



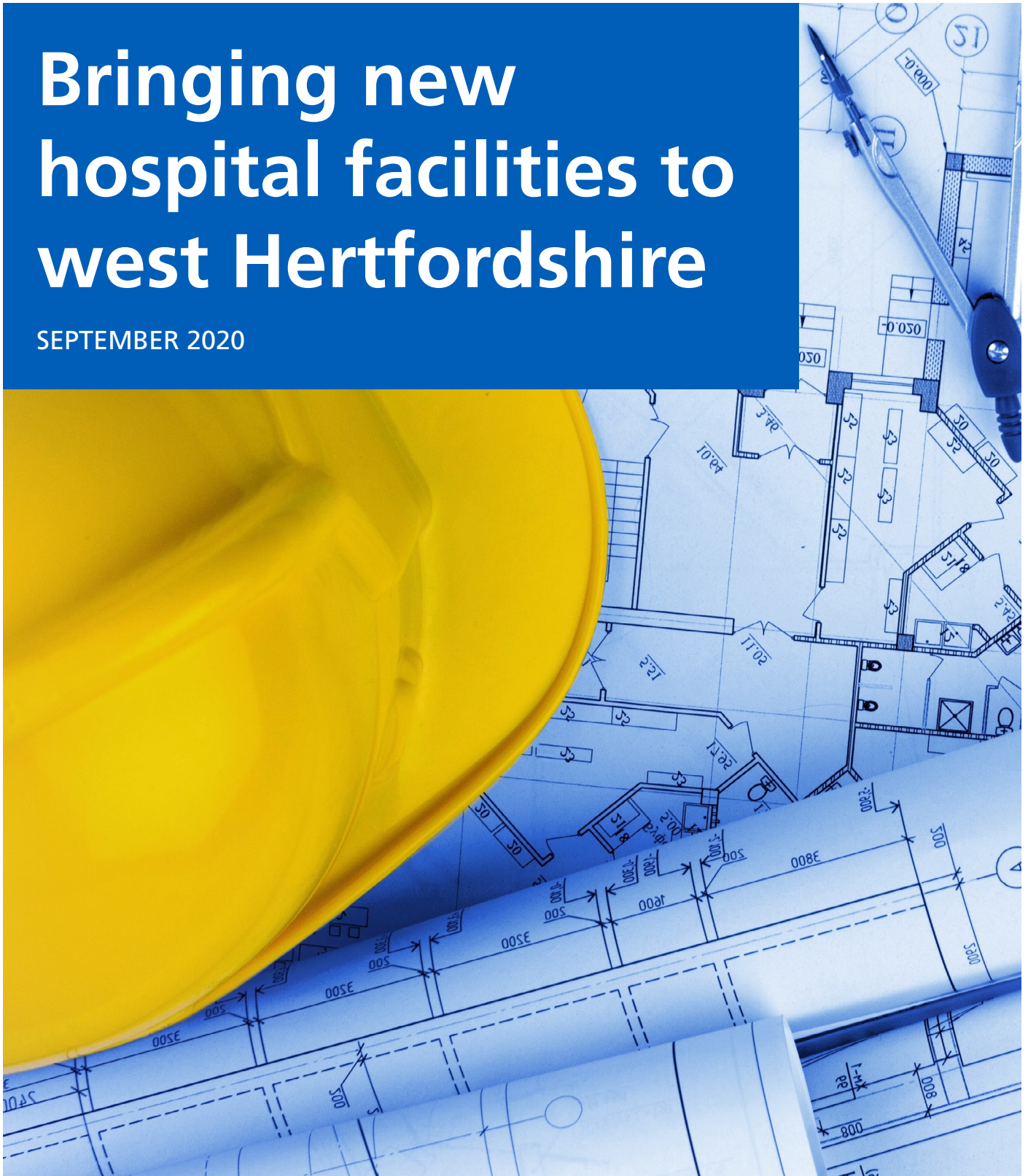
**Herts Valleys**  
Clinical Commissioning Group



**West Hertfordshire  
Hospitals**  
NHS Trust

# Bringing new hospital facilities to west Hertfordshire

SEPTEMBER 2020



# Contents

- 03 Introduction
- 04 Background
- 05 Developing our Outline Business Case
- 06 The right care from the right team in the right place
- 07 How our services could be organised in the future
- 08 Identifying our shortlist
- 09 New site options
- 10 Our recommended preferred option
- 11 Our shortlist
- 13 Your views are important to us

# Introduction

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Covid-19 has changed the way we engage with our communities – but it hasn't changed our ambition to secure 21st Century hospital facilities for local residents.

We've been holding online meetings over the summer to share our progress on plans to improve our hospital buildings and facilities.

You may have joined us, heard conversations about different options, or read news reports showing where new hospital buildings could be sited. We are getting closer to deciding this and are committed to having new buildings open in 2025 or the following year at the latest.

A proposed shortlist of options will be considered at a meeting of the West Herts Hospital Trust and the Herts Valleys Clinical Commissioning Group boards in October.

This shortlist will be reviewed in depth over the winter to narrow it down to a final 'preferred option' with detailed designs, costs and building timescales. Then, once we are sure it is the best option (one that balances clinical benefits and costs and risks) we will submit it to the government for approval.

Our boards have listened carefully to local people who took part in our online meetings and made their views known in other ways.



## Take part in our survey

We would like as many local people as possible to give us their views by completing our online survey. This survey asks for your views on the proposed shortlist and the recommended preferred option for improving our hospital facilities. Please read this background document before completing the [survey](#).

Closing date for the survey is midnight on Tuesday 15 September.

# Background

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Last July we submitted a Strategic Outline Case (SOC) setting out plans for £350m to improve our hospitals. We would like to have asked for more, but at that time this was the maximum available. Then, in September 2019, the Prime Minister announced that the Trust was one of six to receive funding via the national Health Infrastructure Plan (known as HIP One).

Our funding was confirmed as a maximum of £400m – this was the £350m we had bid for including inflation. All trusts in this funding stream are expected to deliver new buildings by, or soon after, 2025.

In June 2020 we were given permission to look at options with a higher building cost. This additional funding, **which is not guaranteed**, gives us flexibility to consider new options with a higher level of investment for our emergency care and specialist facilities. [The letter from the Department of Health and Social Care](#) detailing this potential additional funding is on our website.

Since then we have employed specialist planning and design consultants to assess the merits and suitability of several possible sites which could provide emergency and specialist care, including four 'greenfield' sites.

An independent site feasibility study concluded that the most acceptable of the several options is to use the Watford site and adjacent land for emergency and specialist care. This is because it will take longer and be higher risk to try to develop a new hospital on a new site.

As a result we have decided not to include any new 'greenfield' sites in our **recommended** (not yet approved) shortlist for more detailed review, which we know will disappoint some local people. More information about this decision is included later on in this document.

# Developing our Outline Business Case

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Our work on the OBC so far, has involved working with local stakeholders to refine our investment objectives and critical success factors to help us with the important task of identifying a shortlist of viable options.

Shortlisted options will be reviewed in depth to help us to identify the **preferred option**, the option that provides the best overall balance of benefits and costs and is the one that we take forward to the next stage – full business case.

We believe that making improvements to emergency and specialist care facilities is the highest immediate priority because many of the buildings on the Watford General Hospital site are too small, in poor condition and are not suitable for providing modern care. Our emergency and specialist care patients also have the highest clinical needs and spend more time in hospital than other patients.

Because of this, we are recommending that the majority of any HIP One investment available to us should be spent on improving emergency and specialist care services, with a relatively smaller investment for Hemel Hempstead and St Albans hospitals. We will bid for further funding for planned care in the future.

Once completed, the OBC will be approved by the Trust Board, Herts Valleys CCG and also by NHS England (NHSE), the Department of Health and Social Care (DHSC) and by Her Majesty's Treasury (HMT). It is at this point that we will hear if all the funding we have applied for has been approved.

We aim to complete our OBC in the autumn of 2021, or earlier if possible.



# The right care from the right team in the right place

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The care we provide, its quality, how it fits with other services and how quickly and efficiently we can treat people, is very important. We are spending a lot of time speaking to our clinicians about the best models of care and how to improve the clinical experience and outcomes for our patients, now and in the future.

Last year, as part of our Strategic Outline Case, we decided that the best overall approach would be to retain and develop our three existing hospitals; emergency and specialist care services at Watford General Hospital and planned and urgent care services from Hemel Hempstead and St Albans hospitals. Although we considered options to reduce the number of hospitals from three to two, or even a single centralised hospital, this was too expensive and the benefits of retaining local hospital services in Hemel Hempstead and St Albans outweighed the benefits of centralising services to one or two sites.

In developing our shortlist for the OBC we have considered this issue again. Our clinicians have told us that, in an ideal world, they would like to see the number of hospitals reduce from three to two as this would make better use of clinical staff and specialist equipment and because there are often benefits from different services working together.

However, our clinicians feel strongly that improving emergency and specialist services is the highest immediate priority and is more important than reducing the number of hospital sites that we provide care from.

Given that there is a limit on the amount of funding available, all shortlisted options involve prioritising improvements in emergency and specialist care and retaining and improving all three of our current hospital sites.

# How our services could be organised in the future

We are working closely with our clinicians, service managers and other organisations to better 'join up' care across different organisations for our patients. New ways of working will continue to support more care being delivered as locally as possible – at home, in GP practices and community

settings. Increasingly, by using digital technology, our clinicians can 'see' patients remotely. This will reduce the need to travel to our hospital sites. Some services will necessarily be provided in a hospital setting and patients who wish to see clinical staff in person will still be able to.

## Watford General Hospital – emergency and specialist care

This is our main emergency and specialist care site. Services include A&E, acute medical and surgical assessment, inpatient medical and surgical beds, emergency surgery, critical care, women's and children's services, neonatal intensive care and a wide range of diagnostics. Complex planned surgery, endoscopy and cardiology procedures and the full range of outpatient specialties are also provided.

We have lots of plans to further develop our emergency and specialist care services – for example developing interventional radiology facilities that can provide an alternative to surgery.

Some outpatient and planned surgery services currently provided at Watford will be provided from St Albans or Hemel Hempstead hospitals in future.

Regardless of which site is selected for emergency care the core services delivered will remain as set out above.

## St Albans City Hospital – planned care and cancer services

We plan to further develop St Albans City Hospital as our main planned surgery and rapid access cancer diagnostic centre and to increase the range of diagnostics available by providing MRI and CT. This will increase the number of 'one stop shop' clinics and help us diagnose cancers more quickly.

We also plan to increase the volume and range of surgery provided at St Albans by providing a higher level of out of hours medical support and improving our theatre complex on the site. Endoscopy services will move from Hemel Hempstead to St Albans because of the links between endoscopy and surgery. Our clinicians have told us this will provide a better, safer service overall.

Some medical outpatient specialties currently at St Albans will be relocated to Hemel Hempstead to improve the use of our specialist workforce.

## Hemel Hempstead Hospital

Services provided include an urgent treatment centre, women's and children's services and diagnostic and outpatient services including both medical and surgical specialties.

Hemel Hempstead will continue to provide urgent treatment, diagnostic and outpatient services, with a focus on medical specialties and long term conditions.

Our plans include a new purpose built urgent treatment and diagnostics centre and further developing the range of medical specialties such as the planned move of specialist diabetes and dermatology to this site.

Endoscopy services will move to St Albans because of the links between endoscopy and surgery and in line with advice from our clinicians who have told us this will provide a better, safer service overall.

The future provision of inpatient accommodation is under discussion with other NHS partners.

# Identifying our shortlist

## deliverability and timeline are key priorities

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We believe that **deliverability** and the time it would take for new facilities to be completed is very important because improvements to our emergency care and specialist facilities are urgently needed.

In addition to the very real need for urgent improvements, HIP One schemes are expected by the Government to be up and running by 2025 or soon after. We have been advised by regulators not to consider any options that significantly increase the timeline for new facilities to be ready.

“As Chief Nurse I see every day the challenges that our dedicated nurses and doctors face in providing the very best care to our patients as a result of our poor hospital buildings.

For example, ventilation and temperature in our current buildings is very poor; in hot weather our inpatient wards and clinical areas become extremely uncomfortable for both patients and staff. New facilities will provide much improved temperature control and help patients and staff stay comfortable in both hot and cold weather.

Bigger, better designed wards, with more single rooms and better ventilation will also reduce the risk of hospital acquired infection and help us manage any future infectious disease outbreaks or pandemics as safely as possible.

I absolutely believe we must take this opportunity to secure as much funding as we can, and deliver new, improved facilities as soon as we can.”





# New site options

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An important decision must be made by our boards on whether to include any 'new hospital, new site' options on the shortlist.

We commissioned a consortium of Royal Free Property Services Ltd, Montagu Evans and Currie and Brown<sup>1</sup> to undertake a review of potential new or 'greenfield sites'. This built on previous work to identify potential sites in 2016 and 2019.

The review looked at four such sites; East Hemel, Kings Langley, Chiswell Green and Radlett Aerodrome as well as the current Watford General Hospital site and a combined Watford General Hospital / Watford Riverwell option. The brief given to the consortium was to assess each site's feasibility; its suitability for a hospital, the likely timeframe for a hospital to be ready to operate and the risks to successful delivery.

[The full report can be found on our website here](#)

The report concluded that although all of the sites are potentially suitable for a new hospital, the four new 'greenfield' sites would take longer to deliver and carry a higher risk of overall failure than the Watford General Hospital / Watford Riverwell options.

It is important only to shortlist options that are viable and realistic because of the amount of detailed work that is required to assess shortlisted options. We do not believe it would be a good use of resources to continue to consider any of the new site options in more detail. Instead, we wish to focus our energy and public money on identifying the best possible solution on the Watford General Hospital / Watford Riverwell site.

This is why we have decided ***not to include*** any new 'greenfield' site options in the recommended shortlist to be considered by our boards in October.

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<sup>1</sup>RFL Property Services Ltd is a wholly owned subsidiary of Royal Free London NHS Foundation Trust and has considerable expertise developing new hospitals. Montagu Evans is a major professional services firm specialising in planning and development, property management, specialist valuations and transactions. Currie and Brown is an asset management and construction consultancy.

# Our recommended preferred option

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**Our preferred option is for a major new clinical facility to be built on land adjacent to the current Watford General Hospital.**

This includes land currently owned by the Trust as well as some land currently owned by Watford Borough Council.

**In this option all of our key emergency and specialist clinical services would be delivered from brand new, 21st century hospital facilities.**

The new hospital would be part of the wider Watford Riverwell redevelopment, bringing a range of new local amenities such as green spaces, coffee shops, restaurants and leisure facilities that our patients, visitors and staff will be able to access.

Work on a new multi-storey car park on the former allotment site is underway. It is due to open in 2022 and will significantly improve car parking for patients, visitors and staff and provide good access to both the current hospital and the proposed new hospital facilities.

The size of the site at Watford and the opportunity to use neighbouring land as part of the Watford Riverwell development enables new buildings to be created before older buildings are demolished. **Great care will be taken to plan the work to reduce disruption to patients, visitors, staff and local people to an absolute minimum.**

Our preferred option also includes making improvements to urgent and planned care services at Hemel Hempstead and St Albans hospitals. This includes a new build urgent treatment centre and new diagnostic facilities on the Hemel Hempstead site and a new rapid diagnostics centre and improvements to theatres at St Albans City Hospital. **Both hospitals are really important to our future service model and the Trust will continue to develop and invest in the services provided from these hospitals over the coming years.**

This is our preferred option going into the shortlist appraisal. In order to secure the extra funding needed the appraisal process must show that this option is the best overall value for money, is affordable and can be delivered by 2025 or soon after.

# Our shortlist

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We have identified a proposed shortlist of options for emergency care at Watford and options for planned care at Hemel Hempstead and St Albans City hospitals. They are presented separately but are not mutually exclusive.

In line with Her Majesty's Treasury (HMT) guidelines (known as 'the Green Book') we are required to include these options; business as usual; do minimum; a preferred option; and do maximum. Our options must be realistic and deliverable within the constraints set by regulators.

Business as usual, do minimum and do maximum options act as comparators against the overall benefits of other options.

A key decision is how much investment should be made in improving emergency and specialist care services on the Watford General Hospital (WGH) site. We were originally advised that the maximum available funding we could expect to receive was circa £350m, of which £300m would be invested at WGH. This would enable a large new clinical block to be built, including new theatres, critical care, emergency assessment services, women's and children's services and some new inpatient wards. However it would not provide enough funds to replace the current main clinical block, the Princess Michael of Kent building (PMoK), allowing only for some improvement to the inpatient wards in PMoK.

As set out in our preferred option, we believe that a better long term solution is to completely replace PMoK with new facilities; meaning an almost completely new build hospital adjacent to the current site. The cost of this option is estimated to be higher than the funding provisionally allocated (not including investment into planned care services at Hemel and St Albans). In order to secure funding for this option the shortlist appraisal will need to demonstrate to NHSEI, DHSC and HMT that this option presents the best overall value for money, is affordable and can be delivered by 2025/26.

Final decisions around the total funding to be allocated will be made at the OBC approval stage.

Our regulators have agreed that we can include this option within our shortlist but **funding for this option is not yet guaranteed**. DHSC and HMT will review our recommended preferred option very carefully to assess whether it offers the best overall balance of benefits, risks and cost. They will be considering our request alongside a number of other priorities deciding how much funding can be made available to us.

The recommended preferred options for emergency and planned care are in bold.

## Emergency and specialist care options:

<b>Option One:</b> Business as Usual	Essential backlog maintenance only, limits our ability to upgrade facilities and expand to meet the challenges of increased demand, future pandemics or sustainability requirements. This is the baseline against which all other options are measured.
<b>Option Two:</b> Do minimum	Includes only essential backlog and the cost of additional capacity required to meet increased demand to 2035. Considers how we can provide a safer and more patient friendly environment which meets future demand but falls short of what we want to achieve.
<b>Option Three:</b> 2019 Strategic Outline Case preferred option	A large new clinical block at Watford General Hospital including new theatres, critical care facilities, women's and children's services, a new emergency assessment unit and new inpatient wards. The current main 'Princess Michael of Kent' (PMoK) clinical block would be retained and nine out of 14 wards upgraded. The emergency department would remain in its current location.
<b>Option Four:</b> Enhanced 2019 SOC preferred option	As above but includes a new build emergency department as part of the new clinical block. This option would also allow all of the trust's current inpatient wards in the PMoK building to be upgraded.
<b>Option Five:</b> Recommended OBC preferred option	<b>A much larger new clinical block to replace nearly all the current clinical facilities on the site – including PMoK (excluding the current acute assessment unit). Most clinical services would be accommodated within brand new hospital facilities. The majority of inpatient accommodation would be single occupancy rooms.</b>  <b>In this option PMoK and all the other old facilities on the site would be demolished once new hospital facilities are built.</b>
<b>Option Six:</b> Do maximum	As above, except that all clinical services would be accommodated into the new hospital facilities. The acute assessment unit would either be demolished or retained for non-clinical use. This option would impact on the funding available for planned care

## Planned care options (Hemel Hempstead and St Albans City hospitals)

<b>Option One:</b> Business as Usual	Essential backlog maintenance only.
<b>Option Two:</b> Do minimum Recommended OBC preferred option	<b>This is the preferred option from the 2019 SOC and includes £50m investment in new urgent care and diagnostics facilities at Hemel Hempstead and a new diagnostics centre and upgraded theatres at St Albans.</b>
<b>Option Three:</b> Do maximum	This option includes additional investment at Hemel Hempstead and St Albans hospitals including new build outpatient facilities at Hemel Hempstead and new surgical inpatient ward facilities at St Albans.  This option would impact on the funding available for emergency and specialist care.

# Your views are important to us



On 1 October 2020 the West Herts Hospitals NHS Trust and Herts Valleys Clinical Commissioning Group boards will make a final decision on the shortlist of options to be taken forward for detailed appraisal in the outline business case.

The Green Book states that the preferred option can be considered at the same time as the proposed shortlist is approved our Boards will also consider the recommended preferred option at the meeting in October.

Our boards have listened carefully to local people who have taken part in our online meetings and made their views known in other ways. Now, as we get ready to approve the shortlist **we would like as many local people as possible to give us their views by completing this short survey.**

Our boards will consider the results of the survey and all other feedback from the public when they agree the shortlist in October.

## What happens next?

Once the shortlist has been confirmed, extensive analysis of the benefits and costs of each option will be undertaken. A final preferred option is then confirmed before more detailed architect designs are drawn up and a planning application is submitted. Capital build costs, revenue costs (the costs of delivering services from new buildings) and detailed implementation plans are also completed.

We are aiming to confirm our final preferred option early in 2021 and to complete the OBC later in the year. Once the OBC is approved the final step in the process is to finalise the detailed design, procure a construction partner and agree a detailed construction contract, build plan and cost. This is all set out in a full business case (FBC).

There is a lot of work to do to get to the point where building work can start – but we are absolutely committed to pushing forward to deliver the hospital facilities that our patients and staff deserve at the very earliest opportunity.



[Click here to complete the online survey](#)

Find us online @WestHertsNHS



[www.westhertshospitals.nhs.uk](http://www.westhertshospitals.nhs.uk)