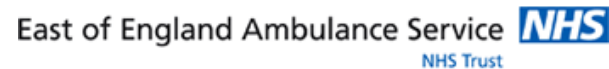


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Summary of Outputs from Expert Panels

Tuesday 20th September 2016



Agenda

- Welcome
- Purpose of today's session
- Reminder of Your Care, Your Future context
- Recap of overall process
- Output from expert panels
- Proposed short list for detailed financial evaluation
- Summary and next steps
- Thank you and close

Welcome

Purpose of this update

The purpose of today's session is to:

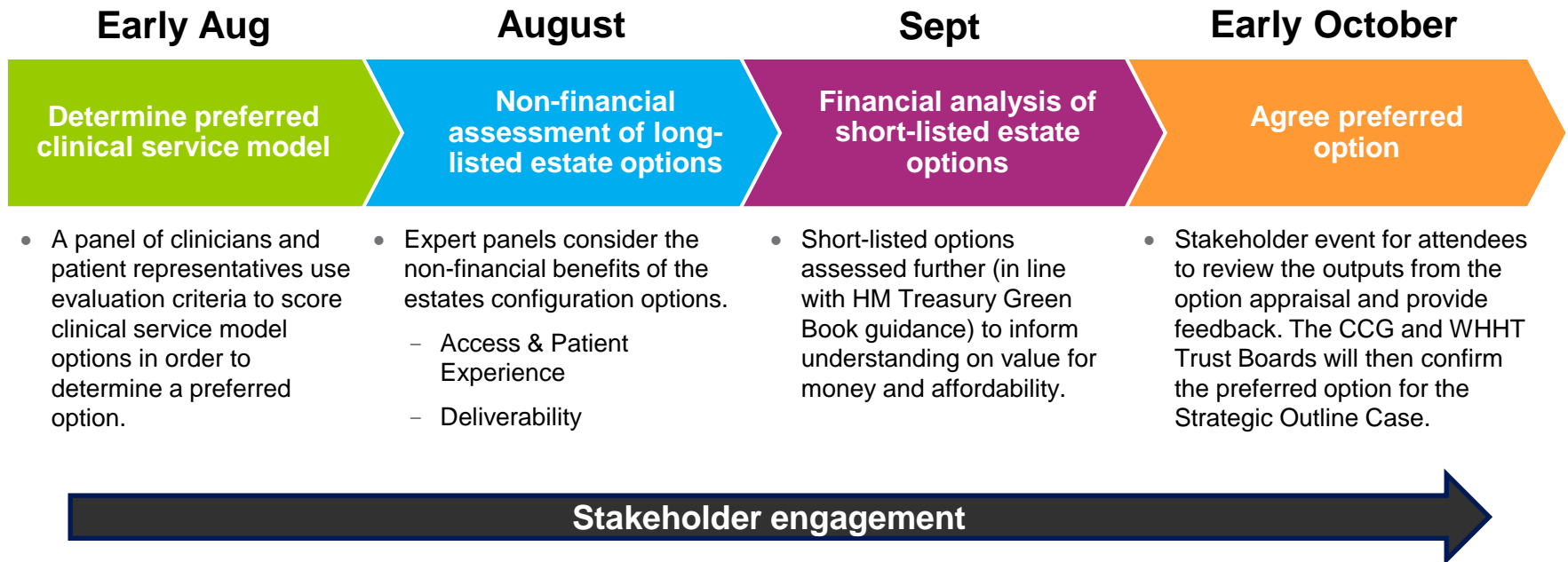
- **Review** the outputs from each of the expert panels
- **Confirm** the preferred clinical model which will underpin all options
- **Confirm** the short list of estate options which will be taken forward for more detailed financial evaluation, prior to the final preferred option being identified

The *Your Care, Your Future* context

- The Your Care, Your Future programme has established a compelling case for change:
 - The needs of the population in West Hertfordshire are **changing**
 - There is **increasing pressure** on achieving clinical standards and maintaining service quality
 - Health services are at risk of becoming clinically and financially **unsustainable**
- The programme will deliver a future model of care 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 outlined five principles:
 - ✓ 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**.

Options appraisal overview

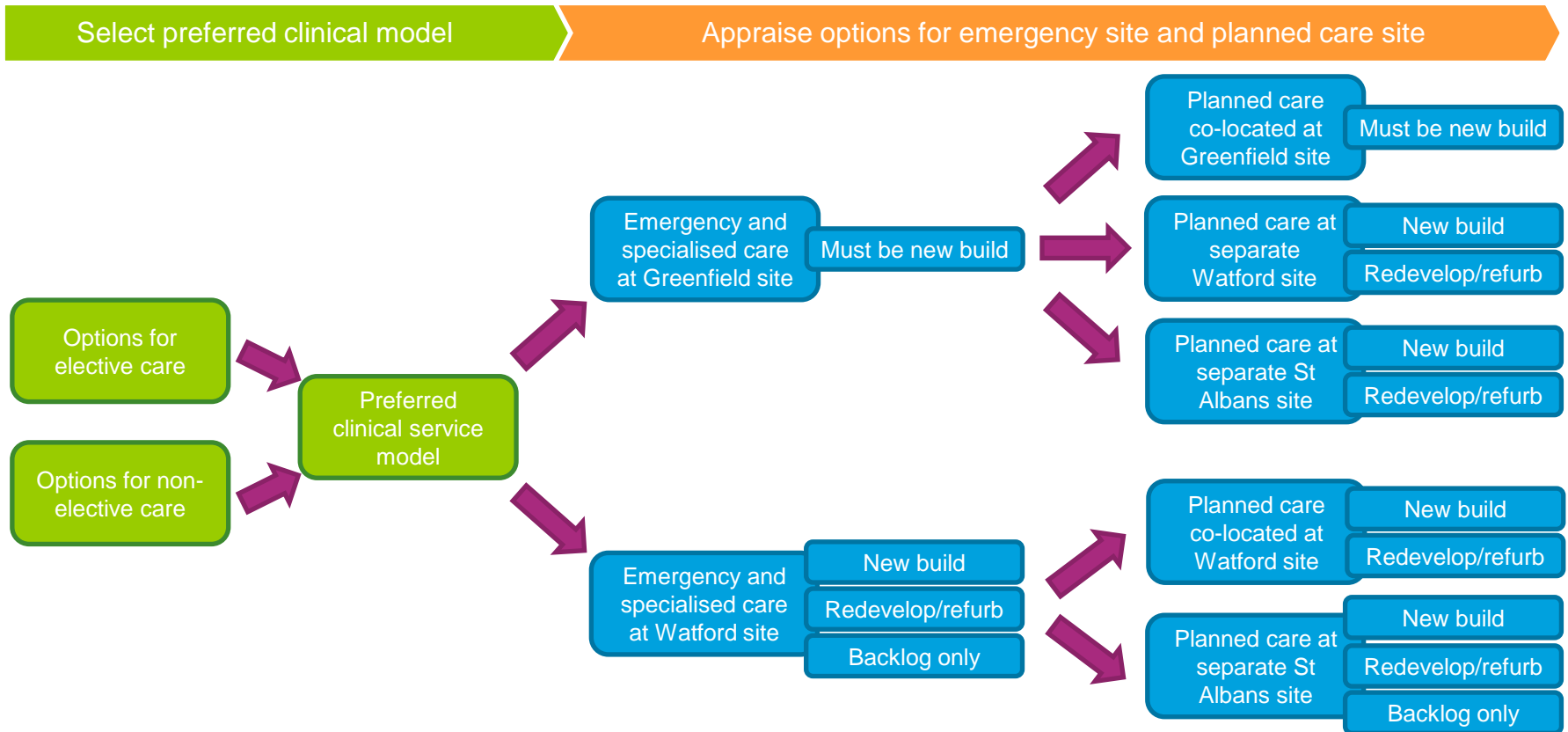
- The options appraisal process is being undertaken in a number of steps:



- Once the option appraisal is complete and a preferred option (or short list of options) agreed, further detailed work to develop the SOC will be undertaken.
- The current aim is to complete the SOC for Board approval by HVCCG and WHHT in early 2017.

Establishing a long list of options

- A Clinical Model Panel was held in August to identify a preferred clinical service model.
- This model is common to all potential estates options, which vary in three ways:
 - **Location** of hospital sites
 - Whether or not the emergency & specialised care and planned care sites are **co-located**
 - **Build quality** of the hospital estate



Long list of estate options

#	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

Expert panels

Clinical Model

- **Date:** 4th August 2016
- **Attendees:**
 - Trust clinicians
 - CCG GPs
 - Stakeholder representatives
 - Patient representatives
- **Evaluation criteria:**
 - Patient outcomes
 - Patient safety
 - Workforce requirement
 - Joined-up care
 - Localisation of care
- **Options assessed:**
 - Non-elective care:
 - Centralised model
 - Distributed model
 - Planned care site:
 - Day case only
 - Inpatient procedures
 - More complex procedures
 - Local sites:
 - Minor procedures
 - Day cases
 - Inpatient procedures

Access & Patient Experience

- **Date:** 19th August
- **Attendees:**
 - Trust representatives
 - CCG representatives
 - Staff side representatives
 - Patient representatives
- **Evaluation criteria:**
 - Access
 - Modern facilities
- **Options assessed:**
 - Accessibility:
 - Emergency and specialised care locations:
 - Greenfield site
 - Watford site
 - Planned care locations
 - Greenfield site
 - Watford site
 - St Albans site
 - Modern Facilities:
 - New build
 - Redevelop
 - Refurbish
 - Backlog maintenance

Deliverability

- **Date:** 26th August
- **Attendees:**
 - Trust representatives
 - CCG representatives
 - Patient representatives
 - Estates experts
- **Evaluation criteria:**
 - Site suitability
 - Implementation approach
 - Timescales
 - Delivery risk
- **Options assessed:**
 - Five main options for emergency and specialised care site (location and build)
 - ‘Variants’ of main options, with alternative options for planned care site

Clinical Model Panel

Headlines from three issues considered:

- 1. Should all in-patient acute medical beds continue to be centralised on the Emergency and Specialised Care site?**
 - Strong view from clinicians that all acute in-patient beds should be centralised on the emergency and specialised care site:
 - A distributed model would be difficult to sustain
 - Patients should only be moved to step-down beds once they are medically stable

- 2. What types of procedure should be performed at a Planned Care site?**
 - Good discussion around all options, with all groups favouring day cases and/or lower risk inpatient procedures.
 - Consensus that the most complex / highest risk procedures should continue to be performed at the Emergency and Specialised Care site.

- 3. Should any surgery other than minor procedures be undertaken at a third site?**
 - Consensus that only minor procedures should be carried out at 'local hospitals / community hubs'.

Options assessed by the Clinical Model Panel

#	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.

#	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)

#	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

Output from Clinical Model Panel

Scores for all panel members combined:

Option description	Patient outcomes	Patient safety	Workforce requirement	Joined-up care	Localisation of care	Total	Chart	Rank
Options for non-elective care								
1. Centralised model	4.2	4.6	4.1	3.8	3.1	4.0		1
2. Distributed model	2.0	1.6	1.8	1.9	3.7	2.2		2
Options for elective care: procedures performed at planned care site								
3. Day case only	3.3	3.4	3.1	3.1	2.9	3.2		2
4. Day cases and inpatient procedures (no on-site return to theatre policy)	3.6	2.9	3.4	3.4	3.3	3.3		1
5. Day cases and inpatient procedures (with on-site return to theatre policy)	3.4	3.6	2.0	3.1	3.0	3.0		3
Options for elective care: procedures performed at local hospitals / community hubs								
6. Minor procedures only (no operating theatre)	3.7	3.9	4.1	4.1	4.5	4.1		1
7. Minor procedures and day cases	3.1	2.6	2.3	2.9	3.8	2.9		2
8. Minor procedures, day cases and inpatient procedures	2.1	2.0	1.4	2.2	3.5	2.2		3

- **Options for non-elective care**
 - Option 1 achieved a higher overall score than Option 2.
- **Options for elective care: Procedures performed at planned care site**
 - Scoring was marginal, with all options achieving similar overall scores, but Option 4 highest overall.
- **Options for elective care: Procedures performed at ‘local hospitals / community hubs’**
 - Option 6 achieved a higher overall score than both Options 7 and 8.

Output from Clinical Model Panel

Scores for:

System
representatives

Patient
Representatives

Option description	Total	Chart	Rank
Options for non-elective care			
1. Centralised model	3.9		1
2. Distributed model	2.0		2
Options for elective care: procedures performed at planned care site			
3. Day case only	3.2		2
4. Day cases and inpatient procedures (no on-site return to theatre policy)	3.3		1
5. Day cases and inpatient procedures (with on-site return to theatre policy)	2.9		3
Options for elective care: procedures performed at local hospitals / community hubs			
6. Minor procedures only (no operating theatre)	4.0		1
7. Minor procedures and day cases	2.7		2
8. Minor procedures, day cases and inpatient procedures	2.5		3

Total	Chart	Rank
Options for non-elective care		
4.1		1
3.1		2
Options for elective care: procedures performed at planned care site		
2.8		3
3.4		1
3.3		2
Options for elective care: procedures performed at local hospitals / community hubs		
4.1		1
3.9		2
2.2		3

- **Options for non-elective care**

- Option 1 achieved a higher overall score than Option 2 from both groups.

- **Options for elective care: Procedures performed at planned care site**

- All options achieved similar overall scores, but Option 4 was scored highest by both groups.

- **Options for elective care: Procedures performed at ‘local hospitals / community hubs’**

- Option 6 achieved a highest overall score from both groups.

Access and Patient Experience Panel

Headlines from two issues considered:

1. Which of the potential hospital locations have the best accessibility?

- All locations have ‘winners’ and ‘losers’ but overall average travel time driven by distance from areas of greatest population density.
- **Emergency and Specialised Care:**
 - Average car travel times would be slightly lower for Watford than for the greenfield site.
 - Public transport travel times would be very similar for both sites.
- **Planned Care:**
 - Average car travel times would be very similar for Watford and St Albans, but slightly higher for the greenfield site.
 - For public transport, travel times would be very similar for Watford and greenfield site, but slightly higher for St Albans.

2. What type of build quality will give the best patient experience?

- Consensus that the new build option was clearly the best option and backlog maintenance was the worst.

Output from Access and Patient Experience Panel

#	Accessibility: Emergency and specialised care
1	Central greenfield site (<i>Near J20 of M25, close to Kings Langley</i>)
2	Watford General Hospital site

- **Scoring outcome:** All options achieved very similar scores. Watford was scored slightly more highly overall, but the greenfield site was scored more highly by staff side representatives.

#	Accessibility: Planned care
3	Central greenfield site (<i>Near J20 of M25, close to Kings Langley</i>)
4	Watford General Hospital site
5	St Albans City Hospital site

- **Scoring outcome:** All options achieved very similar scores. Watford was scored slightly more highly overall, but staff side representatives scored all options evenly.

#	Modern facilities
6	New build (100% new build)
7	Redevelop (up to 50% new build)
8	Refurbish (up to 20% new build)
9	Backlog maintenance (0% new build)

- **Scoring outcome:** The New build option was scored more highly than the other options considered. All groups agreed on the ordering and relative scoring of the options.

Weighting emergency versus planned care

- To generate overall scores for each of the long listed estate options being considered, raw scores for Emergency and Specialised Care sites must be combined with raw scores for Planned Care sites.
- They have therefore been weighted as follows:
- Accessibility:** scores are weighted by level of activity / visits

	Visits	Activity	Emergency Care	Planned Care	Assumptions
A&E	1	136,260	100%	0%	All A&E on emergency site
Non-Elective	4	54,396	100%	0%	3 visits per stay (1 per day)
Elective	2	7,582	20%	80%	1 visit per stay
Day Cases	1	37,337	0%	100%	All day cases on planned site
Outpatients	1	454,558	35%	35%	30% OP activity to be re-provided, remainder split
Total Activity / visits			515,972	208,564	
Weighting			71%	29%	

- Patient Experience and Deliverability:** scores are weighted by hospital area (m²)

	Area required	Weighting
Emergency Care	70,000 m ²	78%
Planned Care	20,000 m ²	22%

Output from Access and Patient Experience Panel

Scores for all panel members combined:

Option	Emergency Care	Planned Care	Access- ibility	Modern Facil.	A, P, E, Score	A, P, E, Chart	A, P, E, Rank
Option 1	Greenfield - New build	Greenfield - New build	3.2	5.0	4.1		5
Option 2	Greenfield - New build	Watford - New build	3.4	5.0	4.2		2
Option 3	Greenfield - New build	Watford - Redevelop	3.4	4.6	4.0		7
Option 4	Greenfield - New build	St Albans - New build	3.1	5.0	4.1		6
Option 5	Greenfield - New build	St Albans - Redevelop	3.1	4.6	3.9		9
Option 6	Watford - New build	Watford - New build	3.7	5.0	4.3		1
Option 7	Watford - New build	Watford - Redevelop	3.7	4.6	4.1		4
Option 8	Watford - Redevelop	Watford - New build	3.7	3.6	3.6		10
Option 9	Watford - New build	St Albans - New build	3.4	5.0	4.2		3
Option 10	Watford - New build	St Albans - Redevelop	3.4	4.6	4.0		8
Option 11	Watford - Redevelop	St Albans - New build	3.4	3.6	3.5		11
Option 12	Watford - Redevelop	St Albans - Redevelop	3.4	3.1	3.3		12
Option 13	Watford - Refurbish	St Albans - Refurbish	3.4	2.0	2.7		13
Option 14	Watford - Backlog	St Albans - Backlog	3.4	1.1	2.3		14

- Combining the scores for all panel members across both criteria shows the new build options scoring the most highly
- Eight of the options scored 4.0 or above with Options 6, 2 and 9 scoring most highly, closely followed by options 1,4 and 7.

Output from Access and Patient Experience Panel

Scores for:

System representatives

Patient representatives

Option	Emergency Care	Planned Care	Access-ibility	Modern Facil.	A, P, E, Score	A, P, E, Chart	A, P, E, Rank
Option 1	Greenfield - New build	Greenfield - New build	3.5	5.0	4.2		3
Option 2	Greenfield - New build	Watford - New build	3.6	5.0	4.3		2
Option 3	Greenfield - New build	Watford - Redevelop	3.6	4.6	4.1		7
Option 4	Greenfield - New build	St Albans - New build	3.4	5.0	4.2		5
Option 5	Greenfield - New build	St Albans - Redevelop	3.4	4.6	4.0		9
Option 6	Watford - New build	Watford - New build	3.7	5.0	4.4		1
Option 7	Watford - New build	Watford - Redevelop	3.7	4.6	4.2		6
Option 8	Watford - Redevelop	Watford - New build	3.7	3.6	3.7		10
Option 9	Watford - New build	St Albans - New build	3.5	5.0	4.2		4
Option 10	Watford - New build	St Albans - Redevelop	3.5	4.6	4.0		8
Option 11	Watford - Redevelop	St Albans - New build	3.5	3.6	3.5		11
Option 12	Watford - Redevelop	St Albans - Redevelop	3.5	3.2	3.3		12
Option 13	Watford - Refurbish	St Albans - Refurbish	3.5	2.1	2.8		13
Option 14	Watford - Backlog	St Albans - Backlog	3.5	1.1	2.3		14

Access-ibility	Modern Facil.	A, P, E, Score	A, P, E, Chart	A, P, E, Rank
2.8	5.0	3.9		6
3.1	5.0	4.1		4
3.1	4.6	3.8		8
2.8	5.0	3.9		7
2.8	4.6	3.7		9
3.6	5.0	4.3		1
3.6	4.6	4.1		3
3.6	3.4	3.5		10
3.3	5.0	4.1		2
3.3	4.6	3.9		5
3.3	3.4	3.4		11
3.3	3.0	3.1		12
3.3	2.0	2.6		13
3.3	1.3	2.3		14

- Patient representative and system representative scores were similar in how they ranked the options.
- Patient representative scored consistently lower across all options.

Deliverability Panel

Headlines from options considered:

- **Greenfield site:**
 - Proposed site is large and has the potential to provide a good design solution for a new hospital
 - The site does not currently have any utilities which will add to the timeline for delivery
 - The site is in the green belt, which may lead to a longer planning process.
 - Services would open in a 'big bang', and so Watford services maintained in interim.
 - No disruption to service continuity during implementation.
- **New build on existing sites:**
 - WGH and SACH also have potential for good new build solutions, though more constraints than on the greenfield site.
 - All the required utilities are already available and planning permission likely to be achieved more quickly.
 - Facilities could open in a phased transition, allowing for earlier benefits
- **Redevelop/refurbish options:**
 - Would involve refurbishing existing buildings, as well as construction of additional blocks.
 - Work would be done in several stages, with potential disruption to service continuity during process.
- **Backlog maintenance:**
 - Backlog maintenance has built up over time due to lack of funding and limited decant space.
 - Would remain a challenge and so this option has the highest risk to business continuity.

Output from Deliverability Panel

#	Emergency & Specialised Care site		Planned Care site		
	Location	Build	#	Location	Build
1	Central greenfield site	New build	a	Central greenfield site	New build
			b	Watford General Hospital	New build
			c	Watford General Hospital	Redevelop
			d	St Albans City Hospital	New build
			e	St Albans City Hospital	Redevelop
2	Watford General Hospital	New build	a	Watford General Hospital	New build
			b	Watford General Hospital	Redevelop
			c	St Albans City Hospital	New build
			d	St Albans City Hospital	Redevelop
3	Watford General Hospital	Redevelop	a	Watford General Hospital	New build
			b	St Albans City Hospital	New build
			c	St Albans City Hospital	Redevelop
4	Watford General Hospital	Basic refurbishment	a	St Albans City Hospital	Basic refurbishment
5	Watford General Hospital	Backlog maintenance	a	St Albans City Hospital	Backlog maintenance

- **Scoring outcome:** New build options at the greenfield Watford General Hospital sites 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.

Output from Deliverability Panel

Scores for all panel members combined:

Option		Emergency Care	Planned Care	Site suitability	Implementation approach	Timescales	Delivery risk	Deliv. Score	Deliv. Chart	Deliv. Rank
Option 1	1a	Greenfield - New build	Greenfield - New build	4.6	4.5	2.9	3.0	3.8		2
Option 2	1b	Greenfield - New build	Watford - New build	3.1	3.5	2.9	2.8	3.1		3
Option 3	1c	Greenfield - New build	Watford - Redevelop	2.7	2.7	2.6	2.6	2.7		12
Option 4	1d	Greenfield - New build	St Albans - New build	2.9	3.1	3.2	2.9	3.0		6
Option 5	1e	Greenfield - New build	St Albans - Redevelop	2.9	2.8	3.1	3.0	3.0		7
Option 6	2a	Watford - New build	Watford - New build	4.1	4.1	3.8	3.3	3.8		1
Option 7	2b	Watford - New build	Watford - Redevelop	3.0	2.7	2.6	2.7	2.8		9
Option 8	3a	Watford - Redevelop	Watford - New build	3.0	2.8	2.9	3.1	3.0		7
Option 9	2c	Watford - New build	St Albans - New build	3.0	3.1	3.1	3.0	3.1		4
Option 10	2d	Watford - New build	St Albans - Redevelop	2.4	2.5	2.9	2.8	2.7		11
Option 11	3b	Watford - Redevelop	St Albans - New build	2.8	3.0	3.1	3.2	3.0		5
Option 12	3c	Watford - Redevelop	St Albans - Redevelop	2.8	2.4	2.8	3.0	2.8		9
Option 13	4a	Watford - Refurbish	St Albans - Refurbish	2.2	1.7	2.2	3.0	2.3		13
Option 14	5a	Watford - Backlog	St Albans - Backlog	1.1	1.3	1.6	1.9	1.5		14

- Combining the scores for all panel members across all four criteria shows the two single site, new build options scoring the most highly (Options 1 & 6)
- This was due to high scoring on Site Suitability and Implementation Approach.

Output from Deliverability Panel

Scores for:

System representatives

Patient representatives

Option		Emergency Care	Planned Care	Site suitability	Implementation approach	Timescales	Delivery risk	Deliv. Score	Deliv. Chart	Deliv. Rank
Option 1	1a	Greenfield - New build	Greenfield - New build	4.4	4.3	2.9	3.3	3.7		2
Option 2	1b	Greenfield - New build	Watford - New build	3.4	3.6	3.0	2.7	3.2		3
Option 3	1c	Greenfield - New build	Watford - Redevelop	2.9	2.7	2.9	2.6	2.8		11
Option 4	1d	Greenfield - New build	St Albans - New build	3.1	3.3	3.4	2.9	3.2		3
Option 5	1e	Greenfield - New build	St Albans - Redevelop	3.0	2.9	3.1	2.9	3.0		8
Option 6	2a	Watford - New build	Watford - New build	4.3	4.0	3.7	3.7	3.9		1
Option 7	2b	Watford - New build	Watford - Redevelop	3.0	2.9	2.6	2.9	2.8		10
Option 8	3a	Watford - Redevelop	Watford - New build	3.1	2.9	3.1	3.4	3.1		6
Option 9	2c	Watford - New build	St Albans - New build	3.1	3.3	3.0	2.9	3.1		7
Option 10	2d	Watford - New build	St Albans - Redevelop	2.6	2.7	3.0	2.7	2.8		11
Option 11	3b	Watford - Redevelop	St Albans - New build	3.0	3.1	3.1	3.4	3.2		5
Option 12	3c	Watford - Redevelop	St Albans - Redevelop	3.0	2.7	2.9	3.0	2.9		9
Option 13	4a	Watford - Refurbish	St Albans - Refurbish	2.3	1.7	2.4	3.0	2.4		13
Option 14	5a	Watford - Backlog	St Albans - Backlog	1.0	1.4	1.9	1.9	1.5		14

Site suitability	Implementation approach	Timescales	Delivery risk	Deliv. Score	Deliv. Chart	Deliv. Rank
5.0	5.0	3.0	2.3	3.8		1
2.3	3.3	2.7	3.0	2.8		5
2.3	2.7	2.0	2.7	2.4		10
2.3	2.7	2.7	3.0	2.7		6
2.7	2.7	3.0	3.3	2.9		4
3.7	4.3	4.0	2.3	3.6		2
3.0	2.3	2.7	2.3	2.6		8
2.7	2.7	2.3	2.3	2.5		9
2.7	2.7	3.3	3.3	3.0		3
2.0	2.0	2.7	3.0	2.4		10
2.3	2.7	3.0	2.7	2.7		6
2.3	1.7	2.7	3.0	2.4		10
2.0	1.7	1.7	3.0	2.1		13
1.3	1.0	1.0	2.0	1.3		14

- Patient representative and System representative scores were again similar in how they ranked the options.
- Patient representatives showed a preference toward Option 1, believing it scored more highly than Option 6 on Site Suitability and Implementation Approach.

Outputs from the long list analysis

Scores from the panels were combined, assuming that both panels held equal weighting despite having different numbers of criteria.

Option		Emergency Care	Planned Care	Access- ibility	Modern Facil.	A, P, E, Score	A, P, E, Rank	Site suitabilit y	Implemtn approach	Timescal es	Delivery risk	Deliv. Score	Deliv. Rank	Total Score	Total Chart	Total Rank
Option 1	1a	Greenfield - New build	Greenfield - New build	3.2	5.0	4.1	5	4.6	4.5	2.9	3.0	3.8	2	3.9		2
Option 2	1b	Greenfield - New build	Watford - New build	3.4	5.0	4.2	2	3.1	3.5	2.9	2.8	3.1	3	3.6		3
Option 3	1c	Greenfield - New build	Watford - Redevelop	3.4	4.6	4.0	7	2.7	2.7	2.6	2.6	2.7	12	3.3		8
Option 4	1d	Greenfield - New build	St Albans - New build	3.1	5.0	4.1	6	2.9	3.1	3.2	2.9	3.0	6	3.5		5
Option 5	1e	Greenfield - New build	St Albans - Redevelop	3.1	4.6	3.9	9	2.9	2.8	3.1	3.0	3.0	7	3.4		7
Option 6	2a	Watford - New build	Watford - New build	3.7	5.0	4.3	1	4.1	4.1	3.8	3.3	3.8	1	4.1		1
Option 7	2b	Watford - New build	Watford - Redevelop	3.7	4.6	4.1	4	3.0	2.7	2.6	2.7	2.8	9	3.4		6
Option 8	3a	Watford - Redevelop	Watford - New build	3.7	3.6	3.6	10	3.0	2.8	2.9	3.1	3.0	7	3.3		10
Option 9	2c	Watford - New build	St Albans - New build	3.4	5.0	4.2	3	3.0	3.1	3.1	3.0	3.1	4	3.6		4
Option 10	2d	Watford - New build	St Albans - Redevelop	3.4	4.6	4.0	8	2.4	2.5	2.9	2.8	2.7	11	3.3		9
Option 11	3b	Watford - Redevelop	St Albans - New build	3.4	3.6	3.5	11	2.8	3.0	3.1	3.2	3.0	5	3.3		11
Option 12	3c	Watford - Redevelop	St Albans - Redevelop	3.4	3.1	3.3	12	2.8	2.4	2.8	3.0	2.8	9	3.0		12
Option 13	4a	Watford - Refurbish	St Albans - Refurbish	3.4	2.0	2.7	13	2.2	1.7	2.2	3.0	2.3	13	2.5		13
Option 14	5a	Watford - Backlog	St Albans - Backlog	3.4	1.1	2.3	14	1.1	1.3	1.6	1.9	1.5	14	1.9		14

- Overall the two new build, single site, options clearly scored the most highly.

Sensitivity to criteria weightings

The sensitivity of this outcome to weightings was tested by weighting all criteria, rather than overall panels, equally.

Original ranking



Option		Emergency Care	Planned Care	Access- ibility	Modern Facil.	A, P, E, Score	A, P, E, Rank	Site suitabilit y	Implemtn approach	Timescal es	Delivery risk	Deliv. Score	Deliv. Rank	Total Score	Total Chart	Total Rank	Total Rank
Option 1	1a	Greenfield - New build	Greenfield - New build	3.2	5.0	4.1	5	4.6	4.5	2.9	3.0	3.8	2	3.9		2	2
Option 2	1b	Greenfield - New build	Watford - New build	3.4	5.0	4.2	2	3.1	3.5	2.9	2.8	3.1	3	3.5		3	3
Option 3	1c	Greenfield - New build	Watford - Redevelop	3.4	4.6	4.0	7	2.7	2.7	2.6	2.6	2.7	12	3.1		10	8
Option 4	1d	Greenfield - New build	St Albans - New build	3.1	5.0	4.1	6	2.9	3.1	3.2	2.9	3.0	6	3.4		5	5
Option 5	1e	Greenfield - New build	St Albans - Redevelop	3.1	4.6	3.9	9	2.9	2.8	3.1	3.0	3.0	7	3.3		6	7
Option 6	2a	Watford - New build	Watford - New build	3.7	5.0	4.3	1	4.1	4.1	3.8	3.3	3.8	1	4.0		1	1
Option 7	2b	Watford - New build	Watford - Redevelop	3.7	4.6	4.1	4	3.0	2.7	2.6	2.7	2.8	9	3.2		7	6
Option 8	3a	Watford - Redevelop	Watford - New build	3.7	3.6	3.6	10	3.0	2.8	2.9	3.1	3.0	7	3.2		9	10
Option 9	2c	Watford - New build	St Albans - New build	3.4	5.0	4.2	3	3.0	3.1	3.1	3.0	3.1	4	3.4		4	4
Option 10	2d	Watford - New build	St Albans - Redevelop	3.4	4.6	4.0	8	2.4	2.5	2.9	2.8	2.7	11	3.1		11	9
Option 11	3b	Watford - Redevelop	St Albans - New build	3.4	3.6	3.5	11	2.8	3.0	3.1	3.2	3.0	5	3.2		8	11
Option 12	3c	Watford - Redevelop	St Albans - Redevelop	3.4	3.1	3.3	12	2.8	2.4	2.8	3.0	2.8	9	2.9		12	12
Option 13	4a	Watford - Refurbish	St Albans - Refurbish	3.4	2.0	2.7	13	2.2	1.7	2.2	3.0	2.3	13	2.4		13	13
Option 14	5a	Watford - Backlog	St Albans - Backlog	3.4	1.1	2.3	14	1.1	1.3	1.6	1.9	1.5	14	1.7		14	14

- The top seven ranked options remain the same, with the top five ranked in the same order.

Sensitivity to criteria weightings

Then, each criteria was in turn given three times the weighting of other criteria within the same panel

Option		Emergency Care		Planned Care		original	access	patient experience	site suitability	impln approach	timescales	delivery risk
		Total Rank	Total Rank	Total Rank	Total Rank	Total Rank	Total Rank	Total Rank	Total Rank	Total Rank	Total Rank	Total Rank
Option 1	1a	Greenfield - New build	Greenfield - New build	Greenfield - New build	Greenfield - New build	2	2	2	2	2	2	2
Option 2	1b	Greenfield - New build	Watford - New build	Greenfield - New build	Watford - New build	3	3	3	3	3	4	4
Option 3	1c	Greenfield - New build	Watford - Redevelop	Greenfield - New build	Watford - Redevelop	8	10	8	8	8	9	9
Option 4	1d	Greenfield - New build	St Albans - New build	Greenfield - New build	St Albans - New build	5	6	5	5	5	5	5
Option 5	1e	Greenfield - New build	St Albans - Redevelop	Greenfield - New build	St Albans - Redevelop	7	9	6	7	7	6	7
Option 6	2a	Watford - New build	Watford - New build	Watford - New build	Watford - New build	1	1	1	1	1	1	1
Option 7	2b	Watford - New build	Watford - Redevelop	Watford - New build	Watford - Redevelop	6	5	7	6	6	7	6
Option 8	3a	Watford - Redevelop	Watford - New build	Watford - Redevelop	Watford - New build	10	7	11	9	10	10	10
Option 9	2c	Watford - New build	St Albans - New build	Watford - New build	St Albans - New build	4	4	4	4	4	3	3
Option 10	2d	Watford - New build	St Albans - Redevelop	Watford - New build	St Albans - Redevelop	9	11	9	10	9	8	8
Option 11	3b	Watford - Redevelop	St Albans - New build	Watford - Redevelop	St Albans - New build	11	8	10	11	11	11	11
Option 12	3c	Watford - Redevelop	St Albans - Redevelop	Watford - Redevelop	St Albans - Redevelop	12	12	12	12	12	12	12
Option 13	4a	Watford - Refurbish	St Albans - Refurbish	Watford - Refurbish	St Albans - Refurbish	13	13	13	13	13	13	13
Option 14	5a	Watford - Backlog	St Albans - Backlog	Watford - Backlog	St Albans - Backlog	14	14	14	14	14	14	14

- This also had a limited impact on the ranking of the options.

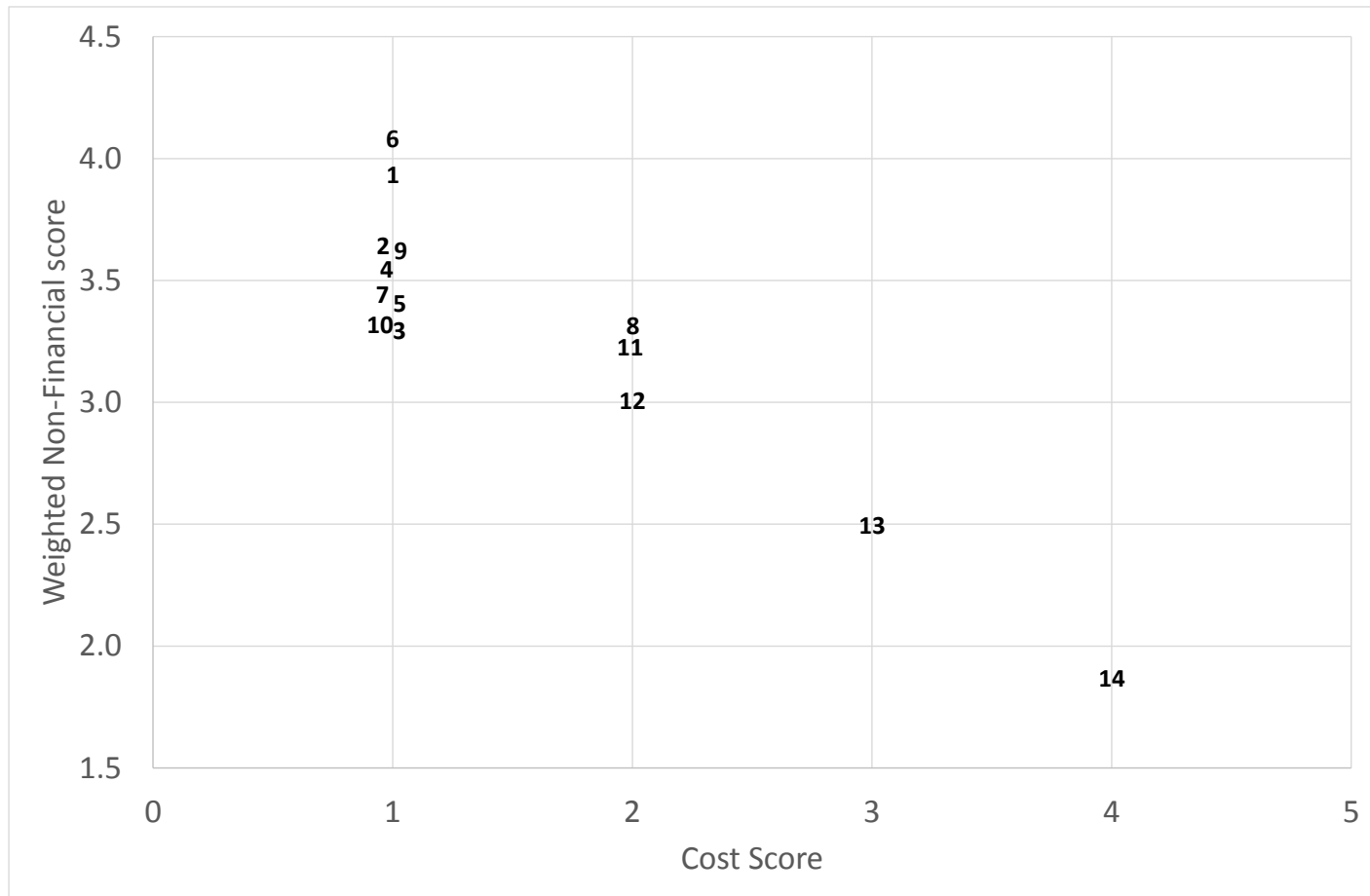
Moving from a long list to a short list of options

- The margins between the scores for each of the options is quite narrow.
- In order to differentiate further between options, and allow identification of a short list of options for more detailed analysis, we have considered the capital cost of each at a very high level – options have been scored from 1 (highest cost) to 5 (lowest cost)

Option		Emergency Care	Planned Care	Access-ability	Modern Facil.	Access Patient Experience	Site suitability	Impleme-ntation approach	Time-scales	Delivery risk	Deliver-ability	Total	Cost Score
Option 1	1a	Greenfield - New build	Greenfield - New build	3.2	5.0	4.1	4.6	4.5	2.9	3.0	3.8	3.9	1
Option 2	1b	Greenfield - New build	Watford - New build	3.4	5.0	4.2	3.1	3.5	2.9	2.8	3.1	3.6	1
Option 3	1c	Greenfield - New build	Watford - Redevelop	3.4	4.6	4.0	2.7	2.7	2.6	2.6	2.7	3.3	1
Option 4	1d	Greenfield - New build	St Albans - New build	3.1	5.0	4.1	2.9	3.1	3.2	2.9	3.0	3.5	1
Option 5	1e	Greenfield - New build	St Albans - Redevelop	3.1	4.6	3.9	2.9	2.8	3.1	3.0	3.0	3.4	1
Option 6	2a	Watford - New build	Watford - New build	3.7	5.0	4.3	4.1	4.1	3.8	3.3	3.8	4.1	1
Option 7	2b	Watford - New build	Watford - Redevelop	3.7	4.6	4.1	3.0	2.7	2.6	2.7	2.8	3.4	1
Option 8	3a	Watford - Redevelop	Watford - New build	3.7	3.6	3.6	3.0	2.8	2.9	3.1	3.0	3.3	2
Option 9	2c	Watford - New build	St Albans - New build	3.4	5.0	4.2	3.0	3.1	3.1	3.0	3.1	3.6	1
Option 10	2d	Watford - New build	St Albans - Redevelop	3.4	4.6	4.0	2.4	2.5	2.9	2.8	2.7	3.3	1
Option 11	3b	Watford - Redevelop	St Albans - New build	3.4	3.6	3.5	2.8	3.0	3.1	3.2	3.0	3.3	2
Option 12	3c	Watford - Redevelop	St Albans - Redevelop	3.4	3.1	3.3	2.8	2.4	2.8	3.0	2.8	3.0	2
Option 13	4a	Watford - Refurbish	St Albans - Refurbish	3.4	2.0	2.7	2.2	1.7	2.2	3.0	2.3	2.5	3
Option 14	5a	Watford - Backlog	St Albans - Backlog	3.4	1.1	2.3	1.1	1.3	1.6	1.9	1.5	1.9	4

Moving from a long list to a short list of options

The non-financial scores have been plotted against the cost score to show which gives most benefit for the amount of capital investment required.



Conclusions from the long list analysis

- An assessment was undertaken to determine the characteristics which were causing options to give a lower benefit than other options requiring similar investment.
- This prompted the following conclusions:
- **If the Planned Care site is new build, it should be co-located with the Emergency and Specialised Care site**
 - A new build solution requires greater capital investment than a redevelopment or refurbishment of existing buildings.
 - Co-locating the Planned Care site with the Emergency and Specialised Care site (but in a separate building) will allow clinical synergies to be optimised and efficiencies exploited.
 - A new build Planned Care site at St Albans should therefore be rejected (Options 4, 9 and 11).
- **Options 7 and 8 are very similar – both involve new build as well as redevelopment at Watford**
 - In reality, if a combination of new build and redevelopment was pursued, the optimum configuration would be chosen, making the best use of existing buildings to meet requirements.
 - An option combining both of these should therefore be taken forward.
- **Option 13 is not a genuine ‘Do Minimum’ – more work would be required to ensure hospital services can continue to be delivered safely**
 - The minimum works required would fall somewhere between Option 13 and 14.

Proposed short list of options

new build = 100% new
redevelop = some new build, some redevelopment of existing buildings

#	Emergency & Specialised Care site		Planned Care site	
	Location	Build	Location	Build
1	Central greenfield site	New build	Central greenfield site	New build
3	Central greenfield site	New build	Watford General Hospital	Redevelop
5	Central greenfield site	New build	St Albans City Hospital	Redevelop
6	Watford General Hospital	New build	Watford General Hospital	New build
7/8	Watford General Hospital	New build / redevelop (optimum configuration)	Watford General Hospital	New build / redevelop (optimum configuration)
10	Watford General Hospital	New build	St Albans City Hospital	Redevelop
12	Watford General Hospital	Redevelop	St Albans City Hospital	Redevelop
13/14	Watford General Hospital	Backlog maintenance / basic refurbishment (Do Minimum)	St Albans City Hospital	Backlog maintenance / basic refurbishment (Do Minimum)

Main areas for future decision making

Looking at the available options, it's clear that there are some key decisions to be made:

- If it is decided that a new build Emergency and Specialised Care site should be pursued, should it be at a greenfield site or at Watford?
 - The non-financial analysis shows that this is finely balanced
- If it is decided that the Emergency and Specialised Care site should be located at Watford, what level of new build versus redevelopment would offer best value for money? (more detailed work is required to answer this question)
- Should the Planned Care site be co-located with the Emergency and Specialised Care site?
 - Co-location is likely to bring both clinical and long term financial benefits but may require additional capital investment.

Discussion points

Today we have:

- Set out the process used to evaluate the long list of options against a number of non-financial evaluation criteria
- Presented the outputs from this evaluation process

We would now like to hear from you:

- Do you have any comments or questions on the information presented?
- Are there any additional aspects which you believe should be considered?
- Do you agree with the proposed 'shortlist'?

Next steps

- **28th September**
 - “Check and challenge” session for initial financial analysis
 - This session will offer an opportunity for a more detailed review of the financial assessment of the short-listed options
- **4th October**
 - Stakeholder event where the findings of the analysis and engagement will be presented and discussed
- **November**
 - Recommendation of preferred option to Herts Valleys CCG and West Hertfordshire Hospitals Trust boards (subject to more detailed work to complete the strategic outline case)
- **Early 2017**
 - Formal decision on strategic outline case and submission to NHS I for approval.

Thank you and close

APPENDICES

Clinical model evaluation criteria

Criteria	Sub-criteria	Scoring Criteria				
		1 <i>Unable to meet Your Care, Your Future objectives</i>	2 <i>Partially able to meet Your Care, Your Future objectives</i>	3 <i>Able to meet Your Care, Your Future objectives</i>	4 <i>Able to exceed Your Care, Your Future objectives</i>	5 <i>Able to optimise Your Care, Your Future objectives achievement</i>
Clinical Service Model criteria - Assessed by Clinical Quality & Workforce Panel						
Quality and Patient Experience	Patient outcomes	The option will not optimise the achievement of patient outcomes sought.	The option may optimise the achievement of patient outcomes sought.	The option is likely to optimise the achievement of patient outcomes sought.	The option is very likely to optimise the achievement of patient outcomes sought.	The option will optimise the achievement of patient outcomes sought.
	Patient safety	The option will not optimise patient safety.	The option may optimise patient safety.	The option is likely to optimise patient safety.	The option is very likely to optimise patient safety.	The option will optimise patient safety.
	Workforce requirement	The option's workforce requirement means that it may not be possible to staff rotas, and/or there will be very limited training opportunities available.	The option's workforce requirement means that it may be difficult to staff rotas, and/or there will be limited training opportunities available.	The option's workforce requirement means that it is likely that rotas will be able to be staffed, and there will be adequate training opportunities available.	The option's workforce requirement means that it is very likely that rotas will be able to be staffed, and there will be good training opportunities available.	The option's workforce requirement means that rotas can be optimised, and there will be excellent training opportunities available
	Joined-up care	The option will not optimise patient experience in terms of seamless care provision, with information about patients being readily available to care providers.	The option may optimise patient experience in terms of seamless care provision, with information about patients being readily available to care providers.	The option is likely to optimise patient experience in terms of seamless care provision, with information about patients being readily available to care providers.	The option is very likely to optimise patient experience in terms of seamless care provision, with information about patients being readily available to care providers.	The option will optimise patient experience in terms of seamless care provision, with information about patients being readily available to care providers.
Access	Localisation of care	Services which can be delivered locally (and meet clinical standards) will not be available in each locality.	Services which can be delivered locally (and meet clinical standards) may be available in each locality.	Services which can be delivered locally (and meet clinical standards) are likely to be available in each locality.	Services which can be delivered locally (and meet clinical standards) are very likely to be available in each locality.	Services which can be delivered locally (and meet clinical standards) will be available in each locality.

Access and patient experience evaluation criteria

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 Patient Experience & Access Panel						
Quality and Patient Experience	Modern facilities	The hospital estate may not be optimised for purpose nor use, and is not well maintained.	The hospital estate may be optimised for purpose and use, and may be well maintained.	The hospital estate is likely to be optimised for purpose and use, and is likely to be well maintained.	The hospital estate is very likely to be optimised for purpose & use, and is very likely to be well maintained.	The acute hospital estate is optimised for purpose and use (including future uses), and is well maintained.
	Workforce attraction and retention	The option determines working arrangements that would not be attractive to staff, and so the option may not draw and retain the required workforce.	The option determines working arrangements that may be attractive to staff, and so the option may draw and retain the required workforce.	The option determines working arrangements likely to be attractive to staff, and so the option is likely to draw and retain the required workforce.	The option determines working arrangements very likely to be attractive to staff, and so the option is very likely to draw & retain the required workforce.	The option determines working arrangements that will be attractive to staff, and so the option will draw and retain the required workforce.
Access	Accessibility	Average travel times are not improved from those experienced currently.	Average travel times may be improved from those experienced currently.	Average travel times are likely improved from those experienced currently.	Average travel times are very likely to be improved from those experienced currently.	Average travel times are improved from those experienced currently.
Deliverability	Political support	The option does not align with relevant national, regional and local strategies and so will not achieve investment objectives.	The option may align with relevant national, regional and local strategies and so may achieve investment objectives.	The option likely aligns with relevant national, regional and local strategies and so is likely to achieve investment objectives.	The option very likely aligns with relevant national, regional and local strategies & so is very likely to achieve investment objectives.	The option aligns with relevant national, regional and local strategies and so will achieve investment objectives.

Deliverability evaluation criteria

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 Deliverability Panel						
Deliverability	Site suitability	The sites in question are unable to accommodate all of the required clinical and non-clinical services (including car parks etc.) due to space, geographical, topographical or other restrictions.	The sites in question can accommodate all of the required clinical and non-clinical services (including car parks etc.), but the choice of layout is significantly limited by space, geographical, topographical or other restrictions.	The sites in question can accommodate all of the required clinical and non-clinical services (including car parks etc.), but the choice of layout is somewhat limited by space, geographical, topographical or other restrictions.	The sites in question can accommodate all of the required clinical and non-clinical services (including car parks etc.), but there are some space, geographical, topographical or other restrictions to take account of when planning the layout.	The sites in question can comfortably accommodate all of the required clinical and non-clinical services (including car parks etc.), with no relevant space, geographical, topographical or other restrictions.
	Implementation approach	The implementation of the option will be very complex and is highly likely to have a significant impact on service continuity.	The implementation of the option will be complex and is likely to have a significant impact on service continuity.	The implementation of the option will be fairly complex and is likely to have a some impact on service continuity.	The implementation of the option will be straightforward and is unlikely to have a noticeable impact on service continuity.	The implementation of the option will be simple and is very unlikely likely to have any impact on service continuity.
	Timescales	Implementation following OBC approval (including gaining planning permission) will take six to ten years to complete with benefits only realised on completion.	Implementation following OBC approval (including gaining planning permission) will take six to ten years to complete with benefits phased over this period.	Implementation following OBC approval (including gaining planning permission) will take three to six years to complete with benefits only realised on completion.	Implementation following OBC approval (including gaining planning permission) will take three to six years to complete with benefits phased over this period.	Implementation following OBC approval (including gaining planning permission) will take one to three years to complete with benefits phased over this period.
	Delivery risk	Implementation has low likelihood of success.	Implementation has some likelihood of success.	Implementation has reasonable likelihood of success.	Implementation has good likelihood of success.	Implementation has excellent likelihood of success.