

BHRUT CLINICAL STRATEGY UPDATE

ONEL JHOSC

September 2021

Hannah Coffey

Director of Strategy and Partnerships

Magda Smith

Chief Medical Officer

We're reviewing what your hospitals should look like in the future...



...and it's vital we hear from our local communities.

BACKGROUND

- In 2019/20, we started on the development of a ten-year clinical strategy to determine how we deliver services across our hospitals to provide the very best care for our communities
- We undertook a huge amount of work in the year before Covid-19, including a number of engagement events with staff, stakeholders, partners and members of our community across BHR
- The pandemic hit when we were working on the final phase of the strategy, so plans were paused abruptly while we turned our focus and efforts to managing the virus
- The world has since moved on and we want to take stock and refresh our strategy, as we consider the impact of Covid-19 and legislative developments, as well as incorporating what we have collectively learned over the last year
- As before, we must ensure the strategy is informed by the needs of our population and the views of our patients and partners, as well as recognising our wider role as an anchor organisation



WHERE WE GOT TO IN THE DEVELOPMENT OF THE STRATEGY

Case for change

Identified the **major opportunities for improvement and transformation** across BHRUT including:

Managing demand

- Demand for acute services is growing
- Some demand could be better served in alternative settings of care

Access, quality and safety

- Access across many services is poor
- Better use of capacity
- The quality and safety of services have been improving over time

Enablers

- Workforce constraints
- More efficient use of current estate assets
- Improved use of technology and digital innovations
- Challenges have impacted the financial position

The three pillars of the clinical strategy

The clinical strategy rested on three pillars, which were underpinned by recommendations to transform care models and organise services more effectively as well as deliver more care in community settings and virtually:

Running highly reliable hospitals

Accelerating integrated Borough-based partnerships

Collaborating with NEL partners

Central to the clinical strategy are **five transformative care models**: (1) Urgent and emergency care; (2) Planned care; (3) Maternity; (4) Cancer; and (5) Anticipatory care for people with complex needs

A review of the evidence base and benchmarking analysis informed the assessment of impact of the strategy for each model

Two site identities

A core objective of the clinical strategy was to **develop a clinical identity for each of our two main sites**, setting out the services where there would be benefit in delivering them from one site along with the benefits and supporting evidence for this approach



OUR CLINICAL STRATEGY REFRESH

- We now feel it is the right time to revisit and refresh our clinical strategy to best meet the needs of our local population
- This means greater emphasis on equality, diversity and inclusion, as well as more detailed clinical pathway design with our partners to ensure we improve health and deliver integrated care for our communities
- The Clinical Strategy has three distinct and refreshed pillars:
 1. Running reliable hospitals
 2. Collaborating with health partners across NEL
 3. Our role in 'place', as we root ourselves in our local community and work with our partners in the Borough Partnerships
- The strategy refresh will run in parallel with the work around our proposed collaboration with Barts Health and the wider development of the NEL integrated care system



OUR APPROACH

- The development of the strategy will again be clinically led
- Clinical leaders will engage with partners, patients, stakeholders and our communities to get their views to shape our plans
- Our ambition is to have a draft plan ready by the end of 2021, and will engage on this draft with patients, residents, partners, stakeholders and staff before it is finalised
- We will continue to work with, and listen to, our partners, particularly in advising how and who we engage with throughout this process
- Due to the ongoing demands of the pandemic and anticipated surges, we are taking a digital first approach to engagement, including virtual public listening events, and are engaging with partners to help access our harder to reach communities



CORE ELEMENTS

Input into strategy	Description
Lessons learned from the initial clinical strategy development	<p>Although there were a lot of positives to the initial development of the clinical strategy, there were some clear lessons learned about how to approach a similar process in the future:</p> <ol style="list-style-type: none">1. While the Carnell Farrar (CF) team worked in an integrated manner with BHRUT, there is a need to foster broader ownership of the work within the Trust, throughout the process2. Engagement with patients and the public should be central to the process, not peripheral or subsequent to it3. More can be done to involve other system partners in the development of care models, in particular involving public health directors and NELFT4. A greater focus on inequalities and some proposed solutions is required. This is a very central feature of the population and needs to have greater consideration
Impact of Covid-19 and associated ways of working	<p>The impact of the pandemic has meant that some of the above elements have been thrown into sharp relief. In addition the developments during the pandemic require consideration.</p> <ol style="list-style-type: none">1. The pandemic has highlighted the importance of inequalities and population health2. Some of the service changes that occurred during the pandemic need to be evaluated eg the changes to emergency general surgery and the 'elective hub'3. The last 15 months have also shown the need to balance a flexible workforce with one that has a sufficient mix of specialism
Policy developments	<p>Partly driven by the pandemic and the need for recovery, there have been a number of policy developments that should also feed into the clinical strategy refresh</p> <ol style="list-style-type: none">1. The DHSC white paper has emphasised the need to develop ICSs and borough partnerships ('place')2. The collaboration work between BHRUT and Barts Health has initiated and will have implications about the shape and nature of services delivered within both trusts



ENGAGING TO UNDERSTAND OUR CURRENT STATE

- Engaging with patients, stakeholders, communities and staff to garner information to refresh the care models; these will be engaged on through a series of virtual public listening events in October
- Patient partners involved throughout to ensure the patient voice is always present
- Working closely with the borough partnerships

Engaging externally

- **Residents' survey**
 - Seeks to understand access to a range of healthcare services both in and out of hospital, and before and during the pandemic.
 - At the mid-way point, more than 370 respondents which exceeds the previous survey work. Thank you to our patient partners for helping develop the survey and partners for promoting
 - Continue to liaise with local authorities and Healthwatch to understand how they can help us to access hard to reach groups, for both the survey and for those unable to attend the listening events, to ensure their views inform the strategy development
 - Continue to liaise with faith leaders, chaplains and system colleagues to help support promote our survey and public listening events
 - Targeted social media posts to ensure residents across our three boroughs are aware of the survey
- **Stakeholder survey and interviews:** Undertaken by a range of executives, divisional directors and Carnell Farrar
- **Borough partnership workshops:** Further workshops will take place before the draft strategy is finalised

Engaging internally

- Staff survey
- Attendance at Patient Partnership Council
- Internal stakeholders interviews
- Current state and inequalities workshop



NEXT STEPS

- Over the coming months, we will continue to engage internally and externally to ensure different views shape the plans for the refresh, before updating our clinical strategy. These include:

September 2021

- Borough Partnership workshops
- Working with partners to maximise survey response rates and ensure responses are reflective of local communities
- Ongoing promotion, engagement and subsequent analysis of residents' and staff surveys, alongside external stakeholder survey and interviews
- Residents' and staff surveys to close
- Current state and inequalities Internal workshops
- Continue to work with local authorities, Healthwatch and faith leaders to help access hard to reach residents and garner feedback on the care models
- Strategy update to be shared with Health and Wellbeing Boards

October 2021

- Refreshed draft care models developed and engaged through virtual public listening events. Events to be held per borough
- Series of public listening events to review care models
- BHRUT and Barts Health collaboration workshop and care model design workshops will also take place

November 2021

- Borough Partnership and care model impact workshops
- Care model impact to be confirmed
- Draft clinical strategy to be finalised by the end of the month and taken to Trust Board

December 2021

- Engagement to start on the draft strategy with internal and external stakeholders
- Seek views of stakeholders, residents and staff through a wide range of mechanisms and platforms

