


# CLINICAL STRATEGY

SEPTEMBER 2019



TAKING  IN OUR CARE

Barking, Havering and Redbridge   
University Hospitals  
NHS Trust

# THESE ARE EXCITING TIMES FOR HEALTH AND CARE IN BHR



London's vision is to be the best global city to receive care

*Making London the most digitally enabled health and care system of any global city*

East London is one of the most diverse and rapidly growing parts of the capital

**The population of BHR is expected to grow from just over 750,000 to 1 million in the next 20 years, with 7 Crossrail stations transforming the area**



We're getting ready to provide our population with outstanding, integrated health and care



# DEVELOPING THE STRATEGY – PHASE 1

## Understanding our business

- data collection from Trust and system partners
- series of interviews and workshops
- Trust-wide survey

## Outputs from phase 1

- principles and objectives of the strategy
- case for change (the current opportunities to improve)
- 10 priority areas

Engagement with stakeholders and public on outputs from phase 1 and informing the evaluation criteria



# PRINCIPLES AND OBJECTIVES



# PRINCIPLES

The following principles for our clinical strategy have been developed together with our doctors and nurses, divisional teams, executives and patient representatives:

1. We want everyone in Barking and Dagenham, Havering and Redbridge to have equal access to consistent, high-quality services, regardless of where they live
2. We will organise NHS services so that:
  - a. we have enough capacity to meet demand
  - b. they are based on best practice, leading to better outcomes and a better experience for our patients
  - c. we achieve the NHS constitutional standards such as waiting times
  - d. we work within our budget
3. We will work together with our staff, patients, communities, NHS partners and stakeholders to bring together our knowledge and experience to develop a sustainable strategy using 'The PRIDE Way' approach. This will ensure the ideas and expertise of our frontline teams and patients are central to its development
4. We will ensure our strategy is:
  - a. led and owned by doctors, nurses and other health professionals
  - b. focused on the needs of our patients
  - c. in line with the wider aims of the NHS both locally and nationally, to better join up health and social care and do more to prevent ill health
5. We will be open and transparent in the development of our strategy, involving local people, patients, staff and stakeholders
6. We will make the most of opportunities to be innovative, do things differently and make the best use of digital technology
7. We will look for ways to build on what we are good at, working in partnership with others to do so



# OBJECTIVES

The principles for our clinical strategy were then used to develop the following objectives:

1. We will organise services in a way that ensures we can provide 'Type 1' Emergency Departments (ED) at both Queen's and King George hospitals. This means each ED will continue to be led by consultants, open 24 hours a day, seven days a week, with full resuscitation facilities
2. We will develop our reputation based on our clinical strengths and expertise
3. We will establish ourselves as an effective partner with other NHS and care organisations in our area, embedding excellence, innovation and partnership working into our strategy to improve patient outcomes and experience
4. We will be an employer of choice and offer rewarding roles with great career opportunities to attract and keep the best people
5. We will use our resources effectively to improve the quality of our patient care and staff experience; get the best value for money; and return to a position where we can deliver services within our budget



# CASE FOR CHANGE





# CASE FOR CHANGE

## Our 'case for change' sets out 11 opportunities to improve care and services

1	<b>The number of people needing hospital services is growing.</b> This will continue - our local population is expected to increase significantly over the next 10 years. However, recent increase in demand for services is proportionally smaller than the growth in population. This suggests local patients may be receiving treatment at other hospitals, which impacts on our funding.
2	<b>We are one of the largest maternity units in the country.</b> Maternity services are in high demand - we care for around 8,200 women each year. This is a unique strength we can build on.
3	<b>Some patients could be more appropriately seen by other services,</b> particularly for emergency care. For example, nine out of ten patients arriving by ambulance at King George Hospital are discharged on the same day, which means there is an opportunity to provide the right care in a community setting.
4	<b>Quality and safety of services have been improving</b> over time, especially in maternity, stroke services and critical care.
5	<b>.....however many patients are waiting too long for treatment.</b> We are not meeting national standards for waiting times and waits are getting longer. An exception to this is cancer, where we have been performing well.
6	<b>We could make better use of our capacity (for example, beds, appointment slots, theatres etc).</b> For example, at Queen's Hospital, 99% of our inpatient beds are often occupied at any one time. This means we run in to problems if we have lots of emergency patients who need a bed and this can lead to planned operations and treatments being cancelled. We could also make better use of our operating theatres: at King George Hospital they are only in use 62% of the available time, and at Queen's Hospital only 54% of the time.





## Continued...

7	<p><b>We want to implement more best practice ways of working</b> and reduce pressures on ambulatory care and outpatients. We want to build on our success in other areas of care, such as stroke, where we run one of only eight designated hyper acute stroke units in London, providing highly specialised services including mechanical thrombectomy. The service is providing high quality care and outcomes for patients as shown by our 'A' rating from the national stroke audit programme, up from a previous rating of 'D' (with E being the lowest rating).</p>
8	<p><b>Staffing challenges are affecting our ability to continue to deliver sustainable services:</b></p> <ul style="list-style-type: none"><li>• We have the equivalent of 801 full time vacancies across the Trust</li><li>• Almost half of our staff would not recommend our Trust as a place to work</li><li>• Although we are currently trying to recruit the equivalent of an additional 400 full time staff, we are unlikely to recruit enough staff to fill all our vacancies because of a national shortage of doctors, nurses and other health professionals.</li></ul>
9	<p><b>We could be treating more patients currently seen elsewhere.</b> We could bring back to our Trust some of the significant amounts of care being provided by private hospitals and other NHS hospitals, which would increase our funding.</p>
10	<p><b>Some services could be improved if they saw more patients, had more staff or were based at fewer locations, for example:</b></p> <ul style="list-style-type: none"><li>• Cardiology, dermatology, diabetes and endocrinology, hepatology, vascular, pain service, regional neurosurgery, renal, rheumatology, neurophysiology and orthodontics all have small numbers of patients using the service</li><li>• Some services have workforce challenges: orthodontics, hepatology and renal services do not have enough permanently employed consultants</li><li>• Many of our services are run on more than one site, meaning we need to spread staff and resources more thinly</li></ul>
11	<p><b>We can improve our use of technology and digital innovations, and make better use of our current estate (buildings) and infrastructure</b></p>

# TOP 10 PRIORITIES



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In response to the case for change, Trust and clinical leaders developed 10 strategic priorities for the clinical strategy

Priority	Detail
1 Make it easy to access the most appropriate urgent or emergency care service	Make sure that people are able to access urgent and emergency care when they need to, and are seen in the most appropriate place for their needs. When people do come to hospital for urgent and emergency care, ensure we are following best practice and working with other NHS and care organisations in our area to help people get the right care, in the right place – for example making the most of our urgent treatment centres and same day emergency care service.
2 Develop joined-up teams of health and care professionals (doctors, nurses, therapists, social workers) to proactively care for patients with complex needs (for example people with more than one long term condition) to help them stay as well as possible and prevent avoidable admissions to hospital	Work with other NHS and care organisations in our area to identify which patients will most benefit from support from multi-disciplinary teams of health and care workers, and work out how best to organise and provide care. Put in place the necessary systems and processes that will allow professionals to work together even if they come from different organisations (for example, having the right IT systems, ensuring information can be shared but remain safe and confidential, ensuring that everyone is working to the same quality standards etc).
3 Make the most of opportunities presented by digital and remote technologies to help us work more efficiently and to offer alternative and easier access to care	Replace or update any old computer systems that are inefficient or have a significant negative impact on patient experience. Work towards establishing joined up patient care records with other organisations to improve joined-up working and deliver better quality care. Explore opportunities to use technology to make us more efficient and offer improved access to care, for example through the offer of virtual appointments and telemedicine.



# TOP 10 PRIORITIES

## Priority

## Detail

4 Reduce variation in quality of care, and make the best use of our capacity and resources by consolidating some <b>services on to fewer sites and developing centres of expertise</b> (and maintain a Type 1 Emergency Department at each hospital)	Look at where we can strengthen services and make them more sustainable by reviewing multi-site services and consider creating centres of expertise where there is evidence to show this would benefit patient care. Review and redesign ways of working to ensure consistency of care when services are provided across sites.
5 <b>Redesign outpatient services to make best use of available workforce capacity and resource</b>	Look at where we can change and improve our ways of working so that patients get the right care and appropriate follow-up in a place that makes the most sense for patients and for local NHS and care organisations.
6 <b>Move services that do not need to be in a hospital</b> into the community or the Goodmayes site	Review services in order to create space at Queen's and King George hospitals for care that does need to be provided in a hospital. For services that do not need to be delivered in hospital, look at what skills and equipment are needed to deliver the service to help us identify the most appropriate alternative place for care.
7 <b>Redesign how planned care (operations and treatments that are booked in advance) is organised</b> to make best use of available capacity and resources, and <b>become a provider of choice</b> so patients choose treatment with us instead of private providers	Use best practice guidelines and standards (for example Getting it Right First Time (GIRFT)) to redesign planned care so that it is as safe and efficient as possible. Review which types of surgery and treatment patients receive in a private hospital, that could be better delivered by our hospitals and would increase funding for the Trust. Review what factors influence where patients are referred for planned treatment so we can understand how to bring more planned care to BHRUT. Explore opportunities to improve our capacity so we can provide more planned care.



# TOP 10 PRIORITIES

## Priority

## Detail

8	<b>Become an employer of choice</b> by partnering with other NHS organisations, and academic institutions (universities and colleges) to make BHRUT a more attractive place to work, and strengthen our workforce	Explore the potential for joint training, secondment and academic opportunities with other organisations.
9	Build our partnerships with other organisations to provide <b>specialised care</b>	There are some areas of specialised care that we provide to a small number of patients that NHS regulators are urging trusts to work together to deliver. We need to work with partners like Barts Health to build on our areas of strength and draw on theirs to deliver the best possible specialist services for our population.
10	Work with our NHS partners to develop a <b>solution to increasing demand for maternity and paediatric</b> (children's) services, as a result of a growing population, that maintains quality of care	We are one of the largest single site maternity services in the country and want to work with our partners across the NHS in our area to develop a high-quality, innovative service that is able to cope with the increasing demand from our population.



# DEVELOPING THE STRATEGY – PHASE 2 – WHAT’S NEXT

