Barts Health clinical and organisational strategy: 2017-2021
This document provides an overview of the future clinical and organisational strategy for Barts Health NHS trust. It is structured into five sections:

- Part one sets the context – national, regional, local and historical – for our future strategy;
- Part two describes the vision and guiding principles which underpin our strategy, including our organisational values, structure and operating model;
- Part three provides an overview of our future clinical strategy based on the five themes that have emerged from our work and thinking and discussions undertaken by our clinical networks and clinical boards, work with our hospital sites;
- Part four describes our supporting organisational strategy, focussing on the development of enablers such as workforce, estates and ICT and the future development of our operating model, as well as linking our clinical strategy with financial recovery and sustainability; and
- Part five provides an overview of how we will move to implementation of our strategy, how developments and changes will be phased, and where more detailed work is needed on particular opportunities.
Part one: context

This section covers:

• What we do at Barts Health
• The national context for our work, including the Five Year Forward View
• The Northeast London Sustainability and Transformation Plan which sets further context for our strategy
• The Transforming Services Together programme, our shared approach with our commissioners to improving services across our patch in order to cope with growing demand,
• The challenges which the trust has faced since its creation in 2012 and the progress we have made in addressing them,
• The opportunities and challenges, created by our workforce and infrastructure, and
• The structure of our strategy and of the remainder of this document.
About Barts Health

Barts Health is the country’s largest NHS trust, providing a wide range of hospital and community services to a large and diverse population across East London and beyond. The trust was created in 2012 following the merger of Barts and the London NHS trust with Whipps Cross University Hospital NHS trust and Newham University Hospital NHS trust. Barts Health provides:

- A wide range of **specialist hospital services** to the population of Northeast London and beyond, including trauma services, cardiovascular services, a range of cancer services, renal, stroke, neurology, critical care and specialist children’s services.

- **Local hospital services** to the residents of Waltham Forest, Newham, Tower Hamlets and Redbridge, including A&E services, maternity, medicine, surgery, elderly care, diabetes, sexual health and gynaecology services.

- Specialist **community services** to the residents of Tower Hamlets as part of the Tower Hamlets Together vanguard partnership.

- **Education and training** for more than 2,000 trainees each year alongside training and development for our 16,000 staff.

- A wide range of clinical and academic **research activities**, supporting our status as a Biomedical Research Centre and Cancer Research UK centre in partnership with Queen Mary University London.

- Given the health challenges of our local population, as well as providing world class care, we also aim to work with others to improve the health of our local population’

With a turnover of around £1.5bn, the trust operates from five main hospital sites with a total of around 2,000 beds: the Royal London in Whitechapel, Whipps Cross in Leytonstone, Newham University Hospital, Mile End Hospital and St Bart’s in Smithfield, as well as a number of smaller locations.

Barts Health provides around 1.5m outpatients appointments each year, around 150,000 operations, almost half a million A&E attendances and around 20,000 births.
The future vision and direction for Barts Health sits in the context of a range of national policies, strategies and programmes. The most significant are:

- **The Five Year Forward View** which sets out the need for the health and care system to address three key gaps during the current parliament: the health and wellbeing gap, the care and quality gap and the finance and efficiency gap. The Forward View described a range of interventions to address these gaps including greater focus on patient and community engagement and prevention; greater integration between acute, primary, community and social care services, and the need for increased levels of efficiency across the health system.

- **The Carter Review** on opportunities to improve hospital productivity, which identified a wide range of potential savings in areas such as pathology, pharmacy, corporate services, estates and workforce productivity. The review also identified the need for improvements in clinical productivity through the Getting It Right First Time (GIRFT) programme of clinically-led change.

- **National clinical strategies** in key service areas, including cancer services, maternity services, and emergency care services. Barts Health is at the forefront of implementation of the requirements for earlier diagnosis and improved experience for cancer patients through the UCLH cancer vanguard, of a step change in choice for mothers and the shift of maternity care aware from obstetric-led settings as recommended in Better Births, and of improvements in emergency care pathways through the implementation of ambulatory care and the SAFER bundle.

- **National standards**, including CQC regulatory requirements and constitutional access standards. The need to continue to improve services for our patients and achieve a better CQC rating is central to our ambitions, while improving access to emergency services, maintaining strong performance on access to cancer services and returning to national reporting of our elective waiting times are critical to the long-term sustainability of the trust.

- The development of **new care models** to drive greater quality and efficiency, where the trust has played a central role in the Tower Hamlets Together programme, one of the nationally recognised multi-specialty community provider vanguards. Barts Health is also a key player in the UCLH cancer vanguard and our ambition to develop a high-performing hospital group reflects national vanguard work to develop groups and chains.

Our strategy also needs to respond to the challenges create by the **UK’s exit from the European Union**, including the implications of this process for workforce, research funding and procurement.
The STP submission demonstrates how these changes can reduce the financial gap across the area from a ‘do nothing’ forecast of £578m in 2020/21 to close to a breakeven position, although this relies heavily on high levels of provider efficiency being achieved. The NEL STP also re-confirms plans for changes to the model of care at King George’s hospital in Ilford which will have important implications for services at Newham and Whipps Cross hospitals.
Context: Our local health economy

Many of the specific changes required to turn the vision of the Forward View and the Northeast London STP into a reality are being taken forward through Transforming Services Together (TST), our local strategy for the Barts Health catchment area which we have developed in partnership with Tower Hamlets, Newham and Waltham Forest CCGs and with East London FT, Northeast London FT, primary care providers and Local Authority partners.

The TST strategy was set out in March 2016 and has since been developed to align with the Northeast London STP strategy. TST describes the scale of population growth anticipated across our area over the next 15 years, with the equivalent of an additional London borough being added to our local patch. Without radical change, this will lead to an additional 550 hospital beds (the equivalent of a large general hospital) being required in 10 years time if we do not act. TST sets out a range of interventions to address this challenge and match future capacity and demand, including:

- Significant improvements in primary care access and capacity to reduce hospital referrals,
- Improvement in out of hospital integrated and urgent care services to manage as many patients as possible in community and primary care,
- Changes to the emergency hospital pathways to create acute hubs, reducing emergency admissions by up to 15%,
- Consolidation of some surgical services to create surgical hubs, improving quality and reducing length of stay,
- Improvement to maternity and end of life care to make better use of existing capacity and minimise hospital demand,
- A substantial reduction in unnecessary outpatients and diagnostics activity, with an ambition of a reduction of up to 20% in these areas, and
- Improvements in infrastructure through the redevelopment of Whipps Cross hospital and making better use of capacity at Mile End hospital.

These changes offer the opportunity to address the demand and capacity gap across our area by managing demand much more effectively at each point in the patient pathway. TST also pointed towards the development of Accountable Care Systems around each of our three key emergency sites at Newham, Whipps Cross and the Royal London to embed and drive the changes required.

We have made significant progress with implementation of TST already, with changes underway in outpatients, diagnostics and emergency services and the case for the redevelopment of Whipps Cross now well developed. These developments being undertaken in partnership with local commissioners and providers form a crucial part of our broader organisational strategy.
Context: The health needs of our population

TOWER HAMLETS (TH) is a diverse borough with a population of 280,000, which attracts residents from all over the UK and wider international communities. The population is mobile and relatively young and its composition is continually changing due to migration, with a high rate of population churn. There is considerable growth in the population, which is expected to reach in excess of 340,000 by 2022. Population changes will be greatest in the areas of greatest affluence and greatest deprivation in the borough, which will widen health inequalities. The rapid increase in the 35-64 year old age band will have important consequences for local services as these are the ages in which long term conditions first develop (and at an earlier age in the Tower Hamlets’ population than elsewhere) which increases the demand on services.

The local determinants of health needs and life expectancy are wide-ranging and include:

Maternity and early years
- 39% of children live in poverty – the highest rate of poverty in the UK
- 9.0% of the annual 4,500 babies have a low birth weight compared to 7.5% in London, 10-12% of pregnancies are complicated by diabetes and 20% of mothers are estimated as having a common mental disorder

Children and young people
- 12.2% of children in reception year (4-5 years old) are obese – the joint 10th highest in the UK. 25.3% of 10-11 year olds are obese – the 9th highest in the country.
- Children aged 5 years in Tower Hamlets had on average 1.78 decayed, missing or filled teeth compared to 1.23 for London 0.94 for England. Tooth decay requiring extraction is the largest single cause of hospital admissions for children.
- Just 51% of children in TH achieve a good level of cognitive development at age 5 compared to 60% in London and 58% in England.
- Tower Hamlets has the 8th highest STI rate in the country, 30% of which are in people aged under 24 years
- Approximately 10% of children are estimated to have a mental illness, similar to national levels

Adults
- TH has the second highest premature death rate from circulatory disease, cancer and respiratory disease of all the London boroughs
- The healthy life expectancy of the population tends to be worse than elsewhere linked to the levels of socioeconomic deprivation.
- Men in TH have the lowest healthy life expectancy in the country, at 53.6 years compared with 63.3 years nationally. Women in TH are expected to have 57.1 years of good health, compared with the national healthy life expectancy of 63.9 years.
- Although improving, 1 year survival from cancer is in the lowest 10% in the country and is particularly poor for breast, colorectal and prostate cancer.
- 6% of the GP registered population have been diagnosed with diabetes, compared with 5% in London. The level of diabetes in the Bangladeshi population is significantly higher (8-10%)
- Tower Hamlets has the fourth highest incidence of serious mental illness in London, and one of the highest rates of observed prevalence of depression (10% of patients registered with a GP)
- Although rates of alcohol consumption are low in Tower Hamlets due to a large abstinent population, high risk drinking amongst the population who do drink is common; among the white population, 4 in 10 are classified as harmful drinkers compared to 2 in 10 nationally and the most recent alcohol related admissions data from 2010/11 suggests that the rate of hospital admissions is higher than the London and national levels
- 21.5% of residents report that they are current smokers. This is higher than the London average of 18.9% and the national average of 20%


NEWHAM is a deprived local authority area with a population of 324,000. Life expectancy in Newham is improving for both men and women but remains lower than the national average. For women the gap between Newham and England/London is narrowing but for men it has widened. There are emerging new health inequalities within the borough and marked differences in life expectancy between different wards. The gap in life expectancy between the best and worst wards is 11.5 years for men and 13.5 years for women.

The borough is diverse, population-dense and growing rapidly with an estimated 39% population increase by 2031. Most of the residents within the borough are from the black and minority ethnic groups (BME) and under-45 years of age. The birth rate is the highest in England. With over 75% of babies born to mothers who themselves were born outside the UK.

The local determinants of health needs and life expectancy include:

**Maternity and early years**
- 28.8% of children live in poverty and there are high infant mortality rates
- 28.9% of women are delivering their babies via caesarean section – higher than 25% national target
- In Newham, the percentage of live low birth weight babies was higher compared to the London and England mean. In 2014, this figure was 4.4% compared to 3.2% in London and 2.9% in England. When compared to our neighbours, Newham was 2nd highest after Tower Hamlets (5.0%).

**Children and young people**
- Newham has a larger population of children and young people compared to London and England.
- Child immunisation rates are below the averages for London and England and below the national standard to achieve herd immunity.
- Newham has the second highest rates of dental decay with the average of 1.6 decayed or filled teeth at 5 years old. This is higher than London (1.2) and England (0.9).
- 12.9% of 4-5 year olds are obese, the 5th highest in England, amongst 10-11 year olds it is 27.6%.
- Newham has the second highest rate of emergency hospital admissions for diabetes in children and young adults under 19. A rate of 86 per 100,000 against an average of 56.9 in London.
- Newham has the third highest rate of emergency hospital admissions for diabetes in children and young adults under 19. A rate of 86 per 100,000 against an average of 56.9 in London.
- Newham has the third highest rate of emergency hospital admissions for diabetes in children and young adults under 19. A rate of 86 per 100,000 against an average of 56.9 in London.
- Overall rate of STIs is above the average for London and more than twice the average for England.

**Adults**
- Around 21% of the population smoke in Newham which is close to the national average but rates far higher for white British and eastern European men and women and Bangladeshi men. However the impact of smoking on health in Newham is disproportionate with the proportion of deaths that can be attributed to smoking being significantly worse than the national average. Newham have low levels of hazardous drinkers however high rates of drinking related hospital admissions – those that do drink do so to high levels.
- Newham has the highest Tuberculosis (TB) rate in England and one of the highest recorded levels of diabetes in the country.
- Around 75% of adults report very low levels of physical activity and only 40% of residents report that they eat the recommended minimum levels of 5 pieces of fruit or vegetables every day.
- Newham has the second worst one year survival rate for cancer - impacted by late presentation and late referral.
- Newham has high HIV prevalence and the Health Protection Agency suggested 26% of people with HIV do not have a diagnosis. 1/3 are diagnosed late.
- Newham has the highest proportion of housing classified as overcrowding in London.
- Recorded prevalence of serious mental illness is higher than the national average reflecting factors such as homelessness and substance misuse.
**Context: The health needs of our population**

**WALTHAM FOREST** is a diverse borough with 48% of residents from a minority ethnic background. The current population of Waltham Forest is estimated to be 268,000 and is expected to grow by 32,500 by 2021. The largest population growth will be in those under 20 and over 50, signaling an increase in chronic diseases. Whipps Cross hospital provides a full range of services to residents of Waltham Forest although 28% of activity is from Redbridge. For Whipps Cross specifically, there is significant growth in the proportion of people over the age of 61, which is anticipated will be greater than in the other East London boroughs. Patients admitted to Whipps Cross are more likely to be over 80 years old and more likely to have dementia than patients admitted to Newham University Hospital or the Royal London Hospital. This brings considerable challenge when considering the provision of health and care services. Life expectancy in Waltham Forest is similar to the England average – 79.4 years for men and 83.8 years for women. Deprivation has increased in Waltham Forest, both relatively (i.e. compared to other boroughs) and absolutely. The local determinants of health needs and life expectancy include:

### Maternity and early years
- 30.4% of children live in poverty
- 22% of the population are aged 0-15
- 4% of all live births have a low birth weight, higher than the London and national average
- Waltham Forest has the second highest rate per 1,000 of congenital and genetic birth disorders in London

### Children and young people (CYP)
- The borough has high levels of child obesity – 23.5% of children in year 6 are obese and 11.3% in reception year
- Despite a large reduction in teenage pregnancy rates over the last few years, they remain high
- Self harm related emergency admissions amongst under 19s are higher than in London
- Inpatient admissions of >3 day duration for CYP aged 0 to 17 for mental health disorders is higher than in London and England.
- Percentage with special educational needs in schools is higher than London and England average.
- Waltham Forest ranked 15th highest out of all local authorities for rates of sexually transmitted infections in 2012

### Adults
- 20% of residents are risk drinkers and hospital admissions are growing admissions for men significantly higher than London and England.
- Around 21% of the population smoke and smoking attributable hospital admissions are amongst the highest in the country. Use of stop smoking services is declining.
- Admission to hospital for falls remains significantly higher in Waltham Forest than in London and comparator boroughs.
- There are on average 87 excess winter deaths per year within the borough, above the London and national average.
- The borough has a higher prevalence of coronary heart disease (CHD) than other boroughs. 6% of the population are estimated to have CHD although GP registers record around 2% highlighting the levels of those undiagnosed. The increase in BME population is important as these groups are more at risk of CHD.
- Waltham Forest has high numbers of drug users with Hepatitis C Virus, with over 50% of intravenous drug users injecting in 2012 Hepatitis C positive
- Cases of TB is high and rising and is often diagnosed late.
- 47% of patients with HIV are deemed to be diagnosed late which leads to lower life expectancy, potential for more serious illness during the course of the illness and a higher need for health and social care services.
- 14.6% of deaths are attributed to diabetes higher than the national average. An estimated 6500 are estimated to be undiagnosed.
- Incidence of cancer has risen and mortality is higher that the national picture. The poor 5 year survival is attribute to poor awareness of signs and symptoms in some population segments.
Since its creation in 2012, Barts Health itself has faced a number of challenges which it is important to recognise and understand in order to set the context for our future strategy. These challenges include:

- Challenges with the quality of care provided to our patients, which has too often in the past fallen short of the high standards we aspire to. This led in 2015 to the trust being rated ‘Inadequate’ by the Care Quality Commission following challenging inspections at Whipps Cross, Newham and the Royal London hospitals and being placed into ‘special measures’ for the quality of services.

- A growing financial challenge with the trust recording a significant deficit in each of the past three years, with a deficit of £137m in 2015/16. This led to the trust being placed in financial special measures in Summer 2016 and beginning a process of intensive financial recovery.

- Difficulties in meeting constitutional access standards, including the 4-hour A&E waiting time and 18-week Referral to Treatment standard. The trust suspended reporting against the RTT standard in 2014 as a result of data quality issues and has since been working to validate backlog data.

In the past 12 months, however, the trust has begun to make important progress in addressing these different challenges, including:

- Achieving significantly improved CQC ratings at Whipps Cross, Royal London and Newham following re-inspection, including ‘Requires Improvement’ ratings for Newham and the Royal London, and greatly improved staff and patient survey results for 2016.

- Remaining on track with our ambitious financial recovery and receiving our full Sustainability and Transformation Fund allocation for 2016/17 in recognition of the successful achievement of our financial control total.

- Achieving all national cancer waiting time and diagnostics standards and setting a trajectory for returning to reporting against the RTT standard.

- Achieving external recognition for the high quality of our stroke, trauma, cardiovascular, cancer, maternity and orthopaedics services, and

- Introducing a new Leadership Operating Model to improve our operational management at site level, which has underpinned many of these changes.

Sustaining and building on these improvements is a crucial foundation for our longer-term development and for this strategy.
Alongside our clinical, operational and financial challenges, the trust’s workforce and infrastructure sets important context for our future strategy:

- Historically, parts of the trust have experienced challenges with recruiting and retaining staff, which has in turn driven high levels of spending on temporary staff. Huge strides have been made in the last two years in increasing the number of permanent staff, reducing temporary staffing costs and improving staff engagement, wellbeing and morale. Our 16,000 staff are the heart of our organisation and so continuing to develop and improve our workforce is a crucial element of our future strategy.

- The trust has two major new hospitals at the Royal London in Whitechapel and St Bartholomew’s in Smithfield, developed under the Private Finance Initiative. Both sites provide world-class facilities for a wide range of local and specialised services but the scale of the developments means the trust has very substantial on-going financial commitments which represent one of the drivers for our financial challenges.

- Whipps Cross is a well-loved hospital which has made great improvements in the quality of care over the past year, but large parts of the Whipps Cross estate are now 100 years old and this creates significant challenges to the delivery of modern healthcare. In spite of recent investment in theatres, end of life care and critical care facilities, Whipps Cross has one of the largest backlog maintenance bills in the NHS and the site is not sustainable in the long term.

- Facilities at Newham hospital are relatively modern but there is significant pressure on capacity at the site as a result of rising demographic pressures and there is a need to make better use of the Gateway Surgical Centre which is part of the Newham site. Mile End hospital is an important site for the provision of community, mental health, diagnostics and outpatients services but a clearer future vision, shared with our partners, is needed for the site to ensure that the best use is made of this key asset.

- The trust has a reasonable effective patient administration system in Cerner Millennium, but does not yet make full use of the potential of this and other ICT systems to maximise efficiency and improve patient experience. The trust has recently invested significantly in IT hardware, particularly at Whipps Cross, but large parts of the trust’s ICT infrastructure remain in need of investment.

Our organisational strategy is about getting the best from our people and our infrastructure in order to enable improvements in our services for patients.
Structure of our strategy

This diagram captures the structure of our strategy which is reflected in the rest of this document and has four parts:

1. Our future vision for Barts Health
2. Our organisational values – what we value and how we aspire to behave
3. Our clinical strategy, organised in line with the focus of our Clinical Boards and our hospital sites
4. Our corporate enabling strategies, which will help us to deliver our clinical strategy and realise our vision

13
This strategy has largely been developed through our clinical boards and networks by engaging with our staff and our Trust board. Some 700 clinicians joined workshops during 2016/17 to pull together themes and ideas. The result is a framework for what we want to achieve over the next five years.

The next stage is to widen the conversation to obtain more views from staff, patients, partners, the public and our stakeholders. It is through these conversations and by empowering our clinical boards that we will translate that framework into detailed plans.

These conversations will not be limited to our statutory commitments around consultation and engagement as we believe that by actively working with patients, the public and our partners on an ingoing basis will strengthen the development of our plans. However, should any plans emerge from this framework that constitute more substantial service change we are committed to fulfilling our statutory duties around consultation and engagement.
Part two: Vision, operating model and guiding concepts

This section describes:

• Our overall vision for the Barts Health group, enshrining our commitment to safe and compassionate care

• Our organisational values, developed with our staff, and the behaviours which underpin our values

• Our vision for the operating model for the Barts Health group, which our organisational strategy will help to put in place, and

• A small number of key guiding concepts which underpin our broader clinical and organisational strategy
Our vision: 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.
Our values and behaviours

Developed by and with our staff, our values and behaviours are a critical part of our overall strategy:

Welcoming
Introduce yourself by saying “Hello, my name is ...”
Smile and acknowledge the other person(s) presence
Treat others as you would wish others to treat you
Ensure the environment is safe and pleasant for our patients, our colleagues and our visitors

Engaging
Get involved in making improvements and bring others with you
Encourage feedback from patients and colleagues and respond to it
Use feedback to make improvements, and empower colleagues to do this without needing to seek permission
Appreciate that this may be a new experience for patients and colleagues; help them to become comfortable
Acknowledge efforts and successes; say thank you

Collaborative
Give time and energy to developing relationships within and outside own team
Demonstrate pride in Team Barts Health
Respect and utilise the expertise of colleagues
Know your own and others’ part in the plan

Accountable
Always strive for the highest possible standard
Fulfil all commitments made to colleagues, supervisors, patients and customers
Admit mistakes, mis-judgments, or errors; immediately inform others when unable to meet a commitment; don’t be afraid to speak up to do the right thing
Do not pretend to have all the answers; actively seek out those who can help
Take personal responsibility for tough decisions and see efforts through to completion

Respectful
Be helpful, courteous and patient
Remain calm, measured and balanced in challenging situations
Show sensitivity to others’ needs and be aware of your own impact
Encourage others to talk openly and share their concerns

Equitable
Value the perspectives and contributions of all and that all backgrounds are respected
Recognise that individuals may have different strengths and needs, and that different cultures may impact how people think and behave. Be curious to find out
Work to enact policies, procedures and processes fairly
Be open to change and encourage open, honest conversation that helps foster an inclusive work and learning environment
Remember that we all have conscious and unconscious bias; get to know what yours are, and work to mitigate them
Our operating model: future vision for the Barts Health group

We have a clear vision of the group operating model for Barts Health, building on the Leadership Operating Model which is already in place:

1. Barts Health Group HQ
2. Hospital Sites
   - St. Barts
   - Newham
   - Royal London & Mile End
   - Whipps Cross
3. Clinical Boards
   - Cancer
   - Cardiovascular
   - Children’s Health
   - Emergency
   - Medical
   - Surgery
   - Women’s
4. Support Services
   - Workforce services
   - Estates & Facilities
   - ICT
   - Financial services
   - Business Intelligence

Clinical Strategy and Standards

Clinical and Corporate Support
1. The **Group Headquarters** is responsible for overall group strategy, planning and oversight of the other components of the group: the sites, networks and support services. The role of the HQ includes strategic planning, capital investment planning, analytics and performance reporting. The HQ also has responsibility for ensuring effective governance across the group and for acquisition and divestment decisions. The Group HQ is governed by the trust board and led by the Group Executive and the trust Chief Executive.

2. The **hospital sites** are the core operational units within the group structure and are responsible for the oversight and delivery of clinical services at each site or sites, as well as any network services provided at other sites. The role of the sites includes operational management, clinical improvement and governance, and financial and budget management. The bulk of the group’s staff and resources are managed by the hospital sites and the core responsibility for delivering safe, effective and efficient services sits with the sites. The sites are led by the site Managing Directors, supported by the site leadership teams and governed by the site Management Boards.

3. The **clinical networks** bring together multidisciplinary clinicians and other leaders from across the group in each of the designated clinical areas. The core role of clinical networks is to set the overall strategy for the group for their clinical area and to understand and address variations in standards within the group and between the group and its peers. In doing so, the clinical networks will work closely with the hospital sites and also with the broader health system, providing leadership across the STP footprint and beyond. Each clinical networks is led by a Clinical Network Director and the 30 clinical networks support eight over-arching Clinical Boards.

4. The **support services** comprise functions which operate across the group and provide clinical and non-clinical support predominantly to the hospital sites but also the group HQ and clinical networks. The services include clinical support services (e.g. pathology, pharmacy production) and non-clinical support services (e.g. recruitment, payroll and ICT). The support services may also offer services to organisations outside the Barts group. Each support service has a designated lead director and clear governance, reporting and oversight arrangements.
Our partnerships

As an organisation, we operating within a number of different systems, often complex and overlapping. Our ability to develop strong and effective partnerships with a range of different organisations is therefore critical to our future success. Those partnerships include:

- With our commissioners, both local and specialised, to joint plan, redesign and develop our services and to address the significant demographic, public health and health inequalities challenges that affect East London,

- With other providers in Northeast London to work together across key clinical services areas, including emergency care, maternity, elective and specialised services. This may include developing deeper partnerships in particular service areas such as neurosciences, renal and pathology. We also need to work closely with our local primary and community care providers on the development of out of hospital systems and the redesign of patient pathways,

- With other providers across London and nationally where we need to work in partnership to deliver and improve our specialised services. This includes our important partnership with UCLH on cancer services, with the Royal Free on renal services and with Great Ormond Street for specialised children’s services. These partnerships are also great sources of opportunity for collaboration on academic and innovation activities,

- With our academic partners, particularly Queen Mary University London, to develop our ambitions for life sciences at Whitechapel, the expansion of our joint cardiovascular Biomedical Research Centre, and our broader ambition to strengthen and expand our academic activities,

- With charitable organisations, including the Barts Charity which provides invaluable support to our research, infrastructure and innovation ambitions, and with Macmillan cancer support who have generously support a range of activities to improve outcomes and experience for our cancer patients, and

- With the wide range of organisations that support our work, including UCL Partners on quality improvement, the King’s Fund on patient collaboration and the team that supports our Listening into Action work.

Our future success relies on our ability to create these successfully and mutually beneficial partnerships across all areas of our work.
Guiding concepts (1)

A small number of ‘guiding concepts’ underpin the thinking within our clinical strategy:

1. **Shifting care upstream** – the long-term sustainability of Barts Health and the system around it requires us to rethink and redesign the way that the health and wellbeing system works and what it prioritises. We need to take every opportunity to move care and support upstream: prioritising prevention, moving care closer to home, and ensuring that our valuable hospital resources are available for those who need them. To do this we need to empower our patients, to join up primary, community and hospital services, and to make better use of technology to redesign care. This fundamental and systemic shift underpins our Transforming Services Together programme and we believe that Barts Health can lead on making this happen.

2. **Developing accountable care** – in order to create the conditions for this shift to take place and the pace and scale required, we will need to think differently about service models, organisational forms, contracts and payment systems. Our service models will need to become more integrated, better co-ordinated, more patient-centred and better able to use technology. The way different organisations work together will need to be more collaborative with patients’ needs coming ahead of organisational needs. The way we measure success will need to change, focusing on outcomes rather than processes and inputs. And the way we contract and pay for care will need to adapt with greater use of patient segmentation, capitation and shared contracting arrangements. Our ambition is to lead with our partners in shaping these new accountable care systems.

3. **Developing our group model** – alongside this, Barts Health will need an organisational operating model best adapted to the scale and complexity of our business. Building on our existing model, we will develop a group hospital model that combines excellent local operational leadership at our hospital sites, with appropriate standardisation of both clinical and non-clinical practices. Our model will ensure that each area of our business is run effectively while reaping the substantial benefits of scale, both for clinical quality and value for money. The opportunities both to improve clinical resilience and to rapidly spread best practice across a wide area can both be realised through the effective operation of this group model.

4. **Clinical and academic integration** – we know that there is a strong positive correlation between numbers of patients in clinical trials and clinical outcomes, and at Barts Health we have huge opportunities to increase integration between our clinical, research and innovation activities. We can build on existing clinical and academic strengths in areas such as cardiovascular and trauma to develop wider and deeper integration between research and clinical services delivery. There is a particular opportunity at the Royal London in the context of the life sciences development but there are also emerging opportunities at Whipps Cross and Newham, in areas such as diabetes, maternity and older people’s services. Our ability to collaborate effectively with academic and industry partners will be crucial to this ambition.
5. **Localise where possible, centralise where necessary** – we need to build on the strengths of both our local services and our highly specialised services, and to get the right balance between ensuring our population has access locally to as many services as possible, while ensuring we achieve the benefits to patient outcomes of consolidating services where there is a strong clinical case for this. Over recent years, national processes have been put in place to consolidate cardiovascular, trauma, stroke and some cancer services, with significant improvement in patient care as a result. Barts Health has the opportunity to combine the creation of centres of excellence for these highly specialised services, with the ability to share learning and best practices and to create joined-up pathways across all of our hospitals. It is critical going forward that we strike the right balance between local accessibility and concentration of expertise and Barts Health is well placed to manage this process across our sites.

6. ** Developing our people** – the scale and diversity of our services make Barts Health a unique place to work and allow us to offer great development opportunities for both clinical and non-clinical staff. Historically, we have had challenges with recruiting and retaining a motivated workforce across the trust and so it is crucial to our future ambitions that we are able to offer more rewarding and developmental roles across all of our sites. The great improvements in our recent staff survey results show the progress we have made on this, but there is much further we can go to make Barts Health an employer of choice for NHS staff and for people across East London.

7. **Our wider contribution** – our hospitals are critical institutions within East London and we see the role of the trust as wider than the provision of high quality health services and the improvement of public health. As well as being a great employer for our 16,000 staff, we can contribute to wider employment opportunities through our redevelopment programmes at Whitechapel and Whipps Cross, and to the broadening of employment opportunities through the apprenticeship levy. Through our academic partnerships we can also make an important contribution to public education and understanding of healthcare science, and through our work on sustainability to a healthier environment for both our patients and our wider population.

While our primary role will always be as a healthcare provider, our ambition is for Barts Health to make a wider and highly positive contribution to the development of East London.

These guiding concepts help to shape the rest of our clinical and organisational strategy and provide points of reference for our more detailed thinking.
This section provides an overview of our future clinical strategy, building on work led by our clinical networks. It covers:

- How we have developed our clinical strategy to date, led by our clinical networks and clinical Boards

- The five over-arching themes which shape our clinical strategy and examples of how each theme will be realised across our clinical areas

- A summary of our clinical strategy for each of our Clinical Board areas – Cardiovascular; Cancer; Women’s Health; Children’s Health; Surgery; Medicine, and Emergency Care, and

- A summary of our clinical strategy for each of our main hospital sites: St Bartholomew’s, Whipps Cross, Newham, Mile End and the Royal London.
Developing the clinical strategy

Over the past twelve months we have been developing our clinical boards and their supporting clinical networks to play a critical role in the operating model of our hospital group. These clinical groups provide a permanent and embedded source of clinical leadership and engagement which is unique to Barts Health.

One key role of the clinical networks and clinical Boards is to set future clinical strategy for their area, working closely with our site leadership teams and wider stakeholders. In many cases, there is an overlap between the leadership of our sites and clinical networks but it is important in setting strategy that we take a trust-wide view.

Another role of our clinical groups is to encourage innovation but also identify unwarranted variation. It is crucial that best practice is applied across our services and our clinical Boards are well placed to make decisions about which clinical processes will optimise of quality and efficiency of patient care.

In addition, our clinical networks help to guide our research programme and our education and training activity. Close and effective working between our clinical networks and sites will be crucial to the future success of our operating model.

Our Boards and networks have been working over recent months to develop the thinking that underpins this strategy and the many examples of what we aspire to achieve are drawn from that work and from a range of existing and ongoing developments and innovations within the trust. The work has been steered by the trust Clinical Academic Strategy Board and regular discussions have also taken place with the trust board on the vision, values and themes underpinning the strategy.

The diagram on the next page shows the current configuration of our Clinical Boards, clinical networks and other supporting structures such as the cancer tumour groups.
Our clinical boards and networks

The diagram below sets out the eight clinical boards and their supporting networks or corresponding groups:
## Themes of our clinical strategy

We have identified five core themes which underpin and unify the different elements of our clinical strategy and which express the different things we need to achieve in order for our vision to become a reality.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical and academic excellence</td>
<td>We will pursue the highest standards for all of our services on all of our sites – this commitment to high quality patient care is our core ambition. In a smaller number of areas, we will build on our existing clinical and research strengths to develop centres of clinical and academic excellence. We also need to develop new sources of strength consistent with our population needs and our ambition to be a major life sciences hub.</td>
</tr>
<tr>
<td>2. Reducing variation and improving productivity</td>
<td>We must realise the many opportunities to reduce variation between the trust and its peers and between sites within the trust in order to improve quality and productivity of services. Bearing down on unwarranted variation in quality, outcomes and cost will support the trust’s financial recovery as well as our ambition for providing the highest quality care.</td>
</tr>
<tr>
<td>3. Meeting the needs of our whole population</td>
<td>We have a large, growing, diverse and changing patient population. It is therefore crucial that we ensure our services meet the needs of our whole population with equity of access and outcomes and tailoring of our services to the needs of particular patient groups. The great diversity of our patient population is a huge source of strength and one of the key drivers of the trust’s life sciences opportunity.</td>
</tr>
<tr>
<td>4. Networking service to improve standards</td>
<td>We need to develop networks of services within the trust and across Northeast London and beyond to drive higher standards and more efficient care. Joining up patient pathways, sharing resources and spreading best practice within and beyond the trust will be a key mechanism for driving higher standards.</td>
</tr>
<tr>
<td>5. Prevention and pathway redesign</td>
<td>We need to change the way many of our services operate in order to prioritise prevention, empower our patients and integrate primary, community and secondary care. Giving patients more control and creating more integrated pathways of care will be crucial to managing growing demand, improving patient experience and ensure our health system can live within its means in the longer term.</td>
</tr>
</tbody>
</table>
Theme 1: clinical and academic excellence – existing strengths

As an organisation with amongst the lowest mortality rates in the country and a newly designated Biomedical Research Centre, we have considerable clinical and academic strength on which to build. Existing strengths where we need to develop further include:

- **Cardiovascular disease** – the Barts Heart Centre is one of the world’s leading centres for cardiology and cardiac surgery, and research and innovation in the treatment of cardiovascular disease is central to our Biomedical Research Centre designation, developed in partnership with Queen Mary University London. The Heart Centre aspires to save 1,000 lives per year through treatment and prevention of cardiovascular disease, providing 7-day services, establishing an Advanced Resuscitation Centre and developing our heart rhythm, aorto-vascular, GUCH and ECMO services.

- **Cancer services** - the treatment and prevention of cancer is a major priority for the trust. The surgical services at our Royal London, Whipps Cross and St Bart’s sites and the chemotherapy and radiotherapy services at the Barts Cancer Centre help to ensure the best treatment for our whole population, while the Barts Cancer Institute is a Cancer Research UK Centre of Excellence. Within cancer services, our particular clinical and academic priorities are breast, lung, renal, bladder, pancreatic and haematological disease.

- **Trauma services** – the Royal London hospital as one of the country’s lead Major Trauma Centres, achieving outstanding outcomes and commended by the Care Quality Commission. Our trauma services are home to a range of clinical innovations, such as the life-saving REBOA technique, and a major centre for education, training and research. Our unique strength in trauma provision is a key element of the Whitechapel life sciences development.

- **Renal and diabetes services** – through the Barts Kidney Institute centred at the Royal London hospital, our renal services offer high standards of care and are a major source of innovation, training and research activity. Our diabetes services at Newham, Whipps Cross and the Royal London are vital to meeting the demands of our population and a related area of clinical and academic strength. The combination of our demographic and clinical strengths makes the trust an ideal centre for the study of diabetic kidney disease and gestational diabetes.

- **Neurosciences and stroke services** – as a hyper-acute stroke unit, the Royal London hospital provides high quality stroke care alongside its strengths in neurology and neurosurgery. Our ambition is to provide a cohesive and unified neuroscience service across NE London in collaboration with our partners, sharing services and aligning clinical strategies.

- **Critical care** – both the Royal London and St Bart’s site are major providers for critical care services, including paediatric intensive care at the Royal London. The ‘Outstanding’ rating received by our Royal London services from the CQC demonstrates the strength of this service area.
Theme 1: clinical and academic excellence – developing strengths

In order to meet the future needs of our population and develop a strong culture of clinical and academic joint working across the whole of Barts Health, we have identified a number of areas where we want to develop key services:

• **Older people’s services** - as part of the redevelopment of the site, we want to make Whipps Cross hospital a centre of excellence for the care and wellbeing of older people. The older population in Waltham Forest and Redbridge and the opportunity to co-locate acute, community and health and wellbeing services on a redeveloped Whipps Cross site make this a key opportunity to foster a new area of clinical and academic strength for the trust. This links with our ambition to develop dedicated frailty units on all of our hospital sites and a chair in geriatric medicine.

• **Elective orthopaedics** – building on the strength of our trauma services at the Royal London and the strong reputation of the Barts Health Orthopaedic Centre at Newham, we want to develop and improve our orthopaedics services in order to address long waiting times for treatment. Making the best use our existing elective capacity at Newham and then creating the additional capacity needed to meet demand are our key priorities, along with the development of academic opportunities, including a chair in orthopaedic surgery.

• **Maternity services** – our maternity services at Newham, Whipps Cross and the Royal London are hugely important and we at the forefront of implementing the national *Better Births* programme to improve patient choice and experience. Our ambitious plan to offer many more patients the chance to give birth in midwife-led setting and at home is crucial to both the quality of care and to meeting future demand.

• **Children’s services** – the Royal London is a major centre for children’s services and we want to strengthen the reputation and profile of our children’s services here, at Whipps Cross, and at Newham where the brand new Rainbow Centre has recently been completed. Working with Great Ormond Street, we have the opportunity to develop a greater range of specialised services at the Royal London, including an expanded paediatric intensive care unit.

• **Integrated Care** – through the Tower Hamlets Together vanguard programme, we have developed an innovative new model of out of hospital care in partnership with East London FT and the Tower Hamlets GP Care Group. We see this a blueprint for our other sites and it builds on the strength of our shared information and research systems across primary and secondary care and the role of the Clinical Effectiveness Group.

• **Life sciences** – underpinning a number of key existing and developing strengths, our Whitechapel life sciences initiative is a key priority for the trust and will offer opportunities for rapidly developing our clinical and academic strengths in trauma, population health, metabolic diseases and inflammation.
Theme 2: reducing variation and improving productivity

Our clinical strategy must drive improvements in standards and, where possible, reductions in costs across our clinical services. This is crucial to our long-term sustainability as an organisation and to the financial health of the trust and the wider health system. Our key priorities include:

- Spreading best practice in clinical safety across Barts Health through our award-winning implementation of National Safety Standards for Invasive Procedures (NatSSIPs), with the aim of reducing patient safety incidents and Never Events within our surgical services.

- Using the outcomes from the Getting It Right First Time (GIRFT) programme to drive reductions in variation and cost across each of our clinical specialties. Our first priority areas are orthopaedics, vascular surgery and general surgery where opportunities to reduce variation have already been identified, followed by urology, ENT and neurosurgery. Opportunities include higher theatre productivity, reduced complication rates and lower costs for devices and implants. As the GIRFT programme holds the mirror up to more of our surgical and medical specialties, our clinical networks will have a key role in driving the improvements identified to improve quality and productivity.

- Reducing length of stay on all of our sites, but particularly Royal London and Whipps Cross, including by working with commissioners and social care partners to improve our discharge processes. We have identified particular opportunities to reduce length of stay in trauma, older people’s, orthopaedics and urology services.

- Improving patient flow through our urgent and emergency care services and our inpatient services. Our acute medicine strategy identifies the expansion of ambulatory care services at Newham, Whipps Cross and the Royal London as a key priority for improving efficiency and patient experience, and this sits alongside our work with commissioners to ensure patients access the right urgent and emergency services and the spread of the SAFER initiative to improve flow across our inpatient wards.

- Within our cancer services, there is a need to ensure a common standard of provision across all of our sites, so we are prioritising the implementation of an acute oncology service at Newham and Whipps Cross and a common approach to the Recovery Package to improve patient experience.

- Improving the standard of end of life care services across our sites is another key priority with the potential to greatly improve care and reduce unnecessary use of hospital beds. We are investing in our staffing across end of life care while our commissioners are investing in out of hospital provision.
Theme 3: meeting the needs of our whole population - overview

The great diversity of our local population is a huge source of strength and opportunity – our catchment area includes some of the most ethnically diverse boroughs in the country, and our population is also growing rapidly. It is vital and consistent with our value of Equity that our services reflect and adapt to the needs of our local population:

- The trust’s **Equalities and Inclusion board** is leading on our approach to ensure equitable access and outcomes for our patients. A wide-ranging dashboard of measures is being created to support us in better understanding how outcomes, patient experience and access to care vary for our patients depending on their gender, ethnicity, religion and other protected characteristics. This important analysis will help us to understand variation and address inequity within our services.

- Our award-winning **sexual health services** are leading the way on ensuring equity of access and tailoring services to our whole population. New and innovative services have been developed for women and men who have experienced sexual violence through the My Body Back and Clinic 26 clinics. We are pioneering translational research for automated web-based clinical services for patients with sexually transmitted infections increasing access and reducing onwards infection.

- The **East London Genes and Health** programme, in partnership with Queen Mary University, is a long-term genetic study seeking to improve the health of our population, focusing on the Bangladeshi and South Asian community. Drawing on our strong research base, our shared electronic records system across primary and secondary care and the diversity of our patient population, the programme exemplifies the unique opportunities available at Whitechapel and which underpin our ambition for life sciences.

- Improving cultural competence in order to ensure our service meet the needs of our whole population is a particular priority for our **maternity services**, given the importance of patient choice, and for our **renal and diabetes services**, where there are great opportunities to improve self-management by our patients. Our **trauma** services are developing ‘silver trauma’ provision to adapt to the ageing trauma population.

- The **IWantGreatCare** patient feedback system gives us real-time electronic feedback from patients, allowing us to much better understand how well our services are meeting patients’ needs. This will support the trust in tailoring our services to all of our patient groups and responding more quickly to patient feedback.
Theme 3: meeting the needs of our whole population – initial insights

Health inequalities are differences in health between different population groups. We know that there are a number of variances for the patients we serve. Work is underway to consider how we meet the needs of our population and effectively provide equitable care in relation to access, experience, safety and outcomes.

Early insights include:
- A higher than average caesarean section rate in Newham and potential differences between some patient populations
- Screening uptake is less for some patient groups than others e.g. possible differences between men and women accessing cardiac screening
- Cancer stage at presentation is variable between ethnic groups and patient cohorts
- Patients with learning disabilities have been reported have a longer length of stay in some areas
- Identifying and diagnosing patients with dementia and delirium can be variable this is reflected in the numbers of patients with a diagnosis recorded. Absence of a diagnosis can affect patient outcomes including the potential impact of access to advocacy
**Theme 4: networking services to improve standards**

One of the strengths of Barts Health is its sheer scale and breadth of services – by using our cross-site clinical networks, this allows us to spread good practice quickly and ensure all of our sites benefit from our areas of clinical excellence. We also recognise and value our relationships with our partners across Northeast London and beyond, and the future development of many of our services will be taken forward in partnerships which extend beyond Barts Health. Examples of the emerging and potential benefits from this approach include:

- **Our trauma strategy** outlines our ambition to create ‘super trauma units’ at Whipps Cross and Newham hospitals, using the strengths of the Royal London Major Trauma Centre to provide support and improve skills at our other sides and to raise standards across the trust.

- The development of **surgical hubs** across the trust seeks to create concentrated centres of surgical excellence on each site within particular specialties, whilst ensuring each site has the core surgical services required to support its emergency services. Potential benefits include better patient outcomes and lower lengths of stay. The opportunity to concentrate some services on each site within the context of a single network of surgical services shows the opportunities offered by the scale and reach of Barts Health.

- In **neurosciences**, our hub at the Royal London can support and raise standards at our other sites, while our partnership with Barking, Havering and Redbridge University Hospitals will develop shared clinical services for all neurosurgical disciplines, and take advantage of joint working opportunities across neurosciences.

- Our perinatal network is supporting improvements across the trust and spreading best practice in **maternity services** from our ‘Good’ rated Whipps Cross site to Newham and the Royal London hospitals. The network is also leading on a common approach to improving choice and continuity of care as part of our trust-wide ambition to increase utilisation of non-obstetric settings.

- For **cardiovascular services**, the Barts Health Centre provides satellite services at our other sites, ensuring that the benefits from the concentration of skills and expertise at St Bart’s is spread across the whole of the trust. The development of our acute oncology service will help to ensure a similar approach for cancer care.

- Within **renal services**, our major centre at the Royal London is in the processes of spreading its innovative new e-CKD service across Northeast London, while our emerging partnership with the Royal Free hospital will allow us to join up care and improve standards across an even wider area.
Theme 5: prevention and pathway redesign

A fundamental challenge for health systems across the world is to shift more care upstream – supporting patients to manage their own health, moving services closer to home, and ensure valuable hospital capacity is used for patients that truly need it. For Barts Health and the wider Northeast London system to live within its means and manage rising demand, it is vital that embrace and lead on this challenge – redesigning pathways and thinking radically about our model of care. Equally, we need to work with our partners to ensure these necessary changes are managed in a way that does not create undue financial risk or leave unused capacity within our hospitals. Our priorities in this area include:

- **Redesigning outpatient services**, as part of our shared Transforming Services Together programme with local commissioners. We want to create much more responsive outpatients services, providing faster advice to patients and GPs and using technology to deliver more of our service remotely. This will improve patient experience, help to address our long waiting lists, and ultimately reduce system costs. Work is underway in a number of service areas, including gastro-enterology, paediatrics, haematology, dermatology and diabetes care.

- Our **renal services** have led the way in re-thinking the relationship between primary and secondary care, through the virtual kidney clinic, which allows our specialist to provide rapid advice to GPs electronically, speeding up access and often avoiding the need for patients to travel to hospital. Our **musculoskeletal collaborative** in Newham is pioneering a different approach to redesigning pathways through the creation of an enhanced community triage service, ensuring more patients can access physiotherapy and pain management, and reserving our hospital services for those that need them. Our **diabetes services** also have a strong track record of using technology and integrating between primary and secondary care to improve services.

- The challenge for our highly specialised services is to ensure that they too can embrace a new way of working, and our **cardiovascular strategy** makes prevention and early detection of disease a key priority with innovative new service models being developed for heart failure and heart rhythm services to provide more support to primary care and improve demand management. Our **hepatology** strategy sets our corresponding ambitions for better managing demand for services by intervening earlier to prevent disease. **Neurosciences** will operate across seamless pathways in NE London and Essex.

- Within **pathology and imaging**, we are also taking on the challenge of reducing unnecessary activity through the shared Appropriate Diagnostics programme, which seeks to reduce the number of tests that are undertaken which have limited clinical value.

- The clear focus on prevention and patient empowerment within the **Tower Hamlets Together** vanguard programme shows how we can work in partnership with other providers and commissioners to create more integrated services which help to improve population health.
Cancer Strategy: Aims and key initiatives

**Overview**
Barts Health is the second largest provider of cancer services in London; our services are growing with a 25% increase in 2-week wait referrals in recent years. The St Barts Cancer Institute is a CRUK Centre of Excellence and has academic trial income in excess of £20m. Our future ambition is to provide outstanding specialist surgical care for colorectal, hepatobiliary, gynaecology, breast, lung and skin cancers, alongside our radiotherapy and haematologyoncology services at the St Bartholomew’s Cancer Centre. In line with the national cancer strategy, our key priorities include improving patient experience through implementation of the recovery package, joining up pathways of care and increasing diagnostic capacity. We will provide efficient and joined-up diagnostic services at Newham, Mile End and Whipps Cross, building on the innovative breast triple assessment unit at Whipps Cross.

<table>
<thead>
<tr>
<th>Key outcome goals</th>
<th>Key initiatives: service design and quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Improve 1 and 5 year survival by 10% over 5 years</td>
<td>- Redesign to key pathways, including breast, lung and colorectal</td>
</tr>
<tr>
<td>- 20% improvement of mortality within 30 days of chemotherapy</td>
<td>- Development of a Breast Centre at the St Bart’s site</td>
</tr>
<tr>
<td>- 75% of 2-week waiters to be seen within 1 week within 2 years</td>
<td>- Focus on prevention and screening through the East London Cancer Board, including development of cancer</td>
</tr>
<tr>
<td>- Maintain 62-day standard above 85% and continue to meet other access standards</td>
<td>- prevention clinic at the Barts site for gynaecology oncology patients</td>
</tr>
<tr>
<td>- 25% improvement in NPCES scores over 5 years, with 5% in year 1</td>
<td>- Develop centre for specialist abdomino pelvic cancer surgery at the Royal London, including robotic</td>
</tr>
<tr>
<td></td>
<td>- surgery for gynaecological and hepatobiliary and colorectal cancers</td>
</tr>
<tr>
<td></td>
<td>- Work within NCEL cancer vanguard to speed up diagnostics and improve patient experience, including</td>
</tr>
<tr>
<td></td>
<td>- significant expansion of diagnostic capacity at Mile End hospital</td>
</tr>
<tr>
<td></td>
<td>- Further develop clinical and academic opportunities through our CRUK Centre of Excellence</td>
</tr>
</tbody>
</table>

**Key initiatives: patient experience**
- Development of the Maggie’s Centre at St Bart’s to significantly improve care and experience
- Improve patient experience through consistent implementation of the recovery package and improvement to specialist nursing provision
- Development of an acute oncology service to improve patient care at all Barts Health sites
- Maintain performance on national standards, including 62 days, and speed up diagnostic access
Cardiovascular Strategy: Aims and key initiatives

Overview
Our cardiovascular services – based at the Barts Heart Centre with networked services across our other sites – are our greatest source of clinical and academic strength. St Bart’s provide a range of highly specialised cardiology, cardiac surgery and cardiac intervention services with ambitions to develop new and innovative offerings in areas such as ECMO, congenital heart disease and ventricular assist devices. We also intend to lead on improving patient pathways, integration with primary care and prevention of cardiovascular disease by re-shaping heart failure and heart rhythm services. Our strong academic partnership with Queen Mary University London is central to our joint Biomedical Research Centre focusing on cardiovascular disease.

Key outcome goals
- Reduction in premature death rate to England average could save up to 1000 lives per year
- Improvements in Heart Attack Centre throughput and outcomes
- Development of 7-day services to ensure equity of access and outcomes
- Increased research output in line with Biomedical Research Centre goals

Key initiatives: specialist cardiovascular hub
- Centre of excellence for adult congenital heart disease and national referral centre for rare inherited cardiac conditions
- Implementation of 7-day services across Barts Health & UCLH
- Utilising artificial heart technology to address the unmet need for heart transplants
- Cardiac thoracic robotic capacity to reduce length of stay and improve patient outcomes & experience
- Establishment of the Thorax Centre, offering a full range of respiratory medicine and thoracic surgery services at Heart rhythm centre 24/7 – direct access to specialist care vs. A+E
- Further develop our world-leading cardiovascular research activity, through our new Biomedical Research Centre designation, £10m charitable grants and successful bid to host the national cardiac audit function

Key initiatives: system leadership and pathway redesign
- Improving Community Heart Failure Services in NEL and NCL
- ‘ELOPE’ prevention programme across primary and secondary care in E London
- Primary and secondary care prevention – specialist clinics and outreach services
- Improving arrhythmia community services – appointment of consultant to lead stroke prevention in primary care
- Improving training and prescribing in GP and community pharmacies
- Networked services at Whipps Cross, Newham and the Royal London to spread best practice
# Children’s Health Strategy

## Overview
We provide acute children’s services at our Newham, Whipps Cross and Royal London sites along with adolescent congenital heart disease and other specialised services at St Bartholomew’s. The Royal London hospital is an important centre for specialised children’s services, including paediatric trauma and paediatric intensive care, and one of the largest children’s hospitals in the country and the trust also provides specialist community services for children in Tower Hamlets. Working across our sites to improve the quality of our children’s and adolescent services, to develop our specialist services at the Royal London and to ensure all of our services take account of the needs of children and young people is a critical element of our clinical strategy.

## Key outcome goals
- Reduced first outpatient appointments by 20% for general paediatrics through TST
- Achieve 100% adoption of national CYP standards
- Reduced admissions with more patients treated through ambulatory care (TBD)
- Compliance with suite of national acute care standards for children’s services
- Increased clinical trial access and participation for CYP

## Key initiatives: service improvement
- Redesigning pathways for children’s outpatients services in line with the broader changes envisaged in *Transforming Services Together*
- Ensuring services on all of our sites meet acute care standards for children’s services
- Creating paediatric ambulatory care services at Whipps Cross, Newham and the Royal London
- Developing our teenage and young adult services ensuring we have appropriate facilities across all of our sites and deliver best practice transition to adult services
- Improving our crucial relationship with Children and Adolescent Mental Health Services
- Maximising the benefits from the new Rainbow centre at Newham to improve flow and patient experience for children in our youngest borough
- Ensuring our engagement and feedback systems can respond to the needs of our children and young people, using systems such as IWantGreatCare

## Key initiatives: service development
- Potential expansion of paediatric intensive care services at the Royal London to reduce the number of patients sent out of area, subject to commissioning decisions
- Development of paediatric trauma services at the Royal London and paediatric oncology services at Newham, Royal London and Whipps Cross
- Development of paediatric surgical hubs with potential consolidation of complex ophthalmology and ENT at the Royal London and expansion of paediatric dental services at Newham
Clinical Support Services

Overview
Clinical support services – including pathology, pharmacy and imaging services – are a vital element of our clinical service provision. The Royal London is home to our hub for pathology and pharmacy production, including a range of specialised sub-disciplines, and we provide a range of imaging service across our sites, from X-ray and ultrasound through to more complex MRI, CT and PET-CT services. These services are critical to our ambitions for timely and effective provision across emergency and elective care and represent a source of clinical, academic and commercial strength in their own right.

Key outcome goals
- Maintain performance on key access standards such as 62-day cancer and 6-week diagnostics waits
- Reducing unnecessary pathology and imaging activity through the Appropriate Diagnostics programme in partnership with our commissioners

Key initiatives: pathology
- Development of the Royal London as a centre of excellence for pathology services, acting as a hub to our spokes at Newham, Whipps Cross and St Bart’s,
- Improving the efficiency of our pathology services through the implementation of a new managed equipment service and laboratory information system,
- Developing our specialist pathology services, for example by extending our role in genomic testing as part of the 100,000 genome programme, in partnership with Great Ormond Street hospital
- Developing our commercial offer to partners for pathology provision

Key initiatives: pharmacy
- Implementation of pharmacy transformation plan to increase the efficiency and effectiveness of our services, in line with the recommendations of the Carter review
- Development of our pharmacy production centre at the Royal London, including the development of commercial opportunities

Key initiatives: imaging
- Development of capacity in key growth areas such as interventional radiology and PET CT
- Investment in equipment to maintain compliance with key standards e.g. 6-week diagnostics standard
- Support for key service areas such as cancer services and overall RTT recovery process
### Key outcome goals

- Meet and maintain compliance with the A&E 4-hour standard
- Lower ambulance handover times and time taken to provide senior review
- Improve patient experience within our emergency services
- Increase ambulatory care provision to avoid up to 15% of current short-stay admissions
- Further improve trauma outcomes so that we top TARN and Boast 4 performance

### Key initiatives: core emergency services

- Improve medical staffing by increasing medical cover at the Whipps Cross site, seeking to recruit more permanent medical staff and improving networking between Newham, Royal London and Whipps Cross
- Increase medical, surgical and paediatric ambulatory care activity at all of our sites in order to improve patient experience, reduce admissions and improve patient flow
- Improve flow and care quality through our hospitals through implementation of the SAFER initiative
- Work with commissioners to make better use of urgent care centres and manage the unsustainable demands on our A&E units
- Support planning for the safe implementation of changes to the King George’s hospital A&E service, ensuring that our Newham and Whipps Cross sites are equipped to deal with increased demand

### Key initiatives: trauma and specialised emergency services

- Build on the outstanding reputation of the Royal London major trauma unit to further improve outcomes, training and research activities, making trauma a key focus of the Whitechapel life sciences initiative
- Creation of ‘After Trauma’ team to provide coordination, clinical support and early access to rehabilitation alongside the development of up-skilled super trauma units at Newham and Whipps Cross
- Potential development of a specialised burns unit at the Royal London, subject to commissioning decisions
- Improvement in rehabilitation capacity, including exploring virtual rehabilitation
- Continuing to improve outcomes and volumes at the Barts Heart Attack Centre and development of an Advanced Resuscitation Centre

---

**Overview** - All of our sites provide critical emergency services with major Accident & Emergency departments at Whipps Cross, Newham and the Royal London. The Royal London also provides major trauma services, with the most complex caseload and some of the best outcomes in the country, while St Bart’s is amongst the largest Heart Attack Centres in the NHS. Across all of our emergency services, our priority is timely access to high quality, specialised treatment. We also provide or support urgent care centres at our Whipps Cross, Newham and Royal London sites and an important priority is to improve the way we work with these services and with the wider out of hospital to system so that we can better managing the rising demand for A&E services.
Overview – our medical services cover a diverse range of specialties united by a common strategic goal – to rethink our pathways of care in order to provide more integrated and preventative care that helps us to improve quality and manage demand. We are already making this visions a reality through joined-up working with primary care in diabetes, new virtual clinics for kidney disease and the expansion of ambulatory care services to avoid unnecessary admissions across our emergency services. The goal for all our medical services is to lead this shift towards more integrated, responsive and effective services, creating the foundation for accountable care systems across our patch.

Key outcome goals

- Reduce first outpatient appointments for renal, hepatology, gastro, diabetes and dermatology within the TST Programme by 30%
- Reduce emergency admissions by 15% by 2021 with more patients treated through ambulatory care
- Improved outcomes for renal and diabetic patients with fewer complications in diabetes and lower dialysis and transplant uptake
- More patients supported to die at a place of their choice with a lower proportion of patients dying in hospital
- Increase dialysis home therapies to 10% of dialysis patient cohort
- Medical wards within upper quartile performance for l.o.s. and reduce ‘red’ days on speciality medical wards

Key initiatives

- Outpatient and pathway redesign as part of Transforming Services Together is moving forward in our diabetes, renal, dermatology, haematology, hepatology and gastroenterology services, building on examples from renal and musculoskeletal care to improve experience and reduce unnecessary activity
- Developing frailty units at Newham and the Royal London and developing the existing unit at Whipps Cross to provided dedicated support for older patients and avoid unnecessary admissions
- Joining up with primary care in respiratory services to improve screening, smoking cessation and prevention of COPD and tuberculosis
- Helping our sexual health and HIV services to move into new estates at Stratford and Whitechapel while continuing to provide innovative services, using technology to reduce face-to-face activity
- Developing diabetes services with integrated insulin pump and Type 1 diabetes services and development of specialist services for key diabetes complications
- Spreading our approach to early detection, prevention and joined-up care for kidney disease and developing an international centre for diabetic kidney disease
- Maintaining our highly regarded stroke services and creating a centre for thrombectomy at the Royal London, subject to commissioning decisions
- Investing in palliative care to support more patients to die at a place of their choice
- Developing rheumatology services by supporting our Lupus and Jorgen services, our strong academic partnership with QMUL for inflammatory arthritis and our Whipps Cross clinical trials unit
- Developing a more explicit hub and spoke model for hepatology services with a centre of excellence at the Royal London supporting our services at other sites
- Creating a seamless neuroscience community across NE London with clinical services coming together across organisations to provide the best care for our patients
## Overview

We provide surgical services at all of our main sites and offering excellent and efficient surgical and perioperative services is a key goal within this strategy. Newham, Whipps Cross and the Royal London all provide emergency services linked to our A&E provision, alongside elective and day case procedures across a range of specialties. Newham is a hub for high-volume orthopaedics at the Gateway Centre, the Royal London is a centre for complex surgery, including pelvic cancer, and a range of highly specialist surgical disciplines linked with our major trauma service. The St Bart’s site is our centre for cardiac and thoracic surgery and future centre for breast surgery. The surgical hubs initiative is developing proposals for the best distribution of surgical expertise across our sites so that each site has a dedicated emergency surgical service while some planned services are consolidated to improve outcomes.

### Key outcome goals

- Reducing length of stay by specialty in line with GIRFT findings
- Reducing readmissions and complication rates by specialty
- Improving theatre productivity on all sites
- Increase elective orthopaedic throughput at the Newham site

### Key initiatives: high quality, efficient services

- Addressing the findings of the Getting It Right First Time reviews that have already been undertaken within many of our surgical specialties and offer a range of opportunities to reduce lengths of stay, increase productivity, improve outcomes and reduce costs. Our priorities include orthopaedics, vascular surgery, general surgery, neurosurgery and urology spreading to all specialties over the next year,
- Improving theatre productivity and reducing non-pay costs through innovative procurement approaches such as our recently agreed contract for orthopaedic implants,
- Developing robotic surgery services for cancer surgery at the Royal London and for thoracic surgery at St Bart’s in order to improve efficiency and generate new research opportunities

### Key initiatives: service configuration

- Increase utilisation of the Newham Gateway Surgical Centre through significant shift of elective orthopaedic activity to the Newham site
- Development of centres for specialised thoracic surgery and breast surgery at the St Bart’s site
- Further development of trauma and cancer surgery services at the Royal London hospital with associated research opportunities
- Fuller development of plans for surgical hubs at Newham and Whipps Cross, identified specialties to consolidate on each site to optimally organise services and deliver consistency of emergency surgical provision, informed by appropriate stakeholder engagement
Overview
Our maternity, neonatal and gynaecology services are provided at the Newham, Whipps Cross and Royal London sites and are a key service area, particularly in light of our growing and diverse population. Newham and Whipps Cross both provide major maternity services with alongside midwife-led facilities, while the Royal London provides core maternity services alongside provision for more complex patients and the new Lotus midwife-led units. The trust also provides stand-alone midwife-led facilities linked to Newham and Royal London hospitals at our Barking and Barkantine birth centres. In line with the national Better Births strategy and Transforming Services Together, our key priorities are to increase choice, improve continuity of midwife care and to increase the number of patients giving birth in home and midwife-led settings. As well as improving patient care and experience, this approach is crucial to ensuring we can meet future demand pressures. The trust has the largest neonatal unit in London and the busiest neonatal transfer service nationally which covers the London region. The neonatal unit at RLH is one of the 2 hubs providing tertiary perinatal services for North East London and South Essex. The strategic priorities for neonates include the development of a new model for transitional care including outreach community support. For gynaecology, the redesign of outpatient pathways, development of ambulatory models, closer working with primary care and expansion of reproductive medicine are key priorities.

Key outcome goals
- Maintain low and further reduce caesarean section rates and incidence of perinatal mortality
- Increase proportion of midwife-led and home births to 35% (Newham), 30% (Whipps Cross) and 25% (Royal London)
- Main
- Development of a new model of care for transitional care babies including community outreach to reduce l.o.s. and improve quality of care
- Reduce length of stay and waiting time for gynaecology and increase ambulatory care volumes
- Implement a change to care settings for suite of gynaecological procedures

Key initiatives: perinatal services
- Increasing patient choice and continuity of carer with the goal of increasing the proportion of deliveries in midwifery led settings
- Investing in our estate at Whipps Cross hospital and in the longer term at Newham hospital to expand and improve our facilities
- Ensuring strong links with our standalone midwifery led units and increasing patient numbers at these centres
- Using mobile technology to support more flexible working for our community midwives
- Explore commercial opportunities including private ultrasound and fertility opportunities
- Developing maternal medicine, foetal medicine and interventional radiology hubs to meet the needs of women and babies with more complex conditions.
- To create a Level 4 Fetal Medicine Unit offering laser therapy for twins and fetal shunts.
- Maintain the Neonatal Transport Service
- Develop neonatal step down services RLH/WX and increase the volume of neonatal surgery at RLH.
- Increase preventive services, including treatment for diabetes in pregnancy, surveillance and, when appropriate, intervention for patients with preeclampsia.
- Developing an internationally recognised research group, e.g. through applications to NIHR for a Biomedical Research Unit or Global Health Research Group, and to WHO for Collaborating Centre in Women’s Health

Key initiatives: gynaecology services
- Increase ambulatory model provision for gynaecology, based on best practice tariff - will deliver productivity gains (Implement changes to care setting (IP→DC, DC→OP, OP→Primary Care)
- Develop models of care which avoid readmissions & reduce length of stay through the use of laparoscopic procedures
- Redesign our gynaecology outpatient service in order to achieve enhanced experience & efficiency
- Working with partners in primary care to support the management of low risk gynaec conditions
**Cross-cutting issues**

A small number of important cross-cutting issues underpin all of the different elements of our clinical strategy:

- The importance of ensuring **parity of esteem between mental and physical health needs**. While we are not a provider of dedicated mental health services, it is important that all of our services are able to respond to the mental health and wider psychological needs of our patients. This is particularly important for our emergency care services and for long-term conditions such as diabetes and cancer care. Our partnerships with East London FT and Northeast London FT are vital in this respect. We also need to pay attention to the psychological and emotional needs of our own staff and our programme of Schwartz round is one way that we have been able to take this forward.

- More widely, our **relationship with primary and community services** is critical to our success. Building strong relationship and clear and integrated patient pathways is crucial in all areas, but particularly in urgent and emergency care, outpatient redesign and children’s services. The development of primary care federations will help us to work more effectively across this key sector, while the creation of new provider partnerships such as those taking forward ambitious changes to community services in Tower Hamlets and musculoskeletal services in Newham shows how all providers will need to behave more collaboratively going forward.

- The need to systematically gather and act upon **patient feedback** is a priority for all of our services, and systems such as IWantGreatCare will allow us to get more specific and immediate information on what we are doing well and where we need to improve. It is important that all of our services have a culture of listening to our patients and acting on feedback. We are also looking at how we involve our patients and communities in the design of our services through a partnership with the King’s Fund to consider new models of patient collaboration. This will be important to underpin key programmes such as the redevelopment of Whipps Cross hospital.
Clinical information and technology

Barts Health currently uses both paper and digital clinical information systems. Admissions, handovers, discharges and referrals are documented in some clinical areas on paper. In other clinical areas, documentation is entirely digital in the Trust Cerner Millennium e-health record system (e.g. our emergency departments are all paperless). This leads to variation in the delivery of and inefficiencies in process. There is also a substantial clinical risk of information being overlooked as it may be recorded in two separate places. The Trust incurs around £8m per annum to support paper & cardboard records, and also £8m per annum for the Cerner Millennium system (7 year contract to 2022). Use of e-clinical noting (rather than on paper/cardboard) is growing consistently at c.10% per month for the last 18 months, and several inpatient wards and outpatient services have recently gone paperless (e.g. gastroenterology and geriatric medicine at RLH) showing that this can be achieved.

Digital health systems offer many advantages, including instant and simultaneous access to patient records; opportunities to share live information with primary and community care providers; data for operational management, clinical audit, research and quality improvement, and mechanisms for standardising clinical protocols for care delivery and management across the Trust (e.g. VTE assessment, End of Life care). The Trust has recently moved the Cerner Millennium database to a Cerner hosted datacentre, proving much more robust and reliable; integrated pathology into a single digital system across sites, interfaced with Cerner Millennium, and integrated radiology into a single digital system across sites.

Our short term strategy is to:
- provide adequate infrastructure to support paperless working. Many wards have insufficient wifi enabled workstations on wheels. WiFi and network infrastructure is not clinical grade in many areas.
- integrate Newham into the same Cerner Millennium system as other Barts Health sites (June 2017).
- optimise our use of Cerner Millennium, particularly medical staff documentation and nursing staff documentation.
- go paperless in outpatient services. Royal London and St Bartholomew’s Hospital Management Boards have this as a target for end 2017.

Our longer term strategy is:
- move from inpatient paper prescribing to e-prescribing in Cerner Millennium (roll out beginning 2018).
- realise the full benefits of data for live bed management, clinical audit, research, and clinical quality improvement.
- move to paperless digital healthcare at all hospital sites for both inpatients and outpatients.
- build on the Discovery programme with local CCGs, community health providers and acute Trusts to manage care and care outcomes at a population level, based on linked datasets.
Life sciences strategy

Barts Health has a unique opportunity, in partnership with Queen Mary University London, to develop a major life sciences campus at Whitechapel, alongside the Royal London hospital. The world-leading clinical services at the Royal London, along with the diversity of our population, research strengths of QMUL, and excellent transport links of the Whitechapel area combine to create a fantastic opportunity. Life sciences sits at the heart of the government’s new industrial strategy and offers a range of benefits to the trust, the local area and the wider economy: large numbers of new jobs, increased economic output, improved recruitment and retention of clinical staff, and better care for our patients.

The realisation of the life sciences opportunity is being taken forward through the Trust Whitechapel Development Programme which is considering how land owned by the trust adjacent to the Royal London hospital can be used to development a major life sciences centre alongside commercial, residential and other medical and charitable uses. Alongside the significant clinical and academic benefits from life sciences, the Programme has the potential to realise significant short and long-term commercial benefits to the trust.

Working with QMUL, the trust has identified a small number of key focus areas for our life sciences activity, drawing on our clinical and academic strengths and the scale and diversity of our patient population:

1. **Genetic Health - Population-scale genomics and deep phenotyping**: Longitudinal outcome studies from cradle to grave that are relevant to critical local and global health issues to act as a foundation for developing personalised medicine. Focus areas – Population Health, cancer and cell biology, inflammation obesity and metabolic disease; Enablers – Proximity to Tech city and access to 2.5m patient cohort

2. **Computational Biology - Digital health**: The use of remote bio-sensing, remote diagnostic interfaces with smart phones to keep people healthy and out of hospitals and primary care and in their own homes. The use of Big Data to study population and generate interventions to keep people well. Focus areas – population health including primary care and community care, mental health, care of the elderly, complex and long term conditions

3. **Bioengineering - Bio-Materials and devices**: The development of new materials products such as implantable and wearable devices, prosthetics Focus areas – Trauma, MSK, orthopaedics, critical care, imaging

4. **Mind in society - Understanding the societal context of health delivery**: Application of population-scale genomics to prevention and treatment of disease. Focus areas – population health including primary care and community care, mental health, screening, sexual health, maternal and child health
Site strategy: Newham

Site Overview - Newham University Hospital is a busy district general hospital serving a rapidly growing population. The site provides substantial emergency services, with a strong track record on emergency access, along with inpatient medical and surgical beds. Newham is the largest provider of maternity services within Barts Health, with almost 40% of our births taking place at this site. Combined with the diversity of the local population, this makes the site a natural hub for the treatment and study of gestational diabetes. Newham also provides elderly care, stroke and diabetes services, as well as a range of children’s services from the new Rainbow centre. The site is home to the Gateway Surgical Centre, a standalone elective centre which has been commended by the CQC for the quality of its care. Developing the Gateway centre as a hub for elective orthopaedic activity is an important strategic priority for the trust.

Site priorities and opportunities
- The Newham site faces particularly acute demand pressures as a result of high population growth. Along with the potential changes to King George’s hospital, this creates a need to consider increased capacity for emergency treatment, general beds and critical care provision at the site.
- Newham has a relatively short length of stay and strong performance against the 4-hour standard, showing the efficiency of patient flow at the site. Maintaining this in the face of rising pressures will require invest in increasing ambulatory care and redesigning urgent care centre activity.
- The Gateway Surgical Centre should become the Barts Health hub for elective orthopaedics. This will mean moving some services from the Centre to the main Newham site, potentially investing in the facilities at the Centre, and then increasing patient throughput in line with the GIRFT action plan.
- The wider surgical hubs programme offers an opportunity to concentrate colorectal services at Newham and increase general surgical cover, with more complex work moving to the Royal London subject to relevant engagement.
- Newham is leading on an innovative collaborative arrangement with community and primary care providers to redesign musculoskeletal pathways for patients. This approach can provide a foundation for wider collaboration between acute, community and primary care services.
- The site is a key centre for diabetes care and because of the diverse and youthful population of the area is a natural hub for gestational diabetes – our ambition is to create a research hub for diabetes in pregnancy at Newham.
- Linking with the Royal London site, the Newham site should provide a super trauma unit and a spoke service for neurosciences.
- Investment in acute oncology services and specialist nursing provision can help to support effective cancer services at Newham.
- Newham has been recognised for its success in delivering maternity choice and moving activity to non-obstetric settings. For the full potential of the site to be realised, further investment in midwife-led capacity is likely to be required.
- The new Rainbow Centre can act as a flexible hub for children’s services, including increasing paediatric ambulatory care.
Site Overview – the Royal London hospital in Whitechapel is the largest and most complex site within the Barts Health group, providing both a range of specialised tertiary services, and important local services for the population of Tower Hamlets. The site combines A&E, maternity, medical and elective surgical services with a world-leading major trauma centre, hyper-acute stroke unit, major intensive care unit and specialised neurosciences, renal and complex surgical services. The Royal London is also home to one of the largest children’s hospitals in London, providing specialised paediatric and paediatric intensive care services. The site has excellent new facilities as part of the trust’s major PFI scheme and the clinical strengths of the Royal London are a critical ingredient within the Whitechapel life sciences initiative. The Royal London site also oversees specialist community services as part of the Tower Hamlets Together vanguard programme.

Site priorities and opportunities
- Developing the site’s outstanding Major Trauma Centre in partnership with the London Air Ambulance and to provide support to our other sites
- Developing shared models for neurosciences and hyper-acute stroke services with partners across Northeast London
- A centre for complex surgery including trauma, orthopaedic trauma, neurosurgery, vascular surgery, general surgery, hepatobiliary surgery, pelvic cancer and complex dental and maxillofacial surgery, supported by the development of a multidisciplinary robotic surgery service
- Expanding our renal services hub and spreading our innovative virtual kidney clinic across Northeast London
- Increasing the profile of the Royal London Children’s hospital and expanding our paediatric intensive care and paediatric trauma services
- Working to reduce length of stay and improve the separation of emergency and elective streams in order to improve patient flow across the site and ensure we make best use of the Royal London estate
- As part of the Tower Hamlets Together vanguard, working with partners such as East London Foundation Trust and the Tower Hamlets GP Care Group to implement our integrated community services model as the foundation of a wider accountable care system
- Realising the site’s ambition to implement paperless outpatient services within the next year as part of our broader clinical information strategy
- Developing a new clinical trials unit within the Royal London site with support from Barts Charity and in order to increase the number of patients that can be part of clinical trials
- Supporting the development of the Whitechapel life sciences initiative which will build on the Royal London’s clinical strengths in trauma, population health, metabolic diseases such as diabetes and renal failure and inflammation
Site strategy: Mile End hospital

Site Overview - Mile End Hospital is a Barts Health local community hospital. Barts Health provides community and outpatient based services from the Mile End site including rheumatology, diabetes, TB & elderly care outpatient clinics, radiology, breast screening, physiotherapy for adults & children and sexual health services. The site also hosts a range of other health care organisations including Moorfields Eye Hospital, who run ophthalmic clinic and day surgery services at Mile End; the East London Foundation Trust (ELFT) who run community & mental health services including inpatients services; WhizzKidz, a charity providing wheelchair services to adults & children; the XX Place primary care practice and Accelerate; who provide wound care services. The Tower Hamlets CCG is also based at the site.

Site priorities and opportunities

- There are a number of planned service changes at Mile End Hospital that create an opportunity to use the site differently and increase the presence of Barts Health services at Mile End. There are two vacant wards (Shadwell & Gerry Bennett) and Jubilee ward is expected to be vacant by April 2018. There is also an opportunity to improve the utilisation of the day care theatre at Mile End and the radiology unit, which is currently only used as a direct access GP service but includes space to enable the provision of other imaging modalities from the site.
- Develop outpatient, day care and diagnostic services at the Mile End site.
- Relocate ophthalmology local anaesthetic lists from the Royal London Hospital to the Mile End day care theatre. Collaborate with Moorfields to share ophthalmic clinic space at Mile End and relocate clinics from the Royal London.
- Relocate rheumatology infusion lists from Royal London to Mile End Hospital. Identify other day case medical services that can be relocated from Royal London to create a day case/infusion suite at Mile End Hospital.
- Create a new locality hub for the Bow midwifery team supporting antenatal clinics and parent craft classes.
- Create Children’s Community Health Centre on Shadwell Ward at Mile End Hospital. Relocate all community services from Wellington Way Health Centre, so that all services are co-located on one site.
- Work with UCLP Cancer Vanguard to establish a CT research scanner facility at Mile End Hospital, with potential for NHS use during downtime.
- Develop an imaging hub at Mile End Hospital including relocation of ultrasound facilities from the Royal London Hospital and creating additional MRI capacity.
- Explore potential to develop a renal dialysis unit at Mile End Hospital.
Site strategy: St Bartholomew’s

**Site Overview** – the St Bartholomew’s site is our specialist centre for cardiovascular and cancer services and the centre for our research activities in these key areas of clinical and academic strength. The Barts Heart Centre is amongst the largest cardiovascular centres in Europe while the Barts Cancer Centre provides chemotherapy, radiotherapy and haematology-oncology services for patients across Barts Health, along with specialised cardiac, thoracic and breast surgery. The site also provides endocrinology, fertility, sexual health and minor injuries services to the commuter population. The site has brand new facilities in the King George V hospital alongside the historical Great Hall and is developing a Maggie’s Cancer Centre and a Private Patient Unit.

**Site priorities and opportunities**

- St Bart’s is the major cardiovascular provider for Northeast and North Central London, following the successful merger and integration of the London Chest and Heart hospitals at the new King George V site, a process completed in 2016. The site will therefore be central to the delivery of our cardiovascular strategy, including development of services such as advanced resuscitation, congenital heart disease and cardiac intervention.
- St Bartholomew’s also provides networked cardiovascular services at our other sites and will be central to developing more integrated and preventive services for heart failure and arrhythmia.
- The Barts Cancer Centre will play a key role in developing our cancer services, including through the development of centres of excellence for thoracic surgery and breast surgery and development of stereotactic radiotherapy services.
- Through its relationship with QMUL, St Bart’s has a critical role in our research activity within cardiovascular and cancer services, driving our designation as a Biomedical Research Centre for cardiovascular disease and a Cancer Research UK Centre of Excellence.
- St Bart’s has very large and highly specialised critical care services and this is a source of strength for the development of our respiratory and cardiac ECMO services, subject to commissioning decisions.
- In line with the demographics at the site, an important priority for our older people’s strategy is to support high standards of care for older people at the St Bart’s site.
- St Bart’s is to be home to a Maggie’s Cancer Centre, providing a huge opportunity to improve patient experience for cancer patients across Barts Health.
- The development of a Private Patient Unit at the St Bart’s site in partnership with Nuffield Health is an important opportunity for the trust to realise future commercial benefits. There are also opportunities to expand private patient provision on the site for cancer, cardiovascular and fertility services.
Site strategy: Whipps Cross

**Site Overview** – Whipps Cross is a large and busy district general hospital site serving the boroughs of Waltham Forest and Redbridge and provides a range of core local services including emergency services, maternity, medicine and emergency and elective surgery. Compared with our other sites, Whipps Cross serves an older population and is therefore a natural centre for elderly care, rheumatology and certain surgical services. The site is also home to a major eye treatment centre, a specialist palliative care unit and a specialist hyperbaric unit. Whipps Cross has historically faced both financial and quality challenges but has made great improvements in recent years as shown by its most recent CQC inspection outcomes.

Site priorities and opportunities

- Whipps Cross has a very busy emergency department and was our first site to develop a dedicated ambulatory care service in order to avoid unnecessary admissions – further expansion of this service and investment in emergency care staffing are key priorities for the site
- Planned changes to the King George’s hospital (KGH) site in Ilford will have a significant impact on demand for emergency and inpatient services at Whipps Cross – ensuring the site has the capacity to absorb increased demand will be vital if changes at KGH are to go ahead
- Whipps Cross is a major provider of maternity services – recently receiving a ‘Good’ rating from the CQC; investment in midwife-led facilities, the antenatal assessment unit and neonatal unit is a key priority and funding for this is being sought from the Barts Charity
- The site has an ambition to be a centre of clinical and academic excellence for older people’s services and has developed an innovative frailty assessment unit – a model we intend to spread to our other Barts Health sites
- Whipps Cross is a strong clinical and academic centre for rheumatology services and is a natural centre for our osteoporosis, early arthritis and sports injury services
- Alongside emergency surgical services, Whipps Cross is a potential hub for lower complexity ophthalmology, urology and ENT services, as well as ortho-geriatrics
- Length of stay at Whipps Cross has historically been well above the national average and so an important priority for the site in partnership with commissioners is to improve patient flow and discharge planning in order to reduce length of stay, improving efficiency and patient experience
- Whipps Cross is our oldest site and the estate creates many challenges to the delivery of high quality, efficient services – the site is therefore the subject of a major redevelopment programme, as described on the next page
Whipps Cross redevelopment

One of the fundamental challenges for the Whipps Cross site is the age and condition of its estate – large parts of the site are now over 100 years old and the backlog maintenance challenge is amongst the highest in the NHS. Despite recent significant improvements led by our excellent staff, the condition of the site can often act as a major barrier to improving the quality and efficiency of patient care.

Barts Health has therefore been working with local partners to begin to develop plans to redevelop the Whipps Cross site and to put in place a new and innovative model of care that can meet the needs of the local population long into the future. A Strategic Outline Case has been developed that sets out a powerful case for change and compelling future vision for the site, ahead of the work that needs to be undertaken further develop our plans.

At the heart of the future vision for the site is the development of an integrated and co-located set of services across acute, community and primary care and health and wellbeing services and the development of the site as a centre of excellence for elderly care. The key components of our vision are set out below:

**Shared vision for the future of Whipps Cross hospital**

- An integrated health, social care and wellbeing campus
- Bring many elements of a patient’s journey together
- A centre of best practice renowned for the joined up care and treatment of older people.
- Other facilities could also support the way core services are delivered on the site - a thriving local community asset.
- Support the wider economic regeneration of the local area
This section describes our broader organisational strategy – the things we need to do to support the realisation of our clinical strategy and to develop a healthy and effective organisation. It covers:

• The themes that tie together and guide our organisational strategy
• Our future direction for key enablers such as workforce development, estates and ICT
• Our overall strategy for education, research and public health
• Our commercial and outline financial strategy
• Our approach to further development of our operating model, including development of a common improvement methodology across Barts Health
Our organisational strategy focuses on how we can best use our workforce, our buildings and our support services to support the ambitions set out in our clinical strategy and to develop Barts Health as a high-performing organisation. A small number of themes underpin our organisational strategy:

- **Our people** - The people that work at Barts Health are our greatest asset and the heart and soul of our organisation - the way we support, develop and organise our workforce is likely to be the biggest determinant of our future success

- **Our assets** - As an organisation, we could do much more to maximise utilisation of a number of our key assets, including our estates, key informatics systems such as Cerner Millennium, and our potential commercial opportunities

- **Leveraging our scale** - We can make better use of the economies of scale offered by the scale of Barts Health, both to improve quality and efficiency and to develop a wider commercial offering that can benefit the health system around us

- **Spreading best practice** – one of the opportunities we need to make better use of is the ability to rapidly spread best practice and standardise where appropriate across our organisation – doing this in a thoughtful way can help to demonstrate the benefits of Barts Health, while ensuring our sites have appropriate operational autonomy. Striking this balance will be critical to the development of our operating model

- **Balancing the books** – it is vital that we build on our recent progress with financial recovery, to set a longer-term path to financial sustainability. As well as driving out waste and inefficiency and reducing unwarranted variation, the long-term financial health of the trust will rely on a sustainable solution to our very high PFI costs.
Our workforce strategy

Just as our 16,000 staff are our most important asset, so our workforce strategy is the most important enabler of our clinical strategy – we need to support, develop and engage our workforce if we are to succeed in achieving any of our future ambitions. The trust has faced a number of historical workforce challenges, including a high proportion of temporary staff and difficulties with developing a strong organisational culture. Our recent staff survey results show huge year-on-year improvement but significant challenges remain in key areas such as bullying and harassment and workforce equality. Our workforce strategy seeks to put in place the key long-term changes to create a flexible, effective and healthy workforce for the future by prioritising four key areas:

1. Shaping the future workforce—ensuring our workforce has the flexibility to respond to changes in our clinical services, that we plan our workforce needs effectively, and that we take steps to improve workforce productivity. Priorities include developing new roles such as Physicians Associates to support the Transforming Services Together programme, a significant increase in apprenticeships, stronger workforce information systems to improve productivity, and working across our STP footprint to collectively control costs for temporary staffing. It is vital that we support the small number of clinical areas within the trust where we have long-standing challenges with recruiting the right permanent workforce at some of our sites, including emergency care, perioperative care, some surgical specialties and older people's services.

2. Strengthening leadership and staff-led improvement—we need to develop our organisational operating model, to expand our Faculty for Improvement, Leadership and Management and to develop a wider learning culture across Barts Health. Particular priorities include the development of a trust-wide quality improvement method and the roll-out of ‘Super Team’ training and support for medical, nursing and managerial leaders within our sites and clinical networks. The success of Listening into Action as a method of developing a staff-led approach to change over the past 18 months is an important foundation for the development of our quality improvement approach.

3. A healthy and inclusive organisation—we must ensure we live our values and behaviours across our organisation, secure fairness and inclusion for all staff, improve health and wellbeing and ensure that we celebrate success as an organisation. This means building our values and behaviours into key policies, recruitment process and our physical environment, addressing the 'glass ceiling' for women and BME leaders through our dedicated development programmes, and supporting colleagues with a disability through BartsAbility and other initiatives. Improving staff health and wellbeing is a key priority for our public health strategy and celebrating success is a theme for our second year of Listening into Action.

4. Talent growth, retention and mobility—we need to better use the scale and diversity of Barts Health to attract the most talented staff and to offer effective long-term development opportunities within the organisation. The development of apprenticeships and our wider education and training strategy will be critical enablers of this important ambition.
Our education strategy

Education, training and development are a crucial part of our work at Barts Health and fundamental to securing our future workforce and developing a learning culture across our organisation. Our Education Academy co-ordinates activities across the trust and we have education and training facilities at all of our main sites, including simulation facilities at the Royal London. The trust currently provides clinical placements for 2,500 medical undergraduate students and trains 1,041 junior doctors, 810 children, adult nursing and midwifery students and 277 AHPs. We provide resuscitation skills training, moving and handling, simulation and clinical skills training and a range of skills based short courses, as well as ensuring the trust achieve high levels of compliance for its statutory and mandatory training.

The key goals of our education strategy are to achieve upper quartile results on all feedback surveys, to increase our income from education and training activities by up to 15%, and to continue to improve our staff survey results on education and training. Our key initiatives include:

- **Education Facilities** - To provide suitable facilities fit for the education and training needs of the future on every site, including learning hubs. To develop a training centre, including simulation facilities and library services at the St Bartholomew’s site.

- **New care roles** - Ensuring our education and training programme support the redesign of services and the development of new ways of working, as envisaged in our clinical strategy, including piloting new roles such as Nursing Associates / Physician Associates and exploring new ways of training through the Apprenticeship scheme.

- **Faculty Development** - Through the Barts Health Faculty for Improvement, Leadership and Management to provide effective learning opportunities for our clinical, administrative and managerial staff and to instil a culture of everyday learning and development across the Trust.

- **Innovating in the design and delivery of training** - using technology wherever possible, as we have done with the design of the Barts continuing professional development app and our Virtual Ashridge app for accessing research in leadership development.

- **Supporting service transformation** – through the development of training packages as we are doing through our work with the Staff College to support our changes to outpatient pathways. Continuing to develop our support for Leadership, Improvement and Management, building on the success of Listening into Action and the provision of AQuA-accredited improvement training as part of our work to develop a common improvement method across the trust, and

- **Statutory and Mandatory Training** - To achieve and maintain 90% compliance for statutory and mandatory training across all sites.
Further development of our group operating model is a crucial element of our future organisational strategy. A small number of key actions have been identified to support the development of each element of the model, helping our hospital sites, clinical networks and Board and support services to reach their potential. We have also identified a small number of key enablers for the operating model, such as a common improvement method across Barts Health.

1. Development of a clear scope for the group HQ function.
2. Engagement of the wider leadership community of the trust in developing the group model.
3. Development of an initial site accountability framework
4. Review of site governance to ensure consistency in key areas
5. Evolution of network / Clinical Board scope and leadership roles
6. Focus on a small number of core priorities for clinical standardisation across the trust (e.g. NatSIPPS)
7. Completion and implementation of LOM3 changes
8. Development of overall support services strategy for the group (linked with Carter support)
9. Development of a clear quality improvement model and strategy for the trust
10. Creation of a small (and potentially virtual) unit to take forward and ‘own’ the development of the group model
Our research and development strategy

Barts Health has a long history of research excellence and has strong partnership with Queen Mary University London, the National Institute for Health Research, charitable and national and international partnership to develop our research programme. There is clear evidence that research active organisations have better patient outcomes and so our clear ambition is to build on our existing strengths in cardiovascular disease, cancer and other areas as we develop our future research strategy and our commitment to life sciences at Whitechapel. Our particular priorities are:

- Increasing research funding and recruitment to clinical trials, drawing on the opportunities from our large and diverse patient population and access to linked datasets – the East London Genes & Health programme exemplifies the potential benefits of this approach,

- Building our strength and depth in key themes such as cancer, cardiac, trauma, inflammation, metabolic disease and population health including women’s health in collaboration with QMUL. This will mean further developing on the success of our cardiovascular Biomedical Research Centre and the Barts Cancer Institute.

- Linking the development of our research portfolio with the themes and priorities identified through the Whitechapel life sciences initiative,

- Identifying new opportunities to build research strength in areas such as gestational diabetes and older people’s services

- Increasing patient participation and strengthening research governance through our joint R & D office with the aim of increase research funding to the trust,

- Building our research infrastructure in the short-term through the development of a clinical trials unit with the Royal London site and in the longer term through the development of a life sciences campus at Whitechapel, including dedicated space for translational activities and clinical trials, and

- Ensuring our research output actively influences service redesign and contributed to improvements in patient care and clinical outcomes, as we have achieved in areas such as trauma care.
Our informatics strategy

Our information systems are increasingly critical to the running and development of our organisation, supporting improvements in efficiency, quality of clinical care and our capacity for service development and research. Our key priorities for development our informatics systems are:

• Developing single systems across Barts Health so that we have unified versions of key clinical information systems on each of our sites, including Cerner Millennium, WinPath for pathology, and RIS / PACS for imaging services,

• Continuing to increase connectedness between our information systems and those of our partners, through the development of East London patient record, our local Health Information Exchange, and enabling GP electronic ordering. These developments have already support services changes in areas such as chronic kidney disease,

• Making better use of big data, giving users access to their own clinical data to drive health analytics and to improve data quality,

• Using our connected local data systems to provide a resource for research and innovations through the new Discovery Project being taken forward with local commissioners and primary care providers,

• Using our information and technology systems to support key ambitions for clinical service change, for example the redesign of outpatient pathways across specialties such as haematology, gastroenterology, dermatology and paediatrics, and the development of wearable technology in areas such as rheumatology,

• Supporting our clinical teams to increasingly provide paperless and paper-light services, including by investing in mobile workstations and our basic network and VDI infrastructure, and

• Further developing and improving the Millennium system so that we maximise the benefits from the system, driven by our Clinical IT Strategic Board.

A number of the priorities above – including the major improvements needed to our network infrastructure across the trust – will require significant capital investment. While capital resources remain limit, it will be important for the trust to prioritise the upgrade of its ICT infrastructure if the full potential of our information systems is to be realised.
Our estates strategy

Barts Health has a large and complex set of estates across our five main hospital sites and a number of important smaller sites, ranging from state-of-the-art facilities at St Bart’s and the Royal London to much older buildings at Whipps Cross hospital. Getting the best use of our estates is hugely important to securing the long-term sustainability of the organisation and to ensuring our services meet the needs of our population. The key priorities within our future estates strategy are:

• Continuing to improve the overall utilisation of our existing estate, including the proportion of our estate used for clinical purposes, in line with the findings from the Carter Review, as well as managing immediate risks created by the backlog maintenance requirements across the trust,

• Addressing the challenges created by our major PFI contracts by improving the way we work with Capital Hospitals and seeking solutions to the long-term financial challenges created by the scale of our PFY payments,

• Progressing the Whipps Cross redevelopment programme in order to address our oldest and most inefficient site,

• Working with our partners to develop a clear vision for the future of the Mile End site and to ensure we make best use of the diverse buildings available at Mile End,

• Improving the use of space at the Royal London hospital and determining the best use of the substantial undeveloped space on the 14th and 15th floors of the Royal London building,

• Through the Whitechapel Development programme, using the land adjacent to the Royal London hospital to develop a life sciences campus,

• Supporting clinical services with particular estates challenges, such as our sexual health, renal, maternity and community services,

• Considering options for land disposal across our estates, subject to clinical needs, and

• Ensuring successful implementation of our new soft facilities management arrangement in order to improve the environment for our patients and staff across all of our main sites.
Our public health strategy

A critical enabler for our overall strategy – consistent with our desire to move care upstream and to take on a system leadership role – is our public health strategy. This covers our role in health protection, health improvement, health and wellbeing, and addressing the social determinants of ill health in order to improve the overall health of our population and our staff. Key priorities within our public health strategy include:

• Improving our six screening programmes and our early detection programmes for HIV, tuberculosis, hepatitis and other diseases,

• Expanding and improving our opportunistic advice services on smoking cessation and alcohol misuse, delivered as part of our core outpatient, maternity, non-elective and elective services,

• Investing in staff health and wellbeing by increasing staff physical activity levels and increasing uptake of flu vaccinations in winter,

• Increasing numbers of local employees and improving career pathways through our apprenticeship and other training initiatives,

• Providing a healthier environment for our staff and patients by improving food and drink and nutrition at each of our sites, and

• Supporting all of our Clinical Board and networks to ensure their thinking takes account of public health needs, the wider determinants of ill health and the need for equity in access and outcomes across our services.

Prioritising public health, equity for our patients and the health and wellbeing of our staff through these initiatives, and through innovative services such as our sexual health and Tower Hamlets community services, is central to our commitment to improving the overall health of our staff and population as well as providing high quality care. As we move towards the development of more integrated accountable care systems, this critical system leadership role will be an important part of our overall offer to the health system.
Our commercial strategy

Delivering our ambitious plans for financial recovery in a period of overall funding constraint for the NHS will require us to take much better advantage of opportunities to increase our non-NHS income as well as understanding better the economics of our existing services. It is therefore vital that we have an active commercial strategy and we have identified the following key priorities for our commercial development:

• Increasing our private patient income with a goal of achieving up to £100m of private patient income by 2030. This can be achieved by the development of Private Patient Partnerships such as our new arrangement with Nuffield Health at St Bart’s site and by targeting growth in key areas of opportunities such as cardiovascular, cancer, fertility and maternity services. The Whipps Cross redevelopment offers a further opportunity to consider options for increasing our market share in key areas,

• Ensuring we maximise commercial opportunities from major estates developments and other strategic change programmes. Opportunities include the Whitechapel Development Programme, the Whipps Cross redevelopment and the areas of priority for clinical expansion such as orthopaedics and interventional radiology,

• Maximising commercial opportunities from our education, research and life sciences ambitions. The potential for the Whitechapel life sciences campus in particular to become a hub for innovative technology and devices companies and to generate spin-out opportunities is very significant and offers a substantial long-term commercial benefit to the trust,

• Ensuring we maintain our strong performance in competing for and win selected tenders for NHS services, defending our market share in key areas and expanding where appropriate. This needs to be underpinned by a clear understanding of the relative economic strengths of our individual services which is why the continuing development of Service Line Reporting is an important priority for the trust, and

• Supporting those clinical services with strong ambitions to develop their commercial and private patients activities, including pharmacy production, breast surgery, rheumatology and sexual health services.

Careful and judicious development of our commercial revenue streams in this way will help to support the long-term sustainability of our NHS services and ensure that we make best use of our strengths in research, innovation and clinical service delivery.
Outline financial strategy

Barts Health is in the process of addressing its substantial historical financial challenge, driven by a range of factors including high staffing costs, clinical variation and high costs of our estates, including our PFI commitments. The trust achieved a significant financial recovery in 2016/17, exceeding its control total, and has set ambitious plans for further financial improvement in 2017/18 and 2018/19, including recurrent cost savings of 5.5% each year and substantial benefits from non-recurrent asset disposals. Many of the proposals within this strategy – for example Getting it Right First Time, changes to outpatients and surgical services, and realising commercial opportunities – will support delivery of this financial improvement. Looking beyond 2017-19, the trust faces a number of challenges:

- The need to return to financial balance as an organisation, which we plan to do in 2019/20 with underlying balance by 2020/21,
- The need to ensure that our wider health system remains in balance as we move towards accountable care, and
- The need to address our significant burden from excess PFI costs, estimated at £45m p.a.

The diagram shows the trust’s overall trajectory for returning to financial balance and this strategy support this process and the development of long-term financial sustainability.
Part five: implementation

This section provides a high level view of our approach to implementation of our clinical and organisational strategy, linking with our recently completed operational plan for 2017-19. It covers:

- The overall phases of change and development that we envisage for Barts Health over the next 4 years, from 2017 through to 2021
- The small number of high-impact strategic priorities that we will prioritise taking forward, and
- Our overall priorities for 2017-18 and 2018-19 as described in our two-year operational plan.
Phases of change: 2017-2021

This strategy has described a range of changes that we want to pursue across our sites and clinical services, including long and short-term initiatives, changes that may require significant investment and changes that offer potential savings. Many of the ambitions described in our strategy require further planning and development before they can be implemented and our whole approach needs to be sensitive to the challenging financial and organisational context faced by both Barts Health and the wider NHS. In order to more clearly articulate our approach to the implementation of our clinical strategy, we have defined three key phases of change over the next four years. These will not always be linear and distinct but help to provide an overall framework for our clinical and organisational development. The diagram on the next page sets our a draft high-level framework for implementation.

2017-18: Sustaining recovery
In 2017/18 our focus will be on continuing to improve our CQC ratings, maintaining financial recovery, improving ED performance and returning to RTT reporting. Our aim is to exit both quality and financial special measures during 2017/18. We will prioritise elements of our clinical strategy which best support these goals, for example GIRFT, ambulatory care, commercial development and improvements to orthopaedics, maternity and outpatients services.

2018-19: Consolidating progress
In 2018/19 we will need to continue to make significant financial improvements as we move back towards overall financial balance. The focus of our quality improvement activity will switch increasingly to developing ‘Good’ and ‘Outstanding’ services, allowing us to pursue more ambitious strategic goals such as surgical consolidation and development of cancer and other specialised services.

2019/20-2020/21: Towards sustainability
In 2019/20 and 2020/21 the trust intends to return to reported and the underlying financial balance, subject to agreement on the treatment of excess PFI costs. This will created a platform for the delivery of ambitious long-term developments such as our life sciences campus at Whitechapel, expansion of elective surgical service and the redevelopment of the Whipps Cross site.
### High-level implementation framework (draft for further development)

**Our vision:** 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.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>4-YEAR STRATEGIES</th>
<th>SRO</th>
<th>PRIORITIES AND GOALS FOR 2017-18</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe and compassionate care (all services rated ‘Good’ or ‘Outstanding’)</strong></td>
<td>Safe and compassionate quality improvement plan</td>
<td>DCEO</td>
<td>Exit quality special measures; address warning notices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement trust-wide quality improvement method</td>
<td>DWD</td>
<td>Year 2 LiA; agreement on long-term partner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop our world-leading clinical academic services</td>
<td>CMO</td>
<td>Cardiovascular; trauma; renal; cancer; hepatology</td>
<td></td>
</tr>
<tr>
<td><strong>Efficient and effective services (1% surplus consistently achieved)</strong></td>
<td>Achieve financial sustainability with regular surplus</td>
<td>CFO</td>
<td>Financial control total; exit financial special measures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximise clinical productivity and reduce variation</td>
<td>CMO</td>
<td>Getting It Right First Time; orthopaedics transformation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diversify income and increase non-NHS income</td>
<td>CFO</td>
<td>Private Patient Unit contract; life sciences strategy</td>
<td></td>
</tr>
<tr>
<td><strong>Responsive to changing demands (all NHS constitutional standards met)</strong></td>
<td>Sustainable achievement of national access standards</td>
<td>DCO</td>
<td>4-hour ED standard by March 18; return to RTT reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manage demand for core services through TST changes</td>
<td>DOS</td>
<td>Ambulatory care; maternity choice; outpatient redesign</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Listen to and empower our whole population</td>
<td>CNO</td>
<td>IWantGreatCare; patient experience strategy; equalities</td>
<td></td>
</tr>
<tr>
<td><strong>Skilled, efficient and safe workforce (upper quartile for staff survey results)</strong></td>
<td>Recruit and retain a high-quality, permanent workforce</td>
<td>DWD</td>
<td>95% permanent staffing; agency cap achieved; PA roles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fully implement our group operating model</td>
<td>DOS</td>
<td>Clinical board refresh; Group HQ development; QI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outstanding education and research opportunities</td>
<td>CMO</td>
<td>Super T development; BRC implementation</td>
<td></td>
</tr>
<tr>
<td><strong>Modern, affordable, infrastructure</strong></td>
<td>Redevelop Whipps Cross to meet future demands</td>
<td>DOS</td>
<td>Agree strategic case; development of detailed case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop Whitechapel as a major life sciences centre</td>
<td>DOS</td>
<td>Develop full business cases; life sciences strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop a modern ICT infrastructure across the trust</td>
<td>DCEO</td>
<td>Investment case for paperless working; Newham PAS</td>
<td></td>
</tr>
</tbody>
</table>
High impact changes

Within the large number of changes proposed within this strategy, there a smaller group which are likely to have a high impact in the short to medium term on clinical quality, efficiency or utilisation of the trust’s infrastructure. These high impact strategic changes will be prioritised for implementation and are included in the trust’s objectives for the 2017/19 period.

<table>
<thead>
<tr>
<th>High impact area</th>
<th>Potential benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of Getting It Right First Time</td>
<td>Shorter length of stay; higher clinical quality; lower non-pay costs</td>
</tr>
<tr>
<td>Ambulatory care</td>
<td>Reduced admissions and improved patient flow</td>
</tr>
<tr>
<td>Orthopaedics transformation</td>
<td>Improved length of stay and theatre productivity; better use of elective capacity</td>
</tr>
<tr>
<td>Outpatient and pathway redesign</td>
<td>Improved patient experience; shorter waiting times; potential for cost reduction</td>
</tr>
<tr>
<td>Life sciences initiative</td>
<td>Improved recruitment and retention; increased commercial revenue</td>
</tr>
<tr>
<td>Addressing inequities in service provision</td>
<td>More equitable care; improved patient experience</td>
</tr>
<tr>
<td>Realisation of full benefits from Barts Heart Centre</td>
<td>Improved outcomes and patient experience; increased efficiency and income</td>
</tr>
<tr>
<td>Move to paperless and paper light working</td>
<td>Improved patient and clinician experience; better data; lower administration costs</td>
</tr>
<tr>
<td>Implementation of a common improvement method</td>
<td>Improved recruitment and retention; improved quality and efficiency of services</td>
</tr>
<tr>
<td>Tower Hamlets community health services contract</td>
<td>Reduced hospital admissions at Royal London; improved integration and patient experience</td>
</tr>
<tr>
<td>Whipps Cross maternity estates investment</td>
<td>Improved patient experience; better management of future demand; improved estates</td>
</tr>
</tbody>
</table>
### Our business plan for 2017 to 2019 identifies our key strategic priorities for the next two years, a critical period for Barts Health to build on our progress on quality improvement and financial recovery.

During this period we will begin to make many of the changes set out in this strategy across our services and sites and to develop our organisation and our infrastructure.

#### Barts Health strategic priorities: 2017 to 2019

<table>
<thead>
<tr>
<th>(A) Safe and compassionate care</th>
<th>(B) Efficient and effective services</th>
<th>(C) Service transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Achieve a ‘Good’ CQC rating and exit quality special measures</td>
<td>1. Achievement of agreed control totals and exit financial special measures</td>
<td>1. Delivery of hospital transformation priorities: ambulatory care and acute hubs, surgical hubs, maternity and outpatients</td>
</tr>
<tr>
<td>2. Delivery of Safe and Compassionate 2 plan</td>
<td>2. High level of recurrent CIP delivery - £65m in each year</td>
<td>2. Delivery of STP level change priorities: cancer, cardiac and renal service redesign</td>
</tr>
<tr>
<td>3. Delivery of constitutional standards and return to national reporting on RTT</td>
<td>3. 95% permanent recruitment and reduction in agency spend</td>
<td>3. New care models: Tower Hamlets CHS, Newham MSK and Waltham Forest ACS</td>
</tr>
<tr>
<td>4. Delivery of significant improvements in 4-hour waiting times for emergency care</td>
<td>4. Agree solution to PFI sustainability challenge</td>
<td>4. Support safe implementation of changes to King George’s hospital</td>
</tr>
<tr>
<td>5. Improve single oversight framework quality indicators, including pressure ulcers, falls and infection control</td>
<td>5. Improved productivity in line with Carter priorities, including imaging, pathology, orthopaedics and corporate services</td>
<td>5. Address capacity challenges in elective surgery, particularly orthopaedics</td>
</tr>
<tr>
<td>6. Address issues outlined in most recent CQC inspection reports from Whipps Cross, Royal London and Newham sites</td>
<td>6. Improved clinical productivity through standardisation and implementation of Getting It Right First Time measures</td>
<td>6. Further embed clinical networks and implement trust-wide clinical strategy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(D) Developing our people</th>
<th>(E) Improving our infrastructure</th>
<th>(F) Better research and education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implement our group model, building on the LOM and embed a learning culture</td>
<td>1. Maintain essential infrastructure and manage risk across our estate</td>
<td>1. Increase research revenues to the trust and expand clinical trials capacity and numbers</td>
</tr>
<tr>
<td>2. Create a culture of staff led change by embedding a common improvement method</td>
<td>2. Progress redevelopment of Whipps Cross hospital</td>
<td>2. Develop plans for integration with Life sciences redevelopment—Whitechapel</td>
</tr>
<tr>
<td>3. Achieve recognition for staff experience / patient engagement</td>
<td>3. Realise priorities for capital investment, including urgent care, maternity, intensive care, surgery and diagnostics</td>
<td>3. Develop Cohesive plans for the development of Barts Health Biomedical Research Centre</td>
</tr>
<tr>
<td>4. Delivery of our equality objectives; enabling a fair, diverse and motivating place to work</td>
<td>4. Develop future strategy for corporate services</td>
<td>4. Develop more innovative approaches to education &amp; training</td>
</tr>
<tr>
<td>5. Improve cultural competence of our organisation</td>
<td>5. Invest in essential IT infrastructure and i</td>
<td>5. Reduce attrition from training programmes and pilot new care pathway roles (including Physicians and Nursing Associates)</td>
</tr>
<tr>
<td>6. Improve development / progression of staff to improve retention and prepare staff for the future</td>
<td>6. Work with partners to develop future strategy for the Mile End site</td>
<td>6. Explore new ways of delivering training through Apprenticeship scheme</td>
</tr>
</tbody>
</table>