Future of hospital services in west Hertfordshire

Qualitative appraisal of shortlisted options

13 March 2019
Agenda

1. Introduction and purpose – 10 mins
2. Shortlist appraisal approach – 15 mins
3. Description of shortlisted options – 60 mins
4. Qualitative appraisal of shortlisted options – 90 mins
5. Next steps – 5 mins
1 Introduction and purpose
Purpose of today’s panel session

At the first panel session on 27\textsuperscript{th} February, you were asked to consider and confirm the shortlist of options for the future of hospital services in west Hertfordshire. Today you, as a participant, will be asked to score each of the shortlisted options in terms of its ability to achieve the desired benefits.

To help you do this we will:

- describe the approach we are taking to appraising the shortlist of options
- describe the overall benefits we are seeking to deliver as part of the changes and which of these benefits we will be qualitatively appraising today
- describe the key features of each of the shortlisted options
- provide a summary of the key messages from the public meeting on 7\textsuperscript{th} March
- provide objective information to assist you in assessing how likely each option is to deliver the desired benefits

The outcomes of this session will be combined with a quantitative appraisal of the shortlisted options to determine a preferred way forward for WHHT and HVCCG Board review.
Overall appraisal approach

**Clinical model**
- Trust clinicians define optimum spread of services across sites

**Longlist**

**Pass/Fail**
- Project Team undertake long list appraisal (pass/fail) to identify shortlist of feasible options for more detailed evaluation
- Share outcome with stakeholder panel and public

**Shortlist**

**Preferred way forward**
- Project team combine appraisals to identify preferred way forward
- Share outcome with stakeholders and public

**Qualitative appraisal**
- Stakeholder panel assesses qualitative benefits of shortlisted options

**Quantitative appraisal**
- Project team undertake detailed economic / financial appraisal of short-listed options
Purpose of today: qualitative appraisal of the shortlist

Each panel session will have a different focus:

- **Part 1** is where you as a participant were asked to **consider and confirm the proposed shortlist of options**
- **Part 2** is where you as a participant will be asked to **score each of the proposed options in terms of its ability to achieve desired benefits**
Who is in the room and why

- **Participants** – here to provide a view on behalf of the stakeholder group you represent
  - Public representatives, recruited to represent the public and patients from all four localities within west Hertfordshire
  - Representatives from partner organisations
  - Clinicians
  - Other Trust representatives
  - Other CCG representatives

- **Facilitators** – here to facilitate conversations and report on them afterwards

- **Advisors** – technical experts here to provide information and answer questions
What can we expect from each other

- All participants have an equal right to express their opinion, whatever their background
- Changes to our healthcare system can be emotive, we all commit to treat each other respectfully and listen to each other’s points of view even if we disagree
- We all commit to the process described, and will take part honestly and conscientiously
- As the facilitators we commit to honestly and accurately capturing the outputs of the workshop and presenting them fairly to the Trust and CCG
- Advisors will provide information to the best of their ability and honestly answer your questions whenever they can
Shortlist appraisal approach
Shortlist appraisal – assessing value for money

- The shortlist appraisal is focused on establishing which option provides best overall public value – this is the balance of benefits against costs.

- There are different types of benefit:
  - **Financial** – These reduce the costs of an organisation and can be quantified in terms of the savings forecast to be achieved.
  - **Non-financial** – These may be able to be quantified (i.e. measured in some way), but not in terms of money.

- Financial benefits will be appraised within the quantitative economic appraisal, alongside the costs.

Today, we will qualitatively appraise each option in terms of its ability to achieve the non-financial benefits.
Full list of benefits

The following benefits are anticipated to be delivered by the proposed acute transformation:

• Improved safety and better clinical outcomes for patients
• Improved patient and carer experience
• Improved operational performance and lower risk to business continuity
• A more attractive workplace for employees
• Reduced operational costs for WHHT
• Flexibility to enable future changes in service models
Today’s focus is the qualitative benefits appraisal

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Qualitative</th>
<th>Quantitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved safety and better clinical outcomes for patients</td>
<td>✓</td>
<td></td>
</tr>
<tr>
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<td>✓</td>
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</tr>
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<td></td>
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<tr>
<td>Reduced operational costs for WHHT</td>
<td></td>
<td>✓</td>
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<tr>
<td>Flexibility to enable future changes in service models</td>
<td>✓</td>
<td></td>
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</tbody>
</table>
# Qualitative benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description of how this benefit will be realised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Safety and better clinical outcomes for patients</td>
<td>As a result of developing a functionally suitable estate, designed to meet the aims and objectives of the Trust’s clinical strategy and clinical principles, such as separating ‘hot’ and ‘cold’ services, co-locating interdependent services and improving clinical adjacencies, patient safety will be improved and better clinical outcomes will be achieved.</td>
</tr>
<tr>
<td>2 Patient and carer experience</td>
<td>By ensuring the quality of the hospital environment meets the needs of patients (e.g. privacy and dignity) and ensuring patients have sufficient access to healthcare in west Hertfordshire, such as travel times either via public or private transport and adequate car parking facilities, overall patient and carer experience will improve.</td>
</tr>
<tr>
<td>3 Workforce satisfaction</td>
<td>By adapting working practices such as reducing fragmentation of teams across sites and making the Trust a more attractive place to work through the physical design of spaces, overall workforce satisfaction will improve.</td>
</tr>
<tr>
<td>4 Flexibility to enable future changes in service models</td>
<td>As a result of there being sufficient space to add additional capacity and flexibility to change the use of buildings, the Trust will be able to take advantage of future medical and digital advances and adapt its service model to meet the changing needs of patients and workforce.</td>
</tr>
</tbody>
</table>
## Scoring framework

<table>
<thead>
<tr>
<th>Impact</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>Large beneficial impact</td>
<td>+3</td>
</tr>
<tr>
<td>Moderate beneficial impact</td>
<td>+2</td>
</tr>
<tr>
<td>Slight beneficial impact</td>
<td>+1</td>
</tr>
<tr>
<td>Neutral</td>
<td>0</td>
</tr>
<tr>
<td>Slight adverse impact</td>
<td>-1</td>
</tr>
<tr>
<td>Moderate adverse impact</td>
<td>-2</td>
</tr>
<tr>
<td>Large adverse impact</td>
<td>-3</td>
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<tr>
<td>Large beneficial impact</td>
<td>+3</td>
<td>Positive impacts significantly outweigh any negative impacts, e.g. The entire stakeholder population in question is significantly impacted in a positive way.</td>
</tr>
<tr>
<td>Moderate beneficial impact</td>
<td>+2</td>
<td>Positive impacts moderately outweigh any negative impacts, e.g. The entire stakeholder population in question is moderately impacted in a positive way or The majority of the stakeholder population is meaningfully impacted in a positive way.</td>
</tr>
<tr>
<td>Slight beneficial impact</td>
<td>+1</td>
<td>Positive impacts marginally outweigh any negative impacts, e.g. The entire stakeholder population in question is marginally impacted in a positive way or A minority of the stakeholder population is meaningfully impacted in a positive way.</td>
</tr>
<tr>
<td>Neutral</td>
<td>0</td>
<td>No change from today, or any positive impacts are almost exactly balanced by other negative impacts</td>
</tr>
<tr>
<td>Slight adverse impact</td>
<td>-1</td>
<td>Negative impacts marginally outweigh any positive impacts, e.g. The entire stakeholder population in question is marginally impacted in a negative way or A minority of the stakeholder population is meaningfully impacted in a negative way.</td>
</tr>
<tr>
<td>Moderate adverse impact</td>
<td>-2</td>
<td>Negative impacts moderately outweigh any positive impacts, e.g. The entire stakeholder population in question is moderately impacted in a negative way or The majority of the stakeholder population is meaningfully impacted in a negative way.</td>
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3

Shortlisted options
Introducing the shortlist

- The proposed shortlist of options, and the evidence used to arrive at it, was considered by the stakeholder panel on 27th February
  - all panel members agreed with the proposed shortlist
  - one panel member suggested that an option in which emergency and specialist care is provided from a greenfield site should be included on the shortlist
- WHHT and HVCCG boards have now reviewed and confirmed the proposed shortlist. The additional proposed option is not on the shortlist as it far exceeds the affordability criterion.
- The description of each option represents a proposed affordable service model at this stage of planning - they may be subject to further refinement as we continue to develop our plans.
- At the highest level, the most significant difference across the options is the proportion of investment in Emergency and Specialist Care at WGH versus investment in planned care at existing sites or a new site.
The ‘as is’ across all hospitals in west Herts

<table>
<thead>
<tr>
<th>Activity type</th>
<th>HHH 17/18</th>
<th>SACH 17/18</th>
<th>WGH 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E (majors)</td>
<td>0</td>
<td>0</td>
<td>72,500</td>
</tr>
<tr>
<td>A&amp;E (minors*)</td>
<td>28,300</td>
<td>14,300</td>
<td>21,800</td>
</tr>
<tr>
<td>Non-elective</td>
<td>0</td>
<td>0</td>
<td>113,000</td>
</tr>
<tr>
<td>Elective</td>
<td>0</td>
<td>5,300</td>
<td>6,800</td>
</tr>
<tr>
<td>Daycase/procedures</td>
<td>8,600</td>
<td>17,600</td>
<td>25,900</td>
</tr>
<tr>
<td>Outpatients</td>
<td>112,700</td>
<td>104,400</td>
<td>247,100</td>
</tr>
</tbody>
</table>

* may include Urgent Treatment Centre (UTC) activity or Minor Injuries Unit (MIU) activity
There are four options on the shortlist, plus a ‘Do Minimum’

- **Increasing consolidation**
  - **Do Minimum**
    - HHH
    - SACH

- **Increasing investment in planned care**
  - 1. Planned medicine (HHH)
  - 2. Planned surgery (SACH)
  - 3. Min Planned Care (SACH)
  - 4. Max Planned Care (HHH)

- **Increasing investment at WGH for emergency and specialist care**

**Included to provide a comparison to demonstrate value for money**

**KEY**
- HOT site
- COLD site
- HOT & COLD site
General feedback from public event on 7th March

- Some (but not all) stakeholders believe we should have a new single-site emergency and planned care hospital on a new site on the shortlist
- Some (but not all) stakeholders believe we should prioritise investment in emergency and specialist care services at Watford General Hospital
- Some (but not all) stakeholders believe that we should hold out for more. Some stakeholders were concerned that:
  - the standard that could be achieved with this amount would not be high enough
  - we would not be able to stay on budget over the years building/redevelopment
  - too much care is being moved into the community but what we actually need is enough capacity in our hospitals for these services
  - GP provision is not increasing in line with the services being delivered in the community
  - the costs to bring the Watford site up to a good standard could exceed the funding available
Other issues raised:

- It feels like a divide between the options and what may be redeveloped depending on where you live. We need to come together and reach a consensus for the benefit of all.
- It is important to make sure we plan for enough capacity in our hospitals.
- More detail was requested on breakdowns for the build costs and potential revenue savings for different options and what it includes (e.g., equipment costs).
- The selection of stakeholder representatives for the panel.
- The importance of having sufficient car parking on all sites.

Some feedback we have received since the event on 7th March:

- 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 short listed options.
- Query regarding the arbitrary nature of the affordability criterion.
- Query regarding the date at which supporting analysis was conducted.
Summary of feedback on options from public event on 7th March

1. HHH (medicine) - SACH (surgery) - WGH
   - Better consistency of access - particularly for the west of the county and retains a site in each community for future development/patients
   - Minimises the loss of local services such as outpatients in either St Albans or Hemel. Concern around impact to local provision in Watford – it must include strong links with community services and care closer to home
   - Better outcomes for women, children and older people
   - Potentially easier/faster to implement
   - Maximises investment in the hot site which is concerned with life saving work. There is a lot of public concern about the quality of emergency and acute services.
   - Enables greatest flexibility

2. SACH - WGH
   - Reduced access - loss of local services in HH (esp. urgent care and diagnostics) and problems for public transport and parking at SACH. Concerns around accessibility of WGH for majority of west Herts
   - Good balance of improvement at WGH with consolidation of services at SACH, leading to reduced fragmentation of teams working across 3 sites
   - Concerns about impact of ongoing building work at WGH for patients and staff
   - Concerns around flexibility for future capacity at WGH

3. HHH - WGH
   - Reduced access – loss of local services (esp. urgent care and diagnostics) for St A residents and public transport issues if they have to travel to HH. Car parking at HH good. Concerns around accessibility of WGH for majority of west Herts.
   - Good balance of improvement at WGH with consolidation of services at HHH, leading to reduced fragmentation of teams working across 3 sites

4. New Planned Care Centre - WGH
   - Improved access – equitable distance to travel for Hemel and St A residents, dedicated buses could be provided (with close working with local authorities) and accommodation on site for staff. Concerns around accessibility of WGH for majority of west Herts.
   - Provides something new with potential to expand in future (providing site big enough)
   - New building will attract more staff and improve patient experience
   - Minimises spend on existing sites/buildings which are not fit for purpose.
   - Best meets clinical and operational needs
   - Potentially leads to poorer outcomes as limited investment for the ‘sickest’ of patients at the emergency site
Assumptions and enablers

• All of the options on the shortlist have been designed to meet the affordability criterion and therefore the overall investment required is broadly consistent.

• Across each of the options, capacity (in terms of beds/theatres/rooms) is consistent and is sufficient for 20 years growth under the STP Medium Term Financial Plan assumptions. However, if these assumptions don’t hold and additional capacity is required, some options will allow for additional capacity to be added more easily/cheaply.

• The following changes are planned to be made at the WGH site regardless of which option is pursued and are subject to separate business cases:
  – a multi-storey car park will be built
  – the Emergency Department (ED) will be refurbished to provide additional capacity and improve layout to address immediate needs
  – the majority of pathology services will be moved off site, leaving a pathology ‘hot lab’
Key features of the shortlisted options

Increasing investment in planned care

1. **Medicine (HHH)**
   - Consolidate site to improve layout and support long-term condition care
   - UTC plus

2. **Min Planned Care (SACH)**
   - As per 3 site option, with HHH OP moved to SACH
   - Current Planned Care levels, min reconfig/adjacencies
   - UTC plus at SACH and extended GP access, urgent on the day care & some OP care in Hemel

3. **Max Planned Care (HHH)**
   - Full refurb / new build
   - Max Planned Care at Site, new layout / adjacencies
   - UTC plus at HHH and extended GP access, urgent on the day care & some OP in St Albans

4. **Max Planned Care (New Site)**
   - New build
   - Max Planned Care at Site, new layout / adjacencies
   - UTC plus at new site, extended GP access, urgent on the day care & some OP in Hemel & St Albans

**WGH**

- **Ambulatory + Assessment**
- **New Women & Children's block (excl. theatres)**
- **New Theatres & Critical care block**
- **Significant improvement to bed configuration**

**Increasing investment at WGH for emergency and specialist care**
Summary of proportion of investment across Emergency and Specialist Care and Planned Care

Option 1
Option 2
Option 3
Option 4
Do min

Emergency and Specialist Care
Planned Care
Split of new build, refurbishment and maintenance only across options
Do minimum – no consolidation of services across sites*

### HHH

- No site consolidation:
  - Diagnostics – replace MRI
  - Endoscopy unit – interim improvement
  - Critical infrastructure - refurb

### SACH

- Minimal investment includes:
  - Theatres – replace theatre 6 and replace ventilation only in theatres 1-4
  - High Dependency Unit (HDU) space – refurb
  - Day Surgery Admissions Lounge – refurb
  - Outpatients e.g. breast clinic – limited refurb
  - Critical infrastructure - refurb

### WGH

- Minimal investment at WGH includes:
  - Neonatal unit – increase size
  - Maternity delivery suites - reconfigure
  - Paediatric outpatients - refurb
  - 6 full theatres in Princess Michael of Kent Wing (PMOK) - refurb
  - 30 further inpatient beds and 40 assessment bays to account for future demand
  - Outpatients - Helen Donald unit/ Oral and maxillofacial surgery unit - new build
  - Critical infrastructure - refurb

*This is the current proposed work required to keep buildings running for the next 10 years minimum and meet demand for 20 years. This may be subject to change as plans continue to develop.
### Option 1: Consolidation across 3 sites - planned care at both SACH and HHH and emergency and specialist care at WGH*

#### HHH

- Consolidate planned medicine at HHH to support long term conditions:
  - Outpatients – consolidation
  - Diagnostics – reproduce as required for medical planned care
  - Endoscopy – relocate to SACH
  - UTC – relocate within same site
  - Critical infrastructure – refurb

#### SACH

- Consolidate planned surgery activity on SACH:
  - 6 Theatres – rebuild 6, replace 5, refurb 1-4
  - Outpatients – urology one stop shop – refurb
  - Diagnostics – provision of MRI/CT
  - Endoscopy unit (from HHH) – new build
  - Critical infrastructure – refurb
  - Interim works – refurb High Dependency Unit (HDU) space, refurb Day Surgery Admissions Lounge, refurb OP (breast clinic)

#### WGH

- Emergency assessment and ambulatory care area – new build
- Women’s and Children’s block (excluding Theatres) – new build
- Theatre and Critical Care (including Obs/Gynae theatres) – new build
- Inpatient bed configuration – replace surge unit and refurb 2 levels of PMOK (c.50%)
- Inpatient bed capacity – additional 30 inpatient beds
- Outpatients - Helen Donald unit/ Oral and Maxillofacial Surgery – new build
- Diagnostics – additional MRI/CT capacity
- Critical infrastructure – refurb. Site consolidation in north and east
- Interim works – refurb theatre 5 in PMOK, increase neonatal capacity, new build mortuary, pathology hot lab and Interventional Radiology suite

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*This is the current proposed configuration of services that meet the affordability criterion. These may be subject to change as plans continue to develop.*
**Option 2: Consolidate onto 2 sites – planned care at SACH and emergency and specialist care at WGH*, HHH closes**

**SACH**

- Consolidate all planned care activity on SACH:
  - 6 Theatres – rebuild 6, replace 5, refurb 1-4
  - Outpatients – urology one stop shop – refurb
  - Outpatients – repprovide HHH outpatient capacity at SACH – new build
  - Diagnostics – provision of MRI/CT and diagnostics to support planned medical care
  - Endoscopy unit (moved from HHH) – new build
  - Critical infrastructure – refurb
  - Interim works (SACH) – refurb High Dependency Unit (HDU) space, refurb Day Surgery Admissions Lounge, refurb OP (breast clinic)

**WGH**

- Emergency assessment and ambulatory care area – new build
- Women’s and Children’s block (excluding Theatres) – new build
- Theatre and Critical Care (including Obs/Gynae theatres) – new build
- Inpatient bed configuration – replace surge unit and refurb 1 level of PMOK (c.30%)
- Inpatient bed capacity – additional 30 inpatient beds
- Outpatients - Helen Donald unit/ Oral and Maxillofacial Surgery – new build
- Diagnostics – additional MRI/CT capacity
- Critical infrastructure – refurb. Site consolidation in north and east
- Interim works – refurb theatre 5 in PMOK, increase neonatal capacity, new build mortuary, pathology hot lab and Interventional Radiology suite

**Min Planned Care (SACH)**

As per 3 site option, with HHH OP moved to SACH

Current Planned Care levels, min reconfig/adjacencies

UTC plus at SACH and extended GP access, urgent on the day care & some OP care in Hemel

**WGH**

- Ambulatory + Assessment
- New Women & Children’s block (excl. theatres)
- New Theatres & Critical care block
- Some improvement to bed configuration

**New 25% - Refurb 15% - Maintenance 60%**

**New 40% - Refurb 10% - Maintenance 50%**

*This is the current proposed configuration of services that meet the affordability criterion. These may be subject to change as plans continue to develop.*
Option 3: Consolidate onto 2 sites – planned care at HHH and emergency and specialist care at WGH*, SACH closes

### Max Planned Care (HHH)
- Full refurb / new build
- Max Planned Care at Site, new layout / adjacencies
- UTC plus at HHH and extended GP access, urgent on the day care & some OP in St Albans

### HHH
- New planned care hospital on HHH site
  - 6 Theatres – new build /refurb
  - Surgical daycase and short stay inpatient beds – new build /refurb
  - Endoscopy – new build /refurb
  - Outpatients – new build /refurb
  - Critical infrastructure - new build /refurb
  - Interim works (SACH) – refurb High Dependency Unit (HDU) space, refurb Day Surgery Admissions Lounge, refurb OP (breast clinic)

### WGH
- Ambulatory + Assessment
- New Women & Children’s (inc.Obs/GynaeTheatres)
- 6 Theatres in PMOK
- Some improvement to bed configuration

*This is the current proposed configuration of services that meet the affordability criterion. These may be subject to change as plans continue to develop*
Option 4: Consolidate onto 2 sites – replace HHH and SACH with new planned care site and emergency and specialist care at WGH*

**Max Planned Care (New Site)**
- New build
- Max Planned Care at Site, new layout / adjacencies
- UTC plus at new site, extended GP access, urgent on the day care & some OP in Hemel & St Albans

**WGH**
- Ambulatory + Assessment
- New Women & Children’s (inc.Obs/GynaeTheatres)
- 6 Theatres in PMOK
- Limited improvement to bed configuration

**New Planned Care**
- New planned care hospital on Greenfield site
  - 6 Theatres – new build
  - Surgical daycase and short stay inpatient beds – new build
  - Endoscopy – new build
  - Outpatients – new build
  - *Interim works (SACH) – refurb High Dependency Unit (HDU) space, refurb Day Surgery Admissions Lounge, refurb OP (breast clinic)*

**WGH**
- Emergency assessment and ambulatory care area – new build
- Women’s and Children’s block (including Obs/Gynae theatres) – new build
- 6 full theatres in Princess Michael of Kent Wing (PMOK) – refurb
- Inpatient bed configuration – none other than maternity/paeds (less than 10%)
- Inpatient bed capacity – additional 30 inpatient beds
- Outpatients - Helen Donald unit/ Oral and Maxillofacial Surgery – new build
- Diagnostics – additional MRI/CT capacity
- Critical infrastructure – refurb. Site consolidation in north and east
- *Interim works – refurb theatre 5 in PMOK, increase neonatal capacity, new build mortuary, pathology hot lab and Interventional Radiology suite*

**New 100% - Refurb 0% - Maintenance 0%**
- New 30% - Refurb 5% - Maintenance 65%

*This is the current proposed configuration of services that meet the affordability criterion. These may be subject to change as plans continue to develop*
**Service delivery – patient, clinical and operational**

1. HHH (medicine) → SACH (surgery) → WGH
   - Reduction in fragmentation of teams - Limited
   - Reduction in duplication of operational activities – Limited
     Improvement to patient pathways
     PC Limited
     EC Some
   - Improvement to clinical adjacencies
     PC Limited
     EC Some

2. SACH → WGH
   - Reduction in fragmentation of teams - Some
   - Reduction in duplication of operational activities – Some
     Improvement to patient pathways
     PC Some
     EC Some
   - Improvement to clinical adjacencies
     PC Limited
     EC Some

3. HHH → WGH
   - Reduction in fragmentation of teams - Some
   - Reduction in duplication of operational activities – Some
     Improvement to patient pathways
     PC Significant
     EC Limited
   - Improvement to clinical adjacencies
     PC Some
     EC Limited

4. New Planned Care Centre → WGH
   - Reduction in fragmentation of teams - Some
   - Reduction in duplication of operational activities – Some
     Improvement to patient pathways
     PC Significant
     EC Limited
   - Improvement to clinical adjacencies
     PC Significant
     EC Limited

**Do minimum**

- Reduction in fragmentation of teams - None
- Reduction in duplication of operational activities – None
  Improvement to patient pathways
  PC As is
  EC As is
  Improvement to clinical adjacencies
  PC None
  EC None
Condition of estate and future flexibility

1. HHH (medicine)  SACH (surgery)  WGH
   • Improvement to environment
     PC Limited
     EC Some
   • Ability to change use of space
     PC Limited
     EC Significant
   • Ability to build additional capacity
     PC Limited
     EC Significant

2. SACH  WGH
   • Improvement to environment
     PC Some
     EC Some
   • Ability to change use of space
     PC Limited
     EC Significant
   • Ability to build additional capacity
     PC None
     EC Significant

3. HHH  WGH
   • Improvement to environment
     PC Significant
     EC Some
   • Ability to change use of space
     PC Significant
     EC Some
   • Ability to build additional capacity
     PC Some
     EC Significant

4. New Planned Care Centre  WGH
   • Improvement to environment
     PC Significant
     EC Some
   • Ability to change use of space
     PC Significant
     EC Some
   • Ability to build additional capacity
     PC Some
     EC Significant

Do minimum

- Improvement to environment
  - PC None
  - EC None
- Ability to change use of space
  - PC None
  - EC None
- Ability to build additional capacity
  - PC Significant
  - EC Significant
**Access**

1. **HHH** (medicine)  
   **SACH** (surgery)  
   **WGH**
   - **No impact** on road travel times
   - **Limited** capacity for parking at SACH
   - Access to local services – **Limited** impact to residents in St A or Hemel

2. **SACH**  
   **WGH**
   - **Increase** in average road travel time (+10%)
   - **No capacity** for additional parking at SACH - offsite parking required
   - Access to local services – **Some impact** for Hemel residents

3. **HHH**  
   **WGH**
   - **Decrease** in average road travel time (-10%)
   - **Sufficient** capacity for parking at HHH
   - Access to local services – **Some impact** for St A residents

4. **New Planned Care Centre**  
   **WGH**
   - **Further decrease** in average road travel time (-20%)
   - **Sufficient** capacity for parking at new site
   - Access to local services – **Some** impact for St A and Hemel residents

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**Do minimum**

1. **HHH**  
   **SACH**  
   **WGH**
   - **No impact** on road travel times
   - **Access to local services - No change**
Benefits appraisal
Benefits appraisal exercise

We would like you to qualitatively appraise the four shortlisted options, plus the ‘do minimum’ against the four benefits.

For each of the benefits, we would like you to assess how likely each option is to deliver the desired benefit. We will do this in two stages:

- **Stage one:** score the options independently.
  
  After this, there will be a facilitated group discussion on your tables to gather views and capture emerging themes for feedback with the wider group.

- **Stage two:** reflect on what you’ve heard and decide whether you want to change your score.
Benefits appraisal exercise

In participating in this session, please remember that:

- We are asking for your **assessment** based upon the detail we are providing about the options and **your experience**

- We need your **individual raw scores** and not those determined as a group. There will be conversations throughout the event to understand some common themes and interpretations shared within the room.

- Your individual scores will be **confidential** and will not be presented back to the group.

- Your final scores will be combined to give **an overall score for each option**

- This will form part of the information that will go to the Trust and CCG board. They will also look at **variation of scores** to consider where there is a difference of views from different groups.
<table>
<thead>
<tr>
<th>Impact</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large beneficial impact</td>
<td>+3</td>
<td>Positive impacts significantly outweigh any negative impacts, e.g.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The entire stakeholder population in question is significantly impacted in a positive way.</td>
</tr>
<tr>
<td>Moderate beneficial impact</td>
<td>+2</td>
<td>Positive impacts moderately outweigh any negative impacts, e.g.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The entire stakeholder population in question is moderately impacted in a positive way or The majority of the stakeholder population is meaningfully impacted in a positive way.</td>
</tr>
<tr>
<td>Slight beneficial impact</td>
<td>+1</td>
<td>Positive impacts marginally outweigh any negative impacts, e.g.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The entire stakeholder population in question is marginally impacted in a positive way or A minority of the stakeholder population is meaningfully impacted in a positive way.</td>
</tr>
<tr>
<td>Neutral</td>
<td>0</td>
<td>No change from today, or any positive impacts are almost exactly balanced by other negative impacts</td>
</tr>
<tr>
<td>Slight adverse impact</td>
<td>-1</td>
<td>Negative impacts marginally outweigh any positive impacts, e.g.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The entire stakeholder population in question is marginally impacted in a negative way or A minority of the stakeholder population is meaningfully impacted in a negative way.</td>
</tr>
<tr>
<td>Moderate adverse impact</td>
<td>-2</td>
<td>Negative impacts moderately outweigh any Positive impacts, e.g.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The entire stakeholder population in question is moderately impacted in a negative way or The majority of the stakeholder population is meaningfully impacted in a negative way.</td>
</tr>
<tr>
<td>Large adverse impact</td>
<td>-3</td>
<td>Negative impacts significantly outweigh any positive impacts, e.g.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The entire stakeholder population in question is significantly impacted in a negative way.</td>
</tr>
</tbody>
</table>
1. Safety and better clinical outcomes for patients

As a result of developing a functionally suitable estate, designed to meet the aims and objectives of the Trust’s clinical strategy and clinical principles, such as separating ‘hot’ and ‘cold’ services, co-locating interdependent services and improving clinical adjacencies, patient safety will be improved and better clinical outcomes will be achieved.
2. Patient and carer experience

By ensuring the **quality of the hospital environment** meets the needs of patients (e.g. privacy and dignity) and ensuring patients have **sufficient access** to healthcare in west Hertfordshire, such as **minimal travel either via public or private transport** and adequate **car parking** facilities, overall patient and carer experience will improve.
By adapting working practices such as reducing fragmentation of teams across sites and making the Trust a more attractive place to work through the physical design of spaces, overall workforce satisfaction will improve.
4. Flexibility to enable future changes in service models

As a result of there being sufficient space to add additional capacity and flexibility to change the use of buildings, the Trust will be able to take advantage of future medical and digital advances and adapt its service model to meet the changing needs of patients and workforce.
8

Next steps
### Next steps

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>March - April</td>
<td>Combine the results of the qualitative appraisal and the quantitative appraisal and documentation of the proposal</td>
</tr>
<tr>
<td>May</td>
<td>Stakeholder panel updated on the emerging preferred way forward and the results of the Equalities Impact Assessment for this</td>
</tr>
<tr>
<td>June</td>
<td>The Trust and CCG Board will review and agree the preferred way forward and the overall proposal prior to submission to the regulators in summer 2019</td>
</tr>
</tbody>
</table>

We aim to keep the public and stakeholders informed and updated throughout this process.
Thank you