of staff and resources within the Group are located within the hospitals.

The hospitals provide the main interface with our patients and respond to the needs of our diverse population by ensuring equitable and high-quality safe care. Each of the hospitals maintain their own identities reflecting the services they provide and the local population they serve.

As with all parts of the Group, hospitals work in a matrix model. Hospital Executive Board members will also have system leadership roles. The system leadership roles will continue to develop as the system evolves.

### Place

Each hospital within the Group has a role within their borough and will be central to place-based partnerships within their boroughs. The hospital CEO will lead this work for their boroughs on behalf of the Group with more local ownership and responsibility. Hospital CEOs will feedback to the Group on place level discussions and structures.

### Provider Collaborative

The Hospital CEO is the Senior Responsible Officer (SRO) for a clinical workstream within the APC and Hospital Executives are members of the Boards that oversee each of the APC workstreams

### Governance

Whilst recognising the individual characteristics of each hospital, in order for the Group to function in a coherent way, there is an expectation of a standardised approach in some specific areas:

- Core HEB membership and parity of job role grading between the hospitals with job descriptions based on a core template
- Hospitals are responsible for ensuring the standardised governance approach is adopted for Hospital Executive Board (HEB) and it's sub-committees
- HEB members will have a professional accountability to Group Leadership as well as to their hospital CEO in a management capacity (e.g. Hospital Director of Finance has professional accountability to the Group Chief Financial Officer)

# Accountability Overview

Barts Health NHS Trust

| | Delivery | Authority |
|---|---|---|
| Overall | • The hospitals deliver operational and clinical services on behalf of the Group and enable the delivery of regulatory and statutory requirements.<br>• The hospitals respond to the needs of our diverse population by ensuring equitable and high-quality safe care.<br>• Each year hospitals will develop operational plans and will be expected to deliver against these plans. Operating plans should also be developed for each division.<br>• The Hospital Executive Board (HEBs) are responsible for ensuring that there is a divisional structure in place that enables the delivery of high-quality safe care.<br>• Each division should be clinically led by a Divisional Director and supported by a Divisional Manager and Associate Director of Nursing (ADoN) or Clinical Director.<br>• Following further devolution, hospitals are responsible for the delivery of operational clinical services on behalf of the Group. They are responsible for local Estates, People, Finance and Imaging teams.<br>• Some hospitals lead networked services on behalf of the Group. These services should be embedded within the divisional structure and receive regular oversight.<br>• Hospitals have further devolved responsibility in resolving operational issues and are expected to work with each other more effectively to respond to emerging issues and challenges.<br>• Hospitals are responsible for ensuring the standardised governance approach is adopted for HEB and its sub-committees | • HEBs will operate within the authority that is devolved to them (e.g. as outlined in the Scheme of Delegation for Finance).<br>• Hospital CEOs are responsible for ensuring that they or their hospitals do not operate outside of the parameters set by Group Leadership.<br>• Hospitals are expected to escalate any issues of concern to Group Leadership that may impact on the Trusts regulatory position (e.g. operational performance) to enable support to resolve the issue.<br>• Whilst Hospital Executive members have a managerial responsibility to their Hospital CEO, the matrix nature of the Group means that they also have a professional accountability to the relevant Group Director.<br>• Where there is a statutory or regulatory responsibility discharged by a Group Leadership role (e.g. pharmacy, midwifery, therapies), there is an expectation that the relevant hospital-based role (e.g. Head of Pharmacy) will have professional accountability to the Group Leadership role |

# Accountability Overview

Barts Health NHS Trust

| | Measure and Assure | Support |
|---|---|---|
| Overall | • Standardised monthly integrated performance reports (IPR) for hospitals and divisions, aligned with the Board IPR<br>• Spotlight and exception reports will be used to highlight areas of concern or good practice<br>• Performance Reviews (PRs) are intended to be the primary mechanism for holding the hospitals to account, taking an integrated approach to performance management across all aspects of the operational plan.<br>• Each hospital will hold monthly performance reviews with each division, modelled on the hospital PRs<br>• Where necessary there will be bilateral discussions between Group Directors and hospital executives to resolve issues<br>• Regular well-led assessments will be undertaken at a divisional and hospital level to enable the development of improvement plans | • The monthly hospital performance report will be used by Group Leadership to identify and agree any areas where further support is required. Hospital Leadership teams will do the same for their divisions<br>• As well as using the monthly performance report, “soft” intelligence from other parts of the Group will be used by Group Directors to identify and agree any areas where further support is required.<br>• A risk-based approach will be taken to intervention. Risks should be added to the risk register with mitigating actions described.<br>• The hospitals should ensure full engagement with support provided<br>• Group Leadership will agree with the hospital CEO where additional support is required and how the impact will be monitored outside PRs. Support could be provided from Group Leadership or externally (e.g. National Intensive Support Team) |

# Accountability Overview - Quality

Barts Health NHS Trust

| | Delivery | Authority | Measure and Assure | Support |
|---|---|---|---|---|
| Quality<br><br>☆☆☆ | Maintain and develop services and quality objectives to deliver high quality, safe care that meets regulatory requirements | As agreed with the Group CMO and CNO to deliver the Quality Strategy to include:<br>• Quality planning through local equity, diversity and inclusion lenses<br>• Promote participation and engagement with the local population i.e. Place, to enhance patient experience<br>• Define hospital focused quality objectives<br>• Agree hospital Quality Improvement initiatives and programmes<br>• Oversee or ensure robust quality assurance and quality governance process are in place for their hospital (ward to HEB) and preparedness for regulatory inspections | **Measured** through triangulation of key quality metrics and soft intelligence as defined within the Quality Assurance Framework<br><br>**Assured** through Quality Deep Dives, monthly Performance Review and Group Quality and Safety committees reporting to Quality Board and Quality Assurance Committee | **Trigger** Variance to IPR KPI Metrics and adverse regulatory outcomes and/or continued poor performance against quality metrics and/or soft intelligence<br><br>**Intervention** As per relevant Performance Oversight level of interaction |

# Accountability Overview – Strategy and Planning

Barts Health NHS Trust

| | Delivery | Authority | Measure and Assure | Support |
|---|---|---|---|---|
| Strategy and planning | Development of an operational plan that meets the requirements set out in the Trust's planning guidance.<br><br>Develop hospital specific plans and strategies that support delivery of Group wide, borough, and NHSE objectives | As agreed with the Group Director of Strategy and Planning. Reserved "decisions" for S&P Board include :<br>• Proposed service changes<br>• Annual BH Plan, including Strategic Objectives<br>• Revenue and Capital investments (via ISC)<br>• Review and "approval" of BH Organisational Strategy<br>• Review and "approval" of Enabling Strategies (ie Informatics, Estate<br>• Review and "approval" of Clinical Strategy | **Measured** through delivery of the operational plan metrics and milestones within IPR packs<br><br>**Assured** through Group Boards and monthly Performance Reviews | **Trigger** Variance to IPR KPI Metrics and/or continued poor performance against action plans<br><br>**Intervention** As per relevant Performance Oversight level of interaction |

# Accountability Overview - Finance

Barts Health NHS Trust

| | Delivery | Authority | Measure and Assure | Support |
|---|---|---|---|---|
| Finance  | Delivery of services within agreed financial plan and control total. Delivery of agreed Cost Improvement Plan | As agreed with the Group CFO and as outlined in the Trust's Scheme of Delegation<br><br>As agreed with the Group CFO and as outlined in the following areas:<br><br>Budget holder meetings and sessions to support budget management<br><br>Capital and revenue business cases reviewed through agreed ISC process<br><br>SFIs and Standing Orders | **Measured** through performance against plan.<br><br>**Assured** through monthly Finance Performance Group and monthly Performance Reviews | **Trigger** Variance to plan/ control total/ forecast<br><br>**Intervention** As per relevant Performance Oversight level of interaction |

# Accountability Overview – People

Barts Health NHS Trust

| | Delivery | Authority | Measure and Assure | Support |
|---|---|---|---|---|
| People | Recruit and retain a workforce that delivers high quality, safe, equitable care for patients | As agreed with the Group Director of People and as outlined for the following areas:<br>• Establishment and Recruitment control process<br>• Temporary staffing and rate control processes<br>• Management and tracking of Employee Relations cases<br>• Workforce deployment systems and process (Including rostering and job planning performance and governance)<br>• Pay and Allowances | **Measured** through performance against key workforce KPIS in IPR and against local workforce plan.<br><br>**Assured** through People Board and monthly Performance Reviews | **Trigger** Variance to IPR KPI Metrics and/or continued poor performance against action plans<br><br>**Intervention** As per relevant Performance Oversight level of interaction |

# Accountability Overview – Operational Excellence

Barts Health NHS Trust

| | Delivery | Authority | Measure and Assure | Support |
|---|---|---|---|---|
| Operational Excellence | Provision of services that are equitable and that deliver within agreed trajectories to meet the constitutional standards | As agreed with the Group Chief Operating Officer and as outlined in the following areas:<br>• Delivering constitutional standards around UEC including 4 hour waits<br>• Delivering the elective plan within the trajectories set out in the annual operational plan<br>• Ensuring that appropriate emergency and business continuity plans are in place | **Measured** through performance against key activity and performance KPIs in line with national targets and trajectories.<br><br>**Assured** through Elective Recovery Board, Urgent Care Board and monthly Performance Reviews. | **Trigger** Variance to IPR KPI Metrics and/or continued poor performance against action plans<br><br>**Intervention** As per relevant Performance Oversight level of interaction |

# Accountability Overview – Governance and Risk

| | Delivery | Authority | Measure and Assure | Support |
|---|---|---|---|---|
| Governance and risk | Effective hospital governance arrangements aligned with group governance which comply with CQC well-led best practice | As agreed with the Group Director of Corporate Development in relation to:<br>• HEB and hospital committee governance structure<br>• Risk management arrangements (low and medium risk assured at hospital level) | **Measured** through site assurance framework, risk register and regulatory compliance<br><br>**Assured** through Risk Management board and monthly performance reviews | **Trigger** insufficient mitigation for high risks, limited assurance through audits<br><br>**Intervention** As per relevant Performance Oversight level of interaction |

# Performance Oversight and Assurance

Barts Health NHS Trust

### Board Specific Thresholds

- Utilise existing thresholds within Board IPR Scorecard and metrics
- For 2022/23 was based on RAG reporting structure and month to month comparison
- In future iterations switch to SPC methodology and icon thresholds for measurement

### Monthly IPR review meeting process

- Monthly review of metrics and other intelligence to identify metrics and other measures for further review and possible escalation
- Members of group include BIU for data intelligence and Group board leads for intelligence, triangulation and recommendations on next steps
- Output list of recommendations to Group Directors for oversight and agreement

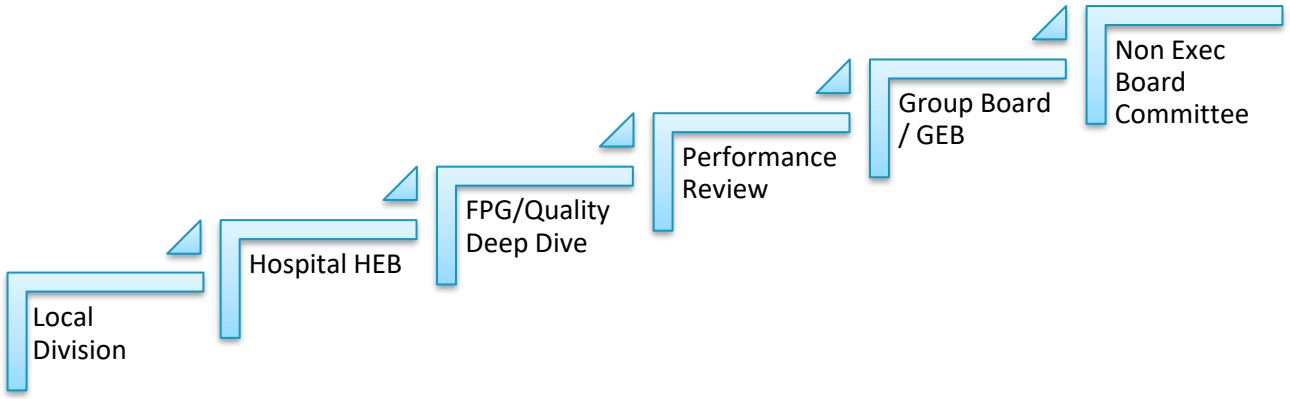
### Monthly Performance Meeting Process

| Hospital Level | Group Level |
|---|---|
| Monthly divisional PRs with divisional triumvirates and Hospital Executive teams, chaired by the Hospital CEO | Monthly PRs with Hospital Executive teams and Group Executives, chaired by the Group CEO |
| Serviced by Hospital Executive teams, with standardised agendas alongside identified topics relevant for each division | Serviced by Trust secretariat, with standardised agendas alongside identified topics relevant for each hospital |
| Escalation to Hospital Executive Boards | Escalation to Group Executive Board |
| | PRs are informed by ‘deep dive’ meetings – bi-monthly quality performance reviews and monthly financial performance reviews |

### Escalation

- Escalation of performance concerns through the flow described on the next slide
- Providing oversight of issues and risk through the governance structure allowing for supportive interactions
- Oversight to support further escalation or de-escalation as deemed appropriate

# Performance Oversight and Assurance Ladder




| Level | Oversight Interaction |
|---|---|
| 1. Local divisional | Oversight of metrics and development of required action/improvement plans |
| 2. Hospital HEB | Oversight of action/improvement plan, identification of additional support as required (local senior expertise, QI resource) |
| 3. FPG / QDD | If performance remains of concern to be raised at relevant deep dive meeting for discussion of issues and oversight of progress |
| 4. Performance Review | Outputs from deep dive discussions to be flagged for further discussion and next steps for support agreed (Group identified expertise, Improvement team) |
| 5. Group Board / GEB | Oversight of issues and risks associated with recovery of performance, commission to Group Board for escalation of support and oversight |
| 6. Non Executive Board Committee | Oversight of issues and risks and assurance of delivery of recovery/improvement plan |

# Devolution to Hospitals

Barts Health NHS Trust

## Clinical Services

Reflecting the move to having operational day to day services managed by the hospitals a number of services have been devolved to the hospitals. These include:

| Devolved to all Hospitals | Devolved with a Lead Hospital |
|---|---|
| • Outpatients (2019)<br>• Therapies (2019)<br>• Imaging (2021)<br>• Operational Pharmacy (tbc 2023)<br><br>• Operational Safeguarding Children and Adults (2022) | • Clinical Physics – St Bartholomew's (2021)<br>• Clinical Pathology – Royal London (2021)<br>• Clinical Research (formally part of GCS) – St Bartholomew's (2021)<br>• Pathology Partnership Intelligent Customer – Royal London (2022)<br><br>• Dementia and Delirium – Royal London (2022)<br>• Tissue Viability – Newham (2022)<br>• Chaplaincy – St Bartholomew's (2022)<br>• Learning Disability – Whipps Cross (2022)<br>• Advocacy and Interpretation – St Bartholomew's and Whipps Cross (2022) |

Work is underway to devolve central pharmacy services to the hospitals with some services (e.g. chemotherapy production unit) being devolved to a lead hospital

## Group Support Services

The line management of the following roles has been devolved to the Hospital CEOs with professional accountability to the relevant Group Director

- Hospital Heads of Finance (job title changed to Hospital Director of Finance)
- Hospital Associate Director of People (job title changed to Hospital Director of People)
- Hospital Deputy Director/Associate Director of Estates

# Networked Services

Barts Health NHS Trust

There are a number of ‘fully networked services’ where clinical services across a number of sites are managed as a single unit and overseen by one of the hospitals. These managed networks are:

| | |
|---|---|
| Renal | The Royal London/Mile End |
| Dental | The Royal London/Mile End |
| Sexual Health | The Royal London/Mile End |
| Cardiovascular | St Bartholomew’s |
| Clinical Physics | St Bartholomew’s |
| Clinical Pathology | The Royal London/Mile End |
| Breast Imaging | St Bartholomew’s |
| Nuclear Medicine/Radiopharmacy | St Bartholomew’s |
| Shared Pharmacy Services | The Royal London/Mile End (TBC) |
| Chemotherapy Services Unit | St Bartholomew’s |

The Trust also runs two stand alone birthing units which are overseen by one of the hospitals

| | |
|---|---|
| Barkantine | The Royal London/Mile End |
| Barking | Newham |

The lead hospital is accountable for these services and should ensure that they are linked to a division within the hospital structure and that they are included in the relevant divisional performance review. The lead hospital is also responsible for ensuring that it liaises with the leadership team at the other hospitals for issues relating to these services.

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# Clinical Boards and Networks

# Role of Clinical Boards and Networks

Barts Health NHS Trust

The role of the Clinical Boards expanded in response to the pandemic and recovery and the number of Clinical Boards increased to nine following the introduction of a Critical Care Clinical Board. Alongside this, as part of the evolution of the Group Model in 2021, the Clinical Board Chairs were positioned at the heart of Group Leadership.

The Clinical Boards and Networks sit in an evolving landscape internally and externally but have a key role in helping to meet the challenge facing our system and our population:

- Transformation and recovery during and after the pandemic
- The Long Term Plan and creation of Integrated Care Systems
- Getting It Right First Time (GIRFT) and wider standardisation of care

The role of boards and networks has evolved from focusing on strategy and standardisation to including system leadership and transformation:

**Strategy and Vision:** Shape cross-site clinical strategy in order to improve outcomes, raise standards and reduce inequalities

**Standards and Variation:** Ensure consistency of standards across the Barts Health group, responding both to national initiatives such as Getting It Right First Time and to local needs identified by sites

**Collaboration and Partnership:** Take a lead role across the wider health system, driving collaboration with partners in order to spread benefits on a wider scale

**Workforce, research and innovation:** Lead on cross-site workforce priorities and the development of our research strategy, as well as driving the spread of innovation across the trust

As part of the development of the APC the role of Clinical Leadership at a NEL level is being developed. It is anticipated that the current Clinical Boards will be stood down in early 2023/24 and replaced by the new NEL clinical leadership model. The Group CEO meets the clinical board chairs on a regular basis. The Strategy and Planning Board are overseeing the development of the clinical strategy.

# Clinical Boards and Networks

Barts Health NHS Trust

Each board has a chair drawn from a triumvirate of a medical lead, a nursing / AHP lead and a management lead. There are strategy leads aligned to each board and a Clinical Board Research Director. Each network is led by a clinical Network Director.

The clinical board and network membership includes multi disciplinary representatives from hospitals (clinical and managerial), strategy, research and education. In some cases wider stakeholders are also members of the network boards.

| CLINICAL BOARDS | | |
|---|---|---|
| **CANCER** | **CARDIOVASCULAR** | **CRITICAL CARE** |
| **CHILDREN'S HEALTH**<br>Children's Surgery<br>Integrated Paediatrics<br>Specialist Paediatrics | | **DIAGNOSTICS**<br>Imaging |
| **MEDICINE**<br>Acute medicine<br>Dermatology<br>Endoscopy/Gastroenterology<br>Infectious Diseases<br>Neurology<br>Older People's Services<br>Rheumatology<br>Sexual Health & HIV<br>Diabetes<br>Haematology<br>Hepatology<br>Renal<br>Respiratory<br>Stroke | | **SURGERY**<br>Breast surgery<br>Critical Care<br>ENT<br>Gynae-Oncology<br>Neurosurgery<br>Orthopaedics<br>Perioperative<br>Upper GI<br>Vascular<br>Colorectal<br>Dental / OMFS<br>General Surgery<br>Hepatobiliary<br>Ophthalmology<br>Pain<br>Plastics<br>Urology |
| **EMERGENCY CARE**<br>Emergency Care<br>Pre-hospital<br>Trauma | | **WOMEN & NEWBORN HEALTH**<br>Gynaecology<br>Perinatal<br>Neonatal |

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# Group Support Services

# Role of Group Support Services

Barts Health NHS Trust

Group Support Services are a network of non-clinical corporate services under the Group Directors such as recruitment and procurement which predominantly provide support to the hospitals but also to other partners. Our vision is for GSS functions to become more responsive to hospital requirements, delivering value and able where appropriate to scale up beyond Barts Health. Individual GSS functions remain accountable to the relevant Group Director, but with a distinct purpose and operating model from Group Leadership functions. GSS services are segmented as follows:

### Delivery-driven services

- These are generally high volume standardised services (such as Payroll and accounts payable) where only limited day to day relationships with the hospitals are required.
- These services will continue to report into Group Directors who will agree service standards with service directors and hold them to account for delivery.

### Relationship-driven services: managed centrally

- These are services where day to day relationships with hospitals are important but the benefits of centralised management outweigh the benefits of devolution to the hospitals (such as property management and the ICT service desk).
- Relationship management will be strengthened with greater transparency of performance against agreed performance indicators and service standards and clearer routes of escalation.

### Relationship-drive services: devolved to the hospitals

- These are services where a devolved model is most appropriate because of a high requirement for local knowledge and flexibility, and where there is a significant contribution to executive decision making at hospital level (such as people case management and health & safety).
- These services will be line managed by the hospital CEOs but with professional accountability to leads at Group level, reporting into Group Directors. The professional leads will agree with the hospitals the scope for local variation versus standardisation across the Group.

# Accountability Overview

| | Delivery | Authority |
|---|---|---|
| GSS | • Group Support Services are a network that deliver corporate services on behalf of the Group and support the Group, hospitals and other partners to deliver regulatory and statutory requirements.<br>• The key core GSS services are the 'delivery' services sitting within Finance, Procurement, People, Estates, BIU and ICT<br>• Each Group Support Services function will have clear service standards agreed with the relevant Group Director which they are expected to deliver. Where services are also relationship driven, these will be agreed with the hospitals and other partners.<br>• A GSS programme board will re-start to co-ordinate this work and pick up synergies and shared opportunities between services. This work will align with the corporate services collaboration workstream, which will further explore opportunities that may emerge by working collaboratively with BHRUT | • Group Support Services functions will operate within the authority devolved by the relevant Group Director to the Service Director<br>• Group Support Services functions are expected to escalate any issues of concern to their Group Director that may impact on the Trusts regulatory position or on the ability of hospitals or other partners to deliver services. The Group Director will work with the service lead to resolve the issue |



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# Accountability Overview

| | Measure and Assure | Support |
|---|---|---|
| GSS | • Each of the key core GSS services will have an outline service offer and a draft set of Key Performance Indicators (KPIs). These KPIs will be agreed with the hospitals and other partners and their Group Director and will be reviewed annually<br>• Conversations with hospital customers will commence to discuss the service offer, performance against KPIs and improvement and efficiency opportunities. This should also include the current approach for customer engagement, either through business partners or through another forum that creates a regular dialogue with hospital teams<br>• Performance against the KPIs will be monitored regularly. Hospital PRs will have an agenda item to pick up issues by exception or which the hospitals wish to escalate.<br>• A more focused GSS performance review approach, linked to the programme board will be arranged, which allows customer feedback to be explored more fully<br>• Regular review of performance by the Group Director and the hospitals and other partners will be undertaken | • The KPIs will be used by Group Leadership to identify any areas where further support is required. Alongside this “soft” intelligence from other parts of the Group will be used by Group Directors to identify any areas where further support is required.<br>• A risk-based approach will be taken to intervention. Risks should be added to the risk register with mitigating actions described.<br>• Group Leadership will agree with the service lead where additional support is required and how the impact will be monitored. Support could be provided from Group Leadership or externally |

# Group functional model by service type

This functional model illustrates how GSS services are aligned to the different service types

Barts Health NHS Trust

Clinical Co-directorate

## Group Leadership

### COO

**Group Operations**
- Emergency Planning
- Trust wide performance
- Patient flow
- Operational Delivery

Planned Care
Diagnostics inc. Imaging
UEC
Cancer
Critical Care Hosting

**Improvement & Transformation**

### Finance, Procurement & Estates

**Strategic Finance**
- Financial Planning
- Strategic projects
- Charity
- Capital
- Costing

**Sourcing**
- Sourcing strategy

**Operational Finance**
- Financial Services
- Income & Contracting
- Annual accounts

**Internal Audit**

**Estates & Facilities**
- Estates Strategy
- Capital Prog Delivery
- Sustainability
- Major Estates Projects

### People

**People Culture & OD**
- Staff Engagement
- Leadership & Talent
- Employee Wellbeing
- People Strategy
- OD & Culture

**Inclusion and Equity**

**Governance & Compliance**
- Employee Relations strategy & governance
- Policies
- Staff side negotiations & committees
- Medical Staffing
- Pay & reward strategy

**Workforce strategy and planning**
- Retention
- Workforce Planning
- Workforce supply strategy

### Strategy, Informatics

**Strategy**

**Business Planning**

**Projects**
- Life Sciences
- Special Projects

**Informatics**
- Digital Strategy

**Commercial**
- Commercial strategy & advice
- Private Patients
- Income & Charity Bids
- Intellectual Property Commercialisation
- Nuffield Partnership
- Commercial partnering & branding

### Corporate Development

**Governance & Compliance**
- Risk Management
- Board Secretariat
- Archives & Museums
- Information Governance
- Performance

**Group Development**
- Group Model
- APC & BHRUT Collaboration

**Communications & Engagement**
- Public affairs & media
- Brand & reputation
- Staff communication

**Performance**

### CNO / CMO

- Clinical Leadership
- Workforce & Prof Standards
- Safeguarding
- Infection Prevention
- Quality Governance
- Patient Experience, Insight and Patient & Community Engagement
- NMAHP Informatics

### CMO

- Research
- Education Academy
- Group Pharmacy
- Public Health

## Group Support Services

**Operational Procurement**
- Supply Chain Mgmt.
- Materials Mgmt.
- Contract Mgmt.
- Inventory Mgmt.

**Operational Finance**
- Accounts Payable
- Accounts Receivable

**Estates & Facilities**
- Waste Mgmt.
- PFI Contract Mgmt.
- Soft FM Contract Mgmt.
- Property Mgmt.

**People Services**
- Temporary Staffing
- E-Rostering
- Workforce analytics
- Recruitment
- ESR (workforce info)
- Registration authority
- Occupational Health
- Payroll

**Informatics**
- Technical Architecture
- Network & Security
- Server Management
- Clinical Systems
- ICT Service Desk
- Telephony & UC

**Legal Services**

**BI & Reporting**
- Data Quality
- Clinical Coding

**Key**
- Relationship Driven: GSS-led
- Hospital-led
- Non-Relationship Driven: GSS-led

## Hospitals

- Directors of Finance
- Director of Estates
- Soft FM*
- Local Health & Safety
- Fire Safety
- Hospital Estates Strategy
- Reception Services
- Security & Car parking

- Directors of People
- Local HR Case Mgmt.

**Hosted**
- Dementia & Delirium
- Tissue Viability
- Safeguarding
- Learning Disability

**Devolved**
- Advocacy & Interpretation
- Chaplaincy
- Hospital Pharmacy

Services devolved through a lead hospital model

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# Pathology Partnership

# Other Key Partnerships

The Trust has a range of key partnerships with other organisations. Some of these, such as Barts Charity and Queen Mary's University of London (QMUL), University College London Partnership (UCLP), have existed for a number of years and have continued to strengthen. Others are more recent, reflecting changes nationally. Examples include the NHS East and South East London Pathology Partnership and the St Bartholomew's Hospital partnership with Nuffield Health. The Education Academy also has a number of partnerships with academic institutions. Where appropriate the Trust is represented on the Boards of these organisations (e.g. Barts Health Charity Board).

It is beyond the scope of this Framework to outline all of these partnership arrangements, however specific focus has been given to the NHS East and South East London Pathology Partnership as this provides services to Barts Health patients, the Partnership receives corporate services from GSS or Group Leadership and Barts Health is the host and the pathology staff were TUPED to Barts Health when the Partnership was set up.

As new partnerships are set up, specific oversight and accountability relationships will be agreed between the partner and the Trust as part of them being set up. This will include services provided to the Trust by the partnership and services provided by the Trust to the partnership.

# NHS East and South East London Pathology Partnership

Barts Health NHS Trust

The NHS East and South East London Pathology Partnership is a collaboration between Barts Health, Homerton Healthcare and Lewisham and Greenwich to provide diagnostic pathology services. Barts Health has a number of relationships with the partnership:

| Relationship | Description | Accountabilities |
|---|---|---|
| Host | • Staff employed by the Partnership are employed by Barts Health (clinical staff remain employed by their Trusts)<br>• Staff survey results are part of Barts Health results<br>• CQC registration for the Partnership is held by Barts Health<br>• UKAS requirements for the Partnership is held by Barts Health | The Strategic Management Board receives information that enables Barts Health representatives to give assurance to the Barts Health Board |
| Partnership Member | • Each of the three Trusts owns a proportion of the Partnership but have equal voting rights<br>• Two executive directors from each Trust sit on the Strategic Management Board which meets monthly and has an independent chair<br>• MHRA and Human Tissue Authority requirements remain with the individual partner organisations | Two Barts Health Group Executives are members of the Strategic Management Board |
| Intelligent Customer | • Receive laboratory services from the partnership<br>• Each Trust identifies a division/team to act as the intelligent customer on behalf of the Trust | Royal London HEB acts as the intelligent customer on behalf of the hospitals |
| Provider of Host Services | • Provide a range of corporate services through GSS which the Partnership pays for via a Service Level Agreement<br>• This includes HR, Estates and IT | Service Level Agreements in place between the Partnership and corporate services |