The story so far...

2012

April
Barts Health NHS Trust created

2014

January
Comprehensive Care Quality Commission inspection

October
London Chest Hospital transfer approved

2015

March
Whipps Cross Hospital rated inadequate and Trust put into special measures

April
Trust confirmed as inadequate

June
Alwen Williams appointed Chief Executive

Barts Heart Centre opened

September
First Safe & Compassionate improvement plan

2016

July
CQC return to Royal London, recognise improvements, and upgrade

September
Safe & Compassionate 2

October
Trust starts meeting all nine cancer standards

December
WeCare values and Barts Health group brand launch

2017

April
Newham upgraded to requires improvement

June
Prince Charles visit to thank staff for response to London terror attacks

September
Whipps Cross upgraded to requires improvement

October
St Bartholomew’s Hospital rated ‘good’ by CQC with outstanding leadership

2018

March
Our vision for Getting to Good and Outstanding prior to CQC inspection

July
A galaxy of #NHS70 awards including hero doctor, shining star, London’s future, Windrush heroes and outstanding women leaders

October
A record haul of nominations for HSJ and Nursing Times awards

December
More OBEs in the New Year Honours: four altogether

2019

February
Trust rated good in three out of five categories: well-led, caring and responsive

April
Royal London Hospital rated good by CQC with outstanding aspects
Introduction

The Barts Health group of NHS hospitals is entering an exciting new era on our improvement journey to becoming an outstanding organisation with a world-class clinical reputation. Having lifted ourselves out of special measures, we now have the impetus and breathing space to chart a fresh course in which we are continually striving to improve all our services for patients.

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.

To achieve these goals, we are working with the Institute for Healthcare Improvement to further develop our own distinctive approach to improvement, WeImprove, and empower staff to make the changes that benefit patients.

Our intention is to apply the tools, techniques and training of improvement science to every area of our activity - not only to the quality of patient care, but also to the standards of performance and efficiency that underpin great care.

At the same time, we are evolving our group model in order to devolve operational accountability as close as possible to the front-line and the communities they serve, while also leveraging the benefits of scale and playing an influential role in the regional healthcare system.

Our operational plan sets out the topics on which we intend to focus our efforts during 2019/20, as we work with partners on a strategic 10-year plan for North East London as a whole. Our group level plan is supported by detailed plans for each of our hospitals and clinical support services, as well as a range of cross-cutting clinical board objectives.

Since we are one of the biggest trusts in the NHS, with 17,000 staff, the operational plan is no small undertaking. For convenience and clarity we have grouped our short-term objectives under the six headings of our own strategic priorities.

Each of our hospitals and departments will have a slightly different take on the relative balance of topics at any one time. Nevertheless, the plan sets a direction of travel with specific milestones against which we will hold ourselves to account.

The whole amounts to an ambitious programme of culture change. While led from the top of the organisation, it is fuelled from the bottom up by the ambition, skills and compassion of our talented and dedicated staff. Together we intend that striving to always do better for our patients becomes the way we do things round here.
Safe and compassionate

A series of Care Quality Commission inspections during 2018/19 confirmed the quality of our care was getting better, and the Trust had established mechanisms to effectively address any regulatory concerns. Two of our four hospitals are now rated “good” – with both the leadership of St Bartholomew’s and parts of The Royal London (including its dental hospital) rated “outstanding.” Overall, three of the five trust-wide domains, and two-thirds of the inspected areas, are now officially “good”. This achievement is the foundation of our ambition to excel in all aspects of care.

Our partnership with the Institute of Healthcare Improvement is enabling us to develop a cadre of champions who are trained in the techniques of improvement science, and act as advocates for instilling a culture of continuous improvement. They are driving collaboratives that will put into practice our goal of being a provider of outstanding patient safety, renowned for delivering consistently high standards of harm-free care and always caring for patients in the right place at the right time. Our priorities this year are a series of projects to support the deteriorating patient, ensure safety at the point of care, and provide the right care in the right place.

Over the year we will judge our performance on quality against eight measurable objectives. These include 10% reductions in incidents that cause harm, MRSA cases and pressure ulcers. We will halve avoidable cardiac arrests on general wards, deliver falls prevention schemes to 80% of older patients, and minimise medication errors at 4% or less. We also aim to get antibiotics to 90% of sepsis patients within an hour, and expect 90% of all patients to report they are happy with their care.

We already meet NHS constitutional standards for rapid diagnosis and fast cancer treatment. With the support of the NHS Improvement emergency care improvement programme we aim to see 90% of emergency patients within the 4 hour standard by March 2020. We also intend to further reduce the number of patients waiting for routine operations, so that almost nine out of 10 wait less than 18 weeks for elective treatment, and only a handful of exceptional cases wait over a year.
Efficient and effective

In the challenging financial environment of recent years the Trust has consistently reduced its underlying operational deficit. We met our revised forecast for the year and reported a deficit of £84.2m, an overall improvement on 2017/18.

For 2019/20 we agreed a planned deficit of £65.4m, assuming receipt of central sustainability funding. We believe that we can demonstrate a credible plan for delivery this year, and have developed a robust 5-year strategy for returning to break-even, with the aim to exit financial special measures early in 2019/20.

We are liable for about £125m a year in interest payments, service charges and rent as a result of historic PFI loans that funded state-of-the-art hospital facilities at St Bartholomew’s, The Royal London and Newham. We are working closely with our regulators to find ways of addressing these structural pressures, put us on a path to break-even in a shorter timescale, and reduce the planned deficit.

One option may be the new NHS Financial Recovery Fund, from which we will receive £15m in 2019/20.

This could be a vehicle for addressing the excess costs we pay for the PFI, which we calculate to be £47m as year. Another is restructuring our balance sheet, which could reduce interest payments by £9m. If these structural issues can be supported then the Trust could reduce its planned deficit in 2019/20 to £9m and take a significant step towards break-even in 2020/21.

The Trust is already judged to be efficient according to national benchmarks liked the NHS model hospital. We delivered efficiency savings of £52m in 2018/19, and are planning to deliver a further £55m in 2019/20. All these cost improvements are designed to improve the experience of patients using our services. For example, about a quarter will come from schemes to redesign outpatients’ services, better utilise operating theatres and improve the flow of in-patients through our hospitals. Our procurement team is rated as one of the most efficient in the country, and we are among a handful of trusts who meet the standards recommended by Lord Carter’s review of hospital productivity.
Delivering care across east London

A record 503,863 emergency attendances

Delivered 14,842 babies

A record 1,555,576 outpatient attendances

A record 311,441 in-patient appointments and procedures

This is a 9% increase on last year

It includes 135,709 day cases

This means 6,533 patients seen every day

(310 more than last year)
Service transformation

No part of the NHS works alone; we are all part of a wider health system. The Barts Health group of hospitals provides essential services for three London boroughs (Tower Hamlets, Newham and Waltham Forest) and specialist services across an even larger geographical footprint. We work with GPs, local councils, neighbouring trusts and other partners to deliver locally integrated healthcare in the spirit of the national NHS Long-Term Plan. Our operational plans for 2019/20 were drawn up in parallel with those partners, and are part of a mutual process for agreeing a system-wide strategy for the next 10 years across North East London.

The redevelopment of Whipps Cross is the top priority for the umbrella East London Health and Care Partnership, alongside increasing choice and quality of maternity services across its patch (which covers other NHS providers). Within that footprint, the four boroughs that form inner north east London (our core catchment area plus City and Hackney) are focussing on improving urgent care pathways, to treat more cases in the community and reduce pressure on hospital emergency departments. This will help us meet national commitments to increase same day emergency care.

We will step up efforts to transform outpatient appointments to reduce unnecessary hospital visits. Almost all referrals are now electronic, and most clinics are offering GPs expert advice from consultants. We will work with GPs to increase uptake of this service, and embed new care models like our innovative Skype video clinics.

Other collaborative ventures include the £5m early diagnosis centre for cancer patients from across north east London at Mile End hospital. With two nearby NHS trusts we are exploring joint arrangements to host the pathology testing on which three-quarters of all clinical diagnoses rely. We are discussing the prospect of a shared neurosurgical service with Barking, Havering and Redbridge NHS Trust.

Within the Trust, we are looking to offer patients faster access to specialist treatment by developing more centres of excellence, like our world-class heart centre at St Bartholomew’s and the major trauma centre at The Royal London. All the clinical evidence shows that productivity and patient outcomes improve if high volumes of surgery are concentrated on a single site. That’s why we will shortly open an extension to the state-of-the-art orthopaedic centre at Newham. This will double the number of routine hip and knee operations performed here, and potentially release capacity at The Royal London to focus more intensively on trauma care.

We are exploring how similar principles could apply to other surgical specialities, and at other sites. There is scope for Whipps Cross to become a centre of excellence for repairing fragility fractures, for example, in line with its wider focus on improving care for older people. Our aim is that wherever you are treated within the Barts Health group of hospitals, a top surgical team will get you up and mobile as soon as is safe and possible.
Developing our people

Our partnership with the Institute of Healthcare Improvement is not just about quality. We want to use the tried and tested tools and techniques of quality improvement to make improvements across the board. Our aim is nothing less than a change in the culture of the organisation. We want to empower staff to make the improvements they know will benefit patients. This is about adopting and embedding an attitude of mind that is constantly seeking to do better by our patients, so it becomes the way we do things around here.

So a parallel set of WeImprove collaboratives will put into practice our other goal of being an outstanding place to work. This means our WeCare values and behaviours should be visible, and guide us in how we work together - and with our patients and communities - at all times. Our priorities this year include reducing violence and aggression against staff, securing their psychological safety, and promoting health and well-being. One other key strand is advancing inclusion in the workplace, which ties in to delivering our existing commitments to fostering diversity in our Positive Action Charter.

All this is underpinned by strengthened leadership and governance arrangements that reflect the continuing development of our group operating model. On the principle ‘localise where possible, centralise where necessary’, we will move decision-making as close as possible to the patient, within a common framework that allows us to take full advantage of our size and scale.

Meanwhile we will continue to reduce our reliance on temporary staff, particularly expensive agency workers. In fact, we are within sight of achieving our goal of 95% permanent staffing. We are expanding new roles like nursing associates, advanced clinical practitioners and physicians’ associates, and take pride in developing apprenticeships with local schools and communities.

We actively recruit from abroad, and want to retain the one in 10 staff from a European Union background. About half of all our 17,000 employees took part in the last annual NHS staff survey, and by addressing the specific issues they raised we intend to further improve the response rate this year.
Improving our infrastructure

With five hospitals and dozens of community sites we have one of the largest and most complex estates in the NHS. It covers more than half a million square metres, which is the size of the Vatican City, and is big enough to host 100 football pitches. Our operating costs are relatively low compared to other providers, but with a number of ageing, sprawling properties we have accumulated a daunting maintenance backlog.

Most of this is at Whipps Cross, so the long-term redevelopment of the site as an integrated health and care campus remains our key strategic investment priority. We are working closely with patients and community groups to ensure plans reflect their interests and concerns. Together we are developing an outline business case that will identify strategic and commercial opportunities to help fund a brand new hospital plus a range of associated health and community facilities, including new homes for NHS and other public sector workers.

The funding available for capital over recent years has been much reduced and continues to limit our short-term opportunities to invest. We have applied to the Department for Health and Social Care for loans that will enable us to continue maintaining the fabric of our hospitals, replacing ageing medical equipment, and upgrading our IT infrastructure. We are also putting the finishing touches to our £5m orthopaedic centre at Newham, which will make the hospital a local centre of excellence for those routine hip, knee and joint operations for which many people have had to wait too long in the past.

In 2018/19 we spent £47m of our own funds on buildings, equipment and IT systems. Some of the largest investments include £13m on medical equipment, £3m on IT, and £1.7m on an electronic prescribing system and more than £4m on improving fire safety in our buildings. We also allocated funds directly to our hospitals and clinical services to spend on their local priorities.

In these difficult circumstances we are enormously grateful to our partners in the Barts Charity for their unstinting support. This will manifest itself next year in the opening of a brand new £7m maternity unit at Whipps Cross, among funding for a raft of projects including a £1.5m grant to advance brain tumour research.
Research and education

Organisations that are active in research deliver better outcomes for their patients. The evidence shows their culture promotes excellence in patient care, and the skills to lead outstanding clinical services. They are also better placed to identify and implement innovations. So we have developed a 5-year strategy to work with Queen Mary University of London and other academic and NHS partners to develop the quality and quantity of our research portfolio.

We already support more commercial studies than anywhere in the country, and have a record number of patients in clinical trials, but want to go further. Our immediate objectives for 2019/20 include a 10% increase in sponsored research and a 5% increase in recruitment to National Institute of Health Research studies. We also want to provide more research time for staff at Whipps Cross and Newham hospitals, and also for staff in under-represented clinical specialities.

Translating research into innovative clinical and commercial opportunities that benefit patients is at the heart of our ambition for a Life Sciences campus in Whitechapel. Having sold the prospective site to the Department of Health and Social Care, we are working closely with them and our partners at Queen Mary University of London to seek the innovators, investors and entrepreneurs that can help us utilise the genomic data and bio-resources of the extraordinarily diverse population on our doorstep. We are at the forefront of the artificial intelligence revolution, with five pioneering projects in the CAP-AI programme to use machine learning to deliver innovative healthcare and improve outcomes for patients.

Education and training are essential to supporting our workforce, so staff are best equipped to deliver new models of care and can respond to the changing demands of the health economy. Our priorities this year include developing apprenticeships in professional roles, growing our own future leadership talent, and providing more “real time” training so staff can respond quickly to serious incidents and never events.

The new Barts Health School of Nursing, Midwifery and Allied Health Professionals is working with local universities to improve recruitment from students. Meanwhile we are developing opportunities for existing staff to learn from experience - through shadowing, placements, and rotations - to create a culture of continuous learning.
We have come a long way on our improvement journey. Our talented and committed staff deserve all the credit for the transformation in our fortunes. Yet underpinning their achievement is the way we organise ourselves as a group of hospitals. We are realising the benefits of being a large NHS body, while also being responsive and flexible to local needs.

As well as our four main hospitals, the group comprises a central leadership function, eight clinical boards, and shared services, both clinical (like pharmacy, imaging and pathology) and non-clinical. Developing this model has enabled us to deliver the improvements in quality, performance and finance acknowledged by the Care Quality Commission. The further development of our shared services will help us realise our WeImprove goals of being a provider of excellent patient safety and an outstanding place to work. The future development of our clinical boards will also allow us to transform our services to meet future challenges.

By working together, we can help reduce variations in patient care and organise clinical services across our catchment population as effectively as possible. We are able to share the cost of services that are essential to the day-to-day running of a hospital. By working at a larger scale, with people, finance and informatics teams supporting our hospitals as a group, we can improve efficiency and release more money to invest in patient care.

There is no NHS blueprint to follow. We need to strike the right balance between the use of WeImprove tools to support sustainable change, and assurance processes to ensure patients are kept safe. We are taking an evolutionary approach, recognising that change needs to be led by the staff providing patient services day by day.

We now intend to devolve further authority as close as possible to the front line. The group leadership will agree plans and scrutinise delivery, intervening and supporting if a hospital needs help, and ensuring consistent standards of governance.

Each hospital is now organised in clinical divisions that are held to account by a hospital executive board, whose performance is in turn reviewed by group executives. The hospitals will gain more local control over decision-making, and in recognition of this shift, the managing directors will be designated as hospital chief executive. They will continue to report to Alwen Williams as group chief executive, and be held to account and supported by fellow directors on the group executive board.
We are the busiest A&E provider in the country, serving more than half a million emergency cases every year. More than 40,000 people pass through our three emergency departments every month, representing 2% of all NHS activity.

In the six years since Barts Health was created, our A&E performance against the national standard has consistently mirrored the national trend. More than eight out of ten patients are seen within the national standard of four hours (we ended the year on 85%) and we aim to meet and maintain 90% this year.

The number of people attending our A&Es has grown much faster than other trusts: at a rise of 13% (compared to 9% nationally); that is equivalent to seeing an extra 55 people at each hospital every day. This growth is largely among Type 3 patients with less serious injuries, who can be discharged or referred on elsewhere.

However, the hard-pressed staff in our A&Es are also dealing with an influx of sicker people: a progressively larger proportion of Type 1 patients are pressing medical emergencies. The consequence is that four out of five beds at the our hospitals (Royal London, Newham and Whipps Cross) are taken up by emergency admissions, and we have to cancel more elective operations than we used to.

Nevertheless, we are increasingly absorbing this extra activity by doing things differently. In particular, we are developing ambulatory care models that mean patients can be effectively treated without needing a bed. The number of walk-in, walk-out patients has almost tripled over the last two years, and in March stood at 95 a day. This represents a major contribution to national NHS plans to increase the provision of same day emergency care, so that patients get faster, better treatment and don’t need to be admitted overnight.

Appendix A

Faster, better emergency care
Appendix B

Effective and efficient planned care

Although A&E always grabs the headlines, many of our patients are more concerned about non-emergency treatment. The numbers of people receiving routine operations, cancer treatment and diagnostic tests at Barts Health hospitals have each increased even faster than A&E attendances over the last six years, and are way ahead of the respective national trends. Excluding A&E attendances, we are now treating about 450 people a day more than when the Trust was created.

This is probably due to population growth. Our three boroughs each have higher growth rates than the national average, and added an extra 73,000 residents between 2011 and 2015. Tower Hamlets alone outstrips the rest of London; its population has doubled over 30 years and is projected to increase 17% over the next decade.

Our general hospital capacity at The Royal London, Newham and Whipps Cross has remained stable in recent years at about 1,260 beds. Once again, we have absorbed the extra demand by doing things differently. We are developing new models of care, making more efficient use of operating theatres, and reducing the length of time patients need to spend in hospital. This means eight out of ten elective admissions are now day cases that don’t require an overnight stay.

We consistently meet the national standards for speedy cancer treatment and rapid diagnostic procedures. Meanwhile waiting times for routine operations are falling, with 85% treated within 18 weeks and with very few people now waiting more than a year. Having returned to national reporting last year after overhauling our data, we recorded 89,561 people awaiting a routine operation in March. This means we have been successfully absorbing a steadily increasing number of outpatient referrals without increasing the size of the overall waiting list.
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