Getting to good and outstanding

Next steps for our ‘safe and compassionate’ improvement plan
Using the voices of young patients to improve paediatric services

Staff at the Whipps Cross paediatric department left no stone unturned in their journey to improve the service rating from ‘inadequate’ to ‘good’.

They make sure safety incidents are always reported and learned from, and safeguarding policies are fully understood. But a key part of the team’s success is listening to what their patients value and need.

They introduced ingenious ways to engage with young patients, like ‘golden tickets’ so children can tell staff when they’ve had particularly good care. Young patients can also hang paper tops and pants on a washing line, giving their views on what’s been ‘top’ and what’s been ‘pants’ about their experience. A Youth Empowerment Squad helps to design new services and facilities, while young people ring an ‘end of treatment’ bell at the end of their cancer care to create a celebratory atmosphere.

In the spirit of learning across the Barts Health group, in November 2017 an ‘end of treatment’ bell was introduced at The Royal London Hospital too.
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Following an unannounced CQC inspection that identified shortcomings in the surgery service, the hospital leadership drew up a 10-week rapid improvement plan, supported by an NHS improvement director and an external consultant surgeon.

They identified 22 separate problems and put mechanisms in place to resolve them, including enhanced audit and scrutiny. Half of the actions are now completed, embedded into business as usual, and monitored through improved governance to ensure that safe care is the norm. Some of the remainder are dependent on factors outside the team’s control, like theatre refurbishment and recruitment of permanent staff, but are being taken forward at site and Trust level.

An independent external review found significant changes in approach and leadership, and a positive attitude amongst staff. Actions identified in an earlier peer review were rectified swiftly, and most ward areas felt safer and more organised. The review highlighted areas of good practice but also made recommendations which are now being followed up in a further 11-20 week action plan to prepare for any potential unannounced CQC inspection.

John Peters, clinical director for surgery, said: “We have learned a lot and feel we are in control of our destiny. We are one team with a clear vision and a common purpose. This process has given us huge confidence – and reassured others internally - that we can deliver what is required to provide a safe and effective service.”
The Barts Health group of hospitals provides specialist and acute health services that treat almost one million individual patients every year. We are among the biggest providers in the NHS and account for 1.5% of hospital activity in England. 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.

We are working together to achieve that vision, and show WeCare by living our values of being welcoming, engaging, collaborative, accountable, respectful and equitable. We are committed to continually improving the quality of care for patients, while also meeting national operational standards and putting our finances on a sustainable footing.

We are able to do this because of our 16,000 talented and hard-working staff. We are profoundly grateful to them for going the extra mile to deliver safe and compassionate care at all times, as they demonstrated during the NHS cyberattack and London terrorist incidents last year.

We recently achieved a significant milestone on our improvement journey by being uprated to ‘requires improvement’ as an organisation, two years after the regulators put us into quality special measures. Our next step is to demonstrate we can sustain this progress, and exit special measures, through a coherent and credible medium-term plan to become ‘good’ and ultimately ‘outstanding’ across the board.

Many of our services are already recognised by the Care Quality Commission (CQC) as ‘good’, and some as ‘outstanding’. We are building on this firm foundation by embedding a new approach to continuous quality improvement throughout the Trust. Nevertheless, two particular aspects of care remain rated ‘inadequate’ – surgery at Whipps Cross (overall, but specifically in the safe, responsive and well-led domains), and within surgery at The Royal London (in the responsive domain).

How staff feel about working here, and the care we provide, has improved recently, with their willingness to recommend the Trust at its highest in five years. However, staff experience remains mixed; the NHS staff survey tells us they are working harder and feeling the pressures facing the NHS, while discrimination and abuse remain significant concerns. We are pleased that staff are able to speak up and report these issues, and we will do more to help them when they do.

This report outlines our plan for continuous quality improvement. Our journey started in 2015 with the publication of Safe and Compassionate, in direct response to the CQC findings that caused us to be put in special measures. We described a major step forward in a follow-up document in 2016, Safe and Compassionate 2: our ambition for excellence. These pages set out how our new way of doing things will enable us to make a significant step-change in quality over the new few years.

Alwen Williams
Chief Executive
March 2018
Chemotherapy 24-hour advice line
at St Bartholomew’s

This initiative by specialist chemotherapy nurses to improve care for our cancer patients is so successful it is being recommended as a national standard of care.

Anyone having chemotherapy at any of our hospitals is encouraged to call the hotline number at any time if they are feeling unwell. They will speak direct to a nurse, who will ask them to describe their symptoms and decide on a course of action.

This means that any illnesses or infections are picked up quickly and dealt with immediately, leading to better patient outcomes. If the nurse is particularly concerned, a patient will be asked to go straight to St Bartholomew’s or their nearest A&E. The nurse will then advise the hospital that the patient is on the way and will send over all the notes.

The scheme is providing a safe service, preventing admissions to hospital, and reassuring patients that support is available 24 hours a day.
Performance of the Barts Health group

The Trust operates from four major hospital sites and a number of community locations, including Mile End hospital. The CQC’s ‘requires improvement’ rating also applies to The Royal London Hospital in Whitechapel, Whipps Cross University Hospital in Leytonstone, and Newham University Hospital in Plaistow. However, St Bartholomew’s Hospital in the City, which provides specialist heart and cancer services, was rated ‘good’ on its first inspection last year (and ‘outstanding’ for the well-led domain).

Barts Health cares for more than 6,000 patients every day, and has a financial turnover of £1.4 billion a year. We consistently record fewer deaths in our hospitals than would be expected for the type of services we provide and the complexity of cases with which we deal. Our risk adjusted mortality ratio has fallen over the last two years, and is below the norm even when including deaths within a month of discharge. In the face of ever-increasing demand for healthcare, we are delivering national standards on access to diagnostics and cancer treatment, seeing almost 9 out of 10 people promptly in A&E, and validating patient information data so we can resume reporting robust waiting times for inpatient operations in 2018.

The global cyberattack in May 2017 did interrupt our journey of improvement, and the disruption to imaging services affected both diagnostics and cancer performance. However, cancer recovered by August (and we achieved the best two week-wait performance of all teaching trusts in quarter 2), while we cleared the backlog of diagnostics by December.

Risk adjusted mortality index

While improving patient care, we are also getting a firmer grip on our finances, significantly reducing our monthly overspend (particularly on agency staffing). Our underlying deficit each quarter, excluding non-recurrent income and expenditure (like national transformation funding), has fallen steadily over the past three years as we improve the efficiency and productivity of our services. Meanwhile, we are grateful to the Barts Charity for enabling major investments like building the £6.8m Rainbow Centre at Newham, planning a £6.9m maternity expansion at Whipps Cross, and buying new surgical robots at St Bartholomew’s and The Royal London.
Our partners and people

As a bedrock of the health and care system across East London, we play a leading role in transforming services to meet the needs of local people, developing new ways of working to improve health outcomes, and working together to deliver services efficiently and safely. We are a key player in the East London Health and Care Partnership, which is developing a plan for the sustainability and transformation of the NHS and social care across multiple boroughs.

Each of our hospitals now use a common electronic patient record system which is available to all local GPs, thus enabling better and faster care. We work closely with Clinical Commissioning Groups, other NHS providers and local authorities to manage operational pressures, such as winter. And at a strategic level, with our local partners we are driving two forward-looking redevelopment schemes:

- to create a cutting-edge life sciences research centre in Whitechapel
- to transform Whipps Cross University Hospital into a health, care and well-being campus for a new generation.

Normalised deficit trend 2015/16 - 2017/18
These projects will further demonstrate our commitment to pursuing clinical and academic excellence at all times, building UK and world-leading capability like the Barts Heart Centre in other research and clinical specialties. For example, our collaboration with Queen Mary University of London in a ground-breaking gene therapy trial was heralded as a step towards a ‘cure’ for haemophilia.

Meanwhile we are investing in our own people, by recruiting more permanent staff and offering education, training and development to all so they stay with us. As part of our journey of culture change we are embracing inclusivity, fostering staff-led improvement, and embedding our WeCare values in all that we do. Our people strategy recognises that success rests in the hands of those who work at the Trust. It explores how best to recruit and retain them; by letting those closest to patients lead transformation, by intensifying efforts to recruit from the local population, and by adopting new ways to organise and lead teams.

Each site has its own specific detailed improvement plan to implement, yet one of the advantages of being a group of hospitals is that we can focus collectively on Trust-wide priorities to deliver improvement consistently and at pace. We have therefore identified three priorities that apply across the Trust:

- providing safe and compassionate care
- delivering effective leadership and governance
- achieving real culture change.

Together the successful application of these three priorities will enable us to provide better quality, higher performance and greater efficiency across the board.
Case Study

Working together to improve The Royal London Hospital’s maternity services

The maternity team wanted to improve care for local women and improve working lives for staff. Meanwhile the CQC and other partners were raising issues of concern. Rather than working in isolation, the team got everyone round the same table to collaborate on solutions.

The maternity partnership board was born, and set about making improvements, backed by a thorough weekly review of actions. For example, the culture was changed by introducing overnight visiting for partners. Mothers were involved in co-designing a set of ‘always events’ - things new parents would always want to experience when accessing the department.

The CQC returned and in October 2017 published a follow-up report which upgraded the service rating to ‘requires improvement’. Inspectors found that women felt supported in making decisions about where to have their baby, and security practices had improved. Vacancies in the department reduced from 35 to 7, with staff saying morale had improved and that they ‘loved coming to work’. The stage is set for further improvements now the new Lotus midwife-led unit is fully operational.
Our highest priority is to provide quality care to our patients, and this is expressed in the nine quality objectives we adopted in 2016. These are ambitious aims and we always expected it would take time to achieve them all.

Nevertheless, we have made significant advances. We achieved zero pressure ulcers on 50 out of 123 wards in December 2017. Our rate of falls (4 per 1,000 bed days) is below the national average (4.8). We cut the number of cardiac arrests on wards by a quarter this year.

We are reporting more medication errors - a positive indication that staff want to learn from mistakes – yet fewer errors that cause harm. Cases of MRSA infection are stable, but above our stretching target. We have halved the number of ‘never events’ this year, although seven is still too many.
18 months
Sept 16 - Feb 18

Getting to good and outstanding

Published
Safe & Compassionate 2: our ambition for excellence

Critical care at Royal London first Trust service to be rated ‘Outstanding’

Launched
WeCare values and Barts Health group brand

Staff survey results shows more progress than any other NHS Trust

#TeamBartsHealth goes the extra mile to respond to NHS cyberattack

Launched
WeImprove – new approach to Quality Improvement

Whipps Cross upgraded and rated as ‘requires improvement’

Whipps Cross hospital celebrates 100th anniversary

Managing winter: more than half of all staff now vaccinated against the flu

#TeamBartsHealth goes the extra mile to respond to NHS cyberattack

Prince Charles visits Royal London to thank staff responding to terror attacks

Whipps Cross hospital celebrates 100th anniversary

Managing winter: more than half of all staff now vaccinated against the flu

2016 2017 2017 2017

Rainbow Centre brings Newham young people’s services under one roof

Midwife-led Lotus Birth Centre at RLH opened by Baroness Cumberledge

St Bartholomew’s rated as ‘good’ after first CQC inspection

Barts Charity pledge £7m for new maternity centre at Whipps Cross

Launch of the Perfect Ward - our new smartphone app to revolutionise how we check quality of care.

Cancer turnaround: Trust now meeting all nine national standards

Transformation in CQC ratings across Whipps Cross: one third ‘good’

Newham hospital CQC rating upgraded to ‘requires improvement’

Whipps Cross hospital celebrates 100th anniversary

Managing winter: more than half of all staff now vaccinated against the flu

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Launch of the Perfect Ward - our new smartphone app to revolutionise how we check quality of care.
We set the following targets for the nine objectives in 2018/19 to further improve care and embed good practice:

- halve the annual number of never events, and ensure fewer repeats
- halve the number of MRSA infections as a further step to elimination
- reduce calls to avoidable cardiac arrests by 10%
- maintain 100% compliance with the duty of candour
- remain consistently below the national average for falls
- increase the number of wards with zero pressure ulcers by 10%
- implement the STOP Acute Kidney Infection bundle across all wards
- screen or treat 90 per cent of patients with suspected SEPSIS promptly
- reduce medication errors by 10%
- increase Friends and Family Test responses and achieve 95% satisfaction

Quality assurance

The Board is responsible for ensuring the Trust delivers high quality care to our patients, and this is independently validated by the CQC through its inspections. Responsibility for delivery of quality care is delegated to hospital sites, and assured through the ‘ward to board’ model in which ward managers report to divisional leads.

Site management teams review performance and quality at divisional level, through quality and safety committees which report to hospital management boards. The managing directors in turn report to the corporate Executive, through monthly site performance reviews chaired by the Chief Executive and targeted deep dives led by the Chief Medical Officer and Chief Nurse.

Site management teams use patient feedback, data and audits to monitor quality on the wards and in clinical areas, and identify any areas of concern. Clinicians and managers regularly visit to assess the quality of care, including formal ‘clinical Fridays’ and peer review. Alongside ward dashboards we introduced the ‘perfect ward’ app as a useful digital tool to evidence clinical quality and identify opportunities for improvement; and our planned ward accreditation scheme will incentivise staff.
Each hospital has its own improvement plan identifying what is needed to deliver high quality care. These reflect our strategic direction of travel while also resolving all the specific ‘must do’s’ and ‘should do’s’ required and recommended by the CQC. For example, a 10-week action plan at Whipps Cross addressed ‘inadequate’ ratings for surgery in the safe, responsive and well-led domains. At the Royal London, the managing director chairs monthly challenge meetings of the leadership team to drive improvements in surgery in the responsive domain (also currently rated ‘inadequate’). There is also a Trust-wide programme for each quality objective, led by clinicians within a governance framework to assure delivery to a deadline.

At corporate level, the quality board (which reports to the Quality Assurance Committee of the Trust Board) oversees the quality of services and identifies themes, trends and opportunities for sharing learning across the organisation. We are committed to maximising learning from patient feedback, clinical incidents and legal claims. We share learning through safety notices, newsletters, workshops, conferences and the Trust’s twice-yearly quality summit. We also embed learning into staff training and induction.

A CQC well-led review last year found the pillars of good governance were in place but needed to mature. We are strengthening site and corporate governance teams, and embedding regular review of Serious Incidents, themes and trends. Reviews of complaints and PALS are underway to improve performance and learning. We are also overhauling policy development and oversight. For example, we are updating our clinical policies to ensure clinical governance is consistently managed across sites. All policies relating to infection control have been reviewed, and we are systematically checking 240 other sets with appropriate clinical leads.

Quality Improvement

While there are undoubtedly areas of outstanding clinical practice, with excellent clinical outcomes and patient experience, significant variation in quality and safety outcomes still exists. Shifting to ‘good’ and ‘outstanding’ CQC ratings requires a step change in quality improvement across the organisation. We implemented a bespoke, unified approach, called WeImprove, to empower our multi-professional teams at all levels with evidence-based improvement tools.

This approach requires a culture change, with staff seeking not only to deliver quality care, but also continuously improve the care they deliver. Our virtual quality improvement hub on the intranet provides access to skills training, tools, advice and support.

We set up cross-site collaboratives for each of our quality objectives. We are supporting frontline teams to lead small-scale yet important changes for the benefit of their patients. We hold team conversations across the organisation to ensure we listen to the views of our staff. And we have an internal faculty of experts who can teach and mentor others. One next step is to procure an external partner to help us further develop, embed and sustain WeImprove in accord with best practice.

Meanwhile we are establishing a rolling Trust-wide peer review programme to visit all clinical areas at least once each year. Visiting teams will be independent and may include external experts such as commissioners, regulators, patient representatives and other hospitals. They will offer clinical areas the opportunity to showcase excellence and innovation as well as understand what could be improved. Staff participating in a visit will also have the chance to see how care is delivered elsewhere, and take back good practice to adopt in their own place of work.
Case Study

Improving productivity and orthopaedic patient outcomes at Newham

The standalone Gateway Centre is being turned into an elective hub that will be an orthopaedic centre of excellence for the whole of Barts Health. This implements a lesson of the Getting it Right First Time project that centralising a service can not only improve productivity and efficiency but also deliver better patient outcomes.

The new Barts Health Orthopaedic Centre will treat additional elective orthopaedic patients using specialist staff located in state-of-the art facilities that are able to will meet the demands of a growing population. The Trust has approved a £2.9million business case to provide:

- Laminar air flow in a third operating theatre
- An anaesthetic room
- Improved storage
- A brand new fourth theatre for day case surgery
- Additional consultant and multi-professional staff recruitment

Once the work is complete, later in the year, all suitable patients from Whipps Cross and the Royal London will come here for elective orthopaedic surgery. They will benefit from single rooms and a patient experience which would be hard to rival even in the private sector. This proven model of care will raise the profile of Newham Hospital as a centre of specialist treatment. Meanwhile clinical teams previously based in the Gateway Centre will move to the main hospital.
Trust-wide priority 2: Leadership and governance

Barts Health as a group

We have a clear vision to be a high-performing group of hospitals. Operating as a group will enable the Trust to maximise the benefits from its scale, and ensure effective management and oversight of services at a local level. We aim to strike the right balance between devolving responsibility to hospital sites while standardising clinical and non-clinical processes across the Trust. This will support all of our corporate objectives, in particular delivering safe and compassionate care both now and sustainably into the future.

We have gained significant experience of operating as a group of hospitals over the last two years. We will build on what has worked and share learning nationally with other NHS trusts implementing group models.

Developing our group operating model

Within our group operating model, operational responsibility for running hospitals and clinical support services is devolved, and each site now has permanent leadership teams. They are supported and held to account by a strong headquarters function. The Chief Executive has been in post since June 2015 and built a strong, stable and strategic executive team, combining clinical, operational and professional expertise.

Our group operating model defines a key role for the seven designated clinical boards and their networks of clinical leaders across our hospitals. Each has a triumvirate leadership team of its own, and a research lead. They are primarily responsible for developing clinical strategies, and upholding standards of clinical practice so we can reduce unwarranted variation. They have a key role to play in both quality governance and quality improvement; in education, training and research; and in addressing workforce hotspots.
Within our clinical and organisational strategy we have agreed to focus on the following areas to support our development as a group:

- a clear role for our group headquarters in setting our vision, values and strategy while holding sites and support services to account for delivery. For example, central improvement resource will enable sites to make sustainable improvements in quality and finance.
- strengthening leadership and local accountability within hospital sites from ward level upwards through triumvirates of clinicians, nurses and managers. Our accountability framework will devolve more responsibility to high-performing hospitals.
- driving delivery of consistent high standards through our clinical boards and networks, for example through the Getting It Right First Time programme in orthopaedics. Our clinical and organisational strategy, *Sustaining Safe and Compassionate Care*, is implemented through the business planning process. All clinical boards have clear priorities and are leading significant programmes of change in cancer, diagnostics, urgent care, maternity services, and establishing the Barts Health Orthopaedic Centre.
- a review of corporate support services to separate them from the group headquarters, strengthen their accountability to the hospital sites, and better meet the needs of clinical boards.
• revising the clinical support services model to get the best benefit both for the group as a whole and for each hospital. This involves greater operational integration with clinical service provision at site level, while continuing to realise Carter-style efficiencies from networked services like pathology, pharmacy and imaging. In the short-term we intend to devolve outpatient services to the hospital sites using a consistent delivery model. In the longer-term we will explore commercial opportunities and scale economies that are potentially available from working across a larger geographical footprint.

Leadership development

We intend to develop a more robust and shared leadership model at all levels of the Trust, especially in the middle tier and among ward management. Our growing development offering for our many clinical and operational leaders includes working with Prof Michael West and Aston OD on a ‘Super T’ programme. This aims to build strength within and across teams, and provides team coaching for all senior teams and clinical boards.

We are using the NHS Improvement Well-Led Framework to address development needs at both Trust and hospital board level. We will continue to respond to issues raised through the annual staff survey, and work with sites to simplify reporting lines and strengthen local accountability. We recently commenced dedicated inductions for consultants and managers, and will shortly launch a management development programme on an apprenticeship model.

We also seek to provide leadership in developing an integrated care system across Waltham Forest and East London to improve pathways of care and population health. We envisage developing clinical partnerships with neighbouring providers, like Homerton NHS Foundation Trust on surgery, or Barking Havering and Redbridge University Hospitals NHS Trust on stroke and neurological services.
Improving patient flow at The Royal London

It should be business as usual, but has often been a challenge. So the Royal London leadership team has made a big thing of moving patients swiftly and safely through hospital so they can be discharged promptly, thus freeing up places for those who need them, coming in from A&E.

Each ward carries out a daily review of each patient to identify any interventions that could be speeded up. This ‘huddle’ involves multidisciplinary teams including doctors, nursing staff, and specialists in radiology, pathology and therapies. A plan is agreed for each patient and any issues escalated and resolved. This rigour ensures the hospital can safely discharge more patients before noon, so they are home for lunch, and prevents delays in transferring other patients from the emergency department to the wards.

In recent months the average length of time people stay in the hospital has reduced by 5%, effectively releasing 44 beds for other patients who need them. This equates to a 2% increase in bed capacity which has helped cope with the increase in patients requiring admission over the winter period. In addition, weekend discharges have also increased by 2%.
We have increased the proportion of substantive staff in post to more than 90% and are addressing specific recruitment shortages at Whipps Cross and Newham. Our offer to employees recognises that training and development are fundamental to attracting and retaining staff, as well as contributing to a learning culture. We are committed to ensuring that all staff are supported in acquiring and developing the skills and knowledge they need to carry out their work safely and effectively, and to achieve their full potential through career and personal development.

We have innovative plans to develop new apprenticeship pathways, pilot training for new care roles like Physician Associates and Nurse Associates, and broaden opportunities for multi-disciplinary working. We intend to achieve 90% compliance across all sites with statutory and mandatory training requirements. We will provide more training in ‘real time’ so staff can respond quickly to Serious Incidents and ‘never events’, and also improve local and corporate induction to ensure staff have the best possible start to their Barts Health career.

**Staff voice**

Since launching our WeCare values and behaviours, we have improved our national staff survey results. More staff know who our senior leaders are, more feel that patient feedback is being used to drive improvement, and more now recommend us as a place to work. We have invested a lot in staff health and well-being, and achieved national recognition for the career development of women and BME staff.

We will seek to embed our WeCare values into the rhythm of daily hospital life so that all staff benefit, for example in our recruitment and appraisal processes. We launched a new non-medical appraisal in April 2018 alongside a new career pathway for clinical administration staff. The ability to progress is important to many staff, and our careers service will continue to expand. We want all staff to see a career pathway for themselves at Barts Health, with a supporting learning and development offering. We now invest more than £3m a year in apprenticeships which will be used to support staff up to post-degree level.
We are strengthening our relations with trades unions in the Staff Partnership Forum. Through this we plan a ‘values refresh’ of 10 priority policies, and a review of bullying and harassment hotspots. We will augment our work on psychological and physical safety with a focus on reducing violence and abuse from patients and relatives. The 2017 staff survey indicates this area has worsened yet confidence to report issues has increased and we will improve our support to address this.

**Patient voice**

We receive feedback from patients and the public through the Friends and Family Test (FFT), patient surveys, the complaints process, and PALS patient liaison teams. Unsolicited comments through the FFT often remark on staff being kind, friendly and respectful, and these are passed back to individuals. PALS can act as a helpful means of resolving local disputes and reducing conflict.

The overwhelming majority of FFT respondents say they would recommend the service they used. St Bartholomew’s hospital is rated 4.5 stars (out of 5) on NHS Choices compared to 3.5 for The Royal London, and 3 each for Newham and Whipps Cross. Nevertheless, we have also identified common concerns about poor communication, delays in receiving treatment, and scheduling appointments.

A pilot scheme collecting FFT responses through text messages was so successful in generating further feedback that we will roll this out across the Trust. That should make it easier and simpler for patients to give us their views on the services they receive, increase the volume of feedback we get, and provide a richer picture to inform improvements.

We use the intelligence we gather to understand the experience patients have within our hospitals and determine how best we can make improvements. For example, a project on the booking and communication of outpatient appointments is seeking to transform the way in which departments work. We also have a range of initiatives to engage face-to-face with patients, through patient panels at each hospital site, relationships with HealthWatch at both Trust and local level, patient involvement in research trials, and a collaborative pairs programme for patients to advise clinicians.
We are beginning to analyse social media like Facebook and Twitter for patient feedback, and our Patient Experience Group will review all this intelligence and develop a cohesive reporting structure that ensures the patient voice is embedded in all strands of quality improvement and assurance. We are also developing a new strategy to increase the impact and reach of our volunteers’ service. We will build on these to embed patient and public involvement in our organisational governance, in order to drive both quality improvements and service transformation.

**Equalities and inclusion**

About half our staff are from black and minority ethnic backgrounds, yet we have disproportionately more white staff in senior roles, while BME staff feature disproportionately in disciplinary and grievance proceedings. To address these discrepancies and drive change we set up an Equalities and Inclusion Board, chaired by the CEO. This board now works with equality and inclusion groups on each site to address six improvement objectives:

- **BartsAbility** – the experience of staff living with a disability
- **Fairness** - the over-representation of BME staff in disciplinary processes
- **Progression** - positive action to promote equality of career progression
- **Psychological Safety** – bullying, harassment, abuse, violence, discrimination
- **Inclusive Service** - inequality of access, experience and outcomes
- **Stakeholder Views** – using feedback from patients, staff and communities.

With the help of staff diversity networks, this focus on practical action is beginning to show a positive impact. More BME staff are taking senior roles, and our recruitment approach will augment this. Concerns about staff are being addressed earlier and more informally, reducing the need for disciplinary procedures and ensuring greater fairness.

We are co-leading a London-wide programme on Workforce Race Equality Standards, and will work with an academic partner to secure sustainable improvement. We also have a programme analysing the extent to which some services provide equity of care to people from protected characteristics.

In the coming year we will work with the NHS London Leadership Academy to design and deliver an Inclusive Manager Development programme, initially targeted at all our managers who make recruitment decisions. All our equalities and inclusion work will help ensure fairness and a better working life at the Trust. Our efforts will extend to LGBTQ in 2018 as we continue to benefit from a richly diverse team, and the Trust Board will publish an Inclusion Charter helping to set the direction for future years. Meanwhile, our work on equalities in patient services will see our clinical boards translate understanding into action to directly address issues of access and experience for our local populations.
We have come a long way in a relatively short time

We all know there is still much to do. Nevertheless, thanks to the hard work and commitment of our dedicated staff, we are confident that we will continue to make further progress.

We have here a blueprint for the next phase of our journey to deliver safe and compassionate care at all times. Our success will depend on continuing to engage with our people, patients and partners.

We will do all that we can to listen, involve and work with you, so that together we create the conditions for a high-performing group of hospitals to excel for our patients.

Alwen Williams
Chief Executive