

Your Care, Your Future

Deliverability Panel Report

26 August 2016

Attendees

The expert panel consisted of representatives from both Herts Valleys Clinical Commissioning Group (HVCCG) and West Hertfordshire Hospitals NHS Trust (WHHT) as well as patient representatives and an independent estates expert. A full list of scoring panel members, non-scoring facilitators and observers is provided at Appendix A.

Summary of discussions

Welcome, introduction and overview of session

Helen Brown, Director of Strategy and Corporate Services for WHHT, welcomed attendees to the event. She provided an overview of the different expert panels that were being held to inform the options analysis process as part of the development of the Strategic Outline Case (SOC) for the transformation of acute services in West Hertfordshire. She explained that a long list of potential estate options was being considered and that the output from this session would be combined with the outputs from a separate Access and Patient Experience Panel in order to identify a short list of options for detailed financial analysis.

Charles Allan, Director of Contracting and Resilience for HVCCG, outlined some background information from the *Your Care, Your Future* programme, including the case for change and the agreed future model of care for West Hertfordshire in which more care will be delivered closer to home. He explained that there is a need for healthcare to be delivered differently in the future and that this will require closer working between providers including Acute, Community and Mental Health providers. He explained that the focus of this session was the future of acute services, and acknowledged that different groups would have different views. He stated that a transparent process for decision-making was therefore required.

Helen Brown explained that each of the estate options being considered are underpinned by the same clinical service model. A Clinical Model Panel was held in early August to consider whether inpatient beds should be distributed across a number of sites. There was a strong view from the clinicians that all acute inpatient beds should be located on the emergency and specialised care site and that patients should only be moved to step-down beds once they were medically stable. The Clinical Model Panel also considered what types of operation should be conducted on a planned care site. The clinical group's preferred option is for day case only on the planned care site, but they recognised that it is safe and sustainable to deliver some inpatient surgery on a separate planned care site, with appropriate facilities. Finally the preferred option for surgical activity on other sites was for this to be limited to outpatient procedures that can be undertaken in a procedure room (outpatient procedures and minor surgery).

Evaluation criteria

Helen Brown described the sub-criteria which would be used by the panel to score the estate options:

Criteria	Sub-criteria	Description
Deliverability	Site suitability	The extent to which the option will enable the accommodation of all necessary clinical and support services without site-linked constraints (e.g. space, geography, topography, planning).
	Implementation approach	The complexity of implementation, and the extent to which this is likely to impact on business continuity.
	Timescales	The extent to which the option can be implemented rapidly following approval of the OBC, and whether benefits can be delivered in a phased way or will only be fully realised on completion.
	Delivery risk	The extent to which the option is likely to be successfully implemented.

She explained that these criteria were based on those used previously in the *Your Care, Your Future* programme and had been amended following discussions at the stakeholder event on 18th July.

Helen explained that the evaluation exercise would take place in two steps:

- **Step 1:** Panel members would score each of options for the Emergency and Specialised Care site against each of the criteria, assuming a complementary option for Planned Care, e.g. on the same site, at the same refurb level
- **Step 2:** For each of the Emergency and Specialised Care site options, panel members would then assess how the score would vary for the Planned Care element at a different site / different refurb level

Emergency and Specialised Care

Helen Brown introduced the evaluation exercise for the main Emergency and Specialised Care options, with 'matching' planned care options and presented the options which would be considered:

#	Emergency and specialised care		Planned care	
	Location	Build	Location	Build
1a	Greenfield	New build	Greenfield	New build
2a	Watford	New build	Watford	New build
3a	Watford	Redevelop	Watford	New build
4a	Watford	Refurbish	St Albans	Refurbish
5a	Watford	Back log only	St Albans	Back log only

Tim Duggleby, Head of Strategic Development & Compliance for WHHT, provided an overview of the current WHHT estate. He explained that a review was conducted in 2012 and since then work had focused on high risk areas. The cost of backlog maintenance is now estimated at around £100m (of which £20m is for Hemel Hempstead Hospital) and so there is no do nothing option. Spending this amount would reduce the risk of failure, but would not lead to improvements. Tim then explained that only two of the buildings on the Watford General Hospital site were considered suitable in the long-term for clinical services in the acute environment, these are the Princess Michael of Kent (PMOK) building and the Acute Admissions Unit (AAU). At St Albans, the theatres are safe but not fully compliant and so would need to be upgraded in the long term.

Kyle McClelland from Turner and Townsend then provided an outline of the five different options for the Emergency and Specialised Care site.

Option	Key points
Greenfield – New build	The proposed greenfield site is near J20 of M25, close to Kings Langley. It is a large site, but on a hill and does not currently have any utilities. It is also in the green belt, which may lead to an extended planning process. The new site would open in a 'big bang' and so services would be maintained at Watford until it was completely ready.
Watford – New build	The new build option at Watford would be very similar to the greenfield option, but planning permission is likely to be more easily achieved and all the required utilities are already available. The new facilities could potentially open in a phased way.
Watford – Redevelop	The redevelop option at Watford would involve the refurbishment of PMOK and the construction of new blocks nearby on the site. There are a number of different potential locations for these, so this option has some flexibility.
Watford – Refurbish	The refurbish option at Watford would involve the refurbishment of both PMOK and the Women's and Children's (WACS) buildings, as well as the construction of a small additional block.
Watford – Backlog maintenance	This option would not involve any change to the buildings occupied, but is the minimum investment necessary to ensure the hospital environment remains 'safe' for the delivery of clinical services.

A patient representative stated that planning approval can be granted in the green belt in special circumstances and in his view this would take less than the two years estimated in the supporting pack.

It was confirmed that as the Trust does not own the site there would have to be some negotiation on land purchase which would take time, taking into account NHS approvals processes as well as commercial timescales.

There was also discussion about whether there would be political/stakeholder risk of closing the A&E at Watford if a new site was opened.

A patient representative queried why back log maintenance had built up over time and Tim Duggleby explained that it was due to a combination of a lack of funding and the fact that the estate is very highly occupied which means there is limited decant space making access to undertaken compliance works challenging.

A panel member queried whether there were likely to be any planning issues on the Watford site - Tim Duggleby confirmed that there are not expected to be any difficulties securing planning consent on the site as it is existing health use, as there are already a number of high buildings in the area, high degree of liaison with planning authority over previous years linked to the Watford health campus.

Tim Duggleby then led the discussion of the options against the evaluation criteria, explaining the rankings provided in the slide pack.

Site suitability

It was confirmed that this criterion should assess the suitability of the site to accommodate the end state and provide flexibility for the future.

One panel member noted that none of the sites suggested were perfect and so none should get a score of 5. Another stated that he would mark Options 4a and 5a down because there is not currently space for a car parking.

Implementation

It was confirmed that this criterion should assess the difficulty of implementation, and should not consider timescales, which are assessed separately.

A panel member pointed out that Option 1a, a new build on a greenfield site, would have no impact on service continuity and so should score highly. He also described how Option 5a, backlog maintenance, would be very difficult because of the difficulties in isolating services in the current estate.

Timescales

It was confirmed that this criterion should assess the total time to implement the option, as well as how soon some benefit would be delivered.

Delivery risk

It was confirmed that this criterion should assess the risk of business case approval and stakeholder support, but should not consider affordability as financial aspects are being assessed separately.

After the discussion, panel members were invited to score the five main estate options from 1-5 against each of the criteria previously described. The scores are set out in Appendix B.

Planned Care

Helen Brown introduced the evaluation exercise for the planned care options and presented the options which would be considered:

#	Emergency and specialised care		Planned care	
	Location	Build	Location	Build
1b	Greenfield	New build	Watford	New build
1c	Greenfield	New build	Watford	Redevelop
1d	Greenfield	New build	St Albans	New build
1e	Greenfield	New build	St Albans	Redevelop
2b	Watford	New build	Watford	Redevelop
2c	Watford	New build	St Albans	New build
2d	Watford	New build	St Albans	Redevelop
3b	Watford	Redevelop	St Albans	New build
3c	Watford	Redevelop	St Albans	Redevelop

Kyle McClelland provided an outline of the seven different options for the Planned Care site.

Option	Key points
Greenfield – New build	The planned care site could be accommodated on the same greenfield site, with the same points as outlined above.
Watford – New build	The planned care site could be accommodated on the Watford site, with the same points as outlined above.
Watford – Redevelop	If Emergency and Specialised care is not located at the Watford site, the PMOK building could be used to provide Planned Care, with the same points as outlined above.
St Albans – New build	There are two potential scenarios for a new build site at St Albans, at opposite ends of the site.
St Albans – Redevelop	Runcie Wing would be redeveloped to provide inpatient wards and a new block would be built on the Moynihan location to provide theatres.
St Albans – Refurbish	This option would involve the refurbishment of all existing buildings except for Moynihan, which would be demolished.
St Albans – Backlog maintenance	This option would involve conducting backlog maintenance on all existing buildings except for Moynihan, which would be demolished.

After the discussion, panel members were invited to score the different planned care variants of the five main options already considered from 1-5 against each of the criteria previously described. The scores are set out in Appendix B.

Because the scoring process was complex and only limited time was available to consider the options, Helen Brown committed to sending the scores recorded for each panel member to them after the event to provide an opportunity for the scores to be revised.

Appendix A: Deliverability Panel Attendees

Name	Organisation	Panel Role
Helen Brown	West Herts Hospitals Trusts	Non-scoring facilitator
Tim Duggleby	West Herts Hospitals Trusts	Non-scoring facilitator
Katie Crookbain	PA Consulting	Non-scoring facilitator
Kyle McClelland	Turner & Townsend	Non-scoring facilitator
Charles Allan	Herts Valleys CCG	Scoring CCG representative
Trudi Mount	Herts Valleys CCG	Scoring estates expert
Tad Woroniecki	Herts Valleys CCG	Scoring CCG representative
Trevor Fernandes	Herts Valleys CCG (GP)	Scoring CCG representative
Keith Hodge	Herts Valleys CCG (GP)	Scoring CCG representative
Kevin Howell	West Herts Hospitals Trusts	Scoring estates expert
Gordon Yearwood	Patient Representative	Scoring patient representative
Robert Hillyard	Patient Representative	Scoring patient representative
Norman Tyrwhitt	Patient Representative	Scoring patient representative
Kevin Minier	Patient Representative	Observer
Colin Barry	Patient Representative	Observer
Ron Glatter	Patient Representative	Observer
Andrew Panniker	Royal Free London NHS FT	Scoring estates expert

Appendix B: Deliverability Panel Scoring Summary

The table below summarises the scores received by each option from the panel.

Panel members have been split into three groups: estate experts, CCG/Trust representatives and patient representatives. Each criterion was scored by panel members from 1-5, so the minimum total score possible for an option was 4 and the maximum total score possible was 20. The total scores given by the panel members in each group have been summed and divided by the number of panel members in the group to give an 'average total score'.

The overall average total score is calculated by summing the total scores given by all panel members and dividing by the number of panel members. As each group consisted of a different number of panel members, this is not the average of the group scores.

#	Average total score by estates experts	Average total score by CCG/Trust representatives	Average total score by patient representatives	Overall average total score
1a	15	15	15	15
1b	14	12	11	12
1c	13	10	10	11
1d	13	12	11	12
1e	13	11	12	12
2a	16	16	14	15
2b	13	10	10	11
2c	13	12	12	12
2d	13	10	10	11
3a	13	13	12	12
3b	13	12	10	12
3c	13	11	9	11
4a	8	10	10	9
5a	6	6	6	6

It can be seen that the new build options at the greenfield site and Watford General Hospital site both scored highly across all groups with little difference between the two. The redevelopment and refurbishment options were scored less highly and the backlog maintenance option was scored worst by all groups.