

Response to West Hertfordshire Hospitals Trust Survey Feedback Report 'Your Care, Your Views' (Phase 1)

1. This statement outlines the response of the New Hospital Campaign to the West Hertfordshire Hospitals Trust (WHHT) Survey Feedback Report 'Your Care, Your Views' (Phase 1) (attached separately). The survey ran during February and March 2021 and the report, by Timmus Research, is dated April 2021. It was published as part of the May Board papers.
2. We are glad that WHHT has commissioned the report. We are impressed by some, though not all, aspects of the analysis and commentary provided by Timmus, and the positive response by the Trust to the survey's criticisms of its previous engagement is to be welcomed. However, we wish to give some context and background which can help to ensure that the right conclusions are drawn from the Survey.
3. Firstly, it is important to understand the **significance of public attitudes** to WGH as revealed by the Survey. Attitudes to the current Watford General are profoundly negative (p. 60) but it is striking that some of the factors mentioned in this connection are within the Trust's control and are distinct from the condition of the buildings. For example, respondents considered the buildings are not only "rundown" and "unattractive" but also "unclean" and "disorganised". A trust that fails to keep its existing buildings clean and orderly can hardly be relied on to deliver a transformative set of new buildings. Also two of the four areas of concern (p. 60 and

Figure 5 on p. 61) could not be changed under the Trust's redevelopment plans: "Local area off-site issues (such as congestion on the M1 and around the football stadium)" and "Out-of-area travel concerns".

4. It is deeply concerning that "Fewer than 10% of comments [on the redevelopment plans] were completely positive" (p. 52) and that the plans "have caused anger and upset" among many people, referred to in the survey report, in a phrase which is unsupported by evidence, as "a vocal minority" (p. 58). Altogether this is surely a totally unsatisfactory basis on which to proceed.
5. It is also important to note that this survey was largely conducted before the first substantial plans for the Watford General site were announced in March. These attracted much local criticism for the height of the proposed buildings and the revelation that the Trust had been forced, in negotiations with commercial interests, to restrict the planned site for the new hospital site to about half the present extent¹. An outline planning application for the redevelopment has now (26 May) been received, suggesting some reduction in the height of the proposed hospital buildings, but also containing suggestions that the space originally proposed for future hospital expansion (and the possible accommodation of the Mount Vernon Cancer Centre on the site) had been reduced further from the March proposals. Watford Borough Council's policy of allowing very high buildings has received substantial criticism in the town; it is unlikely that this plan for a very high hospital will be warmly welcomed by all in Watford, and it is certainly grossly out of keeping with the predominantly suburban and rural character of the area.
6. One of the main reasons for public unhappiness with WGH is **poor access**. The Trust have tried to play this issue down for quite a while now, arguing that distances to Watford are 'reasonable'. But that is beside the point – access is the problem. It was the most common theme mentioned (top of p. 50) and comes up again in the 'Discussion' section on p. 62 (the experience begins "when you leave your front door"). Then on pp. 68-69 one of the two recommended priorities is to carry out further research into the travel and access issues. But given the site that WHHT have chosen, how can further research resolve the problem? They have already taken a decision that makes it pointless for them to pursue this priority, except in an attempt at 'window-dressing'. The first

¹ See the NHC's response to the BDP virtual consultation, March-April 2021 (attached)

recommendation under the 'Discussion' heading is that "Residents from Dacorum and St. Albans need more reassurance" (p. 57) but it is very hard to see how that can be fulfilled, given that the remaining options are all based on the Watford General site. Surely what is required is not reassurance but new thinking untrammelled by the systemic bias towards the present site and against more rational solutions.

7. Other important issues concern the problems of **frequent visitors, special needs, anxiety and uncertainty**. This is closely related to the 'access' point above and features in a striking set of statements on pp. 61-63. These argue that the needs of frequent visitors and of patients with special issues such as mobility problems, multiple health needs, people on low incomes, people who live far from the hospital and/or can't drive should be central to new hospital design. The survey data is said to show that "frequent visitors to hospitals are significantly more likely to be over 60 in age, female, and have a long-term illness or disability". The survey responses showed that problems related to travel and access (which cannot be solved with the present options) "cause additional **anxiety** and/or **high uncertainty** above that created by any health concerns for themselves or others they may be visiting" (p. 61, emphasis in original). One lesson from the report is that 'accessibility design' is crucial and this has been largely ignored in the decisions taken so far (p. 63). It's also very important that patients with the characteristics mentioned are heavily represented in future sampling.
8. The Trust claims that they are working on a '**three site model**', which will see significant and coordinated developments at Hemel Hempstead and St Albans as well as Watford. The report says that this needs to be better explained (pp. 64-65). This is not surprising because many respondents will have realised that this term, which had only recently come into use, isn't a fair or accurate representation of what is intended. In 2020, it was made clear that around 90% of the WHHT redevelopment funding would be spent on Watford General Hospital with the remaining 10% divided between the other two hospitals. It was indeed extraordinary that this fact was never mentioned in connection with this survey.
9. The argument that more work on costing was being done could not be used as a legitimate excuse for not making clear what the indicative funding split that formed the basis of the short-listing decision actually was. The "three site model" myth is designed to

give a false impression of the relative importance attached to the hospitals, and that they might all be given a significant upgrade through the redevelopment. The allocations which are likely to be given to both St Albans and Hemel Hempstead are similar to the sums needed to 'Do Minimum' in various planning documents. The transformation claimed by the Trust for St Albans and Hemel Hempstead hospitals will simply not happen.

10. The Survey reveals a clear **north-south divide** between residents in St Albans and Dacorum (the 'north' of the area) and Watford and Three Rivers (the 'south') (pp. 18, 57). It makes clear that for respondents from Watford and Three Rivers, Watford General is their nearest and most convenient hospital, while people from Dacorum and St Albans would rather use Hemel Hempstead and/or St Albans City Hospital. Although the responses from residents of Dacorum to the plans for Watford expansion are particularly negative, it is clear that there are significant concerns from St. Albans residents too, otherwise there wouldn't have been mention of a perceived 'north/south divide' or that residents from both Albans and Dacorum need reassurance (p. 57). Unfortunately the report does not give the percentage frequency of negative comments from St. Albans, only those from Dacorum and Watford (p. 49).

11. In this context it is important to note that there is a clear imbalance between the populations in the north and south of the area. Watford's borough population is around 97,000 and that of the nearby Three Rivers Council about 93,000. By contrast, the populations of Dacorum and St Albans council areas are significantly larger – over 150,000 in each case. By pushing for redevelopment of a site almost at the southernmost point of West Hertfordshire, the Trust are prioritising the needs of a minority.

Conclusion

12. The Timmus survey reveals clear public unhappiness with the current stewardship and future plans of the West Herts Trust. It reinforces the results of a larger survey conducted for the Trust just before the short-listing decision last autumn. All options on the proposed shortlist were based on redeveloping the present site but a substantial majority of respondents disagreed with it, most of them 'strongly'. (The Trust gave barely any public reaction to these results). This suggests that the population of west Herts. have little faith in the Trust to provide them with the healthcare they need for

the rest of the century, which is what this 60-year plan implies. It is fatally compromised.

13. A complete reassessment of the project to redevelop Watford General is now essential and very urgent, along with an honest evaluation of clear central sites where a truly new hospital can be built, with options for planned care to remain at existing sites as in the current model, to serve the needs of the whole of west Hertfordshire.

*New Hospital Campaign
June 2021*