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**Part 1 Board Meeting, 29 November 2012**

**Clinical Strategy & Infrastructure Strategy – Strategic Reconfiguration**

This paper builds on the recommendations noted in July from the ‘Reshaping Strategy – Developing Our Clinical Vision’ paper; notifies progress on the strategic planning of services across sites; and shares the refined strategic framework of our enabling strategies.

**Presented by:**

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**1. Background**

- In the July 2012 Board, in discussions based on the paper entitled ‘**Reshaping Strategy – Developing Our Clinical Vision**’, we agreed the recommendations of the clinical vision, concerning the levels of care and services offered across west Hertfordshire. This also outlined the basis for discussing our services and the integration of ideas and provision with other health partners, stakeholders and commissioners which is part of embedding our relationship strategy.
- Agreement was reached for the Trust to pursue the physical reconfiguration options (Strategic Estate Rationalisation Programme – SERP) to the next stage in support of the ongoing strategic planning. This was with the aim of informing the options available, their affordability and the service priorities debate, both internally and with our commissioners, about the locations and opportunities to work with others.

**2. Introduction**

On the basis of the agreements in July 2012, the SERP plans are working to the principles agreed about the levels of care and services to be offered as follows (more explanation in the original paper):

- District General Hospital “plus” – with major and complex inpatient cases managed on this site; some specialist care; full range of outpatient services and diagnostics;
- Elective Care Centre with enhanced recovery support to increase the complexity of electives;
- Local or Community Hospital Services - local services for local people, supporting high volume outpatient services with access to diagnostics, long term conditions, and urgent care centre.

At the end of December, the Board will be talked through the outline options that the service configuration is driving, to inform the next iteration of the options to take forward in discussion and debate with clinicians. This will also be shared with the CCG and other stakeholders for their input and support.

**3. Progress**

**Services at Hemel Hempstead**

- i. Following discussions with the PCT Board and the Herts Valley Clinical Commissioning Group (HVCCG), there have been a series of meetings with clinicians from WHHT and CCG representatives to review the wider strategy across the localities and discuss the options at Hemel. WHHT have attended the Dacorum ‘Hot Topics’ group with representation from across the Dacorum GPs and the CCG to share information and hear views about service requirements in the local area. However, there has been some difficulties in arranging meetings with all the representatives from the various GP localities,
- ii. As per the commitment to the PCT Board for November 2012, there has been a first draft of a business case completed, with robust costing and supported by detailed schedules of accommodation requirements for the variety of services. This is an independent analysis and uses both the background information previously undertaken by the PCT, and an up to date analysis of the outpatient room usage, schedules and intended future efficiencies. At this stage, it covers one option, proves deliverability and sets out the stages for the next steps.
- iii. The other significant ‘stakeholder’ in the discussions about the specific site, are Dacorum Council. WHHT and the PCT are contributing to ongoing discussions with Dacorum Council, linked to the master planning of the ‘hospital zone’ which is part of the overarching plans to

- surrounding land. We are providing clear direction about the need for health facilities on the site and the priority of accessibility.
- iv. Given the various factors described, it has been agreed by the CCG that more time needs to be allocated for the strategic and 'system' discussions between the clinical leads from WHHT and GPs across all services.
  - v. It is positive that there is clear agreement to ensure decisions about one setting of care are taken in the context of other potential service changes and opportunities, to ensure the patient pathway is kept at the fore. There is more work underway to jointly describe the changes impact on the patient pathways, following more clinical debate planned in December and January with the SERP outline plans being shared.

#### **4 Watford Health Campus**

As noted in the paper to the Trust Board in September 2012, '**Watford Health Campus Update**', the Trust and Watford Borough Council continue to work with Kier on the resolution of clarifications and outstanding matters, refine the master plan and bring agreements to financial close in December 2012.

Progress is noted below:

- i. There has been considerable work to refine an updated Health Campus master plan. This retains flexibility in the options for the development of the new hospital in a phased manner and incorporates use of the allotments, should these become available, to support the development.
- ii. Work has also progressed towards finalising the financial and legal documentation of the joint venture as the agreement at financial close will commit both WHHT and WBC to supporting Kier (as the Private Sector Partner (PSP)) to take forward an agreed master plan with a new planning application.
- iii. Kier have requested additional time to complete the financials, so WHHT Trust Board has agreed to a part of the December meeting to be held in public to discuss the documentation with full financial information. This is expected at the end of November.
- iv. The agreements and commitments for the Trust have been the subject of discussion at both the recent Finance Committee (8 November 2012) and Strategy Committee (15 November 2012) to air discussion, opportunities, consequences and debate the impact of making decisions about the campus for other strategic plans. This will be the subject of a full Board discussion, prior to the final financial information being available, to fully understand the principles and process.

#### **5 Strategic Framework**

The discussion about our clinical strategy and other enabling strategies also generated significant debate and a desire to communicate very clearly about our strategic framework and the principles by which we are operating as a Trust to enact strategic planning and inform our decision making. Appendix 1 is a culmination of the discussions and debate, which is attached for formal agreement.

The four enabling strategies of 'Delivering High Quality Care For You' are:

- Clinical Strategy
- People Strategy
- Relationships Strategy
- Infrastructure Strategy

It is implicit within the strategic framework, that within all discussions, quality is the thread that runs through all the strategies, and therefore is the main focus in the title. The patient is at the centre of future planning and decision making; and clinical safety is a given priority in any changes proposed.

#### **4. Recommendations**

- To formally endorse the strategic framework of the enabling strategies.
- To note the progress and next stages in strategic planning for the service reconfiguration discussions, both for the services at Hemel Hempstead; SERP; and Watford Health Campus.

Appendix 1

## West Hertfordshire Hospitals NHS Trust:

### Delivering High Quality Care For You

To achieve this, our four strategies are:

#### 1. CLINICAL STRATEGY

To promote innovation and transformation of clinical care through:

- Improving acute pathways of care
- Optimising elective surgery
- Reshaping outpatient and community care services

#### 2. PEOPLE STRATEGY

To value our patients and staff through:

- Listening and actively responding to patient and staff experiences
- Maintaining high standards of behaviour and care
- Investing in the development of our workforce

#### 3. RELATIONSHIPS STRATEGY

To create effective partnerships with all stakeholders through:

- Understanding and maximising relationships
- Building our reputation with the public
- Influencing our partners to benefit patients

#### 4. INFRASTRUCTURE STRATEGY

To streamline and improve our infrastructure through:

- Enabling our clinical strategy
- Modernising our facilities and promoting quality client services
- Improving decision making and management of information
- Modernising our information technology and maximising its use
- Proactively identifying funding solutions to support redevelopments