



Whipps Cross Hospital



Mile End Hospital



St Bartholomew's Hospital



The Royal London Hospital



Newham Hospital



# We are **Barts Health**



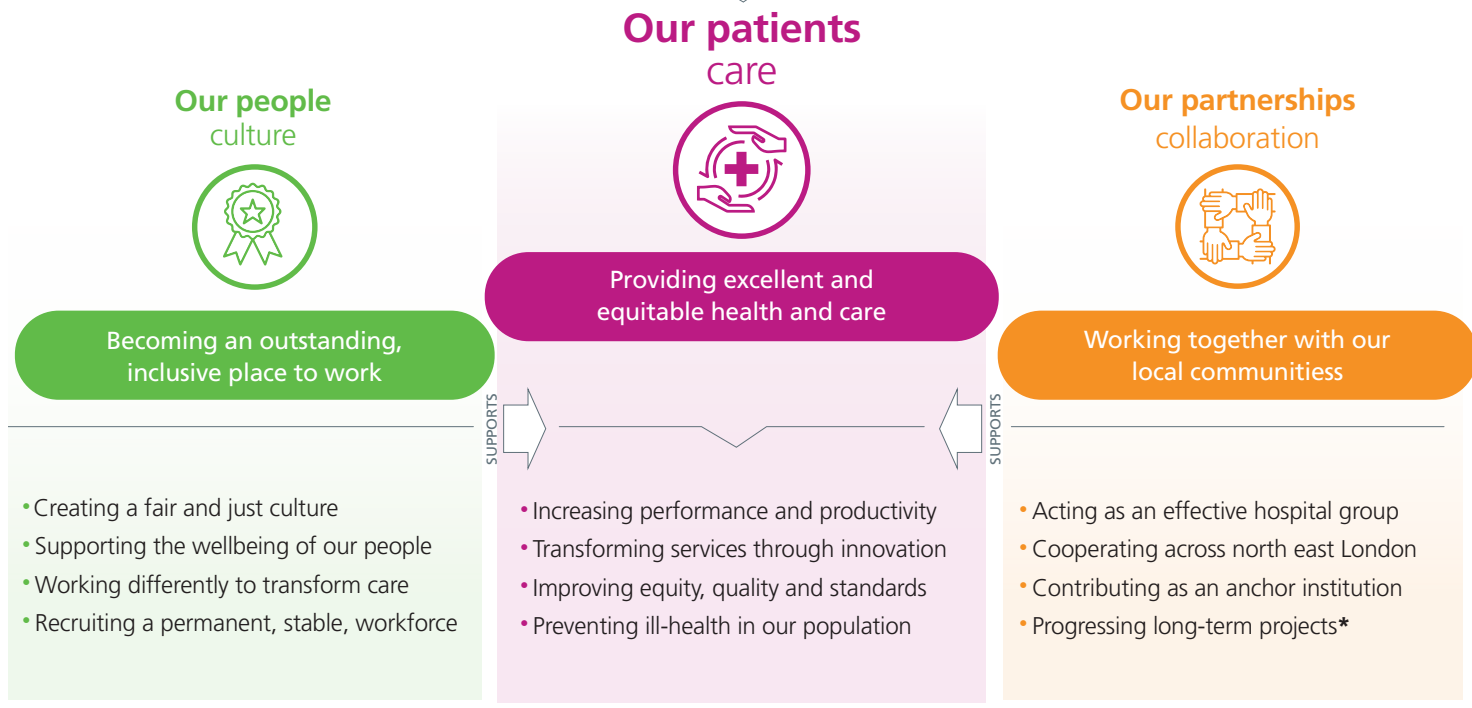
# Safe, compassionate and efficient: our mission for 2023-25

**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

Why we're here – our vision and values



What we do – our priorities and objectives



How we'll do it – our commitments and approach



# Introduction from the Group CEO



These are testing times for the NHS. This year we celebrate the 75th anniversary of an institution that has become an essential part of the fabric of our society. Together we successfully navigated an unprecedented pandemic. It ushered in a new era of mutual aid, partnership working, and innovation driven by ground-breaking research, though its legacy in our hospitals is a backlog of operations, staff shortages, and robust infection control.

As society struggles with the cost of living and constrained resources, the NHS faces similar pressures. Price rises and inflation make it difficult for any of us to balance the books. In north east London we have record demand for health and care services from a unique, diverse and growing local population. Our challenge as a group of hospitals is to help our hard-pressed staff do their job even better so we continue to improve the quality of healthcare for patients.

Barts Health is one of the biggest NHS trusts, with the largest number of emergency patients in the country, one of the biggest maternity caseloads, and the largest waiting list for routine procedures. Every day, about 6,000 patients come through our doors seeking treatment, expert advice and relief from anxiety or pain. We spend over £2bn a year on improving the quality of life of our local communities.

We have much to be proud of. This year we celebrate the 900th anniversary of the country's oldest hospital, St Bartholomew's, and the 40th anniversary of the youngest in our group, at Newham. These milestones follow on the heels of the recent 280th anniversary of The Royal London hospital and the 100th birthday of Whipps Cross.

We now anticipate collaborating ever more closely with our neighbours in Barking, Havering and Redbridge University Hospitals Trust (BHRUT) through a new integrated model. As one group, the two Trusts will support each of our hospitals to improve further by doing what we can best do together, and thereby strengthen acute services across north east London.

This report sets out who we are, what we are doing, and where we are going. It charts our strategic direction of travel as we refresh our clinical strategy in partnership with the other acute trusts and NHS bodies in north east London. In doing so, it reaffirms both our long-standing commitment to providing safe, compassionate and efficient care for our patients, and our continuing ambition to pursue equity of access, experience and outcomes. We are on an exciting journey of improvement as we work closely with our partners in both health and local government to overcome the varied challenges facing us all.

A handwritten signature in black ink that reads "Shane DeGaris". The signature is written in a cursive, flowing style.

**Shane DeGaris**

Group Chief Executive for Barts Health NHS Trust and  
Barking, Havering and Redbridge University Hospitals NHS Trust

## Our plan

We have a clear vision of our role in the NHS and a well-established set of WeCare values by which we live and work. Our watchwords are safe, compassionate and efficient care. Before the pandemic we set a course for our hospitals to become good and outstanding for the quality of services we offer, and that remains our aim.

We are proud of our achievements in pulling through the pandemic peaks, and a lot changed because of Covid-19. We are collaborating more closely with NHS and social care partners than ever before and taking advantage of virtual technology to improve patient care and experience.

Yet the shadow of the coronavirus still looms over us: the necessary focus on emergency activity bequeathed a record waiting list. We are significantly reducing the numbers waiting too long for routine procedures or appointments, yet there are still over 110,000 people on the list. We are also making strenuous efforts to speed up diagnostic testing and ensure suspected cancer patients are seen promptly.

The pandemic both highlighted and widened health inequalities, particularly among minority ethnic groups who suffered disproportionate deaths associated with high-risk occupations, household overcrowding and lower vaccine uptake. Delays in getting back to normal will adversely affect those who are already suffering from pre-existing health conditions.

The NHS is coming to terms with what this means for the shape of health and care services in future. At a national level we have a long-term plan and requirements for the coming year. We are expected to recover those core services impacted by the pandemic, as well as continuing to transform services for the future. The goal remains more personalised, proactive and joined up care for patients. We must achieve this within the context of creating a local integrated care system (ICS) that brings health and social care partners together in a common enterprise.

Within north east London we are making good progress, driven by our closer collaboration with BHRUT. To support the seven hospitals working together in an increasingly integrated group, we are developing shared approaches to workforce, estates, and financial planning. We are also helping BHRUT develop a plan to introduce electronic patient records.

This work feeds naturally into a broader Acute Provider Collaborative that includes Homerton and aligns our clinical leadership with the other acute hospitals in north east London. For example, we aim to set up clinical boards which will oversee a common set of clinical standards and help develop a mutual clinical strategy on behalf of all patients in the patch.

In contributing to this process we developed some interim guiding principles of our own for the benefit of our staff and stakeholders. These strategic objectives are the basis on which we intend to operate for the foreseeable future:

- **To provide excellent and equitable health and care for our patients**
- **To become an outstanding and inclusive place to work for our people**
- **To work together with our partners and local communities**

Under each of these headings we agreed a set of high-level commitments, through which we will deliver demonstrable changes to our workplace culture, our care for patients, and our collaborative ventures with others. We will translate them into specific and measurable deliverables for each Barts Health hospital in 2023/4 in our forthcoming Group Operational Plan.

## Our population



Our hospitals serve a core population of about one million people across Newham, Tower Hamlets, and Waltham Forest, extending into the City of London and Hackney in the east and Redbridge in the west. Understanding the health needs of our diverse and often deprived communities is crucial to how we design services fit for the future.

The diversity of our communities is both a strength and a challenge. Across the three boroughs 60% belong to an ethnic group other than White British, compared to 20% nationally. Newham is the most diverse borough in the country: half its population is Asian, of whom a third are Indian, a quarter Bangladeshi, and a fifth Pakistani. Within Tower Hamlets, one-third of residents are of Bangladeshi heritage, the biggest ethnic concentration of any local authority. Waltham Forest hosts our biggest Black community, and a quarter of its population don't speak English as a first language.

This diverse population is growing fast – north east London as a whole will expand by 15% over the next 15 years, equivalent to a new borough. Newham and Tower Hamlets alone are forecast to take more than half the extra numbers. The age profile is young, too, with an average age of 30-35 compared to 40 for London as a whole.

We are also poorer, with two-thirds of residents living in one of the 20% most deprived neighbourhoods in England. Unemployment is almost twice the national average. A quarter of children in Newham and Tower Hamlets are growing up in poverty. Life expectancy is growing, yet unequally, and older patients use services more frequently.

These factors contribute to high levels of health inequality and pose a challenge for the planning of NHS services. We know there is a higher prevalence of long-term conditions in some areas, such as diabetes & obesity in Newham. There is a higher prevalence of preventable issues in others, like smoking in Tower Hamlets and Newham. And the pandemic exposed a higher incidence of Covid-19 deaths in Newham and Waltham Forest.

These considerations form the backdrop to the work of the ICS in developing a draft strategy for population health in north east London. We share its triple aim to reduce variation and inequality in outcomes, access and experience; to improve the resilience of the health and care system; and to specialise and consolidate services where that will improve outcomes and add value.

# Diversity

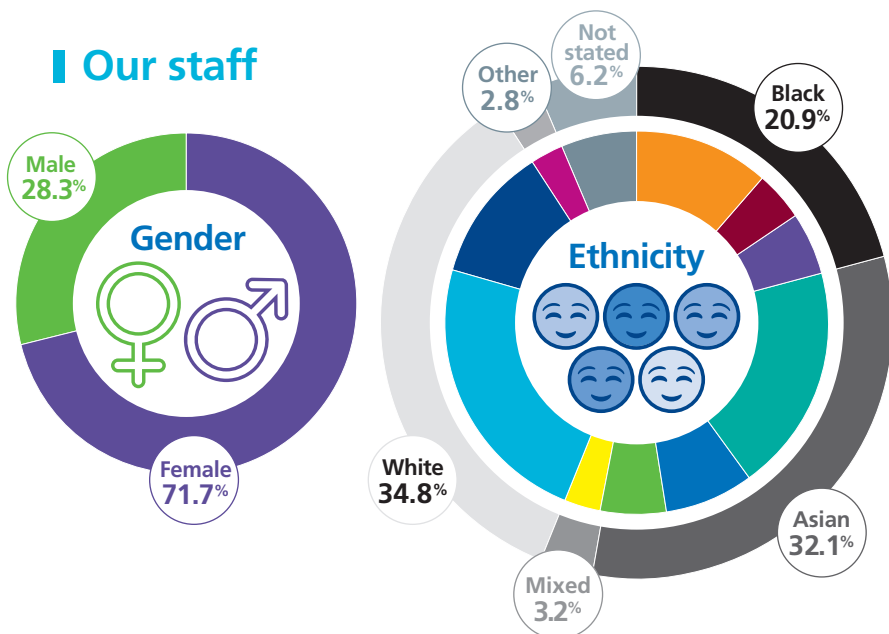
## at Barts Health NHS Trust

### Our staff and patients

The Barts Health workforce is one of the most diverse in the NHS, and serves some of the most diverse communities in the country. These are badges we wear with pride as we work to ensure that all of us feel included in all we do, and are respected for who we are. One way we can do this is through communications that are tailored to our different audiences, and celebrate our differences.

Below is a summary of who we are in relation to age, ethnicity, gender and religion. In addition, 3% of our workforce has a disability and 3% identify as LGBTQ+.

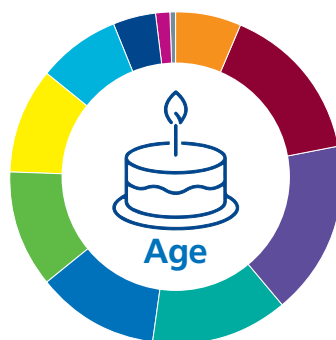
### Our staff



Ethnicity	%
Black African	11.6%
Black Caribbean	4.2%
Black Other	5.2%
South Asian (Indian, Pakistani, Bangladeshi)	19.2%
South east and East Asian (Chinese, Filipino, Malaysian)	7.6%
Asian Other	5.4%
Mixed	3.2%
White British	23.3%
White Other	11.5%
Other	2.8%
Not stated	6.2%

### Our community: Population health

- Social isolation and loneliness** is high in our local areas and has an important impact on wellbeing.
- Food insecurity:** 13.4% - 16.9% are worried about getting food, worse than the national average.
- Migration and mobility:** The high rate of turnover of our population, both within the UK and internationally, is likely to continue and net inwards migration may well increase from 2022 relative to 2020/21.
- Population growth** is estimated to increase 1 - 1.5% over the next 5-10 years.
- The proportion of people aged 65+ is projected to increase from 8.5% in 2021 to 9.7% by 2026.
- Age standardised mortality** is highest in South Asian and Black ethnic groups from circulatory diseases.
- People working in manual occupations and mixed ethnic groups are likely to smoke. Contributing to high local mortality rates from diseases including COPD and lung cancer.



Age	%
25 and below	6.6%
26 - 30	15.4%
31 - 35	17.0%
36 - 40	13.4%
41 - 45	12.1%
46 - 50	11.4%
51 - 55	10.2%
56 - 60	7.9%
61 - 65	4.3%
66 - 70	1.4%
71 and over	0.4%



Religion	%
Atheism	7.4%
Buddhism	0.5%
Christianity	32.6%
Hinduism	3.3%
Islam	13.1%
Jainism	0.0%
Judaism	0.4%
Sikhism	0.6%
Other	2.6%
Non-disclosure*	39.5%

References: As at 31 March 2022, data sourced from ESR

## Our patients

Our top priority is providing safe and compassionate care and treatment for our patients. This collective effort involves doctors, nurses, other health professionals and a multitude of other experts who support them both on the wards and elsewhere. It finds expression not only through specialist clinical pathways, but also in how we look after our patients and ensure they have an acceptable experience of care.

The pandemic changed everything, and we are working through the consequences. We recently removed the most visible aspect of Covid-19 restrictions, compulsory mask-wearing, yet maintain a rigorous infection prevention and control regime. We revamped our WelImprove approach to bring quality improvement and clinical transformation together in a single team. We overhauled how we obtain feedback from patients and how we engage with them to improve care. We also reviewed our strategy, and after extensive consultation with clinicians agreed four commitments to guide our contribution to creating a wider clinical strategy for north east London.



## 1. Increasing performance and productivity

### Expanding alternatives to A&E and emergency admission

More patients are coming through the front door seeking urgent care, and more of them are sicker and need to be admitted to hospital; so it makes sense to find new way of promptly treating the others who aren't and don't. Part of the answer is offering effective alternatives instead of hospital; and part is ensuring patients can access appropriate community services so they can leave hospital.

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**Our three A&E hospitals have dedicated Same Day Emergency Care units where patients are assessed, diagnosed, treated and sent home without needing an overnight stay in a bed. They are triaged from GPs, A&E itself, Outpatients or NHS 111; this is particularly valuable for children. Patients don't wait so long for treatment and get home sooner, freeing up hospital beds for those who need them most and reducing the risk of cross-infection.**

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### Transforming outpatients to provide more personalised care

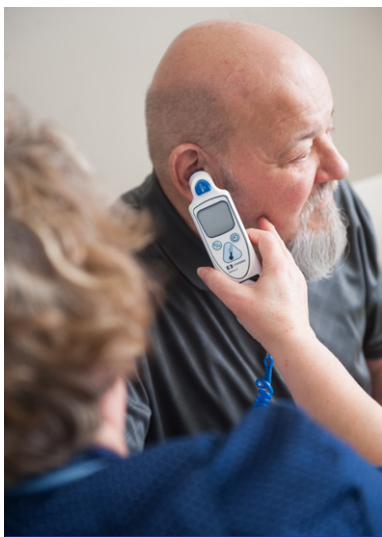
The numbers accessing outpatient appointments doubled in a decade and now average 30,000 a week. Covid infection control made us think differently about managing this demand and now all specialities hold virtual clinics. We also support greater independence among patients through remote monitoring. A range of digital tools, patient apps and wearable technology make it possible for patients to interact regularly with their clinicians from home and exercise more control over their care. To free up more capacity in clinics, we also encourage patients to request follow-up sessions rather than automatically booking appointments that may be unnecessary.

### Reducing waiting times for elective, cancer and diagnostic services

No-one is now forced to wait two years for routine treatment, and fewer are waiting more than 12 months. To clear the backlog we must be more efficient, and increase capacity in our operating theatres. Our new Community Diagnostic Centre at Mile End is increasing the number of scans we offer and providing quicker results for patients, while also relieving pressure on acute hospital sites.

### Build and develop capacity to meet the longer-term needs of our population

The Royal London has undeveloped space on the 14th and 15th floors which could house extra inpatient beds. Newham is refurbishing theatres for daycase surgery. Extra critical care beds for specialised services are in the pipeline at St Bartholomew's, where Barts Charity is raising funds for a breast surgery centre to improve outcomes for patients and increase participation in research.





## 2. Transforming services through innovation

To develop our clinical services to meet future challenges, we must embrace innovation, research, and improvement methodology, and draw on the scale of our group. For example, surgeons performing more operations in a single location can improve safety, outcomes and experience for patients. So we will create centres of excellence across the group for complex, daycase and specialist services, building on the models of the Barts Heart Centre in St Bartholomew's hospital and the major trauma centre, childrens hospital and hyper-acute stroke unit at The Royal London.

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**We plan two more centres of excellence at The Royal London, for complex head and neck surgery, and complex abdominal surgery. Each will bring together clinical co-dependencies from across the group: for example, complex head and neck work involves specialists in ENT (ear, nose and throat), plastics and neurosurgery.**

**We will also set up six daycare surgical centres for ENT, gynaecology, general surgery, ophthalmology, orthopaedics, and urology. These will enable us to operate on more patients more often, reducing the elective backlog while improving outcomes and experience.**

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We will also seek to ensure equity of access, standardise practice and improve patient experience through cross-site collaboration. Networks for endoscopy and imaging will maximise the use of facilities to reduce waiting times for patients and offer staff extra work and training opportunities. We also want to improve access to our specialist care facilities for patients at other hospitals within the group.

## 3. Improving equity, quality, and standards

We regularly review waiting list data for potential inequalities, such as the disparities we tackled among patients with learning disabilities. A new outpatient equity dashboard identified disproportionately high rates of missed appointments for both young black men and patients living in the most deprived areas. The next step is to embed equity data in the running of services to improve how they are delivered.

We will refresh our quality strategy and update its objectives to reflect ongoing feedback from patients about their experience, implement the new national patient safety incident response framework, and deliver the national maternity standards to ensure all pregnant women have a personalised care plan and are supported to make informed choices.

## 4. Preventing ill-health in our population

Our hospitals have a long-established role in improving the health of our local communities through managing long-term conditions. The integrated delivery framework for Waltham Forest that emerged from redeveloping Whipps Cross hospital shows how we can go further through the new place-based partnerships.

We can also do more within hospitals to help patients manage their health, in the way our tobacco dependence team works with smokers and pregnant women. We could further develop community outreach schemes like the pioneering East London Cardiovascular Disease Prevention programme (EloPE).

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**East London has one of the capital's highest rates of heart disease and EloPE aims to reduce the risk of premature death. The preventative cardiology department at St Bartholomew's works with GPs to manage cholesterol, abnormal heart rhythm and blood pressure in patients, thus reducing the likelihood of heart attacks and stroke. With the British Heart Foundation the team also developed and delivered lessons to over 6,500 children in schools across north east London.**

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## Our people



We want to be an outstanding place to work. A workplace in which our talented and dedicated staff are proud to remain, and a workplace which skilled and enthusiastic people want to join. In these challenging times for the NHS, the latest annual staff survey shows our people feel safer at work, more valued by managers, and their voices are heard. Yet we also have more to do because the proportion who would recommend the organisation as a place to work fell significantly, to just over half. This may reflect wider dissatisfaction with NHS pay and conditions, but we cannot afford to be complacent about what our own staff tell us about their experience.

We are therefore determined to press on and meet our bold commitment to eradicate racism and all forms of discrimination and inequality. This is embodied in our WeBelong approach, which seeks to embed inclusivity and equity in everything we do - not just through our People policies and practices but in all our interactions with Patients and Partners too.

### Creating a fair and just culture

We are proud of our diversity and believe it is a force for good. However, we are also conscious that we don't always live up to our own expectations. Although 60% of our staff classify themselves as Black and Minority Ethnic, for example, less than one-fifth of our most senior leaders fall into that category. This is a glaring mismatch we are determined to overcome step by step through our career development programmes, along with addressing similar discrepancies among women and colleagues with disabilities.

Our dedicated Inclusion Centre team is offering bespoke cultural intelligence training to staff and recruiting more inclusion ambassadors for job selection panels. We will continue fostering active staff diversity networks, as well as identifying and supporting future leaders through mentoring, shadowing and learning opportunities. We are rolling out a programme to boost the leadership skills of middle-managers, too. We will monitor progress in reducing disparities in career progression and disciplinary cases through the workforce race and disability equality standards, and tackle the gender pay gap.

## Supporting the wellbeing of our people

The unprecedented pressures of the pandemic brought home the importance of supporting staff wellbeing and we are grateful to Barts Charity for enabling us to invest in wellbeing hubs in each hospital, refurbish rest rooms and other local facilities, and set up a pioneering psychological support service for stressed staff. We now also have a network of wellbeing leads who actively support managers and their teams to improve work experience on the wards and in offices, thereby helping both the recruitment and retention of staff.

## Working differently to transform care

Change is the mantra of the 21st Century. No-one and nothing stands still, and to be a sustainable organisation we must both adapt to the changes happening around us and shape those changes for the benefit of our patients. We should take advantage of any opportunity to add value by doing things differently, in order ultimately to be able to transform care.

This means embracing new roles and new ways of working in both clinical and support areas, collaborating with colleagues and partners across and outside our group of hospitals, and being flexible in response to productivity challenges, so our people are the best they can be at work.

## Recruiting a permanent, stable workforce

We employ about 18,500 people, of whom about 60% were in post before the pandemic. We have shortages of skilled workers in some key areas, notably anaesthetists, nurses in critical care, emergency and theatres, and midwives. We also remain over-reliant on temporary staff to fill shifts at short notice. Along with others in the NHS we are expected to reduce our spending on agencies.

We are reviving our Drive to 95 programme which aims to reduce our vacancies from 8% to 5%. We anticipate taking on 600 more permanent employees in 2023/4, of whom almost half will be nurses and midwives.

We are also developing a fresh approach to temporary staffing rules and rates to ensure consistency across the group, not least because this offers many of our own employees an opportunity to earn more through overtime.



## Our partners

The north east London integrated care partnership agreed four priorities to address the health and care needs of our population. These are, to provide the best start in life for babies, children and young people; to support everyone at risk of a long-term condition or living with one to live a longer and healthier life; to improve mental health and wellbeing; and to create meaningful jobs and employment opportunities. As a member of the partnership we are expected to develop our own role in delivering integrated care on two levels:

- across the system through sector collaboratives: in our case, with the other acute hospitals in Homerton Healthcare and Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- locally through place-based partnerships; in our case, the boroughs of Tower Hamlets, Newham and Waltham Forest, and the City of London.

### Acting as an effective hospital group

Our closer collaboration with BHRUT pre-dated the creation of the acute provider collaborative (APC) and evolved to become the effective engine room of this wider effort. Together we aim to support clinical collaboration both by progressing mutual improvement and transformation projects, and by working more closely together on the back-office functions that support them like procurement, finance, estates management and workforce planning.

For example, to reduce our reliance on temporary staff, we are aligning pay rates between the two trusts, taking a common approach to using Bank Partners, and advertising jointly to recruit in shortage areas like emergency nurses.

### Collaborating across north east London

The three acute trusts are working together on immediate clinical improvement and transformation programmes in six areas: urgent and emergency care, planned care, cancer, maternity, critical care, and babies, children and young people. In due course we intend to bring our clinical leaders together through common networks to oversee clinical standards across the ICS and determine an overarching clinical strategy for meeting the diverse health needs of a growing population.

### Contributing as an anchor institution

As the biggest employer in east London and a major purchaser of goods and services, our group of hospitals plays a key role in economic regeneration and environmental improvement. We insist suppliers pay the London Living Wage and increasingly take social value into account in procuring IT software, medical devices, and construction projects (like the Mile End community diagnostic centre).

We will extend the reach of award-winning schemes like Community Works for Health, Healthcare Horizons and Project Search to provide even more employment opportunities for young people with disabilities or from disadvantaged backgrounds. We want to engage more with patients and community representatives, building on our existing patient panels and the networks we established during the pandemic. As a first step towards patient participation in service development we will recruit a lay co-chair to provide a patient voice in our governance arrangements.

## Progressing long-term projects



### A new Whipps Cross hospital

We have cleared the site of the old nurses' home, obtained planning permission, and are ready to build a new multi-storey car park nearby - but are still awaiting the go-ahead from the Government's new hospitals programme. This delay outside our control means construction is unlikely to begin until 2025 at the earliest. Meanwhile we are working with local partners to progress plans for redeveloping the rest of the estate and developing community health services outside of the hospital.

### Barts Life Sciences

With our academic partners at Queen Mary University of London we are helping the Department of Health and Social Care create a life sciences centre in Whitechapel to bring clinicians, researchers and industry together in developing innovative approaches to healthcare. This includes seeking Barts Charity funding for a precision medicine platform that will give researchers access to anonymised mass patient data. Thanks to a £14m investment from the charity we will also open our own world-class clinical research facility at The Royal London hospital.

### Our Green Plan

We share a common plan with BHRUT to meet the NHS ambition to become net zero by 2040. The first step is establishing a joint sustainability team led by a recognised environmental expert to optimise resources and expertise. These professionals will be supported by seven Clinical Fellows devoting their time to embedding good environmental practice into all aspects of operational healthcare.

### Newham Hospital

Investment in the 40-year-old infrastructure includes extensive fire safety improvements to modernise the way the hospital works; constructing a new modular building to house a 26-bed ward and 14-bed intensive care unit; and re-opening two mothballed operating theatres. The extra capacity will enable Newham to meet demand from a growing local population, including in Barking and Dagenham.

### Barts 900

In partnership with Barts Charity and others celebrating the 900th anniversary of the founding of St Bartholomew's hospital and church, we are raising funds to host a breast cancer centre of excellence. This will consolidate all breast treatment across the trust in a dedicated site at St Bartholomew's, reducing inequalities in access and improving outcomes for patients. We are also creating a clinical research facility at The Royal London hospital that will develop innovative research programmes and engage more patients in clinical trials.

# Promoting and supporting our plans

## Financial sustainability

In partnership with BHRUT and in pursuit of mutual sustainability we are tackling three common factors that drive our underlying deficit: a reliance on temporary staffing; the use of separate back-office services; and operating theatre inefficiencies. We are aligning medical pay rates and creating a joint Bank for temporary staff. We are exploring common approaches to finance, procurement and payroll services. And we are sharing learning on reducing costs and making savings in theatres.

## World-leading research

We have a track record of securing sponsorship, and well-established centres for life sciences and trauma sciences at The Royal London. The Barts Charity will fund a state-of-the-art facility where we undertake life-changing clinical research within under-represented communities. There remain internal disparities between specialties and sites on both academic performance and ability to recruit patients to clinical trials. We aim to partially redress the balance by creating an Academic Centre for Healthy Ageing at Whipps Cross.

## High quality education and training

Our Education Academy trains student doctors through clinical placements using simulation techniques, artificial intelligence and live patient interaction. We will develop career pathways for medical graduates (including refugee and speciality doctors), and roll out bespoke induction programmes for recruits from overseas to support them in their new working lives within the NHS. We are also developing leadership training for team leaders and senior managers across the organisation.

## Digital transformation

We are half-way through a phased £70m investment transforming our digital infrastructure. We replaced the computer network, moved data storage hosting to the cloud, started renewing our telecommunications, and began to upgrade all end-user devices. We successfully moved away from relying on paper records to implement electronic prescribing on the wards. These changes increase efficiency, improve patient safety, and facilitate better services like virtual clinics. We are now working with our partners to standardise, and then optimise, our respective digital capacity.

## Excellent communications

We aim to promote the reputation of the services that Barts Health provides to patients by communicating and engaging effectively with our staff, stakeholders and local communities. This report shows we have a series of great stories to tell, and its own look and feel illustrates our positive, proactive and professional approach to making the most of them.

# WeCare

Our vision, values and behaviours



WELCOMING



ENGAGING



COLLABORATIVE



ACCOUNTABLE



RESPECTFUL



EQUITABLE

# WeBelong

Becoming a truly inclusive organisation

Designed and produced by the Barts Health design and communications team

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