

## Frequently Asked Questions 1

### Hospital redevelopment in west Hertfordshire

This information sheet provides answers to frequently asked questions about the Outline Business Case. It broadly covers themes from the June 2020 Stakeholder Reference Group meetings and those received via our dedicated 'redevelopment' email account:

[westherts.redevelopment@nhs.net](mailto:westherts.redevelopment@nhs.net)

We are continuing to receive questions and are working towards a response time of 20 working days. Questions not covered in this information sheet will be addressed in our next FAQs. Rather than responding to individual queries, we are sharing questions and answers via the FAQs so that everyone who is interested has access to them.

You may also find it useful to refer to the FAQ information sheet published at SOC stage which is [here](#) - see under 'Strategic Outline Case'.

#### **1. You mentioned an elective centre in your presentation – what is this and where is it?**

An elective centre is where we carry out planned (mostly surgical) procedures. Usually, the majority of elective work is carried out at St Albans City Hospital where we have six theatres. We also provide elective procedures at Watford where there are nine theatres and a procedure room.

#### **2. Please can you explain why you want to separate planned and emergency care?**

The NHS Long Term Plan (<https://www.longtermplan.nhs.uk/>) sets out the advantages of separating planned (cold) and emergency (hot) services where possible. Providing planned services from a cold site (or a separate designated unit on the same site) guards against beds, theatres and staff being prioritised for emergency admissions and reduces the risk of last minute cancellations for elective care. Meanwhile, managing complex, urgent care from a separate site or designated unit allows improved trauma assessment and better access to specialist care so that patients have better access to the right expertise at the right time.

If there are designated units on the same site, clear protocols and systems are necessary to ensure one does not encroach upon the other. Hospital trusts which have recently redeveloped their sites or have plans to over the next few years are creating greater separation between their emergency and planned care services.

#### **3. Is there a way to stop emergency care becoming like a 'relay race' such as more preparation via technology before patients arrive? Should 80% of inpatients coming from emergency be the target – what else can be done to reduce this percentage?**

The trust anticipates that technology will reduce the duplication of process seen in hospitals when patients are admitted and that better integration with primary care will enable more patients to be managed in the community and avoid hospital admission.

**4. All options include at least 30%\* of new build at the Watford site - how do you plan to attract and retain staff?**

The trust is committed to creating a positive environment for all staff to work, learn and thrive in.

As part of its improved performance over recent years a number of initiatives have helped achieve year on year improvements in staff satisfaction as shown in the national staff survey. (For further information go to

<https://www.westhertshospitals.nhs.uk/newsandmedia/mediareleases/2019/february/nationalsurvey.asp>) These include career development opportunities and a range of programmes to help staff move to the next level whilst staying at the trust. There is also support for flexible working and a wide range of wellbeing offers.

The trust has had national recognition for the quality of its clinical training programmes, receiving an award in 2019 from University College London as well as the prestigious Nursing Times 'UK best employer' award, also in 2019.

Despite its proximity to London, where staff can earn more money for the same roles, the trust enjoys a very low vacancy rate, achieving 0% vacancies for band 5 nurses in adult inpatient wards for a significant period in 2019.

Trust staff also have ample opportunity to be involved in shaping major changes and are currently contributing to our digital vision and clinical model and the overarching redevelopment plans.

\*It is worth noting that an option to replace PMOK would result in substantially more than 30% of the buildings being new.

**5. How would a new build be feasible at WGH whilst it is operating as the main hospital within the trust and given the poor condition of the site?**

The buildings at Watford are, overall, in poor condition but the site itself has huge potential with sufficient space for new buildings, a new access road and essential utilities. It also gives us flexibility because of its adjacency to the Watford Riverwell Development. Construction and demolition would be sequential and planned very carefully to keep services operational and minimise disruption to existing services. The planned multi-storey car park (due to be completed in spring 2022) will free up space on the site currently used for parking.

More detailed work on mitigating noise and disruption will be carried out once we are at the Final Business Case (FBC) stage.

Whilst we will do our best to minimise disruption, securing the best long term option (which is deliverable within the timescale and provides value for money) has to be weighed up against any short term disruption.

A current example of a hospital transformation programme at an existing site is in east Sussex <https://www.bsuh.nhs.uk/about-us/hospital-redevelopment/about-the-redevelopment/>

**6. Please explain how you would choose the Watford General Hospital site as a site for redevelopment versus a new hospital on a new greenfield site?**

Our current process is about ruling out sites that do not meet our critical success factors and one of these factors is about deliverability; can the site be developed in line with the timescale we have been set?

To understand this in more detail, an independent site review has been commissioned. More information on this is provided in later answers.

There are other critical success factors and investment objectives and these help us to test our thinking against overarching aims. Our stakeholder reference group has contributed towards the development of these.

Our decision-making process follows that set out in by HM Treasury in its 'Green Book' and the Treasury project business case guidance sets out the 'options framework' approach. Further information on the Green Book is here – <https://www.westhertshospitals.nhs.uk/about/redevelopment/>) under 'Further information' and the HM Treasury Guide to developing the project business case is linked here [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/749086/Project\\_Business\\_Case\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/749086/Project_Business_Case_2018.pdf)

We will share more information about the longlist process at the stakeholder reference group meetings. We do recognise that there is some support in some communities for a new emergency hospital (with or without planned care) on a new site. Four new sites and the Watford General site will be assessed equally for their deliverability. The results of the site review will be shared in mid August.

The HIP 1 (Health Infrastructure Plan) hospital build schemes are expected to deliver by 2025.

**7. In view of press coverage about Watford Football Club relocating to Bushey, is this now a viable addition to the existing Watford General site?**

There are no current plans for the trust to consider the Watford Football Club site as part of the hospital redevelopment plans. As we understand it Watford Football Club has undertaken pre-application advice but no formal planning application has been made regarding a possible relocation of the stadium.

In any event, our adjacency to the Watford Riverwell Development gives us the flexibility we would need on the site and any plans Watford Football Club may have to move would not fit with our timeline of delivering new hospital buildings by 2025.

Our focus is to plan how we can provide the services our population needs from better buildings in the timescale we have been set as this is the surest way to secure funding.

**8. Would the option of replacing the main Princess Michael of Kent (PMOK) building include a replacement or refurbishment of the maternity block?**

Replacing the maternity block has always been a priority and creating a new maternity block was a key priority before there had been any notification from regulators that there may be an opportunity to replace the PMOK building.

**9. How does the potential cost of £590 million compare to the cost of a new hospital on a new site?**

We have previously stated that our calculations for a new planned and emergency care hospital on a new site are c£700m and that a new hospital with emergency services but no planned care would cost around £550m. These are detailed in the published SOC on the trust website <https://www.westhertshospitals.nhs.uk/about/redevelopment/> under 'Strategic Outline case'.

The figure of £590m refers to the amount we have recently been told we could submit a bid for, providing that our proposal does not significantly increase the timescale for delivery of the scheme beyond 2025. ***We do not yet have this money – it is not guaranteed.*** Of the £590m, we have been told that £540m could be for Watford General Hospital with a further £50m for investment on our other hospital sites.

This increased level of funding would be for the option of more new build at WGH including replacing rather than refurbishing the main clinical block (called the Princess Michael of Kent building, sometimes referred to as PMOK).

**10. What are the details of the site review and when will the results be public?**

An early requirement for the OBC is to review the original longlist of options developed for the SOC and check that the evidence supporting the preferred way forward remains valid. This is in line with the standard process set out by regulators. The trust has commissioned a detailed site review of a number of sites. This review looks in detail at how viable each site is in terms of planning requirements, timescales, infrastructure implications, etc to help inform our options appraisal. The results of this review will be published in mid August. The brief and scope of the site review is on our website at <https://www.westhertshospitals.nhs.uk/about/redevelopment/> under 'Further information' and 'Independent site feasibility study' and 'Brief for Independent Site Survey'. The site review will include the Watford General Hospital site.

A session on this topic is being arranged for the stakeholder reference group and the information related to this will be published on the redevelopment area of our website.

**11. Will the trust consider the option of a new hospital being built on private land?**

Our site review is not limited to NHS or public sector land. We are considering a small number of sites as set out in the links above which have a mix of ownership.

Our decision will not be based on who owns the land on which new buildings are developed. We are guided by agreed criteria and an appraisal framework and on the deliverability of sites being reviewed. Ownership of the land will be considered in that context.

**12. Are the trust meeting land owners at this stage regarding sites that might be considered?**

The trust itself is not meeting with land owners at the moment. The external team working on the site review will be having those discussions. It is important that we don't repeat the detailed work undertaken at the SOC stage last year. It is very costly and time consuming to do an extensive site review so we are focusing on a small number of potentially viable sites.

**13. The SRG meeting presentation slides referred to 'only two hospital sites'. What does this mean for the future of Hemel Hempstead Hospital which is the newest build and with the most land for expansion?**

Our presentation contained these words under the topic of 'investment objectives':

*"Specialty and sub-specialty services to be provided from no more than two sites by 2026 (except high-volume services such as maternity and diabetes) to help make the best use of workforce & equipment"*

In saying this, we aren't referring to two **particular** sites of the three site configuration that is our current preferred way forward. What we are saying is that we want to use our redevelopment opportunity to streamline our services and keep clinical teams together, more so than they are at present. This means reducing travel time for clinicians across all three sites and to contain as many services as possible across two of our three sites.

**14. How many spaces will the new multi-storey car park provide? And how many cars does the current facility hold e.g. how much current car parking land will be freed up?**

Around 1300 spaces will be created in the multi-storey car park at Watford General where we currently provide spaces for approximately 1,500 cars (although a number of these are regularly out of use due to works on the site and the condition of the spaces). The new car park will have lifts, lighting, security, pay on exit technology and number plate recognition. The multi-storey car park will eliminate the need to walk up/down the steep hill.

The car park is a separate development and its construction will continue irrespective of decisions made about the future location of new hospital buildings because we urgently need to improve our current parking facilities. Completion of the new car park is expected in spring 2022. Once built, the new parking facilities will not be run or owned by the trust.

**15. Why is the Princess of Alexandra Hospital Trust (PAHT) saying it needs a new hospital site when you are saying you can develop at Watford – and why is your approach and your costs so different?**

We are different organisations with different needs and sites. The PAH site is much smaller than the Watford site and they cannot expand at this location to meet the predicted population rise in that area and to bring back services that are currently being provided by other hospitals.

PAHT has not issued a detailed cost estimate. WHHT and PAHT are both using standard HM Treasury guidelines. Costs can change from area to area due to land values, labour costs, the size and nature of hospital, availability of other capital and also whether they are up to date.

Their press release from June 2020 says of the decision to opt for a new site *“The limitations of the current site to provide modern healthcare for our population into the future”* and adds: *“Each new hospital scheme is different and the decision to allocate funding is complex and multifactorial – there is no single reason for the capital allocation made.”*

**16. Has the Princess Alexandra Hospital Trust (PAHT) scheme in Harlow been approved? How might that affect or influence our plans and is the trust working with PAHT?**

In their latest press release on their redevelopment, they said: *“As part of the first phase of the government’s Health Infrastructure Plan (HIP1), our business case approval process is being overseen by NHS regional and national colleagues, providing the level of scrutiny and support that you would expect for such a large public sector scheme. The process includes a number of key milestones as we proceed to the completion of the Outline Business Case in March 2021 and the Full Business Case in February 2022.”*

As both WHHT and PAHT are part of the Hertfordshire and West Essex Integrated Care System it is important that we share and compare our thinking and that our plans fit into the wider picture of current and future health services within the area we serve.

In terms of redevelopment plans there are areas that we can learn from together in terms of shared thinking such as our clinical brief and our digital technology needs as we plan for the future and we are linking with all the HIP1 trusts for this reason.

**17. Do you intend to become a teaching hospital?**

Yes, we are pursuing teaching status. We had to pause this project whilst we focused on our response to COVID-19. We are hoping to become a teaching trust in 2021.

**18. The Watford site does not provide good access from all parts of west Hertfordshire and what about traffic congestion around WGH?**

Whilst recognising that Watford can be a busy town traffic-wise at peak times, our view, when selecting Watford as the preferred way forward in our strategic outline case, was that there is reasonable access to Watford General. The details behind this assessment can be found here [https://www.westhertshospitals.nhs.uk/about/StakeholderInfoPack\\_CatchmentTravelAnalysis\\_v0-9.pdf](https://www.westhertshospitals.nhs.uk/about/StakeholderInfoPack_CatchmentTravelAnalysis_v0-9.pdf)

In the areas furthest away from the hospital there is the option to travel to other hospitals in Hertfordshire and surrounding counties.

There is public transport access to Watford General and the new access road has dramatically reduced congestion and is now used by a significant number of staff and visitors. There is also a volunteer driver scheme.

It should be noted that the need to attend Watford General for outpatient appointments is decreasing as more services are provided in GP surgeries and other community settings. Added to

this is the increased use of digital technology – like that used in spring 2020 to manage the care of more than 1,000 COVID-19 patients remotely. Using technology like this for a growing number of services means that more consultations can be carried out virtually and that there will be less need to visit the Watford site in person.

The plans in the current preferred way forward are for more planned care at Hemel Hempstead Hospital and more elective care at St Albans City Hospital where we have recently opened a new orthopaedic centre. There are plans to invest in these sites also.

In relation to travel times to access emergency care services, our sickest patients tend to be brought to Watford by ambulance, many of which will use the new access road which has an ‘ambulance only’ section to help speed their arrival.

**19. Has the trust ‘given up’ on planned care or has it all gone to the Spire Bushey Hospital?**

No, definitely not! We are very proud of how we worked at pace to transfer our urgent caseload to Spire Bushey (a private hospital) whilst we responded to the COVID-19 outbreak. Patients awaiting potentially life-saving surgery were treated and therefore not put at risk by having their procedures delayed.

Around 1,500 patients have had surgery at Spire Bushey and this will continue whilst we work through our plans to reinstate surgery at Watford General and St Albans hospitals. This is highly complex as we need to take into account new infection control measures.

**20. Will the population be analysed in terms of the demographics of people living in the area?**

Yes, absolutely. We want to ensure that we are building the right size and type of hospital for the future and we will be looking carefully at population growth and demographics. Providing the healthcare our communities need is about the numbers of people as well as other factors such as age and health inequalities.

HVCCG and WHHT have a statutory and legal responsibility to ensure fair and equitable treatment of all people and are required to work to promote equality (as required by the Equality Act 2010) and to address health inequalities (as required by the Health and Social Care Act 2012).

We will carry out a full Equalities Impact Assessment (EQIA) on the preferred option(s) which will analyse the potential impact of the option(s) from an equalities perspective generally and for people with protected characteristics specifically. The EQIA will also make recommendations to address any potential adverse impacts identified. In addition, some equalities considerations will be taken into account as part of the appraisal at the longlist and shortlist stage.

**21. Is the trust planning to the financial budget that might be received from the government rather than planning to population forecasts?**

The OBC process involves detailed analysis of population forecasts and future demand for hospital services. We also have to work to a budget – and timescale – which is set by our regulators. The boards of WHHT and HVCCG will consider carefully how to manage these demands in the best way

to provide the right healthcare for local people. The OBC process is designed to test thinking and support rational and transparent decision-making.

**22. How can we future proof our sites for all the advances that we know or even those we don't (such as holistic, digital, etc)**

We are learning all the time from other healthcare organisations on how we can future proof our buildings such as the type and amount of cabling, where we locate lift shafts and units that control heating and air conditioning, etc. Modular design will be used, meaning that buildings can extend if needed.

We are also keen to embrace design which creates a pleasant and welcoming environment and we can look at holistic designs when we are at a detailed design stage.

We will be building to new hospital guidelines and have set 'condition B' as our aim, which means that where we aren't building new we will refurbish to as good as new as possible. We will be using the latest NHS standards on space.

**23. How does the trust think future technology will impact the future design of a hospital?**

Our recent experience of using technology successfully to monitor and care for patients has already changed how we are working. The demand on beds and outpatient facilities will be lower in future as we transfer to online ways of providing care where clinically appropriate.

We are continuing to develop our plans for electronic patient records to be in place before the new buildings open and this will change how we store and manage records.

Robotics and patient information systems are areas where we anticipate further advances and we will keep ourselves updated as our planning continues so that we can incorporate the latest technology into our designs.

We are currently developing a digital strategy and this will be made available when it has been completed later this year.

**24. Will all technological requirements be considered during the OBC stage and how do we protect against hospital sites quickly becoming outdated?**

Yes, we will take full account of technological needs now and, as far as we can, for the future.

Examples of this include the right network and cabling requirements, looking at how we can become fibre optic enabled, etc. These requirements will be finalised before construction starts.

We are also working closely with NHSX ( <https://www.nhsx.nhs.uk/> ) to ensure that we are informed of the most up-to-date thinking on technology. All HIP1 hospital redevelopment schemes are being asked to show how they are taking account of digital technology.



**25. Will a future ‘high tech’ hospital disadvantage patients who can’t access the technology?**

No. We will ensure we can manage bookings and correspond in a way that suits individual patients and their communication needs. While digital technology/communication methods work very well for a lot of people we understand that it does not suit everyone. In the same way that we work with people using different languages and different communication needs we will support patients and use the communication method that works the best for them.

**26. What is the Green Book?**

The HM Treasury Green Book sets out government guidance on the appraisal of public investments and the process that must be followed to go through the various stages of the Outline Business Case and sets out a slightly different appraisal model than was used at the SOC stage. For further information please go to <https://www.westhertshospitals.nhs.uk/about/redevelopment/> and see under ‘Further information’.

**27. How will the Integrated Care System (ICS) be involved in the approval process?**

Integrated Care Systems are local partnerships which take shared responsibility to improve the health and care system for their local population. HVCCG and WHHT are part of the Hertfordshire and West Essex Integrated Care System. The ICS will be asked for their views and to provide formal feedback on the Outline Business Case prior to the approval and signing off process.

**28. Are the results of the recent Care Quality Commission (CQC) inspection a driver for decision-making in terms of redevelopment plans - either the trust’s or CQCs’?**

No, the CQC results are not directly driving our redevelopment decisions. Our CQC results for individual services have improved year on year. However, the CQC’s reports do state that some of our current buildings and facilities are not fit for purpose and do not help us deliver good care.

We are very aware of these areas and they will be addressed as part of our redevelopment plans.

The recent CQC inspection rated many of our services ‘Good’ although overall the rating is ‘Requires improvement’. There was improvement in our rating for ‘Well Led’ and for ‘Effectiveness’. The fact that our rating for ‘Well Led’ has improved to ‘Good’ is very positive because it will give our regulators confidence that if our redevelopment proposals are approved, the trust will be in a strong position to deliver them.

**29. Does the trust consider that COVID-19 will have an impact on securing the funding and redevelopment plans in general?**

We have not heard that there is an impact on HIP1 organisations. There is a strong emphasis on submitting a scheme that offers value for money and is deliverable by 2025. There could be a risk should our proposal not meet these criteria, leading to the trust being moved out of this current wave of investment.

**30. How is the trust and CCG ensuring a diverse and inclusive approach to the membership of the various stakeholder groups involved in the OBC process?**

We have proactively targeted younger as well as Black, Asian and Minority Ethnic (BAME) members of the community to address under-representation in the initial stakeholder groups.

The process to participate in the stakeholder group is also extremely accessible and enables members of the community to get involved through an Expression of Interest form that asks for six essential pieces of information for communication and GDPR purposes.

The trust's Inclusion & Diversity Manager is also part of the communications and stakeholder engagement workstream group to help ensure equality throughout the process. We continue to work towards a greater BAME representation on our stakeholder reference group.

**31. How does the trust ensure a diverse and inclusive approach in terms of recruitment and promotional opportunities at senior leadership level?**

Our recruitment and selection guide, '*Choosing the best talent*' has helped the trust promote fairness and inclusion across protected characteristics throughout the recruitment decision making process. It is mandatory for everyone who is involved in interviews to read the guide before interviewing.

Other initiatives include the recent launch of a reverse mentoring programme in which trust Board members are paired with BAME staff mentors to support learning and shared conversations about diversity issues. The trust also offer guaranteed interviews to job applicants who have a disability and meet the essential criteria set out in the job description.

The trust also facilitates *Connect*, an internal network group which is run by BAME staff and works to represent and support the equality and diversity needs of trust staff and patients.

**32. In terms of engagement how are you supporting people who can't or don't have the technology to use online tools such as Zoom that so many people are using now?**

The trust and CCG are working hard to communicate information using other methods to ensure the information is accessible to everyone. For example via our links and partnerships with community and volunteering networks, faith groups and local councils. We also offer translation services.

We are trying to ensure that the information is accessible to everyone so that so we have a really representative group working alongside us as we work through this process.

**33. Is the trust interested in volunteers getting involved in this process?**

Yes, definitely. Everyone is welcome to join our stakeholder reference group to help us inform our decision-making so please encourage friends and family to join. There is a short form to complete on our website here <https://www.westhertshospitals.nhs.uk/about/redevelopment/> under 'Expression of interest form'. Please then email the form to [westherts.redevelopment@nhs.net](mailto:westherts.redevelopment@nhs.net)

The invitation to join has also been sent to community voluntary services.

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