

PAHT public engagement proposal



The Princess Alexandra
Hospital
NHS Trust



Your future • Our hospital

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Purpose of Report

The purpose of this report is to provide the Committee with an update on the Princess Alexandra Hospital NHS Trust (PAHT) new hospital development programme and to gain formal support for our approach to public engagement from April 2020 and beyond.

Background

February 2019: Evaluation event held on behalf of the local health system, hosted by PAHT, with attendance by the Sustainability and Transformation partnership (STP), West Essex CCG (WECCG), East and North Hertfordshire CCG (ENHCCG), five local councils, community providers and a wide range of other stakeholders. At this event, a preferred way forward was established in line with latest Department of Health and Social Care guidelines, which was to develop a new hospital on a greenfield site by the new junction of the M11 (junction 7a). The new site is approximately 3.5 miles from the existing hospital site in the centre of Harlow.

May 2019: Essex HOSC briefed on and gave their support to the preferred way forward - to build a new hospital on a green-field site, offering improved value for money and full alignment to our strategy.

October 2019: Government announced funding for the first wave of new hospitals in England that includes PAHT.

November 2019: Essex HOSC provided with an update on the PAHT new hospital development programme which included the inclusion of PAHT in the Health Infrastructure Programme wave 1 (HIP1) and, considering the amount of funding secured within this programme, a requirement of PAHT to revisit the preferred way forward.

December 2019: The PAHT Board formally agrees to continue with the preferred way forward of a new hospital on a green-field site with a range of funding options to close the financial gap.

February – March 2020: A number of meetings/calls are held between PAHT and representatives from the Department of Health and NHS England/Improvement to discuss the development plans. It is clear that pace is a critical factor, with an expectation that schemes in the HIP1 are delivered by 2025. PAHT is asked to demonstrate how it could achieve this.

1. Our Preferred Way Forward







A new hospital on a green-field site with a range of funding options to close the financial gap

1.1 Choosing our preferred way forward



PAHT has been through a robust options appraisal process to evaluate the various options for the scope/specification and location of the new acute hospital required to maintain the quality of services and support the development of Integrated Care in Hertfordshire and West Essex.

The evaluation event held in February 2019 identified the options available to the local health system in line with the requirements of the HM Treasury *Green Book – Central Government Guidance on Appraisal and Evaluation* (the Green Book). This differs from the traditional scoring approach previously used within the NHS and instead creates a filter approach to identify the Preferred Way Forward. It also identifies a range of credible options that satisfy the key critical success factor (CSF) requirements. The following graphic identifies the short list developed from the evaluation event findings and the benefits aligned with the PAHT 5P strategic objectives - Patients; People; Performance; Place; Pounds:

| | New Site, New build Open in 2025 | Invest £350m in current site Open in 2028/29 | Invest £350m in PAH + EPUT sites Open in 2030/31 |
|---|--|--|--|
|  Patients | <ul style="list-style-type: none"> Alternative location less convenient to town centre residents (although can be mitigated) Best patient experience – all facilities built to modern clinical standards Greater capacity (also increased by the reduction of "GP walk-ins") EPR compatible and technology-enabled Flexible to future model of care | <ul style="list-style-type: none"> Town centre location provides good access for vulnerable patients 47% new, 22% refurb, 31% retained Improved capacity over current EPR can be deployed, albeit at greater cost Less flexible to future model of care | <ul style="list-style-type: none"> Town centre location provides good access for vulnerable patients 47% new, 22% refurb, 31% retained Improved capacity over current EPR can be deployed, albeit at greater cost Less flexible to future model of care |
|  People | <ul style="list-style-type: none"> Significant improvement in built environment Improved staff morale and retention | <ul style="list-style-type: none"> Significant improvement in built environment Impact of construction on working conditions will affect staff morale and retention | <ul style="list-style-type: none"> Significant improvement in built environment Impact of construction on working conditions will affect staff morale and retention |
|  Performance | <ul style="list-style-type: none"> Significant improvement in clinical adjacencies and efficiencies Targeting BREEAM "Outstanding" Targeting carbon neutral | <ul style="list-style-type: none"> Some change in clinical adjacencies Targeting BREEAM "Excellent" Challenging to achieve carbon neutral | <ul style="list-style-type: none"> Some improvement in clinical adjacencies Targeting BREEAM "Excellent" Challenging to achieve carbon neutral |
|  Place | <ul style="list-style-type: none"> Releases strategic land for housing and enables local/regional development Greater sustainability | <ul style="list-style-type: none"> Disables Harlow's housing & Epping's development plans Reduces attractiveness of sustainable transport corridor | <ul style="list-style-type: none"> Disables Harlow's housing & Epping's development plans Reduces attractiveness of sustainable transport corridor |
|  Pounds | <ul style="list-style-type: none"> Higher immediate PDC ask Reduced operating costs Minimal ongoing maintenance cost | <ul style="list-style-type: none"> Lower immediate PDC ask High ongoing operating & maintenance cost Significant additional investment (£350m+) required within 10 years | <ul style="list-style-type: none"> Lower immediate PDC ask High ongoing operating & maintenance cost Significant additional investment (£350m+) required within 10 years |
|  Political support | <ul style="list-style-type: none"> Strong | <ul style="list-style-type: none"> Limited | <ul style="list-style-type: none"> Limited |

1.2 Case for change

- The Princess Alexandra Hospital was built in 1965 for a much smaller population. Patient facilities are below modern standards and the environment does not create a positive experience for staff or patients.
- Delivery of care is fragmented and the system has difficulty in addressing the health needs of the population. A lack of bed space can result in high waiting times and cancellations.
- The condition of the hospital estate has been identified by the Care Quality Commission (CQC) as one of the Trust's most significant risks. Much of the



estate is over 50 years old and presents clinical, operational and financial risk to the trust.






- The majority of the infrastructure has exceeded its useful life and is in a state of permanent decline. A survey conducted in 2018 highlighted that 45% of the hospital's estate was rated as poor or bad for its quality and physical condition.

1.3 Benefits

Over the next nine months, the Outline Business Case development process will follow the HM Treasury's Five Case Model to ensure that the PAHT new hospital development programme delivers the intended benefits, one of which is the optimisation of value for money in terms of economic, social and environmental benefit – known as the socio-economic case.

It is important to note that although the new facility will be transformational in the way that services are delivered (e.g. using technology and data to improve patient outcomes) the same range of services currently provided will be delivered from the new site. Specifically, emergency services, children's services, services for older people and maternity services will continue to be delivered by PAHT.

To date, and through the development of the PAHT Strategic Outline Business Case, the following benefits have been identified and aligned to the PAHT 5Ps strategic objectives:

| | | |
|---|--------------------|---|
|  | Patients | <ul style="list-style-type: none"> • High quality patient experience and improved patient satisfaction • Built to modern clinical standards • Better use of data and new technology |
|  | People | <ul style="list-style-type: none"> • Improved staff recruitment and retention • Better working environment • New technology will attract high quality staff and boost retention |
|  | Performance | <ul style="list-style-type: none"> • Improved clinical adjacencies and efficiencies • Integrated care, reduced OP, improved flow and ED performance • Improved productivity (RTT cancer standards) • Improvement in hospital flow |
|  | Places | <ul style="list-style-type: none"> • Campus solution • Alignment to local and regional plans |
|  | Pounds | <ul style="list-style-type: none"> • Long term financial sustainability • Increased CIP and efficiency as a result of clinical efficiencies, adjacencies, technology and working environment • Significantly reduced ongoing maintenance cost – no backlog |

A new hospital on a green-field site also supports the delivery of wider health and social care benefits which will help boost regional economic growth, housing and sustainability. These benefits include:

Health and social care

- Improved access to care
- Supports population health management and integrated care
- Meets demand requirements

Harlow as a place

- Removes growth constraints presented by the current landlocked site



- Releases urgently needed land to meet local housing shortfall
- Unlocks regeneration of Harlow town centre and high street. Integrates with wider regional infrastructure plans and boosts regional economic growth and sustainability.

Our preferred way forward further aligns with existing local infrastructure planning:

The image contains three main visual components:

- Left:** A regional map of East of England with a red circle highlighting the Harlow area.
- Middle:** A detailed map of the Harlow area showing 'Enterprise Zones' (grey), 'Sustainable Transport Corridors' (pink lines), and 'Growth Areas' (green). Key locations include Gilston Villages, East of Harlow, Water Lane, and Latton Priory. Arrows indicate directions to Hertford and Ware, Stansted Airport/Cambridge, and London.
- Right:** Two architectural renderings. The top one shows a modern hospital building with a curved facade. The bottom one is a site plan showing the 'North of Junction' area with various infrastructure markers.

Housing Infrastructure Fund (HIF) grant has been obtained for critical infrastructure links that will help unlock 10,000 homes in the Gilston Area development within the Harlow Gilston Garden Town.

The scheme is located within the UK Innovation Corridor, spanning from London to Stansted and onto Cambridge and Peterborough.

The Harlow Gilston Garden Town will aim to deliver 23,000 homes connected via Sustainable Transport Corridors, which support regeneration of the Harlow Town Centre.

The Garden Town aims to achieve a 60% sustainable mode share across the Gilston Area (new development) and support the shift towards 50% sustainable mode share across the whole Garden Town area.

The proposed site for Princess Alexandra Hospital complments the East Harlow Masterplan and will also benefit from the new junction to the M11, providing enhanced local access.

1.4 Equality impact assessment

To ensure that the implications of the relocation do not increase the inequalities that exist within certain identified groups, an equality impact assessment (EIA) has already been undertaken. A task and finish group was established in the spring of 2019 to include a wide range of local representatives of the protected characteristics from West Essex and East Hertfordshire.

Individuals were identified through approaches to a variety of organisations including voluntary sector and statutory organisations to find appropriate representatives of the communities covered by these characteristics. A snowball process was used where identified representatives were asked if they knew of others who could represent other characteristics.

Thirty-six people attended the engagement event and included representation from the following organisations, covering numerous representative protective groups (except for veterans, gender reassignment and LGBT where no representatives were able to be accessed on this occasion):

- ✓ PAHT Patient Panel
- ✓ PAHT (chaplaincy, BAME representatives, safeguarding adults and children, volunteers)
- ✓ Carers First



- ✓ Essex County Council (homelessness, looked after children and unaccompanied asylum seekers)
- ✓ CVS Uttlesford, Epping Forest and Harlow (volunteers, mainly disabilities and carers)
- ✓ Beacon House ministries (homelessness);
- ✓ Essex integration (refugees and asylum seekers and gypsy/traveller);
- ✓ Accuro (carers)
- ✓ HEMU (ethnic groups across Harlow)
- ✓ Support 4 sight
- ✓ St Clare's Hospice
- ✓ Department for Work and Pensions

The workshop looked at the equality impact in two distinct areas: firstly around the issue of access to the new hospital; and secondly, all other impacts.

Appendix A: details the full outcome of this workshop. In summary, the main areas of concern and associated PAHT recommendations from the equality impact assessment are:

| Section 1 : Access | | | | |
|---|--|--|--|--|
| Area of concern | Detail | Lead | Recommendation | By when and by who |
| Transport to the new hospital from Harlow town | Concerns from many groups that moving the provision of services to outside of the town centre will require changes to how they access to hospital, particularly public transport access. Please see section 3.5 for an update on transport links | Disability, older people, carers, vulnerable groups | To set up a transport and access group to include representatives from the identified affected groups, ECC, new hospital planners, and transport experts. | PAHT strategy team By May 2020 |
| Parking provision at the new hospital | It is likely that more patients will drive to the new hospital and parking facilities must be suitable for all patients, visitors, carers and staff | Disability, older people, carers, vulnerable groups | Parking sub-group on planning group | PAHT strategy team By July 2020 |
| Section 2: IT | | | | |
| Ensure groups are able to utilise new technology | The new hospital will have greater integration of IT across the patient pathway. Some individuals from protected groups may be less able to utilise these new services and will therefore be at greater disadvantage, although | Disability, older people, carers, vulnerable groups, staff, people | To ensure that the digitisation agenda includes consultation with the impacted groups to ensure access to digital technology that will be utilised within the hospital is fully accessible | PAHT strategy team PAHT ICT team By May 2020 |



| | | | | |
|--|---|---|--|--|
| | there is recognition that some of these development will benefit these groups, but an assessment must be made | | | |
| Address concerns over data sharing | Many individuals form the groups covered by protected characteristics are concerns about information sharing and potential breaches of personal data. Reassurance needs to be given to ensure that individuals are not dissuaded from sharing their data which could impact negatively on their care and subsequent health outcomes | Disability, older people, | To engage with groups with concerns over data sharing to discuss their concerns and reassure | PAHT strategy team PAHT ICT Team By May 2020 |
| Section 2: Hospital planning | | | | |
| Developing space to address spiritual needs | Current space for spiritual support does not meet the needs of those requiring places to pray. | Religion | To engage with the new hospital planners to ensure there is sufficient space for people of all faiths and none. | PAHT strategy team Chaplaincy team By July 2020 |
| Work with all the groups representing the protected characteristics to them in the planning process and ensure they are not disadvantaged in the new building | Issues include signage, wheelchair access, hearing loops, all to be designed in partnership with representatives from these groups to ensure needs are addressed prior to hospital being built | Disability, older people, carers, vulnerable groups, people whose first language is not English | To establish a group to advise the hospital planners on the particular needs of each group when planning the new hospital. | PAHT strategy team PAHT Patient Panel Volunteer groups By July 2020 |
| Carers needs that can be addressed without a new building | The needs of carers were identified however many of them could be addressed before the new hospital is built | Carers | To work with the patient experience team to develop a route for carers to express their unmet needs that can be addressed in the current site. | PAHT strategy team PAHT patient experience team By July 2020 |



PAHT is committed to continue this broad, diverse and tailored engagement with the public throughout the development of the new hospital to ensure the new facility meets the present and future needs of patients, carers and staff.

1.5 Transport links - update

A travel and access review completed by the Trust in February 2019 showed the new hospital site was accessible to a wider catchment area within 30 minute drive time and was accessible by more people within the 5 minute 20 minute drive times:

| Hospital site | Population reached | | |
|-----------------|---------------------|----------------------|----------------------|
| | 5 minute drive time | 20 minute drive time | 30 minute drive time |
| Existing site | 109,124 | 414,817 | 711,244 |
| Junction 7a M11 | 121,277 | 407,058 | 745,241 |

A high level transport analysis conducted by Essex County Council, concluded that the new hospital on the East Harlow site will benefit from infrastructure improvements being provided by the sustainable transport corridor and bus rapid transit routes.

It is also determined that a high frequency bus service would be required for the new hospital and these buses would pass through the planned residential development to the south of the M11 link road. Therefore, an underpass will be required to take bus services across the M11 link road, and make the site accessible to public transport, pedestrians and cyclists

- In addition, PAHT is working with traffic and highways consultants to investigate the value and feasibility of altering the planned Campion's Roundabout and moving the adjacent attenuation pond to accommodate the main hospital spur access. The roundabout would allow for a suitable two lane in and out access to the hospital, which was not anticipated at the time the initial junction works were planned by Essex County Council.
- Highways England and Essex County Council have requested the next stage of transport modelling to be completed to underpin the hospital being located on the new Junction 7a and to secure formal Highways approval as part of the planning process. Jacobs (as the Essex County Council nominated transport and highway advisors) will be preparing a brief and cost for completing in April 2020.

2. Further requirements of PAHT: Timeline

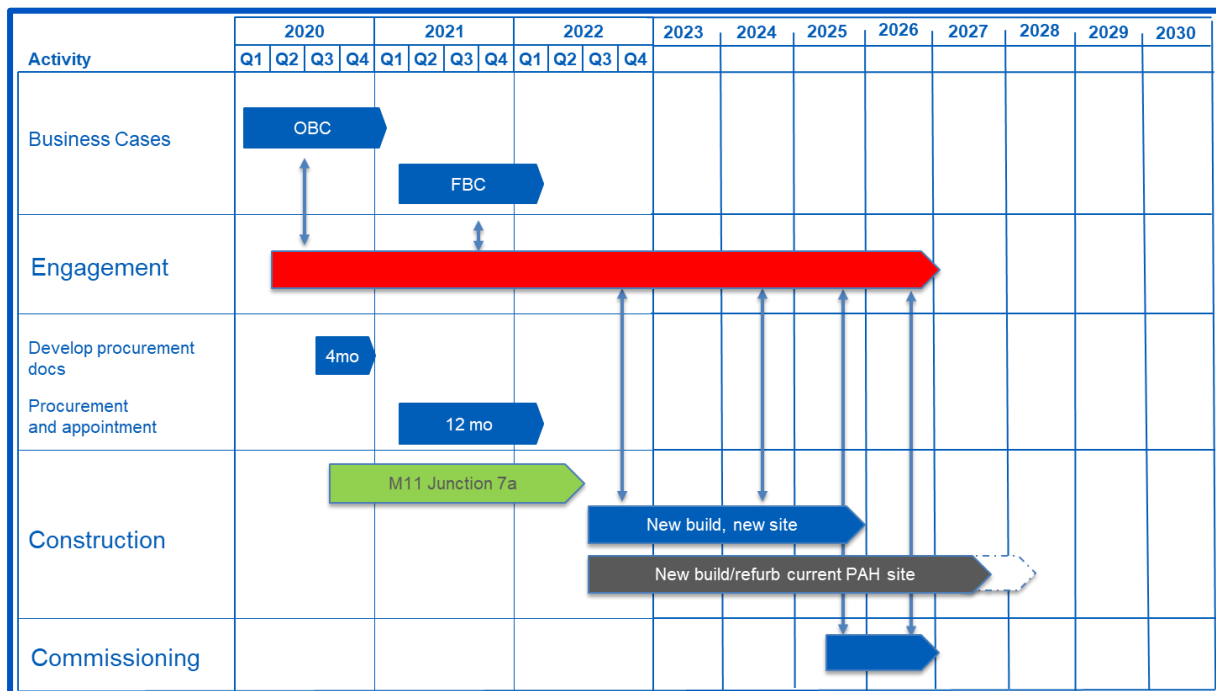
Following the meetings/calls held in February/March 2020 between PAHT and representatives from the Department of Health and Social Care and NHS England/Improvement, it became clear that pace is a critical factor. The aim for the Health Infrastructure Plan (HIP) is that those initial (HIP1) schemes is that they are delivered by 2025. PAHT were asked to demonstrate how it could achieve this.

PAHT have already initiated a number of key schemes to put us in the best position to achieve these tight timelines including:



- Organisational/governance structures for a project of this scale and complexity have been determined and a professional team are being deployed; and
- Programme of work has been developed to complete an Outline Business Case by December 2020 and a Full Business Case by Q1 2022.

Hitting the target date for the full business case is critical if a new hospital is to be built by 2025. The outline timeline for this is shown below:



As we have progressed this work, it has become clearer that the range of services provided by PAHT is unlikely to change. Discussions have therefore taken place with our local CCGs about the most appropriate way in which the NHS can discharge its duty to involve the public in the planning and decision-making in respect of the new hospital.

This is a significant factor in terms of the timeline above. Depending on the approach that is adopted, it may not be possible for the new hospital to be built by 2025. We would have to convey that information to the Department of Health and Social Care and await its decision as to how we should proceed. CCGs will shortly be considering this issue formally however, initial soundings are positive. A key factor in their decisions will be the view of the relevant HOSCs on our proposals for involving the public.

3. Public communications and engagement

To ensure our planning is robust, through the Outline Business Case and Full Business Case development process, PAHT will be launching a **tailored public communications and engagement programme** to ensure all audiences are at the centre of the evolving and enhancing plans for the new hospital.



Although the current relocation proposals do not involve any changes to the range of services being provided, PAHT have been actively engaging system-wide stakeholders and patients on the redevelopment and relocation plans for PAHT estate.

3.1 Proposed 2nd phase of public communication and engagement

PAHT intend to initiate a clear, concise and wide-reaching public communication and engagement programme, beginning in May 2020 and lasting the lifetime of the PAHT new hospital development programme.

PAHT will ensure there are scheduled points throughout the new hospital development programme where Hertfordshire and Essex HOCSs can formally challenge, provide guidance and support PAHT as part of the public communication and engagement programme.

The new hospital project team will establish a wide range of information and opportunities for patients, local communities, stakeholders and our people. Giving them the opportunity to engage, view and interact with the plans and to provide valuable feedback, comments and suggestions. This will ensure that the voice of our people, our external audiences and the communities we serve is an active and ongoing part of our strategy and approach to the exciting opportunity a new hospital brings to our people and to people living in the local area.

3.1 Objectives

The communications and engagement plan will:

- Raise awareness of the plans for a new hospital for local people
- Encourage and facilitate engagement with a wide range of audiences
- Involve PAHT clinical, corporate and support teams to ensure operational, practical and co-location needs are reviewed, considered and met
- Tailor information and platforms to engage with different audiences; and be agile and regularly reviewed and updated in response to progress, responses and any strategic and operational changes.
- Ensure that the voice of patients, PAHT people and local people is represented in the ongoing progress and plans
- Build on existing relationships with print, broadcast and digital media locally, regionally, nationally and specialist

3.2 Initial approach

In light of the very significant impact the current situation being managed nationally regarding coronavirus (COVID-19), the approach to communications and engagement will initially need to focus on establishing platforms and information sharing options that our patients, people and local communities can access digitally and remotely.

A stepped engagement plan will be established that provides a range of options for people to choose how they want to connect, how often and where and when. The scope of our audiences is both geographically and strategically influenced and includes:



- PAHT people
- Patients
- Local people
- Health and social care colleagues – including GPs; pharmacists; ambulance service; social care; adult and children and young people’s services
- Clinical Commissioning Groups – CCGs
- Community groups
- Local MPs and councillors
- Local councils
- Education – from pre-school to further and higher institutes
- Care Quality Commission – CQC
- Online communities
- Print, broadcast and digital media
- Social media followers

3.3 Hard to reach groups:

In light of the current restrictions around face-to-face engagement a tailored approach to engaging with hard to reach groups will be established. This will maximise the connections and engagement channels used by the One Health and Care Partnership members and will include inviting community and voluntary groups who have established programmes of support with hard to reach and under-represented groups to share information updates. Alongside this, support will be sought from local authority networks; housing associations, BAME groups and Youth Councils to include details of the new hospital and how to be involved in their existing magazines, newsletters and digital platforms.

Consideration will be given to extending an invitation to local print and online media to become a media partner and to share a regular update column provided by the new hospital programme team that will cover milestone steps and ways that local people can get involved and give their comments and feedback.

3.4 Communication and engagement tools

The initial approach will need to accommodate people accessing information remotely and through digital platforms and information cascade options. A graphic and house-style will be created for the new hospital project and this will provide a professional look and feel along with consistency and recognition of the engagement programme messages and validity of information being shared.

Tools and platforms used will provide both generic and tailored content and will include:

- Dedicated pages on www.pah.nhs.uk
- Dedicated social media platforms on Twitter, Facebook, You Tube and Instagram
- You Tube playlists
- Digital live chat sessions
- Ted Talk style briefings from key members of the project team that will be recorded and hosted on You Tube
- An email address for use to share information and updates and to also receive feedback, queries, comments



- Online polls
- Short pulse surveys to provide quick temperature checks with our audiences
- Instagram posts to show progress from breaking the ground to topping out;
- Time-lapse video for use with engagement plans and release to the media to illustrate progress and for their broadcast use
- Regular digital bulletin updates for system partners and stakeholders;
- Tailored digital bulletin updates for community groups with a request that they become part of our cascade of information through their networks at individual group level
- Short update messages posted on the digital information screens at the Princess Alexandra; St Margaret's and Herts and Essex Hospitals' sites.

3.5 Collating, sharing and responding to feedback

Feedback will be encouraged and channelled with the establishment of an agreed set of core themes for PAHT people, local people and community stakeholders to reference and respond to. This approach will allow for the flexibility to also offer the opportunity for each audience to highlight additional areas that they feel need to be considered and points they will raise for consideration.

A schedule of regular update scripts will be drafted to update on feedback received and how it is being used to support the development of the new hospital plans and the role people are playing in being part of the conversations to deliver a new hospital that will meet the needs of people living across the communities and geography the hospital will serve.

This will provide the opportunity to report back on the core themes and ensure that specific examples and responses are clearly outlined and described, that key milestones are noted along with a regularly updated timeline

3.6 Sharing feedback and updates with HOSC

To ensure that HOSC is fully sighted on the feedback received and how this is reflected in the ongoing preparation and tailoring of the new hospital plans a communications and engagement dashboard will be provided to HOSC.

- Engagement activities
- Current themes for messaging
- Communications tools and approach
- Response rates
- Digital analytics
- Media coverage

This will be supported by a highlight report that will focus on the use of feedback to inform the progress of the new hospital plans – a making it better together approach will be adopted.



3.7 Future engagement

Alongside the shorter-term engagement plan a more detailed communications and engagement plan will be developed in readiness for implementation when the current restrictions due to COVID-19 are lifted.

This will give us the opportunity to build on the success of remote and digital connections and engagement and add a range of face-to-face options that will include:

- Onsite media briefings at PAH to illustrate the poor estate and the difference a new hospital will make to patients and our people
- Onsite (new hospital development) media, MP and councillor briefings
- Regular media briefings with news editors and health correspondents
- Regular meetings with MPs and councillors and invites to community drop-in sessions
- Attending community group meetings and networks to share information and establishing a diary of attendance to maintain contact and provide updates across the duration of the build
- Continuing to work in partnership with the established PAHT Patient Panel
- Building relationships with other, community based, patient and public forums
- Inviting local college and university students to be part of an involvement group looking at artwork for areas of the hospital
- Inviting university students to connect with the development and engagement plans for the new hospital project as part of their academic thesis or dissertations – providing academic network opportunities with our clinical librarian team and also potential recruits to clinical and professional teams
- Hosting drop-in sessions in local community hubs across the geography that the new hospital will serve for local people and patients
- Regular monthly updates for our people in our in-house magazine, In Touch, and through our established people engagement option that includes, a weekly executive briefing; Alex news (Intranet); health care group and corporate board meetings
- Updates presented PAHT board meetings
- Introducing 360 sessions for our people and external audiences to encourage feedback and to facilitate an opportunity to share the actions taken in response to this feedback

3.8 Evaluation

As outlined, evaluation of the success of the engagement plan will focus on feedback received and how this is being scheduled into the new hospital plan. An engagement dashboard and highlight report will provide an insight into the analytics of the activities undertaken across all platforms that will be further informed by the level and volume of response from the audiences targeted.

As engagement expands, when COVID-19 restrictions are lifted, attendance, feedback and numbers of people regularly keeping in touch will provide intelligence of areas/audiences that we need to extend our reach to. An extended engagement plan will be implemented that meets the stages of change as restrictions are lifted.



4. Recommendations

We ask HOSC to:

- Note updates on decisions made by the PAHT Board and the working timeline for completion of the Outline Business Case and Full Business Case for a new hospital;
- Formally consider whether, or not, it considers the proposed development of a new hospital would represent a substantial change to services
- Support PAHT in the development and delivery of its comprehensive public communications and engagement programme, from May 2020 and over the life of the PAHT new hospital development programme

Appendix A

The workshop looked at the equality impact assessment in two distinct areas, Firstly around the issue of access to the new hospital and secondly, all other impacts.

Access impact

| Protected characteristic | Positive impact | Negative impact |
|--|--|--|
| Race, religion, ethnicity | None | None |
| Age (older people) | None | Concern over lack of accessible transport to the new hospital Congestion on the M11 may lead to increased travel times from Harlow Concern that no bus routes will transport Harlow residents to the new hospital. Older people are comfortable with the local areas that they know. Moving the hospital may impact on wellbeing due to changes they are not comfortable with |
| Refugees and homeless community | The move may support some individuals to move away from their dependence on the hospital | Lack of finances to travel to new hospital Lack of confidence to travel Lack of confidence in public transport Blurred county boundaries Taking away a resource from the most deprived area. |
| Carers | Opportunity to develop parking bays for carers made to the | Increased transport costs There may be access issues to the car park What will the public transport be like for carers who don't drive |



| Protected characteristic | Positive impact | Negative impact |
|--------------------------|-----------------|--|
| | needs of carers | |
| Disabilities | None | Negative effect if all services move out of Harlow Issues with access to the hospital as transport is required, this may not be accessible Moving the hospital will result in a change in routine for many disabled people the change in routine this has major impacts on their wellbeing. Increased costs due to the need to pay for parking or use public transport or taxis to reach the hospital, can affect the health of disabled people Could affect community relations as many community organisations are based in the centre of Harlow |
| Other groups | None | Changes in ambulance demand as people will be less likely to try to make their own way to the hospital. |

Other impacts

| Characteristic | Positive impact | Negative impact |
|--------------------------------|--|---|
| Religion | Potential to ensure the importance of space for spiritual health with enhanced spiritual support on site | None |
| Ethnicity | Potential to improve communication for non-English speakers (signage) | None |
| Age | None | Concern about moving away from a known setting and making the change Concerned about digital inclusion for those not IT literate Concern about sharing medical records via My Care Record |
| Refugees and travellers | Potential for improved discharge process | Harlow is the most deprived part of the area and moving the hospital |



| Characteristic | Positive impact | Negative impact |
|-------------------|--|--|
| | <p>Potential for members of these groups to be involved in the design</p> <p>Potential to develop wrap around facilities</p> <p>Ideas for managing the travel to the new site such as shuttle service</p> <p>Opportunity for better IT</p> <p>Potential to move some individuals away from dependency on the hospital</p> | <p>away will reduce facilities in this area.</p> <p>Need to ensure satellite service remain in Harlow town centre.</p> |
| Carers | <p>Potential for better support and identification of carers</p> <p>Potential to build wards with needs of carers in mind</p> <p>Can ensure new Trust is wheelchair friendly</p> <p>Potential to ensure hearing loops are in place</p> <p>Staff training, ID carers on the system, NHS as a caring organisation, ID loneliness following bereavement</p> | None |
| Disability | <p>Potential to develop a meet and greet on site</p> | <p>Plea for some services to remain in Harlow town centre.</p> <p>Less access for vulnerable groups to A&E (i.e. drugs and drink in town centre)</p> |
| Others | <p>Potential to have creative parking</p> | <p>There will be a greater impact of more</p> |



| Characteristic | Positive impact | Negative impact |
|----------------|---|--|
| | <p>solutions Improved navigation (signage and adjacencies) People need to be IT confident</p> | <p>socioeconomically deprived groups. There may be increased demand on ambulance as people from Harlow may not attend A&E independently GP services will need to shift in line with the change</p> |

