

**WEST HERTFORDSHIRE HOSPITAL TRUST ESTATE UPDATE**

Report of:

- Christine Allen, Chief Executive West Herts Hospital Trust (WHHT)
- Kathryn Magson Chief Executive of Herts Valleys Clinical Commissioning Group (HVCCG)

Author: Juliet Rodgers: Associate Director, Communications and Engagement  
Herts Valleys Clinical Commissioning Group (HVCCG)  
(07771 344593)

**1. Purpose of report**

- 1.1 This report provides members with an update on progress with the plans for redevelopment of hospital facilities in west Hertfordshire.
- 1.2 This follows the report and discussion at health scrutiny committee on 15 May.
- 1.3 Representatives of West Hertfordshire Hospitals Trust and Herts Valleys CCG had originally planned to be present at the Health Scrutiny Committee on 11 July but cannot now attend. This is due to special board meetings that have been called to agree the preferred way forward for the strategic outline case (SOC). These have had to be re-arranged to allow key personnel to contribute and are now both being held on 11 July. We will send a briefing note with the outcome of the trust and CCG board meetings on 12 July.

**2. Summary**

- 2.1 The draft SOC has now been published on the websites of both the trust and CCG. It can be accessed [here](#). It describes the work carried out to develop a preferred way forward for investing in WHHT hospital facilities. It also presents the preferred option that we are discussing at trust and CCG boards on 11 July.
- 2.2 The boards met together at a meeting in public on 6 June and gave an indication that option one would be the preferred way forward. Option one sees all three current sites continue to provide services and would deliver investment focused on the emergency and specialist site at Watford, with improvements also planned for the St Albans and Hemel Hempstead sites.
- 2.3 Engagement with local people and stakeholders has continued and the programme of engagement is outlined in this paper.

### **3. Recommendations**

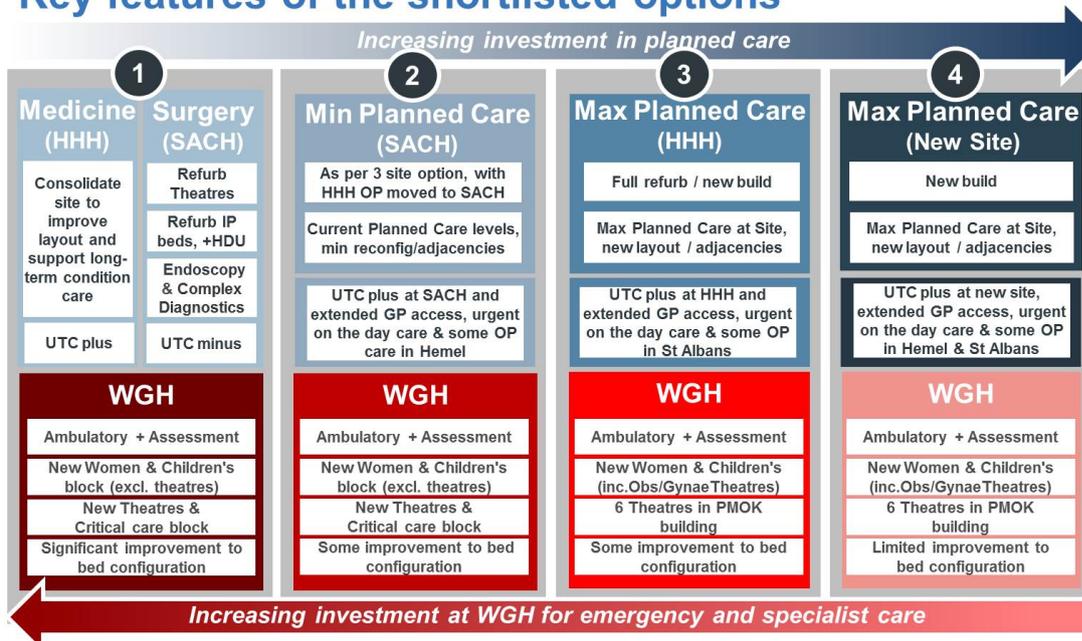
3.1 The Health Scrutiny Committee are asked to note this report.

### **4. Background**

- 4.1 Members will recall hearing about the programme of work to produce a refresh SOC and this included developing a shortlist of options. In drawing up that shortlist, the clearly stated views of regulators needed to be taken into account. Investment could not exceed trust turnover of £350m. So, the shortlist of options – see below – consists of a range of approaches that develop current sites within regulators' stated threshold. The option to build a new major hospital on a fresh site was discounted on grounds of cost and affordability.
- 4.2 The shortlist was agreed by both trust and CCG boards at meetings in public held in May. At a meeting of both boards together on 6 June, also in public, the trust and CCG discussed and indicated an emerging preferred way forward. This is option one which sees all three current sites continue to provide services and would deliver investment focused on the emergency and specialist site at Watford, with improvements also planned for the St Albans and Hemel Hempstead sites.
- 4.3 In coming to their provisional view the boards considered the evaluation of the four shortlisted options through an economic appraisal and a qualitative appraisal. The qualitative appraisal has been informed by the work of a stakeholder panel which was made up of public and patient representatives, clinicians and managers, local authority partners, Healthwatch, the voluntary sector and the sustainability and transformation partnership (STP). The panel scored each of the options against a set of criteria and in carrying out this work the panel has had access to detailed evidence, all of which has been shared publicly.
- 4.4 Senior clinicians have been closely involved in hospital redevelopment plans from the outset. The project team has sought clinical input and views on a wide range of clinical issues, including how each of the shortlisted options could support:
- how future services may be delivered across both a two- and three- site option
  - enhancing the separation of emergency and planned care services
  - improving clinical adjacencies across the trust
- 4.5 Clinical staff representing divisions across the trust, were members of the options evaluation panel, scoring option one as having the greatest beneficial impact. The panel meetings included roundtable discussions at which clinicians shared their views with other panel members including patient representatives.
- 4.6 Discussions with clinicians highlighted the importance of focusing investment on improving facilities to benefit the greatest number of patients and those who are sickest and most at risk. That led to support for option one where most of the investment would go to Watford General Hospital, with significant

improvements made at the other sites too. The project team continues to work with clinicians across the Trust as we head to the next stage of the process.

## Key features of the shortlisted options



4.7 Internal discussions in coming to the interim conclusion have referenced a number of the issues raised by health scrutiny members at the meeting on 15 May. This includes a focus on patient safety and experience – both during the transition and longer term. For example, the building work at WGH would be a phased, allowing for a new ward block to be created, rather than refurbishing inpatient accommodation around patients. The importance of digital transformation has also been recognised. In addition the need to continue to engage with the public and keep them informed as developments progress has also been addressed during these discussions.

## 5. Public, stakeholder and clinician engagement

5.1 As this is a refresh of the strategic outline case, engagement carried out as part of this process builds on the 2016 engagement around the original SOC. This included stakeholder meetings, public events and conversation sessions, a public survey, digital communications (web and social media) and media relations. Hertfordshire County Council (HCC) health scrutiny reviewed this engagement in November 2016 and confirmed its satisfaction.

5.2 Engagement and communications activity during this SOC refresh has been jointly carried out by the hospital trust and CCG. It has included the following:-

- **public meetings.** We have engaged with the public throughout the refresh process and have had public meetings in October and November 2018 and this year in January, March and June to update people at each stage and to listen to comments and answer questions. Presentations and a write-up of Q&As (as well as film of the June event) has been shared on CCG and trust websites.

- **attendance at scrutiny, health and wellbeing meetings and local strategic partnerships.** We have engaged with local authorities and other partners by regularly providing updates to scheduled meetings
- **patients.** We have briefed patient networks, Patient and Public Involvement Committees and attended locality patient meetings
- **MP meetings and discussions.** We have held meetings and telephone briefings with MPs at key stages to keep them updated and explore opportunities for cooperation
- **clinical engagement.** The trust and the CCG have engaged with their respective workforces and membership
- **correspondence.** In addition to inviting questions at public meetings, we invited people to email questions and comments for response by both the CCG and hospital trust. We have responded to around 250 items.

## 6. Stakeholder panel

- 6.1 As noted above, patient and public representatives joined clinicians and others to support the qualitative benefits appraisal of the shortlist, by scoring the shortlisted options. The panel has met in full three times and there have been two additional sessions run for patient representatives.

## 7. Information and engagement channels

- 7.1 The following channels are being used to support engagement:

- the CCG and trust websites provide an overview of the process and are regularly updated. Key documents including evidence material, presentations and public questions and answers are available
- social media is used to promote opportunities for engagement and to gauge public feedback
- internal communications channels (WHHT and CCG) have been used to inform and engage staff and clinical membership
- emails are sent out through the CCG's patient and stakeholder networks to promote engagement and updated on the process
- information and responses are readily supplied to local media.

## 8. Public and stakeholder feedback

- 8.1 A range of opinions has been expressed as part of the feedback we have received during our engagement activities. There is a group of active residents – primarily in the Dacorum area – who continue to press for a major new

hospital on a fresh site, in spite of the clear financial constraints that are imposed by regulators and the fact that this option is no longer under consideration. Other local people and also clinicians and staff have welcomed the prospect of seeing major improvements on current sites, in particular seeing the benefit of investment into the specialist and emergency site which sees the highest volume of activity.

## **9. Next steps**

- 9.1 Boards of both the trust and CCG will meet independently on 11 July to come to decisions about the preferred way forward for the SOC. Ahead of those meetings, the SOC has been published in draft form and local people have been invited to make written submissions and personal representations at the board meetings, as part of our on-going engagement.
- 9.2 Scrutiny members will receive an update on 12 July following these meetings.
- 9.3 The SOC will also go to the STP chairs and chief executive meeting on 16 July for their consideration. Hertfordshire County Council will be represented at this meeting.
- 9.4 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.

