Delivering a Healthy Future

Business Plan 2007/8

Version 4.0 – 31 May 2007
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Executive Summary

Financial Overview
The Trust has put in place a financial plan based on controlling expenditure and optimising income to achieve a £5m surplus.

Service Level Agreements
The Trust has SLAs to the value of £163.2m with 10 PCTs with the key agreements by value being signed off before 31 March 2007.

Activity Plan
The Trust is developing specialty based plans that will form the basis of performance management through the year and tie consultant job planning closely into the overall planning process. Examples shown in appendices.

Performance Improvement
The Trust has plans in place to deliver the major targets (e.g. progress on 18 week referral to treatment target) and improved clinical outcomes. It will sustain and extend the internal performance improvements that were delivered through 2006-7 by focussing on a range of Key Performance Indicators. Future performance plans will be enshrined in the Transition Plan to move from the current position to the plans in Delivering a Healthy Future.

Corporate Service Development Work streams in 2007/8
The Trust will be progressing a wide range of workstreams in 2007-8:
- Delivering a Healthy Future (DaHF)
  Implementing the elective / emergency split and planning the Acute Assessment Unit and related changes for 2008/9
- Acute Services Review
  Working with the PCT and SHA on the future of healthcare in Herts.
- Delivering national access targets
- Health and Safety
- Performance management
- Clinical Standards Executive
  Clinical performance management focussed on divisional accountability
- Nursing Strategy
  Focus on Leadership, Patient Centred Care and Workforce Development
- Patient Involvement Strategy
- Organisational and Managerial Development
  Key Themes of Developing Leadership, Meeting the managerial challenges now & Meeting the management challenges of a FT Status
- Business Support and Information Management

Service Specific Delivery Plans and Objectives
Each Specialty has developed plans to define and meet challenges in 2007/8

Capital Programme 2007/8
A risk-based approach has been used to propose an allocation of £11.3m

Workforce Plan 2007/8
A wide range of initiatives will be implemented to reduce the overall workforce while also reshaping and equipping it with the skills to meet future challenges.
1 Introduction

The purpose of this business plan is to summarise the key activities of the Trust planned for 2007/8.

These are seen in the context of:

- Making progress on implementing the interim service configuration outlined in *Delivering a Healthy Future (DaHF)*, specifically the development of elective services on the St Albans campus and the completion of the business case to support the early centralisation of acute services to Watford.
- Continuing with the financial recovery achieved in 2006/7 and implementing the plans for 2007/8 detailed in the budget setting paper approved by the Trust Board in May 2007 in order to achieve an in year surplus of £5m.
- Delivering on national clinical performance and access targets.
- Progressing the Watford Health Campus (PFI) planning.
- Planned progress to demonstrate financial, governance and service stability to meet the Monitor criteria to join the Foundation Trust programme.

This Business Plan also needs to be seen as the document that makes operational the developmental plans outlined in the Trust Strategy 2007/10, and read in conjunction with the Annual Plan templates submitted to the Strategic Health Authority in May 2007.

2 Financial Overview

A detailed summary of the Trust’s budgetary plans and financial strategy for 2007/8 is outlined in the paper approved by the board at the May 2007 meeting. (Appendix 1). In summary the Trust’s income and expenditure plans for the year are:

<table>
<thead>
<tr>
<th>Table 1: Financial Plan: Projected 2007/8 position (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
</tr>
<tr>
<td>Less:</td>
</tr>
<tr>
<td>Pay</td>
</tr>
<tr>
<td>Non Pay</td>
</tr>
<tr>
<td>Reserves</td>
</tr>
<tr>
<td>Depreciation</td>
</tr>
<tr>
<td><strong>Operating Surplus</strong></td>
</tr>
<tr>
<td>Dividends and Net Interest Payable</td>
</tr>
<tr>
<td>Operating Deficit</td>
</tr>
<tr>
<td><strong>Target Surplus</strong></td>
</tr>
<tr>
<td>CIP Required</td>
</tr>
</tbody>
</table>
Maintaining tight financial controls on expenditure, optimising income and implementing a range of corporate and divisional cost improvement initiatives underpin the financial plans to achieve the £5m surplus.

3 Service Level Agreements

Within the overall financial plan is a level of income based on Service Level Agreements with local PCTs. In summary the Trust has SLAs to the value of £163.2m with 10 PCTs.

The breakdown is as follows:

Table 2: Service Level Agreement 2007/8 Activity and contract value summary

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>Non Elective spells</th>
<th>Elective spells</th>
<th>New OP attendance</th>
<th>Follow-up OP attendance</th>
<th>Activity related Value (£m)</th>
<th>Total Including block payment (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W Herts</td>
<td>63,537</td>
<td>31,869</td>
<td>92,161</td>
<td>147,043</td>
<td>124.7</td>
<td>154.8</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>1,327</td>
<td>610</td>
<td>2,629</td>
<td>5,628</td>
<td>3.6</td>
<td>4.1</td>
</tr>
<tr>
<td>Harrow</td>
<td>649</td>
<td>221</td>
<td>1,236</td>
<td>2,282</td>
<td>1.5</td>
<td>1.6</td>
</tr>
<tr>
<td>E&amp;N Herts</td>
<td>74</td>
<td>134</td>
<td>279</td>
<td>541</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Bucks</td>
<td>217</td>
<td>113</td>
<td>348</td>
<td>1,293</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Barnet</td>
<td>237</td>
<td>64</td>
<td>268</td>
<td>688</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Luton</td>
<td>52</td>
<td>146</td>
<td>409</td>
<td>776</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Brent</td>
<td>72</td>
<td>15</td>
<td>157</td>
<td>397</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Bedfordshire</td>
<td>56</td>
<td>139</td>
<td>165</td>
<td>360</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Essex All</td>
<td>27</td>
<td>8</td>
<td>18</td>
<td>50</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>66,248</td>
<td>33,319</td>
<td>97,670</td>
<td>159,058</td>
<td>132.5</td>
<td>163.2</td>
</tr>
</tbody>
</table>

Details of SLAs showing commissioned specialty activity volumes are shown in Appendix 2, together with details on the block income.

4 Activity Plan

In order to deliver the SLA in each specialty the Divisions have been developing specific activity and capacity plans, examples of which are shown in Appendices 3 (ENT) and 4 (Neurology).

The purpose of the activity plan is to allow each specialty to have better control month-by-month of the workflow and activity required to achieve the NHS access targets and to deliver the overall volumes of commissioned activity.

The specialty Activity Plan will become part of the performance management framework for Divisions and Specialties and variation from plan will be managed through the PMO process. The activity plan will also be used, at a specialty level, to inform consultant job planning.
5 Performance Improvement

5.1 Major Performance Targets
The Trust faces some significant challenges in terms of overall performance during the coming year. Some of these are dictated by national targets; in particular the 18-week Referral To Treatment (RTT) target. Others are dictated by local targets set by commissioning PCTs, and by the requirements of the national SLA contract wording. Appendix 5 summarises these issues.

5.2 Clinical Performance
The Trust will continue to take measures to improve clinical outcomes for patients. This includes taking action to reduce the numbers of health care acquired infections.

In 2007/8 the Trust aims to achieve no more than 17 hospitals acquired bacteraemia (MRSA), and to reduce the numbers of patients with the Clostridium Difficile infections by 25% on the 2006/7 position.

5.3 Internal Performance Improvement
In 2007/8 there will be considerable pressure, as part of the actions taken to sustain the improvements in financial performance, to improve a number of performance indicators in all areas of the Trust’s services. These include:

- Reducing length of stay across all major specialties, and reducing internal inconsistency between sites and clinicians undertaking like caseloads. Particular attention will be given to reducing pre-operative stays.
- Improving the use of day case and short stay surgical models of care to meet national benchmark performance.
- Reducing the new to follow up outpatient attendance ratios to meet PCT contractual performance standards.
- Improving the utilisation of scheduled operating theatre time.
- Reducing the numbers of operations cancelled at short notice due to capacity problems.

The Trust will enhance its internal performance management regime based on the established PMO format, linked to the KPIs (see 6.5 below) to manage these indicators.

5.4 Transition Plan
A Transition Plan will be developed during the year that will clearly articulate the performance improvement necessary between 2007/8 and the full centralisation of acute services at Watford General Hospital. This work will be completed jointly between the divisions and the planning directorate.
6 Corporate Service Development Work streams in 2007/8

6.1 Delivering a Healthy Future (DaHF)
Progress on implementing the DaHF plans for the separation of elective and emergency Orthopaedic services and the transfer of day surgery to the St Albans site will be achieved in 2007/8. This is a precursor to the Trust's acute service reconfiguration onto the Watford site that will, in due course, support the transfer of all emergency services from Hemel Hempstead to Watford with the development of an Acute Admissions Unit, the redevelopment of critical care services and expansion of the A&E department.

A capital development to facilitate the orthopaedic and day surgery changes on the St Albans site commences in May 2007 and the service transfers are planned for September 2007. The funding to undertake the refurbishment work required has been received from the SHA and the scheme will be progressed on a 'reversible' basis until the outcome of the Judicial Review is known.

The detailed planning of the Acute Assessment Unit (AAU), due to open in Summer 2008, and the associated capital works necessary to facilitate the centralisation of acute services on the Watford site is progressing.

6.2 Acute Services Review
In September 2006 the SHA commissioned the PCTs to undertake a review of acute services across Hertfordshire. The Trust has been actively involved in this review to date and will continue to participate in the resultant public consultation exercise due to take place between the 11 June and 1 October 2007.

The review has revisited a number of the decisions made previously as part of the Investing in Your Health strategy. As far as WHHT is concerned, the main areas that require formal consultation are:

- The long term location of planned surgical services at Hemel Hempstead or St Albans.
- The centralisation of emergency and planned children’s services at Watford

In addition the Trust will be consulting on a new model of care for the midwifery-led birthing unit at Hemel Hempstead in parallel with the main consultation process.

6.3 Delivering national access targets
The NHS plan to guarantee a maximum referral to treatment time of 18 weeks for all patients by December 2008, and 85/90% compliance by March 2008 will present significant challenges to the Trust.
The Trust will be working with clinical teams to identify patient pathways that will reduce delays and improve patient experience. The Trust will invest in IT based solutions to help performance manage the 18-week pathways.

6.4 **Health and Safety**

The Trust was subject to a HSE inspection in March 2007. Action to address the issues that were raised in the resultant report and improvement notices will form a major corporate work stream this year.

6.5 **Performance management**

As part of the Turnaround activity in 2006/7 the Trust has developed a set of departmental Key Performance Indicators (KPIs) that, subject to piloting, will be rolled out to all wards and departments. The indicators focus on quality, risk management, people management, activity and finance.

Work will also be piloted with clinical performance indicators focussing on individual consultant productivity and use of resources.

6.6 **Clinical Standards Executive**

A review of the Trust’s approach to the management and oversight of clinical governance and clinical performance management has been completed and a new, more closely integrated approach focussing on accountability to the Clinical Standards Executive (CSE), under the auspices of the Medical Director is being implemented. Structural changes to align the clinical governance areas, previously managed separately by the Medical Director and Nursing Director, will be implemented early in 2007/8.

Clinical performance management will be focussed on divisional accountability to the CSE, with audit targets agreed in advance, and with close monitoring of parameters reflecting the quality of care for all specialties.

6.7 **Nursing Strategy**

The Trust is focussing on three areas for the coming year:

- Leadership to enable all practitioners to be supported and empowered to develop the qualities required.
- Patient Centred Care that ensures the delivery of high quality care to people unable to care for themselves. This will be via the Essence of Care framework and the Observation of Care strategy.
- Workforce Development so that nursing and midwifery careers are seen as attractive and rewarding.

6.8 **Patient Involvement Strategy**

By promoting patients involvement in their own health care as active partners with other health professionals, the Trust can improve patient satisfaction and
medical outcomes. Patients' experiences will help inform the Trust by identifying quality improvements that are patient focussed.

The Trust pledges to involve and consult patients and the public and seek the views of others by the following ways.

- Consultations
- Patients' Panel
- Patient & Public Involvement Forums (PPI)
- National and Local Patient Surveys
- Volunteers
- Improving lines of Patient Communication

6.9 Organisational and Managerial Development

There is recognition within the Trust that in order to progress there is a need to develop the leadership and managerial capability of the organisation. The Trust needs to be ‘fit for purpose’ and to be able to respond to the changing wider NHS environment.

There are three themes to the work of the Trust in this area:

- **Developing Leadership.** The Trust has developed an approach to leadership and managerial development for individuals under the auspices of an internal Leadership Academy. The Academy was launched in February 2007 and is now offering development support to a number of established and aspiring managers, including clinical managers.

- **Meeting the managerial challenges now.** The Trust has had a turbulent time in executive and service delivery management roles and subject to an internal consultation process is now embarking on plans to realign the way we manage the Trust so that by 2008 we have an organisational structure that enables us to ensure robust management of services, processes and sites.

- **Meeting the management challenges of a Foundation Trust.** The Trust aims to begin the formal application process for Foundation Trust status as part of wave 10 in March 2008 or sooner if this is achievable. In preparation for this consideration is being given to the appointment of a dedicated project director to oversee the work programme required to deliver this objective.

6.10 Business Support and Information Management

The Trust’s business support functions have traditionally been poorly developed and fragmented across various departments. A Business Support Unit will be established with the remit of managing SLAs and relationships with commissioning PCTs, and supporting the provision of performance
management and monitoring information for divisional and corporate use within the Trust.

A range of development projects will take place within the Trust’s information services. Some of these represent the continuation of major system changes. Others are ‘one-off’ new systems or developments. A summary of projects indicating the impact on various parts of the Trust is attached as appendix 6.

7 Service Specific Delivery Plans and Objectives.

In each Clinical Division as part of the service delivery plan specialties have identified a number of service development challenges that will take place in 2007/8.

7.1 Division of Medicine

The over-arching priorities for the Division during the year will be the need to redesign service pathways to address the national 18-week RTT target, and the impact of the Delivering a Healthy Future programme. The former will be of particular significance for Gastroenterology / Endoscopy and Cardiology, where large numbers of elective procedures are undertaken. Delivering a Healthy Future will have an initial impact on the A&E services at Hemel Hempstead when the trauma services are centralised at Watford in the autumn of this year. More significant changes will occur in 2008/9 when (subject to the outcome of the Judicial Review) it is expected that acute care will be centralised at Watford. Detailed work will be undertaken in 2007/8 to determine the clinical management arrangements for the AAU and for the wider acute medicine services at Watford.

Service plans within individual specialties are summarised below.

7.1.1 Gastroenterology / Endoscopy

- As part of a national programme it is likely that the Trust’s Gastroenterology department will be commissioned to develop a bowel cancer screening service for West Hertfordshire in the near future. This will attract some £480k of additional funding. In preparation for this the service is planning to reduce waiting times for endoscopy to below 6 weeks by the end of September.

- As part of the preparation for Delivering a Healthy Future endoscopic examinations undertaken by General Surgery and Urology will be moved into the endoscopy units on the Watford and Hemel Hempstead sites in the autumn of this year.

- The Trust is implementing a Hepatitis C treatment service that will offer care to patients who currently travel into central London for care. Local PCTs have agreed to commission the service that is expected to be running by October 2007.
7.1.2 Cardiology
- The service is planning the provision of some specialised tests that are currently not available in the Trust (e.g. thallium scans).
- Planning for the provision of a second Cardiac Catheter Laboratory as part of the Watford AAU development will be undertaken during the year.

7.1.3 Diabetes services
- Discussions are taking place with PCT Provider Services about the development of an integrated service delivering care for patients in both community and secondary care services. The agreed model of care will be proposed to commissioners with the expectation of implementation in 2008/9.

7.1.4 Dermatology
- CATS (Clinical Assessment and Treatment Services) proposals developed by the Trust will be commissioned by the PCT for implementation in the St Albans & Harpenden and Hertsmere localities during the second quarter of the year. This will be a major change for the service and will provide outreach services across both communities.
- Discussions are taking place with north Hillingdon GPs concerning the possible provision of dermatology triage and treatment services for their residents.
- Discussions have started with local PCT providers concerning WHHT input into community based Dermatology services in East & North Hertfordshire.

7.1.5 Respiratory Medicine
- Discussions are taking place with local PCT providers regarding the development of a joint service provision for COPD patients in West Hertfordshire.

7.1.6 Rheumatology
- The Musculoskeletal CATS services to which the department contributes in both Watford and St Albans & Harpenden have been in place for over a year and PCT commissioners are assessing their impact. Dependent on the outcome of this review the input of the service in the future will be reassessed.

7.1.7 Elderly / Intermediate care
- A collaborative approach to the delivery of intermediate care is being developed in conjunction with PCT providers, and building upon the established service provision links within existing intermediate care settings.
In conjunction with the Trauma & Orthopaedic surgeons, the department will develop and deliver a unified pathway for the care of patients with fractured neck of femur on the Watford site.

### 7.1.8 Sexual Health
- The service will continue to work towards the 48-hour access target.
- Upgrading the Genitourinary medicine IT system will be completed, facilitating both national reporting and the implementation of Payment by Results for this service.
- Hospital facilities will be made available to Hertfordshire Constabulary as part of a wider initiative aimed at improving the treatment of rape victims.

### 7.1.9 Clinical Haematology
- The department will take part in the procurement and implementation of an electronic chemotherapy prescribing system as part of a consortium lead by the Mount Vernon Cancer Network.
- Planning to centralise the inpatient services at Watford as part of the Delivering a Healthy Future programme will be completed.

### 7.1.10 Neurology
- Additional capacity will be developed to address the growing demand for services and the rise in commissioned activity.

### 7.2 Division of Surgery & Anaesthetics
The Division's challenges in 2007/8 mainly lie in delivering the organisational changes to trauma and elective Orthopaedics and day surgery, whilst at the same time delivering the access targets that include the 18-week pathways.

#### 7.2.1 Trauma & Orthopaedics
- Successfully establish a major elective orthopaedic presence for day cases and inpatient surgery on the St Albans site in line with the agreed project plan, Delivering a Healthy Future.
- Successfully centralise trauma surgery on the Watford site in line with the agreed project plan, Delivering a Healthy Future.
- Develop and deliver the unified model for the care of patients with fractured Neck of Femur (#NoF) in conjunction with the Elderly Care physicians from the Watford site.
- Audit and monitor clinical outcomes for #NoF and develop plans to reduce re-admissions.
- Achieve savings in middle grade staff in line with the agreed project plan, Delivering a Healthy Future.
- In the light of capacity plans, SLA requirements and changes in the medical workforce, there will be a need to review medical staff.
requirements and make a decision about the future senior medical staff profile, whilst reflecting developments within sub-specialist interests.

- Standardise primary prostheses for hip and knee replacement and trauma prostheses to release savings as part of the Divisional CIP.
- Achieve national and local access targets for admitted and outpatient pathways.
- Reduce the number of patients occupying beds pre-operatively (elective and emergency) by process redesign and appropriate service modernisation.

### 7.2.2 General Surgery (including Breast Surgery)

- Establish an increased day surgery presence on the St Albans site in line with the agreed project plan, *Delivering a Healthy Future*
- In the light of capacity plans, SLA requirements and changes in the medical workforce, there will be a need to review medical staff requirements including the future senior medical staff profile, whilst reflecting developments within sub-specialist interests.
- Increase participation and planning for the service changes associated with the transfer of day surgery from Watford to St Albans, and the development of the acute assessment unit on the Watford site.
- Develop and implement plans for the reduction in the numbers of surgeons operating electively on children in line with best practice.
- Achieve national and local access targets for admitted and outpatient pathways.
- Reduce the number of patients occupying beds pre-operatively (elective and emergency) by process redesign and appropriate service modernisation.
- In Breast surgery, develop and implement plans in conjunction with the Radiology, Histopathology and Oncology services for moving all new outpatient referrals into a one-stop assessment service.

### 7.2.3 Urology

- In the light of capacity plans, SLA requirements and changes in the medical workforce, review medical staff requirements and make a decision about the future of the locum consultant post.
- Develop and implement plans for the reduction in the numbers of surgeons operating electively on children in line with best practice.
- Establish the Cystoscopy service in the Endoscopy Unit at Hemel Hempstead in conjunction with the Medical Division.
- Achieve national and local access targets for admitted and outpatient pathways.
• Reduce the number of patients occupying beds pre-operatively (elective and emergency) by process redesign and appropriate service modernisation.

7.2.4 ENT & Audiology
• Agree and implement plans to establish the senior medical staff team, including resolving contractual issues with Luton & Dunstable Hospital, and appointing to the vacant consultant post.
• Explore the potential to increase income to the service via Choose & Book capacity.
• Develop and implement a plan to protect urgent referrals from flowing out of the Trust by establishing capacity for a daily ‘Acute Clinic’.
• Explore the potential to increase income from Children’s private patients.
• Increase Trust involvement with the ENT CATS ensuring that referral patterns, and income flows are not detrimentally affected by the joint initiative with Luton & Dunstable Hospital.
• Develop and implement plans in conjunction with local PCTs to deliver the 18-week pathway for Audiology including Digital Hearing aids.
• Achieve national and local access targets for admitted and outpatient pathways.

7.2.5 Ophthalmology
• In the light of capacity plans, SLA requirements and changes in the medical workforce, review medical staff requirements and make a decision about the future of the locum consultant post.
• Plan and commission operating facilities to support local anaesthesia procedures at St Albans. Agree plans for access to ophthalmic general anaesthesia sessions for all surgeons at St Albans.
• Achieve national and local access targets for admitted and outpatient pathways.

7.2.6 Oral and Maxillo-facial Surgery and Orthodontics
• Develop a joint arrangement with the Trust’s Dermatology service to minimise the outflow of surgical procedures for skin cancer.
• Work with Harefield Hospital to develop a service to meet the specialist oral health needs of transplant and other complex cardiac patients, thereby securing additional activity and income for the Trust.
• Explore and develop business proposals (in tandem with the work with Harefield) with local PCTs, for the development of a local restorative dentistry service.
• Plan and implement arrangements to maintain OMFS day surgery on the Watford site after September 2007, based around dedicated lists in
the main theatre, and with the potential to undertake general anaesthetic procedures in the Oral Surgery department

- Achieve national and local access targets for admitted and outpatient pathways.

### 7.2.7 Anaesthetics, Pain Management and Critical Care

- Agree a capacity and resource plan for the chronic pain referrals to address recurrent PTL pressures.
- Review anaesthetic staffing requirements to deliver service models of acute and elective work post-2008/9, and match resources to service demand.
- Achieve national and local access targets for admitted and outpatient pathways.

### 7.3 Women’s and Children’s Services

Women’s and Children’s services face a number of issues that form part of the Acute Services Review and these will inevitably shape the delivery of their plans in 2007/8.

#### 7.3.1 Maternal Health

- Re-establish a new model of parent-craft education and support.
- Consult on the future model for low risk intrapartum care in the Hemel Hempstead and St Albans catchment area.
- Develop operational policies for the management of pregnancies with adverse outcomes, e.g. still birth or cases involving childcare proceedings, through the maternity service.
- Prepare a business case for the redevelopment and marketing of the private maternity facilities, to increase utilisation and income.

#### 7.3.2 Gynaecology

- Review the current arrangements for the delivery of gynaecology services from Elizabeth Ward and develop, in conjunction with clinical leaders a model of care to take the specialty forward to provide a safe, high quality patient-focussed service.
- Successfully establish an increased day surgery presence on the St Albans site in line with the agreed project plan, *Delivering a Healthy Future*.
- Achieve national and local access targets for admitted and outpatient pathways.
• Reduce the number of patients occupying beds pre-operatively (elective and emergency) by process redesign and appropriate service modernisation.

7.3.3 Child Health

• Subject to the outcome of the Acute Services Review consultation, plan for the transfer of the Safari Day Unit activity to alternative arrangements.

• Work with the local PCT to develop a model for urgent care in Hemel Hempstead that provides support to children from the local area with swift access to the Children’s Emergency Department in Watford as appropriate.

• Develop and implement plans, subject to affordability, for transitional care for neonates at Watford.

• Plan and implement alternative arrangements for the delivery of children’s day surgery from Starfish ward following the transfer of the adult day surgery services to St Albans.

• In line with best practice, work with surgical and anaesthetic specialties to develop children’s elective surgical lists.

• In conjunction with the A&E service ensure that the Children’s Emergency Department at Watford meets and maintains the required NSF standards.

• Achieve national and local access targets for admitted and outpatient pathways.

7.4 Clinical Support Division

The major themes for the Division will be the impact of developing day surgery and elective orthopaedics at St Albans, and the centralisation of trauma services at Watford. Both changes are likely to require investment in additional services by the Division in the short term, until service provision can be scaled down at the Hemel Hempstead site. The main areas affected will be Pharmacy, Radiology, and the Therapies. An action plan to peer review the models of care needed due to changes to surgical services will be completed by the end of May.

The 18-week RTT target will be a major focus for the Division. In general diagnostic waits must be reduced from current levels (generally about 13 weeks) to less than 6 weeks by March 2008.

7.4.1 Radiology

• In line with PCT commissioning intentions, the Trust will cease providing non-obstetric ultrasound services for Watford and Three Rivers residents from October 2007.

• The upgrading of the Radiology Information System will be completed by the end of September.
Planning for service changes needed as a result of the *Delivering a Healthy Future* programme will be undertaken this year. Capacity modelling and a feasibility study in relation to the requirement for a second MRI scanner will be completed by November 2007.

### 7.4.2 Pathology

- The Trust will cease providing general pathology services for the Cancer Centre at Mount Vernon Hospital from July 2007 and to the Dialysis Unit run by East & North Hertfordshire Hospitals at St Albans from June 2007.
- The Trust continues to engage in a consortium formed with Bedford Hospital and East & North Hertfordshire Hospitals to explore options for the future provision of pathology services. A tender process in respect of future service provision is under way and is expected to reach financial close by the end of 2007.
- The Division is reviewing the options for the short-term disposition of services across WHHT sites with the aim of removing services still based at Mount Vernon Hospital.
- The Division will pilot the provision of on-line pathology requests for local GPs during 2007.

### 7.4.3 Therapies

- Future models for the provision of Therapy Services within the Trust will be reviewed in conjunction with the PCT service providers.

### 7.4.4 Pharmacy

- Major changes to the service will be needed to support the changes to service patterns contained within *Delivering a Healthy Future*. Planning for the move to new facilities in the AAU and the introduction of robotic systems will be completed this year.
- Plans to support the Divisions in reducing drug costs will be developed and implemented by autumn 2007.

### 7.5 Facilities & Estates

- The Division will encourage the Trust to use the opportunity that DaHF offers to increase the intensity of utilisation of the managed estate and/or reduce the remaining estate to enable cost reductions to be implemented.
- The Division will review the service provision for the delivery of ‘soft’ facilities management to the Trust and ensure that appropriate variations and realistic SLAs are in place to support the activity of Clinical Divisions.
- The need to increase the investment in Estates infrastructure in order to reduce the potential for associated service delivery failures is now recognised as a significant priority for the Trust. A commitment to
identify capital to redress serious outstanding risks has been made, and this will form a major element of work for the Estates team in 2007/8.

- A major review of staff residential accommodation and policy for allocation will be undertaken this year. The condition of some units of accommodation is not good, and the Trust needs to produce a strategy that determines the number, type and location of staff accommodation units that can be provided in a cost-effective manner.

8 Capital Programme 2007/8

This year, due to a change to the NHS capital accounting practices, the Trust’s budget for capital expenditure (items or works schemes over £5,000) is £11.3 million.

An indicative capital programme has been drafted which focuses particularly upon reducing the Trust’s exposure to risk, specifically health and safety, patient experience and business continuity. The programme includes allocations for the categories described below:

Table 3: Capital Programme 2007/8

| Maintenance and management of the Estate |
| Facilities                              |
| Equipment replacement                   |
| Service developments                    |
| Spend to Save initiatives               |
| Information Technology                  |
| Contingency                             |
| Salaries and Capital Consultancy        |
| Control of Infection                    |

Once the Finance and Performance Committee have approved the programme, it will form an appendix of this document.

9 Workforce Plan 2007/8

The focus for the workforce for 2007/8 will move from straight cost reduction to one of improved productivity. There will still be a need to reduce the whole time equivalent (WTE) of staff used by the Trust but there will also be a need to improve the effective use of our entire staffing complement.

9.1 Workforce Modelling

There has been some early work undertaken on the workforce modelling for 2007/11 (see table 4). This work draws from 3 separate sources:

- FIMS return for 2007/8 that has been completed used a purely mathematical model of conversion of required financial reduction to
WTE. This provides a target for the Trust to achieve in 2007/8 of a reduction of 185 WTE. This equates to a full year saving of approximately £7m and is a 5.4% reduction in staffing.

- Shared Solutions initial workforce modelling was undertaken in 2006/7 and worked on the assumption that the full Delivering a Healthy Future would be delivered in 2007/8. This shows a reduction of 215 WTEs in 2007/8. This equates to a full year saving of approximately £8.2m and is a similar level of staffing reduction as has been achieved in 2006/7 and is a further 5.8% reduction in staffing.

- The Secta model used to support the consultation on Delivering a Healthy Future and the subsequent business case. This model shows a reduction of 345 WTEs in 2007/8. This equates to approximately £13.1m or a 9% reduction in staffing.

At this stage these workforce models are fairly crude and are based on high-level assumptions about productivity and activity and so should be treated with a degree of caution. The detailed work that the Trust is taking forward with Health Works to redesign clinical processes and with Turnaround on productivity improvements will provide a more accurate assessment of the workforce needs over the coming months.

Table 4: Workforce modelling scenarios

<table>
<thead>
<tr>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change (contracted wte + bank/agency usage) March 07</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECTA Reductions</td>
<td></td>
<td></td>
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<tr>
<td>Initial Shared Solutions Reductions</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FIMS SHA Projected Reductions for 07/08</td>
<td></td>
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</tbody>
</table>

9.2 Workforce diagnostic

The workforce diagnostic undertaken for the Trust by the SHA in October 2006 provided a steer for the organisation on areas of the workforce profile and practice that needed attention.

The key areas identified by the diagnostic where further savings could be achieved were:

- Sickness levels high in some groups
- High level of temporary staffing spend
- High nursing skill mix
- High costs per WTE
• Productivity improvements

The plan is to continue to use the diagnostic data to drive further workforce productivity gains over and above what has been achieved during 2006/7. The immediate work being undertaken is a detailed review of nursing skill mix. Similarly, a detailed analysis of the administrative and clerical workforce has been undertaken and will be used to drive further workforce changes.

9.3 Medical and Nursing Workforce

The impact of a number of changes both national and local on the medical workforce will need to be modelled carefully in 2007/8. A programme of work, starting in the Medical Division will map these changes for consultant, non-training grades and junior medical staff.

A critical element of this work will be to define the workforce required to deliver the model of care to be provided in the Acute Assessment Unit (AAU) as this will in turn drive the workforce for the remaining element of the emergency care service provision. It is likely that there will be a need to increase the competency level for some staff groups to effectively deliver this new style of working.

The Trust needs to define its strategy in relation to the non qualified workforce as currently there is a high turnover rate for this staff group and the substantial reduction on training and development funds to support their development will need to be stemmed if organisationally we believe that there is a need to increase the use of this staff group. Currently the Trust has invested little in the development of the assistant practitioner role (Band 4) and there is little doubt that in terms of cost effectiveness and ability to recruit this group of staff will be a vital element of the workforce profile in future.

High turnover in ITU and A&E will need to be targeted during the year particularly to ensure that vital skills are not lost from Hemel Hempstead as the uncertainty created by DaHF impact on individual career decisions.

Midwifery recruitment and retention will remain a priority in 2007/8.

9.4 Clinical Support

There will be a need to consider an increase the radiographic establishment to meet requirements of the extended working day in the elective surgery unit at St Albans and the development of the AAU and part of this may be met by an increase in the use of Assistant Practitioners. There is a lead time as with all professionally trained staff from deciding a role is need to have a fully competent practitioner and therefore planning will be needed in 2007/8 to met this shortfall.

The modelling of the pathways to deliver the 18-week target in 2008 is likely to require additional staffing in the diagnostic areas such as radiography, pathology and physiological measurement as well as a broad basis of pre-operative assessment skills.
With the emphasis on medicines management and control there will be extended roles for Pharmacists in becoming further involved in training and advising medical staff and other professionals in the use of drugs. Consultant Pharmacists/Pharmacist Independent Prescribers will become the norm in many clinical areas over the next 2/3 years and during this year preparatory work will be needed to develop this model.

There are recruitment and retention issues with Biomedical Scientist staff as well as being an ageing workforce. The re-provision of the Pathology services for Hertfordshire and the north of Bedfordshire will require a major investment in terms of HR and workforce development terms during 2007/8.

9.5  Education and Training

As well as focusing on workforce redesign we also need during the year to work closely with the University of Hertfordshire and other education providers to ensure that future curricula meet the changing needs of the Trust.

9.6  Collaborative working

Finally, work will continue to develop a closer working relationship with colleagues in the provider arm of the PCT and East & North Hertfordshire Trust to ensure that the staffing requirements are being supported and developed in primary and intermediate care settings which in turn will facility the more effective use of the acute based facilities.