



NHS
Hertfordshire and
West Essex
Integrated Care Board

NHS
West Hertfordshire
Teaching Hospitals
NHS Trust

Hemel Health Campus

Project Initiation Document

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| 0.2 | Second Draft – updated and reissued following project group feedback | 07/03/24 | Rob Emmins |
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1. Purpose of Document

This Project Initiation Document (PID) sets out why and how the initial stages of this project should proceed, who is involved and what their responsibilities are. It will provide a baseline for the future management of the project and for an assessment of its overall success.

2. Background

Recent discussions between local stakeholders, including Dacorum Borough Council (DBC), West Hertfordshire Teaching Hospitals NHS Trust (WHTH) and Hertfordshire and West Essex Integrated Care Board (HWE ICB), collectively the main partners, have seen Market Square in the Hemel Hempstead Town Centre identified as a potential location for the establishment of a new Healthcare Campus, as part of a regeneration plan for the area. Consideration of this scheme has identified an opportunity for WHTH's secondary care services to be relocated to this new site, along with community, mental health and general practice health services from other providers. There is also potential for the inclusion of residential and commercial units within the overall development as well as on the existing hospital site if redeveloped to support wider strategic objectives for regeneration and housing within Dacorum Borough. This will be further explored at the next stage of business case planning together with other options including NHS land holdings.

To support development of plans, the partners agreed to commission a feasibility study. An initial, high level feasibility study report was prepared by Turner and Townsend for the partners through DBC's commissioning process. As a result of this study, the partners, recognising that all business cases are based on a five-case model believe there is a strong strategic case to provide a healthcare facility in a central and accessible site in Hemel Hempstead Town Centre. Further work on the merits of such a facility exploration of other options will be needed at the next stage of Business Case development.

WHTH then commissioned architecture firm BDP to provide design support to the project, to further explore the feasibility of this opportunity, and to provide illustrative designs and drawings within indicative space requirements. The outcome of that work demonstrated that Market Square was of adequate size and a good location to pursue for the town centre option. DBC have carried out a high-level report on Title confirming that they have ownership and control over the land. If additional land is required around Market Square, as the Business Case is developed, DBC has confirmed that it will initiate contact with relevant landowners. DBC also owns the freehold of the Civic Centre site and the Forum. WHTH own the freehold of the existing hospital site where CLCH are tenants, Hertfordshire Partnership University NHS Foundation Trust (HPFT) owns a freehold site in Hemel Hempstead (St Paul's, Slippers Hill) and there are also NHS leasehold interests on primary and secondary healthcare assets within the town centre.

Up to the commencement of the governance arrangements articulated in this document, the Project has been developed through collective working between WHTH, DBC and HWE ICB and has primarily focussed on the initial assessment of the Project's high-level feasibility.

The partners have agreed and confirmed ongoing support for building on the previous work carried out by officers of the three parties and external consultants Turner and Townsend who produced the feasibility study, where the work and costs were equally divided.

Further work will include:

- Development of Strategic Outline Case
- Development of Outline Business Case
- Development of Full Business Case

The Parties, including DBC, NHS Commissioners and NHS Providers, will develop a Strategic Outline Case (including an Estates Feasibility Study to RIBA stages 1 and 2), according to the HM Treasury Green Book principles. At this time, future roles and responsibilities are not known for funding the ongoing planning, nor delivery and ownership of the development. It is proposed that this should form part of the next stage, and that there will be a shared contribution towards development of the Strategic Outline Business Case, split equally between the three main stakeholders (see Section 11). Negotiations and appointment of consultancy, architectural and engineering expertise will be overseen by members of the Joint Project Board. Joint governance arrangements are covered in section 8 of this PID, and the accompanying Memorandum of Understanding.

3. Outputs and Objectives

The primary objective of this project is to identify the best option to improve local existing and aged healthcare infrastructure and to improve overall access to healthcare. This in turn has the potential to improve health outcomes and the overall well-being of residents, whilst also acting as a catalyst for further regeneration in the town centre through increased overall footfall. This will provide confidence to landowners, developers, and potential investors that the ambitions for the town centre, as set out in the Hemel Hempstead Town Centre Vision, are being delivered.

As stated above, there is also potential for the inclusion of residential and commercial units within options, to support wider strategic objectives for regeneration and housing within Dacorum Borough and support the commercial case for the project. This will be further explored at the next stage of business case planning.

3.1 Outputs:

High Level Project Outputs

- Secured funding for full project delivery
- Purchase of any privately-owned property required to deliver the project
- Disposal of surplus assets with sale receipts reinvested locally
- Successful relocation of services from existing facilities

Strategic Outline Case Stage Outputs

- Establishment of strategic and delivery boards
- Completed Options Appraisal – to include
 - List of services to be accommodated within each identified option
 - Cost Review
 - Funding and Cashflow Strategy
 - Delivery Model Options
- High level spatial planning exercise
- Land reviews and valuations
- Land Assembly Strategy as required and appropriate
- Establishment of Project Plan, Risk Log, Communications Plan, Quality Plan and Project Controls, for inclusion within the Strategic Outline Case
- Completed Strategic Outline Case

3.2 Outcomes:

High Level Project Outcomes

- Construction of new fit-for-purpose healthcare facility (subject to funding and specification) for use by primary care and secondary care (including hospital, community and mental healthcare) services.
- Business/retail floorspace created (subject to commercial terms)
- Creation of new place within Hemel Town Centre, including improvement to the public realm and overall appearance of the town centre

Strategic Outline Case Stage Outcomes

- Approval of Strategic Outline Case by all partners
- Agreement of preferred way forward for scope of scheme and funding/delivery
- Confirmation of capital and revenue funding arrangements for preferred way forward
- Confirmation of anticipated delivery model and roles and responsibilities of key partners for further business case development and project delivery
- Agreement to proceed to next stage of Project (Outline Business Case development)

4. Strategic Drivers and Benefits

NHS Drivers

The NHS operates under various strategic drivers, which this project aims to support and contribute to having regard to the Integrated Healthcare Strategy that was ratified in December 2022 (see Appendix 5). Some of these are listed below:

- Integrated Care Systems (ICSs)
- Prevention and Population Health
- Digital Transformation
- Workforce Development
- Financial Sustainability and Efficiency
- Health and Social Care Integration
- Health Inequalities
- Quality Improvement

WHTH Acute Redevelopment Programme

West Hertfordshire Teaching Hospitals NHS Trust is currently developing an Acute Redevelopment Programme, which will result in an Outline Business Case setting out the case for significant investment in the Trust estate. This will align with the NHS Long Term Plan, and fits within the HWE Integrated Care Strategy 'A Healthier Future', delivering a clinical model which includes the separation of emergency and planned care and the construction of new hospital buildings to address significant estates issues. Although this programme previously envisaged the refurbishment of existing accommodation on the Hemel Hempstead Hospital site, the proposed development of a Healthcare Campus in the town centre is entirely complimentary to the programme and has therefore been put forward for consideration.

Project Benefits

Anticipated benefits from delivery of this project include:

- Healthcare provision in more modern, fit for purpose infrastructure in Hemel Hempstead
- Consistency with the HWE Integrated Care Strategy, WHTH's Clinical Brief and wider Redevelopment Programme as well as strategies for individual provider Trusts
- Improvements to health and wellbeing of Dacorum residents through easily accessible co-located health services
- Improved accessibility to healthcare for local residents
- Improved healthcare infrastructure that will increase footfall, to act as a catalyst for further regeneration of Town Centre environment
- Increased footfall into the town centre, will support local businesses and economic recovery
- Potential for wider strategic benefits for the Borough, through inclusion of residential and commercial units that could support housing need and financial sustainability. This will provide much needed homes in the town centre and support the case for improvements to the nighttime economy
- Bringing underused public held land back into use, bettering the healthcare infrastructure than that which exists at the current hospital site, and improvements to connectivity and the public realm at a key and strategic town centre site
- Disposal of land for (probable) housing development in Hemel Hempstead

5. Project Scope

Services

The next stage of the project (Strategic Outline Case, see below) includes a review of the range of health and care services being considered for inclusion as well as the potential to include residential and commercial services within the development.

This review will:

- Start with an in-depth analysis of current and future health needs of the Dacorum population.
- Act in accordance with the previously agreed clinical brief for the Hemel site and an assumption that the range of services currently providing in HHH will continue to be provided in a new campus facility
- Identify any opportunities to further strengthen the local health and care offer to local residents, drawing on identified best practice and the analysis of the future health needs of the Dacorum population
- Bring a proposition together for consideration by the relevant parties (ICB, DBC, WHTH etc)

Scope of Stage 2 - Strategic Outline Case

The key purpose of the Strategic Outline Case is to:

- establish the strategic context for the spending proposal
- evidence the case for change
- establish the preferred way forward based on a range of options

The detail of the Strategic Outline Case will include:

- Collation and detailed review of the current and future projected activity numbers for all services and patient groups
- Land valuation exercises for both current hospital site and Market Square
- Consideration of finance options

- Long and short list of options, identifying the preferred way forward in Hemel Hempstead.
- Consideration of implementation options.

Scoping the proposal and preparing the Strategic Outline Case (SOC) is the first stage in developing the project business case for a significant scheme using the Five Case Model. In line with the Government's Green Book 2018, the case will include several key sections aimed at defining the project's strategic objectives, scope, feasibility, and high-level approach¹. These are listed below:

- Making the case for change
 - Agree strategic context
 - Organisation Overview
 - Alignment to existing policies and strategies
 - Determine spending objectives, existing arrangements and business needs
 - Determine spending objectives
 - Determine existing arrangements
 - Identify business needs
 - Determine potential business scope and key service requirements
 - Determine benefits, risks, constraints and dependencies
 - Identify the main benefits
 - Identify the main risks
 - Identify the constraints
 - Identify the dependencies
- Exploring the preferred way forward
 - Agree critical success factors for the project
 - Determine the long-list options and undertake SWOT analysis
 - Identify options
 - Options Framework
 - Use the Options Framework to identify the long list
 - Draft the long list
 - Recommend a preferred way forward
 - Draft the short-list

6. Costs

Capital Costs

Indicative costs for this project are yet to be worked up in detail, and so the figures below should only be considered indicative.

- Costs for development of Strategic Outline Case (Stage 2): The estimated cost of this stage is in the region of £500,000. This is an estimated figure, to cover externally sourced expertise such as (but not limited to):
 - Project Manager
 - Design team
 - Town planning consultants
 - Valuation advisers
 - Construction cost consultants
 - Health planners
 - Business case and financial expertise

¹ *Guide to developing the Project Business Case*, https://assets.publishing.service.gov.uk/media/5bc72a97ed915d0ad7db6cd0/Project_Business_Case_2018.pdf

- Communications and engagement
- The cost for the development of the Strategic Outline Case is to be shared equally between the three main partners, each adhering to their own governance arrangements for this budget approval:
 - HWE ICB – Finance and Investment Committee 14th May 2024
 - DBC – Cabinet 23rd July 2024
 - WHTH – Finance and Performance Committee 23rd May 2024
- Full Project Cost (construction and delivery): This will be determined as the project progresses. The SOC will set out the high-level estimates under identified options.
- The parties acknowledge the necessity for composite funding. Sources of funding could include:
 - Government funding (primarily NHS funding sources, as well as other potential sources including Brown Land Release Fund)
 - Sale receipts derived from released NHS assets
 - Developers' contribution via CIL or S106
 - Private investment

Revenue Costs

Revenue costs associated with the project have not yet been identified and will form part of the SOC for a range of options.

Contributions

The proposed arrangement is for costs for the immediate next stage to be split equally between the project's three main stakeholders.

7. Risks and Constraints

The Project Risks and Issues will be identified and monitored in a Risk Register. A short list of immediately identified risks are listed below.

Risks

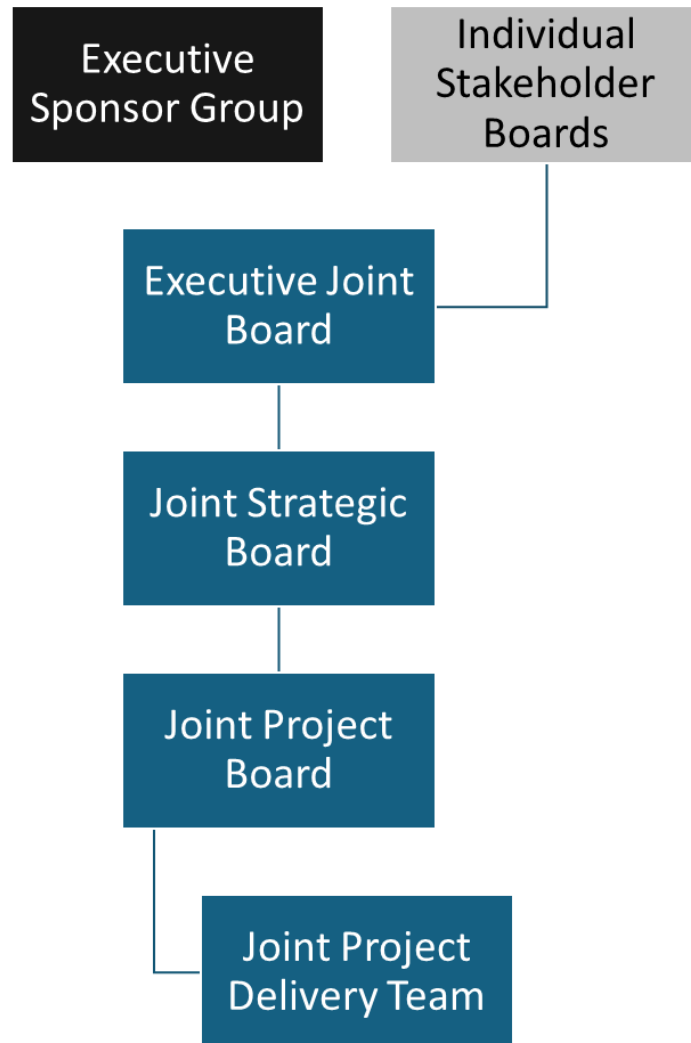
- Failure to identify sufficient funding source(s)
- Failure to secure disposal of WHTH land in Hemel Hempstead
- Securing planning consent on options identified and maximising densities to yield best sale values
- 2024 General Election and potential change of Government could affect timescale for delivery
- Local and/or regional opposition

Constraints

- Ensuring continuity of healthcare outcomes
- Cashflow for full project

A detailed Risk Register of the initially identified risks can be found in Appendix 4, below, and will be further developed in the next stage of the project.

8. Project Governance



The structure diagram above sets out the proposed structure for the development and delivery of the Project. Each group within the structure shall be subject to its own Terms of Reference (ToR) and will be properly established during the next stage of the Project. As such, the names and roles of individual members should be considered indicative at this stage of the project, and subject to change as the project progresses.

Further details of the principles around project boards and other groups are set out in the accompanying Memorandum of Understanding.

Executive Sponsor Group

The Executive Sponsor Group will comprise the Chief Executive Officers of the three lead organisations, lead members of the Council and the Chairs of the HWE ICB and WHHT. The Group will meet six monthly and prior to each Gateway approval process.

| Organisation | Name | Role / Title |
|--|---------------------|----------------------------|
| Hertfordshire and West Essex Integrated Care Board | Jane Halpin | Chief Executive |
| Hertfordshire and West Essex Integrated Care Board | Rt Hon Paul Burstow | Chair |
| West Hertfordshire Teaching Hospitals NHS Trust | Matthew Coats | Chief Executive Officer |
| West Hertfordshire Teaching Hospitals NHS Trust | Phil Townsend | Chair |
| Dacorum Borough Council | Claire Hamilton | Chief Executive |
| Dacorum Borough Council | Cllr Adrian England | Leader |
| Dacorum Borough Council | Cllr Simy Dhyani | Deputy Leader |
| Dacorum Borough Council | Cllr Sheron Wilkie | Portfolio Holder for Place |

Executive Joint Board

The Executive Joint Board, with its membership comprised of each organisation's Chief Executive Officers, will undertake strategic planning at the highest level and provide combined operational decision-making for the project. Project governance will mainly be delegated to the Joint Strategic Board. Each organisation will have its own decision making governance arrangements as set out in Appendix 3.

Membership of the Executive Board will include the following:

| Organisation | Name | Role / Title |
|---|---------------------|-------------------------|
| Hertfordshire and West Essex Integrated Care Board | Jane Halpin | Chief Executive |
| West Hertfordshire Teaching Hospitals NHS Trust | Matthew Coats | Chief Executive Officer |
| Dacorum Borough Council | Claire Hamilton | Chief Executive |
| Central London Community Healthcare NHS Trust | James Benson | Chief Executive Officer |
| Hertfordshire Community NHS Trust | Elliot Howard-Jones | Chief Executive Officer |
| Hertfordshire Partnership University NHS Foundation Trust | Karen Taylor | Chief Executive Officer |

Joint Strategic Board

The project will be governed by a Joint Strategic Board, comprising director-level representatives from WHTH, DBC, and HWE ICB. The Board will provide strategic direction, oversight, and decision-making authority for the project, ensuring alignment with organisational goals and objectives.

The Joint Strategic Board will be expected to:

- Approve all major plans and resourcing
- Authorise any significant deviation from plans and defined boundaries
- Approve the start and completion of each key stage of the project
- Communicate with other stakeholders and those higher in authority, where required to help remove barriers that threaten the success of the project
- Monitor the project to ensure that its objectives remain viable through its lifetime

Neither the Joint Strategic Board nor the Joint Project Board (below) have been formally convened at this initial stage of the project, however there is presently a general project team in place for delivery of Stage 1.

Membership of the Joint Strategic Board will be defined alongside development of the Terms of Reference and will be likely to include Director leads from each organisation (typically the Project Sponsors). It is anticipated that the Joint Strategic Board would meet monthly to review progress and set direction. This will take place as part of the relevant Joint Project Board meeting.

| Organisation | Name | Role / Title |
|--|-------------------------|--|
| Dacorum Borough Council | James Doe | Strategic Director of Place |
| Dacorum Borough Council | Catherine Silva Donayre | Strategic Director of Corporate & Commercial |
| West Hertfordshire Teaching Hospitals NHS Trust | Alex White | Chief Redevelopment Officer |
| Herts West Essex ICB | Sue Fogden | Director Estates and Capital |
| <i>Further membership to be confirmed, including representation from HCT, HPFT, and CLCH</i> | | |

Joint Project Board

The Joint Project Board will sit underneath the Joint Strategic Board. Its membership will be made up of the Project Executives from each partner organisation, who will lead the day-to-day delivery of the next stage of the Project. A named Project Manager (to be appointed) will report to the Joint Project Board on a regular basis on progress against the project plan.

It is anticipated that the board will meet fortnightly, as a minimum.

| Organisation | Name | Role / Title |
|--|----------------|--|
| Dacorum Borough Council | Diane Southam | Assistant Director Place, Communities and Enterprise |
| West Hertfordshire Teaching Hospitals NHS Trust | TBC | TBC |
| HWE ICB | Simon Whittome | Senior Development Manager |
| <i>Further membership to be confirmed, including representation from HCT, HPFT, and CLCH</i> | | |

Joint Project Delivery Team

Delivery of the project will be undertaken by a Joint Project Delivery Team, led by a named Project Manager (to be appointed), and will report to the Joint Project Board for direction and management. The ToR and membership of the group will be collectively agreed and appointed by WHTH, DBC, and HWE ICB, as necessary to support project implementation, and will consist of a variety of multidisciplinary professionals. This may include, but not be limited to, project managers, service leads (clinical and managerial), architects, engineers, finance leads, and communications specialists.

Regular communication and collaboration will be maintained among project stakeholders through scheduled meetings, progress reports, email correspondence, and stakeholder engagement activities.

The group will meet on a regular basis (weekly/fortnightly) and will report through the Project Manager to the Joint Project Board.

| Organisation | Name | Role / Title |
|--|-------------------|--------------------------------------|
| TBC | TBC | Project Manager |
| Dacorum Borough Council | Caroline Saunders | Head of Place and Enterprise |
| West Hertfordshire Teaching Hospitals NHS Trust | TBC | Hemel Health Campus Project Director |
| HWE ICB | Simon Whittome | Senior Development Manager |
| <i>Further membership to be confirmed, including representation from HCT, HPFT, and CLCH</i> | | |

9. Plan

9.1 Overall Project Plan (Indicative)

An indicative project plan is provided in Appendix 1 and will be developed further during the next stage, in line with the current exploratory nature of the project. The individual stages of the project are detailed below:

Stage 1: Project Initiation (Current – June 2024)

- Establishment of Governance Structure
- Development of Project Initiation Document
- Development of detailed project plan for this stage of project
- Development and agreement of Memorandum of Understanding
- Development of briefs for consultants and advisors (as listed in Section 6, Costs)
- Development of job description for Joint Project Manager post
- Confirmation of funding for Stage 2
- Approval to proceed to Stage 2

Stage 2: Strategic Outline Case (June 2024 – May 2025)

- Recruitment of Joint Project Manager
- Appointment of relevant consultants and advisors (as listed in Section 6, Costs)
- Review of services considered for inclusion
- High level spatial planning
- Cost review
- Options Appraisal (including Funding and Delivery Models)
- Land review and valuation
- Establishment of Risk Log, Communications Plan, Quality Plan and Project Controls
- Production and Submission of Strategic Outline Case and proposals for Outline Business Case stage

Stage 3: Outline Business Case

- Design new facility to RIBA Stage 2
- Completion of full cost estimates
- Confirmation of procurement strategy
- Secure relevant approvals
- Production and Submission of Outline Business Case

Stage 4: Full Business Case

- Confirmation of full project costs
- Selection of preferred contractor(s) for delivery
- Production and Submission of Full Business Case

Stage 5: Execution

- Mobilise construction team and resources
- Begin construction of the healthcare campus

Stage 6: Monitoring and Control

- Monitor project progress and performance
- Implement change control procedures as required
- Continuously assess and manage project risks
- Ensure compliance with health and safety regulations

Stage 7: Closure

- Complete construction of the healthcare campus
- Conduct project review
- Confirm project completion

Stage 8: Post-Project Evaluation

- Evaluate project performance against initial objectives and success criteria
- Identify opportunities for future projects or improvements based on lessons learned
- Document project outcomes
- Archive project documentation for future reference and audits

10. Project Approach

PRINCE2 principles will be used to manage the project. PRINCE2 provides a structured project management methodology to ensure that projects are managed on time and to budget. Every project is assigned a Project Sponsor with the responsibility for ensuring that the project is a success and for commissioning Quality Assurance of the deliverables arising from the project.

The project is initiated by developing this Project Initiation Document (PID). The PID sets out the agreed objectives and states the different roles, responsibilities, risks, milestones and products to be developed and delivered.

11. Stakeholders

The three primary stakeholders for this project are:

- Hertfordshire and West Essex Integrated Care Board (HWE ICB)
- West Hertfordshire Hospitals NHS Trust (WHTH)
- Dacorum Borough Council (DBC)

It has been agreed by the Chief Executives of all partner organisations that HWE ICB will act as the lead organisation as the project moves into Stage 2 (Strategic Outline Case) with WHTH being responsible for the day-to-day management of the project team and appointed external advisors. Clinical input and oversight must be foremost in the project.

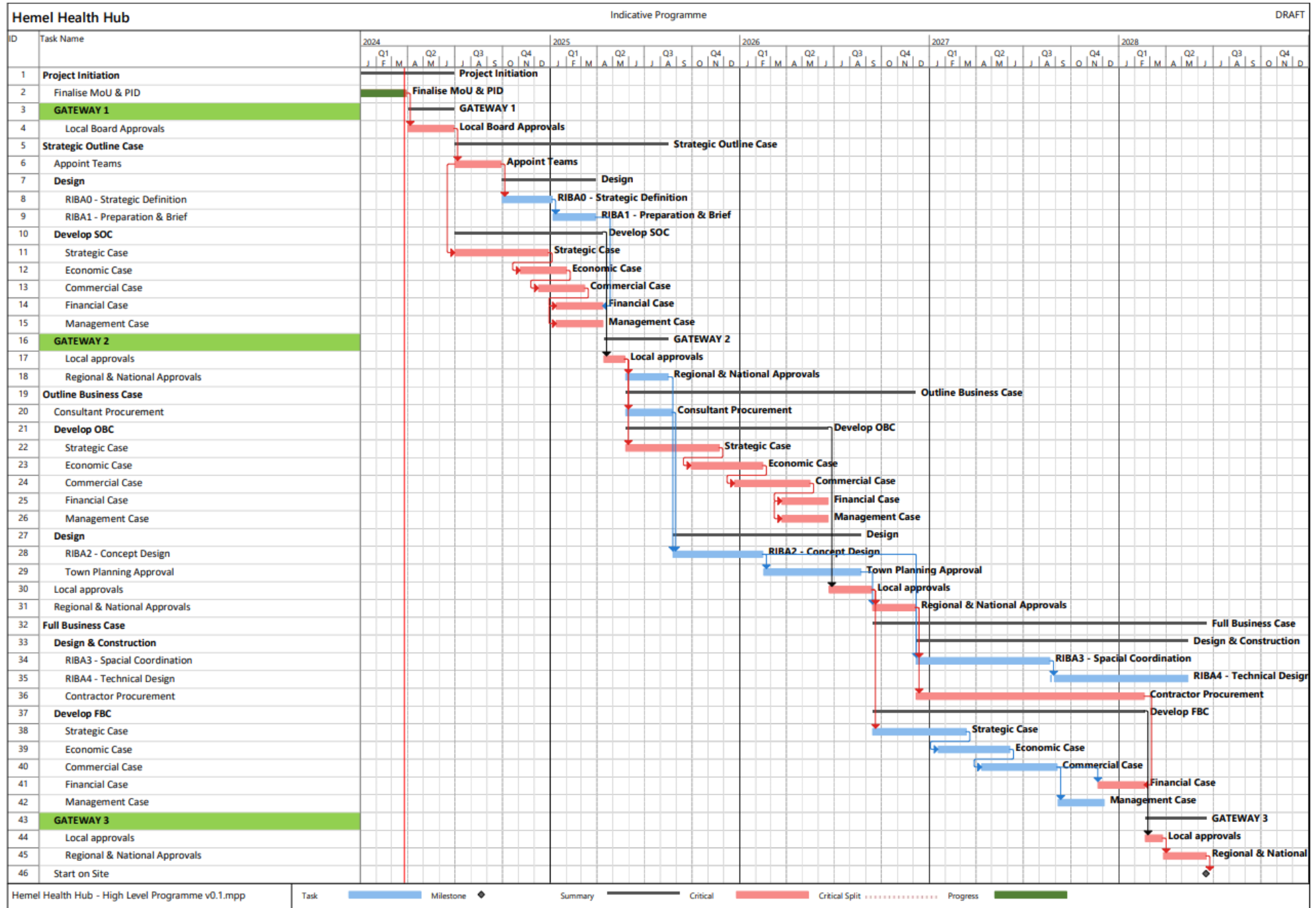
Additional stakeholder/partners include:

- Hertfordshire Partnership NHS Foundation Trust (HPFT)
- Hertfordshire Community NHS Trust (HCT)
- Central London Community Healthcare NHS Trust (CLCH)
- Primary Care represented by HWE ICB

It is anticipated that a more detailed understanding of each organisation's participation will be gained through the SOC Stage, with future roles and responsibilities agreed for the subsequent stages of the project.

Other relevant stakeholders (e.g. patient groups, local retailers, additional providers) will be identified and incorporated into the governance structure and communications plans as required.

Appendix 1 – Indicative High Level Project Plan



Appendix 2 – NHS/ICB Decision Gateway Map

The project framework is intended to incorporate a gateway at the end of each stage of the project lifecycle. A gateway is the decision point at which the project must present specified information to gain approval from the appointed governance board to proceed to the next stage.

At each gateway point, the decision will be:

- approval with instruction to proceed to next stage,
- decision deferred until further specified information is provided, or
- the project, at that stage of the project lifecycle, is rejected and closed.

The gateways for the later stages of the project will be defined during the delivery of Stage 2, but the key items of information for Stages 1 and 2 are as follows:

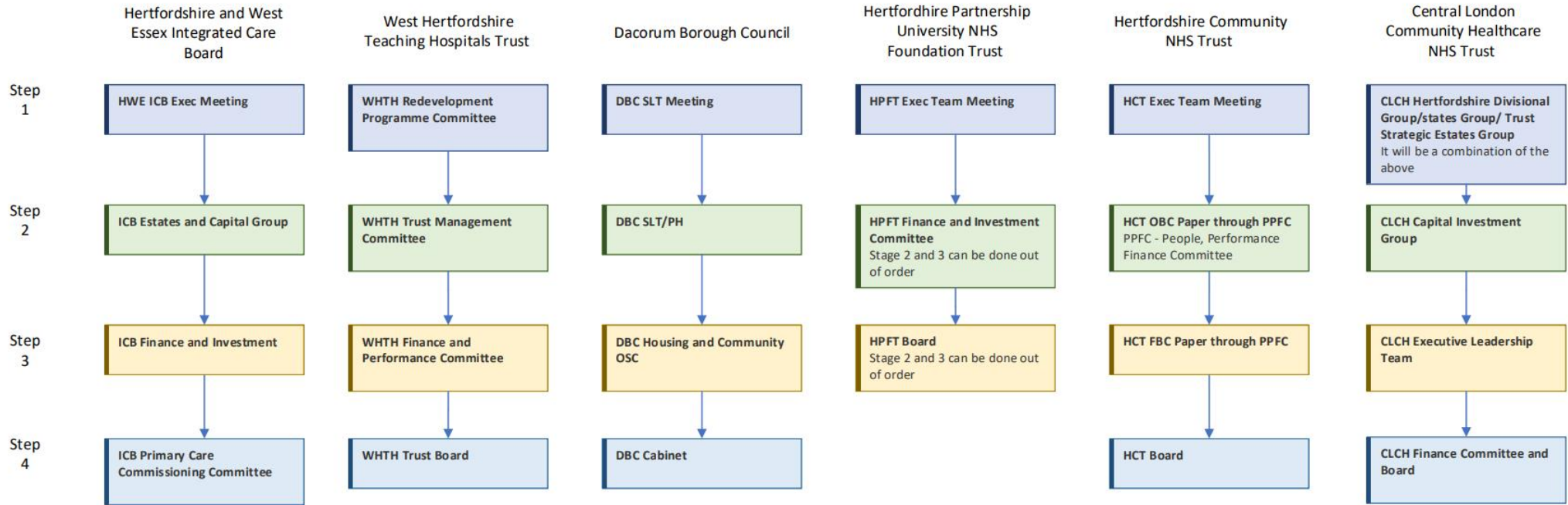
Stage 1

- Regular contact established with project sponsors
- User groups identified and engaged
- Definition and scope outlined
- Initial consideration of costs, quality and risks outlined
- Project Initiation Document (PID) completed and approved by sponsor
- Project Initiation Document (PID) issued for approval

Stage 2

- Team engaged on project with emphasis on roles and responsibilities, vision, deliverables, challenges, benefits and opportunities
- Stakeholders involved in definition and requirements specification
- Procurement and legal teams engaged to identify the most appropriate procurement route, if required, and include this in the business case
- Review of supply options completed. Consideration of soft market testing in advance of the outline business case
- Finance partners engaged to ensure costings are sound
- Strategic Outline Case completed
- Strategic Outline case approved by the sponsor and ready to be presented to the appointed boards for decision at gateway 2.

Appendix 3 – Partner Organisation Governance Arrangements for Strategic Outline Case Stage



Appendix 4 – Risk Register (Draft)

| Risk Description | Impact | Likelihood | Score | Mitigation |
|--|---------------|-------------------|--------------|---|
| Failure to identify sufficient funding source(s) on identified options would result in the project being impossible to deliver | 3 | 5 | 15 | Work with partner organisations to consider all possible sources of funding |
| Local and/or regional opposition could prevent delivery or significantly alter the scope of the scheme | 3 | 3 | 9 | Maintain open discussions to assess and address any stakeholder opposition |
| Failure to secure disposal of WHTH land in Hemel Hempstead would reduce available funding and or prevent WHTH service relocation | 3 | 2 | 6 | Work with specialist advisors to obtain assurance around land value |
| 2024 General Election and potential change of Government could affect the possibility of this scheme proceeding | 2 | 2 | 4 | Monitor outcome of election(s) and continue to prepare compelling case for change |
| Lack of capacity and resource in any of the partner organisations causing a delay to deliver | 3 | 3 | 9 | Prompt appointment of dedicated Project Manager. Details project plan and meetings etc scheduled in advance |
| | | | | |
| | | | | |
| | | | | |

Appendix 5 – HWE ICS Strategy and Strategic Framework

HWE ICS 10-year Integrated Care Strategy approved December 2022



Hertfordshire and West Essex Integrated Care System



HWE ICB's Strategic Framework



Hertfordshire and West Essex Integrated Care System



Appendix 6 – Memorandum of Understanding (To Follow Separately)