



THE FUTURE OF HOSPITAL SERVICES IN WEST HERTFORDSHIRE

STAKEHOLDER ENGAGEMENT REPORT

July 2019

Executive Summary

Context for communications and engagement

This paper outlines the communication and engagement carried out in support of refreshing the Strategic Outline Case (SOC) for hospital development in west Hertfordshire. It ensures that the boards of West Hertfordshire Hospitals NHS Trust (WHHT) and NHS Herts Valleys Clinical Commissioning Group (HVCCG) are able to consider and take into account the views of local people and other stakeholders when considering the draft refreshed SOC.

This was a refresh of the original SOC that was approved by the boards of in summer 2017. An extensive programme of communications and engagement was carried out to inform decision-making on the original SOC.

This most recent communications and engagement activity (between October 2018 and July 2019) has built on significant public, stakeholder and clinical engagement as part of the development of the original SOC in 2016/17 and previously in support of the *Your Care, Your Future* programme in 2015/16.

The refresh of the SOC was carried out in light of feedback from regulators that the capital requirement of around £650million in the original SOC was too high in view of severe limitations in, and competition for, capital funds. As the process evolved regulators clarified that the funding threshold for a west Hertfordshire submission should reflect WHHT's turnover of approximately £350million. Accordingly, an option supported by some people for a new hospital in a new more central location was discounted at longlisting stage on affordability grounds. Costs for this option, which were derived following HM Treasury guidelines, showed that this option was around £700million. Communications and engagement focused on raising awareness among various stakeholders of the financial situation and so framed discussions and evaluation of options around these parameters.

Audiences and methodology

Together, WHHT and HVCCG have engaged with the public; primary and secondary care clinicians; partner organisations within the Hertfordshire and West Essex Sustainability and Transformation Partnership, system and regional leads for NHSI and NHSE; a wide range of local authority and community representatives including councillors across the four localities; local MPs; and a range of other local stakeholders.

This programme of activity explained what the SOC refresh would entail and encouraged local people and other stakeholders to feed back their views to the two organisations as the programme progressed.

Engagement with local communities and the wider body of stakeholders was carried out via a series of public meetings; representations at board meetings; discussions at local authority health scrutiny, overview and scrutiny, health and wellbeing boards and local strategic partnership meetings. There has also been correspondence through social and traditional media. Both organisations used their websites - including establishing specific pages on the SOC refresh - to provide regular updates and to publish information and papers presented as part of the evaluation process so that this was made more readily accessible.

A stakeholder evaluation panel was formed to support the development of and consider the options shortlist. This was an advisory group, made up of public and patient representatives, clinicians and managers, local authority partners, and Hertfordshire Healthwatch, together with representatives from the voluntary sector and the sustainability and transformation partnership (STP). The panel members, presented with detailed information and a set of agreed criteria, evaluated the shortlist, thereby informing the qualitative assessment of the options.

Overview of feedback

Despite clear communications about funding constraints, comments from public meetings and other engagement activities demonstrated that an element of local opinion has not significantly shifted since the original SOC was developed.

As with the previous SOC engagement, views from the public and stakeholders differ but easy access to hospital facilities continues to be a major determinant of public opinion and views.

At meetings with residents from localities in the north (particularly in Dacorum and in St Albans to a lesser extent), there was great enthusiasm for the potential for a new centrally located hospital. There were concerns about access to Watford General Hospital (WGH) for emergency and critical care as well as negative comments about the condition and age of the estate at WGH and the practicalities of redeveloping this site. Groups campaigning for a new emergency and planned care hospital on a new site appear to be largely based and draw support from this geographical area.

For stakeholders and members of the public in St Albans, Watford & Three Rivers and Hertsmere, there was broad support for the proposals to redevelop the WGH and St Albans City hospital (SACH) sites, as proposed in the 2017 SOC.

Staff and clinicians who work across WHHT's sites were pragmatic – there was a sense that everyone needed to be realistic about what could be delivered within the funding envelope and timescales. There were very few calls for a new emergency and planned care hospital on a new site, from the hundreds of staff who have attended meetings on this topic. The predominant theme from staff was the desire to secure funding and begin work.

WHHT staff and clinicians share the concerns about the current state of the hospital buildings at WGH – it is one of the key drivers for change. However, throughout a long period of engagement with clinicians and staff in the development of the clinical model and design of the options, there is now a commonly held view –that failure or further delay in securing major investment at WHHT will seriously compromise the Trust's ability to provide the quality of care that patients deserve, from buildings that are fit for the delivery of modern healthcare. There is now a real sense of optimism amongst staff to progress plans to develop the current hospital sites as set out in option one.

The scores from the stakeholder panel qualitative benefits appraisal session reflect this view from staff and clinicians at the Trust. They scored Option 1 - prioritising investment at WGH - as having the greatest beneficial impact overall. While the differential between scores for options was not large, engagement with staff and clinicians from the Trust and HVCCG suggests support for Option 1 has grown as more detail has been developed about how WGH could look and feel like a new hospital. In addition, staff have not challenged the costings and have accepted that the new emergency and planned care hospital on a new site is not a realistic option.

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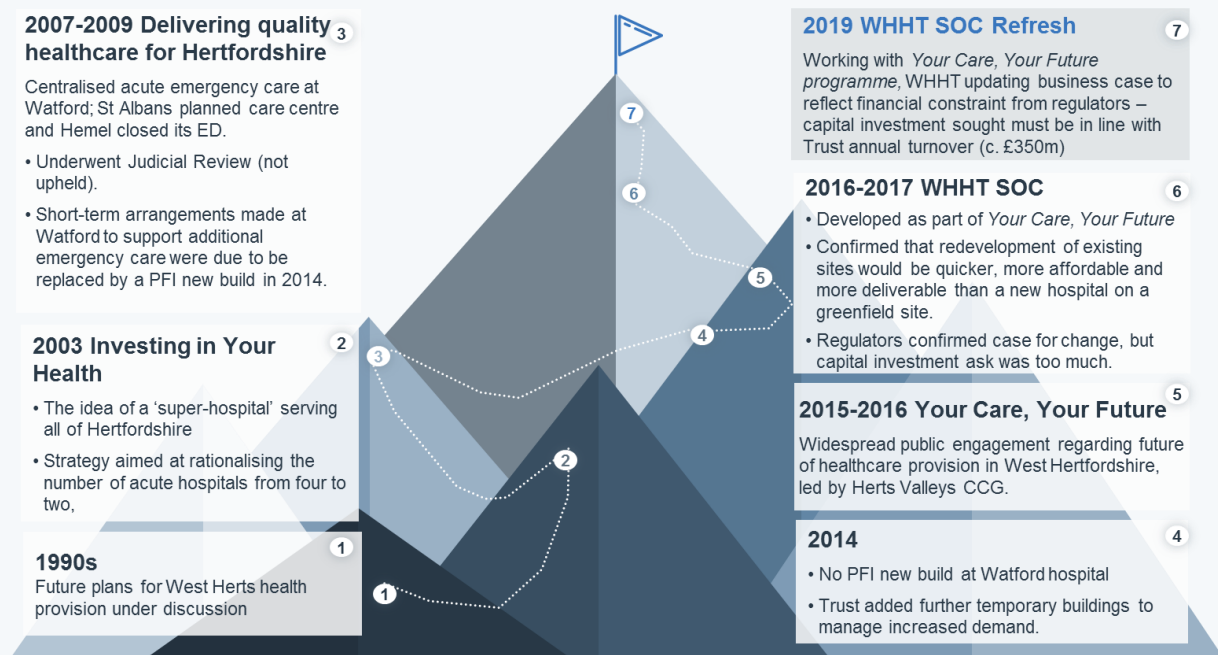
1 Introduction

This paper summarises the communications and engagement activity undertaken by Herts Valleys CCG (HVCCG) and West Hertfordshire Hospitals NHS Trust (WHHT) during the development of the Strategic Outline Case (SOC) for the redevelopment of acute hospital services in west Hertfordshire. It provides assurance to HVCCG and WHHT Boards that both organisations have fulfilled their legal duty to involve the public as per section 14Z2 of the NHS Act 2006 (as amended).

1.1 Background

The SOC focuses on the future of hospital services in west Hertfordshire and the current version, due for submission this summer, is a refreshed version of the 2017 SOC. It builds on the substantial engagement undertaken as part of developing the previous SOC. This SOC drew on the conclusion of the *Your Care, Your Future* strategy and future model of care developed in 2014/2015 and on previous engagement as part of Delivering Quality Healthcare for Hertfordshire in 2007-2009. A summary of the journey WHHT and HVCCG (and legacy organisations) have been on leading up to the development of the refreshed SOC is provided below.

Figure 1: Summary of WHHT's journey in planning for redevelopment of acute services



In response to the submission of the original SOC in 2017, the regulators - NHS Improvement (NHSI) and NHS England (NHSE) - confirmed their recognition of the need for change, but highlighted severe limitations in, and competition for, capital funds. Consequently, regulators requested a revised case be developed to ensure that any capital investment sought reflects funding constraints and is affordable.

A stakeholder engagement plan was developed to support the development of the SOC refresh and has been carried out jointly by HVCCG as the commissioner and WHHT as the service provider. A Communications and Engagement Group comprising partner organisation communications leads met regularly to plan and coordinate activity.

This report summarises the key findings from this engagement for Board members to take into account in considering whether to endorse the preferred way forward set out within the refreshed SOC.

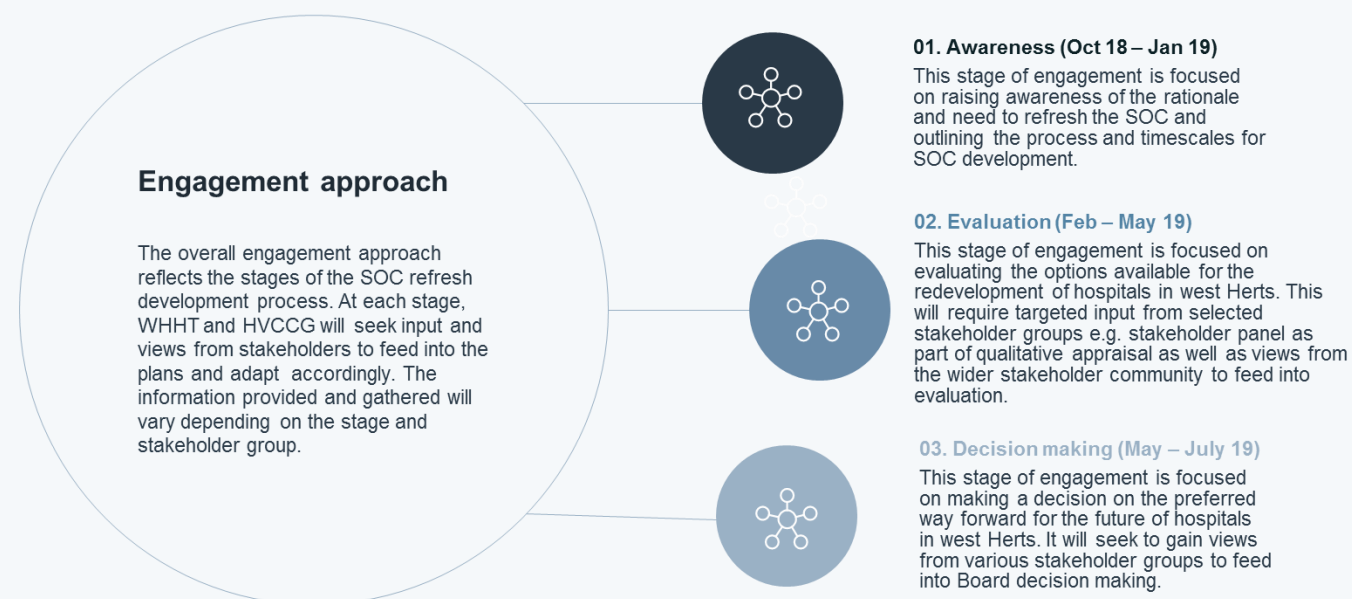
1.2 Stakeholder engagement approach

Communications and engagement with stakeholders has been a priority throughout the process of developing the refreshed SOC. The approach to communications and engagement is proportionate to the stage in the business case development process - reflecting that this is SOC stage and sets out high level plans for the future of hospital

services in west Herts. At Outline Business Case (OBC) stage, key stakeholders will be further involved and informed and provide input into more detailed planning and evaluation of the identified preferred way forward.

The overall approach to stakeholder engagement has been organised around the three main stages in development of the refreshed SOC. This is summarised in Figure 2 below

Figure 2 Engagement approach for SOC refresh



A variety of communications channels have been used to reach as many people as possible. Key stakeholders were identified and communications with them were held at an early stage through face-to-face and individual communications.

This was an organic process, with both organisations taking feedback and learning through each stage of engagement, adapting the approach accordingly. For example, more public meetings were organised than originally planned in response to the level of interest shown and in keeping with the commitment to be transparent.

1.3 Stakeholder engagement principles

In engaging with stakeholder groups throughout the SOC development process, and as part of ongoing work relating to the future of hospital services in west Hertfordshire, the following principles have been adhered to:

- Ensuring engagement with the public, patients and carers early enough throughout this process
- Being inclusive in engagement activity and considering the needs of the local population
- Ensuring transparency with the public - promoting open and honest discussions about plans and what the public can and cannot influence and why
- Making materials considered during evaluation widely available so that all groups had access to relevant information
- Providing a platform for people to influence planning and challenge decisions, where appropriate
- Ensuring that engagement is based on the right information and good communication, so people are sufficiently informed to be meaningfully involved in the process
- Demonstrating that people's views have been listened to
- Providing a channel for people to influence WHHT and HVCCG thinking and planning

1.4 Stakeholder engagement channels and reach

WHHT and HVCCG have taken a coordinated approach to use of stakeholder channels for communications and engagement on the SOC refresh.

- **Media:** Jointly branded news releases promoting engagement events and participation in decision-making have been issued at key points and sent to local media and published on WHHT and HVCCG websites. In some cases, news releases have been sent to local authorities for onward distribution via their channels.

- **Web and digital:** Pages about the SOC refresh have been created on the WHHT and HVCCG websites. These have been regularly updated as the refresh has progressed. They have provided a central location for people to find key documents and information including presentations from public meetings, evidence presented to and considered by the stakeholder evaluation panel and a Frequently Asked Questions document. The HVCCG page has had: 625 unique visitors since October 2018; up to 310 downloads of various presentations and 60 downloads of the draft SOC. News releases have had up to 300 unique views. The HVCCG general enquiries email address enquiries.hvccg@nhs.net provided a central point for questions and queries
- **Social media:** Both organisations have used social media to promote engagement to a wider audience and extend the reach of communications messages.
- **Face to face:** Both organisations jointly hosted a series of public events, presented at partner meetings (e.g. scrutiny, health and wellbeing) and met individually with key stakeholders to support a two-way dialogue with a range of audiences.

Established organisation communications channels, were used to reach a broader audience.

HVCCG channels:

- Stakeholder letters sent to partner organisations, MPs and charity / community organisations.
- Information updates on the SOC refresh and engagement featured in weekly e-bulletins sent to 300 people who had subscribed via the HVCCG website
- Internal communications: via weekly Herts Valley staff email bulletins: written and verbal briefings; GP bulletins and updates at six monthly GP Forums
- Locality patient groups received updates on the hospital options (including engagement opportunities). They were asked to help cascade information.

WHHT channels:

- Stakeholder letters sent to partner organisations, MPs and charity / community organisations.
- Staff information sessions were held prior to any event with the public to ensure staff were kept informed and updated on developments with the SOC and had the opportunity to ask questions and feedback views
- Information updates on the SOC refresh and engagement featured in staff newsletters and emails
- The intranet featured the latest presentations and links to the FAQs and other documents on the Trust and HVCCG websites.

1.5 Stakeholder engagement groups

To effectively engage with stakeholders throughout the SOC development process and decision making on the preferred way forward, stakeholders have been grouped as per the table below.

Table 1 Summary of stakeholder groups and aims for engagement

Stakeholder group	Aims
Public and patients incl. Patient and Public Involvement Committee, patient groups and patient network membership, Hertfordshire Healthwatch, hospital campaign groups.	Provide opportunities for dialogue and feedback to make sure the public and patient voice is heard.
Local stakeholder democratic processes e.g. Health Scrutiny Committees, Health and Wellbeing Boards etc.	Regular face to face briefings to update, seek feedback and ensure proper process is followed. Ensure they are aware and up to date with the programme, particularly in advance of public announcements.
Wider stakeholders e.g. Herts and West Essex Sustainability and Transformation Partnership, Hertfordshire Community NHS Trust, Hertfordshire Partnership NHS Foundation Trust (mental health), East of England Ambulance Service, voluntary and community sector.	Provide opportunities for feedback and input to the issues on behalf of the services they provide and the users they serve and represent A number of these organisations were represented on the stakeholder evaluation panel, ensuring that their perspectives fed into decision making.

WHHT and HVCCG staff (including clinicians, non-clinical staff and GP membership)

Staff groups will be involved and informed on an ongoing basis, and most importantly in advance of any public announcements.

Established internal communication channels which will be used to update, alongside specific dialogue/interaction

2 Awareness

The first stage of engagement for the SOC refresh (October 2018 to January 2019) was focused on raising awareness of the need to refresh the SOC, outlining the process and timescales for SOC development and understanding people's queries and issues to inform the evaluation process and planning of future communications and engagement.

2.1 Objectives

During the **awareness** phase, the overall objective for WHHT and HVCCG was to inform stakeholder groups about the SOC refresh and also to listen to views of local people.

The key aspects of raising awareness included informing stakeholders of:

- The rationale for the refresh of the SOC – emphasis around affordability constraints and competition for funding
- The high-level process for SOC development
- Estimated timescales for development and submission of the SOC
- The overall communication and engagement approach.

Throughout this first phase, regular (fortnightly) engagement with regulators up to December 2018, led to greater clarity regarding; the affordability constraints; the difficulty in accessing private finance; and timescales. In January 2019, WHHT and HVCCG were given written guidance from regulators explaining these constraints and setting a funding threshold based on the WHHT turnover of approximately £350million. This led to a decision to undertake a further round of engagement with key stakeholders to raise awareness of these constraints and implications for the options being evaluated as part of the SOC, prior to proceeding with the next phase of engagement.

2.2 Summary of engagement

Throughout the awareness phase a series of face to face meetings and events were held with key stakeholders. These are summarised for each stakeholder group in the following sections.

2.2.1 Engagement with the public

Date	Summary of engagement	Objectives	Key themes/outputs
Oct-Nov 18	Public events held in all four locality areas of west Herts in Oct/Nov 2018as follows: Hertsmere – 17 October Dacorum – 23 October St Albans – 24 October Watford & Three Rivers – 6 November Approx 200-220 people were reached over the four meetings, with some people attending more than one meeting.	Inform public of the need to refresh the SOC Provide high level view of plan for developing SOC and timescales Provide opportunity to answer questions and gather views on the SOC refresh	Records of the meetings and a copy of the presentation was published on WHHT and HVCCG websites ¹ Overall support for refresh of the SOC, but concerns raised around the affordability constraints and timescales. Views differed, often depending on localities members of the public are resident. Public transport and access and population growth and high levels of proposed housing development across west Herts were themes.

¹https://hertsvalleysccg.nhs.uk/application/files/8815/4696/6059/SOC_refresh_public_meeting_slides_and_QAs_combined.pdf

29 Jan 19	Public event held at the Stanborough Centre in Watford open to all in west Herts was held on 29 January 2019 Attendance was 111	Update the public on emerging details of the affordability constraint set out by regulators Outline the impact this would have on the options for evaluation and the options appraisal process i.e. highlighted a new emergency care hospital (with or without planned care) on a new site would not meet the affordability criteria to make the shortlist Provide update on overall process and timescales	A record of the meeting and a copy of the presentation was published on WHHT and HVCCG websites ² . Questions and concerns were raised, particularly by residents in Dacorum, about the affordability threshold and the evidence and information used to evaluate the longlist of options.
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2.2.2 Engagement with local democratic processes

Date	Summary of engagement	Objectives	Key themes/outputs
11 Oct 18	Attendance at council meetings to provide presentations on SOC refresh:	Explain rationale and approach for SOC refresh	Discussions varied across stakeholder groups.
29 Nov 18	St Albans Health and Wellbeing Partnership	Update on guidance from regulators re funding	Minutes for the meetings will be available on the relevant organisation website.
12 Dec 18	Watford BC Overview & Scrutiny	Informal briefing following 29 January public meeting	
13 Dec 18	Health in Dacorum Committee		
23 Jan 19	Hertfordshire County Council Health Scrutiny Committee		
30 Jan 19	St Albans Health and Wellbeing Partnership		
	Hertfordshire County Council Health Scrutiny Committee		
12 Oct 18	Face to face meetings with MPs	Brief on SOC refresh and engagement. Explore opportunities for cooperation.	Letter summarising discussion sent to attendees and copied to Richard Harrington, Bim Afolami and Oliver Dowden.

2.2.3 Engagement with wider stakeholders

Date	Summary of engagement	Objectives	Key themes/outputs
15 Nov 18	Face to face meetings with local politicians/political groups:	Brief on SOC refresh and engagement	N/A
19 Nov 18	Watford BC Labour Group		
27 Nov 18	Mayor of Watford		
	St Albans DC Labour Group		

²https://hertsvalleysccg.nhs.uk/application/files/6015/5187/2676/Combined_public_event_slides_and_QAs_29012019.pdf

2.2.4 Engagement with staff

Date	Summary of engagement	Objectives	Key themes/outputs
9 Oct 18	WHHT clinical engagement event Attended by over 30 clinicians from across WHHT	Brief on SOC refresh Working session to develop clinical principles	Draft guiding principles for WHHT future hospital model of care Clinicians expressed support for consolidation of services, where possible but also recognised the need to secure investment at WGH
Oct 18 - Jan 19	WHHT staff kept regularly updated via all staff emails and face-to-face briefings at monthly team briefs at Watford, Hemel Hempstead and St Albans hospital sites.	Brief on SOC refresh and engagement. Invite questions.	

2.2.5 Correspondence

The 29 January 2019 meeting generated a number of enquiries from people seeking more in-depth information following the meeting. Themes were as follows:

- Progress with the various studies that would inform further consideration of the options such as travel and catchment analysis
- Transparency of decision-making around the shortlisting process
- Comparisons between the decision not to shortlist a new build hospital with other areas who are pursuing this as their preferred option
- Comments and queries on the clinical model and 'hot' and 'cold' sites
- Queries regarding Trust finances and on the financial modelling behind the shortlisted options

All queries were responded to and relevant versions of materials shared.

2.2.6 Media

Jointly branded media releases (which were also produced on the news area of WHHT and HVCCG websites) were issued to local media to promote public meetings and also the invitation for people to nominate themselves for selection as patient and public representatives on the stakeholder evaluation panel. Local media promoted the events and newspaper letter pages featured comments from local people (mostly those campaigning for a new hospital) reacting to the events.

2.2.7 Third party activities

There are a number of campaign groups that have an interest in the redevelopment of hospitals in west Herts, these include:

- West Herts 21C Hospital (<https://westherts21chospital.com/>)
- Herts Valleys Hospital group (<http://www.hertsvalleyshospital.co.uk/>)
- New Hospital Campaign (<http://dhag.org.uk/New%20Hospital%20Campaign/index.html>) is a campaign group which is an offshoot of the Dacorum Hospital Action Group.

A survey by HertsValleysHospital.co.uk was sent to the group's supporters in January 2019. The results were shared with WHHT and HVCCG at a later date as part of subsequent correspondence with the CCG (see 3.2.5). The survey asked whether people agreed with the statement "the Main Hospital for West Herts should be located somewhere in the centre of the area it serves". Of 400 responses, 98.7% agreed with this statement. Whilst the survey did not provide any context on affordability and cannot be viewed as providing a statistically reliable representation of the views of the population as a whole, it does provide evidence (to add to that gathered from other engagement activities) of a core of support for a new hospital in a new location.

A petition on the UK Government and parliament website calling on the government to fund a new NHS A&E Hospital for West Herts which ran from 7 November 2018 to 7 May 2019 received 1,372 signatures³.

2.3 Conclusion

During the first stage of engagement, stakeholders were made aware of the need to refresh the SOC and the overall process, kept informed of the developments, such as increasing clarity from regulators around affordability constraints and given the opportunity to ask questions and feedback their views on the process.

As expected, views differed between local people and organisations, often reflecting where people live, or the populations organisations represent. At meetings with residents from localities in the north, there was enthusiasm around the potential for a new hospital in a new location – more central to the patch as a whole and there were concerns about access and the general state of repair of WGH.

For stakeholders and members of the public in St Albans, Watford and Three Rivers and Hertsmere, there was support for the previous proposals to redevelop those sites, as detailed in the 2017 SOC. Staff and clinicians who work across WHHT's sites were pragmatic – there was a sense that everyone needed to be realistic about what could be delivered within the funding envelope and timescales. Staff were less fixated about location but did highlight the benefits of separation of 'hot' and 'cold' sites and the benefits of reducing fragmentation. They did not raise objections about the shortlisted options, even if they did lead to relocation of their work base.

³ Link to petition: <https://petition.parliament.uk/petitions/231572>

3 Evaluation

The second stage of engagement (February to May 2019), was focused on evaluating the options available for the redevelopment of hospitals in west Herts. It required targeted input from selected stakeholder groups e.g. the stakeholder advisory panel as part of a qualitative appraisal but also sought input from a wider range of stakeholders to continually inform SOC refresh plans and processes.

3.1 Objectives

During the evaluation phase on engagement, the overall objective for WHHT and HVCCG was to keep stakeholders informed about evaluation of the options to seek numerous perspectives on the options for the future of hospitals in west Herts. Throughout this process, the views from stakeholders were recorded and continually fed back to WHHT and HVCCG boards to support future decision making around the options.

3.2 Summary of engagement

Throughout the evaluation phase (February to May 2019), a series of face to face meetings and events were held with key stakeholders. These are summarised for each stakeholder group in the following sections.

A stakeholder advisory panel was formed to undertake a qualitative (non-financial) appraisal of the benefits. The stakeholder panel was made up of clinicians and managers from WHHT, HVCCG and partner organisations as well as patient and public representatives (including Hertfordshire Healthwatch) from across west Hertfordshire. Their task was to: consider and confirm the shortlist; score the shortlisted options in terms of their ability to achieve the desired (non-financial) benefits and feedback their views on the options to the Trust and CCG boards prior to decision making. The outcomes of this stakeholder panel scoring, formed part of the overall options appraisal process. A summary of this process is provided in section 3.2.1. For more details of this process and the outcomes, please refer to the SOC (section 3).

Representation on the panel was determined by the Trust and CCG. Each identified a select number of representatives to provide a breadth of professional expertise. Key partner organisations were invited to identify representatives and a widely publicised invitation went out to residents to submit expressions of interest in being patient and public representatives. A number of patient and public representatives providing representation across the CCGs localities were selected.

3.2.1 Engagement with the public

Date	Summary of engagement	Objectives	Key themes /outputs
27 Feb 19	Stakeholder panel part 1: Introduction and confirmation of shortlist	<ul style="list-style-type: none">• Consider and confirm the proposed shortlist of options• provide background information about journey so far• set out our case for change and objectives• describe the approach to confirm the preferred way forward• set out evidence used to arrive at the proposed shortlist	<ul style="list-style-type: none">• A copy of the presentation⁴ and supporting information⁵ provided at the meeting was published on WHHT and CCG websites• The stakeholder panel considered the proposed short-list and confirmed this is an appropriate short-list given the constraints and criteria.• One member voiced their view that a “new emergency care hospital on a new site” should be included. It was explained this is not within the constraints and criteria that had been set.

⁴ <https://www.westhertshospitals.nhs.uk/about/SOC%20Refresh%20Options%20Appraisal%20Part%201%20v1.pdf>

⁵ https://www.westhertshospitals.nhs.uk/about/SOC%20Refresh%20Options%20Appraisal_StakeholderInfoPack_v1.pdf

7 March 19	Public event held at Shendish Manor near Hemel Hempstead open to all of west Herts locals Attendance was 130	Opportunity to discuss views on the shortlist of options to be considered by: <ul style="list-style-type: none"> • setting out case for change and objectives • describing the shortlisted options in more detail • outlining the benefits • Opportunity for people to put questions to WHHT and CGG representatives on the information presented and to express their views. 	A record of the meeting and a copy of the presentation ⁶ was published on WHHT and HVCCG websites This showed a range of views: <ul style="list-style-type: none"> • Ongoing support from some quarters for a new centrally located emergency and planned care hospital to be included within the shortlist • Some support for prioritising investment in emergency and specialist care services at Watford General Hospital • Some views that the Trust should “hold out for” more capital investment.
13 March 19	Stakeholder panel part 2: Qualitative scoring of shortlist	To score each of the shortlisted options in terms of its ability to achieve the desired benefits, by: <ul style="list-style-type: none"> • describing the approach to appraising the shortlist of options • describing the overall benefits to deliver as part of the changes • describing the key features of each of the shortlisted options • providing a summary of the key messages from the public meeting on 7th March • providing objective information to assist in assessing how likely each option is to deliver the desired benefits 	A record of the meeting and a copy of the presentation ⁷ was published on WHHT and HVCCG websites Upon feedback from members of the panel concerning limited time to undertake scoring, panel members were provided an extra 5 days to submit their final scores. Outcomes from the qualitative appraisal of options highlighted: <ul style="list-style-type: none"> • Options 1, 3 and 4 were, on average, perceived to provide a similar overall beneficial impact, with Option 1 scoring the highest overall. • Different stakeholder groups had different views. Clinicians (Trust and CCG) and other Trust staff consistently scored Option 1 the highest against four benefit areas. • Option 2 and the ‘Do Minimum’ option consistently scored negatively by all stakeholder groups
15 May 19	Stakeholder panel part 3: Communicate outputs of qualitative and quantitative scoring	<ul style="list-style-type: none"> • present a summary of the outcomes from both the quantitative and qualitative appraisal of the shortlist • update on feedback from regulators • opportunity for questions and answers 	A copy of the presentation was published on WHHT and HVCCG websites ⁸ Key themes included: <ul style="list-style-type: none"> • Recognition that a compromise is required • Overall, access/travel/car parking seen as a major factor • Request for more explanation about how investment in digital technology links with the plans

⁶<https://www.westhertshospitals.nhs.uk/about/SOC%20Refresh%20Engagement%20Event%207%20March%2019.pdf>

⁷<https://www.westhertshospitals.nhs.uk/about/documents/SOC%20Refresh%20Options%20Appraisal%20Part%202.pdf>

⁸https://hertsvalleysccg.nhs.uk/application/files/4515/5802/1891/SOC_Refresh_stakeholder_panel_session_15_May_19_final.pdf

- Request to more fully articulate potential benefits from a patient perspective e.g. changes to care model

3.2.2 Engagement with local democratic processes

Date	Summary of engagement	Objectives	Key outputs/themes
20 Mar 19	Attendance at council meetings to update on evaluation: Health in Dacorum Committee	Update on shortlist and evaluation and on latest public engagement	
27 Mar 19	St Albans Health and Wellbeing Partnership		
15 May 19	Hertfordshire County Council Health Scrutiny Committee		
As this period coincided with Purdah, engagement with MPs was paused			

3.2.3 Engagement with wider stakeholders

As this period coincided with Purdah, engagement with wider stakeholders was paused.

3.2.4 Engagement with staff

Date	Summary of engagement	Objectives	Key outputs/themes
12 Feb 19	Clinical engagement event with WHHT clinicians	<ul style="list-style-type: none"> • Provide update on the option appraisal process • Inform them of emerging shortlist of options • Gain their views on shortlist of options 	<ul style="list-style-type: none"> • Clinicians expressed concerns around any option that de-prioritises investment in WGH • There was a sense from all of a need to be realistic and secure funding to the fastest possible timeline
Feb – May 19	WHHT staff kept regularly updated via all staff emails (including signposts to website links and information) and face-to-face monthly briefings held at the Watford, Hemel Hempstead and St Albans hospital sites	<ul style="list-style-type: none"> • Update and inform staff about feedback from regulators and shortlist of options • Provide opportunity to ask questions in more detail and gather staff views • Ensure staff updates prior to or on the same day as public meetings 	<p>Questions and comments about:</p> <ul style="list-style-type: none"> • Accessibility and parking solutions at all sites • The details of each shortlisted option • How land sales could contribute to the funding bid • Why private finance no longer available • The challenge of refurbishing older buildings rather than creating new • The next steps and if successful when building would start

3.2.5 Correspondence

The public event on 7th March 2019, generated a large amount of correspondence. Many items were generated by the HertsValleysHospital.co.uk campaign group which mailshotted their supporters encouraging people to email their objections to the four shortlisted options and 'the removal of a greenfield site from the shortlist' and to ask for a halt to the process and reconsideration of the options. This generated 160 emails and accounted for the majority of the correspondence.

Other queries related mostly to the financial analysis.

Key themes from this correspondence included:

- Concerns around viability and relative cost of building on the Watford site
- Queries regarding costing methodology for rejected long listed options
- Queries regarding seeing the costs for the shortlisted options
- Query regarding the nature of the affordability criteria

Each respondent received a personal reply. WHHT and HVCCG responses to regularly occurring queries were summarised into a FAQ document that was published on WHHT's and HVCCG's websites. An updated version is included in Appendix A, seeking to address the key questions and concerns raised by stakeholders.

3.2.6 Third party activities

Throughout the refresh process, a number of surveys and a petition were raised by some campaign groups. A survey carried out by the New Hospital Campaign from 3 April to 1 June 2019 and promoted through the New Hospital Campaign's own email distribution list, social media and local media received 1,515 responses. This showed that 97% of respondents favoured a 'new purpose-built A&E and specialist hospital ...on a central site easily accessible to the major towns of Hemel Hempstead, St Albans and Watford with ample parking' over the alternative provided option of 'Refurbishment of the current site in Watford with some new build'. Respondents also provided mostly negative responses on questions of ensuring patient safety and quality of care during extensive refurbishments of the Watford site and involvement of the public in decision-making. Almost three quarters of respondents were from the Dacorum area.

3.2.7 Media

Jointly branded media releases (which were also published on the news area of WHHT and CCG websites) were issued to local media to promote public meetings. Local media promoted the events and also reported on what had been said at the events. Those campaigning for a new hospital used announcements made at public events to promote their views through the media – either through editorial or letters pages.

WHHT and HVCCG provided jointly worded responses to comments and statements from campaign groups whenever asked, as opposed engaging in the debate via newspaper letters pages.

3.3 Conclusion

During this phase of our engagement, WHHT and CCG were able to provide more information about the analysis used to evaluate the longlist of options, the process for assessing the shortlist of options and more details on the shortlist of options. A group of stakeholders were also able to get involved in helping to confirm the shortlist, a qualitative appraisal of the shortlisted options and score the extent to which the shortlist of options would deliver anticipated benefits.

Advisory stakeholder panel members supported the shortlist, with the exception of one patient member as described in 3.2.1.

Discussions at the stakeholder panel qualitative scoring session expressed a range of views around anticipated benefits of the shortlisted options. Stakeholder panel members were provided with detailed information and an opportunity to ask questions about each of the options to facilitate scoring. Overall feedback on the stakeholder panel process was positive. However, some of the patient representatives felt that too much information was presented, and one attendee felt that not enough information had been presented. Equally some attendees confirmed that they would have found it easier to contribute effectively to the session if more information had been provided in advance. In response, patient representatives from the panel were invited to a briefing with Helen Brown, WHHT Deputy Chief Executive and Senior Responsible Officer (SRO) for the redevelopment programme and David Evans, Director of Commissioning HVCCG, to share their views and ask further questions. Views from this session were shared with the project team to inform future engagement planning and decision making.

Feedback from panel members concerning insufficient time to review the supporting information prior to scoring was acted upon immediately – panel members were provided an additional five days to review and confirm their final scores. As a result of this, WHHT and HVCCG ensured that information to be presented at the final panel

session in May would be shared in advance to allow attendees an opportunity to read and digest the information in advance. This also prompted a commitment by WHHT and HVCCG to publish the SOC well in advance of decision making by the boards to allow stakeholders sufficient time to review and feedback questions or concerns.

Correspondence during this stage and some items in the media continued to show some support for the development of a new hospital on a new site.

4 Decision making

The third stage of engagement: decision making (May to July 2019) was focused on informing decision-making on the preferred way forward for the future of hospitals in west Herts. It sought views from various stakeholder groups to feed into Board decision making.

4.1 Objectives

During the third stage of engagement: decision making (May to July 2019), the overall objective for WHHT and HVCCG was to keep stakeholders informed about the preliminary views on decision making on the preferred way forward and get feedback on their views of the shortlisted options, prior to decision making on the preferred way forward. Throughout this process the views from stakeholders were recorded and continually fed back to WHHT and HVCCG Boards.

4.2 Summary of engagement

4.2.1 Engagement with the public

Date	Summary of engagement	Objectives	Key themes/outcomes
2 May 19	WHHT Board meeting in public	Note the previous decision confirming the shortlist of options in public	<ul style="list-style-type: none"> A copy of the presentation was published as part of the Board papers on the WHHT website⁹ The board confirmed the decision on the shortlist in public
30 May 19	HVCCG Board meeting in public	Note the previous decision confirming the shortlist of options in public	<ul style="list-style-type: none"> A copy of the presentation was published as part of the Board papers on HVCCG website¹⁰ The board confirmed the decision on the shortlist in public
6 June 19	Public invited to make formal representations on 'emerging preferred way forward' at WHHT/HVCCG board to board meeting in public	<ul style="list-style-type: none"> Review case for change, outcomes from qualitative and quantitative appraisal and feedback from stakeholders Agree a preliminary view on the emerging preferred way forward 	<ul style="list-style-type: none"> A copy of the presentation was published as part of the Board papers on the WHHT and HVCCG websites¹¹ 8 written representations were included with the board papers, plus 1 verbal The board to board addressed issues raised in the representations from the public The board to board agreed a preliminary view on the emerging way forward and outlined next steps
13 June 19	Public event at Metropolitan Police Sport Club in Bushey open to all Attendance was 107	<ul style="list-style-type: none"> To present a summary of the outputs from both the qualitative and quantitative (financial) appraisal of the options shortlist. 	<ul style="list-style-type: none"> A copy of the presentation¹² and video¹³ of the meeting was published on the WHHT and HVCCG websites Views from the public continued to differ Concerns were raised about bed numbers, value for money and

⁹https://www.westhertshospitals.nhs.uk/about/board_meetings/2019/Agenda_and_papers_for_Board_02_may_2019.pdf

¹⁰https://hertsvalleysccg.nhs.uk/application/files/4915/5869/8647/2019_05_30_board_in_public.pdf

¹¹https://www.westhertshospitals.nhs.uk/about/board_meetings/2019/Agenda_and_papers-Board_meeting_06_June_2019.pdf

¹²https://hertsvalleysccg.nhs.uk/application/files/2715/6052/5776/SOC_Refresh_Public_Event_13_June_v1.1.pdf

¹³<https://www.youtube.com/watch?v=tskUaPnyyt0>

sustainability. Please see Appendix A for the latest response to queries.

- To present the preliminary view by the Trust and CCG Boards on the emerging 'preferred way forward'
- To outline next steps in the process
- To listen to views on the emerging 'preferred way forward' to be fed back to the Trust and CCG Board as part of decision-making
- Opportunity for people to put questions to WHHT and CCG representatives on the information presented.

21 June 19	Public invited to make formal representations on 'preferred way forward' as detailed in the SOC published on 21 June 2019	To provide an opportunity for stakeholders to formally feedback their views on the SOC and preferred way forward	<ul style="list-style-type: none"> • 19 written representations were made. • Copies of the written representations are included in the Board papers for 11 July
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4.2.2 Engagement with local democratic processes

Date	Summary of engagement	Objectives	Key outputs/themes
15 May 19	Attendance at council meetings (and provision of private briefings where key developments didn't fit with scheduled meetings) to update on evaluation: Hertfordshire County Council Health Scrutiny Committee	Update on evaluation and decision making on preferred way forward. Seek comments from members to input into stakeholder feedback.	
12 June 19	Health in Dacorum Committee		
20 June	Watford Borough Council overview and scrutiny committee		
26 June 19	Private briefing for Dacorum Borough councillors		
3 July 19	St Albans Health and Wellbeing Partnership		
5 July 19	Private briefing for HCC Health Scrutiny chair and deputy chair		

4.2.3 Engagement with wider stakeholders

Date	Summary of engagement	Objectives	Key outputs/themes
18 June 19	Hertsmere Local Strategic Partnership meeting	Update on evaluation and decision making on preferred way forward. Seek comments from members to input into stakeholder feedback	<ul style="list-style-type: none"> • In the main attendees were supportive of case for change and emerging preferred way forward and recognised the urgent need for improvements to the hospitals.
20 June 19	Hertfordshire County Council Health and Wellbeing Board		
25 June 19	Three Rivers Local Strategic Partnership meeting		

27 June 19	One Watford Local Strategic Partnership meeting		<ul style="list-style-type: none"> • Questions and comments focused on demand and capacity / population growth and access to hospital sites.
26 June 19	Face to face meetings with local politicians/political groups: Private briefing for Dacorum district councillors	Update on evaluation and decision making on preferred way forward. Seek comments from members to input into	<ul style="list-style-type: none"> • Many members expressed disappointment that the emerging preferred way forward results in relatively less investment in HHGH and a continued desire to see a new emergency care hospital on a new site. • Clarification questions and challenge regarding capital costings of options, the Trust's financial position and the accessibility of both emergency and maternity services.

4.2.4 Engagement with staff

Date	Summary of engagement	Objectives	Key outputs/themes
3 June 19	All staff email from deputy CE	<ul style="list-style-type: none"> • Reminder about staff briefing that day at Watford site • Details of shortlisted options, affordability threshold and next steps • Update about 6 June Board meeting • Signposts Frequently Asked Questions information sheet and link to board papers, both on trust website 	<p>Detailed questions about:</p> <ul style="list-style-type: none"> • Option 1 and the implications for each site • Clarification on which buildings would remain or not on each site • Reassurance on further engagement as plans developed in the next stage of the process • Concerns about access for staff working and travelling across all sites • More information about planning for specific departments.
7 June 19	All staff email from Chief Executive and Chairman	<ul style="list-style-type: none"> • Update following 6 June Board Meeting about indicative support for option 1 as emerging preferred way forward • Signposts to press information on trust and CCG websites for further explanation about shortlisted options 	

		<ul style="list-style-type: none"> • Reminder about public meeting on 13 June • Public meeting presentation slides shared with staff
10–12 June 19	Face-to-face staff briefings at St Albans and Hemel Hempstead hospital sites	Highlighted detailed information available on trust

4.2.5 Correspondence

There has been relatively less correspondence in the decision-making phase as people have made their views known through written representations to WHHT and HVCCG boards as part of the public participation element of meetings.

Throughout the refresh process – from awareness through to decision making – a number of surveys and petitions were raised. The results of these were shared with the project teams in WHHT and HVCCG.

4.2.6 Media

Jointly branded media releases (which were also produced on the news area of WHHT and CCG websites) were issued to local media to promote the board meetings (and public participation opportunities) and to highlight the outcome of the June board meeting and promote the June public meeting. Local media promoted the events to encourage attendance and also reported on the events and board meetings. The media continued to feature a range of different views from those campaigning for a new hospital and those supportive of the emerging preferred way forward.

Various hospital campaigners also issued their own statements and WHHT and the CCG have responded jointly to these as well as to other queries arising from the public meeting, particularly on the topic of future bed numbers.

4.3 Conclusion

Similar themes around questions, concerns and views that were raised during both the awareness and evaluation stage, were also raised during this phase – when the Trust and CCG were close to final decision-making. Some campaigners and local people – especially but not exclusively from the Dacorum area – continued to press the case for a new hospital on a new site, expressing the view that the refurbishment/part new build at WGH would not deliver the improvements in health care that were needed. They were concerned that their own area would be disadvantaged.

People continued to ask questions about how the financing of the programme of redevelopment would work. Trust and HVCCG staff have explained to those raising these questions, the nature of capital investment – that a dividend needed to be paid on the investment and this was the key to affordability as defined by the regulators and HM Treasury. For details of the latest responses to common queries raised, please see FAQs in Appendix A.

While the outcomes from the qualitative options appraisal scoring demonstrated close results between options, latest engagement with staff and clinicians from the Trust and HVCCG suggests support for Option 1 has grown as more detail has been developed about how WGH could look and feel like a new hospital and the improvements that would also be delivered to planned care services at both SACH and HHGH.

5 Summary and next steps

WHHT has worked closely with HVCCG to inform, involve and seek input from stakeholders about the options appraisal and the overall SOC process. Key to the programme of engagement was being honest and transparent about the SOC process and listening to the views of local people and stakeholders. This section summarises the views from stakeholders and sets out next steps.

5.1 Questions and issues

Throughout the process, WHHT maintained an open dialogue with the public and with stakeholders. In response to questions and feedback about the overall SOC refresh and options evaluation process, WHHT and HVCCG adapted plans and the approach to engagement, accordingly:

- Additional events were held with the public and stakeholders to update them on changes to funding constraints and the implications for the shortlisted options for appraisal, upon clarification from regulators
- All presentations and information used in events and key meetings, as well as a write up of the question and answer section from each meeting were published on WHHT and HVCCG websites. The final public meetings in June was recorded and made available online. Other relevant documentation supporting the evaluation process was shared with stakeholders on request
- Members of the public were invited to apply to become patient representatives on the stakeholder advisory panel and additional information and briefings were held with these representatives to support them in this process
- Feedback concerning insufficient time to review information prior to the stakeholder panel scoring session, was acted upon immediately – stakeholders were given additional time to review, consider and confirm their scores
- Feedback from the stakeholder panel around the need to demonstrate how the plans links with digital transformation and providing more illustrative examples of how buildings might look and pathways could change have been incorporated into the refreshed SOC
- Two additional meetings with the WHHT Deputy Chief Executive (programme Senior Responsible Officer) and the HVCCG Director of Commissioning were held with patient representatives and members of some of the campaign groups to discuss questions and concerns and provide an opportunity to share views
- Answers to frequently asked questions were developed and published on the Trust and CCG websites (the latest version is included in Appendix A)
- The public were given opportunities to feed in their views as part of the public participation element of relevant board meetings in public. The updated FAQs in Appendix A incorporate responses to any questions and concerns raised via these representations
- A draft version of the SOC was published on 21 June 2019, three weeks in advance of the WHHT and HVCCG Board meetings (Board papers are typically published one to two weeks in advance) where consideration of the preferred way forward will be held in public. This was to allow stakeholders and the public sufficient time to review the draft document and make formal representations for the Board to consider.

Key themes around questions and comments from public meetings and from correspondence include:

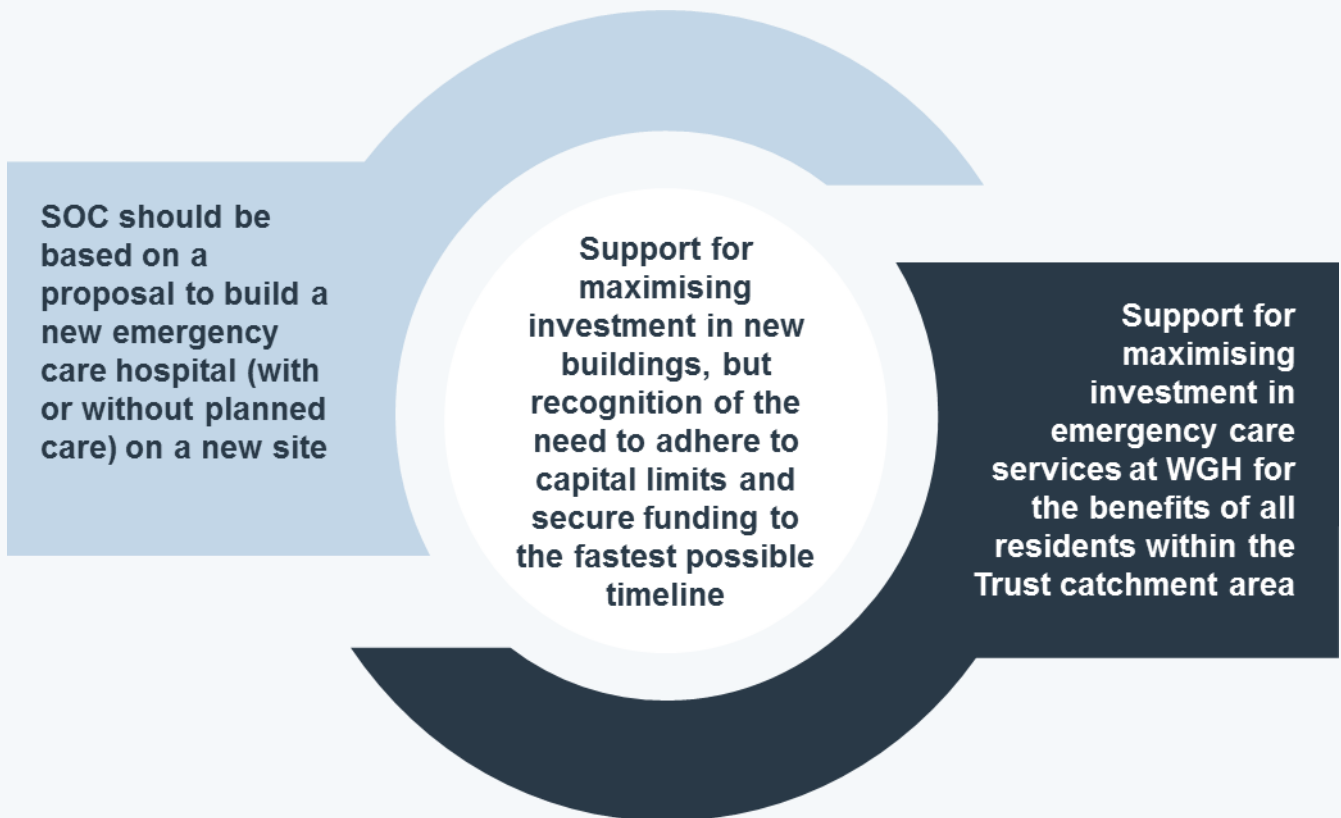
- Accessibility of existing sites and the need to improve bus routes to local hospitals and car parking
- Catchment areas: equity of provision and timely access to emergency and specialist care (including maternity services) for residents living in the north of the area compared with those living in the south
- Planning assumptions (particularly in relation to future housing growth) and the ability of community and primary care services to deliver the new model of care
- The lack of funding available and whether the limited funding could lead to sustainable improvements, particularly in light of predicted increase in demand for services
- Evidence used to move from long-list to shortlist (particularly financial evaluation / capital costs)
- Why a new build emergency hospital has been discounted when other trusts have done this in the past (e.g. Midland Metropolitan) and are pursuing this as a preferred option currently ((Princess Alexandra Hospital Trust)
- Impact on patient experience and safety of redeveloping WGH, especially during the transition phase.

- Sustainability of redevelopment long-term in terms of ability to respond to population growth and life-span of buildings.
- The selection of stakeholder representatives for the panel and whether panel member names are published.

5.2 General views

There are a range of views that have been presented during this engagement programme. However, generally views fall into two categories and a range in the middle as summarised in Figure 3. One body frequently expressed the view that the refreshed SOC should be based on a proposal to build a new emergency care hospital (with or without planned care) on a new site. Generally, those that who support this view have not supported the SOC refresh process, as these options exceeded the capital limit and therefore did not undergo further evaluation beyond the longlist stage. Conversely, there is another body of views that recognise the need to secure funding and therefore adhere to the capital limit and support maximising investment in emergency care services at WGH for the benefits of all residents within the Trust catchment area. Generally, those that have this view have supported the process throughout. In the middle, there are mixed views - there is support to secure investment in new hospital buildings but also recognition of the financial constraints and the need to secure funding to the fastest possible timeline. Essentially, there are a body of views that recognise compromises need to be made in deciding on the preferred way forward for the future of hospitals in west Herts.

Figure 3: Summary of views throughout engagement process



The results of the scoring undertaken by the stakeholder panel also reflect these views. No option scored as having a large beneficial impact, this is linked to the affordability constraint, as no option delivers all of the potential benefits identified. Different stakeholder groups had different views. Clinicians (Trust and CCG) and other Trust staff consistently scored Option 1 – maximising investment at WGH - the highest against four benefit areas. Non-clinical stakeholders from outside of the Trust (CCG staff, other organisations and the public) scored Option 4 – maximising investment in a new planned care hospital - as having the greatest beneficial impact.

While the differential between qualitative scores for options was not large, engagement with staff and clinicians from the Trust and HVCCG suggests support for Option 1 has grown as more detail has been developed about how WGH could look and feel like a new hospital and the improvements that would also be delivered at SACH and HHGH to improve patient pathways and reduce the need to attend WGH for planned care services.

5.3 Next steps

WHHT and HVCCG will continue to keep local people and stakeholders informed of progress with the SOC, including communicating the board decisions, formal submission to and feedback from regulators

If approved, WHHT and HVCCG will continue to seek support from local stakeholder organisations on the preferred way forward, as outlined in the refreshed SOC and will request for feedback on the overall process and engagement to input into future engagement and business case development. In particular the SOC will go to the STP chairs and chief executive meeting on 16 July for their consideration.

The formal submission of the final SOC document will go to the regulators at the end of July, in time for consideration as part of the comprehensive spending review in the autumn.

Once the Trust receives confirmation to proceed to the next stage of the business case development process – Outline Business Case - a full stakeholder engagement plan will be developed and implemented, specifically focused on the hospital redevelopment activities for this stage.

At OBC stage the Trust and CCG are expected to review the strategic context for the decision and see if anything has materially changed that might affect the preferred option. Engagement with key stakeholders will continue to this end.

WHHT and HVCCG will develop and deliver a programme of engagement and communications. Responsibility for stakeholder management will reside with the communications and engagement leads at WHHT and HVCCG. This will build on the engagement undertaken to date.

As the preferred way forward set out in the refreshed SOC proposes relatively limited changes to service configuration at HHGH and SACH, it is not anticipated that a formal consultation will be required. The public and stakeholders will however be fully engaged to help define the detailed future service model and full engagement carried out where changes to the location of service delivery are proposed.

Appendix A: Frequently Asked Questions

This information sheet provides answers to some frequently asked questions about the redevelopment of hospitals in west Hertfordshire. The information provided here have been regularly as this project evolves and published on WHHT and HVCCG websites.

Why has funding for the redevelopment plans been restricted since the original Strategic Outline Case was submitted?

NHS regulators confirmed their recognition of the need for change as part of our original Strategic Outline Case (SOC) in 2016. However, they highlighted limitations in, and competition for, capital funds. In feedback on the SOC, NHSI has stated that affordability for the hospital trust is of paramount consideration, and as such the trust’s annual turnover should be used as a maximum threshold for proposed investment value for estate redevelopment plans.

In October 2018, the Government announced that it will no longer use Private Finance 2 (PF2), the current model of Private Finance Initiative (PFI). <https://www.gov.uk/government/publications/private-finance-initiative-pfi-and-private-finance-2-pf2-budget-2018-brief>

The funding for this investment case is therefore expected to come from public sector sources.

How have the options for redevelopment been evaluated?

Figure 1 below summarises the overall options appraisal approach. For more details on this, please go to <https://www.westhertshospitals.nhs.uk/about/strategicoutlinecase.asp> or <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services> and see under ‘Options evaluation panels’.

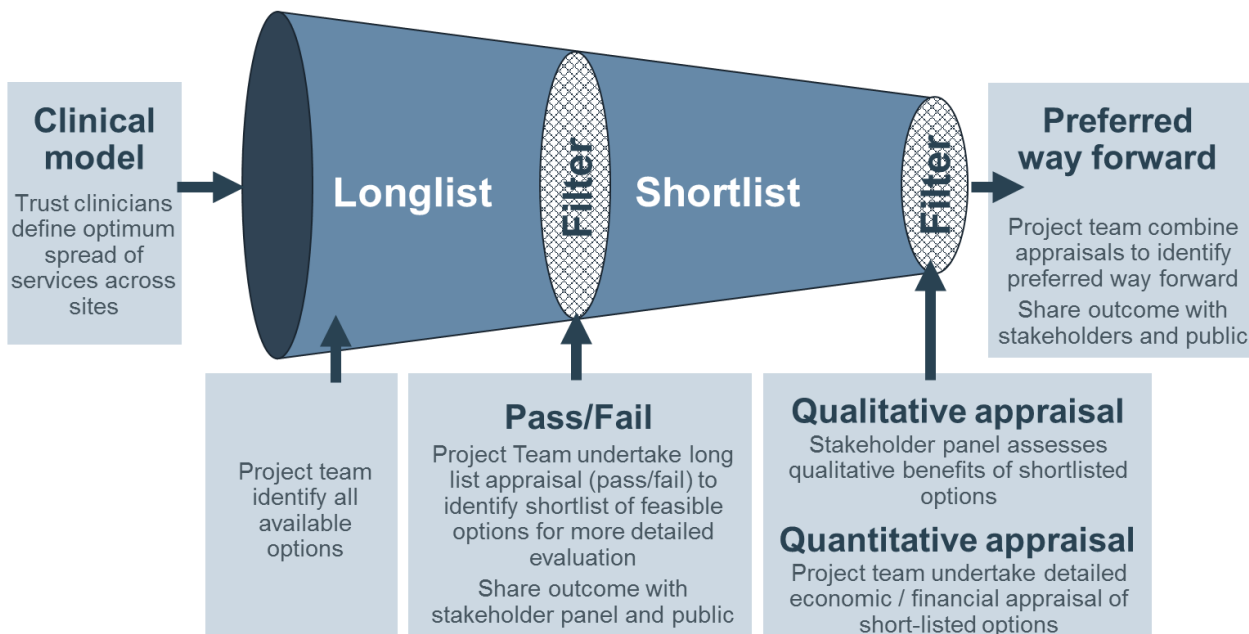
An options framework has been used to identify a long list of potential options using the same options evaluation criteria that were previously used in the original Strategic Outline Case (SOC). These were developed using stakeholder feedback during the *Your Care, Your Future* programme.

To ensure only feasible options have been shortlisted and progressed for evaluation, and in light of a clear affordability constraint highlighted by NHS regulators, a minimum threshold has been defined for each evaluation criterion. Any option that failed to meet the minimum threshold across all criteria has not been progressed to the shortlist for further evaluation.

The shortlist appraisal is focused on establishing which option provides best overall public value – this is the balance of benefits against costs. It focuses on a qualitative appraisal of non-financial benefits by a specially convened stakeholder panel and a quantitative appraisal of financial benefits and costs by the trust and expert advisors.

The outcomes of both the qualitative and quantitative appraisal will be reviewed by the trust and CCG Boards, to help determine a preferred way forward for the future of hospitals in west Herts.

Figure 1: Options appraisal approach



What is the role of the options evaluation panel?

A stakeholder panel was formed to consider the shortlist of options and score each of the shortlisted options in terms of its ability to achieve the desired (non-financial) benefits. The panel included clinicians and managers from the NHS and partner organisations and patient and public representatives (including Hertfordshire Healthwatch) from across west Herts to represent a range of stakeholder views. The panel has had an advisory role – ensuring that differing perspectives are brought into the consideration of options. Decisions to confirm the shortlist of options and the preferred way forward will be made by the trust and CCG Boards.

During February and March the panel was presented with detailed information about the options and given the opportunity to discuss to understand common themes. Members were then asked for individual scores, based upon the detail provided and their own experiences.

The scoring of shortlisted options, along with the outputs of the financial appraisal of options was presented to the stakeholder panel in May for further discussion and comment. Comments from the panel and outputs of the scoring and financial appraisal will be reviewed by the trust and CCG boards and this will help to inform decision making on the preferred way forward.

Is it possible to sell land across the various hospital sites to support redevelopment plans?

All options for redevelopment involve some land sale. Current estimates value the sites to be St Albans (£15-£18million), Hemel Hempstead (£10-£15million) and Watford (£20-£25million). These are based on land registry values. We are in the process of reviewing these values with our advisors. For any option involving development of a green field site, any land receipt would have to be offset against the cost of purchasing the new site, together with the cost of providing services and infrastructure to the site.

In all options, any financial contribution from land receipts will be relatively low in comparison to the overall funding required. There is more detailed information on our websites about land sales and sites across west Hertfordshire. Go to <https://www.westhertshospitals.nhs.uk/about/strategicoutlinecase.asp> or <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services> and see under 'Site Options Review'.

Why is the option of a new emergency hospital, with or without planned care not on the shortlist?

We have reconsidered all options as part of the work to refresh the strategic outline case. Costings for all options, including a new emergency hospital, with or without planned care have been developed by professional consultants with expertise in this field. Capital costs have been estimated based on the prescribed Department of Health methodology and HM Treasury guidelines. They include significant contingency to reflect the inherent uncertainty at this stage of planning as well as professional fees and inflation.

Current costings for a new emergency and planned care hospital on a new site are around £700m. Costings for a new emergency hospital at a new site, without planned care are around £550m. Please refer to the published SOC for detailed costings¹⁴. Building a new emergency care site, under any site configuration, on a greenfield site is significantly more expensive than redeveloping the WGH site because the hospital must be entirely new build, whereas a hospital on the WGH site could include some redevelopment of existing buildings. Both of these options far exceed the hospital trust's annual turnover that our regulators have advised should be used as a maximum threshold for the proposed investment value for our estate redevelopment plans. We have looked at the costs of other hospitals, but they are not comparable as they are all very different in terms of type or location of each hospital and when it was built or is planned to be built. Building costs increase significantly each year and vary depending on location.

The trust and CCG boards agreed that the shortlist should not include options whose indicative costs were well beyond the funding threshold advised by the trust's regulators.

Whilst we recognise that there is some support in some communities for a new emergency hospital, with or without planned care, our revised funding bid must be focused on exploring options that meet the affordability threshold.

¹⁴https://hertsvalleysccg.nhs.uk/application/files/3315/6113/3852/DRAFT_SOC_Future_of_Healthcare_Services_in_west_Herts_v0-9.pdf

One of the criteria used for shortlisting was accessibility and the importance of services being located to serve the west Hertfordshire population, yet Watford General Hospital is not local to the many people living in the north of the area. How do you justify this?

Travel analysis has shown that all current WHHT hospital sites provide reasonable access for the residents of Herts Valleys.

For more information on travel please go to <https://www.westhertshospitals.nhs.uk/about/strategicoutlinecase.asp> or <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services> and see under 'Travel Analysis and Catchment Area information'.

HVCCG residents also access neighbouring hospitals including Luton and Dunstable, Stoke Mandeville and Barnet Hospitals.

One of the shortlisted options includes a planned care centre – what services would this centre provide?

A planned care centre on a new site would provide the range of services provided at Hemel Hempstead Hospital and St Albans City Hospital and some planned care activity from Watford General Hospital. The services included would be planned surgery and medicine, diagnostics, urgent treatment services and a range of outpatient care for long term conditions, cancer, children and older people. However, in line with *Your Care, Your Future* the way some of these services are provided may change as we continue to develop and redesign services to make better use of technology and provide care closer to where people live.

This particular option - of a new planned care centre on a new site - would lead to the closure of Hemel Hempstead and St Albans hospitals and would not proceed without further public involvement (whether by being consulted or provided with information or in other ways). A new site would have to be identified.

Have any suitable sites been identified for a possible planned care centre?

The trust commissioned a review to identify potential sites for a planned care centre within west Hertfordshire. All five local authorities are at different stages in the development of their Local Plan and no specific sites for future hospital development are identified within their current plans.

The review did confirm that there are a number of sites that meet the agreed criteria and could potentially be suitable. There is further information about these sites on our websites. Go to <https://www.westhertshospitals.nhs.uk/about/strategicoutlinecase.asp> or <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services> and see under 'Site Option Review'.

Other NHS trusts e.g. Princess Alexandra NHS Trust (PAHT) seem to be planning for new hospitals that cost much less, so why can't west Hertfordshire explore the option for a new hospital with different costings/funding models?

Each trust has its own specific set of circumstances, challenges and opportunities that will influence the hospitals they plan and the available funding models. We have developed plans and costings that are specific to addressing the future needs of our communities and that align with the future direction of the health economy in west Hertfordshire. What is a good solution for one trust won't necessarily work for us and vice versa. Nevertheless, we are still working with trusts in a similar position to share and compare plans and approaches to funding.

Examples for comparison often include:

- **Princess Alexandra NHS Trust (PAHT)** - the key difference between the WHHT and the PAHT redevelopment options is the different nature of the existing hospital sites. The overall size of the WHHT site and its location next to the Watford Riverwell redevelopment area provides a lot of flexibility to achieve a good solution that combines a significant element of new build with refurbishment of some existing buildings, without compromising or significantly impacting on the operational activities of the three hospitals.

The PAHT site has much more limited flexibility to redevelop on the site with a much longer and more difficult programme of work. As such the case for a new hospital on a new site is stronger in West Essex

- **Midland Metropolitan Hospital** - the new hospital was intended to treat 170,000 A&E patients a year from this summer but will not open until 2022, three years later than planned due to the collapse of Carillion. It will also cost nearly twice its original budget - at least £605 million, despite originally being priced at £350 million. Consequently, we don't believe this is a good comparison to make, but what it does demonstrate is that costing estimates can vary significantly from actual costs.

WHHT have sought assurance from regulators that all NHS organisations will be treated equitably through the business case review and approvals process, including application of the 1:1 capital to turnover 'affordability' threshold.

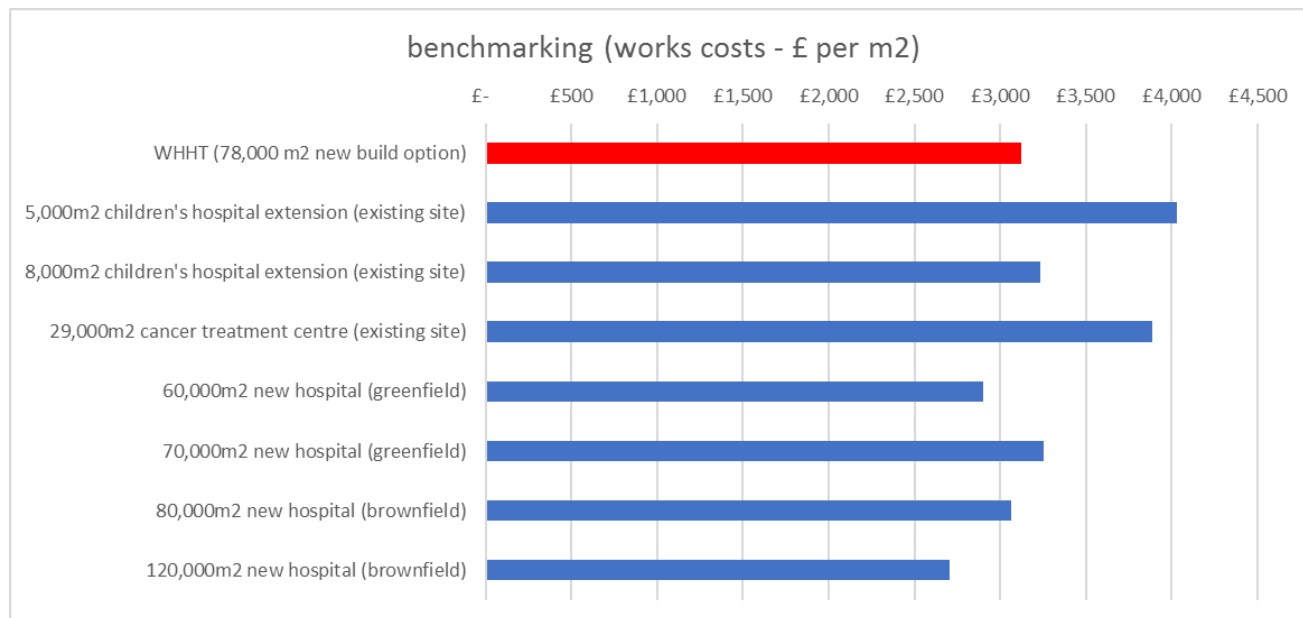
What analysis was undertaken regarding costings for the options evaluation?

Qualified experts have developed costings in line with HM Treasury’s Green Book guidelines, NHS building and space standards and to conform to industry standards. Costings are also subject to an adjustment for optimism bias (this takes account of project appraisers’ tendency to be over optimistic in planning estimates) regional price variations, contingency, inflation, fees and VAT.

We are continually refining our assumptions on costings, as the details of the options are worked through with input from our professional advisors. The final outputs of the costings are included in the Appendices of the recently published SOC.

We are also taking account of methodologies used in similar development programmes. Figure 2 below benchmarks the costs of various similar schemes for illustrative purposes on how costs differ.

Figure 2: benchmarking of cost of WHHT building works versus other schemes



Notes:

- The above are costs per m2 of Gross Internal Floor Area including central plant and circulation
- Where possible from the data available, the benchmark schemes exclude site specific abnormalities such as external works, drainage, external services, demolitions, service diversions and infrastructure improvements.
- The above costs/m2 are set at cost base data of PUBSEC 250 for consistency and comparison

Further information about costings for all options, including those not on the shortlist, is included in the refreshed SOC. There is more detailed information on our websites about Treasury guidance on costs. Go to <https://www.westhertshospitals.nhs.uk/about/strategicoutlinecase.asp> or <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services> and see under ‘HM Treasury Guidance’.

Why were cost estimates for a new A&E Hospital from the original 2017 SOC at over £1 billion?

For the 2017 SOC and the 2019 SOC options and costs were built up independently by different firms of cost advisors. For the 2019 SOC the project team checked back against the capital costs for the first SOC to ensure the costs being produced were broadly in line once corrected for inflation. Costs are broadly in line between both SOC’s – bearing point below:

The one material difference is that in 2019 a significantly lower assumption has been made around the abnormal on-costs for Greenfield site – due to a potentially new site being identified between St Albans and Hemel. In the 2017 SOC the new site at Kings Langley would have potentially required significant investment for energy centre, motorway junction upgrades, running utilities and this potential cost was built into the capital costs (an additional £100m). In the 2019 SOC due to a possible site being identified which would be part of a bigger development, these costs were assumed to be spread across multiple occupiers of the development and were therefore assumed to be significantly lower.

All other costs are broadly comparable – noting that some cost categories are represented slightly differently between SOC’s.

The often quoted £1bn number from 2017 SOC was the inflated cost Option 1,3,5 (greenfield variants), these options were ~£800m costs in today’s prices (2017), which if reduced by the 100m additional abnormalities brings them to around ~£700m, in line to the 2019 SOC.

Note that in the 2019 SOC Long List options are only quoted in today’s prices – as that was the basis for the affordability assessment

Have population numbers across Hertfordshire been taken into account, including planned housing growth? And what about future demand?

Detailed analysis and research on population sizes and forecasts has been undertaken. The trust uses national planning guidance to inform projections for future demand including ONS population figures and NHS England for health demand assumptions. This will continue to be monitored against housing growth data to identify differences. Sensitivity analysis has been performed to establish the potential impact of the assumptions being incorrect and all assumptions will be reviewed at both Outline Business Case stage and Full Business Case stage to take account of the most up to date population forecasts. The future hospital will be designed to offer flexibility, such that additional capacity can be added to meet higher than forecast population growth if required.

The figure below summarises current population projection, based on Office National Statistics mid-2016 basis.

	2018 population estimate	2038 population estimate	% increase over 20 years	Population increase over 20 years
Dacorum	154,900	174,700	13%	19,800
St Albans	148,800	163,200	10%	14,400
Watford & Three Rivers	192,800	217,900	13%	25,100
Hertsmere	104,800	115,600	10%	10,800
Herts Valley	601,300	671,400	12%	70,100

There is more detailed information on our websites about population and demand. Go to <https://www.westhertshospitals.nhs.uk/about/strategicoutlinecase.asp> or <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services> and see under 'Travel Analysis and Catchment Area information'.

Details about future demand for hospital services has been developed and incorporates changes to the overall model of care as per the Your Care, Your Future Programme. Please see 'Demand and capacity information and analysis'.

Will the redevelopment lead to more beds?

The redevelopment plans do include an increase of 70 beds on current numbers which includes a combination of inpatient and short stay assessment beds. This is in line with the NHS's long term plan move towards 'same day emergency care'.

In addition to the beds available in West Herts, residents also access care at Luton and Dunstable, Stoke Mandeville, Barnet Hospital and specialist care in London – which adds to the number of beds that patients have access to.

Comparing bed numbers between different hospitals is not straightforward. We have made our calculations based on forecasts of activity and population growth. All the demand and capacity assumptions will be reviewed at outline business case stage before the future size of our hospitals is finalised. We will also ensure that our building design gives us flexibility for the future if more beds are needed in the longer term.

We're also making sure that we make best use of our beds. Advances in clinical care and new treatment models mean that hospital admissions and length of stay are reducing – increasingly people have surgery without needing to stay in hospital and those who do stay are discharged to recover at home much sooner than they used to be.

Additionally, there are a wide range of community based services including rehabilitation beds and home based 'virtual ward' places that support people at home as an alternative to hospital admission or following an episode of care.

How can Watford General Hospital remain operational during redevelopment?

The Watford site has sufficient space for the construction of new buildings with minimal disruption to existing services. The Watford Riverwell development provides new routes for essential services infrastructure, including a new access road. In time, there will be a new multi-storey car park and main entrance to the hospital. Construction and demolition would be sequential and planned very carefully to minimise disruption and for services to remain operational. The first step would be developing new buildings for services to move into – this also frees up space within existing buildings for redevelopment.

Restricted availability of capital funding has limited the ability to undertake major projects at WHHT in recent years. Yet, the Trust has managed the implementation of new CT and MRI and completely refurbished and expanded Endoscopy and Cardiology units at WGH. Last winter, the Trust created additional major cubicle space in the Emergency Department, create an emergency paediatric assessment unit, reconfigured the surgical admissions area and created a new ambulatory assessment area - all with minimal disruption to patient care.

The Watford site is in a poor condition - how will this affect redevelopment plans?

We understand the challenges presented by some of the infrastructure and the fabric of the buildings on the Watford General Hospital site – that is a major driver for seeking investment to improve our hospitals buildings overall.

Detailed surveys undertaken as part of the overall business case process will inform which buildings can be retained and how they can be repurposed, as well as confirming which buildings can no longer be used and will be demolished.

Alongside this work, there will be plans to create new buildings – all options include at least 30 per cent of new build at the Watford site. The emerging preferred way forward provides over 50% of the future estate at WGH in new buildings

The Watford site is large enough for a modern hospital, providing a wide range of healthcare including emergency and specialist services.

The work would include updating the supporting infrastructure, bringing it up to modern standards and making it as efficient as possible.

If accident and emergency services remain at Watford, what about travel times and access?

Access to Watford hospital has improved with the new road access and changing the ambulance route. For details of public travel times to Watford hospital, please go to <https://www.westhertshospitals.nhs.uk/about/strategicoutlinecase.asp> or <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/developing-hospital-services> and see under '[Travel Analysis and Catchment Area information](#)'.

As travel to all sites has been repeatedly been raised during public discussions, WHHT and HVCCG will work with the County Council, District and Borough Councils and local transport providers to explore whether improvements can be made to public and community transport access to our hospitals.

What is the benefit of separating accident and emergency care from planned care?

West Hertfordshire hospitals already separate a large element of accident and emergency care ('hot') from planned care ('cold') services across our sites. As part of redevelopment plans we want to drive further separation. In line with recommendations in the NHS Long Term Plan, providing planned services from a 'cold' site guards against beds, theatres and staff being prioritised for emergency admissions, reducing the risk of last minute cancellations for planned patients. Meanwhile, managing complex, urgent care on a separate 'hot' site allows improved trauma assessment and better access to specialist care. Please see the NHS long-term plan for more details on this. (<https://www.england.nhs.uk/long-term-plan/>)

Will there be any improvements to performance against targets as a result of the redevelopment?

The redevelopment of west Herts hospitals as described in the SOC cannot but improve performance across all WHHT services, contributing to improvement trajectories for the A&E 4-hour standard, RTT and cancer waiting times and elective cancellations, by providing facilities that are appropriate and sized for the services they provide. The very high occupancy rate of around 97% for medical and surgical inpatient beds leaves no capacity to accommodate additional patients during periods of peak demand, meaning that during the busiest times the existing (but fragmented) assessment areas have to be re-designated as inpatient areas, further impacting patient flow and causing a deterioration against both elective and emergency care performance standards. The proposed new model includes an expansion and improvement to assessment capacity which will enable more timely care to be provided to emergency care patients.

What about car parking at Watford and other sites?

All options will need dedicated patient and visitor parking.

At Watford, planning permission for a new multi-storey car park was granted in February of this year. The new facility is part of the Riverwell development and will be built on land adjacent to the hospital. It is scheduled for completion in 2021 and will provide 1290 car parking spaces for hospital users.

What will be done to address access issues to Watford General Hospital? For example as a result of being next to the football stadium or being on a hill?

Watford Football Club and the hospital have a well-established working relationship that ensures they can co-exist in their current locations without adversely affecting each other's activities. In reality, there are only 19 premier league matches (with a small number of additional cup games) a year at the stadium and while ambulance access and hospital car parking during match days have been a challenge in the past, the new Thomas Sawyer Way road has significantly improved access. Ambulances can avoid the congestion on Vicarage Road and use the dedicated 'Ambulance Only' section of this route to gain fast access. The opening of the new car park, planned for 2021, will ensure that hospital users have dedicated parking separate from any match day demands.

First stage architectural sketches have been developed to illustrate how the entrance to WGH could be transformed, addressing the challenges of the slope through the use of appropriate walkways, ramps and lifts between the main hospital entrance and the new car park.

What is meant by moving more hospital services to a community setting?

New community-based services are being developed that reflect our *Your Care, Your Future* ambitions to provide better coordinated care closer to home in places such as GP surgeries, medical centres and clinics preventing people from having to go into hospital unnecessarily. New services are also focusing on prevention and supporting people to look after themselves so that people stay healthy and independent.

For more information on the work being delivered as part of *Your Care, Your Future*, please <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future> and <https://hertsvalleysccg.nhs.uk/future-plans/your-care-your-future/vision-strategy-and-case-change>

To what extent have the public and other stakeholders been involved in this process?

Local stakeholders have been involved in this process, the *Your Care, Your Future* programme and the sustainability and transformation plan for Hertfordshire and West Essex, called A Healthier Future which are all working together to help transform health and social care locally.

Since starting the refresh of the strategic outline case in autumn 2018 we have held a series of public meetings in October/November 2018, January 2019, March 2019 and June 2019 to update people about the process and to answer people's questions. We have used the comments and questions to inform our process and to feed into decision making about the shortlist. We will continue to involve the public and seek feedback on the emerging preferred way forward, prior to a decision being made by the trust and CCG Boards.

We have also met with MPs and briefed local by attending various county and borough or district council meetings. Both the trust patient panel and CCG patient and public involvement groups have also been kept informed.

We have made sure that the evaluation panel process is as transparent as possible by sharing the presentation and background material on both the trust and CCG websites.

Both websites also have the presentation slides and a write up of the question and answers from the public meetings together with background information and updates. We will continue to provide online updates as the process progresses.

How has the Trust ensured the needs of all demographics have been taken into account during the decision-making process?

As public bodies, both HVCCG and WHHT have a statutory and legal responsibility to ensure fair and equitable treatment of all people. They are therefore 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). To ensure this responsibility has been addressed with respect to the proposed acute redevelopment, an Equalities Impact Assessment (EQIA) has been undertaken. This analyses the potential impact of the proposed changes from an equalities perspective generally, and for people with protected characteristics specifically, and makes recommendations to address any potential adverse impacts identified.

These recommendations will be taken into account as the detailed design for the preferred option is developed at OBC stage. It is anticipated that further assessment of the equalities impacts of the redevelopment at WGH, HHGH and SACH will be required at each stage of the business case process going forward.

Assuming the funding bid is successful what are the approximate start dates for re-development.

Based on current planning estimates, main construction would commence in 2023, with the first buildings complete by 2025.

It's important to note that planned maintenance continues, including the life cycle replacement of major equipment and high risk backlog maintenance works.

What is a Wave 4 bid and how it's different to SOC?

As part of a new NHS funding regime, introduced in 2017, hospital trusts have to submit capital bids for investment through their local sustainability and transformation partnership (STP).

Following the Naylor Review into NHS estates, the government channelled £2.9bn of public sector capital to be made available through the STP route. The £2.9bn is being allocated in 'waves' and each STP is invited to submit bids to NHS England for capital to deliver local projects. The bids are assessed by both NHS England and NHS Improvement, with approval granted by health ministers and Treasury officials.

To make a capital bid through this route we have to submit both a strategic outline case (SOC) for the redevelopment of our hospital estate and an STP capital 'Wave 4' application. The main purpose of the SOC (as defined by HM Treasury Green Book guidance) is to establish the need for investment; to appraise the main options for service delivery; and to provide a recommended – or preferred – way forward for further analysis. The Wave 4 submission is a technical document required by NHSI that makes a specific application for capital funds and that has to be completed at a specific time in order to move forward. We are required to submit both documents in order to secure investment in the future of hospitals in west Herts.

What are the next steps in the process?

The refreshed SOC has been published. WHHT and HVCCG Boards are both due to meet separately on the 11th July to make formal decisions on the SOC and the preferred way forward outlined in the SOC. The STP will then need to consider and approve the preferred way forward, prior to submission to regulators later this summer. After the SOC has been submitted to regulators it will go through a detailed appraisal process. The government's Comprehensive Spending Review expected this autumn will consider how much funding can be made available to support the NHS to improve its estate and IT. Our ambition is for West Hertfordshire Hospitals NHS Trust to receive an allocation from the funding awarded to the NHS.

Do those providing primary care and care in the community (who you say will play a greater part in residents' care) have the capacity to cope with a change in the way services are provided?

The new community based services are being provided in many different ways. Some services are being provided by NHS community trusts (such as Hertfordshire Community Trust and Central London Community Healthcare NHS Trust), some are being provided by GP federations and some are being delivered by specialist private sector providers. When establishing services, the clinical commissioning group talks to GPs and other primary care providers and also undertakes other planning activities to make sure that there is capacity in place. The specialist community health providers who are delivering these services are also training up GPs so that they have additional knowledge and skills to be able to treat patients within the practice - without having to send them to other specialists. So that GPs are able to do this we are getting practices to do more pooling of resources and are also getting health care professionals, such as nurses, more involved to free up GPs' time.

