

Pathfinder Clinical Strategy 2004-09 Summary

New clinical strategy

New technology

New ways of working

New hospitals

Plus

pull-out summary of
Annual Plan 2004/05

Bringing excellence to life



All Barts and The London services will be excellent or working towards excellence, whether they are general services for our local communities or specialist services for a wider catchment area.



Paul White, Chief Executive, Barts and The London

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Developed by 300 Trust clinicians and managers, in conjunction with key partner organisations, Pathfinder sets out the challenges ahead, the opportunities opening up to us and how we intend to seize them.

Some services will be better provided in community settings, while some complex sub-specialist services will benefit from greater centralisation. We will continue to provide a wide range of services, but it is likely that these dual trends will lead to a narrower range of care within our existing specialties. Resources that are freed up will be invested in services that can demonstrate excellence. In some specialties we will extend our reach to attract tertiary patients from across London.

This growth will be pursued in consultation with our partners, and with commitment to supporting the sustainability of acute facilities across the sector.

The strategy is underpinned by a programme of unprecedented investment at Barts and The London, including Britain's biggest hospital redevelopment, early implementation of the world's largest

integrated electronic health records system, and new pay systems and contracts for almost every member of staff. These and other developments will enable us to deliver a quantum leap in the quality and efficiency of our services over the next five to 10 years.

Along with our health sector partners we are redefining what it means to be an NHS patient in north east London and beyond. The decisions we make will touch the lives of millions. And, in an era of patient choice, the decisions our patients make will play an increasingly important role in defining our success too. In the future, services that are not excellent may not be sustainable because patients and referring clinicians will choose alternative providers. There has never been so much pressure to change, and never so many opportunities. Our Pathfinder Clinical Strategy sets us on course to seize them.

Paul M White Chief Executive
Barts and The London NHS Trust

Excellence in everything we do

The vision of Barts and The London – to bring excellence to life – captures the passion of an organisation committed to becoming truly world class. Our Pathfinder Clinical Strategy sets the framework for realising this vision, in partnership with our health sector colleagues.



Why we need to change

The development of Pathfinder has been driven by the strong internal desire to improve our services and a number of external pressures for change. While the NHS is hardly new to change, the scale and scope of these developments will fundamentally alter the way we work.

Being hospitals of choice

From December 2005, all patients will, at the time of referral by their GP, be offered a choice of providers for further investigations or specialist treatment.

The expansion of the Patient Choice programme will open a new competitive market for Barts and The London and all acute trusts, in which success will rely on being the hospitals of choice for patients and their GPs. This is because funding will only be available to those providers that patients choose.

Payment by results

The introduction of fixed national tariffs in which clinical procedures and interventions have fixed prices, will determine a large part of the income available to the Trust. Unless the actual cost to the Trust of providing a service is no higher than the fixed tariff, it will generate losses. It is therefore imperative that there is no unnecessary expense in the way that we undertake procedures, and that our services are not only clinically excellent, but also cost-efficient.

As well as challenges, the national tariffs present opportunities for procedures and interventions that incur costs below the national tariff. Surpluses generated by these services will be available to reinvest in the Trust.

With the new hospitals development (see page eight), our infrastructure costs will increase, which makes it all the more important that we both reduce our cost base and increase the number of patients we treat.

New performance standards

Over recent years, we have consistently improved patient care in line with the performance targets set out in the NHS Plan. For example, in the last 18 months, the proportion of patients spending less than four hours in A&E increased from 67% to 94%.

We will strive to meet the new performance standards set at a national level. For example, the NHS Plan requires that we reduce our waiting times to no more than 13 weeks for outpatients by the end of 2005 and three months for inpatients by the end of 2008.

Meeting the changing needs of our local population

The Thames Gateway development to the east of London is likely to result in an increase over the next 15 years in the population we serve of 311,000, including 100,000 in Tower Hamlets alone. The development will also change the demographic profile of our patients, with more families, requiring greater provision of maternity and paediatric services.

Other issues specific to our local area relate to factors such as ethnic diversity (including one of the highest refugee populations in the country), poor housing and high unemployment – all linked to poor health. In addition, certain diseases and infections, such as tuberculosis, for which local rates are five times the national average, are particularly prevalent.

Trends of increasing chronic disease – such as asthma and diabetes – along with the growing healthcare needs of older people as life expectancy increases, are also driving the need for a new approach to healthcare provision.

Pathfinder Clinical Strategy 2004-09 Summary

“ Clinical quality is our core mission and remains our overriding priority. ”

Dr Charles Gutteridge, Medical Director, Barts and The London

What we mean by excellence

The key to succeeding in the new external environment – and the principal aim of the Pathfinder Clinical Strategy – is ensuring that our services achieve excellence in three key areas:

- 1 Clinical quality
- 2 Efficiency
- 3 Patient experience

The Trust's underlying culture, systems and key partnerships must support these ambitions.

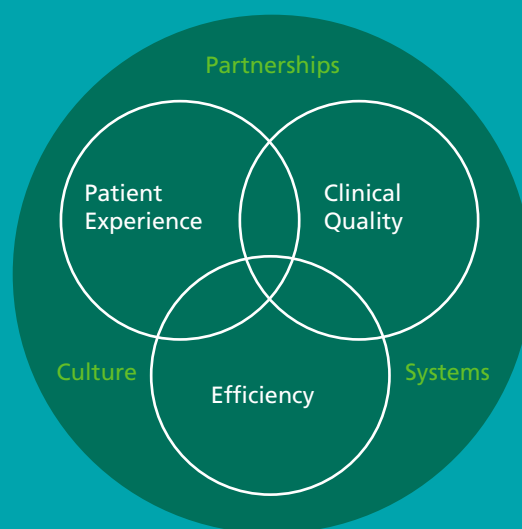
Many Trust services are already excellent, and many others are working towards attaining excellence. A service cannot be said to be excellent unless it meets all these criteria.

“ We are committed to a future in which all service provision is planned, expanded or reduced against the Pathfinder criteria. ”

Merav Dover, Director of Service Transformation, Barts and The London



Working towards excellence



- Service provision planned, expanded and reduced against standards of excellence.
- Develop organisational culture to support excellence.
- Increase income to support new hospitals.

1 Clinical quality

For the fourth year running we have maintained one of the lowest mortality rates in the country – a strong indicator, we believe, of our clinical excellence overall. Through Pathfinder, we will sustain and improve the excellence of all of our clinical services.

We aim to ensure that we maximise clinical outcomes and reduce risk through the employment of highly trained and developed staff, the maintenance of safe environments, evidence-based interventions and effective clinical governance, including new performance standards. Our early implementation of the Care Record Service (CRS) will be a further lever for improving clinical quality (see pages 10 and 11).

Benchmarking

As part of the Pathfinder Clinical Strategy, we will aim to meet or exceed national quality standards, such as those established by National Service Frameworks, by making increased use of local, national and international benchmarking to complement our internal audit, clinical governance and professional development processes.

Public health

We will align our core business of excellent health care with the delivery of the wider public health agenda by working closely with primary care trusts (PCTs) to ensure integrated care management, particularly of chronic disease. Fundamental to this integrated approach will be reducing health inequalities by targeting appropriate preventive and treatment interventions at those in most need.

Leading edge

As a Clinical Academic Centre we expect to experience particular growth in the more complex specialties where we can demonstrate a national reputation for excellence, teaching, research and innovation. We will ensure that all innovative and leading-edge services have a strong research base, and that funding is aligned with research activity. To this end we are working with Barts and The London Queen Mary's School of Medicine and Dentistry to develop a joint research strategy, which will place us in the top 10 per cent of research centres in the UK. A similar approach will be developed with our academic partners.

Our future as a Clinical Academic Centre is critically linked to the quality and quantity of our research activities and the benefits these generate, including increased income, enhanced reputation, improved recruitment and retention of staff and students, and the development of specialist expertise.

“ I welcome Pathfinder. Working together, we can ensure that our communities experience modern, quality services in hospital and in their neighbourhoods. ”

Alwen Williams, Chief Executive,
Tower Hamlets PCT

2 Efficiency

Making sure our patients get the maximum value from every pound we spend is fundamental to the Pathfinder vision. The way that our theatre lists are scheduled for surgery, the appropriate co-location of services, the way we manage our beds, our discharge systems and the speed and quality of our information systems all contribute to our effectiveness.

Improved efficiency produces a 'virtuous circle' in which patients benefit from streamlined pathways and fewer delays and cancellations, while clinicians enjoy the satisfaction of working more effectively. The Short Stay Surgical Service is a good example of an initiative where more patients are treated, they spend less time in hospital, with less unnecessary resource allocation, and good clinical outcomes are maintained.

Streamed patients, clustered services

In preparation for the new hospitals development, we will cluster our services around four concepts of care, based on separating routine from complex work, rather than traditional specialty boundaries.

Extended operating hours

We will expand the operating hours of many of our services to ensure the best utilisation of staff, equipment and other resources, and improved convenience for our patients.

Clinical innovation fund

The Trust has made available an additional £350,000 of funding to support initiatives to improve efficiency.

“ The area where we can all make a difference is our attitude towards patients. At all times we must treat patients the way we would wish to be treated ourselves.”

Katherine Fenton, Director of Nursing and Quality, Barts and The London



Improved coding

Internally, staff across the Trust will need to ensure tight financial controls and clarity on costs and overheads. Accurate coding will be critical to ensure that the levels of funding we receive correspond with the quantity and complexity of work undertaken.

Chronic disease management

We will work with our primary care partners to manage chronic disease more proactively to prevent avoidable deterioration in patients' conditions. The potential for efficiencies is demonstrated by the fact that just 5% of patients use 42% of inpatient bed days.¹ Yet up to 80% of people with chronic conditions can largely self-manage, with responsive, community-based support and speedy access to secondary and tertiary treatments where necessary.

“ Improved efficiency underpins the quality of our services and enables us to achieve more with finite resources.”

John Goulston, Director of Finance and ICT, Barts and The London

¹ British Household Panel Survey

3 Patient experience

The perception patients have of our hospitals is influenced by many factors. As well as the quality of clinical care they receive, the respect and dignity with which they are treated, the cleanliness of the facilities, the quality of the food and timeliness of the service all have a powerful influence on their levels of satisfaction.

MORI research found that the top priorities for patients are:

- Being involved in decisions
- Being treated with dignity and respect
- Having their views and opinions attended to
- Being offered choices in treatment
- Being offered choices in the date/time of treatment

Listening and responding

Asking our patients what they want from our services, listening to what they tell us and responding to their needs are fundamental to the Pathfinder Clinical Strategy. Patients and carers on our Patient and Public Involvement Forum are already involved in the planning and running of our hospitals; however, in common with the rest of the NHS, we have to get much better at involving our patients at every level of decision making in the organisation.

Listening and responding also means tailoring our services to the particular needs of our local communities – recognising that there is skill and expertise in understanding and responding to the complexities of poverty and cultural and racial diversity that are the hallmark of inner London.

Initiatives such as the Essence of Care programme that supports a more holistic approach will continue to be expanded to ensure that basics such as privacy and dignity are fully integrated into patient care.

Reforming our systems and processes

We will need to restructure and reform many of our systems and processes, if we are to compete with the best alternative providers. Our early implementation of the Care Record Service will play a critical role in this transformation (see page 10).

A culture that supports excellence

Similarly, we will need to ensure that the Barts and The London culture supports excellence, by building our leadership and management skills, nurturing and rewarding good performance and challenging poor performance. We will also ensure accountability, and the provision of the open, inclusive and courteous environment that is conducive to professionalism, high levels of performance and a 'can do' attitude.

Close and productive partnerships

We will achieve our goals by working in close and productive partnerships with primary and acute sector partners, the medical and nursing schools, and social care providers. We will collaborate to train staff and to provide services through, for example, clinical networks, joint appointments, and the effective delivery of chronic disease management.



Next The programmes that will deliver our vision



New hospitals

Hospitals to rival the best in Europe available to all

The redevelopment of The Royal London and St Bartholomew's hospitals will enable us to transform the quality of care for our patients, replacing ageing buildings with state-of-the-art facilities.

Britain's biggest hospital redevelopment

In December 2003, the Trust appointed the consortium Skanska Innisfree as the preferred bidder for the redevelopment of The Royal London and Barts. The £1.2 billion investment will mean that some of the country's most deprived communities will have access to leading-edge healthcare facilities to rival the best in Europe.

The Royal London will be Britain's biggest new hospital, providing clinically renowned general and specialist services to the population of east London and beyond. The historic buildings of Britain's oldest hospital, Barts, will be refurbished, alongside a major new building, to create a Cancer and Cardiac Centre of Excellence, incorporating the services of The London Chest Hospital.

Healing environments for the 21st Century

The two new hospitals will have a combined total of 1,248 beds – an increase of 186 on current numbers. Over 40% of the beds will be in single rooms with en-suite facilities; the

remainder, in roomy four-bedded bays. Wards will be light and airy, with natural ventilation and single-sex facilities.

Clusters of care

The new hospitals development will enable us to group and integrate our services, distinguishing between longer, more complex, specialist inpatient care and shorter stay planned patient care. Key departments, which have previously been kept apart by geography, will in the future operate side by side for the first time, offering integrated diagnostics and treatment, and minimising the need for complicated journeys across the hospital and/or return visits to other departments and other hospital sites.

Consulting with patients and the local community

Putting our patients at the heart of everything we do means literally building patients' priorities into the new hospitals. To help us get it right, the Barts and The London Patient and Public Involvement Forum is creating a sub-committee to work with the Trust and our partners to finalise the designs for the new hospitals redevelopment. We are also consulting widely within the communities we serve.

Regeneration

As well as the obvious benefits for the people who will use our services directly, the new hospitals – particularly The Royal London – will make a major contribution to the regeneration of the local area.

Advance projects – models of excellence

The Trust is undertaking a number of advance projects, which will offer an early glimpse of the standards of excellence that will be the blueprint for our new hospitals:

- Barts and The London Breast Care Centre in the refurbished West Wing at Barts – due to open in autumn 2004
- Kenton and Lucas Wing at Barts – refurbished facilities for sexual health services, the Centre for Reproductive Medicine and an integrated rehabilitation unit – due for final completion in autumn 2004
- Pathology and Pharmacy Block at The Royal London Hospital – a brand new building due for completion at the end of 2005



“ The quality of the new environment will be matched by new ways of working, which we are planning now, as part of the Pathfinder Clinical Strategy. ”

Steve Saunders, Director of Capital and Facilities, Barts and The London

▲ Artist's impression of the new hospital at The Royal London. Construction of the new hospital is due to commence in January 2005.

Workforce development

Supporting staff to realise their potential

Benefits of Agenda for Change

- **Fairer pay** – equal pay for work of equal value, with a fair and consistent method for grading jobs and better links between career and pay progression, as well as a transparent system of rewards for employees who work flexibly outside normal working hours
- **Consistent terms and conditions** – harmonised terms and conditions for all staff covered by Agenda for Change
- **New job opportunities** – greater scope to create new jobs, bringing patient-centred care and more varied and stimulating roles for NHS employees
- **Better career development** – more encouragement for staff to develop their roles and maximise their potential, supported by training

Further details are available on the Trust's intranet site.

Our workforce is our greatest opportunity to achieve excellence. We are wholly reliant on our staff for the successful delivery of Pathfinder and the modernisation of our services. This will mean ensuring we have staff who understand and embrace the values and behaviours required to deliver our ambitious plans, and who understand how they individually contribute to patient care, whatever role they are in.

We will need to engage all our staff in identifying new roles and new ways of working to improve the patient experience and secure our future as a leading-edge organisation. We seek to do this in an environment of partnership, working with our Staffside organisations.

The right skills for the future

We need to recruit and retain the highest calibre of staff, ensuring that they are motivated, valued, and supported in their personal and professional development through training and education. We will enrich the roles of all staff and develop clear career pathways for those staff who want to advance their careers.

Skills shortages for certain professions will require us to develop new ways of working and to identify new career opportunities through role redesign.

New ways of working

For medical staff, the introduction of new consultant contracts and the European Working Time Directive are driving considerable change in working practices. Our approach to these initiatives is to ensure compliance but also to optimise opportunities for improving working practices and patient care.

Fairer more equitable pay systems

Agenda for Change is the new national pay system being introduced in the NHS that will replace the existing Whitley system of terms and conditions of service.

We are now working with our trade union partners to implement the new pay system, and are encouraging staff to participate in modernising the way we work. To help staff get involved, we are reviewing our communication processes to encourage more feedback and generation of ideas.

“Agenda for Change is an opportunity to offer our staff a fairer and more transparent system of pay, and also to modernise our services to the benefit of both staff and patients.”

Ann Macintyre, Director of Human Resources, Barts and The London



“The development of CRS is a massive investment in technology that will revolutionise the ability of clinicians to access and update information quickly and efficiently, speeding up the delivery of care to patients.”

Brendan Major, Director of ICT,
Barts and The London



Making IT happen

Barts and The London has been named as an early implementer of the Care Record Service (CRS), the biggest integrated electronic health record system in the world.

£6 billion National Programme for IT

CRS is at the heart of a £6 billion national programme of investment that will deliver 21st-century IT for health over the next 10 years. Other improvements arising from the National Programme for IT include:

- Choose and Book (see below)
- The electronic transmission of prescriptions
- Fast, reliable underlying IT infrastructure

Choose and Book

By December 2005 all patients will be offered a choice of four or five hospitals or suitable providers. The options – based on activity commissioned by their primary care trust – will appear on the GP's computer screen with basic comparative data. This will include the location of the hospital, waiting times, the patient experience and each hospital's clinical performance. The system, called 'Choose and Book,' will enable the GP to book an appointment with the chosen trust electronically and the patient will then be able to check and change it using the Choose and Book website or a telephone booking management service.

The Care Record Service is being developed to provide a live, interactive patient record service, accessible 24 hours a day, seven days a week, to improve the sharing of consenting patients' records across the NHS.

Spreading best practice

A fundamental objective of the National Programme for IT is to harness technology to improve patient care by ensuring that the new information systems enable us to do our jobs better and more easily.

The process for building best practice into the technology is being taken forward by a number of Best Practice Process Design Groups – each focused on a clinical specialty or other aspect of patient care – from A&E and theatre management, to prescribing and medication management. These groups are identifying best practice models of care, encompassing business processes, clinical practice and patient care. A number of clinicians from Barts and The London are already contributing, helping to ensure that the Trust is influencing the systems that will impact on the way the new NHS will work.

Sharing information

A key goal of the National Programme for IT is to provide patients with a seamless service through GPs, hospitals and community health services. This means giving healthcare professionals access to

patient information safely and easily whenever and wherever it is needed.

From January 2005, new clinical records, such as a patient's blood group, drug allergies and vaccinations will be available electronically to clinicians nationwide through the 'national spine', an electronic highway hardwired into GP practices. The information will be accessed through a secure computer system that Barts and The London clinicians will be able to use via any one of the Trust's 2,000-plus clinical PCs. Over time the information visible nationally will expand to include clinical information such as the diagnosis of diabetes or the treatment of a broken leg.

More detailed information will be shared at a London level. At present, GPs and hospitals hold separate records for patients, many of them on paper, which can slow down the sharing of information. Within the Trust, the exchange and analysis of information is not as efficient or effective as we would like it to be, and even where it is held electronically, systems are not always compatible. As patient conditions become more complex, requiring the input of a greater range of specialists, it is becoming increasingly important that patient records are shared more easily.

The Trust's systems will be integrated with those of other healthcare partners across London – including GPs in Tower Hamlets.



“With less time spent chasing records and test results, clinicians will have more time to concentrate on providing quality care for patients.”

Dr Stanley Fan, Consultant Nephrologist, Barts and The London

From 2010, the national spine will contain rich clinical data on all NHS patients (subject to patients' consent) which will be accessible to any authorised clinician anywhere in the country. Patients will also be able to look up and comment on their own records on-line.

Data protection

Each NHS Care Record will have a unique identifying NHS number. Access to the record will be strictly limited to healthcare professionals with a legitimate relationship with the patient. Even then, each authorised person with access to the record will only be able to view information that is relevant to their role at the time. Swipe cards will be issued to clinicians and CRS records will only be accessible to staff with a valid swipe-card and password.

Capability

The Trust's ageing computer systems – some of which are 30 years old – will be replaced by a 'bundle' of integrated software packages, including new scheduling, prescribing, maternity and administration systems, delivering a formidable new capability for clinical and support staff, including:

- Care planning functionality
- Seamless scheduling and tracking of patients within the Trust and across the care community

- Automation of letter production
- Electronic test ordering and swift electronic delivery of test results
- Expert system support to reduce prescribing errors
- Instant access to x-ray and other imaging data from anywhere in the Trust. Removing the delay traditionally caused by waiting for these images on film will dramatically improve patient flow and the speed of diagnosis
- Automatic inclusion of clinical information and test results in discharge summaries

The big switch on

The switchover for most of the Trust's systems will take place in September 2005. A major programme of training and IT installation will be facilitated by a team of 25 newly recruited ICT project managers working closely with staff across the Trust and from CCA, the consortium awarded the contract for implementing CRS in London (see right).

The transfer of patient records to electronic format will provide the core of the system, which will also replace many of the ageing patient information systems currently in use in the Trust, including PAS/HISS and PRIDE.

Information and demonstrations

Further information, including a Q&A sheet and more detailed documents relating to CRS and the National Programme for IT, are available on the Trust intranet and websites, and developments in the CRS programme will continue to be covered in Trust publications, *Bulletin*, *The Link*, *Community Link* and *Primary Care Link*, as well as our electronic publications. A programme of presentations and demonstrations will take place over the course of the summer and autumn.

Capital Care Alliance

In December 2003, Capital Care Alliance (CCA), a consortium led by BT, was awarded a 10-year contract to be the Local Service Provider (LSP) for London. The core clinical systems will be supplied by IDX, a company with a track record in the US, where it provides health and care record systems to more than 900 sites. In London, IDX already provides the electronic patient record system for Chelsea and Westminster.



◀ Artist's impression of Barts in 2008 – cleared of vehicles, the historic square will become a pedestrian plaza.

Bringing excellence to life

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London EC1A 7BE

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London Hospital**

Whitechapel Road
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The cover features a dark blue background with a large, teal-colored arrow pointing downwards from the top right. The arrow contains the text 'Annual Plan 2004/05 Summary'. Below the arrow is a photograph of a tunnel with a bright light at the end, creating a perspective effect. The text 'Bringing excellence to life' is centered over the lower part of the tunnel image. A diagonal line of text 'Pull-out wall chart' is located on the right side of the teal arrow.

Annual Plan 2004/05 Summary

Pull-out wall chart

Bringing
excellence
to life

Putting the patient at the heart of everything we do

Delivering the Pathfinder vision

The 2004/05 Annual Plan, of which this is a summary, sets out this year's priorities for improving our services for patients. The process for producing the plan has engaged all directorates and key stakeholders to ensure that objectives are owned by and relevant to those in the front line of healthcare delivery.

The Pathfinder Clinical Strategy provides the overall planning framework for this year's objectives, and consequently all corporate, directorate and department objectives align with its aims – achieving excellence in clinical quality, service efficiency and patient experience, as well as the culture, systems and partnership working needed to achieve our ambitions.

Many objectives relate to achieving Pathfinder priorities directly; others are about delivering the ambitious programmes that underpin Pathfinder, including Britain's biggest hospital redevelopment, early implementation of the world's largest integrated electronic health records system and new pay systems and contracts for almost every member of staff.

This year's top 10 priorities

Delivering the key Pathfinder priorities for improving:

- 1 **Clinical quality**
- 2 **Service efficiency**
- 3 **Patient experience**
- 4 **Systems, culture and partnerships**

Underpinned by Trust-wide programmes and initiatives to improve:

- 5 **Patient access**
- 6 **Patient choice**
- 7 **The hospital environment**
- 8 **Access to information**
- 9 **The performance of our workforce**
- 10 **Financial management**

A full version of the Trust's Annual Plan 2004/05 is available on the Barts and The London intranet and internet sites.

Our performance in 2003/4

In 2003/04, the Trust delivered improvements against key performance indicators across the board, with most targets either met or surpassed. This year's annual report, which will be published in September, will set out our performance in full and in the context of the real improvements we have made to the lives of our patients.

“The Annual Plan goes beyond the government targets arising from the NHS Plan, National Service Frameworks, and star ratings system, to include objectives and associated workstreams that will further the strategic development of the Trust.”

Gail Beer,
Director of Performance and Planning,
Barts and The London

Top 10 priorities for 2004/05

1 Improving clinical quality

Clinical quality remains the Trust's number one priority. For the fourth year running we have maintained one of Britain's lowest mortality rates – widely regarded as a strong indicator of clinical excellence overall.

We will build on this record by:

- Investing in excellence – developing existing and new leading-edge services and those that deliver or aspire towards excellence. Highlights in the past year include the development of the specialties of upper gastro-intestinal, urology and hepatopancreatobiliary surgery.
- Further developing a culture of innovation by creating key performance standards in each of the seven components of clinical governance.
- Developing a joint research strategy with Barts and The London Queen Mary's School of Medicine and Dentistry.

3 Improving the patient experience

Asking our patients what they think of our services, listening to what they tell us and responding to their needs is fundamental to achieving excellence. Improving the patient experience is a strong driver in most of our annual objectives.

For example we will:

- Continue to develop systematic patient research and feedback channels and the capacity to respond to what our patients tell us.
- Consult widely within the ethnic communities we serve to ensure we meet their cultural and language needs and provide equality of access to our health services.
- Develop a broad range of initiatives based around patient involvement. We will work closely with the new Patient and Public Involvement Forum and develop specific patient groups whose expertise we can draw on in improving our services.

5 Improving patient access

Reducing waiting times for both elective and emergency care remains a key focus for the Trust.

For example we will:

- Streamline the diagnostic and treatment pathway for patients with cancer.
- Reduce the waiting times for diagnostic tests, which can increase waiting times before treatment commences.
- Support our partners in Tower Hamlets PCT to design pathways for patients with chronic diseases that enable them to minimise the need to be admitted to hospital.
- Continue to improve utilisation of theatres, discharge planning, use of the Short Stay Surgical Service and pre-admission to ensure that patients don't have to spend any longer in hospital than necessary.

7 Improving the hospital environment

Britain's biggest hospital redevelopment and the schemes opening in advance will transform the hospital environment for our staff and patients. Reaching financial close on the main redevelopment, planning better ways of working within the new facilities, minimising the disruption arising from the advance projects on time and on budget are the main priorities for this year.

For example we will:

- Consult widely among our patients, local communities, healthcare partners, other stakeholders and the public at large on the £1.2 billion new hospitals project and achieve financial close.

2 Improving service efficiency

Ensuring that our patients get the maximum benefits from our services means that we must utilise our finite resources as efficiently as possible. In addition, we are required to make significant savings.

For example we will:

- Reassess patient pathways, develop day surgery wards, increase theatre utilisation, adopt a new approach to bed management and improve discharge planning.
- Introduce an innovation fund to promote initiatives to improve efficiency and the effective use of resources.

4 Improving our culture, systems and partnerships

To support the implementation of the Pathfinder Clinical Strategy, we will ensure that our culture, systems and partnerships promote flexibility, innovation and excellence.

For example we will:

- Engage all staff in a programme of culture change to build up the leadership, professionalism and behaviours necessary for a culture that supports excellence.
- Engage our external partners more closely in the development of our services.

6 Improving patient choice

How patients and GPs access services and the element of choice patients have in determining the time and place of their treatment are also important.

To this end the Trust will:

- Introduce full booking for all day-case patients by December 2004.
- Expand the services available to patients from other trusts who have been waiting longer than six months.
- Prepare for choice on referral by improving the information available to patients and GPs about our services.

8 Improving access to information

Preparing for our early implementation of the largest electronic health record system – the Care Record Service (CRS) – in the world will require significant engagement and training across the Trust and with our healthcare partners.

For example we will:

- Manage parallel projects to implement the systems that will be necessary to meet the programme's tight deadlines.
- Engage clinicians at all levels internally and in partner organisations in exploiting the opportunities presented by CRS to improve our models of care.

9

Improving our personal performance

Agenda for Change, the European Working Time Directive and the new Consultant Contract represent a significant investment in our workforce and opportunities to develop better ways of working across the Trust. These developments and initiatives to improve recruitment and retention will be a major focus of the year ahead.

For example we will:

- Introduce changes in pay structures in accordance with Agenda for Change to ensure that we have the capacity and flexibility to deliver the Pathfinder objectives.
- Improve staff retention by tackling the factors that cause staff to leave.

Pathfinder strategic objectives

To achieve excellence in:

- Clinical quality
- Service efficiency
- Patient experience

Supported by:

- Culture
- Systems
- Partnership working

10

Improving our financial management

In the 2003/04 Financial Year, the Trust met its objective to break even; however major cost pressures arising from issues such as the rising cost of drugs and medical and surgical supplies mean that we will need to further improve our financial management to repeat this performance.

For example we will:

- Generate efficiency savings through the Trust's procurement strategy.
- Maximise our income from Payment by Results and Patient Choice.
- Implement 'best practice' financial management systems and stronger business processes.

Mission

To excel in patient care, staff employment, education and training and research into new cures and treatments

Annual Plan 2004/05 Summary

Delivering excellence this year

Vision

Delivering excellence
in everything we do
so that our patients
can live better,
longer, fuller lives

Bringing
excellence
to life

Vision of the future

Barts and The London in 2009

World-class care in a world-class environment

- Some of the best clinical outcomes, anywhere
- A responsive, respectful and friendly service
- Facilities to rival the best in Europe
- Patient information – records, images and test results at the touch of a button

Focusing on what we do best

- Retaining our broad range of specialties, but focusing on a narrower range of sub-specialties where we have a competitive advantage
- Building up our capacity in these areas – broadening access to our best services

Delivering it in the most appropriate setting

- Taking services out into the community wherever practical
- Concentrating the resources of our hospitals on providing excellent secondary and tertiary care that can't be delivered elsewhere

Working in close partnership with other providers

- Working in networks with other teaching hospitals, district general hospitals, primary care providers and treatment centres, both within and beyond the sector
- Collaborating with healthcare partners to train staff
- Promoting the public health agenda – including an integrated approach to chronic disease management – through close working with the primary care sector

Pioneering new cures and treatments

- Building up leading-edge services, in which we have a national reputation
- Attracting leading specialists who wish to push back the frontiers of medical knowledge
- Aligning our research strategy with those of our academic partners

Listening and responding to our patients

- Ensuring that our services meet the needs of our patients and referring clinicians

Artist's impression of the dramatic atrium at Barts – the hospital environment has been designed to be warm, safe, welcoming and healing. ▶

