



Public Document Pack
**Health in Dacorum
Agenda**

Wednesday 9 December 2020 at 6.30 pm

MS Teams

Scrutiny making a positive difference: Member led and independent, Overview & Scrutiny Committee promote service improvements, influence policy development & hold Executive to account for the benefit of the Community of Dacorum.

The Councillors listed below are requested to attend the above meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Membership

Councillor Allen
Councillor Beauchamp
Councillor Bhinder (Vice-Chairman)
Councillor Durrant
Councillor Guest (Chairman)

Councillor Hollinghurst
Councillor Johnson
Councillor Maddern
Councillor Sinha
Councillor Symington

Substitute Members:
Councillors

Outside Representatives:

Contributors:

For further information, please contact Corporate and Democratic Support

AGENDA

6. WEST HERTS HOSPITAL TRUST UPDATE (Pages 3 - 14)

1. Redevelopment Plan - Presented by Helen Brown
2. Teaching Trust Plans (presentation to follow) – Presented by Sarah Peterson

Page 3

Acute Redevelopment Programme Update

Helen Brown
December 2020

Aim of this session

- To provide an overview of the history of the redevelopment
- To provide an overview of the programme timescales
- To outline the decision made on the shortlist
- To outline the next steps

Background – getting this far has taken a long time!

- Working hard for a long time (before global crash) to secure £
- 2017 – our strategic outline case (SOC) – three sites
- 2018 – our ‘refreshed’ SOC with upper financial limit of £350m (in line with 2017/18 turnover) – three sites
- 2019 – WGH one of six ‘new’ hospitals - £400m pledged
- June 2020 – option including more new build at WGH, including replacing rather than refurbishing the main clinical block, is on the table with potential for more £
- In order to secure funding the chosen option must demonstrate to NHSEI, DHSC and HMT that it presents the best overall value for money, is affordable AND can be delivered by 2025 or soon after.

Project milestones

Strategic Outline
Case approval and
endorsement from
WHHT Board,
HVCCG Board &
regulators and
government

Outline Business Case process -
approval and endorsement of
shortlist from WHHT Board &
HVCCG

Approval and endorsement from
WHHT Board, HVCCG Board and
regulators/government on
preferred option
Work on Full Business Case starts

NEW
BUILDINGS
OPEN

£400m
pledged
via HIP1
September

Appraisal of
longlist of
options

Approval of
Shortlist

OBC
completed
Dec 2021

Building
begins

Approval of OBC
preferred option
Feb 2021

FBC
Dec 2022
(12 months)

SOC
submitted
July

May- August 20

Oct 2020

2019

2020 - 2021

2021 - 2022

2023

2025-2026

Stakeholder engagement

Agreement of shortlist

- The shortlist of options considers emergency and planned care and follows the HMT appraisal process and was approved by the trust and Herts Valleys CCG boards on 1 October 2020
- This process included a review and update of the Investment Objectives and Critical Success Factors from the 2019 SOC, completed with stakeholder engagement and input
- The estimated cost of the preferred option is approx £590m (at today's prices). This figure may change as more detailed work is done to define the options and reflect the latest guidance and learning from Covid.
- The majority of funding to be spent at Watford General Hospital (highest number of patients, more complex medical needs, larger site, oldest buildings) and around £60m to be invested between Hemel Hempstead and St Albans hospitals.

Preferred way forward

Our *preferred way forward* is for a major new clinical facility at the current Watford General Hospital site and possibly to include some land currently owned by Watford Borough Council

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

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

Our preferred way forward also includes making improvements to urgent and planned care services at Hemel Hempstead and St Albans hospitals

Minimising noise and disruption from the building works will be a key priority across all three sites once building work commences. Construction work will be planned carefully to keep services operational and minimise disruption to existing services.

Our preferred option in more detail

Watford General Hospital: emergency and specialist care services to be provided in new buildings, along with acute medical and surgical assessment, inpatient medical and surgical beds, emergency surgery, critical care, women's and children's services, neonatal intensive care and a wide range of diagnostics. Plans include a majority of inpatient beds to be in single occupancy rooms and for up to 90% of the buildings on the site to be new.

Hemel Hempstead Hospital: this site will continue to provide urgent treatment, women's and children's services and diagnostic and outpatient services with a focus on medical specialties and long term conditions. The plans include a new urgent treatment centre, expanded diagnostics and further development of the range of medical specialties such as the planned move of specialist diabetes and dermatology to the site.

St Albans City Hospital: this is currently our 'Covid-free' site and so we plan to further enhance our planned surgery facilities as well as provide a rapid access cancer diagnostic centre, increasing the range of diagnostics available (including MRI and CT) and changing care pathways to provide a more 'one stop' approach.⁷

Key tasks between now and the end of 2020

- Identify meaningful engagement opportunities for different elements of the next phase of the redevelopment (eg: transport and access, building design and clinical service developments and changes)
- Develop engagement plans to enable a wide range of staff, patients, public, partners and other key stakeholders to share their views and ideas, taking into account the ongoing restrictions to physical meetings and events
- Evolve the Stakeholder Reference Group to respond to initial feedback from members and ensure it is as diverse and inclusive as possible
- Updated demand and capacity assumptions to be agreed
- Revenue costs and benefits to be understood for each of the estate options
- Designs drawn at 1:500 scale – block plans complete
- Schedule of Accommodation complete and updated capital costs developed
- Preferred estates option to be approved by Trust Board in Feb 21

Key tasks between Jan 2021 and Dec 2021

Completion of Outline Business Case (OBC)

- Outline plans for benefit realisation (financial and non-financial)
- Outline plans across the system (workforce, financial and service transformation)
- Project management plans for Full Business Case (FBC) and beyond
- Ensure clear links and read across to Electronic Patient Record (EPR) programme and digital plans

Page 11

Clinical strategy

- Finalise clinical strategy and clinical brief (including approach to three site model and best use of each site)
- Develop plans for any proposed changes to clinical services (including clinical case and engagement opportunities)

Key tasks between Jan 2021 and Dec 2021

Involvement and engagement

- Promote involvement opportunities
- Regularly review feedback to identify whether any targeted promotion and engagement opportunities are needed to address any gaps in the representativeness of the feedback and maximise diversity
- Ensure feedback is considered as part of decision-making and 'you said, we did' feedback is provided.

Page 12

Key tasks between Jan 2022 and Dec 2022

Completion of Full Business Case (FBC)

- Detailed plans for benefit realisation (financial and non-financial)
- Detailed service transformation plans across the system to support investment
- Project management plans for Implementation and beyond
- Detailed Financial Models (capital and revenue affordability)
- Appointment of construction partner* and final price
- Complete MSCP and relocate Pathology.

* Timing of appointment of construction partner TBC in discussion with national programme team.

Thank you