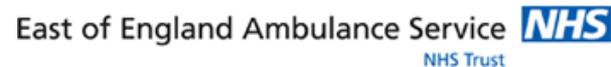




Access and Patient Experience Panel

Friday 19th August



Agenda

- Welcome
- Introduction and background
- Today's objectives and overall process overview
- Evaluation criteria
- Estates options
- Evaluation exercises:
 - Accessibility
 - Modern facilities
 - Workforce attraction and retention
- Summary and next steps
- Thank you and close

Welcome

Introduction and background

- **The needs of the population in West Hertfordshire are changing**
 - There is a rapidly **ageing population**, an even faster growing younger population, and increasing cultural diversity
 - More people are living with one or more **long term conditions**
 - There are existing and developing **health inequalities** – both within West Hertfordshire and as compared with other areas nationally – that must be addressed
- **There is increasing pressure on achieving clinical standards and maintaining service quality**
 - **Increasing A&E attendance** and emergency admission rates are placing pressure on acute services
 - Many patient cohorts **stay in hospital longer** than the national average
 - There is also **variation in access** to – and performance of – general practice
- **Health services are at risk of becoming clinically and financially unsustainable**
 - Providers are generating **deficits** at an increasing rate
 - The **workforce is under pressure** and gaps are emerging – both nationally and locally
 - Much of the **estate** in West Hertfordshire requires updating; whilst some is under-utilised
 - There is limited capacity to introduce **new technologies** which means that opportunities are being missed to deliver better patient care

Introduction and background

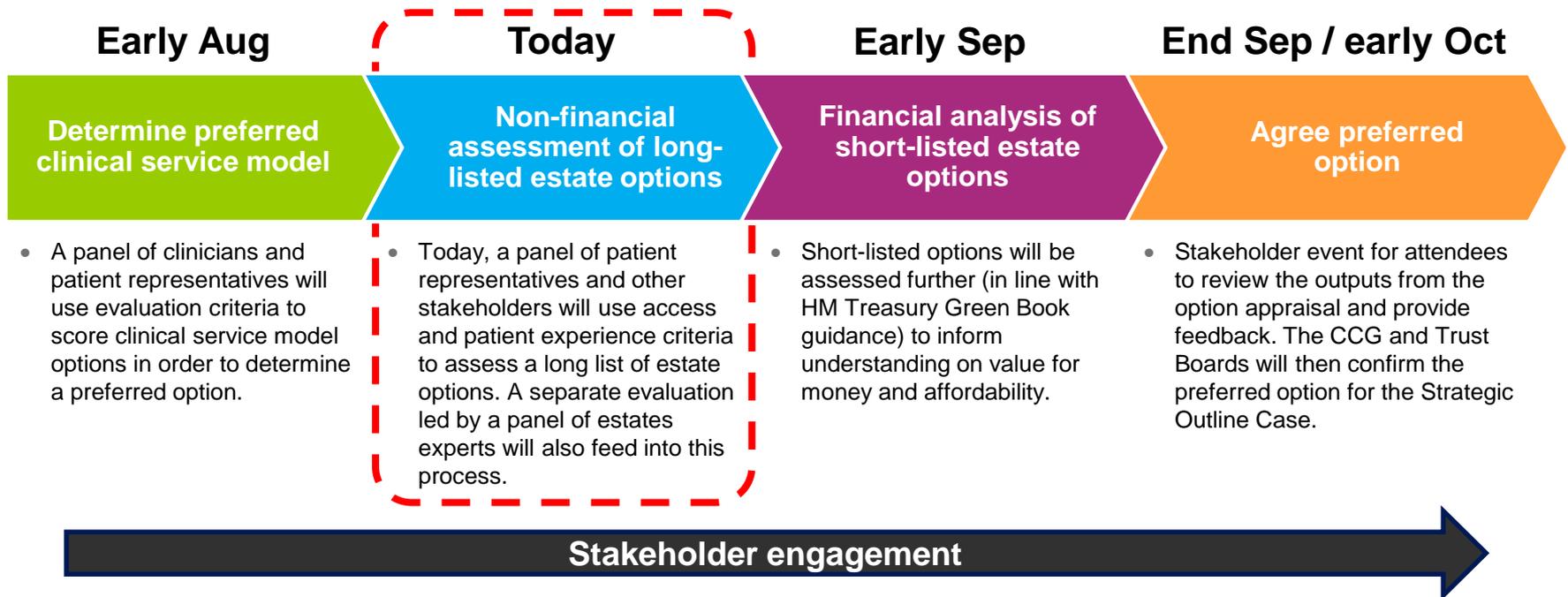
- To respond to the case for change, the *Your Care, Your Future Programme* sets out a future model of care for West Hertfordshire in which **more care will be delivered closer to home**, with many services provided from community hubs or local hospitals such as Hemel Hempstead Hospital.
- The *Your Care, Your Future Strategic Outline Case* was developed through engagement with stakeholders from across the local health economy. It outlined five principles for the programme:
 - ✓ More effective **prevention**;
 - ✓ An approach that seeks to **maintain stability and prevent escalation** to more acute levels of care;
 - ✓ Delivering **joined-up care** more effectively;
 - ✓ Rationalise and make **sustainable acute services** – to be delivered to high standards, efficiently in modern facilities;
 - ✓ More care delivered outside of major hospitals and **closer to people's homes**.
- Today is a significant step on the path to transform services to deliver these principles.

Today's objective

- The objective of this event is to **evaluate a number of estates options** to help arrive at a short list of estates options for the future configuration of acute hospital services in West Hertfordshire.
- The estates options being evaluated are underpinned by a common clinical service model (determined through an evaluation exercise undertaken by a panel in early August) as part of the development of the Strategic Outline Case.
- A separate Deliverability Panel will meet to evaluate the estates options against deliverability criteria later in August.
- The output of the session will be raw scores for a number of options against a number of evaluation criteria. Further work will then be needed to aggregate scores from this and the Deliverability Panel to determine the short list of estate options by rejecting those that fall short against agreed criteria.
- This outcome will be shared with you after the event.

Process overview

- The current focus of the programme is to develop a **Strategic Outline Case (SOC)**
- This will provide strategic context, make the case for change, and identify a preferred way forward (as determined by programme stakeholders). It will describe a preferred clinical service model option and agree future location(s) of acute hospital services, as well as an outline estate model.



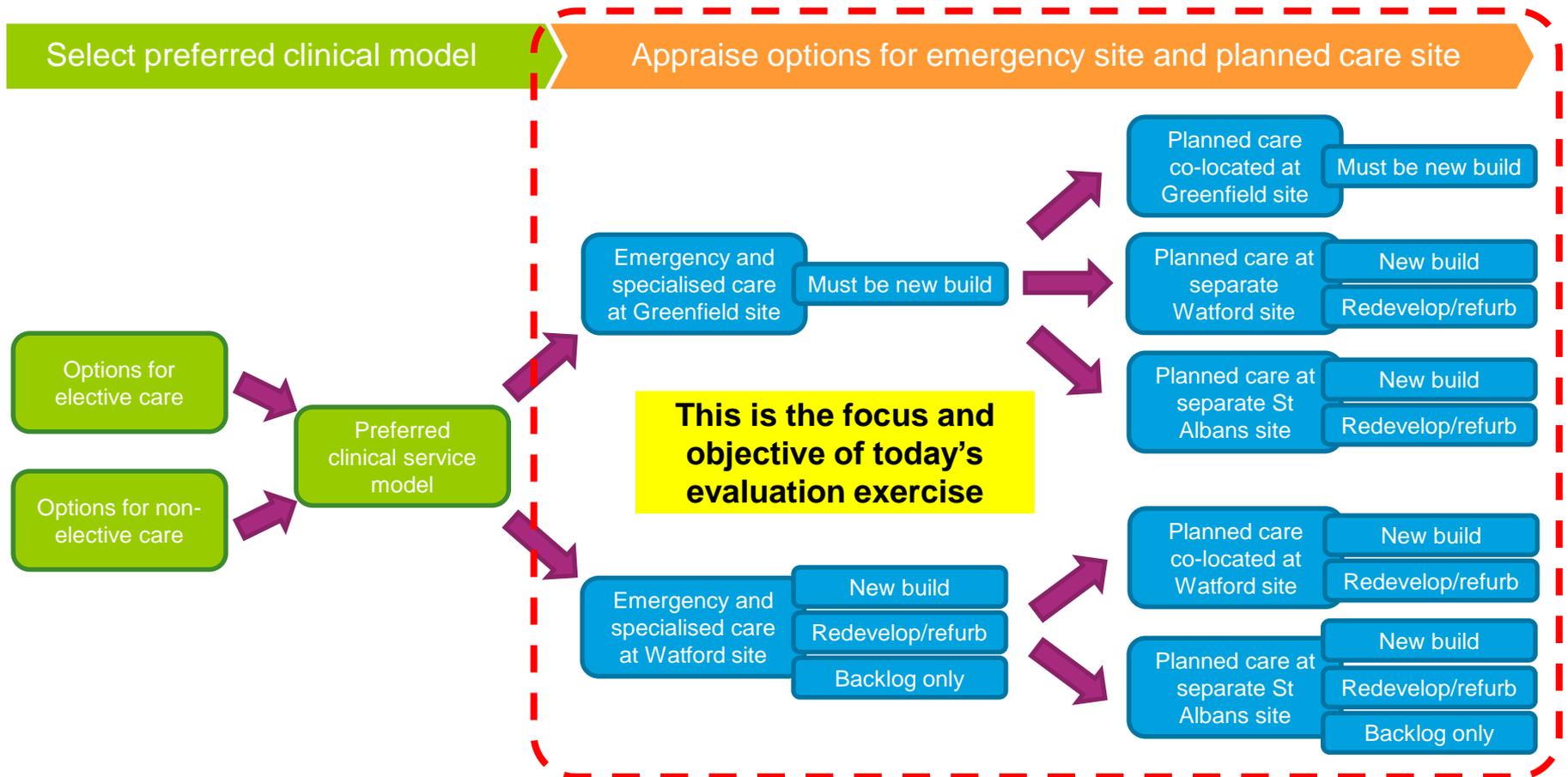
- The evaluation exercise today will provide raw scores. They will be combined with scores from a similar evaluation exercise planned in August that will assess deliverability of estate options to determine a short list of options for more detailed financial analysis.
- This outcome will feed into the development of a single preferred option within the SOC.

Process overview

- The *Your Care, Your Future* Strategic Outline Case (SOC) assessed a long list of eight site options for the future configuration acute hospital services
- The assessment resulted in a short list of three:
 - **Option 1**: Centralise acute care at a new hospital in a central location
 - **Option 2**: Centralise acute care at Watford
 - **Option 3**: Locate acute emergency and specialised care at Watford and planned care and complex diagnostics in St Albans
- Patient groups then asked us to consider the '**Northumbria model**'
 - This is a **clinical service model** in which inpatient beds are distributed across a number of local hospitals
 - It could apply equally to each of the short-listed site options above
- We have therefore gone back one step to make sure we have properly assessed all of the available options

Process overview

- Estates options have been developed which build on the direction of travel agreed by the *Your Care, Your Future* programme.
- Following the clinical panel evaluation in early August, a preferred clinical service model has been developed which determines the space requirements required from the estate option(s).



Output from Clinical Model Panel

The Clinical Model Panel met on 4th August and considered the following options:

#	Options for non-elective care
1	Centralised model – In-patient beds provided for all patients on the emergency and specialised care site.
2	Distributed model – In-patient beds provided for only the most ill patients on the emergency and specialised care site, typically for first 48 hours of stay; additional inpatient beds located in local hospitals for stabilised patients who continue to require hospital care.

- **Scoring outcome:** Option 1 achieved a higher overall score than Option 2 from all groups.

#	Options for elective care: Procedures performed at planned care site
3	Day cases only
4	Day cases and inpatient procedures (no on-site return to theatre policy)
5	Day cases and inpatient procedures (with on-site return to theatre policy)

- **Scoring outcome:** Scoring was marginal, with all options achieving similar overall scores. Option 4 was scored slightly more highly overall by patient reps and wider stakeholders, Option 3 was scored slightly more highly overall by clinicians.

#	Options for elective care: Procedures performed at 'local hospitals / community hubs'
6	Minor procedures only (no operating theatre)
7	Minor procedures and day cases
8	Minor procedures, day cases and inpatient procedures

- **Scoring outcome:** Option 6 achieved a higher overall score than both Options 7 and 8. The difference in scores was marked for clinicians and stakeholders, but more marginal for patient representatives.

Evaluation criteria

- To evaluate estate options, a set of appropriate and agreed criteria are necessary which today's panel can use to apply scores.
- The evaluation criteria described below are based on those used previously in the *Your Care, Your Future* programme and have been amended following discussions at the stakeholder event on 18th July.

Criteria	Sub-criteria	Scoring Criteria				
		1 <i>Unable to meet objectives of Your Care, Your Future</i>	2 <i>Partially able to meet objectives of Your Care, Your Future</i>	3 <i>Able to meet objectives of Your Care, Your Future</i>	4 <i>Able to exceed objectives of Your Care, Your Future</i>	5 <i>Able to optimise achievement of the objectives of Your Care, Your Future</i>
Non-Financial criteria - Assessed by Access Patient Experience Panel						
Access	Accessibility	Travel times for patients, visitors and staff are unacceptable.	Travel times for patients, visitors and staff are tolerable.	Travel times for patients, visitors and staff are acceptable.	Travel times for patients, visitors and staff are good.	Travel times for patients, visitors and staff are optimised.
Quality and Patient Experience	Modern facilities	The hospital estate is not able to meet most building regulations but will fall significantly short of most NHS space and technical standards, provides no flexibility to meet changing requirements, and is very difficult to maintain.	The hospital estate is able to meet some current building regulations but will fall short of most NHS space and technical standards, provides very limited flexibility to meet changing requirements, and is difficult to maintain.	The hospital estate is able to meet most current building regulations but will fall short of some NHS space and technical standards, provides limited flexibility to meet changing requirements, and is adequate to maintain.	The hospital estate is mostly able to meet building regulations and most NHS space and technical standards, provides some flexibility to meet changing requirements, and is easy to maintain.	The hospital estate is able to meet or exceed all building regulations and NHS space and technical standards, provides excellent flexibility to meet changing requirements, and is very easy to maintain.
	Workforce attraction and retention	The option will result in working arrangements that would not be attractive to staff, and so the option may not draw and retain the required workforce.	The option will result in working arrangements that may be attractive to staff, and so the option may draw and retain the required workforce.	The option will result in working arrangements likely to be attractive to staff, and so the option is likely to draw and retain the required workforce.	The option will result in working arrangements very likely to be attractive to staff, and so the option is very likely to draw & retain the required workforce.	The option will result in working arrangements that will be attractive to staff, and so the option will draw and retain the required workforce.

Estate options – full long list

#	Emergency & Specialised Care site		Planned Care site	
	Location	Build	Location	Build
1	Central greenfield site	New build	Central greenfield site	New build
2	Central greenfield site	New build	Watford General Hospital	New build
3	Central greenfield site	New build	Watford General Hospital	Redevelop/refurb
4	Central greenfield site	New build	St Albans City Hospital	New build
5	Central greenfield site	New build	St Albans City Hospital	Redevelop/refurb
6	Watford General Hospital	New build	Watford General Hospital	New build
7	Watford General Hospital	New build	Watford General Hospital	Redevelop/refurb
8	Watford General Hospital	Redevelop/refurb	Watford General Hospital	New build
9	Watford General Hospital	New build	St Albans City Hospital	New build
10	Watford General Hospital	New build	St Albans City Hospital	Redevelop/refurb
11	Watford General Hospital	Redevelop/refurb	St Albans City Hospital	New build
12	Watford General Hospital	Redevelop/refurb	St Albans City Hospital	Redevelop/refurb
13	Watford General Hospital	Basic refurbishment	St Albans City Hospital	Basic refurbishment
14	Watford General Hospital	Backlog maintenance	St Albans City Hospital	Backlog maintenance

Evaluation of estate options

- The estates options we are going to evaluate today vary in three different ways:
 1. **Location** of hospital sites
 2. Whether or not the emergency & specialised care and planned care sites are **co-located**
 3. **Build quality** of the hospital estate
- These aspects are not all relevant for all criteria, so to avoid repetition we will only evaluate the necessary aspects:
 - **Accessibility**: Evaluation based on location only
 - **Modern facilities**: Evaluation based on build quality only
 - **Workforce attraction and retention**: Evaluation based on all aspects

Evaluation exercises

- In participating in this session, please remember that:
 - We are seeking to determine a short list of estates options through a process which is robust and transparent, and could stand up to external scrutiny;
 - We are asking for your objective assessment (based upon the detail we are providing you with and your own experience) and not necessarily your personal perspective in order to get this right;
 - 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;
 - Consideration of deliverability, affordability and value for money is outside of the scope of today's discussion and evaluation exercise. These aspects will be assessed at a subsequent event in August and scores will be combined with those collected today.

Evaluation exercise – Accessibility

- We would like you to evaluate **five location options** against the **accessibility** criterion. We will describe these options shortly and give you a chance to ask questions.
- You have been provided with a template to record your score for each of the options.
- To score the options, we would like you to review the **accessibility scoring criteria descriptions and indicate with a coloured dot** the extent to which each location option will support the achievement of the principles set out in *Your Care, Your Future*.
- We would like you to **consider and score the location options independently**.
- Once you have scored these yourselves, there will be a **facilitated table discussion** to understand and record emerging themes, and collective rationales for the scoring you have awarded.
- You will have **a chance to amend your score** as a result of this discussion if you wish.
- There will then be a **group discussion** to capture themes arising from all tables.

Location options

- There are two options for the location of the **emergency and specialised care site**:

Location	Applicable options
Central greenfield site <i>Near J20 of M25, close to Kings Langley</i>	Options 1-5
Watford General Hospital site	Options 6-14

- There are three options for the location of the **planned care site**:

Location	Applicable options
Central greenfield site <i>Near J20 of M25, close to Kings Langley</i>	Option 1
Watford General Hospital site	Options 2-3, 6-8
St Albans City Hospital site	Options 4-5, 9-14

- See the separate pack for a summary of the **travel time analysis** conducted for each of these options

Evaluation exercise – Modern facilities

- We would like you to evaluate **four build quality options** against the **modern facilities** criterion. We will describe these options shortly and give you a chance to ask questions.
- You have been provided with a template to record your score for each of the options.
- To score the options, we would like you to review the **modern facilities scoring criteria descriptions and indicate with a coloured dot** the extent to which each build quality option will support the achievement of the principles set out in *Your Care, Your Future*.
- We would like you to **consider and score the build quality options independently**.
- Once you have scored these yourselves, there will be a **facilitated table discussion** to understand and record emerging themes, and collective rationales for the scoring you have awarded.
- You will have **a chance to amend your score** as a result of this discussion if you wish.
- There will then be a **group discussion** to capture themes arising from all tables.

Build quality options

- There are four **build quality** options:

Build quality	Features	Applicable options
New build (100% new build)	<ul style="list-style-type: none"> • The estate will be optimised for purpose, and will exactly match clinicians' needs (including service adjacencies and spatial arrangements). • Quality of environment will be optimal with views and daylight maximised in the build – and will improve the look and feel for patients and staff. • Clinical, environmental & sustainability standards met – and easier to maintain. • Provides 50% single rooms and four bed bays, all with <i>en suite</i> bathrooms • Providing the best range of facilities including a multi-storey care park in ideal location, and lift numbers. 	<ul style="list-style-type: none"> • Emergency and specialised care site: Options 1-7 and 9-10 • Planned Care site: Options 1,2,4,6,8,9,11
Redevelop (up to 50% new build)	<ul style="list-style-type: none"> • The estate will be partly optimised for purpose as current building layouts constrain options. • Quality of environment will be almost as good as new build, though layout, views and daylight constrained by “fixed points” (e.g. lifts, staircases). • Clinical, environmental & sustainability standards met in part– maintenance and running costs will be more intensive. • With new build capacity, could provide 50% single rooms and four bed bays. • Provides improved facilities, though constrained by fixed points (entrances, other development work). 	<ul style="list-style-type: none"> • Emergency and specialised care site: Options 8,11,12 • Planned Care site: Options 3,5,7,10,12
Refurbish (up to 20% new build)	<ul style="list-style-type: none"> • The estate will be not be optimised for purpose, as service adjacencies and spatial arrangements will largely remain unchanged. • Small increases in capacity may be possible for example through the use of additional ‘portakabin’ modular buildings • Quality of environment will improve with redecoration, with the aim of creating a better look and feel for the estate. Improvements will be largely cosmetic, with limited opportunity to improve the layout and location of clinical services and wards, or to improve the external environment. • Clinical, environmental & sustainability standards unchanged – though facilities will operate more reliably. • Maintains current six bed bays. • Very little improvement to facilities such as car parks and lifts. 	<ul style="list-style-type: none"> • Emergency and specialised care site: Option 13 • Planned Care site: Option 13
Backlog maintenance (0% new build)	<ul style="list-style-type: none"> • The estate will be not be optimised for purpose, as service adjacencies and spatial arrangements remain unchanged. No increase in capacity. • Quality of environment will improve with redecoration, though much will be “back room” works not visible to the public. • Clinical, environmental & sustainability standards unchanged – though facilities will operate more reliably. • Maintains current six bed bays. • No improvement to facilities such as car parks and lifts. 	<ul style="list-style-type: none"> • Emergency and specialised care site: Option 14 • Planned Care site: Option 14

Evaluation exercise – Workforce attraction and retention

- We would like you to evaluate all **14 estate options** against the **workforce attraction and retention** criterion.
- You have been provided with a template to record your score for each of the options.
- To score the options, we would like you to review the **workforce attraction and retention scoring criteria descriptions and indicate with a coloured dot** the extent to which each estate option will support the achievement of the principles set out in *Your Care, Your Future*.
- We would like you to **consider and score the estate options independently**.
- Once you have scored these yourselves, there will be a **facilitated table discussion** to understand and record emerging themes, and collective rationales for the scoring you have awarded.
- You will have **a chance to amend your score** as a result of this discussion if you wish.
- There will then be a **group discussion** to capture themes arising from all tables.

Additional consideration – co-location of sites

- We have already considered location and build quality aspects
- The long list of options also vary by whether or not emergency & specialised and planned care services are co-located

Description	Features	Applicable options
Services co-located	<ul style="list-style-type: none"> • Provides the opportunity to deploy staff more flexibly across services – working as part of a broader, integrated team. • Could be simpler to develop staff rotas with built-in cover. • Greater opportunities for staff in terms of professional development and sub-specialisation – so may be a more attractive option and support improved workforce recruitment and retention. • Co-location of services / equipment may help promote service resilience. • May simplify access (see travel analysis) and may provide a more seamless patient journey between emergency & specialised care, and planned care as required. This could positively impact upon patient experience of using hospital services. 	Options 1,6,7-8
Services geographically separated	<ul style="list-style-type: none"> • Staff and services will be geographically distinct and organised by activity (i.e. emergency and planned care). • Geographical and service distinction may require a larger workforce to support a consistent rota. • Staff deployed in distinct service teams – potentially limiting interaction and opportunities for professional development and sub-specialisation. • Emergency and specialised care likely to be seen as a more varied, challenging and attractive place to work – with concurrent impact on workforce recruitment and retention at the planned care site. • Wider distribution of services could positively impact more residents in terms of travel time (see travel analysis). • Clinical pathways will be quite distinct which may mean patients travelling between sites as appropriate – impacting on experience. 	Options 2-5,9-14

- **Points for discussion:**
 - Would co-location (or not) of services impact workforce attraction and retention?
 - Are any other aspects important to consider for workforce attraction and retention?

Determining the overall scores for each option

- Your individual raw scores will be collected and aggregated to determine the overall scores awarded to each estate option against the criteria assessed:
 - For the **Accessibility** criterion, the separate scores for the relevant emergency & specialised care site options and planned care site options will be combined to generate a total score for all 14 estate options, with the score for each site weighted by the forecast activity at that site
 - Similarly, for the **Modern facilities** criterion, the separate scores for the relevant emergency & specialised care site options and planned care site options will be combined to generate a total score for all 14 estate options, with the score for each site weighted by the m² required at that site
 - These will both be combined with the **Workforce attraction and retention** scores given to each option

Summary and next steps

- The feedback and comments heard today will be collated and written up in a report which will be shared with you in due course.
- Key issues that have been highlighted (e.g. approaches to make option(s) more acceptable, understanding how options will meet standards, and future engagement required) will be taken away and inform the next steps of the *Your Care, Your Future* programme.
- The scores from this panel will be consolidated with the evaluation conducted by the Deliverability Panel to identify shortlist of estate options to be taken forward for detailed financial analysis.
- We will convene a further session if required to confirm decision-making as a result of this consolidation.

Thank you and close

Appendices

Geographical overview of existing and potential hospital sites

Hemel Hempstead Hospital

Proposed greenfield site, J20 of M25

Watford General Hospital

St Albans City Hospital

