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1.1 Introduction to our Trust

Barking, Havering and Redbridge University Hospitals NHS Trust provides core hospital and specialist services from two large acute sites: Queen’s Hospital in Romford and King George Hospital in Ilford. We also provide services in the communities of Barking and Dagenham, Havering, Redbridge and Brentwood.

Our vision is to provide outstanding healthcare to our community, delivered with PRIDE

- We have 6,346 staff, with 80% in clinical care roles
- We serve a population of over 800,000 across Barking and Dagenham, Havering and Redbridge, and into Essex
- We provide 663,000 outpatient appointments a year
- We provide for 6,500 paediatric inpatients and 11,200 paediatric outpatients a year
- We see 274,000 emergency attendances and 55,500 emergency admissions a year
- We have the third biggest maternity unit in the country and deliver 8,300 babies a year
- We deliver 26,000 inpatient and 48,000 daycase procedures a year
- Our annual income is £505m

From: Annual report and accounts 2015-16
1.2 The PRIDE Way

The PRIDE Way is our organisation-wide quality improvement methodology, which will ensure we place our patients first in all that we do.

In 2015, we entered into a five-year partnership with the Virginia Mason Institute to embed our own quality improvement approach – the PRIDE Way (Passion, Responsibility, Innovation, Drive, Empowerment) – into everything we do.

We are one of just five trusts across the country to be chosen by NHS Improvement to partner with the Virginia Mason Institute (VMI), America’s Hospital of the Decade.

Through our partnership with the Virginia Mason Institute we will create a culture of continuous quality improvement.

In 2016, we set up our Kaizen Programme Office to coordinate the development and implementation of the PRIDE Way, which is currently focusing on two areas:

- Our diagnostic processes
- The first 24 hours for frail elderly patients
1.3 Our overall strategic direction

Our overall strategic direction following our exit from Special Measures is to continue to build operational resilience, so we have the foundations that will be required for strategic change and long-term sustainability.

1.4 Our key strategic challenges

Our Clinical Services Strategy will help us meet the following key challenges:
2.1 The purpose of our Clinical Services Strategy

Our Clinical Services Strategy is one of our key enabling strategies to support the Trust’s vision, mission and values (see diagram below).

The purpose of our Clinical Services Strategy is to outline the major changes to our clinical services portfolio to ensure we have long-term operational resilience and sustainability, and supports our delivery of the North East London Sustainability and Transformation Plan.

This strategy will set the roadmap for the key changes to our clinical services over the next five years.

It is clinically led and will be driven by our quality management approach, the PRIDE Way.
2.2 Our strategic developments up to 2016

Our last Clinical Services Strategy was published in December 2013 and was intended to underpin the Health for North East London reconfiguration programme that was approved by the Secretary of State in October 2011. There has been good progress in the implementation of a number of these initiatives. However, the major recommendations regarding acute services have not yet been implemented, as set out in the table, below.

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>CURRENT STATUS (AS AT OCTOBER 2016)</th>
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</table>
| King George Hospital to no longer provide Emergency Department (ED) or acute medicine and surgery, but to provide extended primary care and 24/7 urgent care and short stay assessment | Not yet implemented  
• Emergency Department (ED) and acute admitting specialties remain at King George Hospital  
• Urgent Care Centre operates 24/7  
• Some operational resilience funded assessment services are in place (FOPAL) |
| King George Hospital to no longer provide maternity (deliveries), which would be transferred to Queen's Hospital along with associated services such as elective obstetric theatres, clinical services and neonatal services | Fully implemented  
• Antenatal, community and postnatal care is provided  
• No deliveries take place at King George Hospital |
| King George Hospital to provide diagnostics, child health, outpatients, rehabilitation | Fully implemented |
| Most planned surgery transferred from Queen’s Hospital to King George Hospital (except where there are benefits in co-locating services or clinical need) | Not yet implemented  
• Elective surgery remains at Queen’s Hospital |
| Queen’s Hospital retains 24/7 paediatrics but there is no ED or non-elective inpatient medical or surgical care for children at King George Hospital | Partially implemented  
• 24/7 paediatrics in place  
• Paediatrics is not yet centralised at Queen’s Hospital, although blue light ambulances for children no longer attend King George Hospital and emergency surgery is undertaken at Queen’s Hospital  
• High dependency unit (HDU) capacity insufficient in other providers, so Queen’s Hospital is admitting HDU paediatrics |
| Complex vascular surgery to be performed at the Royal London Hospital and Queen’s Hospital | Fully implemented |
2.3 The national context

The NHS’s Five Year Forward View (5YFV) was published in October 2014. It outlines how the health service needs to change if it is to close the widening gaps outlined below.

<table>
<thead>
<tr>
<th>THE HEALTH AND WELLBEING GAP</th>
<th>THE CARE AND QUALITY GAP</th>
<th>THE FUNDING AND EFFICIENCY GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing this gap focuses on preventing avoidable illness. Our area has:</td>
<td>People are living longer and need a wider range of services for longer. Our area has:</td>
<td>This gap must be closed by taking action on demand, efficiency and funding. Our area has:</td>
</tr>
<tr>
<td>• High prevalence of mental illness, smoking and alcohol abuse</td>
<td>• Delayed diagnosis for cancer and cardiology</td>
<td>• Fast growing population in our core clinical commission groups – projected to increase by over 110,000 (a 15% increase) by 2025</td>
</tr>
<tr>
<td>• Childhood obesity is significantly higher than the rest of London</td>
<td>• Poor cancer survival rates after one year</td>
<td>• Particular growth in both 0-19 and over 75-year-olds</td>
</tr>
<tr>
<td>• Increasing pressure on primary, acute and social care linked to population change and workforce challenges</td>
<td>• High incidence of hypertension and diabetes</td>
<td>• A significant funding gap</td>
</tr>
</tbody>
</table>

To deliver the 5YFV, all providers are required to meet the requirements summarised below.

**QUALITY**
- There will be no trusts in special measures and the vast majority will have achieved a CQC rating of Outstanding or Good
- Significant progress on eliminating unwanted variation
- Put in place seven-day services

**ACCESS**
- By 2021, we should be consistently delivering the NHS Constitution access standards for urgent and emergency, elective and cancer care

**FINANCE**
- Deliver our control totals as agreed with NHS Improvement
- Reduce reliance on agency staffing
- Respond to the recommendations of the Carter Review
- Maximise the use of our existing estate
2.4 The local context

We have significant challenges to tackle, including health and wellbeing, care and quality, and financial sustainability, as well as a growing population which is set to increase by 6.1% in the next five years.* We are committed to providing high quality health services to our local communities and will look to new models of care that work across community and primary care.

Currently, there are key strategic and transformation approaches in North East London which are designed to deliver the key principles of the 5YFV. For BHRUT, these are summarised below.

*information sourced from Greater London Authority

NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN – “NEL STP”

In October 2016, each of the 44 Health ‘Systems’ (groups of CCGs, providers and local authorities) in England submitted final five-year plans for achieving clinical and financial sustainability. There are seven Clinical Commissioning Groups (CCGs) in the NEL STP and five providers. The NEL STP will ultimately determine how services are delivered to best meet the needs of the patient in a sustainable way.

BARKING AND DAGENHAM, HAVERING AND REDBRIDGE INTEGRATED CARE PARTNERSHIP

The Integrated Care Partnership is a new way of structuring health and social care services. The intention is that by simplifying pathways and becoming more centred on the person and where they live, we can ensure seamless health and social care, be more focused on preventing ill health and unnecessary hospital admissions, and make local services sustainable for the future.
2.5 Approach to updating our Clinical Services Strategy

The development of our Clinical Services Strategy has been clinically-led, and our approach is based on Monitor’s (previously the regulator of NHS foundation trusts) Strategy Development Toolkit.

The Clinical Divisional Directors have led the process, focusing on the following core service areas, which were designed around the key Sustainability and Transformation Plan areas.

- **Urgent and Emergency Service**
- **Maternity**
- **Paediatrics**
- **Inpatients**
- **Out of Hospital Care**
- **Specialist Care**

**Clinical Support Services**

**Teaching and Research**

Our Clinical Services Strategy has been in development since February 2016:

- **February 2016** – Factual analysis across our core service areas
- **March – April 2016** – The six divisional directors (for Acute Medicine, Anaesthetics, Cancer and Clinical Services, Specialist Medicine, Surgery, and Women and Child Health) presented an overview of their current services, immediate priorities linked to their operational plans, and their two-year and five-year ambitions
- **May – June 2016** – The Trust Board reviewed each of the draft divisional strategies
- **July 2016** – Workshops with clinical, operational and corporate teams
- **August – October 2016** – Further review and development across all levels of the Trust and across both sites
- **October 2016** – The strategy was approved by our Trust Executive Committee
- **November 2016** – The draft strategy was presented to the Trust Board
3.1 Supporting the delivery of our vision

Our vision is to provide outstanding healthcare to our community, delivered with PRIDE.

Our Clinical Services Strategy is one of the enabling strategies to support the delivery of our vision.

We propose for King George Hospital to become our centre of excellence for elective care, long-term conditions and care of the elderly, and Queen’s Hospital to become our centre of excellence for emergency, maternity and paediatric care. As an organisation, we believe this means:

- Working with GPs and community services to improve out of hospital care
- Focusing on operational resilience to create the foundations for the future
- Being an outstanding secondary care provider across two main hospitals, predominantly focused on district general hospital care
- Enhancing our specialist services where we can deliver these sustainably, and have a reputation for high quality and responsive care
- All clinical services strategic proposals will be subject to robust business case and funding evaluation
## 3.2 Our strategic headlines

We are proposing to develop business cases to secure funding across our core service areas (below).

| SUSTAINING OUR EMERGENCY SERVICE | We will provide excellent emergency care supported by comprehensive urgent care services 24 hours a day, seven days a week, to meet the needs of our communities. This will ensure that we provide the right care at the right time and in the right place. |
| MATERNITY | At Queen’s Hospital we will have the right maternity capacity to meet the needs of our local communities. We will continue to have an adjacent neonatal intensive care unit to provide specialist treatment for the sickest babies. |
| PAEDIATRICS | At Queen’s Hospital we will provide enhanced services for children, with new paediatric short-stay assessment facilities. We will develop stronger links with GPs and community services to care for children closer to their homes. |
| INPATIENTS | King George Hospital will be our centre for planned surgery to give patients a dedicated and consistently high standard of service. Queen’s Hospital will be our centre for emergency and complex surgery, with an expanded critical care facility. |
| OUT OF HOSPITAL CARE | We are committed to improving out of hospital care for our local communities. We will work with our patients and local care providers in Barking and Dagenham, Havering and Redbridge, to bring care closer to home and to improve patient pathways. |
| SPECIALIST CARE | We will invest in our neurosciences, stroke and cancer services. We will work with other specialist hospitals to provide the best treatment possible for our patients across North East London and Essex. |
| CLINICAL SUPPORT SERVICES | Both our hospitals will provide a full range of diagnostic services, so patients get tested and receive their results quickly. |
| TEACHING AND RESEARCH | We will focus on strengthening our teaching, training, and research and development. |
### 3.3 Benefits to our patients

The benefits for our patients are summarised below.

<table>
<thead>
<tr>
<th>SUSTAINING OUR EMERGENCY SERVICE</th>
<th>Our urgent care centres at both sites will be enhanced to see the majority of walk-in patients, so that we are able to provide speedy diagnosis and treatment around the clock. Patients will receive rapid access to specialist medical opinion, including geriatricians, paediatricians and specialist surgeons, so the best care is on hand for our sickest patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATERNITY</td>
<td>Our maternity unit will be developed to ensure that we provide the highest quality care, while continuing to provide choice and personalised care. We plan to invest in our facilities, such as increasing the number of neonatal intensive care cots to care for sick and vulnerable babies.</td>
</tr>
<tr>
<td>PAEDIATRICS</td>
<td>We will be developing stronger links with GPs and community services to allow a greater amount of care to be provided out of hospitals, closer to where our patients are. We will be investing in our hospital facilities for children, with a new assessment unit / short stay ward to provide easier access to a senior paediatric opinion.</td>
</tr>
<tr>
<td>INPATIENTS</td>
<td>Having planned surgical services at King George Hospital will mean patients’ surgery will be smooth and provide a dedicated and consistently high standard of service. Centralising our complex surgical services at Queen’s Hospital means patients will have immediate care from the right specialist, every time.</td>
</tr>
<tr>
<td>OUT OF HOSPITAL CARE</td>
<td>We will be working with GPs and other specialists within the community to make sure patients get their diagnosis and treatment as early as possible, as conveniently as possible for them. Where patients need to come to our hospitals, we will streamline our pathways to minimise the number of times our patients need to visit our hospitals.</td>
</tr>
<tr>
<td>SPECIALIST CARE</td>
<td>We are a renowned centre for neurosciences and stroke services regionally, and a provider of high quality specialist cancer services. We will be investing in these services to benefit patients across North East London and into Essex. We will also be working with other specialist hospitals so that patients will always get the best treatment as soon as possible.</td>
</tr>
<tr>
<td>CLINICAL SUPPORT SERVICES</td>
<td>Our diagnostic services, such as x-ray, MRI scans and blood screening, will be located to make sure that patients can get their tests done when and where they need them. Their results will be provided quickly to all the clinicians involved in their care.</td>
</tr>
<tr>
<td>TEACHING AND RESEARCH</td>
<td>Our teaching and research will provide our staff with the best training and knowledge of the latest research and innovations, to ensure that patient care is provided by highly motivated, highly competent and skilled staff, as well as giving patients better access to cutting edge treatments.</td>
</tr>
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3.4 Benefits to our staff

We want to make our hospitals great places to work, and we want to be an employer of choice. We recognise that having happy and motivated staff improves the quality and consistency of patient care and experience and delivers better health outcomes for all.

This means:

- Every member of staff being clear on their role, and how they are a valued member of staff in delivering the corporate objectives and our strategic initiatives
- Continuing to focus on attracting, recruiting and retaining high quality staff
- Developing new ways of working through new professional roles and developing workforce models that are sustainable
- Implementing our Organisational Development Strategy that puts our PRIDE values, behaviours, equality, inclusion and diversity at the heart of everything we do, through:
  - Leadership: Providing the Trust with a leadership development programme
  - Performance: Unlocking the potential of a quality appraisal process as a platform for robust capability mapping and talent management
  - Healthy Teams: Supporting high performance where human factors are limiting success
  - Values and Behaviours: Acting on feedback – especially about equality and dignity at work – to promote behaviours that consistently reflect our PRIDE values
  - Structure: Defining and developing the ‘front-line’ team leadership organisational structure
4.1 Our strategic delivery roadmap

Our Clinical Services Strategy is incorporated through our operational planning and through the development of business cases where it is necessary to secure funding (below). Our next operational plan, April 2017 to March 2019, was submitted to NHS Improvement in December 2016.

4.2 Our stakeholder engagement plan

Up to this point, our Clinical Services Strategy has been developed through our clinical divisions, by engaging with our staff and Trust Board members. Following internal approval, our engagement activities will centre on broader conversations with our partners, patients and the public to develop our high level ambitions (below).
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