



Safe, Compassionate and Efficient:

Our group operational plan for 2023/4

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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

WeCare
 Our vision, values and behaviours



What we do – our priorities and objectives

Our people culture



Becoming an outstanding, inclusive place to work

Our patients care



Providing excellent and equitable health and care

Our partnerships collaboration



Working together with our local communities

How we'll do it – our commitments and approach

- Creating a fair and just culture
- Supporting the wellbeing of our people
- Working differently to transform care
- Recruiting a permanent, stable, workforce

- Increasing performance and productivity
- Transforming services through innovation
- Improving equity, quality and standards
- Preventing ill-health in our population

- Acting as an effective hospital group
- Cooperating across north east London
- Contributing as an anchor institution
- Progressing long-term projects*



Living our values through our everyday behaviours: **WeBelong, WeImprove and WeLead**

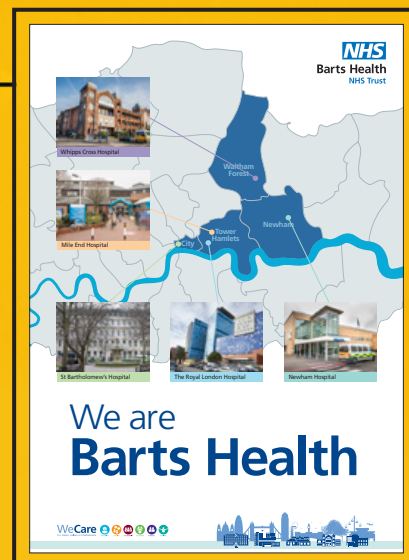
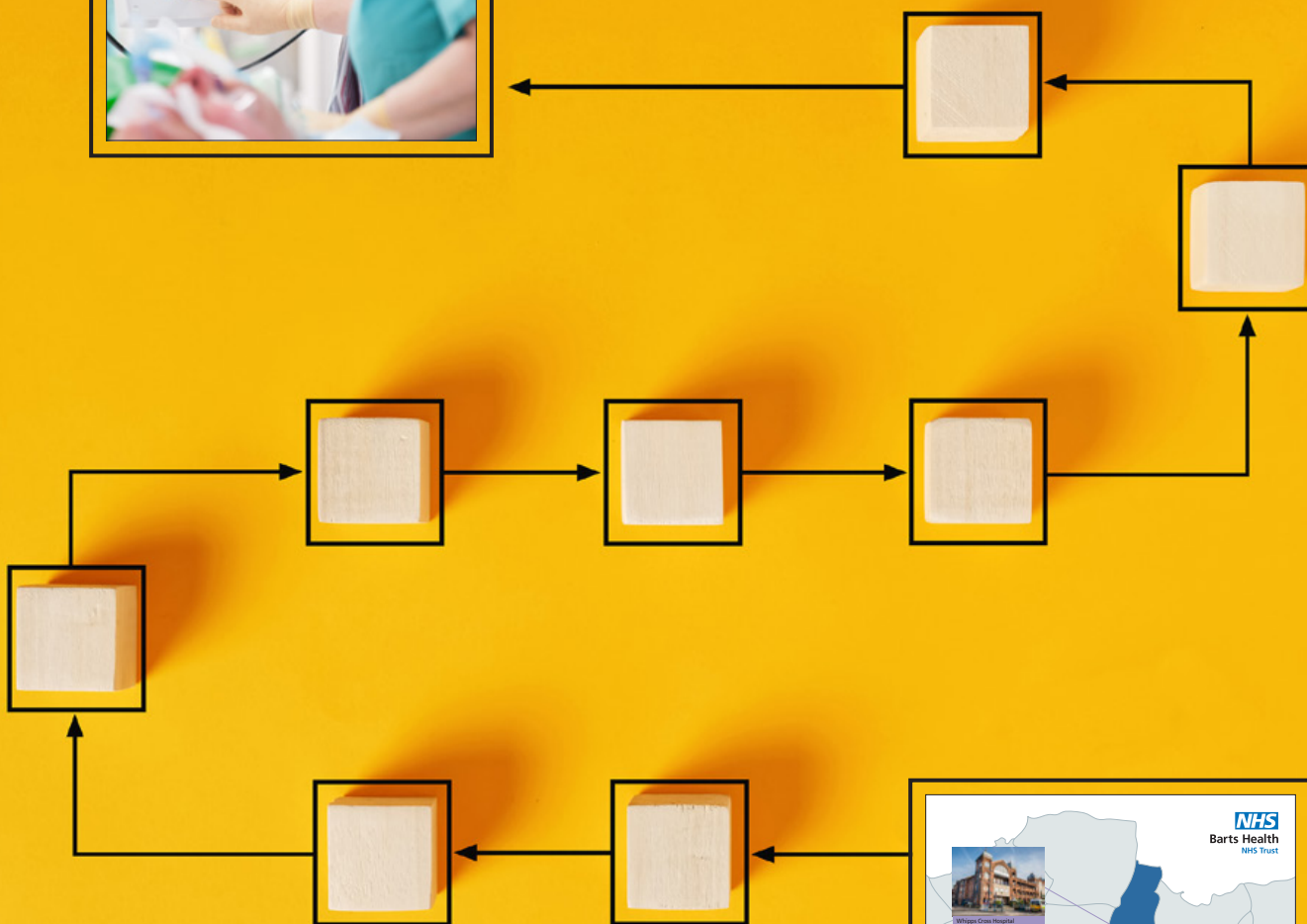
Supported by: financial sustainability, world-leading research, high quality education and training, enhanced estates and facilities, digital transformation, and excellent communications

*Barts Life Sciences

*A new Whipps Cross

*Our green plan

Safe, Compassionate and Efficient



This document builds on the strategic direction of travel charted in [We Are Barts Health](#) to set out in more detail our short-term plans to maintain quality care for patients while improving performance in challenging financial circumstances.

Introduction from the Group CEO



These are tough times. Prices of goods and services are rising, the cost of living is going up, inflation is eating into the income of households and organisations alike. Sometimes it feels we have to run to stand still.

The NHS may be a national treasure but it is not immune from the pressures we all face in our daily lives. As one of the biggest trusts, we are a microcosm of the health service, and more visible to the general public. Like the NHS as a whole, we have more income and more staff than ever before. Like the rest of the NHS, we must show that we can live within our means.

Recently we gathered together several hundred senior leaders from across the group to discuss how we can meet this challenge together. We all agreed that our staff are doing a great job in helping us provide safe and compassionate care of the highest quality for huge numbers of patients.

The pressure is most acute in our emergency departments, where demand remains at record levels, and this has a knock-on effect through the hospitals and into support services. Yet overall, we have not quite recovered the level of patient activity we recorded before the pandemic.

Although some areas have skills shortages, and there are not always enough staff available to fill some shifts, we employ more people now than we did pre-Covid. Yet we are doing fewer routine operations and outpatient clinics - and seeing fewer patients. This report sets out the steps we are taking to address that challenge.

It supplements the strategic direction of travel we set out in We Are Barts Health by showing in more detail how we are implementing our group objectives. It also highlights how our hospitals are implementing their own operating plans for 2023/4 within the context of a group that is working ever more closely with our neighbours across north east London.

In thanking staff for their efforts on all fronts, we are asking our people to work even better together to make the most of our resources. We want everyone to think about what they could do differently to help us meet this challenge we face. We recognise our people already work hard, and we are grateful. The question is, how can we work better, together, to further improve outcomes for our patients?

There is no single answer. Everyone's working circumstances are different. Each team will need to find bespoke solutions that work for it. Together, small steps at local level will enable us to make a big difference. We want everyone to consider what we can do within our teams and workplaces to improve the efficiency and effectiveness of our activities, as we continue to provide safe and compassionate care for all patients. We are all in this together, and together we will come through.

Shane DeGaris

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

July 2023



Record numbers of people are waiting for NHS care, whether urgent or planned. Along with every other NHS trust our operational priorities are to eliminate long waits for routine treatment and reduce delays in A&E, while maintaining the quality of care in our hospitals. These performance objectives are hardly new but achieving them has proved problematic. Indeed, the paradox of the pandemic is that the NHS now has more money and more staff yet is treating fewer patients.

Our Group Operational Plan for 2023/4 recognises that we must meet expectations to increase elective activity and improve unplanned care within our existing budget. Our targets are the national constitutional standards, to end elective waits of over 78 weeks, and ensure 76% of urgent cases are seen within four hours in A&E, by April 2024. We will also speed up access to cancer treatment and implement urgent improvements to maternity services in line with the Ockenden review.



The NHS is labour intensive and about two-thirds of our £2.2bn turnover pays for our 19,000 staff. The workforce has grown since the pandemic and recently increased significantly by bringing our domestic and security staff in-house. However at any time about 3,000 of all jobs are filled by temporary employees and our challenge this year is to turn as many of them as possible into permanent posts.

Activity levels below what we planned adversely affected our finances last year, along with the high cost of temporary staffing and the effects of hyperinflation. Nevertheless, by making hard decisions in a harsh economic climate, we ended 2022/3 with a small deficit of £13m – just 0.6% of our turnover. Our continuing challenge for 2023/4 is to intensify that focus on managing resources wisely by improving our efficiency and effectiveness even further.

In anticipation we began the annual business planning round earlier than in previous years. We worked up our plans within the context of our strategic objectives - to provide excellent and equitable care for our patients; to become an outstanding and inclusive place to work; and to work together with our partners and communities. We also incorporated the discipline of financial recovery into the development of our hospital operating plans.

We identified three themes across the group where we need to make significant progress this year so that we balance the books and can continue to provide improvements for patients on a sustainable basis:

- **Increasing elective productivity**, through better use of operating theatre time, space, and staffing. We aim to increase the theatre utilisation rate from below 75% to 85% and the proportion of day cases from under 60% to 85%. This may involve moving patients across the group.
- **Reducing the cost of temporary staffing**, particularly from expensive agencies. We aim to increase the fill-rate for substantive posts from 94% (86% for nurses) to 95% across the board. We also aim to cut the bill for agency staff by a quarter, from over 5% of the pay bill to 3.7%.
- **Making savings in corporate services**, especially where we can find shared solutions for transforming workforce, finance, estates, and IT through closer collaboration with our partners at BHRUT.

Baked into our financial plan for the rest of this year is the expectation that across the board all departments and divisions in our hospitals and support services will make cost improvements worth up to 5% of their budget. This is an ongoing effort and in the first quarter teams identified 167 separate schemes together worth more than £45m without compromising patient safety or the provision of compassionate care.

This endeavour would be challenging enough in normal times, let alone a period during which doctors went on strike several times and employers faced an added pay bill following industrial action by nurses and ambulance workers. Contingency planning for future disruption is now routine but we are not abandoning the operational targets we set in line with national expectations,

Our efforts are also hampered by national constraints on capital spending which is affecting our ability to invest in maintaining or replacing buildings and equipment. Fortunately, we have already secured £50m of dedicated transformation funding. This will enable us to refurbish unused theatre capacity at Newham and build a new intensive care unit with 14 critical care beds and 26 general beds. It will also allow us to create an additional 14 critical care beds and 22 cardiac surgery beds at St Bartholomew's hospital.

We are also fortunate to benefit from a £14m Barts Charity grant that will allow us to open a state-of-the-art clinical research facility on the 14th floor of The Royal London hospital in June 2024. This will replace the current temporary unit on the 11th floor, freeing up bed capacity but crucially enabling us to conduct more clinical trials, broaden the range of patients taking part, and increase our research income.



Elective care

We ended 2022/3 without anyone forced to wait two years for planned treatment, having also dramatically cut the numbers waiting 18 months (78 weeks) by 80%. We are determined to maintain that trend and make further inroads into our record waiting list of over 110,000 patients so that no-one waits for more than 65 weeks to start consultant-led treatment by April 2024.

Nevertheless the real key to achieving additional activity is transforming services and developing new ways of working. Offering more virtual appointments in outpatient clinics, for example, and encouraging patients to initiate follow-ups when they need them, will free up staff and space capacity to deploy elsewhere.

For the longer term we will be looking at redesigning service pathways to fit changing patterns of patient need. Here is where our group model proves its worth. We started with orthopaedic surgery, which used to be run as separate services on three hospital sites. Now the 57 surgeons work as part of a co-ordinated network and their patients get expert treatment at the appropriate centre of excellence.

For example, most routine hip and knee operations are performed in the Barts Health Orthopaedics Centre (BHOC) adjacent to Newham hospital. It has doubled its activity and is now doing more than 80 operations a week, including some from Homerton Healthcare. Frailty fractures are tackled in a specialist fragility unit at Whipps Cross which has a safety record above the national average. Meanwhile, complex bone and joint surgery is done at The Royal London hospital in conjunction with the major trauma centre there. Patients still have outpatient appointments at their local hospital, but by travelling for surgery to a specialist centre they get treatment that is faster, fairer and of consistently high quality. This has contributed to a dramatic and ongoing fall in the numbers of people waiting more than a year for a planned orthopaedic procedure.

A successful clinical network model is already well-established on a wider north east London footprint through the Cancer Alliance. Ours is regularly the best-performing network in London, though as a legacy of Covid we also have one of the biggest backlogs, with over 600 patients waiting longer than 62 days for treatment. By next March we aim to reduce this by 30% to pre-pandemic levels. Early diagnosis is critical to saving lives, so our focus will be to continue to ensure that at least 75% of patients who are urgently referred by their GP for suspected cancer are spotted or have it ruled out within 28 days.

On diagnostics generally, the opening of the Early Diagnosis Centre at Mile End means we are now assessing 10 per cent more patients than before the pandemic. We intend that no-one will wait more than three months for a test or scan by July and want nine out of ten patients to wait less than six weeks by April 2024. We are also aiming for a 10 per cent increase in productivity through digital initiatives that will give patients easier access to services and share clinical information between hospitals.

Under NHS financing rules, improving our overall elective performance will earn us extra income. Our target is to achieve 109% of the weighted value of activity done in 2019/20, the year before the pandemic. On both activity and financing our plans are closely aligned with those of our partners in the acute provider collaborative for north east London, BHRUT and Homerton Healthcare.

Emergency care

The three trusts are also working closely on mutual improvements to emergency care. The three Barts Health A&E departments together have over half a million attendances every day, the biggest caseload in country, yet their workload is dependent on the wider emergency care system, including ambulances and GPs at the front door to community services and social care at the back of the hospitals.

Productivity and quality for patients



For example, our unique collaboration with the London Ambulance Service through the Remote Access Emergency Care Hub (REACH) is reducing unnecessary arrivals in A&E by diverting patients to more appropriate treatment earlier. An independent study by the Health Economics Unit found that over a year this pioneering scheme should result in about 6,000 fewer ambulance conveyances, 3,000 fewer emergency department attendances, and 300 fewer hospital admissions, saving over 2,000 bed-days and £1.5 million in current costs. No wonder it is being closely studied by other NHS trusts as well as being extended to BHRUT.



We also reorganised our emergency departments to set up a Same Day Emergency Care (SDEC) unit in each, in the process installing 62 extra beds and 10 specialist chairs. In the same way that Urgent Treatment Centres on each site filter out those patients who can be treated quickly and appropriately on the spot, the SDEC model within each A&E tackles urgent cases that can be treated quickly thus avoiding any risk of delay to those life-threatening emergencies that require a full response.



Boosted by these two developments, we aim to reduce the number of ambulance arrivals delayed over 30 minutes, avoid anyone spending over 12 hours in A&E (6%), and cut general bed occupancy in our hospitals to below 92% by April 2024. Our target of achieving 76% seen or treated within the national four hour standard compares with 68% for 2023/4, when we recorded the greatest number of ED attendances ever (514,816).

Equity of care

As we set out in our group objectives, and in line with our WeBelong approach to inclusion and diversity, our plans to improve patient care have a strong equity dimension. Our public health department undertakes an ongoing analysis of key services to ensure that access is fair for all groups of patients with protected characteristics. Any discrepancies in the data are flagged to the relevant department. For example, we are currently testing a number of interventions to reduce the proportion of young black males (and people living in the most deprived postcode areas) who fail to turn up for appointments. We intend to capture the full range of equity data for 95% of patients and embed it in the running of all services. When clinicians have the insight they need to respond to the health needs of our diverse population we can make real progress in reducing local health inequalities.

National statistics show that the mortality rate at Barts Health and its constituent hospitals is consistently as expected for our patient population. Nevertheless in line with the rest of the NHS we will have a major focus this year on enhancing our culture of patient safety. Part of this will be delivered through the work of our new patient safety specialists, and part through training staff in operating a new system for reporting, responding to and learning from safety incidents.

This will be particularly relevant in maternity, where we are in the forefront of the national drive to reduce stillbirths, neonatal deaths and brain injuries at birth. Our maternity teams at Whipps Cross, Newham and The Royal London listen to their patients and families and reflect their concerns in seeking innovative ways to make improvements in access, provide personalised care, and reduce health inequalities.



WeBelong, WelImprove and WeLead

As a group of hospitals, united by a clear vision and strong values, we are seeking to develop common approaches to core areas of our working lives so that they become the way we do things round here. These are common approaches to how we put our WeCare values into practice and give them expression in our day jobs. Our ambition is that everybody in #TeamBartsHealth embraces them.

They are not the names of separate programmes or workstreams, although there is dedicated resource for each. The equality and inclusion, quality improvement, and leadership development teams respectively are helping others embrace the relevant behaviours, so we all embed them in our own work.

Neither are they mutually exclusive. One aim of WeLead, for example, is to foster inclusive leadership that is culturally intelligent, in line with WeBelong. The spirit of transformation that is at the heart of WelImprove is more likely to take off when embraced by senior managers, in line with WeLead.

And we want our equitable value to permeate all our activities so everyone feels WeBelong - in an organisation that is free from discrimination, where everyone is treated fairly and respectfully, and in which all individuals have opportunities to develop their talents and progress their careers. This approach doesn't stop at our doors, either, but embraces our patients and the local population from which they come.

WeBelong

Becoming a truly inclusive organisation



WeImprove

Excellence and innovation
in safe and compassionate care



WeLead

Our hospital operating plans



St Bartholomew's hospital

We are a specialist hospital, home to the biggest cardiac unit in Europe, the second largest cancer centre in London, and an expert source of respiratory, fertility and endocrinology services. As the oldest hospital in the country we are using our 900th anniversary to transform local services and protect our historic spaces for the next generation.

We are investing in people by training staff in more advanced procedures. For example, band 6 nurses in the cath labs learned to perform a radial access puncture – a small incision in the wrist through which a catheter is sent to the heart. This is something that previously only experienced doctors would do. We want to roll out similar programmes in other areas to retain their cohorts of specialist staff.

Heart centre staff are pioneering the use of remote monitoring to prepare patients for procedures like angiograms. This so-called “virtual wards” also helps spot those who may need to be treated sooner. The same technology is used to send patients home promptly after an operation, reducing the average length of stay from 3-5 days to 1-2 days and freeing up beds for other people in need.

We will open a new cancer acute assessment unit – effectively an A&E for cancer patients who experience side effects to their treatment – in a permanent home in the KGV building later this year. This will help reduce pressure on the emergency departments at other Barts Health hospitals. Meanwhile, we are continuing plans to create a centre of excellence for breast cancer surgery to serve the whole of east London. The Barts Charity is raising funds for this project as part of our wider 900th anniversary campaign.

To reduce diagnostic waiting times and meet increased demand for screening across east London, we will offer a seven-day service for both CT and MRI scans. By adopting new working patterns the breast cancer diagnostic service is already operating at 135% of pre-pandemic levels.

We will strengthen our contribution as an anchor institution in east London by extending our cardiovascular disease prevention programme to partner with more schools and local businesses. Our cycling rehab programme for heart attack patients, run by a professional instructor and specialist cardiac nurse, will also reach more communities this year.

Restoration work on the hospital's Grade I listed North Wing, including the Great Hall and the staircase murals painted by William Hogarth, will begin this summer. This is overseen by Barts Heritage, a specialist charity established by the Trust in time for the anniversary year, with the long-term goal of providing a mixed cultural and education space open to public use.

Our hospital operating plans



The Royal London and Mile End hospitals

The Royal London contains both a specialist hospital treating chronic and complex diseases, and a district general hospital offering urgent, maternity, and medical care. Mile End is a community hospital providing treatment for patients with long-term conditions and hosts a diagnostic centre. Together we serve the population of Tower Hamlets, one of the fastest-growing boroughs in Britain. Its population grew by almost a quarter in a decade and has the largest proportions of Bangladeshi (35%) and Muslims (40%) in the country. Its residents are among the most deprived, with almost a third of adults economically inactive and over half of children from low-income families. We will continually adapt to meet the changing and challenging healthcare needs of these patients.

Over half our own people identify themselves as Black, Asian or ethnic minority, and we are committed to ensuring everyone feels WeBelong at work. Hundreds of colleagues pledged to treat others with dignity and respect through the 'See ME First' campaign, urging staff to wear badges showing they offer anti-discrimination support.

We plan to retain and recruit over the next three years by cumulatively implementing two, four, six and then eight improvements in response to themes highlighted in the last staff survey. We started by revising our approach to violence and aggression. A robust escalation process empowers staff to manage abusive patients or visitors, and provides training so staff understand what triggers aggressive behaviour and how they can calm the situation.

Our plans balance improvements in core areas like emergency care with transformation to strengthen specialist services. For example, stroke patients are getting life-altering care thanks to our imaging biplane that uses two rotating cameras to capture X-rays from all angles. A second machine would enable our mechanical thrombectomy service – already the largest in the country – to perform more procedures and prevent long-term disability for severe strokes.

We host one of London's major trauma centres and recently boosted facilities for victims with complex injuries by opening eight Rapid Access Acute Rehabilitation beds. This £1.25m investment provides quicker and fairer access to services like physiotherapy, occupational therapy, speech and language therapy, and dietetics.

We will open a new "home from home" dialysis centre at Mile End in January to improve access and treatment for people with chronic kidney disease. Less than a third of homes in north east London are suitable for home dialysis, and hospital treatment can be inflexible and tiring. The new centre will allow patients to book a session that is convenient for them, including overnight if necessary.

As a major employer in Tower Hamlets, we are key players in our local place-based partnership. Our chief executive, Dr Neil Ashman, is the designated integrated care lead overseeing efforts to improve the links between acute and community services. We are also actively involved in the borough's plans to reach net-zero.

Our hospital operating plans



Whipps Cross hospital

We want to be an outstanding community-based hospital and a centre of excellence for integrated care, laying the foundations for the new hospital that will be built on our site. The redevelopment of our estate continues to be our top strategic priority and the team is doing its utmost to ensure we will be able to deliver the updated facilities that our patients and local communities deserve. With local partners we will this year publish an integrated delivery report on our progress.

Meanwhile we are improving facilities and processes within the existing hospital. We piloted Same Day Emergency Care last winter and will further transform the safe flow of patients from the front-door through the wards by employing dedicated discharge matrons. We will also offering more remote monitoring through “virtual wards” where patients can receive some of their care at home.

We are seeing rising numbers of cancer referrals so to increase access we submitted a joint bid (with The Royal London and St Bartholomew’s) to Barts Charity to fund a surgical robotics programme in speciality areas like gynaecology and urology. Surgeons using robotic technology will enable us to increase elective capacity and reduce waiting times for patients. A purpose-built surgical assessment unit is also in the pipeline which will help expand capacity and further reduce waiting times. Although capital funding is constrained nationally, we also want to invest significant capital in essential upgrades including maintaining important equipment and strengthening infection control.

Thanks to a £6.6 million grant from Barts Charity, we will establish an Academic Centre for Healthy Ageing at the hospital in collaboration with Queen Mary University London. This will bring together clinicians, external experts and community interests to undertake research and translate it into benefits for patients.

Our hospital is home to a diverse workforce and over half identify as Black, Asian or ethnic minority. We are working hard to ensure everyone feels included through our WeBelong approach. For example, colleagues at all levels are involved in a working group monitoring feedback from the latest staff survey. After extensive conversations across the hospital we refreshed our wellbeing strategy. This puts fresh emphasis on getting the basics right – like ensuring colleagues feel safe at work, have a comfortable space for breaks, and access to drinking water at all times.

We will continue to support teams to upskill and transform their ways of working, for example by providing the opportunity for individuals to work with a coach to help them articulate and achieve change within their departments.

Under the banner “We are stronger together!” we are active members of the Waltham Forest Health and Care Partnership. This co-ordinate efforts across the local NHS, borough council and wider community to deliver more joined-up care and reduce avoidable differences in health across our population.

Our hospital operating plans



Newham hospital

We serve one of the most diverse boroughs in England, with seven out of ten people hailing from a Black, Asian or minority ethnic community. It is one of the country's most deprived areas, with many residents living in challenging socio-economic circumstances that often lead to poorer health and greater demand for services. The population is forecast to grow by 100,000 over the next 20 years.

To ensure the sustainability of accessible, equitable and high-quality patient care, we must continue to grow and develop the hospital alongside planned investment in wider health and social care infrastructure in the borough.

During this our 40th anniversary year, we are building two new wards to provide extra capacity. We will be able to use the 26-bed general ward in a flexible way to meet varying needs, such as a surgical recovery space to reduce our elective care backlog. A purpose-built intensive care unit will provide the highest standards of care for the most critically-ill in a state-of-the-art environment.

In addition, we recently opened a new CT scanner which uses a lower radiation dose and allows us to carry out coronary scans. Because it is more efficient, this machine effectively cuts the time taken to prepare, examine and diagnose patients. Together these investments will help us deliver challenging activity targets, such as reducing waiting list backlogs, while also improving treatment.

We are investing in our leaders through a bespoke WeLead programme as part of our efforts to make the hospital an attractive place for all to work. This aims to unlock the multidisciplinary potential of leaders across the hospital by developing their individual and teamwork skills. We are also supporting staff wellbeing by rolling out education sessions for managers on best practice in recruitments and making reasonable adjustments in the workplace.

Working with our partners in health and local government we are taking a wider approach to improving health outcomes in the borough to ensure all patients are seen and treated equally. For example, work is underway to improve and enhance the respiratory and cardiology models of care in Newham, We also employ a dedicated team of engagement experts who are working with and involving patients in developing and delivering services to meet patients' needs.

We are proud to play a leading role in the Newham Place-Based Partnership. We are working with the borough council to deliver elements of its 50 Steps programme; working with local colleges to design Level 4/5 education courses that support employment in the NHS; and using the borough's Local Infrastructure Forum to review space opportunities on the hospital estate.

Our deliverables



Employ more local school-leavers



Meet national maternity targets

Do more clinical trials & paid research

See 75% suspected cancers in



28 DAYS

More planned operations in theatres

Enhance our approach to patient safety

Clinical research hub at The Royal London

Identify 10% social value in contracts

Explore shared solutions with BHR

Less sickness absence

Do 90% of scans & tests within 6 weeks



More permanent and fewer agency staff

Implement agreed cost improvements

Treat 76% in A&E within 4 hours



No-one waiting 15 months for treatment



Record equity data on all staff and patients

More nursing/physician associates

More BME staff in leadership roles

Open new theatres and wards at Newham



WeCare

Our vision, values and behaviours



WeBelong

Becoming a truly inclusive organisation

Designed and produced by the Barts Health design and communications team

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