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**Part 1 Board Meeting, 29<sup>th</sup> March 2012**

**Re-Shaping Strategies (Service Redesign)**

This paper is intended to update the Trust Board with the current actions in relation to the Re-Shaping Strategies linked to the Strategic Estates Reconfiguration Programme; and to approve the recommendations listed below.

**Presented by:**

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**Background**

1. In mid 2011, the Trust established a Strategy Group, which is now a permanent sub committee of the Board. It has developed three work strands to further develop the Trust's strategic vision, these are:
  - a. People Strategy - Developing staff and our people
  - b. Relationships Strategy - Developing relationships with new NHS bodies and existing Partner organisations
  - c. Re-Shaping Strategy - Reconfiguring our existing services and where appropriate enhancing capacity

This paper concentrates on the Re-shaping Strategy.

2. The Re-shaping Strategy provides the framework for both the Strategic Estates Reconfiguration Programme (SERP) and the Clinical Service reconfiguration. The strategic risks and direction of travel have been agreed at the Board Strategy Committee, with a focus on ensuring that estate rationalisation is led by the clinical vision for the organisation. Principles for the high level work on the SERP programme were discussed by the Board in June 2011, and the on defining the clinical vision to lead the estate reconfiguration was initiated in late Autumn 2011.
3. The Trust has commissioned external experts (Integrated Health Partnerships, (IHP)), to assist in both achieving the land disposal strategy and resulting investments in clinical buildings at St Albans and Hemel Hempstead. Their role also extends to input into overview work on the hospital element of the Campus. They will be assisting the Trust with the generation of outline business cases and will be expected to be involved in the forward funding of clinical facilities pending disposal of land for alternative uses.

**1. Introduction**

Within the Reshaping Strategy, there are three main work areas for strategic development and health planning input:

1. Shaping of the clinical vision to define medium and longer term strategies across all sites;
2. Joint work with the Primary Care Trust and Clinical Commissioning Groups regarding the provision of services and transition to a Local General Hospital at Hemel Hempstead Hospital; and
3. Progression of the Watford Health Campus with co-ordination and alignment of the emerging Campus master plans; to include redefinition of a new hospital footprint at Watford.

**2. Shaping of the Clinical Vision**

These longer term strategies need to consider and reflect on the need for more immediate and interim strategies, especially for how the Trust addresses its clinical capacity for current and future emergency and elective activity. These topics have been debated with all the divisions in specific

detail in relation to their services, and as a continuous process with the senior clinical leaders in the Trust Executive 'Clinical Strategy' meetings (C-Strat), which provide a forum for sharing ideas, open debate and the shaping of next steps. Divisions are appraised of all the issues contained in this paper and continue to provide input and direction to the actions underlying the decisions that will assist the Trust moving forward.

### **3. Immediate Capacity Challenges and Interim Strategies**

#### **3.1 Immediate Capacity Challenges**

The need for additional physical capacity is the subject of a separate paper today and future discussion. This will be incorporated into this work and dovetail with the workstreams under way.

In parallel to exploration of additional physical capacity, there will be workstreams akin to the capacity groups established last year, evaluating initiatives in place, learning from elsewhere and looking at all aspects of managing the "front and back doors" as well as reviewing custom and practice in terms of different ways of working. Broadly, these will be shaped under the following headings and work will be done in close collaboration with the Director of Delivery and Director of Strategy & Infrastructure:

1. Alternatives to Admission – navigator role, care models, working with GPs and Community providers
2. Working Differently - Changing practices / 7 day working / Ambulatory pathways
3. Reviewing the medical workforce model - AAU
4. Redesign of existing capacity to use it differently

#### **3.2 Interim Strategies**

Linked to the 'immediate' and also to the 'future', the Trust must ensure that operational decisions do not impede the future direction of travel, albeit there may be a need for stepped changes to achieve this. In line with this, there is work in place to develop options about the balance of clinical services that could move to the St Albans site, the configurations at the Hemel Hempstead site and service movements at Watford. Some of these would require a stepped change in the provision of infrastructure and further work is required to assess the viability of this and the implications of these potential moves over a range of topics, ie for the patients, staff, training, travel, financial etc. There are a range of specialities for which this may or may not be viable in service and /or financial terms to progress to the stage of business cases. We will work with the divisions on this detail with a view to defining which options will be taken to strategic outline cases within the next 4-6 months.

### **4. Hemel Hempstead**

We are working with the Primary Care Trust (PCT) and Clinical Commissioning Groups regarding the provision of services and transition to a Local General Hospital at Hemel Hempstead Hospital.

The acute Trust invested approximately £5.2m to achieve the interim reconfiguration (approved by the Trust Board in May 2009). The implementation of this service configuration was to enable the Trust to realise significant improvements to the patient experience, which have been evidenced by the significant improvements in survey results. The reconfiguration also delivered improvement in the organisation of re-located services, their environment and patient flow, processes and organisation; environmental improvements with re-design and relocation of outpatients, therapies and urgent care centre services.

The PCT have been leading the process of transition from the original reconfiguration of the site and have undertaken significant consultation processes to determine that the location of services will remain on the Hillfield Road site, with consultation culminating in 2009. Since then, there has been detailed work on the analysis of options within the site by Hertfordshire PCT.

## Agenda Item 50/12

From late Autumn, we have been working closely with the PCT to come to a joint view about the transition of service and site configuration, given that the landscape has changed since the previous consultations. Therefore it has been agreed that this process needs to be undertaken with a fresh look at the options available. Specific consideration will be given to:

- Ensuring strategies of SERP and Delivery Quality Healthcare In Hertfordshire are enabled
  - These strategies include specifics about patient experience, patient centred care, efficiencies of service delivery
- The current economic climate and value for money
- That the decisions are of net benefit to the NHS
- Achieving a deliverable outcome within the next 2-3 years

The exact footprint and delivery of the physical location is being reviewed and options appraised. The aim is to take a business case to both Boards in May which will have a shortlist and recommendation for next steps.

### 5. Progression of the Watford Health Campus:

The Watford Health Campus development continues to progress. The 3 short-listed major development entities (led by Kier, Vinci and John Laing) having just submitted their responses to the "Invitation to Submit Detailed Proposals" (ISDP) stage of the Watford Borough Council procurement exercise.

1. All bidders have developed masterplans that show the new hospital facilities within the NHS own land boundaries, rather than relocating to the predominantly Council owned land to the South as per the original masterplan.
2. As part of the Campus proposals the Strategic Development Team and its advisers are considering the Campus Masterplan proposals for potential hospital footprints and approaches to delivering new acute hospital premises in a phased manner.
3. All bidders have put forward masterplans that they consider are commercially viable, even in the current economic climate.
4. All bidders have developed masterplans that are considerate of the Croxley Rail Link proposals that are moving in to the delivery phase (planned opening in 2016).
5. All bidders are working on an energy strategy that takes into consideration the Trust's current project to deliver a Combined Heat & Power Plant (CHP).
6. All bidders are demonstrating how they would integrate their proposals with regard to delivery of the new access roads for the Campus for which the Trust recently secured £7m of DH funding.
7. The Campus team continues to review the initial cost plans prepared to achieve the Outline Planning Permission and are able to report that the trend is for a significant downward move for the figures, as the original budget work was deliberately cautious in its forecasting.
8. It is considered likely that a series of planning documentation will need to be generated by the Campus Bidders using the current planning permission as guidance, but allowing change to the current development parameters.
9. Two bidders will be taken through to the next stage of the procurement process, known as Best and Final Offer (BAFO) which will be during May 2012 with a view to selecting the final preferred bidder by the end of the summer 2012.

### 6. Recommendations

- It is recommended that the Board endorse the use of the Board Strategy Group to continue shaping the strategic direction, notably in relation to the Watford Health Campus.
- It is recommended that the Board agree that the Strategy Group considers the business case for the Local General Hospital at its May meeting.