



Future of hospital services in west Hertfordshire

Confirming the proposed
shortlist of options

27 February 2019

Agenda

1. Introduction and purpose
2. Case for change
3. Available options
4. Longlist appraisal
5. Break
6. Proposed shortlist of options
7. Discussion
8. Next steps

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Introduction and purpose

Purpose of today's panel session

Today you, as a participant, will be asked to consider and confirm the proposed shortlist of options to be considered as we plan the future of hospital services in west Hertfordshire

To help you do this we will:

- provide background information about our journey so far
- set out our case for change and the objectives we want to achieve
- describe the approach we are taking to confirm the preferred way forward
- set out evidence we have used to arrive at the proposed shortlist

Your recommendations will be taken to the West Hertfordshire Hospitals Trust (WHHT) and Herts Valleys CCG (HVCCG) Boards who will confirm the final shortlist for appraisal

At the next panel session you, as a participant, will be asked to score each of the shortlisted options in terms of its ability to achieve the desired benefits

The outcomes of the scoring session will then be combined with a quantitative appraisal of benefits to determine a preferred way forward for WHHT and HVCCG Board review.

Introduction and background

WHHT and HVCCG developed a proposal to develop local hospital estate in 2017, following extensive engagement with stakeholders and the public as part of the *Your Care, Your Future* programme

Since submission of this proposal, NHS Improvement and NHS England have confirmed their recognition of the need to change and have set out the severe limitations on capital funds and strong competition for funds from many hospitals

On this basis, we are reconsidering options for the future of hospital services to:

- incorporate latest projections for health service demand
- evaluate options with lower investment costs
- include Hemel Hempstead Hospital (HHH) as a location for future services
- assess the option of a new planned care centre in the north of our area

Where we are now

National regulators have told us:

- we need to propose a way forward that's within the Trust's annual turnover, circa £350m
- there is no private finance – investment will be a public dividend capital (PDC) loan
- our plan should not rely on future funding for completion
- our funding application should be submitted in early summer 2019

Clinicians, NHS managers and independent experts have therefore developed options that:

- consider all our hospital services and buildings
- have a focus on delivering new models of care
- address the most urgent infrastructure issues
- are within the funding constraint outlined above

We are now engaging with you, our stakeholders to consider and confirm the proposed shortlist of options for the future of our hospital services and gain your input into the appraisal process

Stakeholder groups involved in the process

Service provider

West Herts Hospital Trust (WHHT) provides the services that local residents use and is responsible for managing the buildings, infrastructure and staff. They will develop the business case for sign-off by their Board



Commissioner

Herts Valleys Clinical Commissioning Group (HVCCG) commissions services from WHHT. They will consider the business case and it will need to be endorsed by their Board



National regulators

NHSI and NHSE will review the business case and it will need to gain their recommendation for its approval by HM Treasury

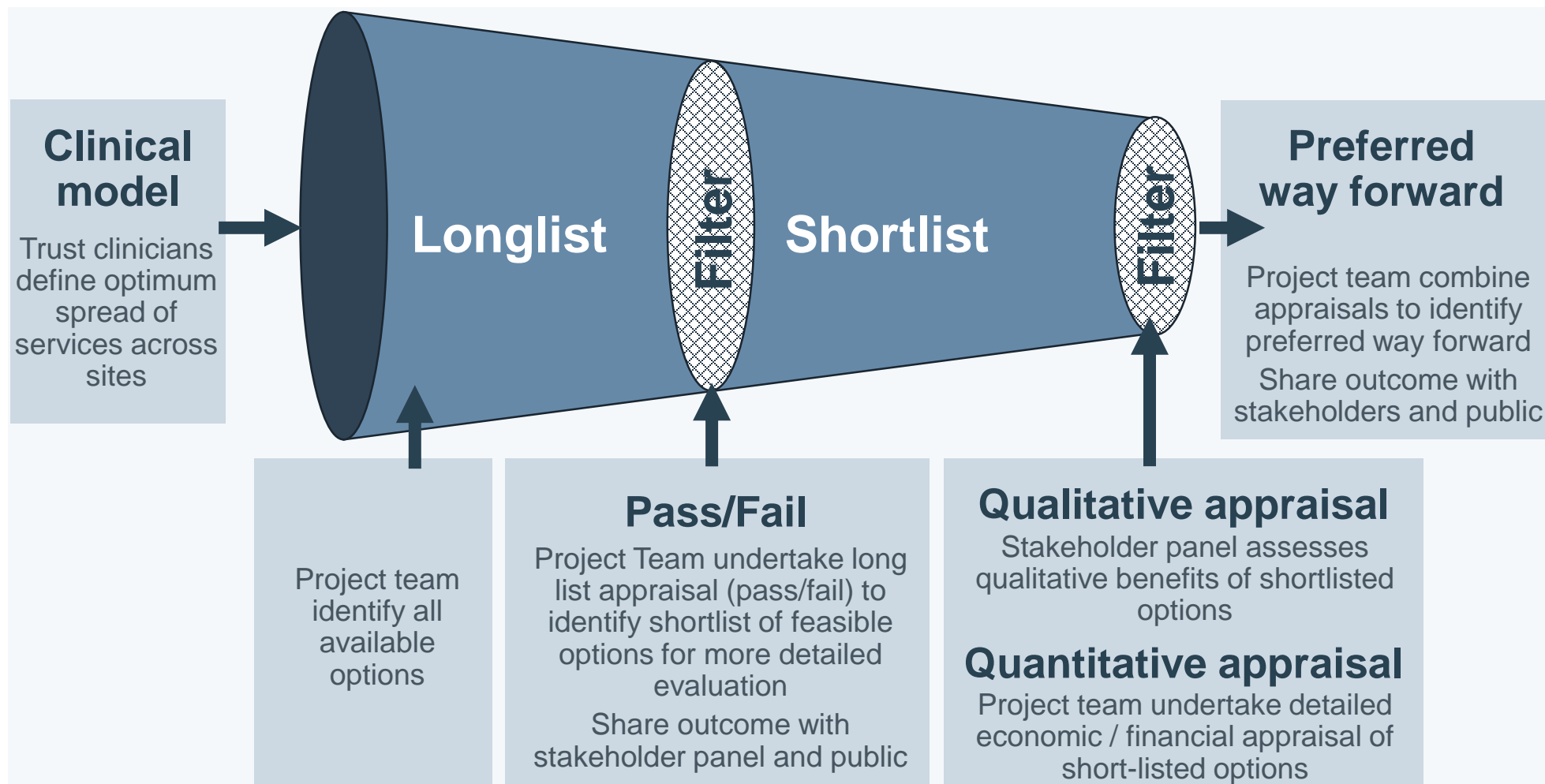


Stakeholders/patients

Local residents and stakeholders from organisations, including from the local Sustainability and Transformation Partnership (STP), have been engaged in shaping the future of their hospital services



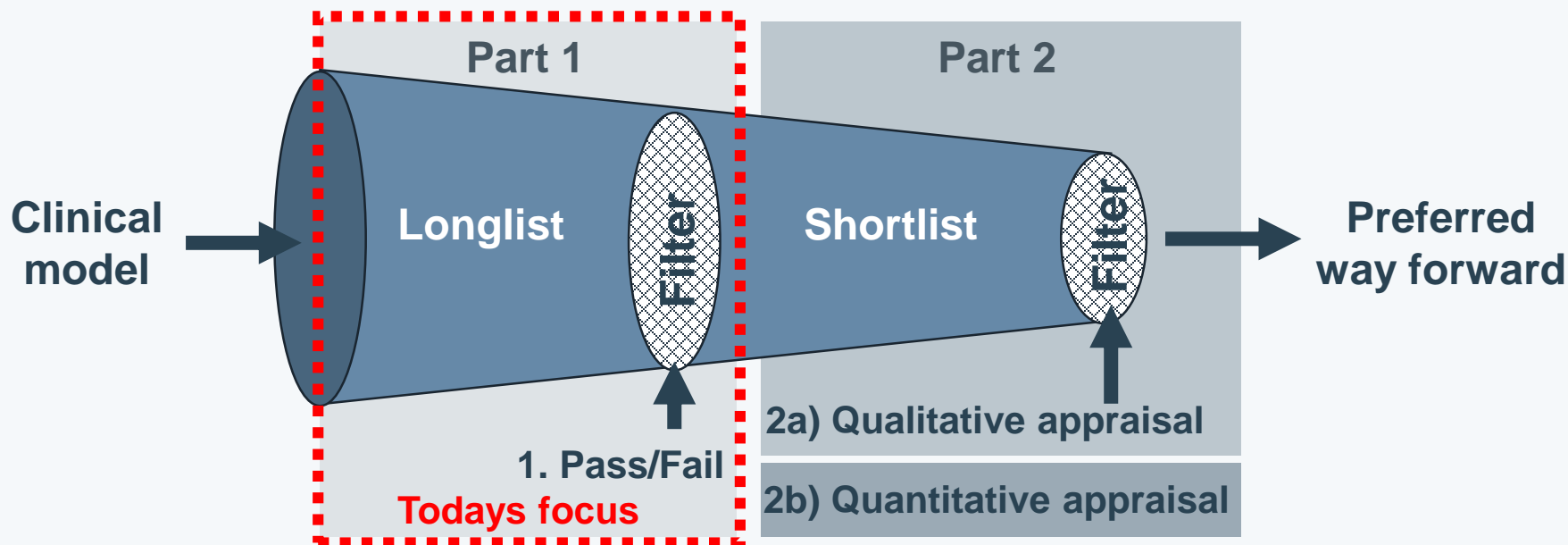
Overall appraisal approach



Purpose of today: confirming the shortlist

Each panel session will have a different focus:

- **Part 1** is where you as a participant will be asked to **consider and confirm the proposed shortlist of options** – you will be given evidence about how the shortlist was arrived at
- **Part 2** is where you as a participant will be asked to **score each of the proposed options in terms of its ability to achieve desired benefits** – you will be given evidence to inform this



Who is in the room and why

- **Participants – here to provide a view on behalf of the stakeholder group you represent**
 - Public representatives, recruited to represent all four localities within west Hertfordshire
 - Representatives from partner organisations
 - Clinicians
 - Other Trust representatives
 - Other CCG representatives
- **Facilitators – here to facilitate conversations and report on them afterwards**
- **Advisors – technical experts here to provide information and answer questions**

What can we expect from each other

- All participants have an equal right to express their opinion, whatever their background
- Changes to our healthcare system can be emotive, we all commit to treat each other respectfully and listen to each other's points of view even if we disagree
- We all commit to the process described, and will take part honestly and conscientiously
- As the facilitators we commit to honestly and accurately capturing the outputs of the workshop and presenting them to the Trust and CCG without any alteration
- Advisors will provide information to the best of their ability and honestly answer your questions whenever they can

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Case for change

Why do things need to change?

The age and standard of our hospital estate, and how services are currently provided, is a challenge to providing the best quality care at hospitals in west Hertfordshire

Our **case for change** has three main aspects:



1. Improving clinical sustainability

The way our hospital services are delivered is fragmented, specialist staff are spread too thinly and services are at risk of becoming clinically unsustainable



2. Providing healthcare from fit for purpose buildings

Many of west Herts hospitals' buildings are old and not designed for modern healthcare, with a backlog of building repairs



3. Achieving long-term financial stability

The Trust has a financial overspend which is growing every year and is not sustainable in the long term, with estate limitations hindering further service efficiencies

Objectives

Our investment must focus on the changes needed to address these specific challenges

1

We need to change the way acute hospital services are delivered to meet the standards we expect, by **enhancing separation of emergency and planned care services and consolidating services across locations where possible**

2

We need to invest to ensure care is delivered from **buildings that are fit for purpose** in a way that supports our wider aims for the **future of healthcare** and meets expected **future demand**

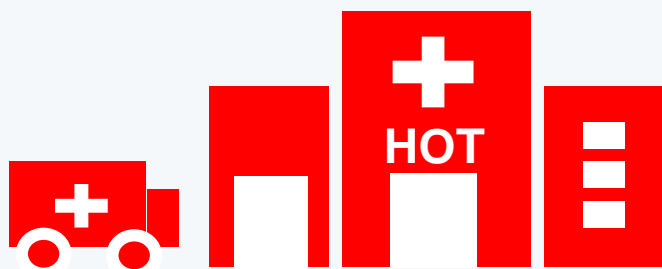
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We need to develop services in a way that is **affordable to commissioners, to funders and to the Trust** on both a capital and revenue basis, **as quickly as possible**

The clinical model: separate 'hot' and 'cold'

Emergency and specialist care – 'HOT'

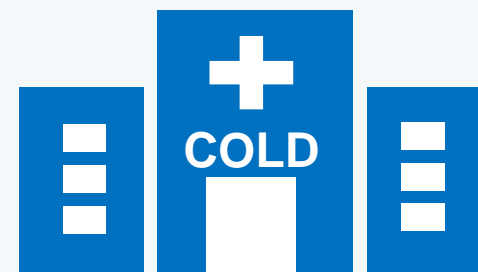
- **reliant on the presence of critical care** and/or services that critical care is dependent on
- **only the highest risk and sickest patients**



- **A&E, inc. emergency surgery**
- **specialist inpatients**
- **ambulatory care**
- **critical care**
- **women's and children's**

Planned care – 'COLD'

- **do not require critical care** and/or services that critical care is dependent upon
- **close links with other health and care services**, including community, mental health and primary care



All sites
have

outpatients
midwifery-led care
urgent care
diagnostics

- **planned surgery and medicine**
- **older people's services**
- **cancer & 'one stop shops'**
- **long term conditions**

Clinical principles

- 1 The **wellbeing of our patients and staff** must be protected and enhanced in service re-design
- 2 Our future way of working should drive the **separation of HOT** functions (that focus on **emergency care**) and **COLD** functions (urgent and planned care)
- 3 Services with **critical interdependencies** must be co-located eg obstetrician-led births and acute paediatrics sited with critical care and emergency services
- 4 Each clinical team should **not be spread too thinly to avoid fragmentation** and duplication
- 5 **Technology and IT** must be incorporated into the design of our future models
- 6 The future system and buildings must be **flexible** to adapt to medical advances and the changing needs of patients

Shortlisting criteria

We have defined a **minimum threshold** for each criterion:

| Criteria | Threshold |
|----------------------------|---|
| Affordability | The required capital investment must be within the Trust's annual turnover |
| Quality | The option must at least maintain patient safety at current levels |
| Patient experience | The option must support an improvement in patient experience from current levels |
| Access | Services must be located to serve the Herts Valleys population |
| Deliverability | The site locations must have sufficient space to accommodate the requirements of the preferred model of care for the relevant site configuration option |
| Value for money | The option must support an improvement in the Trust's financial position in the long term |
| Strategic alignment | The option must deliver the objectives and provide flexibility for the future |

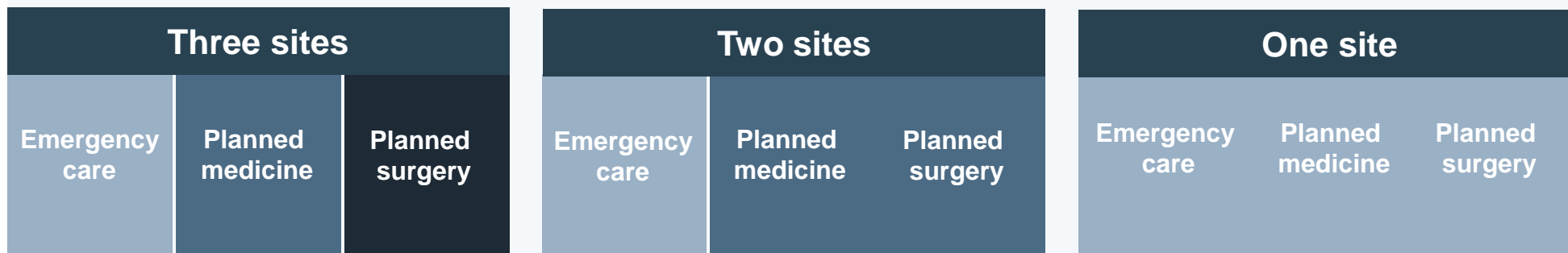
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Available options

The options vary in two main ways

As a starting point, we have considered permutations of options according to the two main variables – the number of sites and location of sites.

1. Number of sites



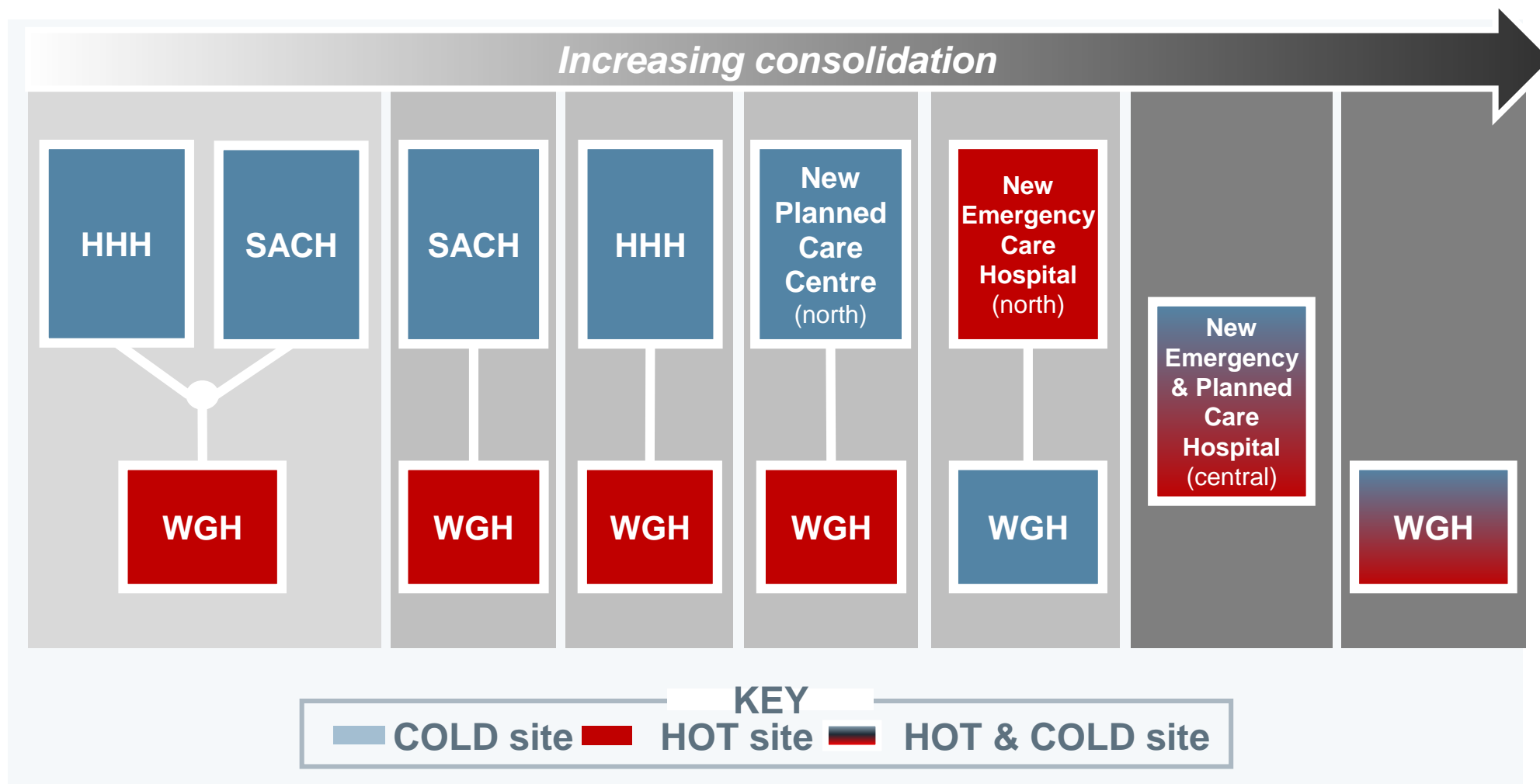
2. Location of sites



The clinical model varies slightly across the options

| Three sites | | | Two sites | | | One site | | |
|---|------------------|-----------------|---|------------------|-----------------|---|------------------|-----------------|
| Emergency care | Planned medicine | Planned surgery | Emergency care | Planned medicine | Planned surgery | Emergency care | Planned medicine | Planned surgery |
| <ul style="list-style-type: none"> Emergency care, planned surgery and planned medicine will each be consolidated as far as possible on a separate site All sites will be supported by diagnostics and clinical support services appropriate to the clinical need of the site | | | <ul style="list-style-type: none"> Emergency care will be consolidated on one site, with urgent treatment available at both sites Planned care (including both planned surgery and planned medicine) will be consolidated as far as possible on a separate site Both sites will be supported by diagnostics and clinical support services appropriate to the clinical need of the site | | | <ul style="list-style-type: none"> All acute hospital services will be provided from a single site, but with a clear physical separation between emergency and planned care Further urgent care will be provided separately (either co-located with local services or standalone) | | |

This leads to a long list of potential options



Note that this does not represent the full long list, e.g. Emergency Care Hospital could be located at SACH or HHH

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Longlist appraisal

Summary of findings against evaluation criteria

| Criteria | Analysis undertaken | Summary of findings |
|----------------------------|--|---|
| Affordability | Outline capital investment estimates developed | Main differentiator between options |
| Quality | None at this stage – not a differentiator | All options can be designed to ensure patient safety |
| Patient experience | None at this stage – not a differentiator | All options can be designed to improve patient experience |
| Access | Travel and catchment analysis | All options provide services located to serve the Herts Valleys population and provide reasonable access, therefore access not a differentiator at this stage |
| Deliverability | Schedules of accommodation developed based on clinical model | Existing sites have some limitations due to space constraints |
| Value for money | None at this stage | All options have the potential to improve the Trust's financial position – will be appraised in detail at shortlist stage |
| Strategic alignment | None at this stage | All options can be designed to meet the objectives to varying degrees |

Sizing the future hospital

In developing our plans for acute hospital services of the future, we have assumed:

- Demographic growth in line with latest Office of National Statistics (ONS) forecast = 1% (varied across ages/services)
- Non-demographic growth in line with WHHT historic activity = 1.3% (across services)
- Demand management in line with STP assumptions in the Medium Term Financial Plan
- Operational efficiencies, which are based on WHHT's financial planning and benchmarking

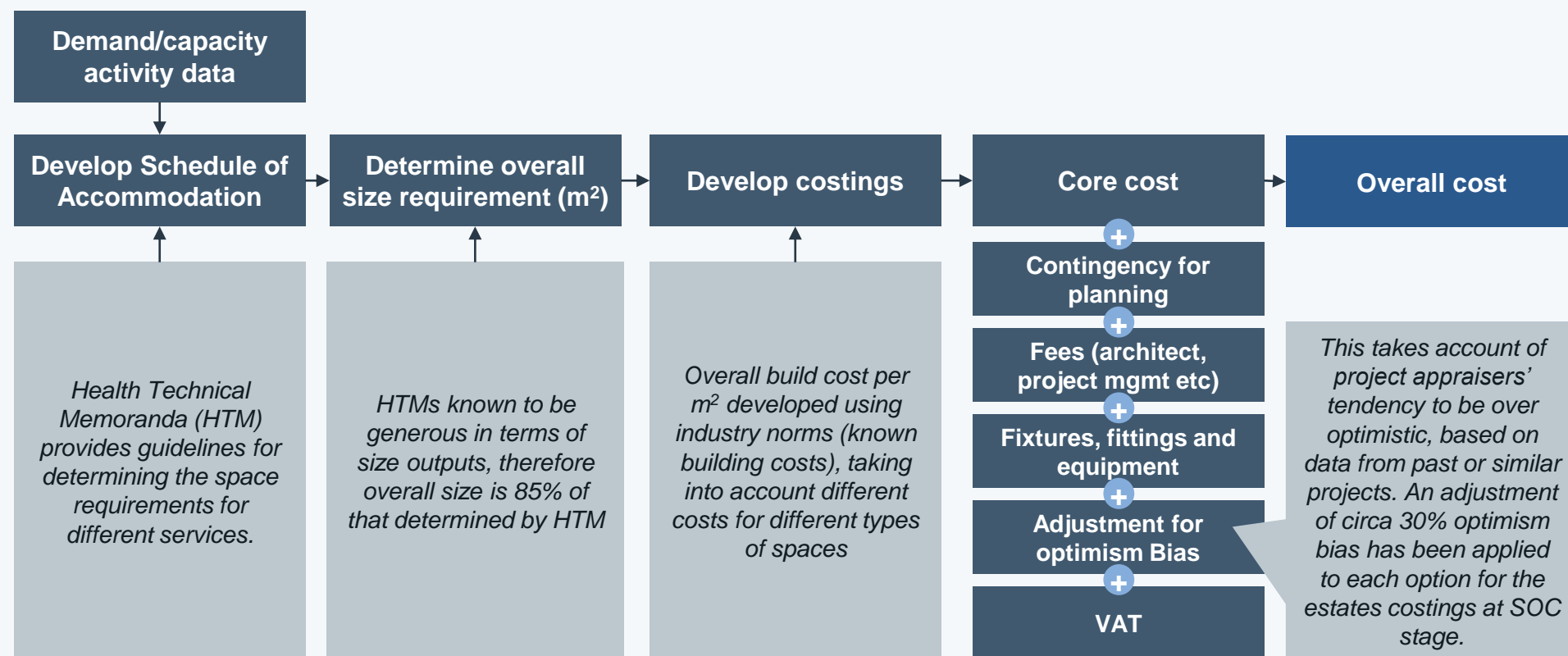
Based on these demand assumptions we have forecast the number of beds, theatres and rooms required in the future, and therefore the size of hospital that needs to be built.

All shortlisted options have consistent numbers of beds and theatres to allow fair comparison across options

Scenario analysis has been carried out to understand the additional capacity requirements if demand management and/or efficiencies are not achieved

Costing methodology

Our expert advisors have developed estate sizing and cost estimates using a mandated process set by HM Treasury. The details will be peer assessed as part of the review process for our funding application to ensure that they conform with industry standard parameters, otherwise it cannot be approved by regulators.

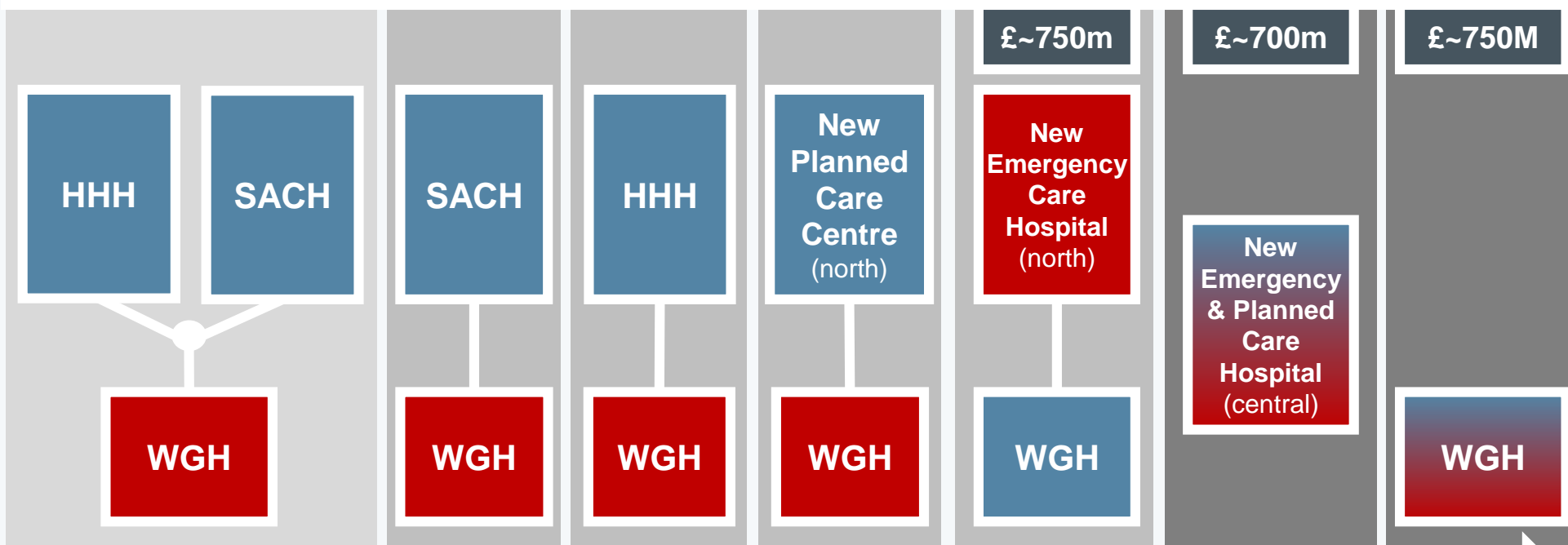


Outputs from affordability analysis

Increasing consolidation →

Can be achieved within c. £350m

Substantially higher than £350m



£££ →

KEY
 COLD site
 HOT site
 HOT & COLD site

Extra information

There has been a significant amount of information gathered to inform the outputs that are presented in this pack, including:

- demand and capacity analysis – a review of likely future demand for hospital care and resource capacity required
- travel and catchment analysis – a review of the travel times between different sites and impact on catchment area
- site option review – a review of potential sites and their suitability

Outcomes from these analyses are available in the supporting information pack, alongside other key documents available online, such as:

- NHS 10-year plan
- HM Treasury guidance
- ‘your care, your future’ outcomes
- previous Acute Transformation business case

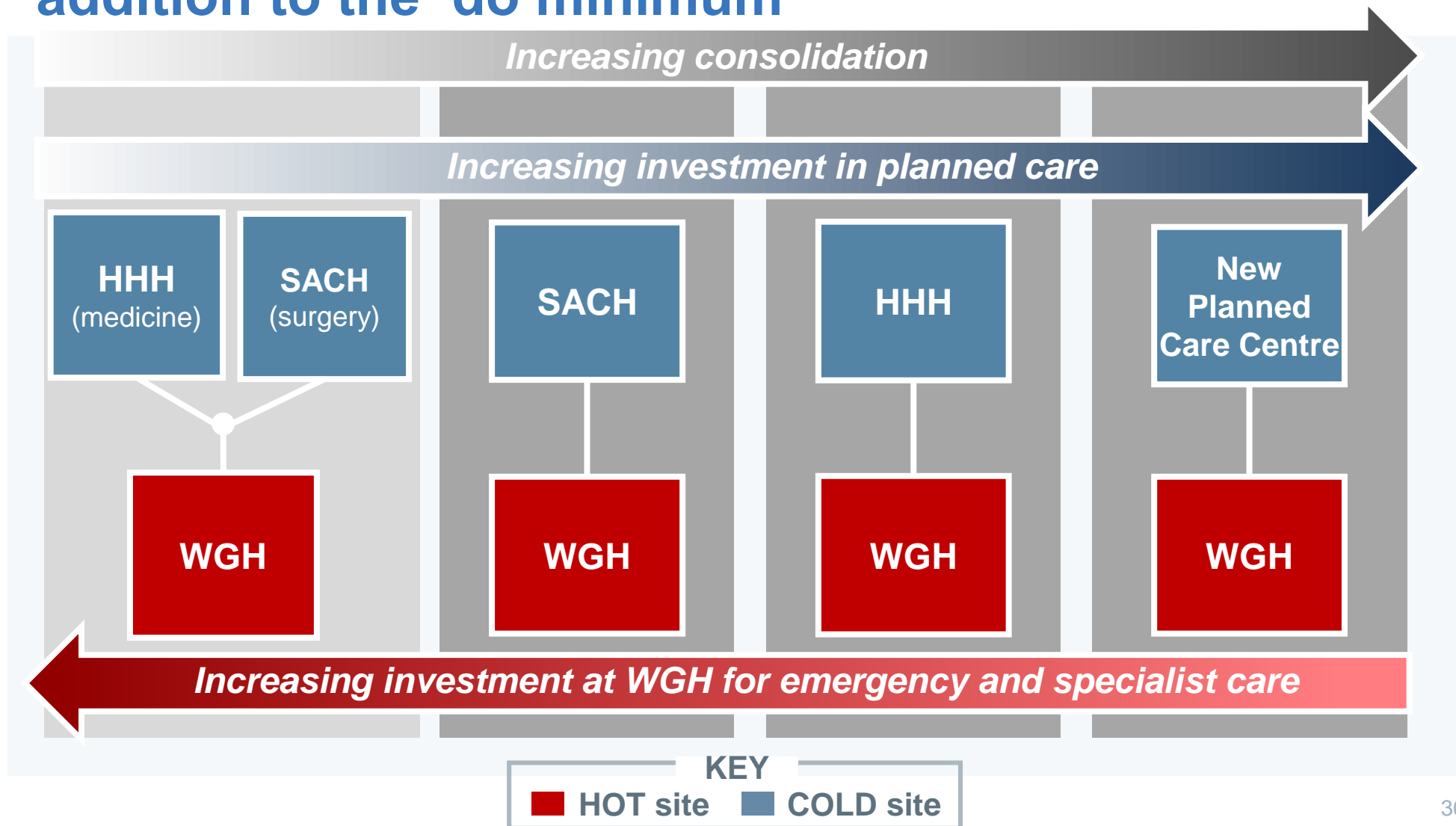
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Break

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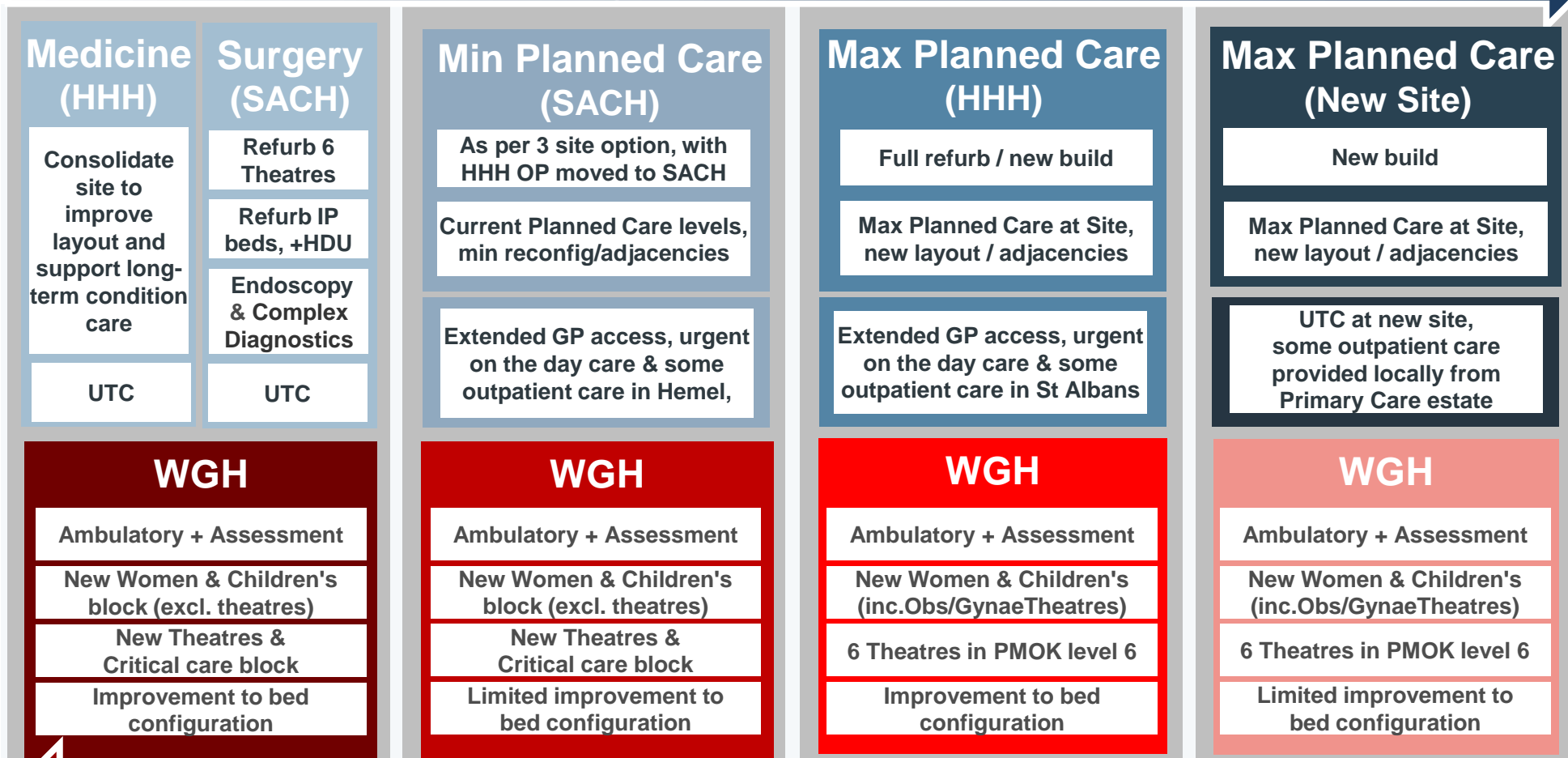
Proposed shortlist of options

There are four options on the proposed shortlist, in addition to the 'do minimum'



Key features of the proposed shortlisted options

Increasing investment in planned care



Increasing investment at WGH for emergency and specialist care

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Discussion

Discussion

- Do you have any questions about the process used to determine the shortlist?
- Do you support the proposed shortlist of options?
 - Are there any other options that you believe should be on the shortlist?
 - Are there any options that you believe shouldn't be on the shortlist?
- Do you have any other recommendations?

8

Next steps

Next steps

| Date | Activity |
|---|--|
| Before Wed 13th March | Review the information provided in this presentation and the evidence packs between now and Part 2 |
| Thurs 7th March | <p>Attend the public engagement event to hear the views of the public and other key stakeholders about the shortlisted options</p> <p>Key messages from this event will be recorded and therefore if you are unable to or don't wish to attend this, you can still access a summary of the discussion to feed into the options appraisal scoring panel</p> |
| Wed 13th March | Attend Part 2: options appraisal scoring panel, to undertake a qualitative appraisal of the shortlist of options |
| Late March | The results of the qualitative appraisal will be combined with the quantitative appraisal to determine a preferred way forward |
| April – May | The preferred way forward will be reviewed and approved by the Trust and CCG Board, prior to submission to the regulators in summer 2019 |



Thank you