



Getting to good
and outstanding:
**How we will
improve quality**
2020-23



WELCOMING



ENGAGING



COLLABORATIVE



ACCOUNTABLE



RESPECTFUL



EQUITABLE

Our vision is to be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond. We aspire to achieve this in everything we do, by living our WeCare values of being welcoming, engaging, collaborative, accountable, respectful and equitable.

As medicine advances, health needs change, and society develops, the NHS has responded with an ambitious national programme to future-proof our health care system over the next decade. The Barts Health group of hospitals is playing a major part in that long-term transformation by working with local partners to identify and meet the needs of a growing and diverse population in north east London.

We are guided by the five principles outlined in our clinical and organisational strategy for 2017-21, **Sustaining safe and compassionate care.**

- > Tailoring services to the needs of our growing and diverse population, to reduce health inequalities
- > Changing services to prioritise prevention, and put patients first
- > Reducing variation, to improve quality and productivity
- > Networking services, to drive higher standards of care
- > Pursuing clinical and academic excellence at all times.

As we evolve our group operating model, and its network of advisory clinical boards, we are constantly reviewing our strategy for developing services and sites to sustain high standards. The outcome is an emerging suite of strategic delivery plans setting out our mission and medium-term goals in eight areas that are critical to the provision of modern healthcare – quality, people, finance, transformation, informatics, estates, inclusion, and research.

Each of these strategies acts as a bridge between our over-arching group strategy and our annual integrated operating plan. This document summarises our strategy for quality. It shows how we intend to build on the short-term commitments we made in **Barts Health Cares 2019-20** in order to sustain the delivery of safe and compassionate care for our patients over the next few years.



Introduction

Quality lies at the heart of healthcare. It is what health professionals in and out of hospitals do on a daily basis – deliver care that is effective, safe, and provides as positive an experience as possible. That covers medical treatment, nursing care, hospitality, and the myriad of other administrative and logistical factors that make up what life is like for a patient. It also leaves open the possibility that this care, and the associated experience, can be of varying quality.

We have been on an incredible journey over the last four years to secure significant improvements in quality for our patients. We have moved from being rated 'inadequate' by the Care Quality Commission (CQC) to lifting ourselves out of quality special measures. Although we are now rated 'requires improvement' overall, a significant number of our hospitals and services are already 'good' and some are 'outstanding.' Our skilled and committed staff have a huge amount of which they can be proud.

The Barts Health group of hospitals is determined to continue on this exciting journey to improve the services it provides to patients and the opportunities it offers to staff. Our quality strategy charts how we intend to make further progress towards our vision of excellence for all our patients.

Our immediate ambition is to be acknowledged as 'good' everywhere, with even more areas judged 'outstanding' in the next few years. With the commitment and support of our talented and dedicated staff, we are confident we will steadily continue to improve the quality of care we provide our patients in the years ahead.

We know we have the right ingredients to get to good and outstanding – most notably our fantastic staff. We look forward to building on what we have achieved so far to move up to the next level of success.



Caroline Alexander

Caroline Alexander
Group chief nurse



Alistair Chesser

Dr Alistair Chesser
Group chief medical officer

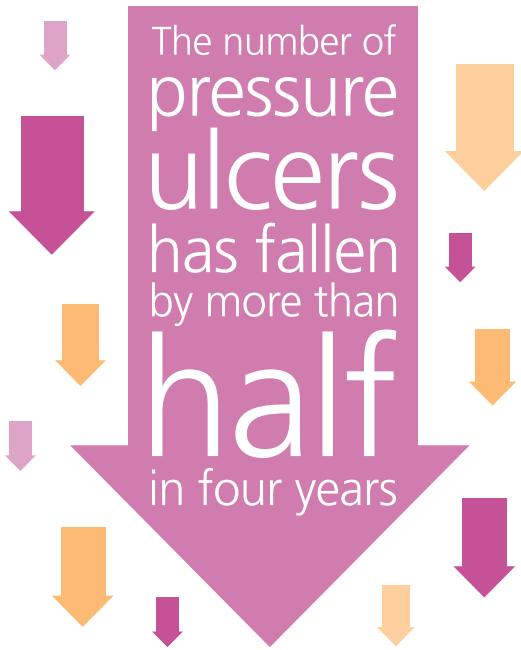


Barts Health has made real, consistent progress. In many areas the quality of service has been transformed. Credit must go to the leadership team and to the commitment and hard work of all the staff. There has been substantial improvement in the quality of services at the trust and I am happy to recommend that it is removed from special measures.



Prof Ted Baker, Chief Inspector of Hospitals for England, February 2019

Where we are now



Our surgeons are performing more than 150 extra operations a **week** thanks to better operating theatre productivity



We top the table for the most commercial **life sciences** research studies **in the country**

We regularly **exceed** national



targets for treating **cancer** patients and conducting diagnostic tests

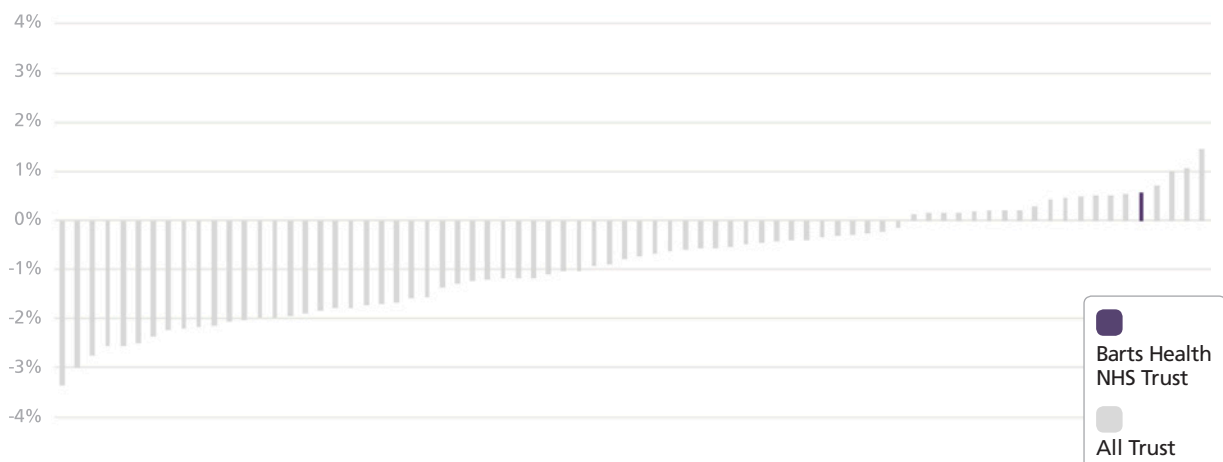


Good results

Trust results for CQC inpatient survey 2018: we are improving, though overall we scored below the national average and were ranked in the bottom quarter on patient experience



NHS Inpatient survey 2018 : Overall positive score change



Happy staff equals happy patients

Our hospitals care for 6,000 patients every day, and we have long aspired to foster a culture that puts patients at the heart of everything we do. So we have already developed a strategy for improving patient and carer experience, informed by our insight into the patients, carers and communities we serve. It recognises two important factors that impact on good quality care - the active engagement of healthcare workers, and the satisfaction of patients. Evidence shows that patient outcomes are best when there is a climate of respect and dignity, where staff are clear about their goals and objectives, and where there are effective people management practices.

We've come a long way...

by improving the quality of our care

Two of our four main hospitals are now rated 'good', with St Bartholomew's rated 'outstanding' for its leadership, and The Royal London rated 'outstanding' for its dental hospital. We are now rated 'good' in three out of the five criteria set by the CQC (being caring, effective and well-led). Within the five domains, 70 per cent of all service areas are rated 'good' or better.

The CQC also singled out more than 35 separate areas of outstanding practice, including our specialist children's hospital at The Royal London. It noted we had made improvements across the board, especially in leadership, governance and culture. Staff spoke up about visible and engaging leaders, and an improved organisational culture. The inspectors also noted better oversight of the quality of care, significant investment in IT, and improved data quality.

by improving the experience for our staff

The proportion of staff who recommend Barts Health as a place to work is now the highest in five years. It has risen from 47% to 63% in the last three years, while the proportion who would recommend us as a place of care has gone up from 56% to 69%. In 2018 we also saw significant improvements in staff views about our quality of care and our safety culture, both of which now score above the national average. Picker, the polling body that carries out the annual NHS staff survey, say we are one of a handful of trusts whose results are getting better year on year.

But there's more to do....

to further improve staff experience

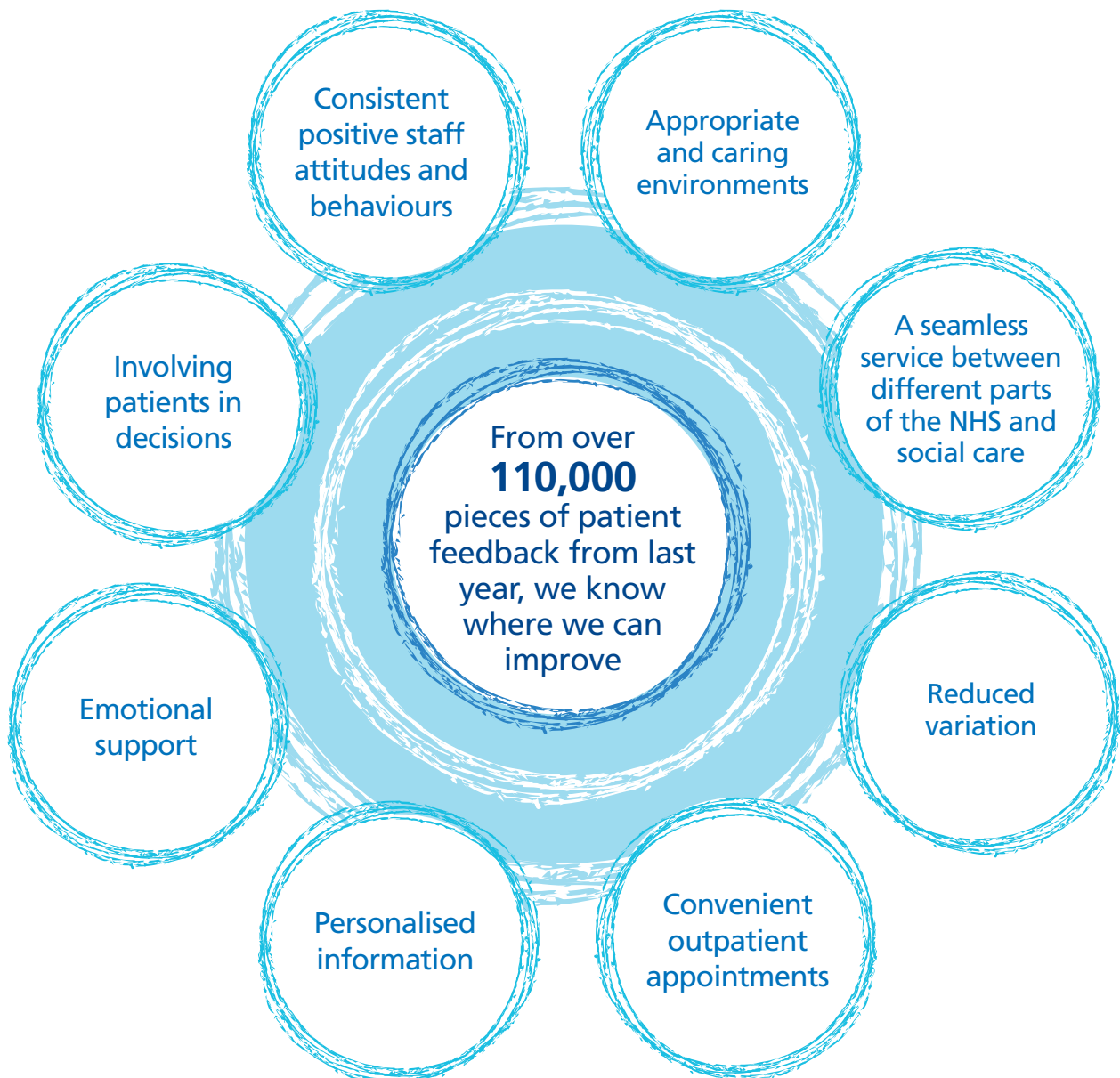
We lag behind our peers on half of the ten aggregate indicators the NHS uses to benchmark performance. We are below the national average for equality, diversity and inclusion; for health and well-being; and for morale generally. Although there was a modest improvement last year, staff ratings of their immediate managers continue to lag behind the rest of the NHS. We pride ourselves on maintaining a safe environment for staff, yet we have not made enough progress in reducing reported levels of bullying and harassment (though the issue is increasingly violence from patients and relatives rather than complaints about managers or colleagues).

and to improve care quality

At the time of writing, six services at Newham hospital, two at The Royal London and five at Whipps Cross are still rated 'requires improvement' and subject to further CQC inspections. These include outpatients across all three hospitals, and medical care, end-of-life care and diagnostic imaging across two each.

We remain in the bottom quarter of the national inpatient survey, despite making annual improvements on our survey responses. We are all too conscious of the legacy of an ageing and sprawling hospital estate, notably at Whipps Cross, which is ripe for redevelopment. And we cannot afford to be complacent about meeting national standards, especially when prompt access to A&E remains such an important benchmark of what the NHS means to most people.

Although the overwhelming majority of feedback from patients, carers and relatives is positive, one persistent negative theme is dissatisfaction with communication by staff. This is often expressed through poor staff attitudes, such as doctors and nurses talking in front of a patient as if they weren't there, or a failure to keep patients informed through their discharge. We address these issues through ward workshops and training.



Where we are heading

A clear vision with three strategic goals

Our next step is to get to a 'good' rating for the Trust as a whole. This means ensuring that both Whipps Cross and Newham hospitals are rated 'good', and that we achieve more 'outstanding' ratings for domains and services generally. Ultimately our ambition is nothing less than becoming an outstanding provider of safe and compassionate care to all who use our services.

We won't get a CQC 'outstanding' unless we score above the national average on key indicators like the proportion of inpatients who rate their overall experience as positive, and the percentage of staff who recommend the trust as a place to work or receive treatment. Like other NHS providers we are expected to meet the NHS constitutional standards for rapid diagnosis, fast cancer treatment, prompt access to emergency care and minimum waiting times for routine operations.

In this context, coming out of special measures for quality is a significant milestone. The regulator will continue to hold us to account, but we have earned a greater measure of autonomy in how we run our affairs. We are now free to chart our own course on the path to becoming good, and ultimately outstanding. And we are already taking advantage of that by developing our own distinctive approach to quality improvement, Welimprove, in partnership with the internationally-recognised Institute for Healthcare Improvement (IHI) and our neighbours at the East London NHS Foundation Trust (ELFT).



“The trust had a clear vision and set of values that prioritised the delivery of safe and effective patient care that had been extensively promoted across the organisation. The trust had progressed a realistic strategy for achieving the priorities and developing good quality, sustainable care. Clinical strategy was being led by a motivated and engaged group of clinicians.

CQC February 2019



This has enabled us to identify three immediate strategic goals for the next few years in pursuit of our vision. Setting ourselves these overarching goals will enable us to maintain a relentless focus on the key priorities that together will secure the improvements we need to make. In line with our aim to improve population health and reduce inequalities, we will ensure equity is a theme for each of these goals.



The right care in the right place at the right time

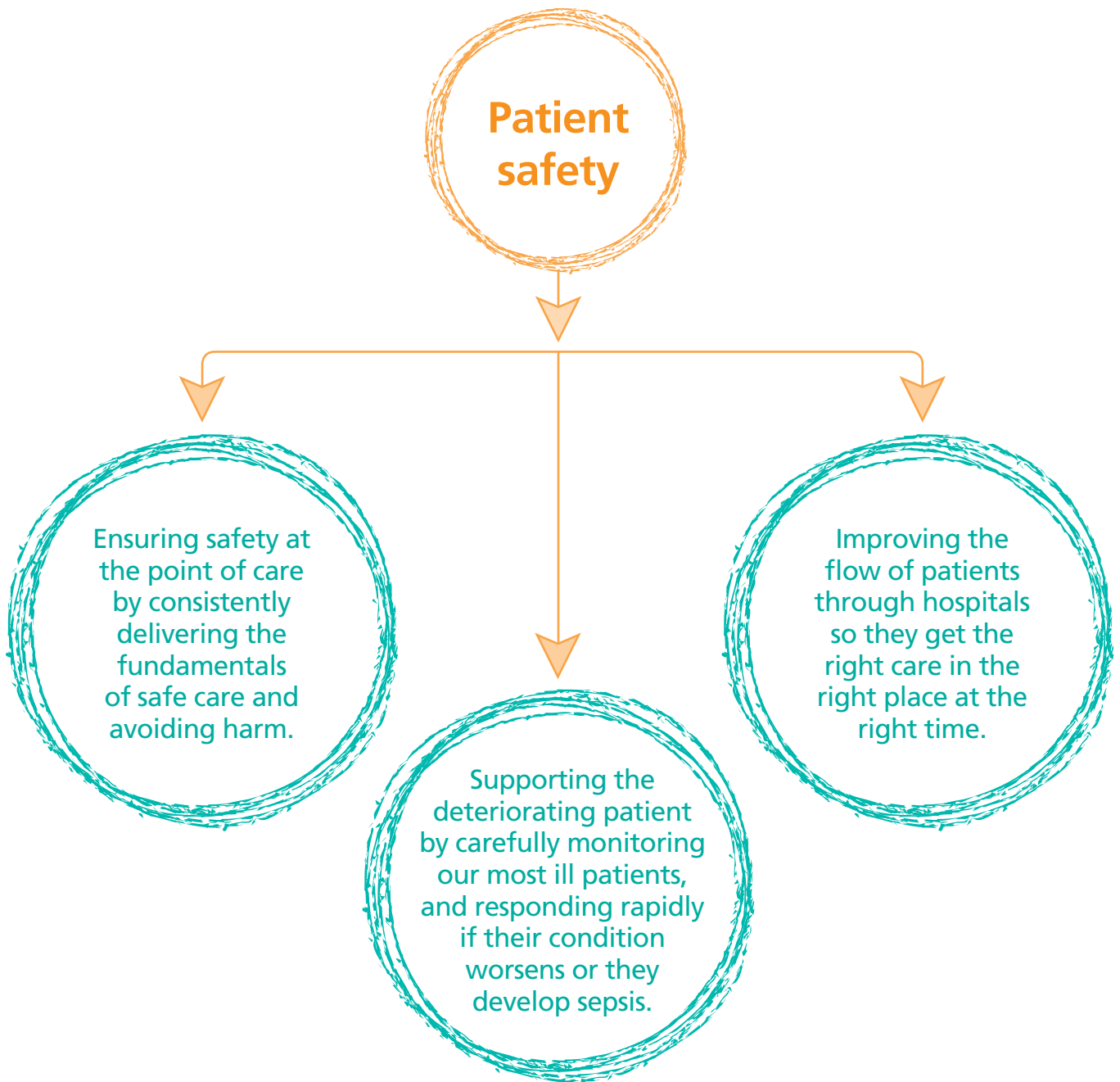
At all costs we want to avoid a situation in which patients wait too long to be seen in our hospitals, are kept in the dark about what is happening to them when they are with us, and suffer delays in getting home or into appropriate care. This is at the core of the CQC’s ‘responsive’ domain, and also fundamental to achieving the NHS constitutional standards. It is what we pay most attention to – not because it is prescribed by the regulators, but because it is the right thing to do for our patients. The best way of doing this is for everyone to imagine themselves as a patient, and look at our processes and procedures through their eyes.

From the outset we should make a point of giving patients regular information, explanation and assurance, because that’s how we would expect to be treated. At all times we should be seeking to minimise the amount of time they spend in hospital, through good planning and prompt action on our part. We should organise ourselves efficiently to reduce delays in seeing a consultant, avoid unnecessary trips to outpatients, and treat people on an ambulatory care pathway if they don’t need an over-night bed. Every day a patient is in hospital should be a ‘green’ day where something positive happens to them, not a ‘red’ day with a problem. And we should start planning a successful discharge from the moment the patient arrives in our care, involving families and carers too.

1. A provider of excellent patient safety

Patient safety is a consistent theme of our annual **Safe and Compassionate** improvement plans. Through these we systematically review our quality metrics – including outcomes from serious incidents and complaints, and progress on our quality objectives – to ensure we target improvement activity at the root cause of any problems.

Through this targeted approach to sustained improvement we have identified three key priorities:



Across all our hospitals and departments, staff are already volunteering to take these patient safety priorities forward by working together on a series of clinical collaboratives. Each project is designed to test the effectiveness of ideas for change, utilising tried and tested quality improvement tools and techniques. A lot of valuable work is already under way. Nevertheless the biggest single operational challenge is patient flow, because this goes to the heart of how hospitals run on a daily basis (see box below).



A provider
of excellent
patient
safety

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This is a really important piece of work which highlights the need for improved communication and education for both doctors and nurses.

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Matthew Guinane,
Gastroenterology clinical lead

Managing diabetic emergencies at Newham Hospital

Dene, Amy and Maya are trainee doctors investigating ways of improving the treatment of diabetes patients with low blood sugar and other complications resulting from not producing enough insulin.

Each year in NHS hospitals about 14 people die as a result of low blood sugar, and ten are left with lasting brain injuries.

Dene conducted an audit which showed many staff didn't know where the blood sugar treatment box was on their ward – it tended to be in a locked room with limited user access, and the contents were often missing. These boxes are now kept on the resuscitation trolley and reviewed daily by the nurses as part of their checks.

Anne Claydon, nurse consultant in diabetes said:

“The diabetes team really welcomed this initiative and the management of the condition has improved immensely. During ward visits the staff are now able to tell me where the box is, which wasn't the case in the past.”

Amy and Maya also did an audit which showed up issues around the prescription and administration of long-acting insulin, which is an important part of managing life-threatening diabetic emergencies. They found that communicating prescriptions was a key factor, and created an educational poster and teaching sessions for doctors and nurses which led to significant improvement. They presented their work to the Royal College of Physicians and won first prize for quality improvement at a national medical training teaching day.



An
outstanding
place to
work

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Our quality improvement project has allowed us to look deeper into how these behaviours affect staff. So far we've implemented practical changes like making our doors more secure, installing panic buttons and getting personal alarms. We know it will take time for staff to feel safer, but it's a great start.

Faiza Sharif,
Trauma ward manager at The Royal London

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Reducing violence and aggression against staff

Our staff have the right to perform their duties without fear of abuse or violence from patients, colleagues or members of the public. We will not tolerate abusive or violent behaviour in our hospitals, and the trust will support prosecuting anyone who assaults or abuses staff, patients or visitors.

Experiencing violence and aggression is a particular issue for staff on the trauma and surgical wards at The Royal London, so they started what has become a trust-wide quality improvement collaborative involving clinicians, managers and staff looking at what more can be done to ensure everyone feels safe at work.

Faiza Sharif has been the ward manager on the trauma ward for the past year said that violence and aggression impacts staff a great deal.

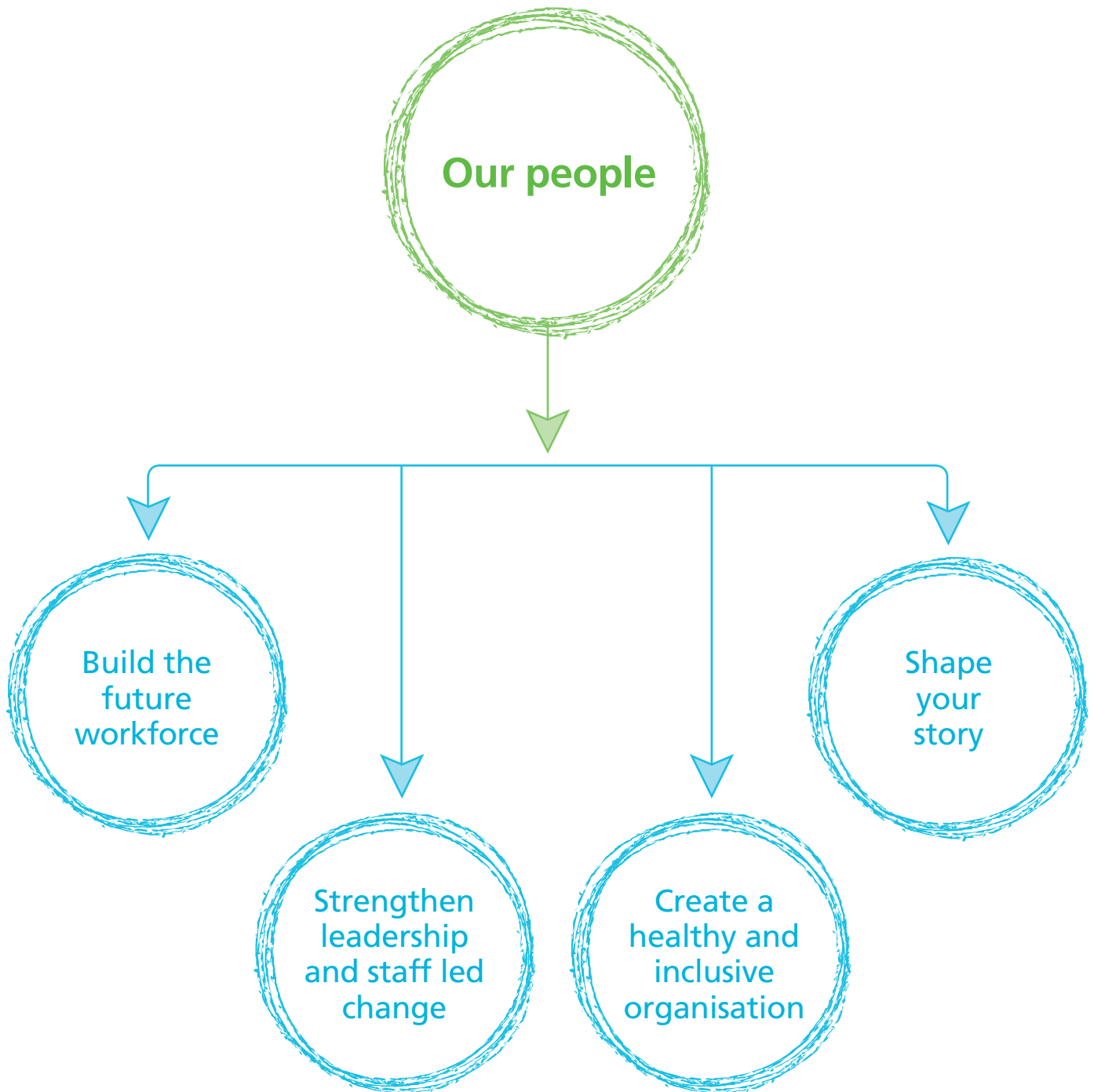
Experiencing violence and aggression is a particular issue for staff on the trauma and surgical wards at The Royal London. “It affects the atmosphere and morale at work, and the rest of our patients. At the end of the day we often go home tired and frustrated, both mentally and physically,” said Faiza Sharif, ward manager.

So the team started what has become a trust-wide quality improvement collaborative involving clinicians, managers and staff looking at what more can be done to ensure everyone feels safe at work. We are increasing psychological support for employees after an incident, to ensure staff feel valued and can return to work well. And we are reviewing way-finding and accessibility within our hospitals to improve the environment, avoid unnecessary distress, and reduce incidents.

Since what staff tell us in confidential surveys does not always match what is officially reported, we are also seeking to improve reporting, share best practice, and identify violence and aggression ‘champions’ to drive improvements on each site.

2. An outstanding place to work

Becoming an outstanding place to work is the foundation of our People strategy. This sets out an ambitious action plan for the next three years, with the overall aim of being among the top quarter of NHS trusts on the national staff engagement score. The People strategy has four goals:

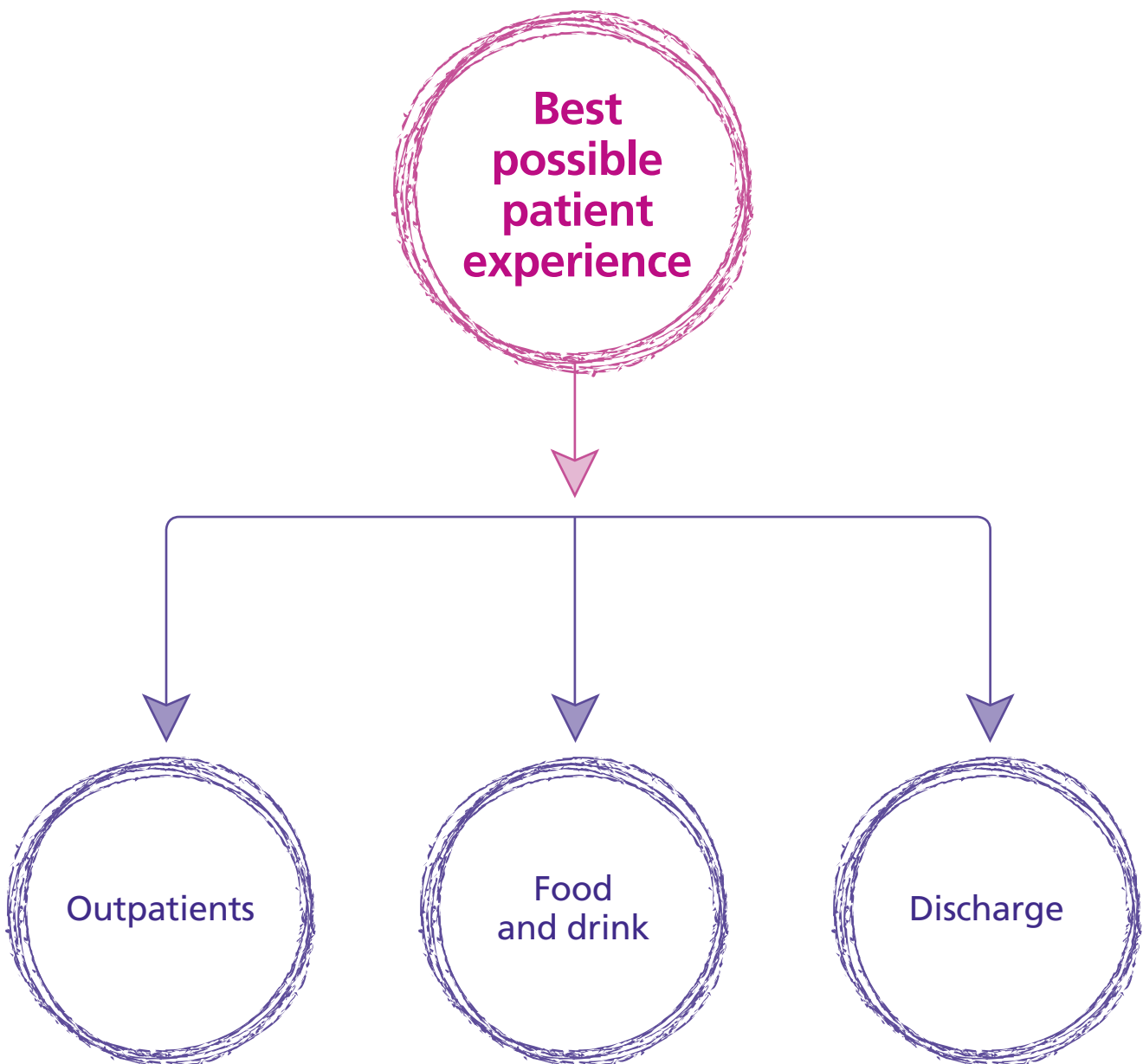


There is a strong overlap here with our separate inclusion strategy, reflecting and celebrating the extraordinary diversity of our workforce. That strategy shares the firm commitment to increase the percentage of BME staff in senior posts (from 31% at Band 8a and above to 40%). Part of being an outstanding place to work is not only to afford equality of opportunity to all staff, but also to deliver equitable care to patients and help improve health outcomes for the population of east London.

3. The best possible patient experience

We are following the principles of our original patient experience strategy and including patients in the process of setting immediate priorities for the years ahead, through a series of workshops. We made changes in response to issues raised, such as responding to complaints quicker, improving our written information and our food service, and planning more robust training. We know we still need to focus on areas which patients tell us are not working well, like delays in being discharged and waiting times in both outpatients and emergency departments. We are also setting up a specialist insight function to help us make sense of the material and determine what is most important.

This ongoing analysis suggests that our key strategic priorities under this heading should be on those areas that most frustrate patients:



Our overall objective is to score above the national average in the inpatients and maternity surveys, and to be in the top quarter for children's services. As well as the specific issues highlighted above, we will also focus on improving communication by staff (both written and verbal) across the board, so patients get all the information and explanation they need about their hospital visit. If we do get above the national average then we will have accomplished one of the criteria for being judged 'outstanding' by the CQC.



The best
possible
patient
experience

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The convenience of holding a clinic online means that the number of appointments going unattended has reduced, which will, over time, save the NHS thousands of pounds each year, as well as freeing up hospital space for other patients.

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Dr Debashish Das,
Registrar

Transforming outpatient appointments at St Bartholomew's hospital

The number of outpatient appointments has almost doubled in the past decade and the vast majority still take place face-to-face. The NHS has challenged hospitals to reduce this by one third over five years.

A team at St Bartholomew's hospital is well on the way with an ambitious virtual clinic spanning a number of specialities for heart attack victims and patients who have undergone cardiac procedures. It means doctors are able to see up to eight patients over a 45-minute period, far more than during traditional clinics.

As well as freeing up clinical time and cutting down the number of outpatient appointments, this has proved extremely popular with patients. 87% reported saving at least an hour of their time by avoiding a hospital visit, with more than one third saving three hours.

The approach is now being rolled out to four other clinics across cardiology, respiratory and oncology.

How we will get there

We are shifting our quality culture away from one that prepares for external inspection towards one that generates continuous staff-led improvement from within. We foster a 'can do' mentality in which staff feel empowered to spot an issue and tackle it themselves, without waiting for permission or instruction. This is the model for our distinctive WelImprove approach to quality improvement.

Our partners at the IHI showed us how to use the proven tools and techniques of quality improvement methodology to create a culture of continuous quality improvement throughout the organisation. They advised us to start small, and scale up over time, as we built our own in-house capacity and capability. They offered support and coaching to skill-up our own staff. And they put us in touch with others who had already been on the journey, notably our neighbouring mental health provider, East London NHS Foundation Trust.

We are now developing a trust-wide systematic programme of quality improvement, incorporating the three traditional dimensions of quality planning, quality assurance, and quality improvement. By bringing them together under the umbrella of an expanded WelImprove programme, we believe we can ensure reliable quality control while also encouraging the freedom for staff to identify and work on areas for improvement.

Quality planning

Our strategy decides what we are going to pay attention to, and how we will assure ourselves that improvement is being implemented. We will use the insight we get from measuring our performance, plus the experiences of our staff and patients, to enable us to know how well we are doing, where we need to improve our care, and what we should do to make it better. Our integrated performance reports have a consistent structure and data quality which can be cut at all levels of the organisation.

We will increasingly use patients and service users as our advisors when deciding what to improve. We will review our plans every year alongside our patients and communities, and support our staff in delivering improvements. Our WelImprove method for improvement gives our staff the tools to make the changes they see are necessary, sustained by an improvement infrastructure of site teams and a central resource hub.

Quality governance

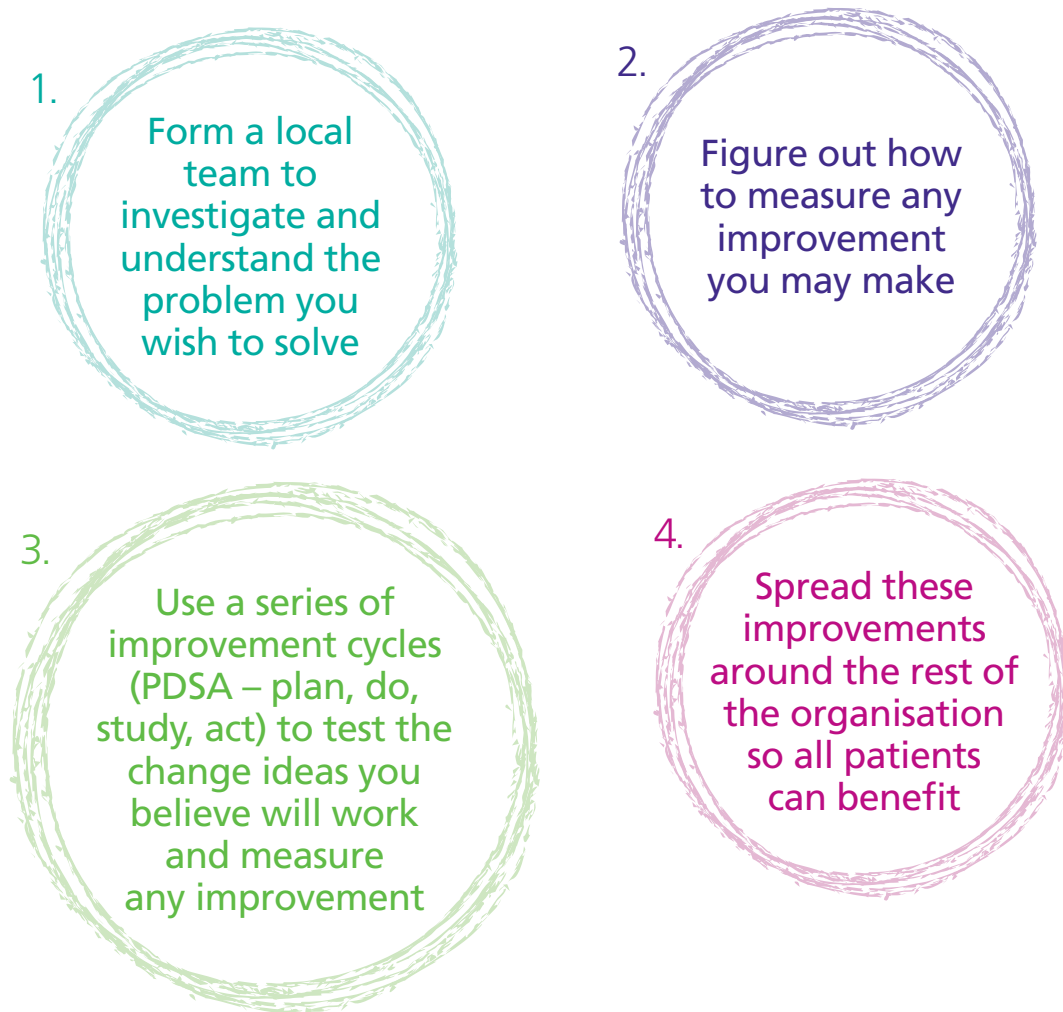
Our strengthened quality governance arrangements ensure clear accountability from the ward to the board, via scrutiny at department, division, hospital and group levels. Each hospital has a quality board that reports through its executive to the group. The group executive reports in turn to the quality assurance committee of the trust board, using a dashboard to record performance and the impact of interventions put in place to manage and mitigate risks.

Our quality assurance framework ensures a consistent approach across this structure. We use peer reviews, clinical Fridays, the Perfect Ward app, ward dashboards, surveillance 'heat maps', and a ward accreditation scheme. These inform quality deep dives to supplement monthly hospital performance reviews, and provide assurance in depth. This gives us confidence we are sustaining standards of quality, are aware of instances where quality is challenged, and are always prepared for any regulatory inspection.

Quality improvement

A culture of continuous improvement is where staff feel empowered to identify issues and areas for improvement in their own workplace; and feel skilled to make those improvements that allow them to care for patients more safely and with compassion. Our experience, and that of the IHI and our other partners, is that we will best achieve this promoting a simple yet effective means of carrying out change, and providing a structure to support them in doing this work.

Our 'method for improvement' is a simple formula:



We are developing the skills, training and experience in our staff and their leadership to adopt and spread trust-wide this focussed approach to sustainable quality improvement. The QI Hub is a mixture of information for staff and individuals who can help: you can access these resources through the QI pages on WeShare. Individual Welimprove teams are supported by a skilled coach to help and advise them through their improvement journey. The whole ethos of the programme is to enable our people to take practical steps on a small scale to help themselves and their teams solve problems and overcome barriers to progress. So we actively encourage staff to get involved and become champions for change.

Working in partnership with the IHI, and utilising it's tried and tested improvement methodology, we anticipate our stock of collaboratives and other Improvement programmes will grow year on year as more staff become experienced and trained. In shifting our quality culture from compliance to continuous staff-led improvement, Welimprove has the potential to become a catalyst for transformational change. If we can systematically embed the Welimprove approach in all of our services across the organisation, it really will become the way we do things around here.

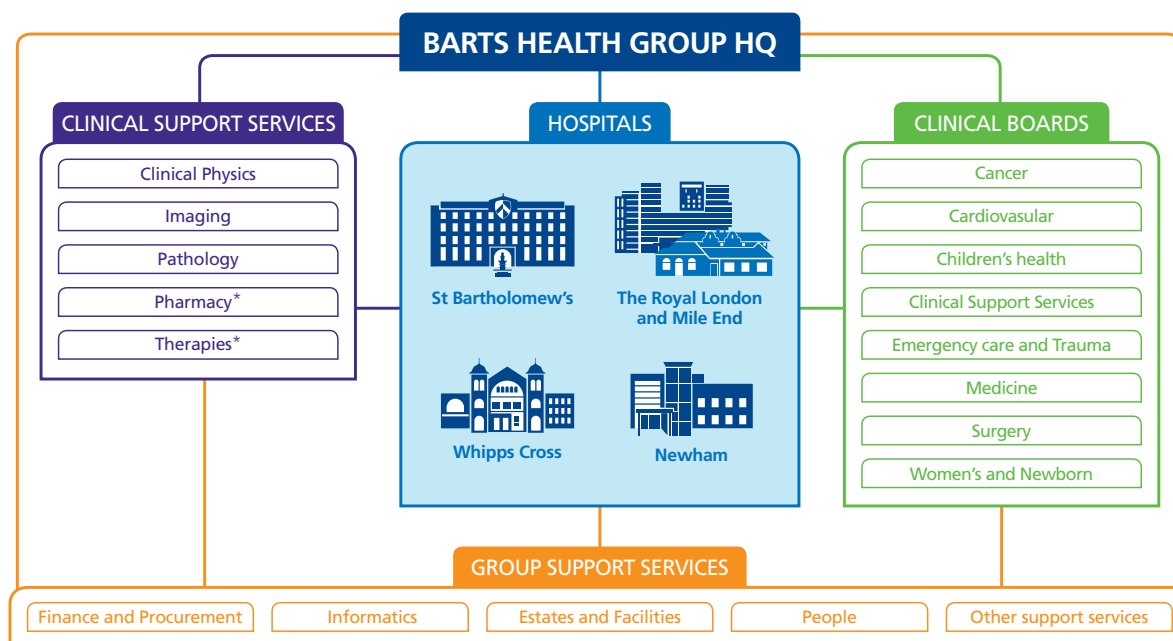
Getting to good and outstanding is a collaborative effort



Leadership and culture

This is a trust-wide quality strategy, with a powerful cross-cutting approach to quality improvement to help deliver it. Our hospitals operate as a group, in which authority and accountability is located as close as possible to patient services while recognising the role of central leadership where necessary. Each of our hospitals has its own quality improvement plans, aligned with the over-arching strategy yet reflecting the unique challenges and opportunities facing each site and department.

As part of developing our well-led framework, the hospital leadership teams will set out how they are taking forward all our strategies, by engaging divisional directors, ward managers and front-line staff. Our eight clinical boards also have an important role to play in maintaining clinical standards. The greatest challenge here is reducing unwarranted variation, and working out how to bring all aspects of every service up to the level of the best.



We will deliver our strategic quality goals if we let our WeCare values guide us at all times, and ensure that our leaders support continuous quality improvement and culture change. Our new leadership development framework fosters a systematic approach towards providing high-quality person-centred care, supporting learning and innovation, and promoting a diverse and inclusive culture. This WeLead programme puts into practice the national NHS ambition to change the leadership culture of the health and care service to better support and empower frontline staff, in order to consistently provide outstanding patient care.

We are also working closely with GPs, mental health providers and other partners in the wider north east London healthcare system on transforming care across organisational and geographical boundaries. For example, we are seeing more patients with complex physical and mental health issues presenting at our emergency departments, requiring in-patient stays. We are working with our partners in both ELFT and the North East London NHS FT to ensure that the best model of care is in place across our care pathways to meet these changing patterns of needs.

The NHS faces an uncomfortable future in which the number of people it is there for is growing, each of them are living longer, and they all have rising expectations of medical science. In these circumstances, more of the same is not what the NHS or its patients require. If we are to achieve even existing national standards, we will have to provide care in innovative and different ways. The pursuit of quality depends on all of us working together to transform services so we can continue to provide the right care in the right place at the right time.

Quality outcome metrics

| | Strategic goal | Quality priority | Performance measure | 2018-19 baseline | 2022-23 ambition |
|--|--|---|--|---|---|
| Provider of excellent patient safety | Safety at the point of care | | Number of never events resulting from wrong site surgery | 5 | ▼ zero |
| | Supporting the deteriorating patient | | Sepsis 6 antibiotic administration within 60 minutes | 60.99% | ▲ 90% |
| | Improving the flow of patients through hospitals | | Operations cancelled on the day of surgery for non-clinical reasons | 1,933 | ▼ 50% reduction |
| | | | Number of face-to-face outpatient appointments | 1,535,243 | ▼ 33% reduction |
| An outstanding place to work | Improving health and wellbeing | | Staff survey feedback on taking positive action | 26.3% | ▲ Upper quartile nationally |
| | Reducing violence and aggression | | Incidence reported in staff survey | 32.9% | ▲ Top London acute trust |
| | Improving psychological safety | | Staff survey feedback on recommended as place to work | 62.7% | ▲ Upper quartile nationally |
| | Fostering equality and inclusion | | Proportion of BME staff in leadership positions (band 8a+) reflects workforce as a whole | 31.2% | ▲ 39.9% |
| Best possible patient experience | Improving experience of outpatients | | Friends and Family Test outpatients response rate | 4% | ▲ 15% |
| | | | Friends and Family Test outpatients recommended rate | 88.14% | ▲ 95% |
| | Improving experience of discharge | | Inpatient survey: told who to contact if worried after leaving hospital | Survey score 6.82 | ▲ Achieve national average (currently 7.57) or better |
| Improving experience related to food and drink | | Inpatient survey: getting enough help from staff to eat meals | Survey score 6.23 | ▲ Achieve national average (currently 7.26) or better | |



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The trust had developed and progressed an organisational model that had significantly improved leadership and governance across the hospital sites. This had led to improved quality in care and better engagement with staff. The trust board evidenced strong collaborative relationships and were committed to ensuring sustained quality improvement across the organisation.

CQC February 2019

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Large print and other languages

For this leaflet in large print, please speak to your clinical team.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টেরে মত বকিল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যতে পারে। আরো তথ্যেরে জন্য আপনার ক্লিনিকিয়াল টিমেরে সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

ہک اس یج، یہ یتکس اج ی یک بایتسد یم سٹیمراف لدابتتم تامول عم ہی یھب یم ونابز لدابتتم رپ تس اوخرد روا ٹنرپ اژب ای ناس یم نھڑپ تاب رس مٹ لکنیلک ینپا، یریل رے تامول عم دیزم ہی یتکس وہ بایتسد - یرک

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