Clinical Strategy

Final Draft

August 2016

Agenda item: 20b
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### Clinical Strategy at a Glance: 2016-2020

**Our Vision:**

the very best care for every patient, every day

**Our Mission:**

work in partnership to deliver integrated care throughout life

#### Our Priorities:

- **Deliver more care LOCALLY**
- **Strengthen CORE services**
- **Provide SPECIALIST care as appropriate**

#### Lifetime of Care:

<table>
<thead>
<tr>
<th>Maternity and Newborn</th>
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<th>Adults</th>
<th>Older People and End of Life care</th>
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<tbody>
<tr>
<td>• redesign antenatal and postnatal care.</td>
<td>• paediatric care in community hubs.</td>
<td>• local services / pathway redesign in line with Your care, Your Future vision (diabetes, gynaecology, dermatology, ENT, ophthalmology, MSK &amp; pain).</td>
<td>• develop community geriatrics.</td>
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<tr>
<td>• promote choice, continuity of care, normal childbirth and midwifery-led care.</td>
<td>• paediatric surgery in line with national standards.</td>
<td>• planned surgery pathway redesign &amp; one stop models; maximise use of St. Albans Hospital.</td>
<td>• continue to develop our new frailty service.</td>
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<td>• 24/7 obstetric-led care for more complex and higher risk births.</td>
<td>• strengthen child and adolescent mental health liaison.</td>
<td>• 24/7 emergency care pathway redesign.</td>
<td>• strengthen mental health and surgical liaison.</td>
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<td>• enhance level 2 neonatal care and transitional care.</td>
<td>• continue to develop our extended and specialist care, including: oncology, rheumatology, diabetes and endocrinology, gastroenterology, respiratory and allergy.</td>
<td>• develop inpatient specialist diabetes service.</td>
<td>• improve choice of care setting and work with partners to develop more alternatives to acute inpatient care.</td>
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<td>• enhance perinatal mental health support.</td>
<td>• improve transitional support for young people moving into adult services.</td>
<td>• develop local high intensity inpatient chemotherapy.</td>
<td>• individualised and advance care plans for end of life care.</td>
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**Comprehensive clinical support services**

Maximise 7 day provision of care to our patients

**Supporting Strategies:**

- **Quality**
- **Education, Training and R&D**
- **Workforce**
- **Finance**
- **IM&T**
- **Estate**

**Our key hospital sites:**

- **Hemel Hempstead Hospital:** redeveloped as ‘local hospital / community hub’ as set out in Your Care, Your Future.
- **St Albans Hospital***: continue to develop as planned care centre with extended complex diagnostics & one stop models.
- **Watford General Hospital***: comprehensive 24/7 emergency and specialist care.

* Long term plans subject to the Your Care, Your Future option appraisal including a review of alternative site options
Introduction

• This document sets out the clinical priorities for West Hertfordshire Hospitals NHS Trust over the next 3 – 5 years and provides an overall framework for change.

• The Trust is fully committed to the vision set out in ‘Your Care, Your Future’; the system wide strategy for developing health and care services in West Hertfordshire. This strategy sets out how we expect to contribute to the delivery of this vision and support the development of more integrated, patient centred care for local residents.

• Clinical leadership has been central to the development of this strategy and ensuring that our clinicians are empowered to lead the changes needed, in partnership with primary, community and secondary care colleagues working in other local organisations, will be vital to its success.

• A range of supporting strategies, are already in place or being developed including a our Quality Account, Patient Experience and Carer’s strategy, Workforce, Information Technology and Estates. These are all key enablers to the delivery of this overarching strategy.
Our Vision is to ‘deliver the very best care for every patient, every day’.

We need to ensure that every single one of our patients receives the very best care, regardless of the time of day or day of the week that they present to our services. Over the past 5 years we have increased senior clinical cover on site in the evenings and at weekends. We have also increased the availability of clinical support services out of hours including therapy services and diagnostics. We are committed to continuing to strengthen 7 day provision of care to our patients.

Every year our ‘Quality Account’ sets out in detail our quality improvement plans for the year ahead, as well as summarising progress made over the previous year. We are continuing to strengthen our quality assurance and quality improvement processes to ensure that we consistently deliver the very best care, evidence based care.

Our Patient Experience Strategy, which is currently being finalised, has identified 3 key priorities for improving patient experience – improving communication, getting the basics right and improving the patient journey.

Copies of our Quality Account and Patient Experience Strategy (when it is complete) can be found on our website XXXXXXX
Our Mission

Our Mission is to ‘work in partnership to deliver integrated care throughout life’

Your Care, Your Future sets out the vision and future model of care for West Hertfordshire, with a focus on **more effective prevention**, developing an approach that seeks to **maintain stability and prevent escalation** to more acute levels of care and delivering **joined-up care** more effectively.

It is essential that health and social care providers work together to deliver integrated care for patients across the whole of their care pathway. This will require all our organisations, and all of our staff, to work together in different ways to redesign care pathways and ensure care for individual patients is effectively managed and well co-ordinated.

As well as working closely with commissioners, developing stronger provider partnerships is a core part of our strategy:

- With local GP provider federations, Hertfordshire Community Trust, Hertfordshire Partnership Trust, Hertfordshire County Council to integrate local care pathways.
- With the Royal Free Hospitals NHS Foundation Trust, including exploring the potential to join the Royal Free Hospital Trust ‘Group’. The Group model offers a range of opportunities to improve care for our patients, to recruit, retain and support our workforce and to improve the financial sustainability of our services.
- With a wider partnership of organisations across Hertfordshire and West Essex (as part of the ‘strategic transformation plan’ (STP).
1) Strategic Priorities:

- Deliver more care locally
- Strengthen CORE services
- Provide SPECIALIST care as appropriate
1) Overall strategy: Deliver more care locally

Our key principles:

We will work to deliver more care locally in line with the vision set out in ‘Your Care, Your Future’ by

- Working closely with our partners to redesign care pathways to integrate care, with more focus on prevention, self care, early intervention and active co-ordination of care for people with the most complex needs.
- Making our services accessible in different ways (telephone advice, telemedicine, ambulatory care pathways) to make services more accessible to patients and make the best use of our specialist expertise.
- Maximising one stop, streamlined care pathways with access to comprehensive diagnostics.
- Supporting the development of ‘local hospitals / community hubs’
1) **Overall strategy:**
Deliver more care locally

Our priorities for the next 3 years:

- Develop integrated, multi-disciplinary locality based ambulatory services for older people.
- Lead the development of an integrated stroke pathway and lead provider model.
- Continue work to integrate care for people with diabetes.
- Work with partners to redesign musculo-skeletal, rheumatology and pain pathways.
- Work with Hertfordshire Community Gynaecology service (HCGS) to implement new gynaecology pathways.
- Respond to commissioner priorities (in addition to the above this includes dermatology, ENT and ophthalmology)
- Finalise our estate strategy to support delivery of services closer to home, and work with partners to re-develop Hemel Hempstead Hospital.
1) **Overall strategy:**

**Strengthen core services**

**24/7 Emergency Care**

**Our key principles:**

- Work with partners to provide alternatives to hospital based emergency care, reducing the need for A&E attendance and inpatient admission.
- Urgent care services; develop a consistent model of GP and nurse led urgent care across Hemel Hempstead and St Albans and Watford (opening hours may differ but the clinical model should be consistent).
- Where specialist care is required ensure that we provide high quality, responsive, safe services 24 hours a day, 7 days a week.
- Provide prompt access to comprehensive specialist expertise and direct access to specialist advice where needed.
- Provide emergency surgery in line with national best practice standards.
- Support medically stable patients to access care in alternative settings in a timely way, ensuring patients only stay in hospital when this is clinically required.
- Improve co-ordination of care between care settings – e.g. better discharge planning and better communication / advance care planning for end of life care.
1) **Overall strategy:**
Strengthen core services

**24/7 Emergency Care**

Our priorities for the next 3 years:

- Implement consistent urgent care models across Watford, St Albans and Hemel Hempstead.
- Continue to develop ambulatory care services to reduce need for inpatient care (pilot enhanced ambulatory care services for older people at Hemel Hempstead Hospital).
- Work with partners to deliver an effective, responsive emergency care pathway that meets national standards and is in line with recommended best practice.
- Develop a best practice medical assessment model.
- Improve care and access to specialist advice for patients with diabetes who are admitted for inpatient care (20% of our admitted patients have diabetes).
- Enhance delivery of critical care services.
- Continue to improve emergency surgery care pathway (expand Surgical Assessment Unit, improve access to emergency theatres, workforce redesign).
- Provide Interventional Radiology services 7 days a week.
- Work with partners to develop new service models to reduce delayed transfers of care and alternative care models for medically stable patients.
1) **Overall strategy:**

**Strengthen core services**

**Planned care & cancer services**

**Our key principles:**

- Ensure timely and streamlined access to meet national ‘referral to treatment’ standards, redesigning pathways and implementing one stop models where possible.
- Maximise the separation of planned surgery from emergency surgery – rotas, theatre schedules, ring fenced beds – to ensure planned care ‘protected’ from emergency care pressures.
- Continuously improve our planned surgery pathways and promote excellent team-working.
- Respond to national cancer strategy priorities – meet cancer standards, extend rapid access, improve patient experience, increase access to research protocols, continue to develop recovery package and work in partnership.
1) **Overall strategy:**

**Strengthen core services**

**Planned care & cancer services**

Our priorities for the next 3 years:

**PLANNED CARE**

- Redesign pathways and develop one stop models: with SACH as our one stop planned care centre*.
  - Trauma and Orthopaedics
  - Urology
  - Breast
  - CT / MRI
  - Hysteroscopy & Colposcopy
- Continue to improve our pre operative assessment process and deliver enhanced recovery model.
- Continue to expand Endoscopy and bowel cancer screening services.
- Develop gynaecology specialist services
- Increase delivery of appropriate planned care services in community hubs

**CANCER**

- Improve rapid access breast cancer pathway.
- Review and redesign head and neck pathways.
- Implement recovery package.
- Improve access to research protocols.

* Subject to the outcome of the Your Care, Your Future option appraisal for the future configuration of hospital services / but as a minimum for the short to medium term.
Our key principles:

• Ensure specialist services meet national best practice standards – including population size, minimum activity volumes and staffing guidelines.
• We will only provide specialist care where we are confident we can deliver care to national best practice standards.
• We will work in partnership to co-ordinate care for our patients where pathways cross more than one provider and continue to develop and sustain strong links to tertiary centres.
1) **Overall strategy:**

**Specialist services**

**Our priorities for the next 3 years:**

- Develop hyper acute stroke services (HASU) - HVCCG have confirmed their commitment to commissioning HASU services from 2017.
- Continue to build specialist expertise in areas such as Endoscopy, Respiratory Medicine, Cardiology, Endocrinology, Orthopaedics and Urology.
- Develop local inpatient haemato-oncology services to provide high intensity chemotherapy for our local population.
- Develop our vascular services in line with our ambition to be the arterial centre for Hertfordshire and West Essex. (Subject to the outcome of the East of England vascular review)
- Review specialist cancer pathways and strengthen links with tertiary ‘super centres’ for Upper GI and Gynae-oncology.
- Review and strengthen specialist renal support to inpatients at Watford (currently provided by Imperial College Healthcare).
2) Lifetime of Care:

- Maternity & Newborn
- Children & Young Adults
- Adults & Frailty
- End of Life Care
2) **Lifetime of Care:**

**Maternity & Newborn**

Our priorities for the next 3 years:

**LOCAL CARE**
- Redesign ante-natal and post-natal care for women and babies to improve continuity of care and patient experience.

**STRENGTHEN CORE**
- Respond to the national maternity strategy: promote choice, improve continuity of care, promote midwifery-led care and normal childbirth (including increasing the number of births through our midwifery led birthing unit ABC). Reduce intervention rates in line with national best practice.
- Work towards 24/7 consultant delivered obstetric care, with increased consultant presence on labour ward.
- Develop transitional care model for babies with extra care needs – reducing the need for low complexity care within the neonatal unit.
- Enhance support to bereaved families.

**SPECIALIST CARE**
- Further develop our expertise in perinatal mental health and foetal medicine.
- Enhance our level 2 neonatal care to reduce the need for babies to transfer out to the level 3 unit at Luton and Dunstable Hospital.
- Provide local Female Genital Mutilation (FGM) service.
2) Lifetime of Care: Children & Young People

Our priorities for the next 3 years:

LOCAL CARE
- Offer more children’s outpatient services locally – general paediatrics, long term conditions and outreach for children with complex needs.

STRENGTHEN CORE
- Ensure all paediatric surgery meets best practice standards and identify whether any surgery would better be provided by a more specialist provider.
- Develop transitional services to ensure co-ordinated care for young people with long term conditions as they transition into adult services.
- Provide adolescent gynaecology services

SPECIALIST CARE
- Improve the sustainability of our paediatric oncology shared care unit (POSCU) by expanding the consultant workforce and continue to develop the service.
- Further develop specialty services for children including rheumatology, epilepsy gastroenterology, diabetes and endocrinology, allergy.
2) **Lifetime of Care:**

**Adults & Older People**

Our priorities for the next 3 years:

**LOCAL CARE**

- Improve the management of long-term conditions in partnership with GPs
- Develop integrated, multi-disciplinary locality based ambulatory services for older people. (Pilot in Hemel Hempstead).

**STRENGTHEN CORE**

- Work with partners to develop new service models to reduce delayed transfers of care, integrating discharge support with community partners, social care, voluntary and community services, so that people are in the most appropriate setting to support recovery and minimise the likelihood of readmission.

**SPECIALIST CARE**

- Develop local ‘specialist’ services, where able to meet relevant quality standards and further develop clinical links with tertiary centres.
2) **Lifetime of Care: End of Life Care**

Our priorities for the next 3 years:

**LOCAL CARE**
- Cross-organisational working to ensure that the patient and their family get the care that they want delivered in the setting that they want by skilled and compassionate health care professionals.
- Implement electronic palliative care co-ordination system.

**STRENGTHEN CORE**
- Implementation of new End of Life Strategy
- Robust programme of education and training for all staff in delivering End of Life Care.

**SPECIALIST CARE**
- Specialist palliative care on site support and access to out of hours service available every day.
- Continue audit delivery of an equitable service to all patients at the end of their life (cancer and non cancer patients) ensuring benchmarking against National data.
3) Clinical Support Services
3) Clinical Support Services

Our key principles:

- Provide comprehensive clinical support services: (Pharmacy, Radiology, Pathology, Therapy services).
- Ensure 7 day service provision to support emergency care.
- Integrate diagnostic provision and therapies in one stop models.
- Maximise the use of technology / modernise infrastructure.
- Explore opportunities for workforce redesign to support new models of care.
3) Clinical Support Services

Our priorities for the next 3 years:

Develop LOCAL services
- Increase direct access services.
- Develop local phlebotomy and anti-coagulation services.
- Define local clinical support offer to community hubs.

Strengthen CORE
- Implement ‘order communications’ and electronic blood tracking.
- Finalise strategy for provision of pathology services and further increase joint working with specialty teams to provide rapid cytology assessment.
- Implement remote reporting radiology to improve sustainability of 7 day service and support timely reporting.

Specialist Services
- Implement E-prescribing for chemotherapy.
- Develop SPECT CT service.
- Develop enhanced stroke imaging to support the planned hyper acute stroke unit (HASU).
4) Supporting Strategies
4) **Supporting Strategies**

- **Clinical Strategy**
  - Quality and Patient Experience
  - Workforce
  - Education and Training, R&D
  - Long term financial sustainability
  - IM&T
  - Estate (short and long term)
## Supporting Strategies

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<th>Workforce</th>
<th>Estates strategy</th>
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<td>The Trust’s Quality Account (QA) sets out an annual plan for improving quality. A copy of the 2016/17 QA can be found on the Trust’s website. A Patient Experience and Carer’s Strategy is currently being developed and is due to be completed by the autumn. This will include a commitment to getting the ‘basics’ right (such as general administration, patient letters / results / referrals and communication with GPs), to better support effective care. A Quality Strategy will be developed in 2017/18 setting out the Trust’s longer term approach to driving continuous improvement to the quality of our services.</td>
<td>The Trust developed a Workforce Strategy in 2016. The strategy sets out the key workforce priorities for the Trust and is underpinned by a detailed delivery programme.</td>
<td>The Trust Board approved an estate compliance strategy in 2016. Work is currently underway to develop a medium term (5 year) strategy for the Trust’s estate – this will be finalised for Board approval in Q3 2016. The Trust is working with HVCCG to develop a long term plan for redevelopment of its estate, in line with the vision set out in the Your Care, Your Future system strategy. A ‘strategic outline case’ for the full redevelopment of the Trust’s estate is due to be completed by February 2017.</td>
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## 4) Supporting Strategies

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<th>Long Term Financial Sustainability</th>
<th>Education &amp; Training, Research and Development</th>
<th>IM&amp;T</th>
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<td>The Trust has a long term financial model which is updated quarterly that tracks the long term financial outlook. The model shows a significant deficit at year 5, even with year on year financial efficiencies of 4%. Further work will be undertaken over this year to identify opportunities to reach a balanced position. This will include reviewing the opportunities for improving clinical and financial sustainability by becoming a member of the proposed Royal Free Hospital (RFH) Group. An initial assessment of the potential benefits of becoming a member of the RFH Group will be undertaken in Q3 and Q4 of 2016/17.</td>
<td>An education and training strategy is currently being developed, building from the development section of the workforce strategy. The strategy is due to be finalised by December 2016. The Trust does not currently have a formal R&amp;D strategy – to be developed in 2017/18</td>
<td>The Trust approved a 5 year IM&amp;T strategy in 2012. The strategy is currently being reviewed and an update is due to be published by December 2016. Making more effective use of information technology is recognised as a key enabler of this strategy; IT-enabled clinical change will assist with driving improved patient care. Moving towards electronic record systems in place of paper is also a key priority, so that the supporting infrastructure is in place to move towards more localised care, provide telephone support and make use of virtual technology opportunities.</td>
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Making more effective use of information technology is recognised as a key enabler of this strategy; IT-enabled clinical change will assist with driving improved patient care. Moving towards electronic record systems in place of paper is also a key priority, so that the supporting infrastructure is in place to move towards more localised care, provide telephone support and make use of virtual technology opportunities.
5) Implementation
5) Implementation Plan

- This clinical strategy has set out overall priorities for the next 3 - 5 years.

- A detailed implementation plan will be developed for approval by the Trust Board later in the year. This will form part of the Trust’s annual business planning cycle.

Thank you to everyone that has contributed to the development of this clinical strategy. Your comments, interest and support are very much appreciated.