Engagement report

Stakeholder feedback - investment objectives and essential criteria

1. Introduction

1.1. West Hertfordshire Hospitals NHS Trust (WHHT) is currently developing an outline business case (OBC) to progress its plans for significantly improved hospital facilities.

This process seeks to involve members of the public and staff and to use views expressed to inform its decision-making.

The OBC follows the strategic outline case (SOC) and precedes the final business case (FBC).

The OBC is the stage where a final preferred option is identified, a detailed design is developed (1:200 drawings) and planning consent applied for. Additionally capital (build costs) and revenue (running costs) plans are set out and implementation plans worked up.

Once the OBC is approved the next stage is to procure a contractor to build the new facilities and finalise the contract and detailed build programme. The final stage of detailed design is also undertaken (1:50 drawings). This is set out in the full business case which has to be approved before the construction programme can begin.

2. Background

2.1. This redevelopment builds on the *Your Care, Your Future* programme which had the twin aims of providing more care closer to home and resolving the long term need for investment in improved hospital facilities.

Your Care, Your Future was led by Herts Valleys Clinical Commissioning Group (HVCCG) in partnership with local NHS providers and Hertfordshire County Council. A comprehensive public engagement programme was part of *Your Care, Your Future* and this ethos remains as work on the OBC continues.

National financial constraints led to some delays and a request to 'refresh' the original strategic outline case (SOC). The boards of both WHHT and HVCCG concluded (in 2017 and again in 2019) that the Watford General Hospital site should be redeveloped for emergency and specialist services, alongside investment to improve facilities at Hemel Hempstead General Hospital and St Albans City Hospitals. Both the 2017 and 2019 SOCs are available on the Trust's website.[1]

In September 2019, WHHT was named as one of six hospital trusts to be funded through the Health Infrastructure Plan (HIP) - £400m was pledged. This news was welcomed by WHHT

[1] https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/SOC%20Future%20of%20Healthcare%20Services%20in%20west%20Herts%20FINAL.pdf

https://www.westhertshospitals.nhs.uk/about/board_meetings/2017/february/documents/ITEM_2a_WHHT_AcuteTransformation_SOC_v1-0_170203.pdf

but with the caveat that this would still leave some buildings and facilities in need of refurbishment.

In June 2020 the Department of Health and Social Care confirmed that an option including more new build at Watford General Hospital, including replacing rather than refurbishing the main clinical block (costing c£590m) could be included within the OBC option appraisal.

It was made clear that:-

- there is no guarantee at this stage that this amount of funding is available
- value for money will be key
- options that significantly increase the timeline beyond the 2025 target date set for HIP One schemes should not be considered.

The OBC stage requires that a review of potential site options is carried out, along with an assessment of projected population and activity data and any new information related to advances in the way healthcare is or can be provided.

3. Stakeholder engagement approach

3.1. A Stakeholder Reference Group (public) and a Professional Reference Group (WHHT staff and colleagues from partner organisations) have been established. At the time of writing the membership is circa 70 and 30 respectively.

3.2. The intention is to use views from these groups to inform the development of the OBC and the detailed design of new clinical pathways and hospital facilities.

3.3. Stakeholders will be not be tasked with taking decisions and have no formal role in the appraisal process. Their role is to bring their experience and views to enrich the appraisal approach and ensure that the Boards of both WHHT and HVCCG have a good understanding of the range of stakeholder views in taking key decisions as part of the OBC.

3.4. WHHT has used a wide range of community networks across the area it covers to try to ensure that there is a representative cross section of its communities who have signed up to be part of the Stakeholder Reference Group (SRG). Work is continuing to encourage under-represented groups to become involved.

4. Stakeholder engagement in the OBC.

4.1. The OBC has to meet the requirements set out in Her Majesty's Treasury (HMT) Green Book Guidance.[2]

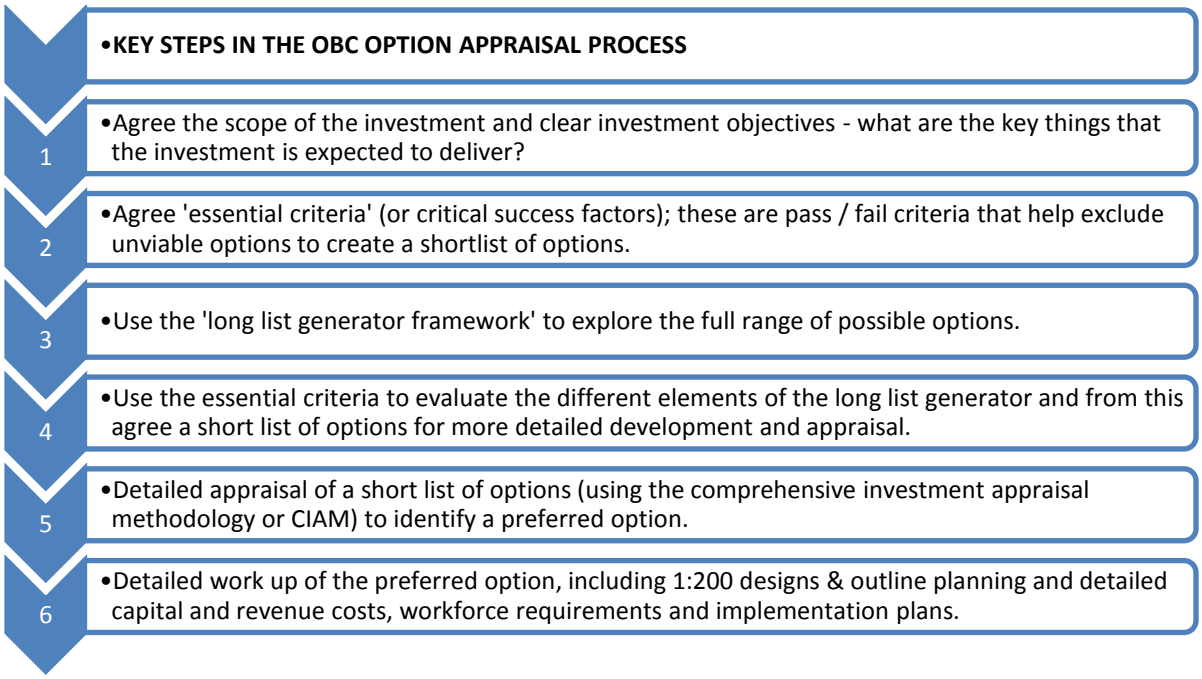
4.2. The first step in the OBC is to review and confirm the investment objectives and agree essential criteria (or critical success factors) that are used to help select the short list of options to be considered within the more detailed appraisal process.

4.3. The first task that we asked the stakeholder reference group to help us with was therefore to review our draft investment objectives and critical success factors.

4.4. Figure One below briefly summarises the key steps in the OBC option appraisal process.

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Green_Book.pdf

Figure One



4.5. The first task the SRG was asked for help with was the formulation of the investment objectives and essential criteria. This was carried out via online meetings on June 25 and 26, with questions set and answers provided by email the following week. Recordings of the virtual meetings and the presentation slides are publicly available on WHHT's website.

4.6. The phrases 'essential criteria' and 'critical success factors' are interchangeable, with 'critical success factors' used in the Green Book and often as the shorthand 'CSFs'.

4.7. We will share more information about the long list generator and appraisal process in a future engagement session.

5. Draft investment objectives and essential criteria - stakeholder feedback.

5.1. There were 52 and 49 responses to the two questions asked. The questions asked included Yes/No options as well as the opportunity to expand on answers. The table below sets out the Yes/No answers:-

Question	***Yes (%)***	***No (%)***	***No response or commented instead***
Q1. Do you think these are the right investment objectives?	*44%*	*34%*	*18%*
Q2. Do you think the essential criteria will help us to rule out undeliverable options for the shortlist?	*40%*	*42%*	*16%*
Q.4 Do you agree that the investment	*44%*	*22%*	*32%*

objectives and essential criteria will help rule out options which do not support what we want for our patients?			

5.2. When asked for free text feedback, there were many broader points (including design, access and parking) which, whilst not directly applicable to the task, provide insight and can be incorporated into later stages of planning. Transport issues and equality will be considered further once the project has passed the initial shortlisting stage. Conducting research into these aspects of options that may not succeed past the pass/fail gateway would not be a good use of public money.

5.3. The table below at 5.5 shows how we will use the response given to Q3; "*If you answered no, please tell us what other investment objectives we should include and other essential criteria we could use to reject undeliverable options*"

5.4. Clinical staff were involved in the investment objectives and essential criteria via discussions at the Clinical Advisory Group which is comprised of senior medical and nursing staff.

5.5. Table showing feedback and response:-

Item of feedback	Response	Change to IO	Future action
Patient care environment must be flexible in all circumstances, e.g. epidemics and pandemics	This is included within our 'design principles' but not within the investment and objectives or critical success factors.	No	Consider at design stage
Improvement in planned care should be 'significant' (as in emergency care)	With some exceptions the current facilities for planned care do not need as much improvement as facilities for emergency care because they are in better condition and more suitable for their current use than many of our emergency care facilities.	No	
Disagreement of different timescale for improvement to planned care facilities. Current IOs prioritise emergency care to the detriment of planned care	We have reviewed the timeline for improvements to planned care and agreed to amend the timeline to match the timeline for emergency care i.e. by 2025/26.	Yes	

Item of feedback	Response	Change to IO	Future action
Disagreement of different lifespan for planned / emergency services – in several responses. (Objectives for planned care should be 30 years +)	The Trust believes that improving emergency care and specialist facilities is the highest priority. This was the conclusion reached in the 2019 SOC. There are two key issues that underpin this decision – 1) patients using our emergency care and specialist facilities are our most clinically unwell patients and 2) the facilities at WGH are currently poorer overall in terms of condition, capacity and suitability relative to the facilities for planned care at Hemel Hempstead and St Albans City Hospitals. The trust expects to make further investment into planned care services within the next 10 - 15 years to provide a long term, sustainable solution for these services. (i.e. by 2035). This would be subject to a further capital business case application and / or funded from the trust's own internal resources. Note: following review we have also amended the IO to deliver sufficient capacity from 2055 to 2035. The original SOC modelled demand and capacity to 2035 and then assumed that growth in demand due to population growth was offset by new models of care that delivered. It is not possible to predict beyond 2035 with certainty and it would also lead to underutilised capacity	No	
Pathology/diagnostics should be included within the IO	This is included within the 'providing the right capacity to meet forecast demand until 2035' investment objective. We have not listed all the different elements of the hospital in the investment objectives however the detailed functional content and schedule of accommodation will set this out. ***Please note – we have adjusted this IO from 2055. The SOC modelling assumed that growth in demand driven by population growth is netted off by service transformation from 2035 – i.e. effectively 'neutral' in growth terms. Flexibility will be built into the design of new facilities to allow for future growth beyond 2035.***	No	
Clinical needs and population should drive plans more than the available funding	Both are important; the hospital must meet the population's needs; and funding is a constraint that has to be taken into account.	No	

Item of feedback	Response	Change to IO	Future action
No mention of workforce	Agree, workforce is very important and the investment objectives will be amended to reflect this.	Yes	
Insufficient mention of the importance of a high quality environment	This is captured by the building standards quality objective. The investment objectives are intended to be a short, high level and quantifiable summary of what the investment is intended to achieve. The strategic outline case (SOC) sets out at greater length the case for change and the importance of improving the environment to support great care.	No	

Item of feedback		Change to critical success factor?	Future action
Minimal environmental damage during construction and future operations, energy-efficient	This is covered by the investment objective to improve the environmental sustainability of our estate investment objective. It is not a critical success factor as it not a pass / fail criteria that can be used at long list to short list stage.	No	Consider at design stage and detailed short list appraisal.
Capacity for future expansion	Captured in investment objectives and in the deliverability critical success factor.	No	Consider in short list appraisal and detailed option develop-ment.
Complete renewal of IT	Maximising the benefits of digital technology to transform services, support patient care and promote efficiency is essential in all options and as such is not a critical success factor that helps determine which options to short list. We are developing a digital strategy for the redevelopment that will set out in detail our plans and inform the design brief. We are also planning to implement a full electronic health record system well before the new hospital facilities are open.	No	Digital strategy in develop-ment. Consider at design stage.

Item of feedback		Change to critical success factor?	Future action
Should meet code A (i.e. new), not B	Code A can only be achieved with 100% new build. It is not realistic to set this as an investment objective at this stage as it would substantially increase the total capital cost and ongoing costs to the health system. It would not be supported by regulators and make it more difficult to get the business case approved. This does not mean that we will not consider options that involve up to 100% new build, but including it as an investment objective would mean that we could ***only*** consider 100% new build options. *(Note - this is an investment objective not an essential criteria that can help to determine which options to shortlist)*	No	
It should be clearer that population growth will be taken into account	This is not a critical success factor that can differentiate between options at long list stage. Population growth has been taken into account. This is included within the IO that relates to ensuring sufficient capacity to meet forecast demand. The business case will set this out in more detail. We are currently reviewing population forecasts and updating our modelling about future demand for hospital services.	No	Share key assumptions from demand and capacity modelling once this work has progressed further.
Quality – should improve patient safety, not just maintain it	We believe that current services are safe, however we agree that improvements to safety can be achieved by good facilities and have amended the wording of the CSF to take this into account.	Yes	
Staff wellbeing should be a criteria (morale, development, training and facilities inc. parking)	This is not a critical success factor that can differentiate between options at long list stage. However we recognise the importance of staff wellbeing and have added an investment objective to address this point.	No (but updated investment objectives)	Consider at design stage

Item of feedback		Change to critical success factor?	Future action
Single rooms – where do these feature in your criteria?	We expect to significantly increase the number of single rooms in all options. NHS Health Building Notes set the minimum requirement for 50% of single rooms within new or redeveloped hospital facilities. We are currently considering what the ideal % of single rooms will be in our new hospital facilities but expect this to be significantly above the 50% minimum standard. A discussion paper has been developed to support our decision making on this issue and can be found on our website. We would welcome the views of SRG members on this issue. Once we have a short list of options we will be able to consider in more detail the number of single rooms we are able to provide within each option. Single rooms do have many benefits but they increase costs so this issue will need to be considered in the round when set against other potential priorities such as staff and patient amenities, investment in technology etc.	No	Consider at design stage

Item of feedback		Change to critical success factor?	Future action
Access must be improved, not just maintained (suggestion: 30 mins travel time, 95% of time) and congestion must be factored in	Defining and modelling access to services is very complex. By reducing hospital attendances through implementation of new models of care (e.g. virtual outpatients and virtual wards) we expect to reduce the number of trips to hospital and overall 'travel hours' expended by patients and visitors significantly. In relation to travel times to access emergency care services many of our sickest patients access WGH by ambulance. Although the time taken by the ambulance to get to the nearest A&E department is important it is only one element of the picture – time taken to arrive and assess the patient and time taken to transfer the patient to the care of the ED are also important. By stating that average travel times must be improved the respondent is assumed to be implying that the emergency care hospital MUST be relocated. This rules out all options except a new build on a new site and assumes that all people who currently access services at WGH would still be able to access an A&E within 30 minutes which is not necessarily the case and would be dependent on the site chosen. The trust does not believe it is viable to have criteria that by default eliminate the WGH site for emergency care. Travel times / access could however be used to differentiate between options on the short list (if applicable), however it is only one factor that would have to be considered alongside a range of other factors.	No	
Choice in how services are accessed needs to be reflected, ie digital (but must be a choice)	This is not a critical success factor that can differentiate between options at long list stage. However it is very important and forms part of our overall clinical model and digital strategy. The trust acknowledges that different people will want to access services in different ways and will ensure that patient choice is taken into account in how services are designed.	No	

Item of feedback		Change to critical success factor?	Future action
Lifetime of facilities should be longer	This is an investment objective not a critical success factor. New build delivers a 60 year lifespan. The lifespan of a refurbished building depends on the 'start-point' condition of the building and the amount of investment made into the building. 30 years has been set as a ***minimum*** not as a ***maximum*** target. We expect all options to include a substantial element of new build (with a 60 year life).	No	
Value for money – healthcare benefits should be optimal, not sufficient	This is captured in the economic appraisal. The modelling done at long list to short list stage is not sufficiently detailed to determine the 'optimal' solution but the detailed appraisal to choose the preferred option will consider this.	No	Short list / economic appraisal.
The meeting of ALL regulatory requirements should be an essential criteria	All shortlisted options will ensure that all regulatory requirements are met – this is an investment objective rather than a CSF and is covered by the requirement to meet condition B and suitability B for all clinical services.	No	
Strategic alignment should take into account wider NHS structures and plans	It is difficult to objectively measure or quantify 'strategic alignment' in relation to 'long list' options as in most cases this is in the detail of how services are planned and delivered. However this criteria does include alignment with wider NHS plans at a regional and national level.	No	
Patient experience should cover all aspects; booking, parking, accommodation, 'healing architecture' and environment that impacts positively on patients and staff	Agree – patient experience includes all these factors. These will be considered in more detail in both the clinical model / clinical brief and in the detailed design stage.	No	Consider at design stage
Include aims in criteria, e.g. working towards CQC 'outstanding' rating	This is covered in our Trust Strategy and will be set out in the strategic case chapter of the OBC. Investment objectives cover the aims for the investment.	No	

Item of feedback		Change to critical success factor?	Future action
Access should be more than transport and parking, it should be language too	Agree – there are many dimensions to ensuring our services are accessible including access to interpretation services, ensuring we provide good information on services, ensuring waiting times are kept to a minimum, providing culturally sensitive services. Our rust Strategy and clinical strategy / clinical model set out how we aim to continually improve our services to ensure they are accessible, responsive and personalised to individual needs and choices.	No	Clinical Strategy and model.
Experience of patients during construction (if WGH is chosen) should be considered	This is an important point but not a pass or fail criteria that can be applied at long list stage. Deliverability and disruption to current services will be considered during the shortlist appraisal process to help identify the preferred option. If redevelopment of emergency care services on the WGH site is the preferred option then detailed consideration will be given to how to minimise any disruption to patients in the implementation plan and management case chapter of the business case. Detailed mitigation plans would be required at full business case stage.	No	Short list appraisal and implement-ation planning once preferred option confirmed and detailed design developed.
Greater emphasis on efficiency and shorter waiting times	Efficiency and value for money are key aspects of identifying the preferred option and will be considered in depth in the shortlist economic appraisal. Ensuring patients can access services in a timely way is important (see above) but will not help us choose between options.	No	

Item of feedback		Change to critical success factor?	Future action
Growth in service provision where possible across a range of services, including elective	Detailed demand and capacity is undertaken to inform the business case. This takes account of population growth, changing needs, new models of care and clinical innovation. The overall level of service provision is determined by the amount of funding available to the NHS, the efficiency of services and how resources are prioritised across the health and care system. Broadly speaking within a 'fixed' funding envelope the more resources that are spent on hospital services the less resources there are available to meet primary, community and mental health needs and support wider health and well-being of our communities. Health and care organisations in west Hertfordshire work together to continually review how resources are being targeted and consider how we can improve the overall value and health benefits delivered by the available funding.	No	
Improved infection control should be included in the criteria (under quality?)	Infection prevention and control is a key aspect of the safety criteria. Detailed consideration to ensuring new, improved facilities promote the best possible infection prevention and control will be considered in the detailed design phase.	No	Consider at design stage
'Deliverability' is not mentioned in the Green Book, so why is it a criteria?	The Green Book includes 'achievability' as one of the factors to inform the long list appraisal. In our context, achievability includes 'deliverability' within the timeline set by the Government and department of Health and Social care for HIP One schemes (e.g. 2025 or as close as possible). Given the very poor condition and suitability of emergency care facilities on the WGH site the trust believes that urgent improvement is required. The case for change sections of both the 2017 and 2019 Strategic Outline Cases set this out in more detail.	No	

Item of feedback		Change to critical success factor?	Future action
Query as to why deliverability has replaced affordability – timescale is very tight, why?	Deliverability has not replaced affordability which remains a critical success factor. However the regulators have confirmed that the trust can consider options above the £350m 'affordability' threshold in the 2019 SOC. However the trust will still need to demonstrate that efficiency savings can be generated from new facilities and new ways of working to cover the increased costs arising from the capital investment (i.e. cover the 'dividend payment'). The economic appraisal of shortlisted options will consider this in depth. As set out above, the timeline has been set by the Government for all HIP One schemes and the Trust needs to make improvements as rapidly as possible for all the reasons set out in both the 2017 and 2019 SOC 'Case for Change' sections.	**No**	
Insufficient mention of the importance of a high quality environment	This is not a critical success factor that can differentiate between options at long list stage. However it is captured in investment objectives and will also be covered in the strategic case of the business case.	No	Strategic Case
Flexibility of the site should be part of the deliverability criteria	Agree – the criteria will be amended to reflect this in the deliverability CSF.	Yes	
Strategic alignment – should indicate what strategies	Agree - this will be set out explicitly in the appraisal process.	No	
Patient experience criteria should be more ambitious, stating how care will be transformed	This will be covered in the strategic case and the detailed benefits framework later in the OBC development process.	No	Detailed benefits framework
Value for money must also include maintenance costs	Captured in economic appraisal	No	
Staffing numbers need to be reflected if the new models of care require more staff.	Captured in economic appraisal and detailed workforce modelling.	No	

6. Next steps

6.1. The feedback and proposed amendments are being discussed by members of the redevelopment team. Final investment objectives and critical success factors will approved through the Programme Board in August.

6.2. The approved investment objectives and critical success factors will be made publicly available.

6.3. The engagement programme continues at pace and over the next few weeks there will be online sessions covering; digital transformation; the site survey (and results); the HM Treasury options generator model & long list appraisal; and the clinical strategy. Feedback will continue to be sought and used as the OBC progresses.

6.4. WHHT and HVCCG would like to record their thanks to all those SRG and PRG members who took the time to attend our first engagement sessions and provide their feedback.

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17 July, 2020