

Trust Board Meeting

02 June 2016

Title of the paper:	Strategy update		
Agenda item:	14 / 38		
Lead Executive:	Helen Brown - Director of Strategy and Corporate Services		
Author:	Helen Brown - Director of Strategy and Corporate Services		
Trust aims :	Double click on the box to mark as appropriate: <input checked="" type="checkbox"/> To deliver the best quality care for our patients <input checked="" type="checkbox"/> To be a great place to work and learn <input type="checkbox"/> To improve our finances <input checked="" type="checkbox"/> To develop a strategy for the future		
Purpose:	The aim of this paper is to update the Board on the development of the Trust strategy.		
Link to Board Assurance Framework (BAF)	PR9 Failure to develop a long term clinical, financial and estates strategy		
Previously discussed:			
Committee		Date	
Trust Executive Committee		18 May 2016	
Benefits to patients and patient safety implications			
Recommendations (delete as appropriate) The Board is asked to note the update.			

Trust Board Meeting – 02 June 2016

Strategy Update

Presented by - Helen Brown – Director of Strategy and Corporate Services

1. Clinical Strategy

A first draft of the Trust's clinical strategy is being presented to part 2 of the Board this month. The Clinical Strategy confirms a new mission statement for the Trust, to provide ***“the very best care for every patient, every day”*** and has been developed with input from Divisional and speciality leadership teams and reflects their priorities for the next 1, 3 and 5 years. An 'engagement draft' of the strategy will be developed for publication at the end of June; this will provide our staff and stakeholders with an opportunity to comment on the strategy. The strategy will be presented to the Board for formal approval in September 2016.

2. Your Care Your Future – care closer to home

The Trust's clinical strategy will provide a high level view of opportunities to work in more integrated way in localities / community hubs in line with the core YCYF principle of 'care closer to home'.

HVCCG is currently progressing a number of care pathway and service redesign priorities including diabetes, stroke, frailty, gynaecology, dermatology, MSK and pain, ENT and Ophthalmology. ***See attached (one) – YCYF update for Boards.***

The Trust has been asked to participate in two 'lead provider' processes – stroke and diabetes. Further details of the process to be followed are due to be provided by the CCG in June / July.

It has been agreed in principle with HCT that we will take the lead provider role in relation to the integrated stroke pathway, subject to more detailed discussions and successful completion of the CCG's 'most capable provider' gateway assurance process.

Further discussions are required as to which organisation will take the lead in relation to the diabetes pathway, although in principle this is a pathway the Trust would be well placed to take a lead role in. ***See attached (two) – HVCCG most capable provider outline process.***

Further discussions are underway in relation to the CCGs approach to recommissioning the community gynaecology service. An initial submission has been made confirming a proposed joint delivery model between the Hertfordshire Community Gynaecology service and the three local secondary care (tier four) providers, with the lead provider role being taken by the Community Gynaecology service. Further detailed is required work to finalise governance arrangements and detailed financial and contractual arrangements.

3. Your Care, Your Future - acute transformation / redevelopment planning

Specifically in relation to reviewing options for future configuration of services and addressing the current poor estate infrastructure three pieces of work are currently being taken forward.

- i. for the redevelopment of the Trust's 'core acute' services (Watford / St Albans and / or Greenfield site) (ie – the long term plan / estate solution)
- ii. for the redevelopment of Hemel Hempstead Hospital as a local hospital / community hub. (ie. the long term plan for HHH)
- iii. development of estate strategy that sets out short to medium term strategy for the estate.

3.1 'Core acute' service redevelopment planning

YCYF set out three potential options for the configuration of 'core acute' services for West Hertfordshire

- 1) Consolidate all acute care onto a single site at "another site"
- 2) Consolidate all acute care onto a single site at Watford General Hospital (WGH)
- 3) Consolidate acute, emergency and specialised care at WGH. Deliver the majority of planned care (day case only*) and complex diagnostics at St Albans Community Hospital.

**YCYF did not rule out IP planned care at SACH but the modelling was done on the basis of day case only.*

*** In all options Hemel Hempstead is a local hospital / community hub.*

HVCCG have commissioned a formal site search to identify whether any suitable alternative sites can be found and to recommend a short list and / or a preferred 'greenfield' site option (ie the "another site" option). This work is being funded by the CCG and is now underway.

The Trust is jointly commissioning, with HVCCG, support to develop a SOC for redeveloping the Trust estate.

The first stage of SOC development is an option appraisal to finalise the service configuration / model and identify a final preferred option in terms of the long term configuration of services and associated estate implications. The final proposed configuration will need to be approved by HVCCG and WHHT Trust Board. The decision making process will need to be robust and transparent, with appropriate engagement of stakeholders (in line with the NHS statutory duty to engage).

A further period of engagement / consultation may be required in the autumn dependent on the outcome of this option appraisal. It is important that we follow reconfiguration guidance very closely during this process to ensure key stakeholders support the outcome and to minimise the risk of lengthy / costly legal challenge.

A formal process to appoint an external advisory firm to support the development of the SOC has been undertaken via a mini competition on the Consultancy One Framework. NHS Improvement approval is required before this contract can be let – a business case has been submitted. The CCG has agreed to part fund the cost of this process. The Trust is seeking financial support from NHS I to fund the remaining costs of this process but it is expected that the Trust will need to make provision for some or all of these costs. (Estimated at c £300k, potentially more if a formal consultation is required).

Regular updates on progress will be brought to the Trust Board.

The first step is to review and agree the clinical configuration in more detail and to agree the core modelling assumptions (ie predicted future activity and capacity requirements by service line). Following this more detailed estates feasibility work will be required to determine the potential for refurbishment of existing buildings as well as new build options on both existing and potential alternative 'greenfield' site.

The option appraisal process is due to complete in September / October 2016. The Trust has committed to completing a SOC by early 2017.

3.2 Hemel Hempstead Hospital

'Your Care, Your Future' confirmed that Hemel Hempstead Hospital will be redeveloped as a 'community hub' / local hospital (or equivalent provision to be made at a nearby location). The model is likely to be similar to, for example, the QE2 local hospital in Welwyn Garden City but with a stronger community / primary care element and will potentially be smaller scale given the proximity of St. Albans Community Hospital (subject to the outcome of the options appraisal above). Much of the site will be freed up for redevelopment. Two pieces of work have / are being commissioned to take this forward.

- a) Estate and commercial feasibility review – commissioned jointly by WHHT, HVCCG, Dacorum Borough Council and Hertfordshire County Council. To look at how best to redevelop the site in the context of the overall regeneration / redevelopment plans for Hemel Hempstead town centre. This work has started and will provide a technical and financial appraisal of redevelopment options. The report will be presented to the finance and performance committee in June or July. The cost of this work is being shared between partners, the WHHT contribution is estimated at c. £15k.
- b) Service model & strategic outline case development: HVCCG are currently commissioning support to develop a SOC for the health element of the redevelopment. This will include finalising the service offer / model and optimum estate solution/s. The CCG is funding this work.

3.1 Estate Strategy

The strategy team is working with the Environment division to develop an estate strategy that sets out the case for longer term redevelopment in the estate and the strategy for managing the estate in the short to medium term (ie the next 3 to 5 years).

This work will draw on the clinical strategy and the demand and capacity work currently being undertaken. As a first step the team is working to map all known estate investment priorities (both estates driven and service / demand capacity driven priorities).

A Board development session on the estate strategy is planned for July 2016; the aim is to finalise the strategy for approval by the Board in September 2016.

4. Recommendations (delete as appropriate)

The Board is asked to note the update.

Helen Brown - Director of Strategy and Corporate Services

26/05/2016