NHS Herts Valleys Clinical Commissioning Group

NHS West Hertfordshire Hospitals NHS Trust

BOARDS OF HERTS VALLEYS CLINICAL COMMISSIONING GROUP AND WEST HERTFORDSHIRE HOSPITALS NHS TRUST

1st October 2020 at 9:30am – 11:00am

Meeting via Zoom https://zoom.us/j/95855368797

Time	Item ref	Title	Lead	Objective	Paper or verbal
09:30	1	Opening and introduction	Chair	To note	Verbal
	2	Declarations of interest	Chair	To note	Paper
09:35	3	Representations from the public - Written and verbal representations - Herts Valleys Hospital group briefing booklet and WHHT response	Director of Communications, WHHT	To receive	Paper
09:50	4	Site feasibility report - Review of report and Q&A	Royal Free London Property Services and Montagu Evans	To discuss	Paper
10:05	5	Longlist appraisal & recommended shortlist, and stakeholder feedback - Review of appraisal report - Overview of proposed shortlist - Stakeholder engagement report & Communications update.	Deputy CEO, Acute redevelopment Programme Director & Director of Communications, WHHT	To discuss	Paper
10:30	6	WHHT Board Decision	Chair	To confirm	Verbal
	7	HVCCG Board Decision	Chair	To confirm	Verbal
11:00	8	Close	Close	N/A	

OUR VALUES
Commitment
Care Quality

NHS
West Hertfordshire Hospitals
NHS Trust

Declarations of board members and attendees interests
01 October 2020

Agenda item: 2

Name	Role	Description of interest
Phil Townsend	Chairman	• Son works for ATOS Sintel a separate legal entity wholly on work associated with the BBC
Christine Allen	Chief Executive	None
Paul Bannister	Chief Information Officer	None
Dr Andy Barlow	Divisional Director, Medicine	• Barlow Medical Services Ltd • Director, London & Hertfordshire Respiratory Diagnostics Ltd
John Brougham	Non-Executive Director	• Non-Executive Director and Chair of the Audit Committee of Technetix Ltd
Helen Brown	Deputy Chief Executive	None
Tracey Carter	Chief Nurse and Director of Infection Prevention and Control	None
Paul Cartwright	Non-Executive Director	• Member of Charity Committee, West Hertfordshire Hospitals NHS Trust • Member of Council of King's College London
Paul da Gama	Chief People Officer	None
Helen Davis	Associate Non-Executive Director	• Director and shareholder at Brierley Advisory LLP • Partner is senior civil servant at DHSC
Ginny Edwards	Non-Executive Director (Vice-Chair)	• Trustee Peace Hospice Care • Director of Edwards Consulting Ltd • Charity Committee for West Hertfordshire Hospitals NHS Trust • Executive coaching for Cross sector leadership exchange (CSLE)

Last updated: June 2020

Name	Role	Description of interest
		• Executive support Public Health England • Volunteer organisation 'Help Force' advisor (Ended April 2020) • In Touch networks - coaching consultant (Ended April 2020) • Husband is CEO of The Nuffield Trust • Husband is Director of Edwards Consulting Ltd • Husband is a non-remunerated member of the Strategy Committee of Guy's and St Thomas's Charitable Trust
Natalie Edwards	Associate Non-Executive Director	None
Louise Halfpenny	Director of Communications	None
Jonathan Rennison	Non-Executive Director	• Trustee of NHS Charities Together (formerly the Association of NHS Charities) • Change Management and strategy support with Kings College London • Director of Yellow Chair Ltd • Edgecumbe Consulting - Associate • The Teapot Trust - Coaching • In Touch networks - coaching consultant • Charity Committee for West Hertfordshire Hospitals NHS Trust • Governance, strategy and business planning support to London North West University Healthcare NHS Trust - work is focused on their NHS Charity (Ended January 2020) • Organisational development, change management, leadership development with Quo Vadis Trust - mental health residential care and supported housing service. (Ended January 2020)
Don Richards	Chief Financial Officer	None
Sally Tucker	Chief Operating Officer	None
Dr Mike van der Watt	Chief Medical Officer	• Owner and Director Heart Consultants Ltd

Last updated: June 2020

Name	Role	Description of interest
Mr Simon West	Divisional Director of Surgery , Anaesthetics and Cancer – from 01 April 2020	• Director Northampton Hip and Knee
Dr Anna Wood	Director of Governance	None

Last updated: June 2020

Herts Valleys CCG Register of Interests: BOARD & COMMITTEE REGISTER June 2020

NHS
Herts Valleys
Clinical Commissioning Group

Surname	Name	Current Position(s) Held i.e. Governing Body, Member practice, Employee or Other	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the Interest Direct or Indirect?	Nature of Interest	Date of Interest		Action Taken to Mitigate Risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Board members											
Bloom	Stuart	Board Lay Member	No interests declared								
Carlton-Conway	Daniel	GP Partner at the Maltings Surgery, HVCCG Locality Chair for St Albans & Harpenden HVCCG GP Board member Primary Care & PMOT Clinical Lead.	Partner- The Maltings Surgery - NHS GP surgery Practice is member of Abbey Health Primary Care Network Member - The Hertfordshire Clinic LLP, a clinic offering private healthcare. Speciality Doctor Paediatric Allergy - Lister Hospital, Stevenage. STAHFED Ltd. Maltings Surgery is a member of the St Albans provider organisation together with 10 other practices in the St Albans and Harpenden district. In conjunction with external colleagues we have a medical application in development. I am a director of the company, together with Dr Booth and Dr Fisher developing this application, entitled Optimise Health Limited. PML NHS ultrasound service hosted at the Maltings Surgery I previously received funding from ALK Abello which contributed to study MSc in allergy at Southampton Medical School (> 5 years ago). MSK Connect Service will be hosting a physiotherapist at The Maltings Surgery in a joint post from end of October 2019.	X X X X			Direct	GP Partner in a local practice a member of a provider organisation, 2 Partners are directors of provider organisations, Speciality Doctor at Lister hospital, Practice is a member of St Albans provider organisation, medical application in development	2008 July 2019 2014 2015 approx. 2016 approx. 2014 approx. 2019 2013/15 approx. Oct 2019	Current Current Current Current Current Current Current 2015 approx. Current	To be declared prior to and during appropriate meetings.
Ciobanu	Corina	GP Partner - Haverfield Surgery HVCCG Locality Chair for Dacorum Locality HVCCG Board Member	GP Partner in Haverfield Surgery My practice is a shareholder in Dacorum Health Providers Limited (GP Federation) whom may be interested in bidding for services. My partner is the Chief Finance Officer for East & North Herts CCG	X X		X	Direct & Indirect	GP Partner at member practice, shares in provider organisation, Partner is CEO of another CCG within our STP	2004 2015 2010	Continues	To be declared prior to and during appropriate meetings.
Curbishley	Diane	Director of Nursing and Quality	No interests declared								
Dalton	Lynn	Director of Primary Care	No interests declared								
Eliad	Rami	GP Partner Garston Medical Centre, Watford CCG GP Board Member CYPM Clinical Lead Hertfordshire LMC Member	'GP Partner Garston Medical Centre, Watford My practice is part of DLH/WCA I do sessions for the OOH provider HUC LMC Member My son is an F1 doctor at WGH/UCLH Wife is practice manager at Garston Medical Centre	X X X X X		X	Direct & Indirect	Partner in a practice, practice has shares in provider organisation, paid work for local provider, member of professional body, family member works in local provider, family member works in practice, trainer and appraiser, personal ISA's and private pensions	1989 2004 1998 2016 2017	Continues	To be declared prior to and during appropriate meetings.
Evans	David	Managing Director	No interests declared								
Eyitayo was Babatunde	Elizabeth	GP and Board Member Executive Clinical Lead for Primary Care	Director of Azile Medical Healthcare Governing Body Member - Enfield CCG	X X			Direct	Director of heathcare organisation, Director & Trustee of charity, Governing Body Member of other CCG	2014 2017	Continues	To be declared when relevant/appropriate
Faizy	Asif	Watford & Three Rivers Locality Chair GP Board Member GP Partner at Vine House Health Centre	GP Partner at Vine House Health Centre. Vine House Health Centre has a share at DLH(Direct Local Health). Director Asif Faizy GP LTD (Locum GP for Out of Hours Services and Medical referee at West Herts Crematorium). Clinical Director NWPCN (North Watford Primary Care Centre). Bedfordshire & Hertfordshire LMC , Watford locality rep	X X X X X			Direct	Watford & Three Rivers Locality Chair Herts Valleys CCG, GP Board Member GP Partner at Vine House Health Centre Clinical Director	2012 2012 2017 2019 Feb 2020	Continues	To be declared at meetings when relevant/appropriate

Surname	Name	Current Position(s) Held i.e. Governing Body, Member practice, Employee or Other	Declared Interest (Name of the organisation and nature of business)	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest Direct or Indirect?	Nature of Interest	From	To	Action Taken to Mitigate Risk
Fernandes	Trevor	HVCCG GP Board Member and HVCCG Clinical Vice Chair	GP Partner at Parkwood Surgery I am a member of Herts Valleys CCG as GP Board member Practice is a member of the Dacorum Provider Group I am a patient at Berkhamsted Group Practice My wife works for Hospice of St Francis (1999), Fonthill Lodge Nursing Home (2019), Michael Sobell Hospice, Mount Vernon (2020)	X X X	X	X	Direct & Indirect	GP Partner in local practice. Practice is member of provider group. My wife works for a provider	2005 2013 2017 1994 1999/2019/2020	Continues	To be declared at meetings when relevant/appropriate
Gardner	Alison	Lay Board Member PPI Responsibility	Lay Board Member of ENHCCG (Patient and Public Involvement) 'Associate Consultant - Royal College of Nursing (Occasional short term Management Consultancy and OD Contracts) Director - Alison Gardner Limited	X X X		X	Direct	Lay Member of ENHCCG board for Public and Patient Engagement Consultancy, coaching and facilitation Director	1 Aug 2019 April 2013 April 2013	Continues Continues Continues	CEOs and Chairs of both organisations have requested that I undertake this role in both organisations. Both Boards are fully aware of dual role. Don't bid for RCN projects in Hertfordshire and would not accept RCN offers of work in Hertfordshire. Don't pursue contracts in Hertfordshire. Coaching clients are outside Hertfordshire and outside NHS. If potential opportunity arose within NHS in Hertfordshire would consult with Chair and CEO.
Gunson	Brian	Healthwatch Observer	Director and shareholder of M & F Health Communications Ltd Director and shareholder of Exclaim Communications Holdings Ltd Trustee of Healthwatch Hertfordshire Ltd	X		X X	Direct	Member of Healthwatch, Director and Shareholder of healthcare communications agency, member of charity, Trustee (Director)	2017 2019 2012	Continues	To be declared prior to and during appropriate meetings.
Hall	Caroline	Chief Finance Officer Board Member	No interests declared								
Halpin	Jane	Chief Executive Officer	No interests declared								
Kiniburgh	Jane	Director of Nursing & Quality Board Member	No interests declared								
MacBeath	Iain	Herts County Council Director of Adult Care Services	I am Director of Adult Care Services for Hertfordshire County Council I am CEO Co-Lead of the Hertfordshire and West Essex STP for which I personally receive no additional remuneration I am Chair of Directors of Herts Fullstop Ltd, a wholly owned local authority trading company for which I receive no additional remuneration		X X X				2013 2019 2013	Ongoing 31 Mar 2020 Ongoing	To be declared prior to and during appropriate meetings.
Molloy	Clare	Deputy Director of Nursing and Quality	No interests declared								
Magson	Kathryn	Chief Executive Officer	Director of Kathryn E Magson Ltd - Consultancy and Property Management Member of Little Gaddesden parish council	X		X	Direct	Director of Consultancy and Property Management Company, Parish Councillor	01/12/2009 June 2017	Continues	No company involvement with Herts Valleys CCG To be declared when relevant/appropriate
Page	Catherine	GP Partner at a member practice Hertsmere Locality Chair HVCCG Board Member and Clinical Lead.	GP Partner at Fairbrook Medical Centre Hertsmere locality Chair HVCCG GP Board Member Locality GP Board Clinical Lead for Mental Health, Dementia and Care Homes	X X X X			Direct	GP Partner, locality Chair, GP Board member and GP Clinical Lead for Mental Health, Learning Disabilities, Dementia and Care Homes	2003 2018 2018 2018	Continues	To be declared at relevant/appropriate meetings
Patrick	Katy	(Acting) Director of Risk and Corporate Governance	No interests declared								

Surname	Name	Current Position(s) Held i.e. Governing Body, Member practice, Employee or Other	Declared Interest (Name of the organisation and nature of business)	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest Direct or Indirect?	Nature of Interest	From	To	Action Taken to Mitigate Risk
Pile	Richard	CCG GP and Board Member	We receive rent for rooms used by community services, ophthalmology and CATS and are part of the STAHFED federation for the St Albans & Harpenden locality. We are also members of Alban Healthcare Primary Care Network. We have a Jade pharmacy within our building for which we receive a mix of rent and profit share. I work out of hours sessions for Herts Urgent Care, typically 3 per month. I am a GP appraiser working for NHS England. I have carried out occasional pieces of work for different pharmaceutical companies over the years, teaching, training, presenting at meetings, hosting GP education meetings or advisory board work. This is usually through Soar Beyond, a third party company who have the pharma company as their client. I do not hold a salaried position or have any shares in any companies. Companies I have previously worked with (including in my time prior to being elected to the CCG board) are GSK, Pfizer, Astellas, Omniamed, Otsuka, Boehringer Nutricia, and MSD. I work 2 days a month for Thrive Tribe, who is a private provider of Healthy Lifestyle services such as weight management, smoking cessation and a "healthy hearts" program. They do not have any contracts in Hertfordshire at present. My role involves answering clinical queries re the suitability of clients referred into the service and also helping them develop their service including clinical pathways. I am one of the directors of Living Life Better Ltd, which is a registered company located in St Albans, providing a lifestyle medicine and wellbeing service based on a coaching model and using behavioural change tools. We work with network partners (such as nutritionists, counsellors, physios, personal trainers and business advisors) to provide services to individuals and organisations including companies, local authorities, education authorities and the NHS. We provide educational content (including talks, podcasts and videos) group and one to one sessions	X X X X X X			Direct	GP Partner in local practice, practice receives rent for rooms and part of provider organisation, practice also receives rent and profit share from pharmacy, GP with special interest, work carried out for Herts Urgent care, previously paid work for pharmaceutical industry, provides specialist services	2000 2004 2004 2010 2018 2019	All continue	To be declared at meetings when appropriate and recuse myself from decision making if there is a direct conflict"
Pond	Alan	Chief Finance Officer Board Member	My Partner (Dr Corina Ciobanu) is a GP Partner in Herts Valleys CCG (at Haverfield Surgery, Kings Langley) and is Chair of the Dacorum Locality. I am the public sector appointed Director of Assemble Community Partnership Ltd (Company Number 06471276) and associated companies Assemble Fundco 2 Ltd (Company Number 08309498) Assemble Holdco 2 Ltd (Company Number 08309495) Wolverton Holdings (Company Number 08307564) Wolverton Fundco 1 Ltd (Company Number 08306830 Assemble Fundco 1 Ltd (Company Number 06471659) Assemble Holdco 1 Ltd (Company Number 06471233) Assemble (MKHQ) HoldCo Ltd (Company Number 06710941) Assemble (MKHQ) Ltd (Company Number 06711023) All of 128 Buckingham Palace Road, London, SW1W 9SA.	X		X	Direct/Indirect		2020 2008	All continue	On matters relating to primary care generally, I would always declare my relationship to Dr Ciobanu so anyone could question me on my motives. For matters relating specifically to Haverfield Surgery only, I will excuse myself from any discussion and take no part in any decision making. I will keep confidential any information I receive that could be of benefit to Haverfield Surgery and/or Corina Ciobanu.
Rodgers	Juliet	Associate Director Communications and Engagement Regular Attendee of Board Meetings	My son works for Facebook - at the head office in the US. He is a software engineer. I head up the comms team that sometimes buys advertising space from the network.	X					11/07/1905	Continues	Agreement to buy advertising from facebook to be agreed by chief exec.
Scheffer	Hein	Director of Workforce & OD	Director of Wavelengths 106 (Pty) Limited, Property Company in South Africa – 72 Main St, Bonnievale, Western Cape, 6730, South Africa (REG NO: 2001/026132/07. Renate Scheffer (spouse) works at HVCCG, Member of the NHSCC Board.	X	X X X		Direct & Indirect	Director of property company spouse works for the CCG NHSCC member	2001 2016 2018	Continues	To be declared when relevant/appropriate
Shah	Avni	Director of Commissioning (acting)	Husband works for Ophthalmology Pharmaceutical Company Scope as UK lead			X	Indirect		Jan-20	Continues	
Small	Nicolas	Chair of Herts Valleys CCG GP Partner - Schopwick Surgery	GP Partner at Schopwick Surgery. Practice Partnership provides non-GMS services to Kestrel Grove Care Home, Sunrise Assisted Living, Haberdasher's Aske's School, Elstree. Brother and Sister provide NHS Dental Services in NC London. GP Appraiser. My sister is the GP CCG Chair of Harrow CCG Practice is a member of the Hertsmere GP Provider federation, Herts Health. The GP Chair of Herts Health is a GP Partner at Schopwick Surgery.	X X	X	X X	Direct & Indirect	GP Partner in local practice, practice has shares in a provider organisation, practice provides services to care homes and school, GP appraiser, family members are dental practitioners, family member is a Board Member at another CCG.	1996 2005 2001 1992 2002 2012	Continues	This declaration and published on CCG website. To be declared as relevant/appropriate in advance of meetings and where any emergency decisions are made outside of meetings.
Smith	Paul	Lay Board Member - Audit Responsibility	No interests declared								

Surname	Name	Current Position(s) Held i.e. Governing Body, Member practice, Employee or Other	Declared Interest (Name of the organisation and nature of business)	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest Direct or Indirect?	Nature of Interest	From	To	Action Taken to Mitigate Risk
Stober	Thelma	Lay Board Member	Patient – Manor Street Surgery Berkhamsted Royal National Orthopaedic Hospital Gossom End Surgery, Berkhamsted and Non-Executive Director Sanctuary Housing Group Board (charitable body) Member of the Housing Sanctuary Housing Group Housing Committee (charitable body) Member of Home Office Victim's Committee Trustee of London Emergencies Trust		 X X X X	X	Direct & Indirect	Non-Executive Director of Sanctuary Group Board (charitable body), patient at a provider which the CCG commissions services from	Aug 2005 Aug 2005 July 2019 Sep 2013 Sep 2013 2015 2017	Aug 2019 To date To date 2Sep 2019 Sep 2019 Sep 2019 To date	If a conflict arises the action taken will be in line with 1. HVCCG Conflict of interest Policy. 2.NHS England » Managing conflicts of interest in the NHS and 3. Best practice in corporate governance
Taylor	Elke	Chief Finance Officer Board Member	No interests declared								
While	Rod	Head of Corporate Governance Regular Attendee of Board Meetings	Previously carried out consultancy work for pharmaceutical industry and agencies acting on their behalf Member of Buckinghamshire Healthcare NHS Trust	X		 X	Direct	Paid Consultancy work, member of NHS Trust	2010 2015	2015 Continues	To be declared at relevant/appropriate meetings Will be declared prior to and during appropriate meetings

3

BOARDS OF HERTS VALLEYS CLINICAL COMMISSIONING GROUP AND WEST HERTFORDSHIRE HOSPITALS NHS TRUST
1st October 2020

Title of the paper	Written and live public representations
Agenda Item	3.01
Presenter	Louise Halfpenny, Director of Communications, WHHT
Author(s)	N/a
Purpose	*For approval*: *For discussion*: *For information*: X
Executive Summary	To support the Board decision making process regarding the shortlist for the hospital redevelopment, the programme team have invited representations from the public. These representations are in addition to the engagement survey and other feedback mechanisms. The opportunity to provide representations was launched through the redevelopment webpage, and has been promoted through social media channels. The options for representation outlined within the website were: • Live online representation: Address the boards in real time using audio and camera, for a maximum of two minutes. • Written representation: Part of the papers considered by both boards. Written submissions of up to a maximum of 500 words were invited, with a deadline of midday on September 23. In total seven live representations will be made and eleven written representations have been included within this paper.
Trust strategic aims *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1** Best care – *Objectives 1-4*: X **Aim 2** Great team – *Objectives 5-8*: **Aim 3** Best value – *Objective 9*: X **Aim 4** Great place – *Objective 10-12*: X
Links to well-led key lines of enquiry	☐Is there the leadership capacity and capability to deliver high quality, sustainable care? ☐Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? ☐Is there a culture of high quality, sustainable care?

<table>
<tr><td></td><td>☐Are there clear responsibilities, roles and systems of accountability to support good governance and management?
☐Are there clear and effective processes for managing risks, issues and performance?
☐Is appropriate and accurate information being effectively processed, challenged and acted on?
☒Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
☐Are there robust systems and processes for learning, continuous improvement and innovation?
☐How well is the trust using its resources?</td></tr>
<tr><td>Previously considered by</td><td><table><tr><th>Committee/Group</th><th>Date</th></tr><tr><td>N/A</td><td></td></tr></table></td></tr>
<tr><td>Action required</td><td>The Boards are asked to review and receive the public submissions and consider these when reviewing the shortlist of options for agreement.</td></tr>
</table>

Representations

Representations 'in person' (via Zoom)

1. Graham Cartmell
2. Vicky Houghton, ICU Matron & chair of Joint Consultative Committee
3. Peter Ingram, Herts Valleys Hospital
4. Councillor Asif Khan, chair of the Watford Labour Party
5. Dean Russell, MP, Watford
6. Peter Taylor, elected Mayor of Watford
7. Councillor Chris White, St Albans District Council Leader
8. Councillor Margaret Griffiths, Deputy Leader, Dacorum Borough Council

Written representations

1. Clive Birch
2. Tom Bloch
3. Barry Dixon
4. Ron Glatter
5. Andrew Love
6. Alison Macfarlane
7. Kevin Minier
8. Simon Nelson
9. Jean Ritchie
10. Glenys Vaughan
11. John Wigley
12. Robert Scott

1. Clive Birch

Comments for board meeting on proposed development My name is Clive Birch. I have in excess of 45 years of experience in the construction and property industry, having initially qualified with a degree in Building Technology, and worked for a major contractor (John Laing) for 13 years. I was subsequently one of the founders of a project management consultancy (Buro Four) where I was involved in large, complex projects in both private and public sectors. I am still practising as an industry specialist with Buro Four.

I set out below some short comments on the site review and other aspects of the proposed hospital development in West Hertfordshire.

1. Site searches and reviews It is clear that the site reviews were not based upon the building of a new hospital, but only on the provision of a number of new buildings. This is evidenced by the scores given for site suitability, where greenfield sites are given a score of zero on the basis of the 'sequential test' (that a suitable site is already available, ie Watford). I say this because the two Watford sites cannot accommodate a new hospital.

2. The government promise of a new hospital West Hertfordshire has been identified as one of the six brand new hospitals (not merely buildings) in HIP 1.

3. Timescale

The timescales included in the site review appendices include many assumptions, some of which are best described as cavalier, and show no understanding of the complexities of major construction on the existing estate in Watford, for example:

- failing underground infrastructure, including asbestos insulation, lack of intrusive structural and building fabric surveys in the PMoK
- the impossibility of building in one phase (at least three will be required)
- the problem of retrofitting new IT technology and ventilation in the refurbishment of the PMoK
- the opening of the new building in 2025, when the programme clearly shows the most optimistic date as 2026, which has to include commissioning, and the pessimistic date as 2027
- there is no realistic period for the installation of IT technology after completion of construction
- there is an aspiration of using modern construction techniques to achieve the programme, but evidence suggests that this is not realistic when the contractor is not involved in RIBA design stages 2 and 3 (reference RIBA plan of work 2020 and earlier; reference also construction periods achieved at Grange Hospital Cwmbran)

4. Scope of works for sites E and F There is no scope of work for the £590 million development, which is the aspiration, and therefore no realistic programme.

5. I would urge you to look at the aspiration for the new hospital planned in Harlow, which demonstrates the aspiration which the population of West Hertfordshire demands.

2. Tom Bloch

For the attention of the Non-Executive Directors and other voting members of the WHHT.

I wish to register my concern and request your careful consideration of the following points that emphatically demonstrate that it would be irresponsible to exclude Greenfield site options on the basis of the totally inadequate investigations undertaken to date.

I previously read the Site Feasibility Report and was very surprised that the Trust had not undertaken any new site searches, relying mainly on a review of sites that were previously dismissed as being unviable for the 2017 and 2019 SOC's. This is based on the premise that no Greenfield site option would be deliverable by the 2025 HIP1 deadline and that the existing Watford site provides the best opportunity to achieve this and the greatest benefits.

To my further surprise I found that a Site Feasibility Report - Appendices Document has now been posted on the Trust's website weeks after the Report itself. If this new document provides the basis for the conclusions reached in the Report why wasn't it posted at the same time? Of greater concern is that it demonstrates many serious flaws in the redevelopment proposals and unresolved issues, thus undermining the conclusions that the options proposed for the shortlist are the most viable and that the Greenfield options should be dismissed. I draw your attention to just some of them:

- The appendices include a Scope of Works and Site Map covering the £400M (WO) option that shows at least 6 existing buildings would need to be demolished and temporary facilities provided to enable the new block to be constructed. There are many contradictory statements in the documents including in the Summary Comparison of Main Abnormals / Enabling Works but it is clear that service diversions, removal of contaminated materials and abnormal foundations would be required and that investigations have not yet taken place.

- There is no Scope of Works provided for the £590M (WR) recommended preferred option. The detail on the site map for that option is exactly the same as for the £400M (WO) option, although the options are different. It is evident that no meaningful appraisal has been made for option WR.

The enabling and abnormal works for the Watford redevelopment options would be substantial and cause considerable disruption to hospital services. The programme's timelines in the Report are shown as optimistic and based on working at risk, requiring considerable expenditure before workable building plans can be established. It is illogical to propose rejecting the Greenfield options before demonstrating the feasibility and viability of the redevelopment options and leaving so much in doubt.

In the circumstances I trust that you will reject the proposals to exclude all the Greenfield options from the shortlist.

3. Barry Dixon

Written Representation re the REDEVELOPMENT of the 3 West Herts Hospitals 22/9/2020 - including **comments** on the Trust's Preferred Option 5.

My comments are based on the Trust's recent briefing on this subject.

1. **Deliverability**: although I have been keen to have a new central hospital, including A&E, quite clearly only Option 5 has the merits of ease of deliverability (by end of 2025 within possible funding) with this fact crucially also maximising the likelihood of approval by the Treasury. I therefore **support option 5** even though I am Hemel Hempstead resident!

2. Having given my support, I have to add that a decision by the Group Boards to go for Option 5 will disappoint large numbers of people (especially in Hemel Hempstead and St Albans) and be controversial! I think If that is the chosen course for the BOC, I believe this should be a **positive decision** accompanied by appropriate essential publicity for the improvements planned for Hemel Hempstead/St Albans to soften the blow for those areas. If possible, this should include more consideration, subject to funding, to expand the plans at Hemel Hempstead/St Albans.

3. If the extra funding is forthcoming, based on Option 5, I think it would be inappropriate if all the extra funding is spent on the Watford site. That would be seen as inequitable in the context of looking after all areas! As the original 2019 BOC already included £50 million to be spent on Hemel Hempstead and St Albans, any extra funding surely must include an upgrade on the plans for Hemel and St Albans hospitals.

4. What would also be very much appreciated for all West Herts patients, visitors and staff is the provision of free parking at all sites. This is already provided in Scotland and Wales and would be the "gamechanger" in West Herts and would make Option 5 a much more attractive option for everybody in West Herts! The concept that car park income means more care for patients must be discarded as I'm sure the NHS would surely not allow a lower standard of health care in Scotland and Wales!

4. Ron Glatter

The weapons designed to eliminate options for an emergency hospital on a clear central site in west Hertfordshire were the **site feasibility study** (SFS) and the **online survey of public views**.

The survey results are not available at the time of writing, but it suffers from at least nine major flaws. Among other problems the survey:

- fails to provide the public with genuine options - it was published the same day as the narrow proposed shortlist;
- was hastily put on the Trust website and gave respondents just 11 days to complete it;
- is wide open to manipulation - the online form can be filled in multiple times by the same person at the same device;
- contains leading questions encouraging the public to support options at Vicarage Road;
- is a self-selection exercise which can only reflect the views of those who happen to find out about it – so cannot be representative of the opinions of the people of West Herts. Such surveys are notoriously prone to bias.

Further flaws are listed in a paper which is available. Overall this survey does not reach any accepted standard of objectivity and it would be highly misleading for it to be used in the decision process. How could a public body have issued something so seriously deficient?
The SFS suffers from equally serious and disabling weaknesses. The four new site options pre-selected by the Trust were taken directly from a review originally conducted in early 2016, all of which were rejected at the time. The Trust refused to carry out a comprehensive search for viable new sites. The scoring and ratings are patently biased in favour of the Watford options and it includes inappropriately emotive language.

So the Trust's two chosen weapons have proved nowhere near fit for their intended purpose. The view that Vicarage Road is a completely inappropriate site for the main emergency care hospital in West Hertfordshire is widespread throughout the area. Yet that view has been consistently side-lined, giving the prospect that it will remain the A+E site for many decades to come. The 'Riverwell option' was introduced to the public just two weeks before being designated the recommended preferred option. This is unconscionable.

The whole process has not been driven by rationality or objectivity. It must therefore have been driven by other factors and motivations which have not been disclosed.

While the weight of assessment under the Treasury Green Book guidelines is on the short-listed options, it is clear that the short-listing process must be thorough, comprehensive and transparent. 'High-level' (a term used 13 times in the SFS) does not mean superficial or skewed. *The patent inadequacy of the SFS and the survey invalidates the process. There can be no justification whatever for omitting central clear site alternatives from the short-list. The process must now be re-run, perhaps by a team with a broader perspective.* The timing delay will be deeply regrettable but entirely the responsibility of the managing team.

5. Andrew Love

Dear Board members
https://youtu.be/6KbkTbjWwXk

Please can you take the opportunity to watch a short YouTube video clip in the above link which covers the Princess Alexandra Hospital Trust's recent AGM.

Between 31 minutes and 37 minutes of the AGM there is a presentation by Michael Meredith on the Harlow Trust's plans for their new hospital

The key points I would like to highlight from this presentation by Michael Meredith are as follows.

The Harlow trust's Vision

1. The Princess Alexandra hospital NHS trust will deliver a new hospital on a greenfield site by 2025.
2. The Trust plan to have "the most technology enabled hospital in the country" open by 2025.
3. The Trust plan to have the first "net zero carbon hospital" in the country.
4. The Trust are hoping to be the first all electric hospital in the country.
5. The hospital is being designed for beautiful aesthetics - "we don't just want this to be a square block on top of a hill" (could they be referring to a new Watford General Hospital?)
6. The hospital will be innovative in design and facilities including automated vehicles to move supplies around the hospital.

Considering that both the Harlow trust and the West Herts trust received the government announcement of funding for their redevelopment plans at the same time in September 2019 - why are the Harlow trust so advanced and confident they can deliver a new hospital on a greenfield site by 2025 and West Herts can't even tell the west Herts public what their vision is?

All we do know is that West Herts Hospital Trust preferred option is to spend £600 million on a rebuild of WGH on the slopes of Vicarage Road - what an absolutely wasted opportunity when they could be following the Harlow trust's vision of providing its residents with a beautifully aesthetic 'state of the art' hospital on a level and accessible site which is 100% a new build.

Well done to Lance McCarthy and his team at the Harlow hospital trust for the incredible work they are doing to deliver a completely new 'state of the art' hospital by 2025 on a new site.

The West Herts Hospital Trust board need to be held to account for not being in a similar position as the Harlow trust with plans to build a new hospital on a greenfield site. WHHT happen to be part of the same Sustainability and Transformation Partnership as The Princess Alexandra Hospital NHS Trust but you wouldn't know it by the way the two trusts are conducting their estate transformation.

6. Alison Macfarlane

I am lucky to have avoided the need for in-patient hospital care in Watford General Hospital, so I can't comment at length as a patient. The limited experience I have had was of outpatient and A&E care. In both cases the care was good despite rather than because of the buildings. I have also had one episode of planned care at St Albans and that was positive.

I have also observed, from neighbouring buildings occupied by City, University of London, the new building of the Barts and the London PFI on the Barts and Whitechapel sites and so have seen new build construction on an existing site in areas where 'green fields' are non-existent and attended meetings in the maternity unit at Whitechapel while construction was taking place close by. So I support construction on exiting sites.

The cause for concern in those projects was the PFI and the impact of the debt on funding of hospital services. It was worrying to see the new Barts Health Trust going into special measures quite soon after the new buildings were finished. I am aware that West Herts redevelopment will not be a PFI, btu I am unclear to what extent you have to replay the loan from current fund and what this will mean for staffing and running costs. For this reason, my votes on the options are.

1. Do nothing: unacceptable
2. 2019 SOC Option 1: Acceptable but limited
3. 2019 SOC Option 1 enhanced: Better than 2.
4. Option 1 plus replace PMOK building: I don't know the building, but it sounds as if a replacement would be desirable if the trust can afford to replay the higher loan.
5. Too expensive
6. Too expensive
7. Too expensive

I have raised this matter and would like to back this up and ask you to revisit this in the future as I think you have been misinformed about the evidence. At the same time I know women who have had difficulty reaching Watford in rush hour traffic while in labour, given that they have been travelling in private cars rather than blue-lighted ambulances and have risked giving birth on the way or in the hospital car park. Especially in these pandemic times, there are questions about the appropriateness of women in normal labour giving birth on acute hospital sites. There is now a huge body of evidence that for women without complications, care in a midwife led unit is just as safe for the baby as in an obstetric unit and better for mothers plus care is less expensive as they have are lower levels of obstetric intervention. . https://www.npeu.ox.ac.uk/birthplace

There is actually evidence that freestanding units are better for women without complications than midwifery units adjoining an obstetric unit. If women are told the opposite, it is hardly surprising that they choose hospital-based units. I don't want to go into detail now, as it is not on your Agenda for October 1, but would be glad to provide fuller information at a future date.

7. Kevin Minier

I am concerned that the HVCCG Board Members may be negligent in their duty regarding providing the best health care for the residents of west Hertfordshire. I presume that funds provided to HVCCG for the commissioning of health services for the residents of west Hertfordshire need to be spent on the best available care for the available monies.

Currently, the acute services (secondary care) for west Hertfordshire residents are dispersed across a number of hospitals many of which are outside west Hertfordshire. I believe that HVCCG should commission acute services (secondary care General Hospital), in a central location accessible to ALL residents of west Hertfordshire, thereby providing an acute emergency hospital for the residents that HVCCG is commissioned to serve.

It appears that WHHT is only considering those residents in the catchment area of Watford General Hospital and is not planning for the acute services for the residents of west Hertfordshire. This is obviously a conflict of interest between the two Boards. This potentially explains why many thousands of local people cannot understand why WHHT or HVCCG are confident that refurbishing Watford General Hospital will be value for money. It also explains why politicians in the Watford area see Watford General Hospital as their Hospital without any regard for other residents of west Hertfordshire and the residents of Hertsmere continue to rely on acute services at Chase Farm Hospital.

WHHT have only recently conducted a survey of interested parties after many years of deliberation. WHHT's initial attempt at surveying the public in 2016/2017 showed that residents then wanted a new hospital centrally located within the west Hertfordshire footprint with the majority of respondents being from St Albans and Harpenden locality. The current survey has a number of flaws not least failing to give NHS staff anonymity – I believe that this is the first attempt at an anonymous survey of NHS Staff living/working in the area regarding their preference for the future.

Question 1:
Is HVCCG responsible for providing best value for money acute health services for the residents of west Hertfordshire?

Question 2:
What is the WHHT catchment area for its emergency patients and who are their targeted customers?

Question 3:
Does the HVCCG Board accept that the two Boards having different catchment areas is a conflict of interest regarding ensuring the optimum solution for the residents of west Hertfordshire and if not, why not?

Question 4:
Does HVCCG Board agree that the shortlist options presented by WHHT may not be in the best interest of the majority of the residents of west Hertfordshire and as such rejects the proposal to go ahead with the shortlist of options?

8. Simon Nelson

Please note this submission is especially addressed to the non-executive Directors.

Among you there are several people with senior experience in finance and project management. You are put there to ensure the Trust makes good, rational decisions based on sound evidence. **Please ensure you note all the points below and take appropriate action.**

Firstly, please consider whether, in your professional lives, you would ever support a suggestion that half a billion pounds could be spent on anything like the Trust's preferred option, the Watford Riverwell site. This site suffers from the presence or prospect of:

- Hotspots of contamination
- A large sewer
- A sloping site
- A primary school which could mean children mingling with blue light ambulances
- The construction of hundreds of new homes, with the associated traffic and disruption to patients
- The site is also close to a serious flood risk zone which could affect access roads.

There has been no detailed independent technical investigation of all these risks. The estates arm of West Herts' partner trust, the Royal Free, led a superficial Site Feasibility Study which came to some bizarre conclusions. The Royal Free scored the Riverwell 3 out of 4 for availability. Clear central sites with fewer risks were unfairly given I out of 4.

To choose the risky Riverwell would be to gamble on the future of our hospitals.The Study did show clearly (on page 3) that a new hospital on a greenfield site could in some circumstances be built faster than a new building at Watford – a key point. But West Herts have ignored that. If their recommended shortlist is accepted the choice will be between:

- The Riverwell building, along with some refurbishment at Watford
- Major refurbishment of Watford's crumbling estate.·

Under either of these, patients will be disturbed for years by construction and the outcome will be expensive clinical buildings that are intrusively surrounded by housing and commercial development. Long term costs will be much higher than for a clear site – surely a key point for you.

There has also been a serious breach of the Treasury's Green Book procedures on options appraisal, which warns public bodies not to start out with 'a narrow set of options or a pre-determined solution.' As early as June the Department and NHS England narrowed the options and provided the 'pre-determined solution' by making public that there might be £190m extra available – as long as it was spent on a replacement for the PMoK building.

The public engagement has thus been a sham – how could the Trust rationally say no to 45 percent more funding ? Taxpayers will also want to know how value for money can be secured when one option is so favoured with so little evidence to support it.

Your role as advisers to the Trust has been undermined by the centre's inappropriate and premature funding announcement.

Please retrieve the situation by employing a truly independent organisation to undertake a comprehensive search for viable new hospital sites across West Hertfordshire, before final decisions are taken.

9. Jean Ritchie

I would like to add my voice to the others who are challenging the Trust's shortlist of option for the redevelopment of hospitals in West Herts.

The two Watford sites which have made it to the shortlist both come with massive disadvantages, when compared with building a new, clear site hospital which would serve all the population of the area fairly.

Access to the Watford sites is a nightmare for patients living in other parts of the area. The combined population of Dacorum and St Albans far exceeds the population of Watford and Three Rivers, and with projected growth over the next few years the disparity will become much greater.

Parking on a clear site would be level, unlike the choices at Watford: a multi-storey or a sloping site, both very difficult for patients with mobility problems and carers handling wheelchairs. This is a vital consideration, as it is the elderly and infirm who make up a very large part of the patient cohort.

To continue with the theme of suitability for patients (which is of paramount importance in a decision which will affect generations to come) the prospect of being treated in WGH while the work is going on is surely insupportable? Patients with serious life-threatening conditions, some with highly compromised immune systems, will be housed in the existing failing buildings while site noise, traffic and disruption throws the running of the hospital into chaos. The parking problems will be exacerbated. Patients, staff and visitors will have to negotiate the building works on a daily basis.

Pollution is a serious threat. The Princess Michael of Kent building, which will remain in service as the main patient block until the work is completed, is so unsatisfactory that it has only 'natural' ventilation: this means the opening and closing of windows. Will this be possible with the inevitable dust from the works? If not, has the Trust budgeted for extremely costly air conditioning to be fitted? How will patients with lung and breathing problems be adequately cared for?

The Trust estimates that building works at Watford will take until 2026 on either of their Watford sites, with two further years of refurbishment of existing buildings (meaning the disruption would continue). This is a very optimistic figure. While I profess no expertise in construction, others who do have this technical expertise have analysed the site report and found it fundamentally flawed in many areas, and this prediction of when the works will be completed wildly optimistic.

In contrast, a new hospital can be built on a clear site within the same time frame (and much faster if you include the potential problems of developing a site with as many problems as the Riverwell site.) There would be no disruption to the interim running of WGH. New technology, which the Trust trumpets loudly as the way forward, could be installed efficiently, instead of piecemeal at Watford.

Importantly, West Herts hospitals would be future-proofed, with space for expansion.

10. Glenys Vaughan

This submission is based on my experiences as an inpatient for breast cancer surgery at St Albans on November 2018, as an inpatient in Watford for major abdominal surgery in September 2019 and as a carer for my husband who is currently receiving active outpatient treatment . I have read the information provided to me as a member of the stakeholder reference group. Although I never worked in Hertfordshire, I worked for 40 years as a mental health social worker and manager in public, voluntary and independent agencies in Quebec and the UK, which also affects my views.

I will give some personal examples of why I think available funds need to be used to improve services as soon as possible for the sake of patients and staff.

1) On the morning of my surgery for breast cancer in St Albans my husband had to drive me to Watford for a CT scan to guide removal of lymph nodes during surgery. I had to change in a staff toilet as there was nowhere else, with the scanner in a room partially screened off, beneath a large water stain on the ceiling. We managed to avoid a traffic jam and get there on time, the person in the next bed to me hadn't, and the operating schedule had to be rearranged

2) Pre admission for my abdominal surgery in Watford was so crowded there was no room for my husband to even get into the waiting room, so I suggested he leave. I would have preferred he could have stayed as this was risky surgery to have, as well as not to have, and I would have liked him to have been there for the final discussion with surgeons. I was on hospital for 3 days with building work continuing on a lift shaft near the ward.

Not to take measures available to solve these difficulties seems to me to be negligent as they are not new. While I understand the attraction of a new build site with proper transport links and parking provided, there is no site currently available within a reasonable time frame. I am also not convinced that what seems ideal today will be so in 5 or 7 or 10 years. Use of digital communications and the current and future potential for remote delivery of certain interventions in health and social care seem to me to mean that a flexible multi site option may the best way to proceed to adapt quickly to changing needs in the medium term.

Finally, it was apparent to me that staff were embarrassed by the situations I have described above, and I am sure there must be an impact on staff morale and retention, as well as the poor experience for patients, because of the physical environment in which care is being provided.

11. John Wigley

ST. ALBANS AND HARPENDEN PATIENTS' GROUP.

RESPONSE TO WHHT HOSPITALS RE-DEVELOPMENT PROPOSALS, SEPTEMBER 2020.

Our committee has reviewed the background to the proposals and the proposals themselves.

1) The Background.

a) To the best of our knowledge, WHHT has been dealing with this issue for over ten years and, as a result of several problems (e.g. changes of national government, the state of the national economy, management changes at the Trust, local opposition) little, if anything has been achieved.

b) We therefore support proposals that are affordable (which is determined by the sum the Treasury is prepared to grant or loan and whether or not the Trust can afford to repay a loan) and timely (that is new buildings and facilities will be up and running as soon as practicable).

c) We believe that these two key considerations rule out a new hospital on a green-field site. In addition, the least problematic such site (Chiswell Green / Golden Triangle) lacks rail and bus links (necessary to people without private vehicles) and is accessible only by roads that are heavily congested for long periods during morning and evening rush hours.

d) We consider that a new all-in general hospital (A&E, acute and planned surgery, outpatients, etc) on that or another green-field site would necessarily lead to the reduction and (probably) the demise of services currently provided at Hemel and St. Albans hospitals, which we think should be maintained as part of the Trust and the HVCCG's policy of providing health services closer to home.

2) The Proposals.

a) The Trust has decided not to consider any green-field sites. It will be apparent from our views (above) that we agree with that.

b) It has decided to concentrate its efforts on improving the buildings and facilities which cater for accident and emergency and acute specialist care. We agree with that too, because people and their lives are most vulnerable, and most in need of the best treatment, in those circumstances.

c) It has decided to provide those services in Watford, partly on the Watford General land and partly on adjacent land. We support that decision.

- Watford General Hospital is less inaccessible than is often claimed.
- Vicarage Road is no longer the point of access for private vehicles, Thomas Sawyer Way is
- A better-situated on-site car-park is to be completed in 2022.
- Watford Football Club plays home games on a very small number of afternoons a year.
- The combined land-holdings will constitute a site large enough for re-development to take place without causing significant disruption to existing buildings and services.
- Much will depend on the effectiveness of the Trust's managers and the contractors, so we advise it to set up a re-development team and ensure that it includes "stake-holder" representatives. For example, clinicians and staff, patients and public and Watford Town Council.

12. Representation from Robert Scott

OBC Shortlist

I am a retired construction executive with considerable experience of complex redevelopments including NHS Hospital projects.

The Trust's proposal is for the OBC shortlist options to preclude a new hospital on a clear central site. This is an appeal to each voting member to oppose this due to health & safety, cost and deliverability reasons.

Health & Safety
Redeveloping WGH would expose patients, staff and public to serious risks of airborne contamination during demolition and building works into the PMoK wards and clinical areas. Also from known hazardous materials in existing buildings and ducts that must be exposed, plus the additional stress on existing drainage and fragile service supplies would result in breakdowns and disruption to hospital services.
These are identifiable risks in the Six Facet Survey.

Cost
The Trust have established that complete redevelopment of all existing sites would cost over £1Billion whereas a new combined hospital on a 'greenfield' site would cost circa £700M. The estimate for an emergency hospital on a 'greenfield' site would cost circa £550M compared with £540M for only **partial** redevelopment (see SRG presentation slides and website FAQs). Irrespective of whether redevelopment is wholly on WHHT land or partly Riverwell, construction complexity and costs would be similarly high. **To complete the transformation substantial further funding would be needed for both emergency and planned care.**

Deliverability
The Trust regard deliverability as the principal criterion for shortlisting options yet RFLP's 'optimistic' version programmes show neither redevelopment options finishing within the HIP1 timeframe. The Study warns that the programme times for redevelopment are for 'substantial completion' of the main building and are based on 'working at risk'. Another two years would be required to finish the works. The consultants' longer 'pessimistic' versions should be regarded as more realistic but still risky. In contrast programme for the 'greenfield' options are much more cautious. **In any event final completion of the 'greenfield' options are shown ahead of the partial redevelopment options.**

Duty of care and public accountability.
You are being asked to agree to exclude all 'greenfield' options without any contemporary site search and before any meaningful investigations, basic plans and solutions have been found for redevelopment. There is no certainty that redevelopment would be viable beforehand. To vote against excluding 'greenfield' options, you would not be precluding further consideration of the Trust's preferred redevelopment options but simply allowing equal consideration of the only realistic alternatives.

Many bad decisions have recently been made sanctioning public sector projects, some leading to public inquiries. Competent assessments have not been made of costs, programme times and tragically health & safety. Specific comparison with catastrophic outcomes are not appropriate but lessons must be learnt from them.

The responsibilities resting on you, serving the whole population of west Hertfordshire are of enormous importance. It is crucial that you are totally satisfied that your decision is based on adequate and sound information. In my professional opinion, as matters stand, it would be negligent to exclude central clear site options.

Robert Scott FCIOB

3

BOARDS OF HERTS VALLEYS CLINICAL COMMISSIONING GROUP AND WEST HERTFORDSHIRE HOSPITALS NHS TRUST

1st October 2020

Title of the paper	Herts Valley Hospital (HVH) campaign group brochure and WHHT response
Agenda Item	3
Presenter	Duane Passman, Acute Redevelopment Programme Director
Author(s)	Duane Passman, Acute Redevelopment Programme Director Maggie Robinson, Royal Free London Property Services Ltd
Purpose	*For approval*: *For discussion*: *For information*: x
Executive Summary	The Herts Valley Hospital (HVH) campaign group has requested their campaign brochure was presented to the Board, to inform the decision making process relating regarding the OBC shortlist. It was agreed that this report was to be provided in full, alongside a response from the WHHT team. The Trust response has been drawn together by the Royal Free London Property Services (RFLPS) and the West Hertfordshire Hospitals NHS Trust (the Trust) Acute Redevelopment Programme Director.
Trust strategic aims *(please indicate which of the 4 aims is relevant to the subject of the report)*	Aim 1 Best quality care – *Objectives 1-5* Aim 2 Great place to work – *Objectives 6-8* Aim 3 Improve our finances – *Objective 9* Aim 4 Strategy for the future – *Objective 10-12*
Links to well-led key lines of enquiry	☐Is there the leadership capacity and capability to deliver high quality, sustainable care? ☐Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? ☐Is there a culture of high quality, sustainable care? ☐Are there clear responsibilities, roles and systems of accountability to support good governance and management? ☐Are there clear and effective processes for managing risks, issues and performance? ☐Is appropriate and accurate information being effectively processed, challenged and acted on? ☒Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? ☐Are there robust systems and processes for learning, continuous improvement and innovation? ☐How well is the trust using its resources?
Previously considered by	Committee/Group: N/A — Date:
Action required	The Boards are invited to consider the HVH submission and WHHT response.

Generational opportunity meets population movement

- ***for West Herts Healthcare, the NHS and Government***

An exceptional set of circumstances and initiatives have coincided to create an opportunity to showcase NHS hospitals of the future and in rapid time (see the **"Time is right"** below). At the heart of what will be a landmark development, is the building of a flagship 21st century hospital for the 600,000 residents of West Hertfordshire, who, increasingly, will be housed north of Watford.
*Hertfordshire county council data 2019

The planned location for the Herts Valleys Hospital & Health Campus is therefore in Chiswell Green, which is mid-way between the three key urban centres in West Herts; Watford, Hemel Hempstead and St Albans.

Seize the moment - opportunity for NHS & Government

The immediate availability of a deliverable site for a real health campus in West Herts, together with extra funds, gives both the NHS and Government the opportunity to use West Herts as a rapidly delivered pilot scheme to showcase their vision and ambitions.

The pilot would be a flagship for several programmes, including;

- Hospital Infrastructure Programme
- Support for NHS staff
- Integrated Care Services
- Planning for the Future
- Build, Build, Build
- Creating a more effective central government

A Giant Leap Forward

The concept layout plans illustrate some of the key features of the proposed Herts Valleys Hospital & Health Campus.

Ample space will enable WHHT to design a spacious hospital plus meeting additional critical needs such as key staff accommodation, intermediate or transitional care facilities, free ground level car parking and a green landscape and gardens. There is even more space for developing a major health cluster in West Herts.

The illustration of the hospital entrance helps convey how building a healing environment is an integral part of the design brief for a great 21st century hospital.

A basic comparison of the two options brings the differences into sharp relief.

Features	Watford	Chiswell Green
NHS Grade Hospital	Grade B	Grade A*
Green landscape surrounds and gardens	**X**	✓
Free parking for patients and visitors	**X**	✓
Free parking for staff	**X**	✓
Key staff accommodation	**X**	✓
Intermediate, transitional & social facilities	**X**	✓
Central West Herts location	**X**	✓
Government Public Dividend Capital	✓	✓
Space for future expansion	**?**	✓

More specifically, a totally new, purpose built, 21st century acute hospital, on a clear site, to include new social care accommodation, key staff accommodation, green landscaped surrounds and gardens, plus free and ground level parking for all patients, visitors and staff. The comprehensive healthcare campus, mid-way between West Herts' main towns of Watford, St Albans, and Hemel Hempstead, would also create opportunities for more 'closer to home' healthcare in local communities.

The plans for a new health campus, advanced by local community group Herts Valleys Hospital, are a giant leap forward compared with existing West Herts NHS Hospital Trust plans. In switching to the new plans, NHS England will release the local Trust from a straight-jacket that gives them no alternative other than to rebuild and refurbish a poor estate, on a poor site and in a poor location and with insufficient funds and time to finish the job: all whilst continuing to operate a very busy hospital on the same site.

And the Trust's management and staff definitely deserve to be set free. Decades of under investment in the hospital estate exacerbated by 10 years of austerity creates multiple daily challenges for everyone. Not surprisingly, CQC's overall rating for WHHT is "Requires improvement" but the Trust scores well on leadership and most other measures. A new hospital on a new site would also free the management and staff from enduring many years of working on a combined hospital and building site.

A £1 billion Project

An important feature of the HVH project is the local group's early recognition that WHHT could only achieve its healthcare vision with substantially more capital finance than the NHS might provide. The Trust indicated a sum of £400 million would be required and this is the amount the HVH project raises.

This fresh approach to bringing major extra funding into healthcare springs largely from harnessing local social enterprise and support for the NHS.

Two basic principles underpin the approach.

1. The best way to help the NHS, and especially NHS staff, is to provide them with top class hospitals, equipment and facilities with sufficient capacity to meet demand.
2. There is considerable public and corporate support for the NHS: the HVH project facilitates the best, long lasting way for all stakeholders to demonstrate the depth of their support.

Endorsement

HVH will arrange to have the project endorsed by inviting local and national professionals from all the essential disciplines, to join local NHS and community representatives in a high-powered Steering Group. As in the case of funding, there is a pent-up desire among senior professionals to support the NHS; in this case with their knowledge, experience and expertise. This will not be a lengthy process because the requirements are already known and just waiting for the necessary political will, funding and deliverable site.

Genuine Community Consultation & Choice

For the first time since the creation of West Herts Hospital Trust, the people of West Herts now have an opportunity to support a genuinely great hospital service. In the final analysis the choice is between:

A. A totally new, centrally located hospital service founded solely on the healthcare needs of West Hertfordshire
B. The piece-meal rebuilding of Watford General Hospital largely justified by economic development of Watford & a government target of delivering by 2025

The time is right!

Date	Event
May 2018	HVH starts plans for genuine new health campus
Oct 2018	Centrally located and deliverable site identified
May 2019	Landowner agrees to support HVH plans
July 2019	First meeting between trust & HVH
Oct 2019	PM announces new hospital for West Herts; one of the first six in Hospital Infrastructure Program HIP1
Feb 2020	HVH presents plans to Trust
June 2020	HVH publish plans to raise additional £398m
June 2020	DHSC indicate £400m available to trust plus further potential £190 million for new build option
June 2020	Trust independent consultants assess proposed site
Aug 2020	Government *"Planning for the Future"* launched, endorsing HVH concept
Aug 2020	HVH publish plans for NHS pilot scheme
Oct 2020	National launch of HVH

It can be done – it has been done

The Royal Papworth Hospital, Cambridge, which opened in May 2019, is a fine example of a modern hospital having very recently moved from an old 1918 site to a new clear one. In October 2019, the hospital trust was rated as 'outstanding' by the health regulator, Care Quality Commission. It also became the first NHS trust ever to be awarded the top mark of 'outstanding' in each of the five key inspection domains. An exemplar for WHHT in several ways.

Agenda Item: 3

BOARDS OF HERTS VALLEYS CLINICAL COMMISSIONING GROUP AND WEST HERTFORDSHIRE HOSPITALS NHS TRUST
1st October 2020

Response to the Herts Valley Hospital (HVH) campaign group brochure
Presented by: Duane Passman, Acute Redevelopment Programme Director

1. Purpose

The purpose of this paper is to set out WHHT's response to the Herts Valleys Hospital (HVH) campaign group with regards to the brochure 'Herts Valleys Hospital - Generational Opportunity meets population movement' prepared for the joint Board meeting on 1 October.

This response has been drawn together by the West Hertfordshire Hospitals NHS Trust (the Trust) Acute Redevelopment Programme Director with input from members of the programme team and its advisors.

2. Summary

The enthusiasm and persistence that the Herts Valleys Hospital group has brought to the process is beyond doubt and the potential attractions of a new central site in terms of access have been well rehearsed. The Chiswell Green site is well located geographically to serve the trust's current core catchment population. However, the redevelopment programme team's view is that the HVH group have underestimated the challenges related to developing the site, as set out below.

Equally, understandably, they may not share our sense of urgency about the need to proceed at pace for two key reasons:-

1) The expectation is that HIP One (health infrastructure plan) trusts will deliver new buildings in 2025 or soon after. We are delighted to be in HIP One and we are aware that many other trusts would and could make good use of public investment. Given the current and increasing pressures on the exchequer, both Boards have been clear that they wish to stay in this wave of funding. A delay at this point whilst negotiating planning and purchase issues could jeopardise our place in HIP One and, when there is such a constrained national funding backdrop, there is an unacceptable risk if we were to move to HIP Two - the funding of which is not yet agreed.

2) The condition of the buildings requires urgent attention and so only options that can be expected to be delivered within five to six years should be taken forward.

Equally, implicit within the HVH submission is that any WGH / Watford Riverwell would be sub-optimal due to site constraints. The programme team and its advisors believe that, working with WBC and partners and subject to securing the necessary funding, a very good solution can be achieved at Watford, drawing on the flexibilities provided by the adjacency to the Watford Riverwell development.

The intention is to achieve as much new build as possible, with the aim of 90% of buildings at WGH / Watford Riverwell being new – category A. This would result in a complete transformation of the site, providing a significantly improved patient experience as well as creating far superior working environments.

The land swap and potential of additional funding (albeit not guaranteed) further increase the benefits of the WGH / Watford Riverwell option.

3. Key Points

The detail of the site assessment for Chiswell Green, as well as other locations, is covered in the report dated 21 August 2020 and prepared by RFLPS, Montagu Evans and Currie & Brown (West Hertfordshire Hospitals NHS Trust Site Feasibility Study).

In response to the points made by the campaign group:

- It should be made clear that the "planned location for the Herts Valley Hospital & Health campus" is entirely that of the HVH campaign group. The wider geography and not just organisational boundaries need to be taken into account.

- The land at Chiswell Green is in the Greenbelt and has not been identified for release from such by St Albans City and District Council.

- Consent for a new hospital in this location would have the desired benefit to the developer of unlocking the planning (and commercial) potential of the wider developable land. It has been suggested that a significant planning contribution linked to this wider development could help to fund a new hospital. It would be for the planning authorities to determine how any planning contribution would be utilised to address infrastructure issues arising from the development. In the experience of the programme team and its advisors this can be very challenging and complex to negotiate and could be expected to add significantly to delivery timescales for a development on this site.

- The recent White Paper "Planning for the Future" proposes no changes to existing Greenbelt policy.

- The site is at the convergence of several very significant roads, including the M25 and M1, which have capacity issues and sometimes 'solid' slow moving traffic. Work would need to be undertaken with Highways England to address this issue; this could take a considerable period of time and potentially add significantly to the enabling costs of this option.

- The proposed site is not on previously developed land nor particularly accessible either to a walking and cycling catchment or by public transport and is therefore at odds with two significant tenets of planning policy.

- Air quality and noise pollution issues would need to be addressed within the design for a new hospital on this site.

- As a result of all the issues noted above, the planning complexities of the Chiswell Green site are - in the programme team's view - and as confirmed by the independent site feasibility study, significantly higher compared to the WGH / Riverwell site.

- The HVH campaign group has indicated that a "..fresh approach to bringing major extra funding into the NHS springs from harnessing local social enterprise and support for the NHS". Previously, HVH has indicated that much of this could come from private finance or charitable sources and / or a planning developer contribution as referenced above.

There is currently a moratorium on private finance within the NHS and the proposed targets for fundraising appear extremely ambitious and at levels usually only generated by inner London specialist hospitals such as Great Ormond Street Children's' Hospital. As such the programme team's view is that the additional funding contribution suggested by HVH is very unlikely to be realisable.

A response to the comparator table is set out below:

Features	Watford	Chiswell Green	Trust Comment
NHS Grade Hospital	Grade B	Grade A*	The aim is deliver 90% new build on Watford/Riverwell site and all of that new build on the would be Condition A.
Green landscape surrounds and gardens	**X**	✓	The trust will work positively with Watford Borough Council to ensure that there is well designed and landscaped open space within any redevelopment based at WGH / Watford Riverwell. Our understanding is that WBC is placing a lot of emphasis on the design features of the Riverwell development.
Free parking for patients and visitors	**X**	✓	There is currently no policy for free car parking. This could not in any way be guaranteed at Chiswell Green no more than it could be in Watford.
Free parking for staff	**X**	✓	
Key staff accommodation	**X**	✓	Opportunities for key staff accommodation could equally be pursued within the Watford Riverwell redevelopment.
Intermediate, transitional & social facilities	**X**	✓	This is dependent on the overall system strategy but could equally be pursued within the Watford Riverwell redevelopment.
Central West Herts location	**X**	✓	See notes above with regards to access.
Government Public Dividend Capital	✓	✓	This is subject to approval of both the OBC and FBC by DHSC and Her Majesty's Treasury and a clear value of money case will be required to access the required capital. As the risk of delay increases, so the risk grows of being able to secure the necessary investment.
Space for future expansion	**?**	✓	The current masterplan exercise will identify this for WGH / Riverwell options. This is a core part of the Trust's brief to the Design Team

Note: NHS Physical Estates Condition categories are defined as:

A as new and can be expected to perform adequately to its full normal life

B sound, operationally safe and exhibits only minor deterioration

B(C) currently as B but will fall below B within five years

C operational but major repair or replacement is currently needed to bring up to condition B

D operationally unsound and in imminent danger of breakdown

X supplementary rating added to C or D to indicate that it is impossible to improve without replacement

Conclusion

The Boards are invited to note this response alongside the HVH submission.

BOARDS OF HERTS VALLEYS CLINICAL COMMISSIONING GROUP AND WEST HERTFORDSHIRE HOSPITALS NHS TRUST

1 October 2020

4

Title of the paper	Site Feasibility Report
Agenda Item	4
Presenter	Maggie Robinson, Director of Property, Royal Free London Property Services Ltd. Paul Burley, Town Planning Advisor, Montagu Evans
Author(s)	Maggie Robinson, Director of Property, Royal Free London Property Services Ltd
Purpose	Please tick the appropriate box *For approval*: *For discussion*: *For information*: X
Executive Summary	West Hertfordshire Hospitals NHS Trust commissioned Royal Free Property Services and their consultancy team to undertake a site feasibility review of four greenfield sites, along with their existing Watford General Hospital site and an adjacent site known as 'Watford Riverwell', to assess their suitability, availability and deliverability to accommodate part or all of WHHT's proposed new hospital accommodation. As part of the consultancy team, Montagu Evans has provided planning and development consultancy advice and Currie & Brown have provided costing advice. This report has been undertaken independently from the on-going Outline Business Case progress being carried out by the Trust. An assessment of each site's suitability and availability will feed into an overall assessment of deliverability of a new healthcare facility on one or more of the identified sites. Deliverability will be assessed against the Trust's primary Critical Success Factor - achieving a substantially completed new facility in 2025. The purpose of this site report was to inform the evidence base for the longlist appraisal, which took place on 18th August 2020. Additionally, this document has been made available to the public, via upload to West Hertfordshire Hospitals NHS Trust's website. This report was discussed at the Great Place Committee on 17th September 2020.
Trust strategic aims *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1** Best care — *Objectives 1-4*: X **Aim 2** Great team — *Objectives 5-8*: X **Aim 3** Best value — *Objective 9*: X **Aim 4** Great place — *Objective 10-12*: X
Links to well-led key lines of enquiry	☐Is there the leadership capacity and capability to deliver high quality, sustainable care? ☒Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? ☐Is there a culture of high quality, sustainable care? ☐Are there clear responsibilities, roles and systems of accountability to support good governance and management? ☒Are there clear and effective processes for managing risks, issues and performance? ☒Is appropriate and accurate information being effectively processed, challenged and acted on? ☒Are the people who use services, the public, staff and external partners engaged

<table>
<tr><td></td><td>and involved to support high quality sustainable services?
☐Are there robust systems and processes for learning, continuous improvement and innovation?
☐How well is the trust using its resources?</td></tr>
<tr><td>Previously considered by</td><td><table>
<tr><th>Committee/Group</th><th>Date</th></tr>
<tr><td>Great Place Committee</td><td>17th September 2020</td></tr>
<tr><td>Long list appraisal panel session</td><td>18 August 2020</td></tr>
<tr><td>Long list Task and Finish group</td><td>August 2020</td></tr>
</table></td></tr>
<tr><td>Action required</td><td>The Committee is asked to receive this report for information, and advise if there are any comments or queries regarding the feasibility report.</td></tr>
</table>

4

WHHT site feasibility report

WHHT TRUST BOARD

01 OCTOBER 2020

RFL PROPERTY SERVICES
Working with the Royal Free London

MONTAGU EVANS

Currie & Brown

Introduction

Provides an overview of the **team and processes** that informed the development of the **WHHT site feasibility study.**

The study assessed the availability, suitability, and risk factors of six sites to inform the programme to deliver a new hospital facility.

- **Independent review**
- **The team**
- **Context of the site feasibility study**
- **Outcomes of the site feasibility study**

Independent review

Professional Codes of Conduct

- Team members are **bound by codes of conduct from their respective professional bodies**, including the Royal Institution of Chartered Surveyors and Royal Town Planning Institute
- Code of conduct regulates members – to deliver unbiased opinion and requires that there is no undue influence thus ensuring delivery of independent professional opinion and business judgements

Objective & transparent methodologies

- Use of standard templates to objectively assess each site
- Equal time allowed to assess each site
- Robust methodology transparently set out in the report

Consortium team approach

RFL Property Services in partnership with Montagu Evans and Currie & Brown

- **Multi-disciplinary** – The project scope called for a multi-disciplinary team with a range of skills and experience across healthcare, planning, development and cost consultancy;
- **Team assessment and scoring –** The study presents a collective view of the consortium

Key team members profiles have been included in Appendix A.

WHHT Site Feasibility Studies

WHHT has previously commissioned site feasibility studies that have considered a long list of sites

- **Amec Foster Wheeler (2016) –** The study identified a long list of 18 sites through discussions with local Council members and other stakeholders
- **Arcadis (2019) –** The study refreshed the earlier report, introducing additional sites to a total of 23
- **RFL Property Services consortium (2020) –** WHHT initially commissioned a review 4 sites previously considered and then expanded to include 2 additional sites not previously considered – Watford General Hospital and Watford Riverwell.

Site A. Kings Langley
Key Considerations

SUITABILITY (including planning):

- Green Belt Designation challenge
- History of resistance to development
- Challenging topography
- Major Highways Infrastructure upgrades required

AVAILABILITY:

- Willing Landowners
- Potential wider masterplan challenges

DELIVERABILITY:

- Potential impact to programme due to third party involvement (Highways England and Landowner)
- 'Amber' rating for both planning certainty and land deal risks
- Optimistic / Pessimistic delivery timings of June 2027 and May 2029

Site B. Eastern Hemel Hempstead Key Considerations

SUITABILITY (including planning):

- Green Belt designation challenge
- St Albans Local Plan – departure from proposed uses and stalled Local Plan process
- Major Highways Infrastructure upgrades required

AVAILABILITY:

- Willing Landowner
- Highways access to land not likely until c. 2026
- Potential archaeological, contamination and water attenuation challenges

DELIVERABILITY:

- Dependency on landowner/developer for access and services
- 'Amber' rating for both planning certainty and land deal risks
- Optimistic / Pessimistic delivery timings of March 2027 and May 2029

Site C. Chiswell Green
Key Considerations

SUITABILITY (including planning):

- Green Belt designation challenge
- St Albans Local Plan – land not proposed for release and stalled Local Plan process
- Relatively inaccessible for 'active travel'
- Major Highways Infrastructure upgrades required

AVAILABILITY:

- Willing Landowner with extensive site investigation reports and outline plans
- Major service diversion required
- Unknown M25 junction improvements works
- Potential wider masterplan challenges

DELIVERABILITY:

- Potential impact to programme due to third party involvement (Landowner, Service diversion)
- 'Amber' rating for both planning certainty and land deal risks
- Optimistic / Pessimistic delivery timings of March 2027 and April 2029

Site D. Radlett Airfield
Key Considerations

SUITABILITY (including planning):

- Green Belt designation challenge
- St Albans Local Plan – departure from proposed uses and stalled Local Plan process
- Land currently consented for Strategic Rail Freight Interchange
- Limited catchment for 'active travel'

AVAILABILITY:

- Willing Landowner
- Land already earmarked for Strategic Rail Freight Interchange
- Potential wider masterplan challenges

DELIVERABILITY:

- Potential impact to programme due to third party involvement (Landowner)
- 'Red' & 'Amber' ratings for planning certainty and land deal risks
- Optimistic / Pessimistic delivery timings of March 2027 and May 2029

Site E. Watford Riverwell
Key Considerations

SUITABILITY (including planning):

- Given existing land use unlikely to present a challenge
- Existing highways infrastructure should have capacity
- Listed building on proposed residual land swap area to be addressed

AVAILABILITY:

- Willing Landowner with extensive site investigation reports

DELIVERABILITY:

- No 'Red' or 'Amber' ratings for planning certainty and land deal risks
- Optimistic / Pessimistic delivery timings of June 2026 and October 2027

Site F. Watford Owned
Key Considerations

SUITABILITY (including planning):

- Given existing land use unlikely to present a challenge
- Existing highways infrastructure

AVAILABILITY:

- Trust own this land

DELIVERABILITY:

- No 'Red' or 'Amber' ratings for planning certainty and land deal risks
- Optimistic / Pessimistic delivery timings of Jan 2026 and April 2027, although includes working at risk tasks, particularly in advance of FBC approval

Summary of findings

SUITABILITY (including planning) and AVAILABILITY

Ref	Assessment Criteria (scores available)	Sites					
		A (KL)	B (EH)	C (CG)	D (RA)	E (WR)	F (WO)
1	Suitability (0-15)	10	8	8	8	13	13
2	Availability (0-4)	1	1	2	1	3	4
	Overall Score (out of 19)	11	9	10	9	16	17

RISK OF FAILURE: Planning Certainty and Land Deal risk

Site	Likelihood / Consequence	Planning Certainty Risk	Outcome	Land Deal Risk	Outcome
Site A (KL)	Likelihood	3	15	2	10
	Consequence	5		5	
Site B (EH)	Likelihood	3	15	2	10
	Consequence	5		5	
Site C (CG)	Likelihood	3	15	2	10
	Consequence	5		5	
Site D (RA)	Likelihood	4	20	2	10
	Consequence	5		5	
Site E (WR)	Likelihood	1	5	1	5
	Consequence	5		5	
Site F (WO)	Likelihood	1	5	0	0
	Consequence	5		5	

Summary of findings

PROGRAMMES OF DELIVERY

Site	Substantially Complete Date	
	Optimistic	Pessimistic
A (KL)	June 2027	May 2029
B (EH)	March 2027	May 2029
C (CG)	March 2027	Apr 2029
D (RA)	March 2027	May 2029
E (WR)	June 2026	Oct 2027
F (WO)	Jan 2026	Apr 2027

ASSESSMENT

Site	Overall Assessment
A (KL)	RED
B (EH)	RED
C (CG)	RED
D (RA)	RED
E (WR)	AMBER
F (WO)	GREEN

RFL PROPERTY SERVICES
Working with the Royal Free London

MONTAGU EVANS

Currie & Brown

Q&A

Appendix A –
Key team member profiles

The team / RFL Property Services

Role: Lead consultant. NHS insight and hospital redevelopment experience; overall co-ordination and production of the report incorporating collective team inputs

Maggie Robinson, MRICS - Director of Property
Experience: c.20 years experience providing expert property advice on all matters relating to land and buildings. Lead on securing the Chase Farm planning consent(s), securing delivery of the new hospital and outline consent for 500 homes and a primary school. Lead on the disposal of surplus sites utilised to part fund the hospital build. Prior to NHS worked in private sector.

Peter Martin, MRICS- Strategic Development Manager
Experience: c.30 years experience of providing property advice. Previously an Associate at Cushman & Wakefield (Development & Planning Team)

The team / Montagu Evans

RFL PROPERTY SERVICES
Working with the Royal Free London

MONTAGU EVANS

Currie & Brown

Role: Development, valuation and town planning advice and expertise

Paul Burley, MRTPI – Partner, Planning and Heritage
Experience: c.20 years experience providing specialist planning advice, including for healthcare use developments

Howard Williams, MRICS – Partner, Development and Valuation Consultancy
Experience: c.20 years direct experience of working with NHS Trusts to optimise their estate and achieving best value.

The team / Currie & Brown

Role: Cost consultancy and construction programming advice and expertise

Patrick McMenamin, MRICS – Director, Cost Consultancy
Experience: c.30 years experience providing cost consultancy advice, including for healthcare sector clients

Colin Stickler, MRICS – Director, Construction Programming
Experience: c.30 years experience providing construction programming advice

West Hertfordshire Hospitals NHS Trust

Site Feasibility Study

21 AUGUST 2020

Submitted by: Maggie Robinson, Director of Property RFL PS
Authored by: RFL PS and consultancy team

RFL PROPERTY SERVICES
Working with the Royal Free London

MONTAGU EVANS

Currie & Brown

CONTENTS

APPENDICES

Executive Summary

In 2019, West Hertfordshire Hospitals Trust (WHHT) developed a Strategic Outline Case (SOC) for the redevelopment of acute hospital facilities in the local area in response to Your Care, Your Future: a system wide review of healthcare services in West Hertfordshire.

The SOC identified a preferred way forward for the WHHT acute redevelopment which included c.30,000m2 of new build at Watford General Hospital (WGH) as well as refurbishment works across WGH and the Trust's other two hospitals: Hemel Hempstead Hospital (HHH) and St Albans City Hospital (SACH).

The Trust has now commenced work on its Outline Business Case (OBC) which will confirm the preferred option and procurement route for the acute redevelopment by way of a further detailed analysis of the SOC's shortlist of options. An early requirement of the OBC is the review of the SOC's original longlist of options in order to confirm that evidence that had led to the selection of the preferred way forward at SOC stage (and the shortlist of options for the SOC) remains valid.

Subsequent to the SOC being approved and WHHT being confirmed within the first wave of the 'Health Infrastructure Plan' the Trust have been given permission to include options above the previously determined capital limit of £350m, potentially providing an opportunity for a larger scale redevelopment or new build than considered within the 2019 SOC.

To inform this work, WHHT have commissioned RFL Property Services (RFL PS) to undertake a site feasibility review of four greenfield sites, along with two additional options utilising parts of their existing Watford General Hospital site and an adjacent additional site known as 'Watford Riverwell'

This report has been undertaken separately from the ongoing OBC progress being carried out by the Trust.

The sites designated by the Trust for consideration in this site feasibility are:

- Site A (Kings Langley-KL) – Land East of A41, WD4 8EE (a greenfield site, not owned by the Trust)
- Site B (East of Hemel Hempstead-EH) – Eastern side of Hemel Hempstead South / Gorhambury Estate, HP2 4UE (a greenfield site, not owned by the Trust)
- Site C (Chiswell Green-CG) – Land off Junction 21, Chiswell Green, AL2 3NX (a greenfield site, not owned by the Trust)
- Site D (Radlett Airfield-RA) – Former Radlett Airfield (a greenfield site, not owned by the Trust)
- Site E (Watford Riverwell-WR) – Watford Riverwell (partially owned by the Trust)
- Site F (Watford Owned-WO) – Watford General Hospital (existing hospital site, owned by the Trust)

The primary purpose of this site feasibility review is for the RFL PS consortium consulting team, including Montagu Evans and Currie & Brown, to independently assess and determine the programme to bring forward a health facility for WHHT in consideration of town planning constraints and the ability to acquire the land interest. It has also considered, at a high level, the impact of any impediments and or enabling work required to deliver the health facility.

The assessment is undertaken in a two-stage approach:

- Stage One considered individual assessment criteria, under the two headings of suitability and availability. Each site will be assessed against these criteria and scored against a range of pass/fail and numeric scores.
- Stage Two considered the scores from Stage One alongside each site's 'deliverability' potential for bringing forward the development of a new health facility and/or substantial completion of the same in 2025. This considered any impacting impediments and/or enabling work alongside two key considerations that can impact deliverability; risk of failure (due to planning and/or land deal risk) and

delivery timings. Both considerations have been scored on a RAG (Red/Amber/Green) risk basis to indicate whether a site is likely to be deliverable within the required timescales.

To inform the above process direct engagement with landowners and planning authorities has been conducted.

High-level programmes have been created for each of the sites. Each programme includes two timelines – optimistic and pessimistic. These do not represent extreme timings, but a pragmatic and reasonable view of potential timings based on actions generally progressing in a timely, positive and favourable manner versus timings extended due to risks or factors outside of the Trust's control. Additional time has been added where it is apparent that there is an increased volume of work against a particular task/activity. These programmes are relatively high level and subjective at this stage (in the absence of a detailed scheme to appraise and the stage at which the programmes have been developed). They do however provide clear comparative analysis across the sites.

Programmes Summary

Site	Substantially Complete Date	
	Optimistic	**Pessimistic**
A (KL)	June 2027	May 2029
B (EH)	March 2027	May 2029
C (CG)	March 2027	Apr 2029
D (RA)	March 2027	May 2029
E (WR)	June 2026	Oct 2027
F (WO)	Jan 2026	Apr 2027

As stated, the primary purpose of this site appraisal is to assess the likely delivery programmes to bring forward the healthcare facility on each of the sites in scope against the target programme (a substantially complete facility by end 2025).

To achieve this, the Trust has to negotiate and complete a land acquisition/land swap (excepting for Site F (WO); secure planning permission; overcome site specific constraints; potentially put in place major infrastructure (some of which is reliant on non-incentivised third parties), and construct the facility.

All landowners stated that in principle they were willing sellers and that the sites were available to be purchased in whole or in part for the purposes of hospital development. Landowners will be attracted to the Trust in light of the overarching benefit of including a hospital within a wider masterplan which will potentially assist in the delivery of alternative and more valuable uses. Including a hospital use as 'enabling' development alongside, for example, residential use, is likely to increase the required planning programme to achieve a successful grant of planning permission.

The need for major transport and utilities infrastructure enabling development materially impacts on the delivery programme. In addition, there is necessity for reliance on third party agencies which are outside of the control of the Trust.

A review of enabling development and abnormals (with high level estimated cost assessment) that would be required to bring a site forward for development for a healthcare facility has been undertaken. The associated assessment of the delivery programme for these enabling works has been reflected in the overall programmes.

It will be noted that whilst none of the options will be substantively complete by 2025, the WGH build programs will be nearing completion. In the consultancy team's experience and where there is a strong will and motivation to accelerate programme delivery, improvements are achievable. This will necessitate a concerted and focussed approach which is supported by all stakeholders and partners. In an overall delivery programme of c. 5 years it would not be unreasonable to assume an improvement of c. 3 to 6 months is achievable.

This report demonstrates that the greenfield options carry far greater risk and complexity compared to the Watford General Hospital site options evidenced in the projected achievable timelines.

The Trust and its appointed consultants will consider the analysis within this report in their ongoing review of the SOC's longlist of options to conclude whether any of the sites assessed should be included in the ratified shortlist of options to be progressed in further detail and under greater scrutiny during the OBC stage.

1. Introduction & Context

West Hertfordshire Hospital Trust (WHHT, "the Trust") operates from three major hospital sites – Watford General Hospital (WGH), St Albans City Hospital (SACH) and Hemel Hempstead Hospital (HHH). The Trust provides acute services to a core population of approximately half a million people in West Hertfordshire, and a range of specialist services to the wider population in North London, Bedfordshire, Buckinghamshire and East Hertfordshire.

In 2019, WHHT developed a Strategic Outline Case (SOC) for the redevelopment of acute hospital facilities in the local area in response to Your Care, Your Future: a system wide review of healthcare services in West Hertfordshire.

The SOC identified a preferred way forward for the WHHT acute redevelopment which included c.30,000m2 of new build at WGH as well as refurbishment works across all three sites. The outcome met the affordability constraints established by the regulators at the time of the SOC's development.

The Trust has now commenced work on its Outline Business Case (OBC) which will confirm the preferred option and procurement route for the acute redevelopment by way of a further detailed analysis of the SOC's shortlist of options. An early requirement of the OBC is the review of the SOC's original longlist of options in order to confirm that evidence that had led to the selection of the preferred way forward at SOC stage (and the shortlist of options for the SOC) remains valid. This piece of work is being undertaken by WHHT and a team of consultants and is outside the scope of this report.

To note that subsequent to the SOC being approved and WHHT being confirmed within the first wave of the 'Health Infrastructure Plan' the Trust have been given permission to include options above the previously determined capital limit of £350m, potentially providing an opportunity for a larger scale redevelopment or new build than considered within the 2019 SOC.

To inform this work, WHHT have commissioned RFL Property Services (RFL PS) and their consultancy team to undertake a site feasibility review of four greenfield sites, along with their existing Watford General Hospital site and an adjacent site known as 'Watford Riverwell', to assess their suitability, availability and deliverability to accommodate part or all of WHHT's proposed new hospital accommodation. Greenfield site options were considered during the SOC but did not progress through to the shortlist of options at that point in time. The preferred way forward within the SOC was based on redevelopment predominately on the Watford General Hospital site, however, Watford Riverwell was not previously included in the longlist.

As part of the consultancy team, Montagu Evans have provided planning and development consultancy advice and Currie & Brown have provided costing advice.

This report has been undertaken independently from the ongoing OBC progress being carried out by the Trust. An assessment of each site's suitability and availability will feed into an overall assessment of deliverability of a new healthcare facility on one or more of the identified sites. Deliverability will be assessed against the Trust's primary Critical Success Factor - achieving a substantially completed new facility in 2025.

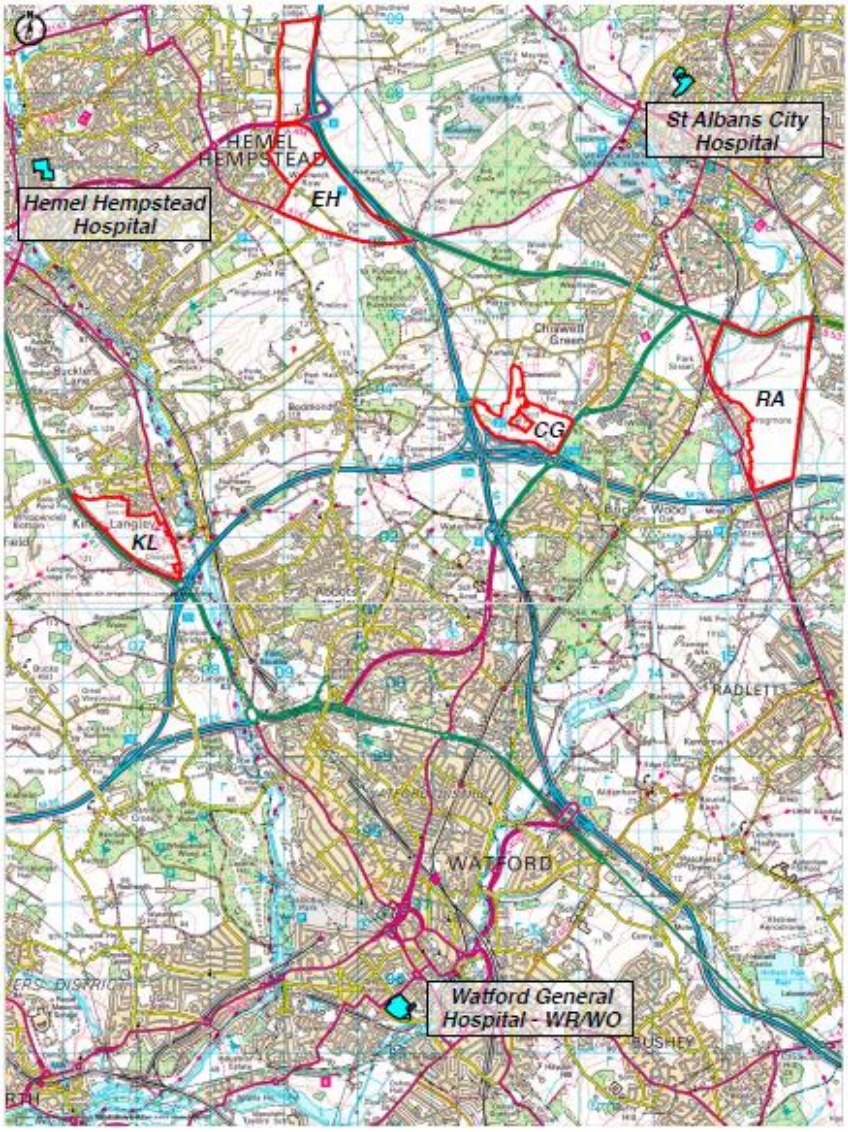
The Trust and its consultants will consider the analysis and recommendation within this report in their ongoing review of the SOC's longlist of options to conclude whether any of the sites assessed should be included in the ratified shortlist of options to be progressed in further detail and under greater scrutiny during the OBC stage.

2. Sites

The sites nominated for consideration by the Trust are:

- Site A (Kings Langley - KL) – Land East of A41, Kings Langley WD4 8EE (a greenfield site, not owned by the Trust)
- Site B (Eastern Hemel Hempstead - EH) – Eastern side of Hemel Hempstead South / Gorhambury Estate, HP2 4UE (a greenfield site, not owned by the Trust)
- Site C (Chiswell Green - CG) – Land off Junction 21, Chiswell Green, AL2 3NX (a greenfield site, not owned by the Trust)
- Site D (Radlett Airfield - RA) – Former Radlett Airfield (a greenfield site, not owned by the Trust)
- Site E (Watford Riverwell - WR) – Watford Riverwell (partially owned by the Trust)
- Site F (Watford Owned – WO) – Watford General Hospital (existing hospital site, owned by the Trust)

Figure 2.1 Site Locations



In 2016, Amec Foster Wheeler (AFW) undertook an options and feasibility review of potential greenfield sites to inform the progression of the options analysis as part of the development of the Trust's SOC. The sites identified for review at that time were developed through discussions with local Council members and other stakeholders. Seventeen (17) sites (including Sites A and C above) were identified and assessed at a high-level against suitability, availability and accessibility criteria.

In 2019, Arcardis refreshed AFW's findings via a second report and introduced, amongst others, Sites B and D (as above) by expanding the geographical area. The Arcadis report took account of any changes to local planning policy as well as any changes in developers' intentions in respect of their land.

'Watford Riverwell' is a large area of land to the south of Watford General Hospital. The land is currently being developed by Watford Borough Council (WBC) as part of a long-term local regeneration project. Site E (WR) – Watford Riverwell, in the capacity of this report, refers to a parcel of land that predominately sits within the boundaries of the Trust's WGH estate (owned by the Trust) with circa one-third sitting within the Riverwell site area (owned by WBC). There is potential for the Trust and the Council to agree a 'land swap' arrangement to provide the Trust with sufficient land capacity for the development of a new healthcare facility adjacent to the existing hospital. Following the construction of the new build on Site E (WR), the decanting of services and the demolition of the existing buildings on the WGH site, the Trust would release a parcel of its estate to WBC in a 'land swap' arrangement.

Watford General Hospital is an existing operational hospital site owned by the Trust.

Hemel Hempstead Hospital and St Albans City Hospital have not been considered as part of this brief as it has previously been established prior to this commission the sites do not have sufficient land capacity, amongst other restricting factors, to host a single site (emergency and planned care) healthcare facility.

A Schedule of Accommodation (SoA) was developed for the 2019 SOC that defined the minimum space required by the Trust to develop healthcare facilities. The land take and associated development footprint utilised in this site appraisal have been provided by the Trust, outlined in Figure 2.2.

Figure 2.2 Land Take

Site development option	SoA minimum space requirement	WHHT land take for consideration
Single site (emergency and planned care facility)	c.91,000m^2	Minimum 10 ha. GIA 80,000-100,000m2 with parking for 1,800 cars and blue light access.
Emergency care facility	c.74,000m^2	Minimum 10 ha. GIA 60,000-80,000m2 with parking for 1,600 cars and blue light access. For Site F (WO) only, this report assesses the development of a GIA c.20,000-30,000m^2 new build facility with the remaining footprint being realised through the refurbishment and rationalisation of existing hospital sites to deliver all of the functionality associated with an Emergency Care facility to the total of GIA 60,000-80,000m^2
Planned care facility	c.22,000m^2	Minimum 7 ha. GIA 20,000-30,000m2 with parking for 700 cars. No requirement for dedicated blue light access.

3. Key Assumptions & Exclusions

Listed below are the key assumptions and exclusions for this study.

Assumptions

- **Land take** – The accommodation schedule and supporting facilities requirements, provided by the Trust, has informed high-level assumptions around the extent of land take required for each option (see Section 2).
- **Programme** – Appendix A (see for further detail) provides a high-level indication of the likely timescales for bringing forward an Emergency Care facility on a generic site. The task items and timescales relating to the planning and construction activities have been informed by the consultancy team based on their expertise and experience of working on comparable schemes. The timescales within the programme are 'progressive' with certain task items commenced 'at risk' due to the imperative for the health facility to be delivered or substantially completed by the end of 2025.
- **Planning Assumption** – It is expected that a new hospital will be given significant positive weight in the planning balance and that planning permission would only be refused where there are countervailing negative considerations of sufficient weight to outweigh that positivity.

Exclusions

- **Further Sites** – Only those sites identified by the Trust in Section 2 of this report have been considered within this study.
- **Detailed Site Due Diligence** – This study is a high-level review of a number of sites to determine whether they are suitable to progress to the next stage of the process. Detailed due diligence, such as ground investigations, utilities studies, transport and infrastructure studies, etc. will be undertaken at a further stage of the process for options shortlisted for further development in the OBC.
- **Overall Cost of Delivery** – This study has not considered overall affordability. This will be considered in more detail for sites that progress to the shortlist appraisal process. A high level assessment of potential enabling works (including estimated costs) has however been considered, primarily to inform the delivery programme.

4. Assessment Criteria - Approach /Considerations

The prime purpose of this commission is for the consulting team to independently assess and determine the programme to bring forward a health facility (as defined earlier) on each of the sites in consideration of town planning constraints and the availability to acquire the land interest. It will also consider, at a high level the impact of any impediments and or enabling work required to deliver the health facility.

The assessment is undertaken in a two-stage approach:

- **Stage One** will consider individual assessment criteria, under the two headings of suitability and availability. Each site will be assessed against these criteria and scored against a range of pass/fail and numeric scores.
- **Stage Two** will consider the scores from Stage One alongside each site's 'deliverability' potential for bringing forward the development of a new health facility and/or substantial completion of the same in 2025. This will consider any impacting impediments and/or enabling work alongside two key considerations that can impact deliverability; risk of failure (due to planning and/or land deal risk) and delivery timings. Both considerations will be scored on a RAG (Red/Amber/Green) risk basis to indicate whether a site is likely to be deliverable within the required timescales.

A review of enabling costs and abnormals that would be required to bring a site forward for development for a healthcare facility was also undertaken. Given the absence of detailed due diligence and site survey information available at this stage, the cost outputs from this review have not informed the site assessment process however the associated programme with enabling works has been reflected in the programmes.

Set out below is the approach that was undertaken to consider and assess the Stage One and Stage Two assessment criteria.

4.1 Stage One Assessment Criteria – Approach / Considerations

Stage One assessment criteria falls under the two main headings of:

- Suitability; and
- Availability

'Suitability' of a site will be considered from a planning perspective, undertaken by an experienced planner with support from the wider advisory team.

Planning decisions require the balancing of an often complex range of considerations. Whilst the weight to be attached to each consideration in the overall balance is ultimately a matter for the planning decision-maker, experience and previous decisions give a good indication of how particular considerations are likely to sit in the balance.

We start with the expectation that a new hospital will be given significant positive weight in the planning balance. Therefore, one would expect planning permission to be refused only where there are countervailing negative considerations of sufficient weight to outweigh the positive presumption to grant. This section reviews whether there are any such negative considerations in relation to the sites under consideration.

The main considerations taken into account in examining the principle of acceptability of a new health facility, for example planning policy designations or environmental constraints, are set out below. There are a wide range of detailed considerations that will need to be taken into account before a full planning permission could be granted, including the effect of development on the amenity of neighbouring residential properties. We have not taken these into account here on the basis that they would be addressed through the detailed design process and are unlikely to affect the principle of acceptability of a new hospital.

In assessing sites we have taken as our starting point the adopted development plan for each local planning authority of which there are three: Dacorum, St Albans, and Watford. In some cases the LPA (local planning authority) is in the process of revising its local plan. Within Appendix B, we explain the regard paid to such emerging documentation.

4.1b Capacity

The amount of developable land that is available will have implications for the physical form of a new hospital. A fixed amount of floorspace is needed and, therefore, the smaller the site, the taller the building will have to be.

The main planning implication of this will be the effect of the building on the setting of heritage assets and therefore we will take this into account in assessing each site's constraints.

There may be other implications, such as in relation to cost which will be consider in Section 8 – Further Considerations.

4.1c Land Take

The Trust is considering two principal options:

1. Single site option: minimum site area of approximately 10ha. Floorspace (GIA) in the range of 80,000-100,000m^2 with parking for 1,800 cars and blue light access.
2. Two site option comprising:
    a) Planned Care Facility: minimum 7 ha. Floorspace (GIA) in the range of 20,000-30,000m^2 with parking for 700 cars. No requirement for dedicated blue light access; and
    b) Emergency Care Facility: minimum 10 ha. Floorspace (GIA) in the range of 60,000-80,000m^2 with parking for 1,600 cars and blue light access.

For simplicity under this Suitability section, we have not looked at every permutation of how such options could be delivered. Rather, we have proceeded on the following basis:

- given that the Trust owns three sites, even if one was used for the large 'emergency care' element of the two-site option, the Trust would have two other sites where a 'planned care' facility could be provided. Similarly, it would have three sites for 'planned care' if 'emergency care' was delivered on a greenfield site.

  If 'planned care' was provided in an existing building there may not be a need for planning permission, or if it was a new-build facility on an existing hospital site, there is unlikely to be an 'in principle' planning issue.

  If it was provided on a greenfield site and on the basis that all of the greenfield sites could physically accommodate the largest of the options, considerations relating to the principle of acceptability of a medical facility would be the same as those that we have looked at for the largest option.

  Consequently, it is not necessary to separately score any of the sites in terms of suitability for a 'planned care' facility; and

- the 'emergency care' or 'single site' option would need in the region of 60,000-80,000m^2 or 80,000-100,000m^2 respectively. The mid-point between those ranges is 80,000m^2 and we have adopted this as the size parameter for our analysis of 'single site' options. We have done so on the basis that if a site is too small for an 80,000m^2 facility it will also be too small for a 100,000m^2 facility. Furthermore,

as will be evident from our assessments, those sites which have been ruled out from a size point-of-view on the basis of an 80,000m^2 requirement would also be too small for a 60,000m^2 facility.

To assess a range of layout scenarios for an 80,000m^2 facility on the greenfield sites we have adopted the three options that were formulated on behalf of Herts Valleys Clinical Commissioning Group (HVCCG) by Amec Foster Wheeler in their 2016 report. These all include 1,250 car parking spaces, provision for site access and some amenity areas (e.g. landscape buffers).

Figure 4.1 Summary of the Three Options

	Total Floorspace	Building Footprint	Number of Storeys	Parking	Total Land Take
	sq m	*m*		*1,250 spaces*	*ha*
Option 1	**80,000**	**200 x 400**	**1**	**1 storey**	**15.3**
Option 2	**80,000**	**200 x 200**	**2**	**2 storeys**	**10.9**
Option 3	**80,000**	**200 x 133.3**	**3**	**2 storeys**	**6.8**

1 hectare = 10,000m^2

For the Watford options we have adopted the high level assumptions derived from feasibility work undertaken to support the Riverwell masterplan and from work undertaken by the trust which demonstrates that the required footprint can be accommodated.

It would be desirable for any future facility to have additional 25% capacity for future expansion / flexibility. Whilst this has not been expressly evaluated, it has been considered as part of this exercise and it is apparent that each site is capable of delivering well in excess of this additional floorspace.

4.1d Land Use / Local Plan Designations

It is common for local planning authorities to have development plan policies that protect existing community uses; such policies will seek either retention or re-provision unless there is no longer a requirement for the community use. Here we have assumed that 'community use protection'-type policies would not be an impediment to the provision of a new hospital on an alternative site, even if that site is in a different local planning authority area to the existing hospital(s).

Various pieces of non-town planning legislation are in force to protect the natural environment such as the Wildlife and Countryside Act 1981 and European legislation. We have proceeded on the basis that any designations that could have a material effect on development would be reflected in the development plan[1] for the area in question. An extract from each adopted development plan's policies map is at Appendix C.

[1] The 'development plan' is as defined in Part 3 of the Planning and Compulsory Purchase Act 2004: http://www.legislation.gov.uk/ukpga/2004/5/part/3

4.1e Flood Risk

National guidance in the National Planning Practice Guidance (NPPG) notes that in decision-taking, where necessary, local planning authorities should apply a 'sequential approach' to locating development in areas at risk of flooding. This involves applying the Sequential Test for specific development proposals and, if needed, the Exception Test for specific development proposals, to steer development to areas with the lowest probability of flooding.

Hospital development is classified as being 'more vulnerable' to flood risk[2] and therefore is appropriate in Zone 1 or Zone 2[3].

Hospital development is not appropriate in Zone 3b. It may be appropriate in Zone 3a provided that the Exception Test is satisfied.

The Exception Test, as set out in paragraph 160 of the 2019 NPPF, is a method to demonstrate and help ensure that flood risk to people and property will be managed satisfactorily, while allowing necessary development to go ahead in situations where suitable sites at lower risk of flooding are not available.

In our assessment where parts of a site are in different zones, a judgement will be made as to the effect that this has on the 'developability' of a site. For example, it may be possible that higher-risk parts of a site could be avoided, but this may have an effect on the total amount of land needed or the value of the land, considerations dealt with elsewhere in this assessment.

The flood risk status of each site is taken from Environment Agency online mapping[4], accessed in June 2020 and using an online resource[5] to locate the nearest postcode to enable each site's approximate location to be located by the EA's mapping service. A copy of the map for each site is at Appendix D.

4.1f Above-Ground Heritage

Historic environment-related considerations have been ranked having regard to the approach to 'heritage assets' set out in the 2019 NPPF. Whilst listed buildings and conservation areas are protected by law[6] and there is a duty to have 'special regard' such assets in making planning decisions, those requirements are reflected in NPPF policy.

In assessing potential effects of development on the historic environment we use the definitions provided in the NPPF as follows:

- **Designated heritage asset**: A World Heritage Site, Scheduled Monument, Listed Building[7], Protected Wreck Site, Registered Park and Garden, Registered Battlefield or Conservation Area designated under the relevant legislation.
- **Heritage asset**: A building, monument, site, place, area or landscape identified as having a degree of significance meriting consideration in planning decisions, because of its heritage interest. It includes designated heritage assets and assets identified by the local planning authority (including local listing).
- **Setting of a heritage asset**: The surroundings in which a heritage asset is experienced. Its extent is not fixed and may change as the asset and its surroundings evolve. Elements of a setting may make a

[2] https://www.gov.uk/guidance/flood-risk-and-coastal-change#Table-2-Flood-Risk-Vulnerability-Classification
[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575184/Table_3_-_Flood_risk_vulnerability_and_flood_zone__compatibility_.pdf
[4] https://flood-map-for-planning.service.gov.uk/
[5] https://gridreferencefinder.com/
[6] http://www.legislation.gov.uk/ukpga/1990/9/contents
[7] this does not include locally-listed buildings which are 'non-designated heritage assets'

positive or negative contribution to the significance of an asset, may affect the ability to appreciate that significance or may be neutral.

- **Significance (for heritage policy)**: The value of a heritage asset to this and future generations because of its heritage interest. The interest may be archaeological, architectural, artistic or historic. Significance derives not only from a heritage asset's physical presence, but also from its setting. For World Heritage Sites, the cultural value described within each site's Statement of Outstanding Universal Value forms part of its significance.

'Curtilage-listed' buildings[8] are treated as being listed.

4.1g Below-Ground Heritage

Whilst the historic environment also includes potential archaeological interest, by its very nature there is an inherent unpredictability as to the effect that this can have on development. Consequently, we have scored sites having regard to any archaeology-related designations on the development plan's policies map.

4.1h Accessibility

Planning policy attaches importance to travel by means of transport other than the private car. There is also a significant proportion of the population that does not own or have access to a car.

A common form of public transport is the bus. However, if an assessment was made of existing bus services, this would disadvantage 'greenfield' sites because they are unlikely to be served by frequent bus services at the present time even though it would be possible create new bus routes to a new hospital. If people are travelling from across a wide area there will be varying costs and time depending on where they live and this would be too complex to model for a high-level assessment such as this.

We have therefore looked at fixed transport links (National Rail or Underground) and the proximity of these to the site. We assumed that 1 km (0.62 miles) is the maximum reasonable walking distance and that being within such proximity of a station is a positive consideration. It would be possible to take a bus or taxi from a more distant station but there would be a related time and monetary cost which makes it a less attractive option.

We have also taken into account whether the nearest station provides a low-frequency local service or a higher-frequency local service on the basis that frequency can influence people's choice of mode of travel. We have defined a low-frequency service as being no more than two trains per hour in each direction during a weekday daytime.

Distances are measured using Google Maps to the nearest railway station. A map showing the route for each site is at Appendix E.

4.1i Moderation - Discussions with Local Planning Authority Officers

Following assessment and scoring of the above listed considerations discussions have been conducted with Officers of the relevant local planning authority to, where possible, check our conclusions and to ascertain whether there are any other considerations that need to be taken into account. This is done at the final stage

[8] https://historicengland.org.uk/images-books/publications/listed-buildings-and-curtilage-advice-note-10/

of the Suitability assessment to avoid such discussions influencing our initial assessment of each site's acceptability from a planning point-of-view. The Town Planning (Suitability) Assessment Forms in Appendix F explain whether or not we need to moderate the preceding assessment in light of the LPA's comments.

To ensure that we did not approach the incorrect Officer, and to ensure parity in our approaches to each LPA, we first contacted the Head of Planning (or equivalent position). We asked for a discussion with them or for them to refer us to the most appropriate alternative Officer.

Figure 4.2 Local Planning Authority Contacts

Local Planning Authority	First Contact *(Role)*	Discussion With *(Role)*	Date of Discussion
St Albans City and District Council	***Head of Planning and Building Control***	***Spatial Planning Manager***	**2 July 2020**
Dacorum	***Assistant Director – Planning, Development & Regeneration***	***Assistant Director – Planning, Development & Regeneration***	**26 June 2020**
Watford Borough Council	***Group Head of Place Shaping***	***Group Head of Place Shaping***	***14 & 29 July 2020***

To enable the Officer to prepare their answers ahead of scheduled discussions a list of questions was sent in advance – see Appendix G. Officers were also asked to give answers that reflected their professional / technical opinion, that is without expressing the political position of their Authority.

We did, however, ask them to explain whether they thought that the political situation in their Authority could result in a different outcome than may be suggested by Officers' professional opinions.

4.1j Availability

In order for the development of a hospital to proceed in a timely manner, an identified site will need to be available for purchase by the Trust and free of any major impediments that would have the potential to significantly delay the development programme.

To ensure that WHHT are not 'held to ransom' by a landowner, land must be available to purchase at an early stage in the process, i.e. within the next 6-9 months, providing sufficient time for the Trust to pursue an alternative option should agreement not be reached or alternatively exercise its powers of compulsory purchase.

4.1k Timings and Process to Acquire under compulsory purchase

Paragraph 27 of Schedule 4 of the NHS act 2006 ("the 2006 Act ") makes provision for WHHT to exercise compulsory purchase powers in some circumstances:-

27(1) An NHS trust may be authorised to purchase land compulsorily for the purposes of its functions by means of an order made by the NHS trust and confirmed by the Secretary of State.

(2)Subject to sub-paragraph (3), the Acquisition of Land Act 1981 (c. 67) applies to the compulsory purchase of land under this paragraph.

(3)No order may be made by an NHS trust under Part 2 of the Acquisition of Land Act 1981 with respect to any land unless the proposal to acquire the land compulsorily—

(a)has been submitted to the Secretary of State in such form and together with such information as he may require, and

(b)has been approved by him.

A decision to compulsory acquire a site is not to be taken lightly and a specialist team would be required to assess the overall case and likelihood of success based on the circumstances that have led to this being considered as an appropriate route to acquisition. In informing whether compulsory purchase should be used an assessment of likely compensation should be undertaken to identify whether the compensation value is in excess of the consideration for the land that the landowner is requesting. This will inform the negotiating strategy in respect of whether the consideration offered could be improved to encourage a settlement to be reached; conversely, if the assessment is lower than the consideration offered, it can be used as a means to encourage meaningful engagement from the landowners at the level of the compensation assessment. Also, this process would help evidence attempts made to acquire by agreement; and inform the boundaries of the land to be acquired, as small adjustments may reduce the compensation figure payable.

A contested compulsory purchase order is likely to take 18-24 months to be confirmed and a further 3-4 months to be implemented following confirmation and if a negotiated settlement is not reached it is unlikely that possession of the land acquired pursuant to the Order could be achieved by Spring 2022 which is what would be required to commence construction to meet the deadline of a new hospital being materially completed by the end of the 2025.

4.1l Timings and Process to Acquire under a negotiated land acquisition

In terms of a negotiated land acquisition, assuming a ready willing and available landowner, it will take in the region of 3 months to engage with the landowner to complete the required legal due diligence and negotiate and document Heads of Terms of a sale contract. A further 2-3 months would be required to legally document that transaction.

4.1m What type of agreement should the Trust consider?

An option agreement is probably the best route forward for the Trust to secure a parcel of land on which to secure planning permission, acquire and build a new hospital. An option agreement is an agreement entered into by a landowner and a potential purchaser where the purchaser is granted a contractually binding first option to purchase the property. The purchase must take place within the option period (which can potentially last several years) or as a result of a trigger event, such as planning permission being granted for the development. The protection an option agreement will give the Trust is that the agreement will prevent the landowner from selling the land whilst it is exploring the viability of the project thereby reducing the risk and potential abortive costs. The land is not purchased until the option is exercised by the Trust.

The Trust would agree the purchase price with a landowner at the outset of the option agreement. This means the Trust may potentially end up paying less than market value and often, any price is subject to the deduction of unanticipated costs – such as large infrastructure investment to deliver an appropriate development footprint/ parcel of land.

The property market has ebbed and flowed over the past 10 years and for landowners an option agreement does not guarantee a sale. On entering into an option agreement, landowners often need to grant a standard form of security to the developer which means they cannot sell the land to a third party for the period of time

agreed in the option without restriction. The downside for landowners is that if the Trust does not obtain planning permission and pulls out of the option, the purchase will not go ahead. In reality an option agreement and a subject to planning contract are very similar but a sale contract does provide a greater sense of commitment as the Trust will be committed to buy the land once the conditions set out in the sale contract are met. Under an option if say the market collapsed an option could maintain the flexibility of the Trust being able to walk away without the legally binding need to contract and buy the land.

Our experience in the current market is that landowners want greater certainty and buy-in. Furthermore, given the need for a hospital to 'unlock' these sites to deliver alternative and more valuable uses, landowners will want to protect their upside and therefore (as was demonstrated in all interviews that were held) the landowners would only entertain a subject to planning contract. This would mean a deposit would be required on top of the cost to secure a satisfactory planning permission free of challenge. The Trust would also need to condition a sale contract subject to their own outline and full business case approvals.

4.1n Engagement with Landowners

In order to determine the above, we were requested to approach each landowner independently. Set out below is the name of the Landowning entity along with the name of the landowner contacts who attended a telephone interview/video conference call

Figure 4.3 Landowner Contacts

Site Ref	Address	Local Authority	Landowner / Attendees	Date of Interview
Site A (KL)	Land East off the A41, WD4 8EE	Dacorum Borough Council	Hertfordshire County Council	25 June 2020
Site B (EH)	East of Hemel Hempstead, HP2 4UE	St Albans City and District Council	The Crown Estate	01 July 2020
Site C (CG)	Land off Junction 21, Chiswell Green, AL2 3NX	St Albans City and District Council	Clowes Developments	24 June 2020
Site D (RA)	Former Radlett Aerodrome	St Albans City and District Council	Hertfordshire County Council	25 June 2020
Site E (WR)	Watford General Hospital Riverwell	Watford Borough Council	Watford Borough Council	10 August 2020
Site F (WO)	Watford General Hospital (owned)	Watford Borough Council	WHHT	n/a

Each landowner was issued the same questionnaire prior to the telephone/ video conference interview to understand the nature of our enquiries and to ensure that they were prepared. Copies of the filled out questionnaires following each interview are attached as Appendix I. For the avoidance of doubt the questionnaire sought clarity on the following areas:

- Ownership and title including queries on vacant possession, rights of way, easements, restricted covenants etc;
- Town Planning;
- Whether a hospital could be accommodated on site and if so the location of where the landowner would entertain a hospital to be located;
- Infrastructure requirements;
- Development site constraints and abnormals;
- Timescales for delivery.

4.2 Stage Two Criteria – Approach / Considerations

Stage Two focuses on overall deliverability and will consider the combined impact of a number of factors, including:

- the scores and any issues arising from the Stage One assessment process in relation to Suitability and Availability;
- any impediments and/or enabling work that might impact deliverability;
- an assessment of risk of failure (due to planning risk and/or land deal risk); and
- an assessment of the likely delivery timetable for a health facility.

Consideration of Stage One outputs will particularly focus on any aspects or risks that could impact deliverability and/or timing.

The Trust advised as part of this commission that the delivery (or substantial completion) of the new hospital facilities by 2025 is a critical success factor. This is in line with The Department of Health and Social Care and NHS England's expectations. In addition, this is also imperative due to the very poor condition and suitability of the existing estate which adversely impacts on patient and staff experience, and presents a risk of service disruption due to critical infrastructure failure. This component of the review therefore reviews the potential deliverability of sites against this target timeline.

The 'benchmark' programme within Appendix A indicates likely timescales for bringing forward an Emergency Care facility on a generic site. It incorporates timings adopted by the Trust in relation to design processes and procurement of the advisory team and construction contractor(s). These timings have been reviewed and accepted as reasonable.

Against these benchmark programmes, deliverability of one or more of the health facilities on a particular site will consider a number of aspects, including:

- likely timescale to achieve planning - within the Suitability Assessment in Appendix F, as assessment has been made for each of the sites based on planning challenges and feedback from the Local Planning Authority;
- timing and duration of any significant infrastructure works – as determined following feedback from the Local Planning Authority and landowners;
- risk of failure (planning and/or land deal); and
- potential extent of enabling works and impact on the construction programme.

5. Scoring Methodology

5.1 Stage One Scoring Methodology

Set out within the table below is the scoring methodology used for each of the Stage One assessment criteria.

Figure 5.1 Stage One scoring methodology

Ref	Assessment Criteria	Scoring Definitions	
		PASS	FAIL
1.1	Suitability - Capacity	Site has sufficient capacity for the proposed health facilities	Site has insufficient space for the health facilities

Ref	Assessment Criteria	4	3	2	1	0
1.2	Suitability - Land Use	**N/A**	**Site Allocation** - The site is allocated for a new hospital or there is already a hospital (thus indicating the acceptability of the site for that land use).	**No Designations** There is no site allocation and no restrictive designations (such as Green Belt, AONB or local-level designations), i.e. the site is 'white land' on the development plan's policies map.	**Local-level Designations** Some local-level designations that could delay development or require mitigation.	**'Footnote 6' Designations** Designations such as Green Belt, AONB etc. (as described at Footnote 6 of the 2019 NPPF) which represent a strong presumption against development. **Departure from Development Plan** The site is allocated for a non-hospital use (e.g. housing) in an up-to-date development plan, and therefore there is likely to be a resistance to alternative uses. **Brownfield Land Register** The site is on the BLR on the basis that the LPA considers it to be suitable for / there is an expectation of housing delivery, and therefore there is likely to

Ref	Assessment Criteria	4	3	2	1	0
						be a resistance to alternative uses.
1.3	Suitability - Flood Risk	N/A	**Zone 1 - Low Probability** Land having a less than 1 in 1,000 annual probability of river or sea flooding (Shown as 'clear' on the Flood Map – all land outside Zones 2 and 3).	**Zone 2 - Medium Probability** Land having between a 1 in 100 and 1 in 1,000 annual probability of river flooding; or land having between a 1 in 200 and 1 in 1,000 annual probability of sea flooding (Land shown in light blue on the Flood Map).	**Zone 3a - High Probability** Land having a 1 in 100 or greater annual probability of river flooding; or Land having a 1 in 200 or greater annual probability of sea flooding (Land shown in dark blue on the Flood Map).	**Zone 3b - The Functional Floodplain** This zone comprises land where water has to flow or be stored in times of flood. Local planning authorities should identify in their Strategic Flood Risk Assessments areas of functional floodplain and its boundaries accordingly, in agreement with the Environment Agency (Not separately distinguished from Zone 3a on the Flood Map).
1.4	Suitability - Above-ground Heritage	N/A	**No Likely Harm** No designated or non-designated heritage assets on or in vicinity of site; no other major effects likely (e.g. on the setting of more distant heritage assets).	**Effect on a Non-designated Heritage Asset** Such effects would be weighed in the overall planning balance (NPPF paragraph 197) but need not necessarily prevent development.	**Less-than-substantial Harm to the significance of a designated heritage asset** According to paragraph 196 of the NPPF, where a development proposal will lead to less than substantial harm to the significance of a designated heritage asset, this harm should be weighed against the public benefits of the proposal including, where appropriate, securing its optimum viable use.	**Substantial Harm or Total Loss of Significance to the significance of a designated heritage asset** According to paragraph 195 of the NPPF consent should normally be refused unless it can be demonstrated that the substantial harm or total loss is necessary to achieve substantial public benefits that outweigh that harm or loss.
1.5	Suitability - Below-ground Heritage	N/A	N/A	No archaeology-related designation	Archaeology-related designation	N/A

Ref	Assessment Criteria	4	3	2	1	0
1.6	Suitability – Accessibility	≤ 1 km of National Rail or London Underground station / Frequent Service	≤ 1 km of National Rail or London Underground station / Low Frequency Service; OR > 1 km to 3.2 km of National Rail or London Underground station / Frequent Service	> 3.2 km of National Rail or London Underground station / Frequent Service; OR > 1 km to 3.2 km of National Rail or London Underground station / Low Frequency Service	> 3.2 km of National Rail or London Underground station & Low frequency service	N/A
2.1	Availability – Willing Landowner	Trust owned land.	Willing and incentivised landowner and absence of any material impediments or encumbrances that are likely to impact timely availability	Willing landowner, however with minor material impediments or encumbrances that are likely to impact timely availability	Land owner indicating willingness to sell, with major impediments or encumbrances that are likely to impact timely availability	Land unavailable. Landowner not willing to discuss disposal within the required timeframe and/or material impediments or encumbrances that are very likely to impact timely availability.

Note that within the above table, a score of '0' under any of the Suitability assessment criteria would constitute a "significant planning risk". The consequence of this will be considered further under the potential impact on the planning timescale and overall deliverability.

5.2 Stage Two Scoring Methodology

Set out within the table below is the scoring methodology that will be used for the Stage Two deliverability assessment.

Figure 5.2 Stage Two scoring methodology

Assessment Criteria	Score		
	Red	**Amber**	**Green**
Deliverability	**Significant uncertainty of delivery** *Very unlikely for a health facility to be substantially complete on the site within 2025.*	**Potential for certainty of delivery** *Potential for a health facility to be substantially complete on the site within 2025 through adjustment/amendment to tasks within the programme to ensure delivery within 2025 and/or addressing any issues or risks that made delivery of the health facility within 2025 less than certain.*	**Certainty of delivery** *Likely for a health facility to be substantially complete on the site within 2025*

6. Stage One Site Assessment

6.1 Overview

Each of the sites were individually assessed against the Stage One assessment criteria, Suitability and Availability, and then scored in accordance with the Scoring Methodology in the previous section. This section sets out the scores awarded and rationale for those scores.

6.2 Suitability

The outcome of the Suitability assessment, including the rationale for scores awarded, was undertaken within a Suitability Assessment Form for each site which have been included in Appendix F of the report. A summary of the scores awarded for all of the sites in included at the end of this section.

6.3 Availability

Site A (KL) – Land East of the A41

This site is owned by Hertfordshire Country Council ("HCC"). The site is farmed and vacant possession can be granted 12 months from the serving of notice. The site has been promoted through the Local Plan for a mixed-use scheme (including commercial and residential uses). The mixed-use scheme has not included the presence of a hospital to date. It has been highlighted to us by the landowner that there is a significant amount of local orchestrated opposition to development in this location.

HCC has not carried out any detailed feasibility studies or technical due diligence on the site. The site's topography is challenging with a 46 metre drop across the whole site and will require a significant amount of 'cut and fill' to create appropriate development platforms. HCC already benefit from a Joint Venture Partner (Morgan Sindall) who could assist with the delivery of infrastructure on site. HCC would therefore work alongside the Trust to identify a part of the site to be used as a hospital and use Morgan Sindall to unlock the development potential of the site. The site would however require engagement with Highways England to improve access and local traffic flows to support development.

HCC confirmed that a transaction would not be based on residential land value and that the site could be made available.

Score: 1/4

Sites B (EH) - East of Hemel Hempstead, HP2 4UE

The site is owned by the Crown Estate who is currently working toward a town planning application across the whole site for a phased mixed use development of commercial and residential uses. Land that could be made available and accommodate the Trust's space requirements for a hospital is located in the southwest corner of the site. The Crown Estate could offer vacant possession of the site by 2026 once access has been provided via a newly constructed roundabout. Wider infrastructure is required on the site and services and utilities would need to be brought in from the north. Further road improvements are required to deliver the site and there are significant 'abnormals' relating to ground conditions. The ground is said to be 'impermeable' which requires significant works for surface water attenuation. The presence of a hospital with a large surface car park which generates significant amount of surface water attenuation in normal circumstances would be

fettered with an additional drainage cost linked to the ground conditions. We are also aware that surveys carried out by the Crown Estate have discovered archaeological remains which would require additional mitigation through the development process which would add to the delivery timetable.

Whilst the Crown Estate said that the land could be made available this would not be until late 2026 due to the access requirements. Progressing engagement and introducing a potential hospital use would potentially adversely impact on their current trajectory of submitting a planning application across both sites in mid-2021.

Score: 1/4

Site C (CG) – Land off Junction 21, Chiswell Green, AL2 3NX

This site is owned by Clowes Developments. The land was initially bought in 2015 for their strategic land portfolio with a view to re-homing St Albans Football club. The land ownership is split by the M25 with the larger parcel of land to the north of Junction 21 of the M25 extending to approximately 57 hectares and being the main focus of discussion at the landowner interview. No title encumbrances or vacant possession issues were identified as part of our discussions. We note that the land to the south of the M25 which extends to approximately 20.7 hectares is also available however very little technical due diligence has been carried out to masterplan this site. The developer offered to proceed at pace to secure the relevant technical reports should the southern parcel be of interest to the Trust.

The reason for focus on the northern parcel of land is that the developer has speculatively carried out a significant amount of masterplanning to show how a 80,000 sq. m (GIA) hospital (based on the design of the Queen Elizabeth Hospital in Birmingham) could be brought forward. The developer has carried out technical due diligence on the site to help move the masterplanning process forward and has engaged with St Albans City and District Council (SADC) identifying this site as a potential location for a hospital.

The developer is clear in that they believe the presence of a hospital in this location will help unlock the wider development potential of the site including for alternative and more valuable planning uses. The proposed hospital masterplan identifies the northern end of the northern parcel as land for residential use (incorporating Key Worker housing) for the proposed neighbouring hospital and forms part of the affordable housing requirement. The developer has also tested with SADC whether complimentary employment uses such as pharmaceutical or biotech could be built alongside a new hospital. The delivery of Key Worker Housing in itself would need cross subsidy from private housing or attract grant funding to make it commercially viable. Whilst pharmaceutical or biotech uses are complimentary to healthcare in theory, the reality is that this is an untested location for these uses. Biotech firms tend to locate in clusters and may require universities as anchors rather than standalone hospitals.

In terms of physical site constraints and abnormal costs associated with developing this site, the developer identified that there are high voltage (HV) electricity pylons that cut across the southern part of the northern parcel of land and they have engaged with UK Power Networks (“UKPN”) to ascertain whether these HV cables could be buried in the ground. We understand that it is possible to bury the cables following a high-level review and costing provided by UKPN. The proposed hospital would require a significant amount of surface water attenuation linked to the surface car parking and it appears that access to the hospital could be accommodated on the eastern and northern side of the site via the current local road network. Noise attenuation would also be required from the M25 although this could be mitigated in part with design and orientation of the hospital.

The site is located close to Junction 21 of the M25 and the intersection with Junction 6A of the M1 and there have been discussions with Highways England about upgrading these junctions. We understand that discussions have been on-going for six years and the presence of a major acute hospital in this location would add additional pressure to the highway network and would require mitigation.

The developer confirmed that the site was available and they would be willing to work with the Trust at pace to enter into a subject to planning transaction. The technical due diligence already undertaken would be shared with the Trust and the developer has confirmed that reliance would be extended to the Trust. The land would be offered at a reasonable price akin to agricultural value to 'enable' and pave the way for more valuable alternative uses. This suggests that a future masterplan would heavily promote residential use on the wider site which could slow down the planning process particularly as the site sits in the greenbelt.

There is no doubt that the developer would quickly progress matters and work with WHHT. A concern is that any transaction would be subject to the wider masterplanning of their retained ownership of both parcels of land which would inevitably include residential and therefore potentially slow down the planning process putting pressure on the planning programme and impacting on the overarching deliverability programme. There are other risks to the timetable linked to seeking permission and agreeing a timetable of works to bury the HV Cables to free up land to locate a hospital towards the southern end of the northern parcel. This work would have to be carried out as part of any enabling works post planning permission. The M25 junction improvements could also add delay and the presence of multiple parties within the development structure could lead to significant timetable creep and place at risk the timely delivery of the hospital.

Score: 2/4

Site D (RA) – Former Radlett Aerodrome, AL2 2DD

This site is owned by Hertfordshire County Council ("HCC") and benefits from a planning permission for a Strategic Rail Freight Interchange ("SRFI") with 3 million square feet of distribution space. The Developer, Helioslough, has discharged all of the planning conditions associated with the planning permission. There is a patchwork of option agreements and alternative ownerships surrounding the aerodrome with Tarmac owning the freehold to the access to the site. HCC has subsequently offered the site for housing and supporting infrastructure to deliver a 2,000 home garden village but this has been rejected by the EiP Inspector and SADC's Local Plan has currently stopped.

HCC has not had recent engagement with the developer, and it needs to be established if the developer is still committed to the SRFI and the planning permission. HCC would like to consider alternative uses and sees the presence of a hospital as a catalyst to a first phase development. They confirmed that they would be a willing landowner with respect to the potential disposal of the land for a hospital. It was acknowledged, however, that the existence of the current consent complicates matters and would impact on the timescale to secure an alternative hospital consent on this site. There would be consequent impact on the planning and overarching delivery programme.

Score: 1/4

Site E (WR) – WGH Riverwell

The overall site is part owned by the Trust and part owned by Watford Borough Council (WBC) and forms part of the Watford Healthcare Campus masterplan. The WBC site is currently either under lease or licence with WHHT and WBC believes that vacant possession can be provided and the Freehold Title is 'clean and marketable'. The masterplan has identified the site as being able to deliver 340 apartments linked to the 2014 masterplan, although it is understood that the Trust was concerned with the proximity to the boundary of two of the buildings. WHHT's interest in the site for hospital use is welcomed and WBC has stated that this site is available to WHHT should they require it. It is likely however, that if this site were required by WHHT it would form part of a wider land swap agreement with WBC which would in effect replace the lost 340 units (or equivalent) on WHHT's current site.

The site is advanced in terms of some of the technical due diligence that has been carried out linked to the wider masterplan although anecdotal evidence suggests that there may be hotspots of contamination to deal with. It is important to note that there is a large sewer which crosses the site, albeit WBC suggests that the easement has been minimised (evidence of this would be required as part of any further due diligence work) and it is clear that the current masterplan proposes to build around the sewer.

The benefit of this available site is that a lot of infrastructure that is required has already been provided, albeit in viability terms, the owner of the subject site would need to contribute to part of the cost – in particular linked to the cost of Thomas Sawyer Way. This would be factored into any discussion of value as part of a land swap transaction but is an issue that is well known to WHHT as part of their current site is also encumbered with the same requirement. Should this site be of interest to WHHT, then WBC will provide the proportionate sum that has been allocated to the subject site and which would form part of any future valuation and purchase price negotiation of the site.

We noted from our conversation with WBC that the wider masterplan includes a 2x form entry primary school which would use the access point to the southeast of the site. If this access road were also the blue light corridor, we recommend that further due diligence would be required to satisfy the Trust that this access can be shared with a school use

In conclusion, it is clear that this site is available to WHHT. Whilst there would be requirements to revise the overall masterplan, WBC have stated they are happy to work with the Trust's appointed architect to deal with the changes as part of a land swap transaction. Therefore, the site is available with receptive and open landowners who are willing to work with WHHT to deliver a hospital solution as part of a site wide reconfigured masterplan.

Score: 3/4

Site F (WO) – WGH owned land

This site is owned by the Trust so as such there are no land availability issues. It is worth noting, though not deemed material, that ground conditions are likely to require ground remediation due to historic use and the presence of made ground. There is also a known presence of asbestos in the fabric of some of the buildings to be demolished (see Appendix K), as well as in the ground where there will be ducting crossing the site which may be subject to intrusive ground investigation work.

Score: 4/4

The table below provides a side-by side comparison of the Stage One scores:

Figure 6.1 Scoring Summary

Ref	Assessment Criteria (scores available)	Sites					
		A (KL)	B (EH)	C (CG)	D (RA)	E (WR)	F (WO)
1.1	Suitability - Capacity (Pass/Fail)	Pass	Pass	Pass	Pass	Pass	Pass
1.2	Suitability - Land Use Constraints (0-3)	1	0	0	0	3	3
1.3	Suitability - Flood Risk (0-3)	3	3	3	3	3	3
1.4	Suitability - Above-ground Heritage (0-3)	1	1	1	1	1	1
1.5	Suitability - Below-ground Heritage (1-2)	2	2	2	2	2	2

1.6	Suitability - Accessibility (1-4)	3	2	2	2	4	4
2	Availability (0-4)	1	1	2	1	3	4
	Overall Score (out of 18)	**11**	**9**	**10**	**9**	**16**	**17**

7. Stage Two Assessment

7.1 Overview

Within this section each of the sites are considered against the Stage Two assessment criteria of Deliverability and scored in accordance with the Scoring Methodology in Section 5.

Two of the key considerations when assessing Deliverability are risk of failure and delivery timing. Both of these are considered below in order to inform the site assessments.

7.2 Risk of Failure

Within the Suitability and Availability assessments, factors were assessed to form a view of the potential for absolute failure. It is not possible at this stage to categorically and definitively determine whether these aspects will fail outright, rather, based on the findings, an assessment has been made using a risk matrix on the likelihood of failure against the consequence of failure. These assessments are based on the outputs of the investigations and the team's experience and expertise to provide an indicator for each site and a comparator across the sites.

Planning Certainty Risk - Risk of Planning Failure - Planning application refused (or on hold) with no route for appeal or appeal denied; extremely challenging and/or prolonged application process exhausting resources and/or programme

Land Deal Risk -Risk of Deal Failure - Land deal failure for reasons outside of the Trust's control i.e. third-party withdrawal; unrealistic third-party conditions; title restrictions; planning condition within land deal not satisfied.

Figure 7.1 - RAG (Red/Amber/Green) risk matrix

Likelihood		**Consequence**	
0	Not applicable	1	Negligible/Insignificant
1	Rare		
2	Unlikely	2	Minor
3	Possible	3	Moderate
4	Likely	4	Major
5	Almost certain	5	Catastrophic
Outcome			
0-6 Green			
7-15 Amber			
16 – 25 Red			

Figure 7.2 – summary of site scoring against RAG risk (Figure 7.1)

Site	Likelihood / Consequence	Planning Certainty Risk	Outcome	Land Deal Risk	Outcome
Site A (KL)	Likelihood	3	15	2	10
	Consequence	5		5	
Site B (EH)	Likelihood	3	15	2	10
	Consequence	5		5	
Site C (CG)	Likelihood	3	15	2	10
	Consequence	5		5	
Site D (RA)	Likelihood	4	20	2	10
	Consequence	5		5	
Site E (WR)	Likelihood	1	5	1	5
	Consequence	5		5	
Site F (WO)	Likelihood	1	5	0	0
	Consequence	5		5	

Figure 7.3 – Site Risk Assessment – Planning Failure Overview

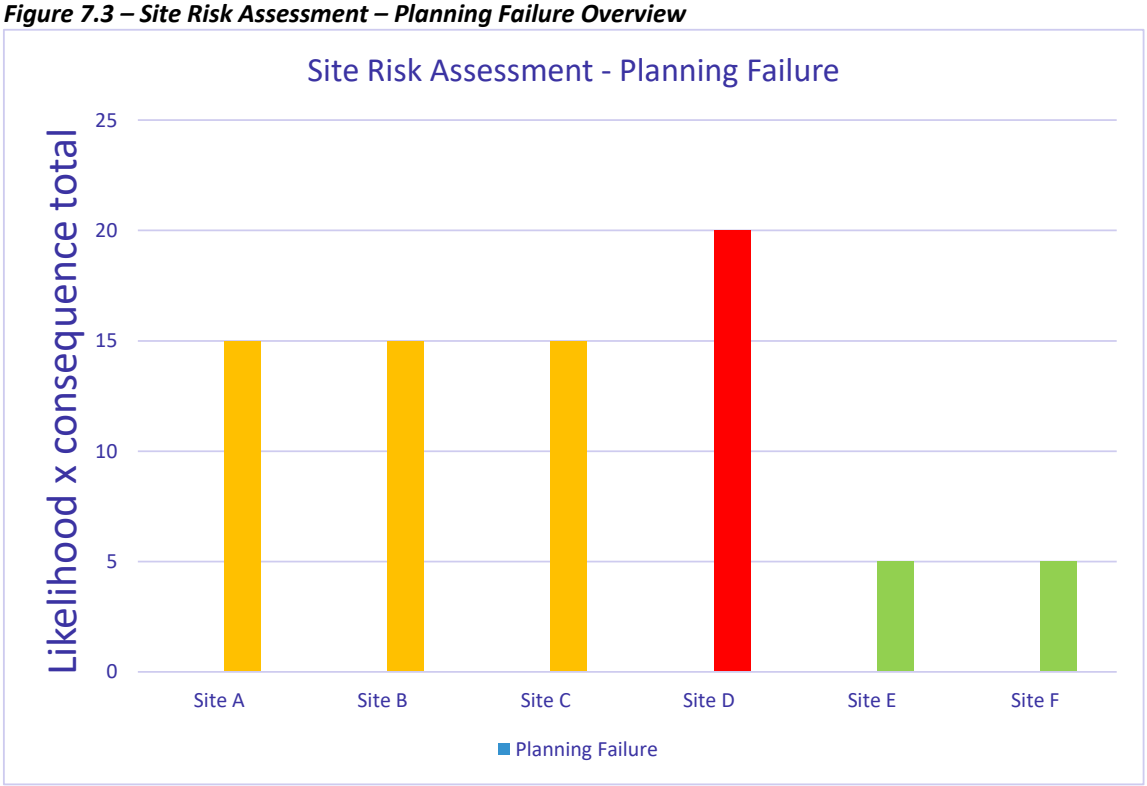
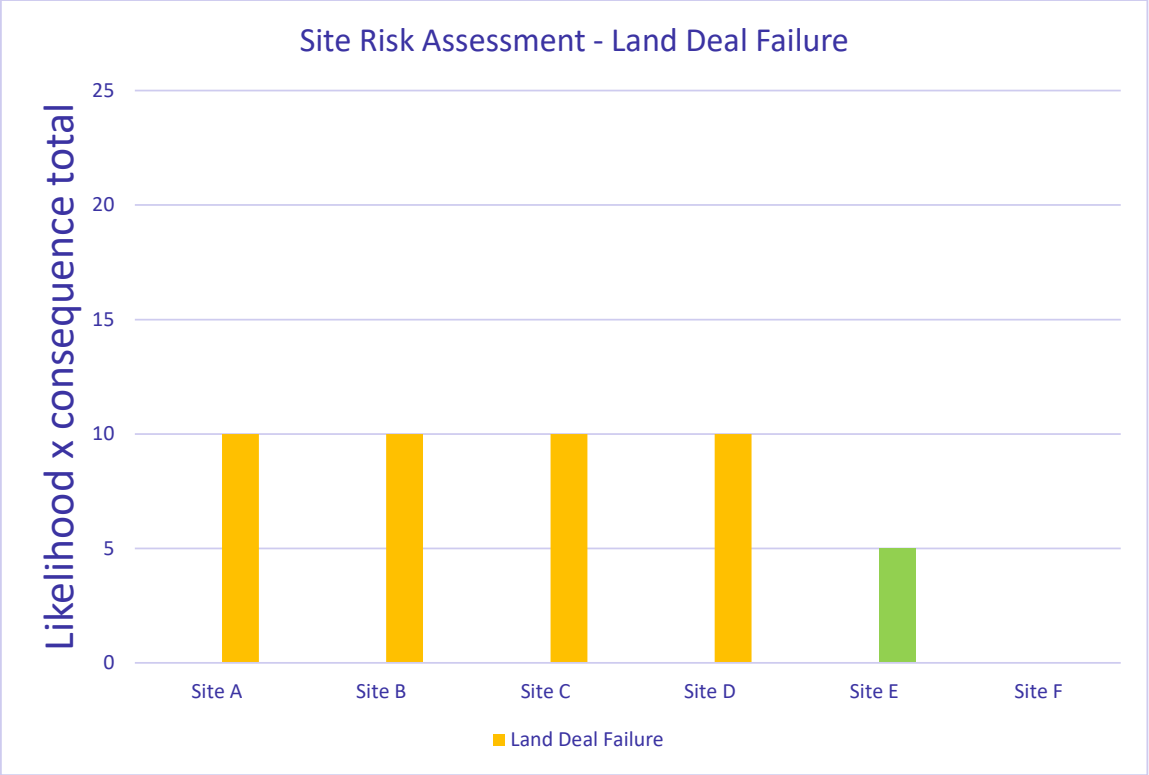


Figure 7.4 – Site Risk Assessment – Land Deal Failure Overview



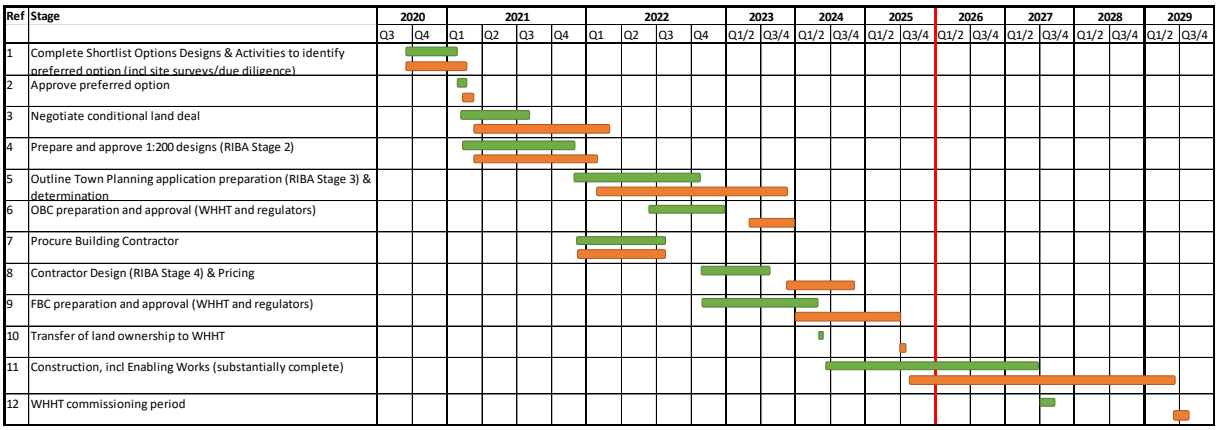
NB: Site F has a score of '0' / 'n/a' for 'Land Deal Failure' as the site already owned by the Trust.

7.3 Programmes

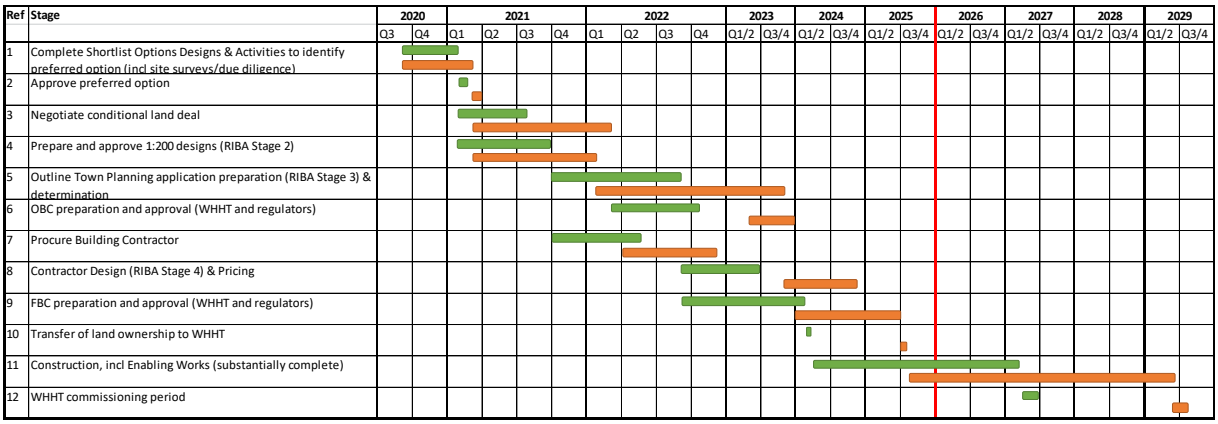
Appendix A includes a high-level benchmark programme to bring forward an Emergency Care hospital. Based on the findings from this study and the team's experience and expertise, a high-level programme has been created for each of the sites. Each programme includes two timelines – optimistic and pessimistic. These do not represent extreme timings, but a pragmatic and reasonable view of timings based on actions generally progressing in a timely, positive and favourable manner versus timings extended due to risks or factors outside of the Trust's control. Additional time has been added where it is apparent that there is an increased volume of work against the task/activity. These programmes are relatively high level and subjective at this stage (in the absence of a detailed scheme to appraise), however, they provide a useful indicator and comparative analysis across the sites in terms of potential timings.

Figure 7.4 – Site Programmes

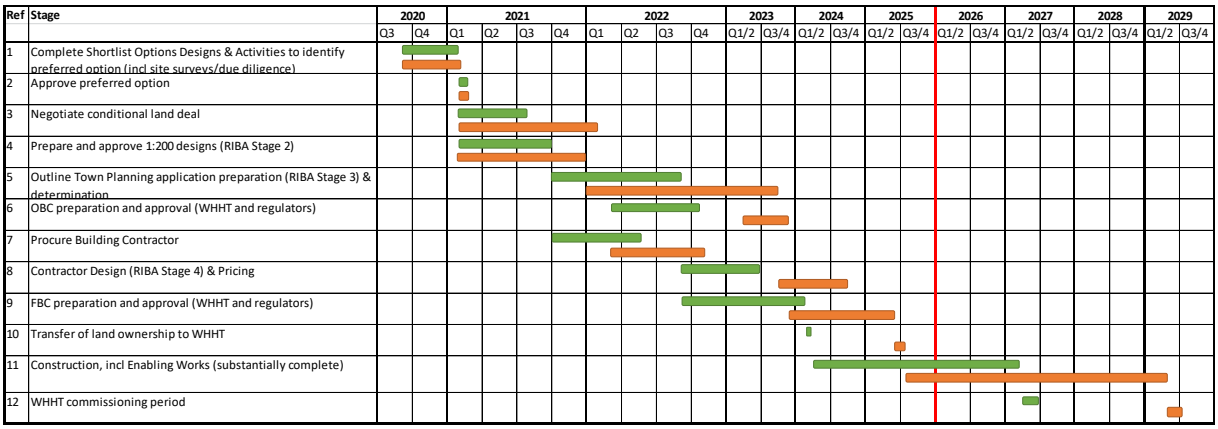
Site A (KL)



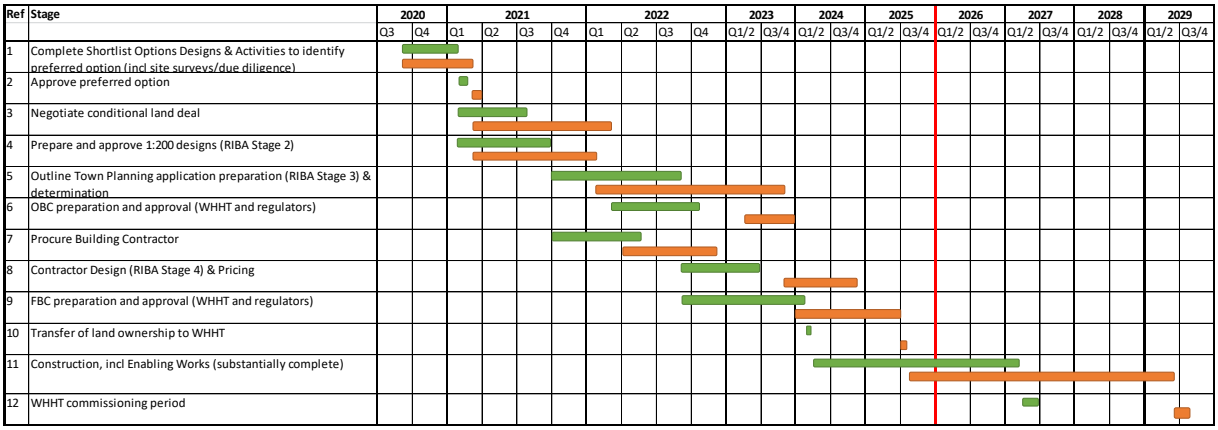
Site B (EH)



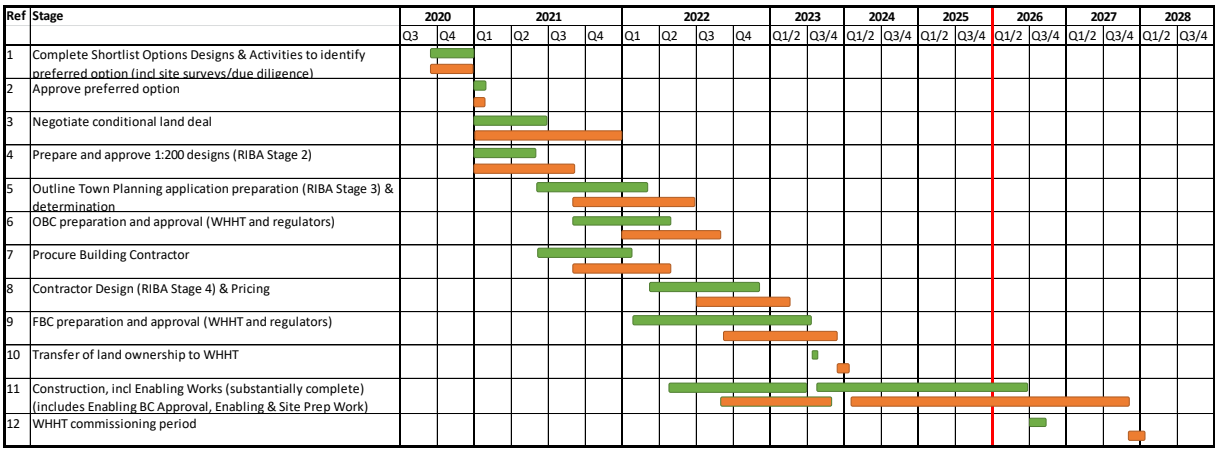
Site C (CG)



Site D (RA)

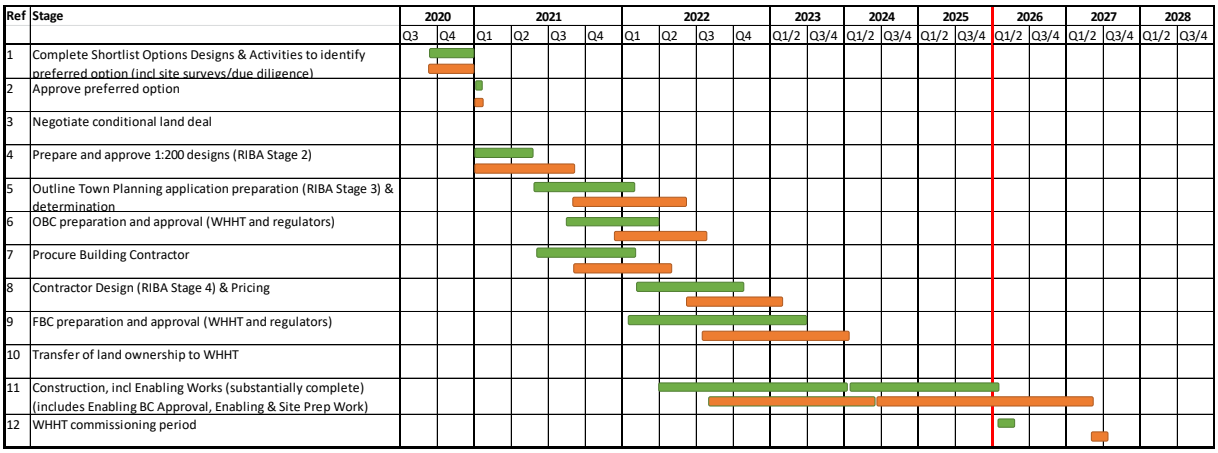


Site E (WR)*



* The Site E (WR) programme considers the delivery of an Emergency Care facility

*Site F** (WO)*



** The Site F (WO) programme indicates the processes and timescales associated with bringing forward the new build element of the Emergency Care facility (see figure 2.2). See Appendix K for detail on the enabling

and decant works required. Further estate reconfiguration and refurbishment works will be completed subsequent to the delivery of the new build to realise the on-site Emergency Care provision over a c.2 year period.

Figure 7.5 - Programmes Summary

Site	Substantially Complete Date	
	Optimistic	**Pessimistic**
A (KL)	June 2027	May 2029
B (EH)	March 2027	May 2029
C (CG)	March 2027	Apr 2029
D (RA)	March 2027	May 2029
E (WR)	June 2026	Oct 2027
F (WO)	Jan 2026	Apr 2027

7.4 Assessment

Site	Commentary / Assessment
A (KL)	***Suitability Summary*** The site has the capacity for any of the health facility scenarios. However, a significant issue with this site is its current Green Belt designation which presents a key risk both in terms of planning certainty and critical path. The Local Development Scheme[9] indicates that the likely adoption date of a new local plan, and therefore the date at which the Green Belt designation could fall away, is June 2022. Although the Council has canvassed views about development on this site – which is one of the more accessible greenfield sites – the possible uses do not include a hospital. During that consultation exercise there was strong orchestrated opposition to development of this land from respondents. There are topography issues that would need to be addressed and it is likely that major road improvements would be needed because of capacity issues at Junction 20 of the M25. **Suitability Score: 10 out of 15.** ***Availability Summary*** Whilst the site could be made available from a willing landowner perspective, the topography on site is challenging and the works required to the local road network will be reliant on a third party and have the potential to create significant programme risk. The local orchestrated opposition to development would be a concern and the lack of any technical due diligence linked to this site could all impact and add significant delay to the timetable to deliver a hospital. If the landowner was to make part of the site available for a hospital, it is likely that they would want a wider masterplan to be considered at the same time. This would add another dependency / reliance on a third party risk. Whilst the landowner's JV partner could assist with timely delivery, WHHT would be beholden to a single delivery partner and may struggle to demonstrate value for money in procuring their services. Consequently, this contracting route may not be feasible. **Availability Score: 1 out of 4** ***Deliverability*** This site has 'Amber Risks' for both the planning certainty risk and land deal risk. This reflects the challenges that could be faced whilst seeking to secure planning permission and from acquiring a land interest. Both of these risks are classified as 'Catastrophic' if realised as this would occur at an advanced stage in the overall programme when it would be too late to proceed with an alternative site due to the limited funding window. The programme indicates timings for the optimistic / pessimistic programmes of June 2027 and May 2029 for a substantially complete hospital. **Summary** This site comes with a number of amber rated risks that would be catastrophic if realised. Combined with this, the optimistic programme is indicating a timing that is c. 18 months beyond

[9] https://www.dacorum.gov.uk/docs/default-source/strategic-planning/local-development-scheme-2018-2022---updated-april-2020.pdf?sfvrsn=b7e0f9e_8

Site	Commentary / Assessment
	the required timescale. It has a number of physical challenges, such as topography that need to be addressed, along with risks relating to third party engagement and reliance, including Highways England for major highways works which are yet to be determined and wider masterplan considerations. Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025
RAG rating	***RED (all options)***

Site	Commentary / Assessment
B (EH)	***Suitability Summary*** The site has the capacity for any of the health facility scenarios. At present the most significant issue with this site is its current Green Belt designation. The issues with St Albans' emerging local plan mean it is very difficult to ascertain when the Green Belt designation might fall away – it is unlikely to do so in time for a hospital to be delivered or substantially complete by 2025. In any event, although the Council was proposing to allocate this land for development, the uses listed in the draft local plan do not include a hospital. Having discussed this point with the Council, it became apparent that such a departure is likely to be a very significant concern. **Suitability Score: 8 out of 15**. ***Availability Summary*** Whilst the landowner confirmed that land could be made available, they also confirmed that access to this land from the North was not planned until c. 2026 – this date being indicative and not yet firmed up which presents a significant risk. The landowner is due to submit a major planning application for parts of Site B (EH)- with the inclusion of a hospital use. Access and service dependencies on the adjacent land would add additional third party dependency risk which have been reflected in the programme. Further challenges identified that could impact programme include archaeological remains, ground condition abnormals and surface water attenuation. **Availability Score: 1 out of 4** ***Deliverability*** This site has 'Amber Risks' for both the planning certainty risk and land deal risk. This reflects the challenges that could be faced whilst seeking to secure planning permission and from acquiring a land interest. Both of these risks are classified as 'Catastrophic' if realised as this would occur at an advanced stage in the overall programme when it would be too late to proceed with an alternative site due to the limited funding window. The programme indicates timings for the optimistic / pessimistic programmes of March 2027 and May 2029 for a substantially complete hospital. **Summary** This site comes with a number of amber rated risks that would be catastrophic if realised. Combined with this, the optimistic programme is indicating a timing that is c. 15 months beyond the required timescale. It has a number of physical challenges, such as archaeological remains,

Site	Commentary / Assessment
	ground condition abnormals and surface water attenuation that need to be addressed, along with risks relating to access given that this is not planned until 2026 at best. Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025.
RAG rating	***RED (all options)***

Site	Commentary / Assessment
C (CG)	***Suitability Summary*** This site has the capacity for any of the health facility scenarios. However, as the Council have not proposed the release of this land from the Green Belt, this is a significant issue. The site also scores poorly due to its moderate accessibility and potential for harm to the setting of listed buildings. The Council also noted that this site is relatively inaccessible for 'active travel' and that the Green Belt designation is a high hurdle to overcome. **Suitability Score: 8 out of 15**. ***Availability Summary*** There is no doubt that the developer land owner would quickly progress matters and work with the Trust, the concern would be that any transaction would be subject to the wider masterplanning of their retained land ownership which would inevitably include residential and this would potentially slow down the planning process creating programme pressure and risk. A further risk to the programme would be the work required to seek permission and agree a timetable to bury or divert the HV cables (currently on pylons) to free up land to locate a hospital towards the southern end of the northern parcel. This work would have to be carried out as part of any enabling works post planning permission. The M25 junction improvements could also add delay and the presence of a further third party within the development structure could lead to significant timetable creep. However, the site does benefit from site investigation reports. **Availability Score: 2 out of 4** ***Deliverability*** This site has 'Amber Risks' for both the planning certainty risk and land deal risk. This reflects the challenges that could be faced whilst seeking to secure planning permission and from acquiring a land interest. Both of these risks are classified as 'Catastrophic' if realised as this would occur at an advanced stage in the overall programme when it would be too late to proceed with an alternative site due to the limited funding window. The programme indicates timings for the optimistic / pessimistic programmes of March 2027 and April 2029 for a substantially complete hospital. **Summary**

Site	Commentary / Assessment
	This site comes with a number of amber rated risks that would be catastrophic if realised. Combined with this, the optimistic programme is indicating a timing that is c. 15 months beyond the required timescale. It has a number of physical challenges, such as a major service diversion that needs to be addressed, along with risks relating to third party engagement for the wider masterplan considerations. Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025.
RAG rating	***RED (all options)***

Site	Commentary / Assessment
D (RA)	***Suitability Summary*** The site has the capacity for any of the health facility scenarios. However, a significant issue with this site is its current Green Belt designation and even though the LPA is proposing to allocate this very accessible site for a large mixed-use development, the issues with St Albans' emerging local plan mean it is very difficult to ascertain when the Green Belt designation might fall away – it is unlikely to do so in time for a hospital to be delivered or substantially complete by 2025. In any event, although the Council was proposing to allocate this land for development, the uses listed in the draft local plan do not include a hospital. The Council also noted that movement away from the currently consented Strategic Rail Freight Interchange (SRFI) use would likely be a major impediment. In addition, the Council noted that even if the Abbey Line was upgraded to provide a higher-frequency service, this location would still have a limited catchment for 'active travel'. **Suitability Score: 8 out of 15**. ***Availability Summary*** Whilst the land could be made available, use for a hospital has the potential to be delayed as the land is already earmarked for a Strategic Rail Freight Interchange (SRFI) which has planning permission. If the land were to become available, then the landowner would look to the hospital to act as a catalyst to a first phase of development. It was acknowledged that the existence of this planning permission does complicate matters and would impact on programme. **Availability Score: 1 out of 4** ***Deliverability*** This site has a 'Red Risk' for planning certainty risk and 'Amber Risk' for land deal risk. This reflects the challenges that could be faced whilst seeking to secure planning permission and from acquiring a land interest. Both of these risks are classified as 'Catastrophic' if realised as this would occur at an advanced stage in the overall programme when it would be too late to proceed with an alternative site due to the limited funding window. The programme indicates timings for the optimistic / pessimistic programmes of March 2027 and May 2029 for a substantially complete hospital **Summary**

Site	Commentary / Assessment
	This site comes with red and amber rated risks that would be catastrophic if realised. Combined with this, the optimistic programme is indicating a timing that is c. 15 months beyond the required timescale. Third party engagement for wider masterplan considerations present a risk and the uncertainty around the Strategic Rail Freight Interchange planning permission is significant and complicates the availability of this site. Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025.
RAG rating	***RED (all options)***

Site	Commentary / Assessment
E (WR)	***Suitability Summary*** The site has the capacity for an Emergency Care facility. Watford General Hospital (WGH) is an existing hospital and therefore there is unlikely to be an 'in principle' planning issue relating to the use. Furthermore, the Council did not consider there to be issues in relation to highways capacity. The presence of a listed building on the proposed land swap site has been considered and will require sensitive management. Overall, the site scored well because of its accessibility and lack of constraints. **Suitability Score: 13 out of 15**. ***Availability Summary*** The site is available to WHHT. Whilst there would be requirements to revise the overall masterplan, WBC have stated they are happy to work with the Trust's appointed architect to deal with the changes as part of a land swap transaction. Therefore, the site is available with receptive and open landowners who are willing to work with WHHT to deliver a hospital solution as part of a site wide reconfigured masterplan. The site benefits from site investigation reports. **Availability Score: 3 out of 4** ***Deliverability*** This site does not have any Red or Amber Risks for planning certainty risk and land deal risk due to the established use and that although additional land is required, there is an established relationship, framework and history of land being made available by the land owner for the Trust. The programme indicates timings for the optimistic / pessimistic programmes of June 2026 and October 2027 for a substantially complete hospital. **Summary** This site does not come with any red or amber rated risks that would be catastrophic if realised. However, the optimistic programme is indicating a timing that is c. 6 months beyond the required timescale. In the context of the high-level nature of the assessment of timelines against the constituent elements of the programme and work that will be undertaken to further refine the overall programme, it is not unreasonable to assume that the programme could be improved. Consequently, this site has been rated as Amber whereby it has the potential for certainty of

Site	Commentary / Assessment
	delivery of one or more of the options to be substantially complete within 2025.
RAG rating	**Amber (only Emergency Care Facility considered)**

Site	Commentary / Assessment
F (WO)	***Suitability Summary*** The site has the capacity for an emergency care facility with other health footprint requirements being met through a phased refurbishment programme of existing buildings. We are advised by the Trust that this programme is c. 2 to 3 years. Watford General Hospital (WGH) is an existing hospital and therefore there is unlikely to be an 'in principle' planning issue relating to the use. Furthermore, the Council did not consider there to be issues in relation to highways capacity. Overall, the site scored well because of its accessibility and lack of constraints. **Suitability Score: 13 out of 15**. ***Availability Summary*** The Trust own the entirety of this site which is currently being used for hospital associated uses. We are not aware of any impediments to using the proposed area of the site - as such, there are no availability issues. **Availability Score: 4 out of 4** ***Deliverability*** This site does not have any Red or Amber Risks for planning certainty risk and land deal risk due to the established use and that the Trust already own the land in question. The programme indicates timings for the optimistic / pessimistic programmes of Jan 2026 and April 2027 for a substantially complete hospital. **Summary** This site does not come with any Red or Amber rated risks that would be catastrophic if realised. The optimistic programme is indicating a timing that is c. 1 month beyond the required timescale which given the high-level nature of the programme is negligible. To note, the programme is based on a number of 'working at risk' assumptions that would need to be verified by the Trust and their regulators. Primarily, as the land is already owned by the Trust enabling works will commence in advance of the FBC approval. Overall it is considered that it is likely for a health facility to be substantially complete on this site within 2025.

Site	Commentary / Assessment
RAG Rating	Green (only part new build Emergency Care Facility considered – see Figure 2.2)

8. Further consideration – enabling & abnormal costs

8.1 Overview

As part of the review of the sites, Quantity Surveyors from Currie & Brown undertook a high-level assessment of enabling costs and abnormals that would be required to bring a site forward for development for a health facility. Given the absence of detailed due diligence and site survey information available at this stage, the outputs from this review have not informed the site assessment process but rather will be considered as a further consideration should a site progress to the next stage of the option short-listing process.

The list of abnormals and costs have been informed by review of comparable schemes, feedback from meetings attended by members of the consultant team with the Local Planning Authorities and landowners, information gathering from various project team meetings and outputs from the consultant team.

Options being considered for the hospital range from approximately 20-30,000m2 up to 80-100,000m2. However, independent of the hospital size, the majority of the abnormal costs will apply to any scale of hospital within this range and given the current stage of development and brief, it is not considered appropriate to attempt to differentiate these costs for the different size hospital options at this stage.

8.2 Cost Study

Each site has its own advantages and disadvantages. In general, there are significant abnormal capital costs issues which impact on all in respect of delivering sites with appropriate infrastructure to allow hospital development.

All sites are likely to require to a greater or lesser extent:

- upgrades to the local road network,
- provision of incoming statutory services
- improvements / contributions to the local transport services i.e. extending the bus network.

A summary of the costs to get the sites “ready” are contained within the table below. Note that these costs do not include any works in relation to providing the main hospital facility within the site boundary.

In addition to the greenfield site options two further options were considered. Options E and F are for new build options at the Watford General Hospital site

A review of the Watford General Hospital site’s abnormals costs shows a considerable difference compared to the abnormal costs for the greenfield site options. This is reflected in the fact that the site, in the main, is reasonably level and attracts no considerable cut and fill, there is no requirement for the provision of new incoming engineering services and it is likely that there will be no upgrades to the local road or public transport links which already serve the existing hospital (see Appendix K for recognition of car parking spaces to be reprovided). The only exception is for Option F which includes for 3,200m2 of Ward Decant Space which is unique to this option.

Figure 8.1 Summary of costs

	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
Abnormal construction works only – Order of Cost Estimate	£20,200,000	£18,300,000	£19,300,000	£18,100,000	£11,125,000	£26,125,000
Total abnormal works – Order of Cost Estimate inclusive of: Professional Design Fees (14%); Planning Continency (10%); Optimism Bias (25%); and VAT (20% - note no VAT on professional fees)	£37,400,000	£33,900,000	£35,800,000	£33,500,000	£20,600,000	£48,400,000
Order - Lowest to highest (1 to 6)	5	3	4	2	1	6
difference from the lowest	£16,800,000	£13,300,000	£15,200,000	£12,900,000		£27,800,000
% difference from lowest	82%	65%	74%	63%		135%

Figures included within the table above have been prepared using computer software and it should be noted that some rounding may be apparent.

All costs reported are at current price levels (PUBSEC 263) and include Professional Design fees at 14%, Planning Contingency at 10%, Optimism Bias at 25% and VAT at 20% (excluding VAT on fees).

We would draw your attention to the following.

At present these figures exclude any costs across all sites for potential improvements to or the provisions of new junctions from the existing motorway network resulting from the increased traffic flow serving the new hospital development site. Costs range from approximately £50m for improvements to existing motorway junctions to costs in excess of £100m+ for new junctions.

There is a considerable risk with regards any potential motorway works required as a result of the proposed hospital redevelopment on any of the sites in both time and cost. We understand that improvements are required to the motorway junction in relation to Site A (KL) and that there have also been discussions in relation to the motorway junction adjacent to Sites C (although it is not clear whether this is related to serving the site or as part of a wider network improvements). Given the lack of detail on these requirements at present it is unclear if any upgrades to the existing motorway junctions are required as part of the hospital redevelopment (which will need to be addressed at the next stage). Should there be a requirement to engage with Highways England (HE) for either improvements or the provision of new junctions to the existing motorway network this will need to be fed into the existing hospital redevelopment master programme (and costs) including assessment against the target to have the hospital substantially complete in 2025.

8.3 Site Commentary

The following is a high-level commentary of the abnormals for each site.

Site A (KL) - Land East of the A41, WD4 8EE (Land east of the A41).

Extent of demolitions of existing buildings is likely to be quite modest. The site is sloping which will result in a cut and fill enabling works exercise prior to the start of the main hospital building works. However, there should be potential to mitigate the extent of cut and fill by working with the contours of the existing land. Provision of attenuation tanks is likely to be required to provide a controlled discharge into the public drains. The land is currently used for farming so likely that risk of contamination is low. There are two scheduled monuments adjacent to the site, the potential for harm arising from the proposed hospital development is unlikely. Feedback from the team indicates that any works in connection with archaeology is unlikely. Cost risk in terms of ecology is likely to be low. Surveys of the site are not yet available to establish the extent of any engineering services either above or below ground which may need to be diverted. It is anticipated that the site will require provision of new incoming services, local road improvements to create an entrance to the hospital and improvements / contributions to the local transport services i.e. extending the bus network.

Site B (EH) - East of Hemel Hempstead, HP2 4UE (Eastern site of Hemel Hempstead)

Demolitions of existing premises is not applicable as land is currently vacant. The site is reasonably flat and it is unlikely that there will be a requirement for extensive cut and fill enabling works. Provision of attenuation tanks is likely to be required to provide a controlled discharge into the public drains. The land is currently used for farming so likely that risk of contamination is low. There are Grade II buildings along Westwick Row, the setting of which could be affected by any hospital development but the potential for harm is low. As noted by Crown Estates there is evidence of archaeological remains but quite modest and it is likely that any works could be mitigated. Cost risk in terms of ecology is likely to be low. Surveys of the site are not yet available to establish the extent of any engineering services either above or below ground which may need to be diverted. It is anticipated that the site will require provision of new incoming services, local road improvements to create an entrance to the hospital and improvements / contributions to the local transport services i.e. extending the bus network.

Sites C (CG) - Land off Junction 21, Chiswell Green, AL2 3NX (land off Junction 21)

Extent of demolitions of existing buildings is likely to be quite modest. The site is reasonably flat and it is unlikely that there will be a requirement for extensive cut and fill enabling works. Provision of attenuation tanks is likely to be required to provide a controlled discharge into the public drains. The land is currently used for farming so likely that risk of contamination is low. Site is unusual in that the Holt Farmhouse group of listed buildings are located in the middle of this parcel of land but it is likely that less-than-substantial harm to setting will be achieved. Feedback from the team indicates that any works in connection with archaeology is unlikely. Cost risk in terms of ecology is likely to be low. Surveys of the site are not yet available to establish the extent of any engineering services below ground which may need to be diverted. It is likely that there will be a potential requirement to bury the cables serving the existing electrical pylon which crosses the site. It is anticipated that the site will require provision of new incoming services, local road improvements to create an entrance to the hospital and improvements / contributions to the local transport services i.e. extending the bus network.

Sites D (RA) - Former Radlett Aerodrome

Site was formerly an old air force base. Demolitions is likely to include removing any remaining air force base structures and breaking up hard standings. The site is reasonably flat and it is unlikely that there will be a requirement for extensive cut and fill enabling works. Provision of attenuation tanks is likely to be required to provide a controlled discharge into the public drains. Noted that there are listed buildings around the edge of this parcel of this site, including a group on Park Street but risk of harm is considered low. Feedback from the team indicates that any works in connection with archaeology is unlikely. Cost risk in terms of ecology is likely to be low. Surveys of the site are not yet available to establish the extent of any engineering services either above or below ground which may need to be diverted. It is anticipated that the site will require provision of new incoming services, local road improvements to create an entrance to the hospital and improvements / contributions to the local transport services i.e. extending the bus network.

Sites E (WR) – Watford Riverwell

Extent of demolitions of existing buildings is likely to be quite modest. The site benefits from surface car parking but due to the sloping nature of the site to the south, to generate an effective and developable parcel of land for surface car parking, a contractor will need to carry out some ground works to deliver an enhanced solution in this part of the site. Provision of attenuation tanks is likely to be required to provide a controlled discharge into the public drains. The proposed hospital new build is located on the site of the current hospital site and the risk of contamination is low to medium. There are no listed buildings. Feedback from the team indicates that any works in connection with archaeology is low. Cost risk in terms of ecology is likely to be low. Surveys of the site are not yet available to establish the extent of any engineering services either above or below ground which may need to be diverted. It is assumed that the site is already served with sufficient incoming services (which serve the existing adjacent hospital). The existing hospital is already served by the existing road network with improvements unlikely and finally it is unlikely that there will be a requirement for contributions to the local transport services i.e. extending the bus network, as the existing hospital is already served by local bus routes. The location of the proposed new build hospital is likely to result in decant space being required for the Mortuary (161m2 - £1m) and Pathology (800m2 - £3.5m).

Sites F (WO) – Watford General Hospital

Extent of demolitions of existing buildings is likely to be quite modest. The site benefits from surface car parking but due to the sloping nature of the site to the south, to generate an effective and developable parcel of land for surface car parking, a contractor will need to carry out some ground works to deliver an enhanced solution in this part of the site. Provision of attenuation tanks is likely to be required to provide a controlled discharge into the public drains. The proposed hospital new build is located on the site of the current hospital site and the risk of contamination is low to medium. There are no listed buildings. Feedback from the team indicates that any works in connection with archaeology is unlikely. Cost risk in terms of ecology is likely to be low. Surveys of the site are not yet available to establish the extent of any engineering services either above or below ground which may need to be diverted. It is assumed that the site is already served with sufficient incoming services (which serve the existing adjacent hospital). The existing hospital is already served by the existing road network with improvements unlikely and finally it is unlikely that there will be a requirement for contributions to the local transport services i.e. extending the bus network, as the existing hospital is already served by local bus routes. The location of the proposed new build hospital is likely to result in decant space being required for the Surge Wards (3,200m^2 - £16m), Mortuary (161m^2 - £1m) and Pathology (800m^2 - £3.5m).

9. Summary & Conclusions

Programmes Summary

Site	Substantially Complete Date	
	Optimistic	Pessimistic
A (KL)	June 2027	May 2029
B (EH)	March 2027	May 2029
C (CG)	March 2027	Apr 2029
D (RA)	March 2027	May 2029
E (WR)	June 2026	Oct 2027
F (WO)	Jan 2026	Apr 2027

The primary purpose of this site appraisal is to assess the likely delivery programmes to bring forward the healthcare facility on each of the sites in scope against the target programme (a substantially complete facility by end 2025) To achieve this, the Trust has to negotiate and complete a land acquisition/land swap (excepting for Site F (WO)l; secure planning permission; overcome site specific constraints; potentially put in place major infrastructure (some of which is reliant on non-incentivised third parties), and construct the facility. All landowners stated that in principle they were willing sellers and that the sites were available to be purchased in whole or in part for the purposes of hospital development. Landowners will be attracted to the Trust in light of the overarching benefit of including a hospital within a wider masterplan which will potentially assist in the delivery of alternative and more valuable uses. Including a hospital use as 'enabling' development alongside, for example, residential uses is likely to increase the required planning programme to achieve a successful grant of planning permission.

The need for major transport and utilities infrastructure development materially impacts on the construction delivery programme. In addition, there is necessity for reliance on third party agencies which are outside of the control of the Trust.

In our experience and where there is a strong will and motivation to accelerate programme delivery improvements are achievable. This will necessitate a concerted and focussed approach which is supported by all stakeholders and partners. In an overall delivery programme of c. 5 years it would not be unreasonable to secure an improvement of c. 3 to 6 months.

This report demonstrates that the greenfield options carry far greater risk and complexity compared to the Watford General Hospital site options evidenced in the projected achievable timelines. It is for the Trust, together with its advisers to review this report and consider which sites will be shortlisted for the next stage.

4

West Hertfordshire Hospitals NHS Trust

Site Feasibility Study - Appendices

21 AUGUST 2020

Submitted by: Maggie Robinson, Director of Property RFL PS

Authored by: RFL PS and consultancy team

RFL PROPERTY SERVICES
Working with the Royal Free London

MONTAGU EVANS

Currie & Brown

CONTENTS

Glossary

AONB	Area of Outstanding Natural Beauty
BLR	Brownfield Land Register
EIA	Environmental Impact Assessment
HVCCG	Herts Valleys Clinical Commissioning Group
LPA	Local Planning Authority
NGR	National Grid Reference
NPPF	National Planning Policy Framework (2019)
NPPG	National Planning Practice Guidance (various dates from 2014)
RFLPS	Royal Free London Property Services
SoS	Secretary of State
WGH	Watford General Hospital
WHHT	West Hertfordshire Hospitals NHS Trust

Appendix A – Benchmark Programme & Programme Assumptions

The benchmark programme below is high-level though indicates likely timescales for the delivery of an Emergency Care facility on a generic site. (It is assumed that the generic site is uncontentious in planning terms, fully serviced, accessible and provides a clear development platform.) It has been informed by the approval, design and commissioning processes that WHHT will be required to adhere to by both internal governance structures and also external regulators (business case) approval processes. The task items and timescales relating to planning and construction activities have been informed by Montagu Evans and Currie & Brown respectively, based on their professional expertise and experience of working on comparable schemes.

It is noted that the programme is intended to be 'progressive' with certain task items commenced 'at risk' due to the imperative for the health facility to be substantially complete by end of 2025. Where tasks have been commenced 'at risk' but are outside of the control of the trust, the trust will require the endorsement of the appropriate governing body to confirm the approach.

The Benchmark programme will act as a benchmark for the consideration of deliverability of a health facility at each site under consideration and extended or reduced depending on site specific factors.

Following on from the benchmark programme, a programme has been developed for each site. These have then been reproduced in gantt chart format in Section 7 of the main report. Each of the tables below contains specific assumptions. Generic assumptions are as follows:

- These programmes focus on the main critical path design, approval and construction tasks. As such, they do not show the full range of tasks that will be required for a programme of this magnitude, rather it has been assumed that these will occur concurrent with these main tasks.
- The programme shows Outline Planning up to Resolution to Grant. It has been assumed that the s106 Agreement and Reserved Matters can be dealt with concurrently with further tasks prior to transfer of land / commencement of works.

Benchmark Programme

Ref	*Key Tasks / Milestones*	*Precedents*	*Duration (months)*	*Comments / Assumptions*
1	***Complete Shortlist Options Designs & Massing and Other Activities to identify preferred option (incl site surveys/due diligence)***	Commences Sept 2020	4	Includes for each options: High level design, massing, programme, costs (capital, revenue and lifecycle), benefits, risks, valuations and capital investment appraisal. Will also require initial surveys and due diligence to inform design and costings.
2	***Approve preferred option***	Item 1	1	
3	***Negotiate conditional land deal***	Item 1	6	Started at risk. Only required if land is not already owned by WHHT
4	***Prepare and approve 1:200 designs (RIBA Stage 2)***	Item 1	5	Started at risk. To include further intrusive site surveys if required to inform design and costings. Assume includes 3 month pre-app process - commencing 2 months after commencement of stage (note that final pre-app discussions can occur at commencement of Task 5)
5	***Outline Town Planning application preparation (RIBA Stage 3) & determination***	Item 4	8	Assumes 4 months preparation & 4 months determination (to allow for validation, 12wk (non EIA) statutory process and to close out the Resolution to Grant notice, but unlikely to allow for S106 Agreement which can occur concurrent with Tasks 6 and 8)
6	***OBC preparation and approval (WHHT and regulators)***	Item 4 and Item 5 (less preparation timing & NHSI approval process)	8	Note assumption that OBC cannot reach treasury until outline planning permission secured (Resolution to Grant - subject to s106 Agreement). Assumes 3 month preparation and 5 month approval process (3 month NHS E/I, 2 months treasury)
7	***Procure Building Contractor***	Item 4	8	Assume P2020 Framework
8	***Contractor Design (RIBA Stage 4) & Pricing***	Items 5 and 7	9	Assume incl. designs for and resolution of reserved matters (16wk determination process to be allowed for)
9	***FBC preparation and approval (WHHT and***	Item 6	18	Assume FBC cannot be submitted until 'substantive'

	regulators)	Item 8 (less preparation time, but plus 1 month prior to approval process)		reserved matters are approved. Assume 11 months for preparation and 7 months for approval process
10	***Transfer of land ownership to WHHT***	Items 8 and 9	1	Only required if land is not already owned by WHHT
11	***Construction, incl Enabling Works (substantially complete)***	Item 10 (or 9 if 10 is N/A)	34	Assumes a timely 2yr and 10 month construction programme based on the proposed contractor informed design.
12	***WHHT commissioning period***	Item 11	3	

Site A – (Kings Langley - KL)

Ref	*Key Tasks / Milestones*	*Precedents*	*Base Position*	*Duration – Optimistic (months)*	*Duration - Pessimistic (months)*	*Base Comments / Assumptions*	*Additional Comments / Assumptions*
1	***Complete Shortlist Options Designs & Activities to identify preferred option (incl site surveys/due diligence)***	Commences Sept 2020	4	5	6	Includes for each options: High level design, massing, programme, costs (capital, revenue and lifecycle), benefits, risks, valuations and capital investment appraisal. Will also require initial surveys and due diligence to inform design and costings.	Additional time allowance for: additional enabling work and infrastructure design; potential integration with wider masterplan; engagement with third parties (landowner, highways, etc.). Additional survey work (under a licence agreement) to inform design and costings also likely to be required given 'green-field' nature of site. Due diligence required (title, etc.) to inform deliverability.
2	***Approve preferred option***	Item 1	1	1	1		Assume approved at risk in absence of land deal.
3	***Negotiate conditional land deal***	Item 1	6	6	12	Started at risk. Only required if land is not already owned by WHHT	Optimistic / Pessimistic spread based on experience of time required to negotiate and agree conditional land deals
4	***Prepare and approve 1:200 designs (RIBA Stage 2)***	Item 1	5	10	11	Started at risk. To include further intrusive site surveys if required to inform design and costings. Assume includes 3 month pre-app process - commencing 2 months after commencement of stage (note that final pre-app discussions can occur at commencement of Task 5)	Started at risk. Additional time allowance for further surveys (including seasonal ecology surveys if required), enabling works & infrastructure designs, third party engagement with landowner (potential wider masterplan), Highways, etc. Assume includes 8 to 9 month pre-app process

5	***Outline Town Planning application preparation (RIBA Stage 3) & determination***	Item 4	8	11	21	Assumes 4 months preparation & 4 months determination (to allow for validation, 12wk (non EIA) statutory process and to close out the Resolution to Grant notice, but unlikely to allow for S106 Agreement which can occur concurrent with Tasks 6 and 8)	Preparation: 5 to 7 months allowed for (to incl. additional time allowance for infrastructure design, third party engagement, EIA and other supporting studies). Determination: Optimistic: 6 months (incl referral to SoS) based on rationale in the Suitability Assessment Form; Pessimistic: Assume 14 months due to land use constraints assessment and potential wider masterplan challenges, based on determination after appeal process.
6	***OBC preparation and approval (WHHT and regulators)***	Item 4 and Item 5 (less preparation timing & NHSI approval process)	8	8	8	Note assumption that OBC cannot reach treasury until outline planning permission secured (Resolution to Grant - subject to s106 Agreement). Assumes 3 month preparation and 5 month approval process (3 month NHS E/I, 2 months treasury)	
7	***Procure Building Contractor***	Item 4	8	8	8	Assume P2020 Framework	Assume P2020 framework
8	***Contractor Design (RIBA Stage 4) & Pricing***	Items 5 and 7	9	10	12	Assume incl. designs for and resolution of reserved matters (16wk determination process to be allowed for)	Additional time allowance for infrastructure, third party engagement, and reserved matters preparation given Green Belt designation.
9	***FBC preparation and approval (WHHT and***	Item 6 Item 8 (less	18	18	18	Assume FBC cannot be submitted until 'substantive'	

	regulators)	preparation time, but plus 1 month prior to approval process)				reserved matters are approved. Assume 11 months for preparation and 7 months for approval process	
10	***Transfer of land ownership to WHHT***	Items 8 and 9	1	1	2	Only required if land is not already owned by WHHT	
11	***Construction, incl Enabling Works (substantially complete)***	Item 10 (or 9 if 10 is N/A)	34	37	45	Assumes a timely 2yr and 10 month construction programme based on the proposed contractor informed design.	Additional time allowance to base position for enabling work (topography, access roads, etc.). Optimistic / Pessimistic spread based on lack of detail at this stage of the project, including potential improvements to motorway junction.
12	***WHHT commissioning period***	Item 11	3	3	3		

Site B – (Eastern Hemel Hempstead - EH)

Ref	*Key Tasks / Milestones*	*Precedents*	*Base Position*	*Duration – Optimistic (months)*	*Duration - Pessimistic (months)*	*Base Comments / Assumptions*	*Additional Comments / Assumptions*
1	***Complete Shortlist Options Designs & Activities to identify preferred option (incl site surveys/due diligence)***	Commences Sept 2020	4	5	6	Includes for each options: High level design, massing, programme, costs (capital, revenue and lifecycle), benefits, risks, valuations and capital investment appraisal. Will also require initial surveys and due diligence to inform design and costings.	Additional time allowance for: additional enabling work and infrastructure design; potential integration with wider masterplan; engagement with third parties (landowner, highways, etc.). Additional survey work (under a licence agreement) to inform design and costings also likely to be required given 'green-field' nature of site. Due diligence required (title, etc.) to inform deliverability.
2	***Approve preferred option***	Item 1	1	1	1		Assume approved at risk in absence of land deal.
3	***Negotiate conditional land deal***	Item 1	6	6	12	Started at risk. Only required if land is not already owned by WHHT	Optimistic / Pessimistic spread based on experience of time required to negotiate and agree conditional land deals
4	***Prepare and approve 1:200 designs (RIBA Stage 2)***	Item 1	5	8	11	Started at risk. To include further intrusive site surveys if required to inform design and costings. Assume includes 3 month pre-app process - commencing 2 months after commencement of stage (note that final pre-app discussions can occur at commencement of Task 5)	Started at risk. Additional time allowance for further surveys (including seasonal ecology surveys if required), enabling works & infrastructure designs, third party engagement with landowner (potential wider masterplan), Highways, etc. Assume includes 6 to 9 month pre-app process

5	***Outline Town Planning application preparation (RIBA Stage 3) & determination***	Item 4	9	11	21	Assumes 4 months preparation & 4 months determination (to allow for validation, 12wk (non EIA) statutory process and to close out the Resolution to Grant notice, but unlikely to allow for S106 Agreement which can occur concurrent with Tasks 6 and 8)	Preparation: 5 to 7 months allowed for (to incl. additional time allowance for infrastructure design, third party engagement, EIA and other supporting studies). Determination: Optimistic: 6 months (incl referral to SoS) based on rationale in the Suitability Assessment Form; Pessimistic: Assume 14 months due to land use constraints assessment and potential wider masterplan challenges, based on determination after appeal process.
6	***OBC preparation and approval (WHHT and regulators)***	Item 4 and Item 5 (less preparation timing & NHSI approval process)	8	8	8	Note assumption that OBC cannot reach treasury until outline planning permission secured (Resolution to Grant - subject to s106 Agreement). Assumes 3 month preparation and 5 month approval process (3 month NHS E/I, 2 months treasury)	
7	***Procure Building Contractor***	Item 4	8	8	8	Assume P2020 Framework	Assume P2020 framework
8	***Contractor Design (RIBA Stage 4) & Pricing***	Items 5 and 7	9	10	12	Assume incl. designs for and resolution of reserved matters (16wk determination process to be allowed for)	Additional time allowance for infrastructure, third party engagement, and reserved matters preparation given Green Belt designation.
9	***FBC preparation and approval (WHHT and***	Item 6 Item 8 (less	18	18	18	Assume FBC cannot be submitted until 'substantive'	

	regulators)	preparation time, but plus 1 month prior to approval process)				reserved matters are approved. Assume 11 months for preparation and 7 months for approval process	
10	***Transfer of land ownership to WHHT***	Items 8 and 9	1	1	2	Only required if land is not already owned by WHHT	
11	***Construction, incl Enabling Works (substantially complete)***	Item 10 (or 9 if 10 is N/A)	34	36	45	Assumes a timely 2yr and 10 month construction programme based on the proposed contractor informed design.	Additional time allowance to base position for enabling work (access roads, etc.). Optimistic / Pessimistic spread based on lack of detail at this stage of the project.
12	***WHHT commissioning period***	Item 11	3	3	3		

Site C – (Chiswell Green - CG)

Ref	*Key Tasks / Milestones*	*Precedents*	*Base Position*	*Duration – Optimistic (months)*	*Duration - Pessimistic (months)*	*Base Comments / Assumptions*	*Additional Comments / Assumptions*
1	***Complete Shortlist Options Designs & Activities to identify preferred option (incl site surveys/due diligence)***	Commences Sept 2020	4	5	5	Includes for each options: High level design, massing, programme, costs (capital, revenue and lifecycle), benefits, risks, valuations and capital investment appraisal. Will also require initial surveys and due diligence to inform design and costings.	Additional time allowance for: additional enabling work and infrastructure design; potential integration with wider masterplan; engagement with third parties (landowner, highways, etc.). Assume this site already has extensive site investigation surveys so no spread allowed for between optimistic and pessimistic timings. Due diligence required (title, etc.) to inform deliverability.
2	***Approve preferred option***	Item 1	1	1	1		Assume approved at risk in absence of land deal.
3	***Negotiate conditional land deal***	Item 1	6	6	12	Started at risk. Only required if land is not already owned by WHHT	Optimistic / Pessimistic spread based on experience of time required to negotiate and agree conditional land deals
4	***Prepare and approve 1:200 designs (RIBA Stage 2)***	Item 1	5	8	11	Started at risk. To include further intrusive site surveys if required to inform design and costings. Assume includes 3 month pre-app process - commencing 2 months after commencement of stage (note that final pre-app discussions can occur at commencement of Task 5)	Started at risk. Additional time allowance for further surveys (including seasonal ecology surveys if required), enabling works & infrastructure designs, third party engagement with landowner (potential wider masterplan), Highways, etc. Assume includes 6 to 9 month pre-app process

5	***Outline Town Planning application preparation (RIBA Stage 3) & determination***	Item 4	9	11	21	Assumes 4 months preparation & 4 months determination (to allow for validation, 12wk (non EIA) statutory process and to close out the Resolution to Grant notice, but unlikely to allow for S106 Agreement which can occur concurrent with Tasks 6 and 8)	Preparation: 5 to 7 months allowed for (to incl. additional time allowance for infrastructure design, third party engagement, EIA and other supporting studies). Determination: Optimistic: 6 months (incl referral to SoS) based on rationale in the Suitability Assessment Form; Pessimistic: Assume 14 months due to land use constraints assessment and potential wider masterplan challenges, based on determination after appeal process.
6	***OBC preparation and approval (WHHT and regulators)***	Item 4 and Item 5 (less preparation timing & NHSI approval process)	8	8	8	Note assumption that OBC cannot reach treasury until outline planning permission secured (Resolution to Grant - subject to s106 Agreement). Assumes 3 month preparation and 5 month approval process (3 month NHS E/I, 2 months treasury)	
7	***Procure Building Contractor***	Item 4	8	8	8	Assume P2020 Framework	Assume P2020 framework
8	***Contractor Design (RIBA Stage 4) & Pricing***	Items 5 and 7	9	10	12	Assume incl. designs for and resolution of reserved matters (16wk determination process to be allowed for)	Additional time allowance for infrastructure, third party engagement, and reserved matters preparation given Green Belt designation.
9	***FBC preparation and approval (WHHT and***	Item 6 Item 8 (less	18	18	18	Assume FBC cannot be submitted until 'substantive'	

	regulators)	preparation time, but plus 1 month prior to approval process)				reserved matters are approved. Assume 11 months for preparation and 7 months for approval process	
10	***Transfer of land ownership to WHHT***	Items 8 and 9	1	1	2	Only required if land is not already owned by WHHT	
11	***Construction, incl Enabling Works (substantially complete)***	Item 10 (or 9 if 10 is N/A)	34	36	45	Assumes a timely 2yr and 10 month construction programme based on the proposed contractor informed design.	Additional time allowance to base position for enabling work (access roads, etc.). Optimistic / Pessimistic spread based on lack of detail at this stage of the project.
12	***WHHT commissioning period***	Item 11	3	3	3		

Site D – (Radlett Airfield - RA)

Ref	*Key Tasks / Milestones*	*Precedents*	*Base Position*	*Duration – Optimistic (months)*	*Duration - Pessimistic (months)*	*Base Comments / Assumptions*	*Additional Comments / Assumptions*
1	***Complete Shortlist Options Designs & Activities to identify preferred option (incl site surveys/due diligence)***	Commences Sept 2020	4	5	6	Includes for each options: High level design, massing, programme, costs (capital, revenue and lifecycle), benefits, risks, valuations and capital investment appraisal. Will also require initial surveys and due diligence to inform design and costings.	Additional time allowance for: additional enabling work and infrastructure design; potential integration with wider masterplan; engagement with third parties (landowner, highways, etc.). Additional survey work (under a licence agreement) to inform design and costings also likely to be required given 'green-field' nature of site. Due diligence required (title, etc.) to inform deliverability.
2	***Approve preferred option***	Item 1	1	1	1		Assume approved at risk in absence of land deal.
3	***Negotiate conditional land deal***	Item 1	6	6	12	Started at risk. Only required if land is not already owned by WHHT	Optimistic / Pessimistic spread based on experience of time required to negotiate and agree conditional land deals
4	***Prepare and approve 1:200 designs (RIBA Stage 2)***	Item 1	5	8	11	Started at risk. To include further intrusive site surveys if required to inform design and costings. Assume includes 3 month pre-app process - commencing 2 months after commencement of stage (note that final pre-app discussions can occur at commencement of Task 5)	Started at risk. Additional time allowance for further surveys (including seasonal ecology surveys if required), enabling works & infrastructure designs, third party engagement with landowner (potential wider masterplan), Highways, etc. Assume includes 6 to 9 month pre-app process

5	***Outline Town Planning application preparation (RIBA Stage 3) & determination***	Item 4	9	11	21	Assumes 4 months preparation & 4 months determination (to allow for validation, 12wk (non EIA) statutory process and to close out the Resolution to Grant notice, but unlikely to allow for S106 Agreement which can occur concurrent with Tasks 6 and 8)	Preparation: 5 to 7 months allowed for (to incl. additional time allowance for infrastructure design, third party engagement, EIA and other supporting studies). Determination: Optimistic: 6 months (incl referral to SoS) based on rationale in the Suitability Assessment Form; Pessimistic: Assume 14 months due to land use constraints assessment and potential wider masterplan challenges, based on determination after appeal process.
6	***OBC preparation and approval (WHHT and regulators)***	Item 4 and Item 5 (less preparation timing & NHSI approval process)	8	8	8	N Note assumption that OBC cannot reach treasury until outline planning permission secured (Resolution to Grant - subject to s106 Agreement). Assumes 3 month preparation and 5 month approval process (3 month NHS E/I, 2 months treasury)	
7	***Procure Building Contractor***	Item 4	8	8	8	Assume P2020 Framework	Assume P2020 framework
8	***Contractor Design (RIBA Stage 4) & Pricing***	Items 5 and 7	9	10	12	Assume incl. designs for and resolution of reserved matters (16wk determination process to be allowed for)	Additional time allowance for infrastructure, third party engagement, and reserved matters preparation given Green Belt designation.
9	***FBC preparation and approval (WHHT and***	Item 6 Item 8 (less	18	18	18	Assume FBC cannot be submitted until 'substantive'	

	regulators)	preparation time, but plus 1 month prior to approval process)				reserved matters are approved. Assume 11 months for preparation and 7 months for approval process	
10	***Transfer of land ownership to WHHT***	Items 8 and 9	1	1	2	Only required if land is not already owned by WHHT	
11	***Construction, incl Enabling Works (substantially complete)***	Item 10 (or 9 if 10 is N/A)	34	36	45	Assumes a timely 2yr and 10 month construction programme based on the proposed contractor informed design.	Additional time allowance to base position for enabling work (access roads, etc.). Optimistic / Pessimistic spread based on lack of detail at this stage of the project.
12	***WHHT commissioning period***	Item 11	3	3	3		

Site E - (Watford Riverwell - WR)

Ref	*Key Tasks / Milestones*	*Precedents*	*Base Position*	*Duration – Optimistic (months)*	*Duration - Pessimistic (months)*	*Base Comments / Assumptions*	*Additional Comments / Assumptions*
1	***Complete Shortlist Options Designs & Massing and Other Activities to identify preferred option (incl site surveys/due diligence)***	Commences Sept 2020	4	4	4	Includes for each options: High level design, massing, programme, costs (capital, revenue and lifecycle), benefits, risks, valuations and capital investment appraisal. Will also require initial surveys and due diligence to inform design and costings.	
2	***Approve preferred option***	Item 1	1	1	1		
3	***Negotiate conditional land deal***	Item 1	6	6	12	Started at risk. Only required if land is not already owned by WHHT	
4	***Prepare and approve 1:200 designs (RIBA Stage 2)***	Item 1	5	5	8	Started at risk. To include further intrusive site surveys if required to inform design and costings. Assume includes 3 month pre-app process - commencing 2 months after commencement of stage (note that final pre-app discussions can occur at commencement of Task 5)	Assume 3 month pre-app for optimistic timing and 6 month pre-app for pessimistic timeline
5	***Outline Town Planning application preparation***	Item 4	8	9	10	Assumes 4 months preparation & 4 months	Assume non EIA planning application for optimistic timing

	(RIBA Stage 3) & determination					determination (to allow for validation, 12wk (non EIA) statutory process and to close out the Resolution to Grant notice, but unlikely to allow for S106 Agreement which can occur concurrent with Tasks 6 and 8)	and EIA planning application for pessimistic timing (4 week determination difference). Assume additional month for linking in to wider (existing) masterplan
6	***OBC preparation and approval (WHHT and regulators)***	Item 4 and Item 5 (less preparation timing & NHSI approval process)	8	8	8	Note assumption that OBC cannot reach treasury until outline planning permission secured (Resolution to Grant - subject to s106 Agreement). Assumes 3 month preparation and 5 month approval process (3 month NHS E/I, 2 months treasury)	
7	***Procure Building Contractor***	Item 4	8	8	8	Assume P2020 Framework	
8	***Contractor Design (RIBA Stage 4) & Pricing***	Items 5 and 7	9	9	9	Assume incl. designs for and resolution of reserved matters (16wk determination process to be allowed for)	
9	***FBC preparation and approval (WHHT and regulators)***	Item 6 Item 8 (less preparation time, but plus 1 month prior to approval process)	18	18	18	Assume FBC cannot be submitted until 'substantive' reserved matters are approved. Assume 11 months for preparation and 7 months* for approval process	
10	***Transfer of land***	Items 8 and	1	1	2	Only required if land is not	

	ownership to WHHT	9				already owned by WHHT	
11	***Construction, incl Enabling Works (substantially complete)***	Item 10 (or 9 if 10 is N/A)	34	34	45	Assumes a timely 2yr and 10 month construction programme based on the proposed contractor informed design.	Optimistic / Pessimistic spread based on lack of detail at this stage of the project (In addition, assumes 4 months enabling work undertaken following business case approval (5 months after OBC approval), followed by 5 months' demolition & site preparation (to trust land only – noted that site has contouring which could be addressed during the site preparation period))
12	***WHHT commissioning period***	Item 11	3	3	3		

Site F - (Watford Owned – WO)

The scope of works for this option is detailed in Appendix XX. This option allows for enabling works to be undertaken following approval of a business case sanctioned by the OBC approval process.

Ref	*Key Tasks / Milestones*	*Precedents*	*Base Position*	*Duration – Optimistic (months)*	*Duration - Pessimistic (months)*	*Base Comments / Assumptions*	*Additional Comments / Assumptions*
1	***Complete Shortlist Options Designs & Massing and Other Activities to identify preferred option (incl site surveys/due diligence)***	Commences Sept 2020	4	4	4	Includes for each options: High level design, massing, programme, costs (capital, revenue and lifecycle), benefits, risks, valuations and capital investment appraisal. Will also require initial surveys and due diligence to inform design and costings.	
2	***Approve preferred option***	Item 1	1	1	1		
3	***Negotiate conditional land deal***	Item 1	6	0	0	Started at risk. Only required if land is not already owned by WHHT	N/A
4	***Prepare and approve 1:200 designs (RIBA Stage 2)***	Item 1	5	5	8	Started at risk. To include further intrusive site surveys if required to inform design and costings. Assume includes 3 month pre-app process - commencing 2 months after commencement of stage (note that final pre-app discussions can occur at	Assume 6 month pre-app for pessimistic timeline

						commencement of Task 5)	
5	***Outline Town Planning application preparation (RIBA Stage 3) & determination***	Item 4	8	8	9	Assumes 4 months preparation & 4 months determination (to allow for validation, 12wk (non EIA) statutory process and to close out the Resolution to Grant notice, but unlikely to allow for S106 Agreement which can occur concurrent with Tasks 6 and 8)	Assume non EIA planning application for optimistic timing and EIA planning application for pessimistic timing (4 week determination difference).
6	***OBC preparation and approval (WHHT and regulators)***	Item 4 and Item 5 (less preparation timing & NHSI approval process)	8	8	8	Note assumption that OBC cannot reach treasury until outline planning permission secured (Resolution to Grant - subject to s106 Agreement). Assumes 3 month preparation and 5 month approval process (3 month NHS E/I, 2 months treasury)	
7	***Procure Building Contractor***	Item 4	8	8	8	Assume P2020 Framework	
8	***Contractor Design (RIBA Stage 4) & Pricing***	Items 5 and 7	9	9	9	Assume incl. designs for and resolution of reserved matters (12wk determination process to be allowed for)	
9	***FBC preparation and approval (WHHT and regulators)***	Item 6 Item 8 (less preparation time, but plus 1 month prior	18	18	18	Assume FBC cannot be submitted until 'substantive' reserved matters are approved. Assume 11 months for preparation and 7 months*	

		to approval process)				for approval process	
10	***Transfer of land ownership to WHHT***	Items 8 and 9	1	0	0	Only required if land is not already owned by WHHT	Land Owned by WHHT
11	***Construction, incl Enabling Works (substantially complete)***	Item 10 (or 9 if 10 is N/A)	34	24 (+ enabling work & site prep)	35 (+ enabling work & site prep)	Assumes a timely 2yr and 10 month construction programme based on the proposed contractor informed design.	Main construction, based on a c. 30,000 sq m hospital, assumes 2yr optimistic construction programme and 2 yr 9 month pessimistic timing. (In addition, assumes 8 months enabling work undertaken following business case approval (5 months after OBC approval), followed by 9 months' demolition & site preparation.)
12	***WHHT commissioning period***	Item 11	3	3	3		

Appendix B – Planning Policies

This appendix includes the adopted development plan for the three local planning authorities: Dacorum, St Albans, and Watford.

In some cases the LPA is in the process of revising its local plan. Explained below is the regard that has been paid to such emerging documentation.

B1. Dacorum

B1i. Adopted Development Plan

The current development plan for Dacorum Borough Council is made up of the following[1]:

- Dacorum Borough's Local Planning Framework Core Strategy (adopted September 2013);
- Dacorum Site Allocations DPD (adopted July 2017);
- 'Saved' policies from the Dacorum Borough Local Plan 1991-2011 (adopted April 2004), not superseded by the above;
- Grovehill Neighbourhood Plan (May 2018);
- Hertfordshire Minerals Local Plan Review 2002-2016 (adopted March 2007);
- Hertfordshire Waste Core Strategy and Development Management Policies (adopted November 2012); and
- Hertfordshire Waste Site Allocations Document (adopted July 2014).

B1ii. Emerging Planning Policy

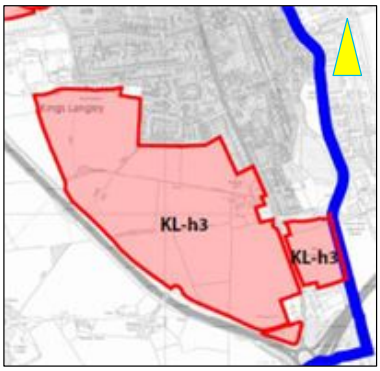
The Council is preparing a new Local Plan and published an 'Issues and Options' (Regulation 18) document for consultation in late 2017. Following detailed consideration of the responses to that consultation and the completion of further evidential work to inform preparation of the Local Plan, the Council is working towards a Pre-Submission Draft Consultation commencing in late 2020 (around November).

It has consulted on 'site options' that have been put forward by landowners. One of the sites covers a similar area to Site A (KL). The LPA refers to this as 'KL-h3 – Land to the east of A41 and Wayside Farm, Watford Road'[2].

Site Location – KL-h3	Uses Listed in Consultation Documentation
	Potential for mixed housing and employment uses. Housing capacity to be confirmed, but maximum of around 1,000 homes if the whole site is built-out, or around 300 if part of the site is used for employment uses. **Potential to also deliver (depending on the extent of site and mix of uses):** • 40% affordable housing. • New primary school. • Improved footpath links.

[1] http://www.dacorum.gov.uk/docs/default-source/strategic-planning/local-development-scheme-2018-2022---updated-april-2020.pdf?sfvrsn=b7e0f9e_8

[2] http://www.dacorum.gov.uk/docs/default-source/strategic-planning/kings-langley-site-options---board-9.pdf?sfvrsn=83e9339e_4



- Off-site road improvements.
- Informal recreation and open space as part of community benefits, such as a small park or allotments.
- Contributions towards wider infrastructure improvements for the village.
- Up to 18 hectares of land set aside for employment use in the longer term i.e. post 2036. This land would continue to be farmed in the meantime.

It is too early to say whether or not this site will be brought forward into the next stage of the emerging local plan (the Regulation 19 stage). If it is, this land will be removed from the Green Belt but a new hospital would be a departure given the uses that are currently being envisaged.

B2. St Albans

B2i. Adopted Development Plan

The Development Plan for St Albans District is made up of the following documents:

- District Local Plan Review 1994 ('saved' policies);
- St Albans inset map;
- Harpenden inset map;
- Fleetville inset map;
- London Colney inset map;
- Policy Map 1;
- Policy Map 2;
- Policy Map 3;
- Policy Map 4;
- Harpenden Neighbourhood Plan;
- Waste Core Strategy & Development Management Policies DPD (Adopted 2012);
- Waste Site Allocations DPD - Adopted July 2014; and
- The Hertfordshire Minerals Local Plan 2007.

B2ii. Emerging Planning Policy

The Council submitted its draft 'Local Plan 202-2036' to the Secretary of State in March 2019. In April 2020 the local plan Inspectors wrote to the Council expressing serious concerns regarding the 'Duty to Cooperate' which is a legal requirement of the local plan preparation process. Whilst they reserved final judgement pending a response from the Council, the Inspectors said that there was a very strong likelihood that there will be no other option other than the Plan being withdrawn from examination or them writing a final report recommending its non-adoption because of a failure to satisfy the Duty to Cooperate.

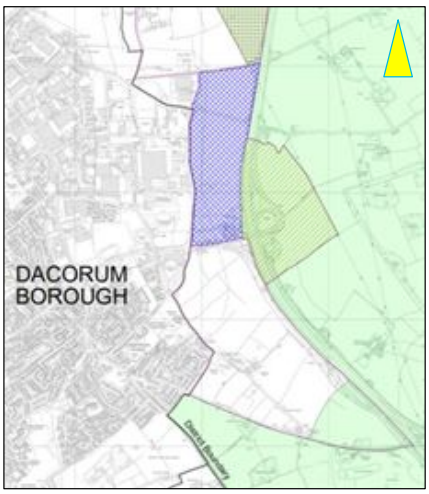
Therefore, it looks unlikely that the Council will have a replacement local plan in the near future. This situation also means that limited weight can be attached to the draft policies of the emerging local plan.

Of the sites that we are examining, one are proposed to be allocated for development in the emerging local plan. The other two sites in St Albans are not proposed to be allocated[3], namely:

- Site C (CG) – this would remain in the Green Belt.

The proposed allocations are as follows:

Site Location – East Hemel Hempstead



L8 Primarily Residential Areas
L9 Primarily Business Use Areas

Uses Listed in Draft Policy S6

Policy S6 ii) – East Hemel Hempstead (Central) Broad Location

1. Masterplanned development led by the Council in collaboration with Dacorum Borough Council, local communities, landowners and other stakeholders;
2. Accordance with the aims and status of the Hertfordshire Enviro-Tech Enterprise Zone to deliver both Enviro-Tech Businesses and environmentally friendly buildings;
3. Employment provision for a range of uses including: offices, research and development, light industrial and logistics; within the approximately 55 Ha area north of Breakspear Way and south of Punchbowl Lane;
4. A significant new Business Park consisting primarily of B1 office accommodation on the southern approximately 17 Hectares of the site;
5. A significant new logistics and mixed industrial area on the northern approximately 38 Hectares of the site;
6. Sufficient variety of employment uses must be provided over time to offer in the order of 10,000 jobs. Over-concentration of low employment generating logistics uses will not be permitted. The first phase of employment development will be required to provide some starter units / incubator space;
7. Retention of important trees and landscape features;
8. A new link road from M1 junction 8 to the Green Lane/Boundary Way roundabout;
9. Multi-Modal Transport Interchange with facilities to encourage and facilitate modes of transport other than the private car;
10. Use of the exceptional environmental opportunities provided by this scale of employment development including Combined Heat & Power and large scale solar power generation;
11. One 15 pitch Gypsy and Traveller site;
12. Full exploration of possibilities for an offsite construction

[3] https://www.stalbans.gov.uk/sites/default/files/documents/publications/planning-building-control/planning-policy/examination-library/CD%20003%20Policies%20Map%20Whole%20District_tcm15-67021.pdf

facility (primarily for modular housing) within the logistics and mixed industrial area;

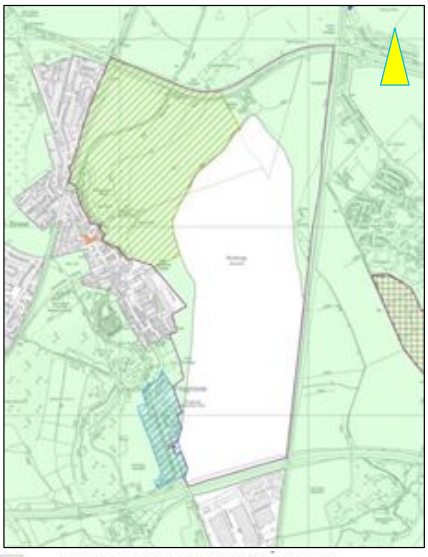
13. Appropriate buffer zones and mitigations to address the Buncefield oil depot and pipelines; and
14. Design to mitigate adverse impacts from motorway noise and air pollution.

Policy S6 iii) – East Hemel Hempstead (South) Broad Location

1. Masterplanned development led by the Council in collaboration with Dacorum Borough Council, local communities, landowners and other stakeholders;
2. Minimum capacity 2,400 dwellings;
3. The 2,400 dwelling figure above includes at least one 50+ bed C2 Residential or Nursing care home, at least one 50+ home C3 Flexi-care scheme and 12 units to provide special needs accommodation, in accordance with Policy L2;
4. A positive relationship with Leverstock Green and the wider existing neighbourhood structure of Hemel Hempstead;
5. Minimum 40% Affordable Housing in accordance with Policy L3;
6. Minimum overall net density 40 dwellings per hectare;
7. Housing size, type and mix as set out in Policy L1 and Appendix 6 [of the draft local plan];
8. Strategic and local public open space, including managed woodland and ecological network links;
9. Countryside access links including improved off-road paths (rights of way) and links to a community food zone retained in the Green Belt;
10. A substantial new Country Park providing facilities for new and existing communities and a permanent green buffer to the south east;
11. Retention of important trees and landscape features;
12. One new 3FE and one new 2FE primary schools, including Early Years provision, to serve the new community;
13. Transport network (including walking and cycling links) and public transport services upgrades/improvements;
14. 3% of homes provided to be self-build housing;
15. New neighbourhood and local centres, including commercial development opportunities; which provide support for, rather than competition with, existing Leverstock Green facilities;
16. Recreation space and other community facilities, including health provision;
17. Community Management Organisation with sufficient assets to provide sustainable management of community facilities, open spaces and parklands;

18. One 15 pitch Gypsy and Traveller site;
19. Excellence in design, energy efficiency and water management;
20. Appropriate renewable energy production and supply mechanisms; and
21. Design to mitigate adverse impacts from motorway noise and air pollution.

Site Location – Site D Former Radlett Aerodrome



Uses Listed in draft Policy S6 xi) – Park Street Garden Village Broad Location

The development will be required to deliver:

1. Masterplanned development led by the Council in collaboration with local communities, landowners and other stakeholders;
2. Minimum capacity 2,300 dwellings;
3. The 2,300 dwelling figure above includes at least one 50+ bed C2 Residential or Nursing care home, at least one 50+ home C3 Flexi-care scheme and 20 units to provide special needs accommodation in accordance with Policy L2;
4. Minimum 40% Affordable Housing in accordance with Policy L3;
5. Minimum overall net density 40 dwellings per hectare;
6. Housing size, type and mix as set out in Policy L1 and Appendix 6 [of the draft local plan];
7. Strategic and local public open space, including managed woodland and ecological network links;
8. Countryside access links including improved off-road paths (rights of way) and links to a community food zone retained in the Green Belt;
9. A substantial new Country Park providing facilities for new and existing communities;
10. Retention of important trees and landscape features;
11. One 3FE and one 2FE primary schools, including Early Years provision, to serve the new community;
12. An 8FE secondary school to serve the new and existing communities;
13. Transport network (including walking and cycling links) and public transport services upgrades/improvements, including a local bypass route for Park Street and improvements to the A414 as a strategic route for the wider area;
14. New park and rail facility on the Abbey Railway Line south of the A414;

15. 15-20 minute peak period service on the Abbey Railway Line from date of first house occupation. This will likely require a new passing loop on the Abbey Railway Line, either on site or delivered elsewhere;
16. 3% of homes provided to be self-build housing;
17. New neighbourhood and local centres, including commercial development opportunities;
18. Recreation space and other community facilities, including health provision;
19. Community Management Organisation with sufficient assets to provide sustainable management of community facilities, open spaces and parklands;
20. Excellence in design, energy efficiency and water management;
21. Appropriate renewable energy production and supply mechanisms;
22. Two 15 pitch Gypsy and Traveller sites;
23. Full exploration of possibilities for direct services to Euston via Watford and/or links to a future Metropolitan Line extension in Watford;
24. Full exploration of possibilities for an Abbey Line stop or active travel routes / measures directly serving the BRE; and
25. Full exploration of possibilities for an additional station on the Midland Mainline.

As noted above there appear to be serious issues with the emerging St Albans local plan, such that it may have to be withdrawn. If this happens there could be a delay of two or three years before a new plan can be examined. Nevertheless, it is clear that the Council thought that two of the sites that we are looking at should be released for development and some weight could be given to this situation. However, it is also clear that the Council did not envisage a hospital on either of these sites.

B3. Watford

Adopted Development Plan

The development plan for Watford currently consists of:

- Watford Local Plan Part 1 – Core Strategy 2006 – 2031 (adopted 30 January 2013);
- the remaining saved policies of the Watford District Plan 2000; and
- the Waste Core Strategy and Development Management policies 2011-2026 in the Minerals and Waste Local Plan, prepared by Hertfordshire County Council.

Emerging Planning Policy

Between 27 September and 8 November 2019 the Council consulted on the First Draft Local Plan. On the draft Policies Map (extract below), the Watford General Hospital site is on the boundary of the 'high sustainability zone' and the 'medium sustainability zone'. The sustainability zones guide considerations such as the density of development and the provision of motor vehicle and bicycle parking; they do not have a bearing on the acceptability or otherwise of a hospital.

Adjacent to the existing hospital is a proposed 'Mixed Use' allocation. The supporting text of the draft plan[4] (paragraph 5.4.5) explains that the proposed policy aims to support mixed use development while ensuring that incompatible land uses are not located together as part of mixed use schemes. The aim is to provide high quality design and amenity for inhabitants of the residential elements of a scheme, while ensuring that any employment activities are not undermined as a result of co-location.

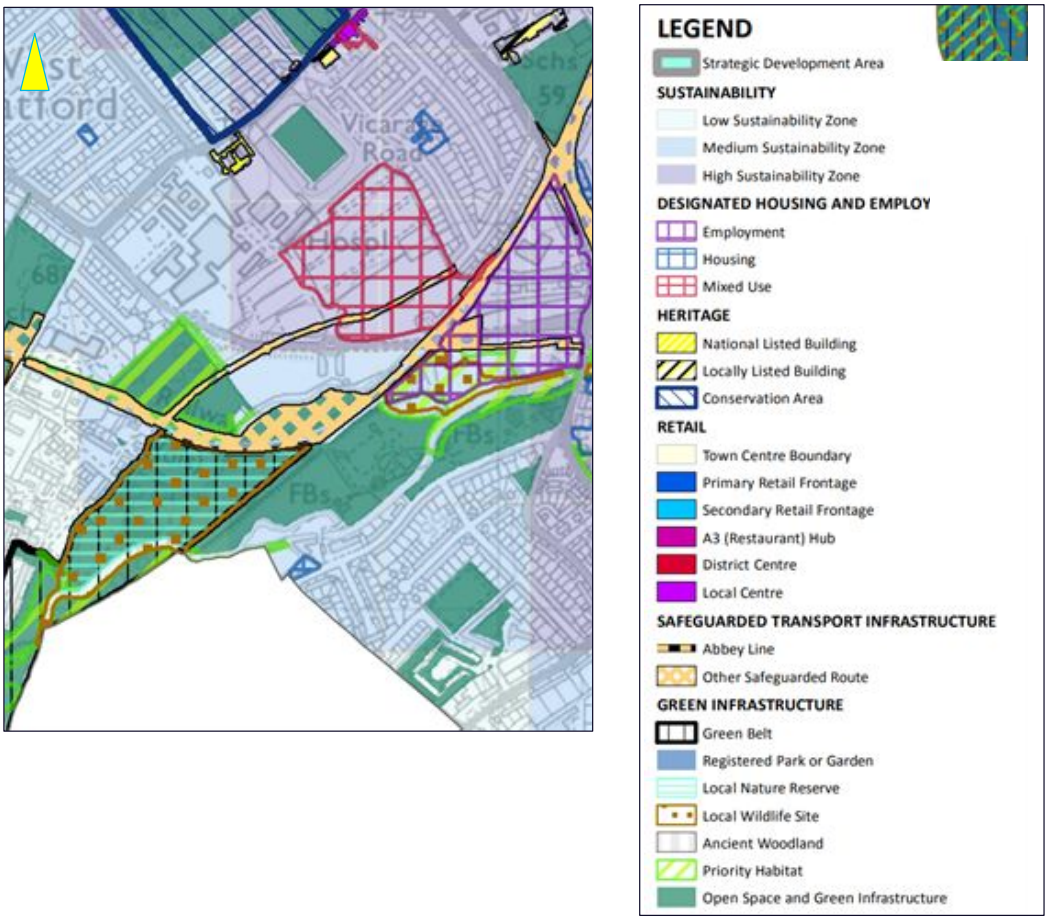
Draft Policy E5.3 (Mixed Use Development) then says that mixed-use development will be supported in principle where the development is complementary to employment uses and would not undermine any existing employment function on or adjacent to the site. It then notes that:

> *"Mixed use development proposals which co-locate light industrial, storage or distribution floor space with residential and / or other sensitive uses are required to demonstrate that appropriate design mitigation will be provided in any residential element. In appropriate locations, proposals for mixed use development within categories A, B1, B8, C1, C3, C4 and D will be supported.*
>
> *"Mixed use development proposals where one of the uses falls into the Sui Generis category should be assessed for suitability on a case by case basis."*

This draft policy does not specifically list Use Class C2 (residential institutions) which is the use class of a hospital. However, in our opinion, it seems clear that the intention is not to provide a 'closed' list of uses that are acceptable; rather it lists uses that are likely to be acceptable but also signals that uses that are not listed may also be acceptable when considered on a case-by-case basis. Consequently, we do not consider this proposed designation to be an impediment to healthcare development on this land.

[4] https://www.watfordlocalplan.co.uk/first-draft-local-plan1

Extract from Watford's Draft Local Plan Policies Map (2019)

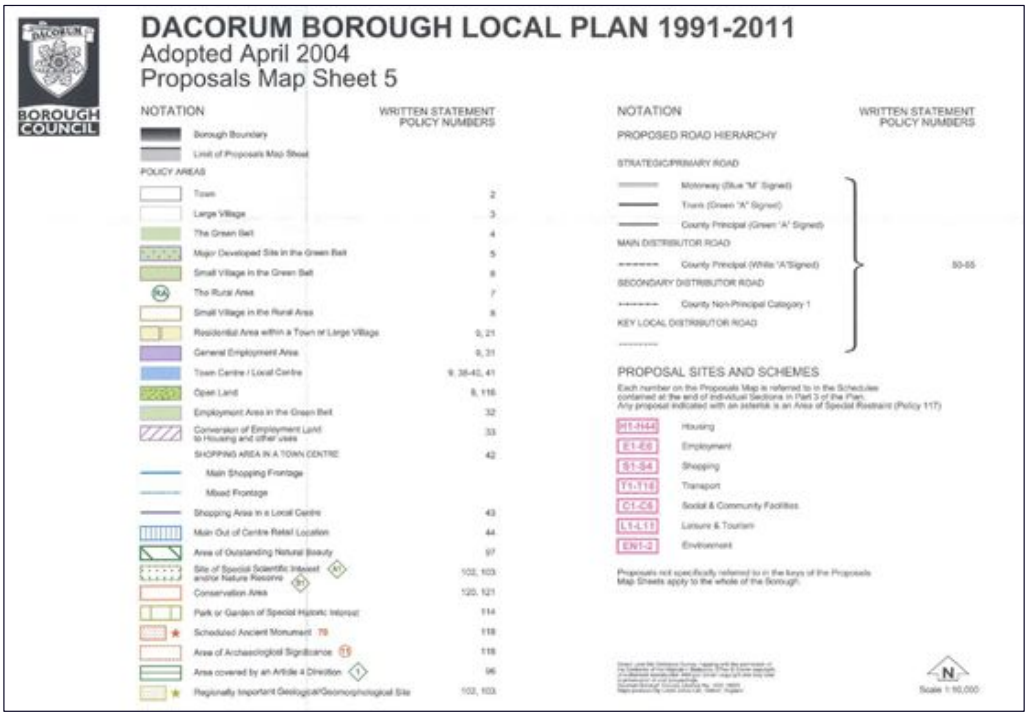


Source – ***https://fd198c31-76ed-460c-8b90-4dac3f151e20.filesusr.com/ugd/b57e7b_96a2388d8adc4a6c8d91e479788fd672.pdf***

Appendix C – Policies Map Extract

C1. Site A (KL)

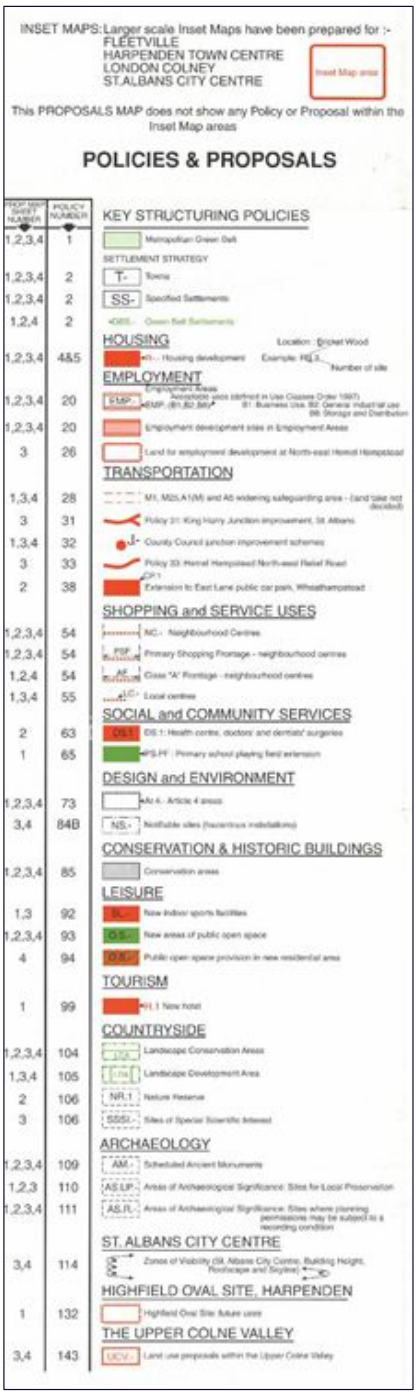
Extract from Adopted Policies Map for Dacorum's Local Plan (2004), Core Strategy (2013) and Site Allocations DPD (2017)

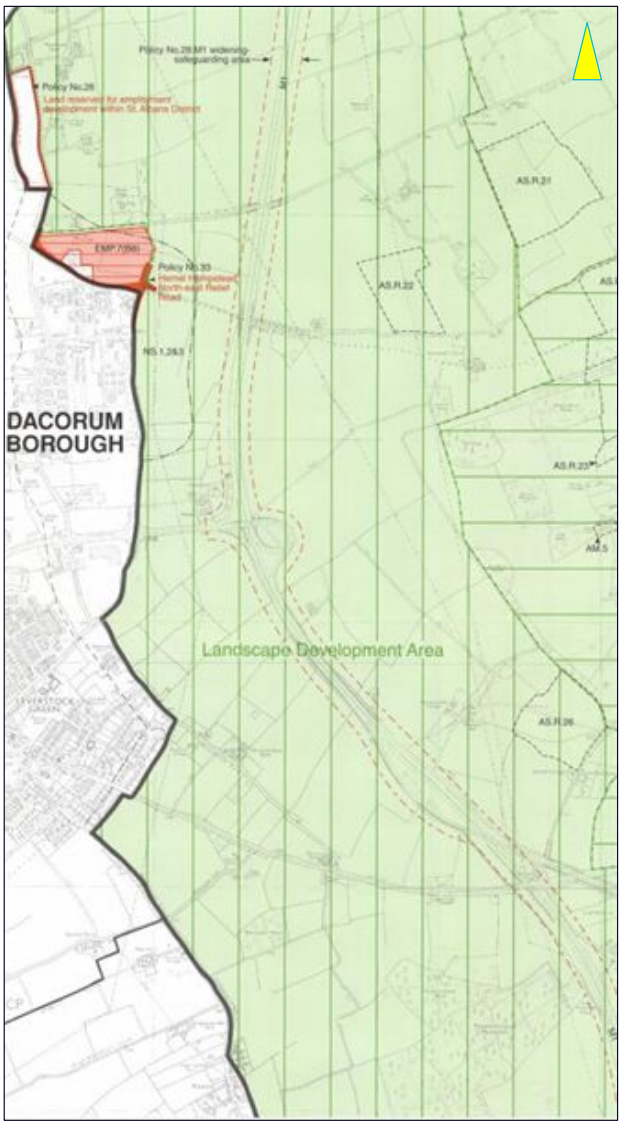


Source – ***http://www.dacorum.gov.uk/docs/default-source/strategic-planning/dacorum-borough-local-plan-1991-2011---map-sheet-5.pdf?sfvrsn=4f2a3d9e_2***

C2. Site B (EH)

Extract from Adopted Policies Map for St Albans' Local Plan (1994)

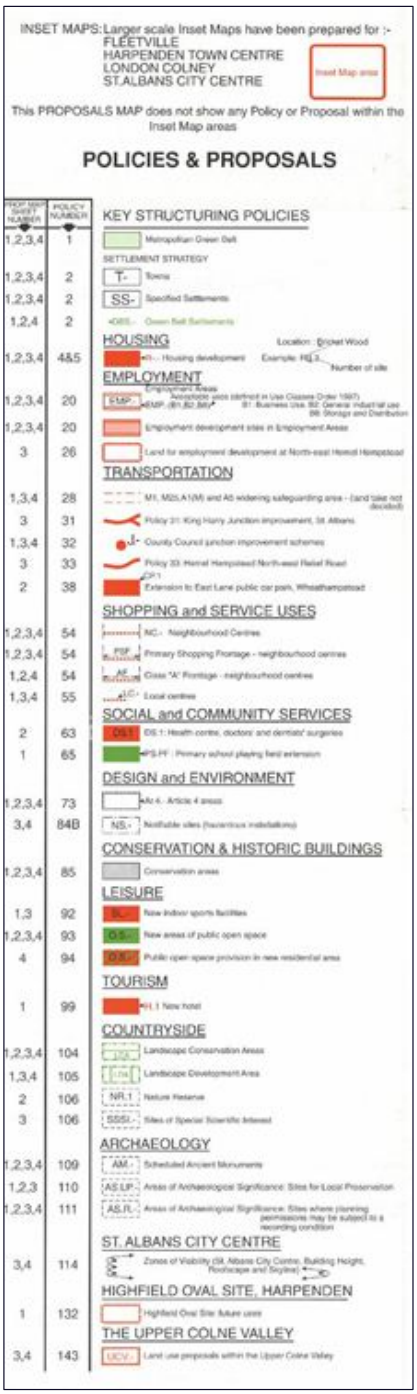


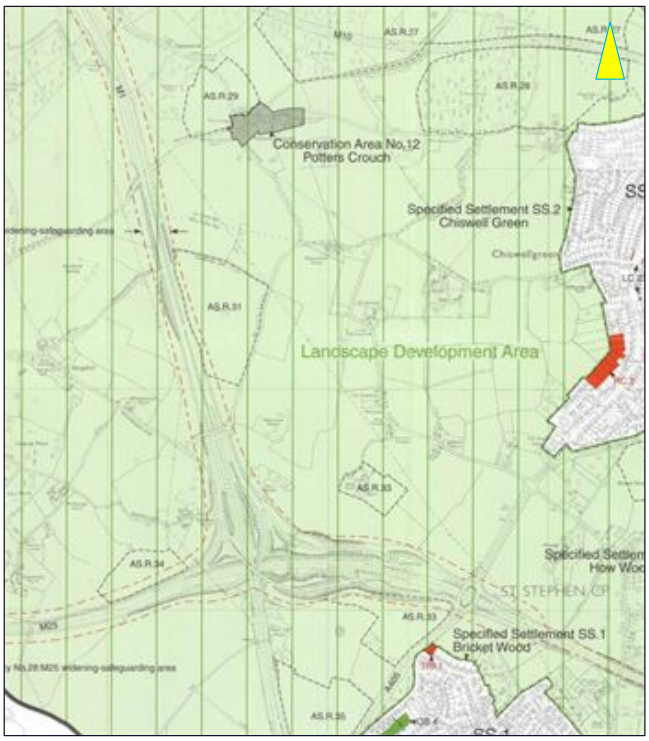


***Source** – https://www.stalbans.gov.uk/sites/default/files/documents/publications/planning-building-control/district-local-plan-review-1994/Policy%20Map%203.pdf*

C3. Site C (CG)

Extract from Adopted Policies Map for St Albans' Local Plan (1994)

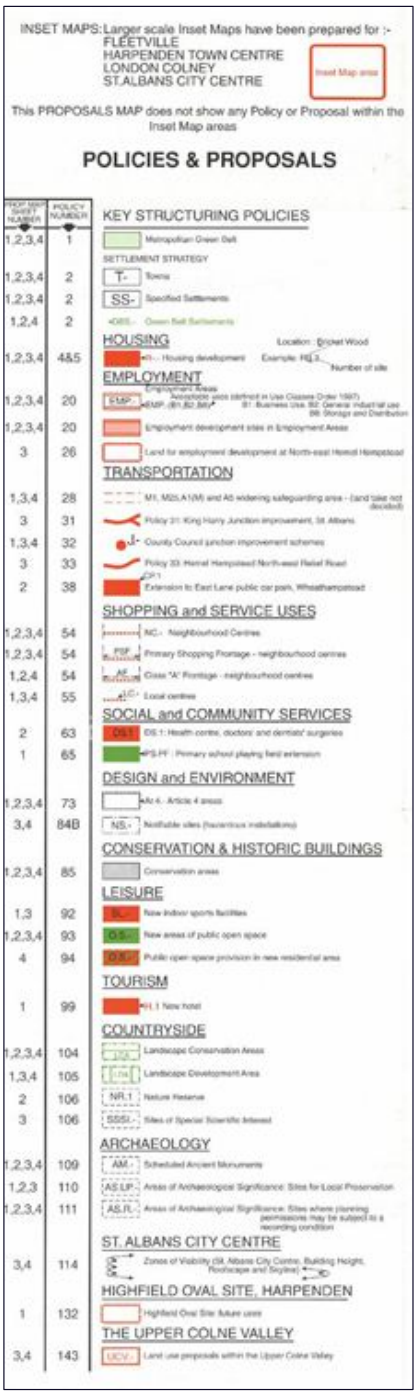




Source – ***https://www.stalbans.gov.uk/sites/default/files/documents/publications/planning-building-control/district-local-plan-review-1994/Policy%20Map%203.pdf***

C4. Site D (RA)

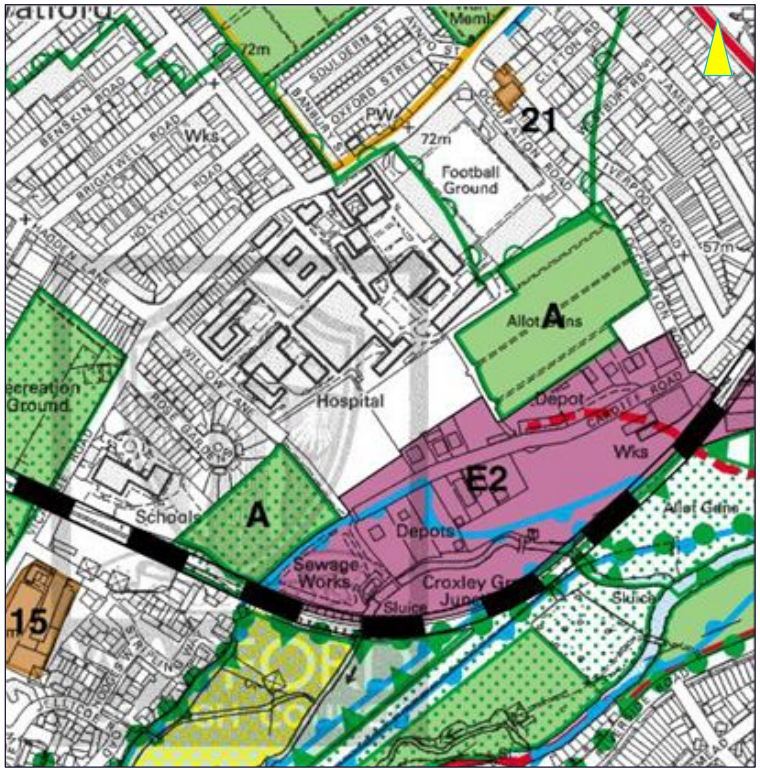
Extract from Adopted Policies Map for St Albans' Local Plan (1994)



Source – ***https://www.stalbans.gov.uk/sites/default/files/documents/publications/planning-building-control/district-local-plan-review-1994/Policy%20Map%204.pdf***

C5. Sites E (WR) & F (WO)

Extract from Adopted Policies Map for Watford Local Plan (2000)

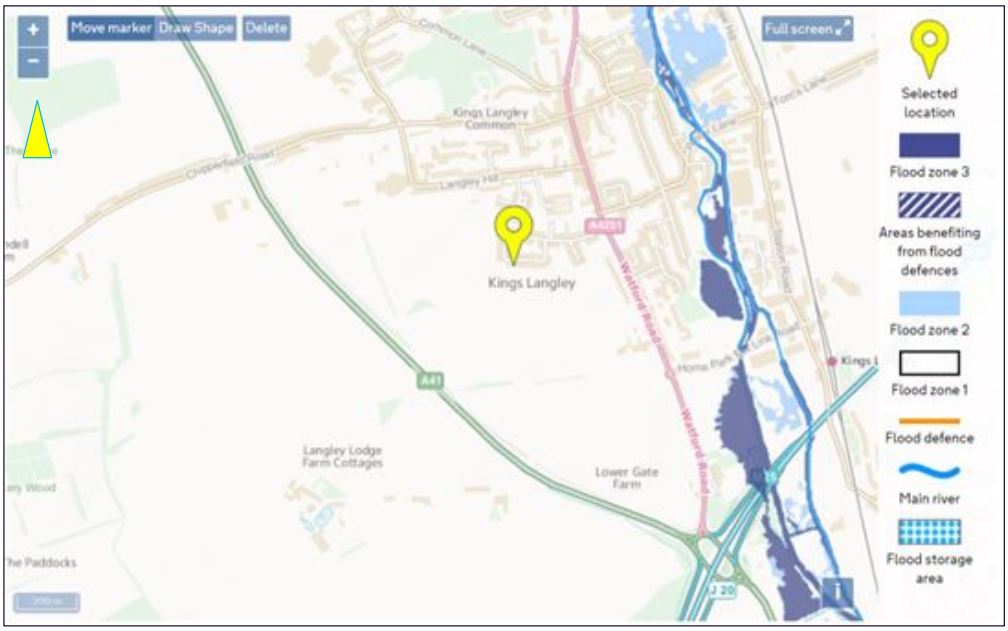


Source – ***https://www.watford.gov.uk/downloads/file/133/proposal_map%C2%A0***

Appendix D – Flood Risk Map for Planning Extracts

D1. Site A (KL)

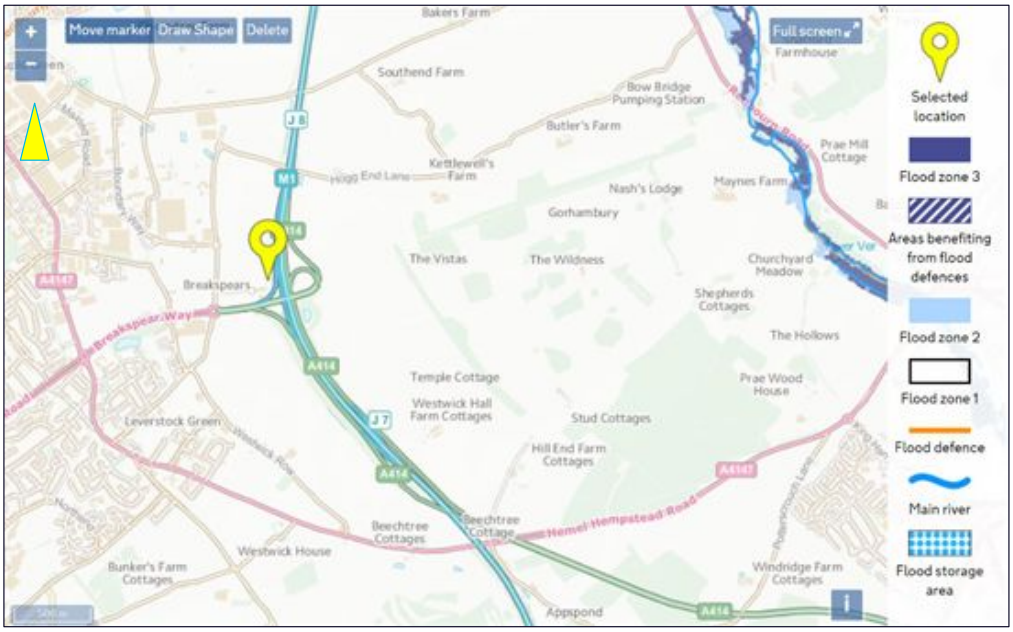
Flood Risk Map for Planning Extract



Source – https://flood-map-for-planning.service.gov.uk/; June 2020

D2. Site B (EH)

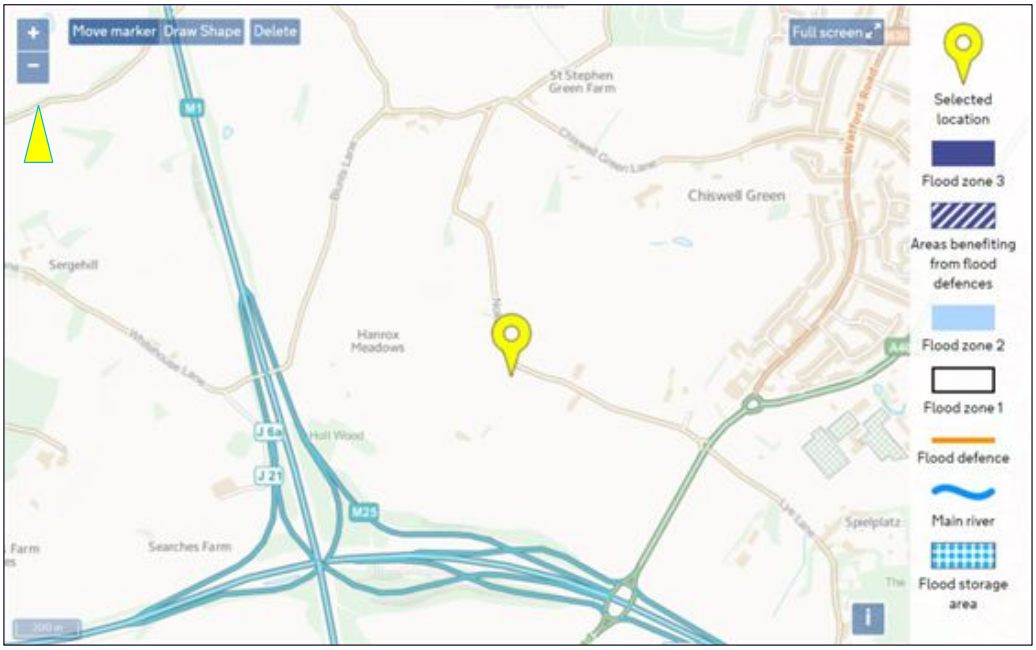
Flood Risk Map for Planning Extract



Source – https://flood-map-for-planning.service.gov.uk/;June 2020

D3. Site C (CG)

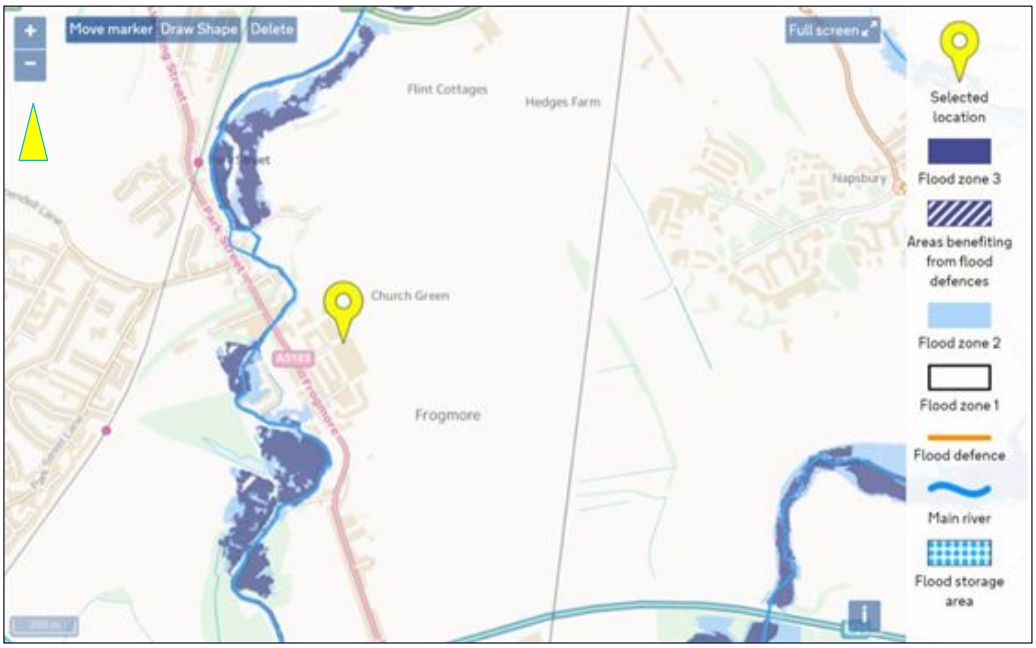
Flood Risk Map for Planning Extract



Source – https://flood-map-for-planning.service.gov.uk/; June 2020

D4. Site D (RA)

Flood Risk Map for Planning Extract



Source – https://flood-map-for-planning.service.gov.uk/; June 2020

D5. Sites E (WR) & F (WO)

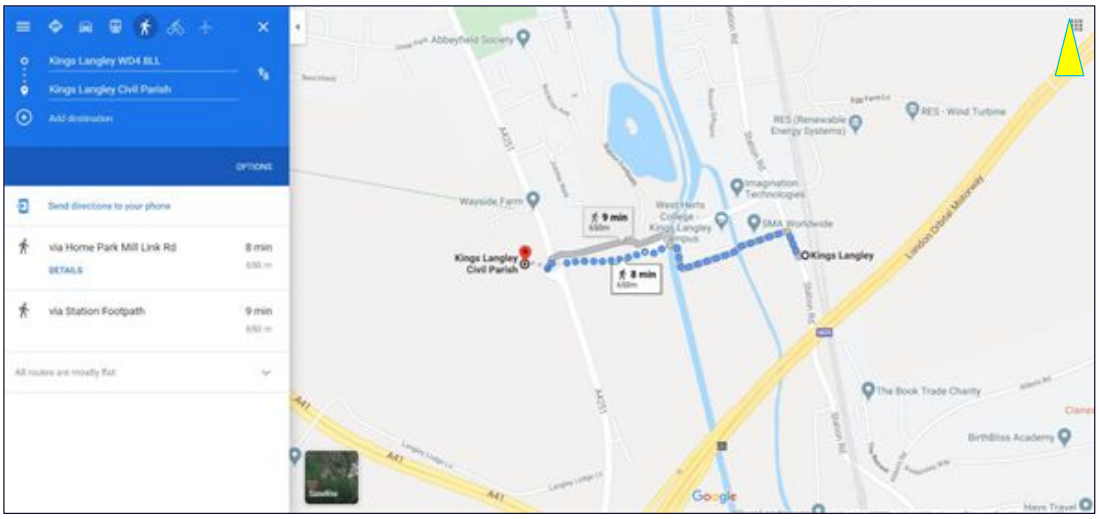
Flood Risk Map for Planning Extract

Source – https://flood-map-for-planning.service.gov.uk/; June 2020

Appendix E – Distances to Railway Stations

E1. Site A (KL)

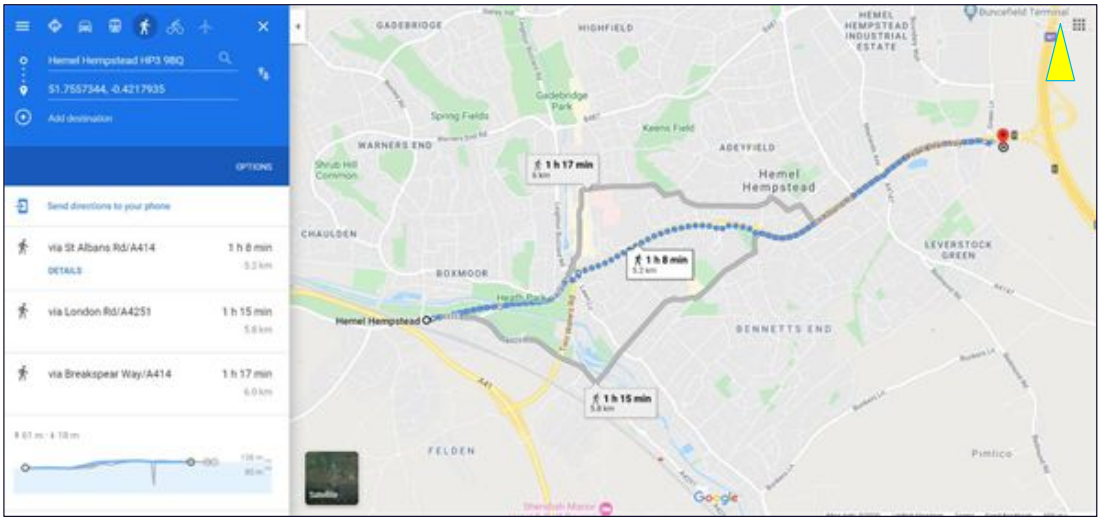
Accessibility



Source – Google Maps, June 2020

E2. Sites B (EH)

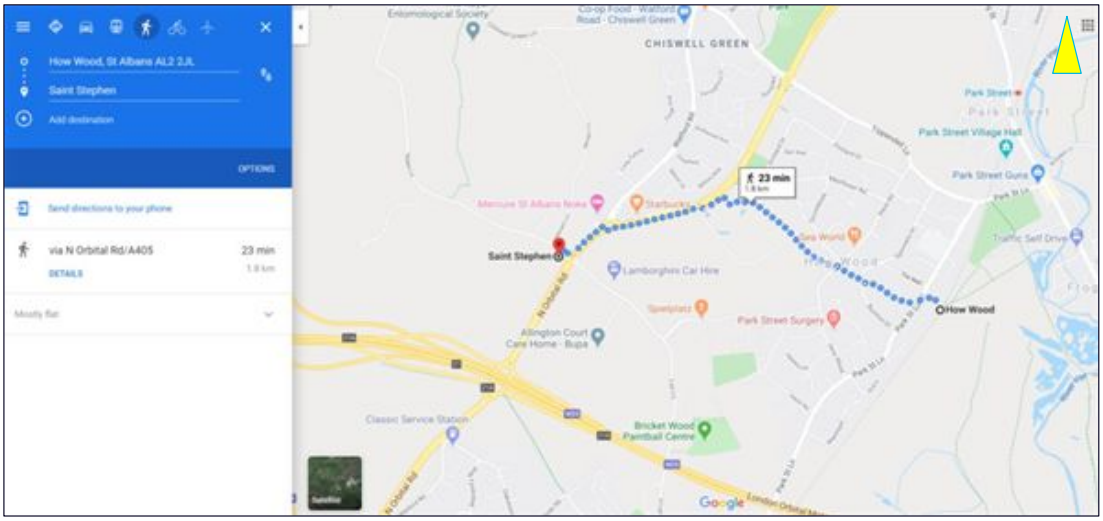
Accessibility



Source – Google Maps, June 2020

E3. Site C (CG)

Accessibility



Source – Google Maps, June 2020

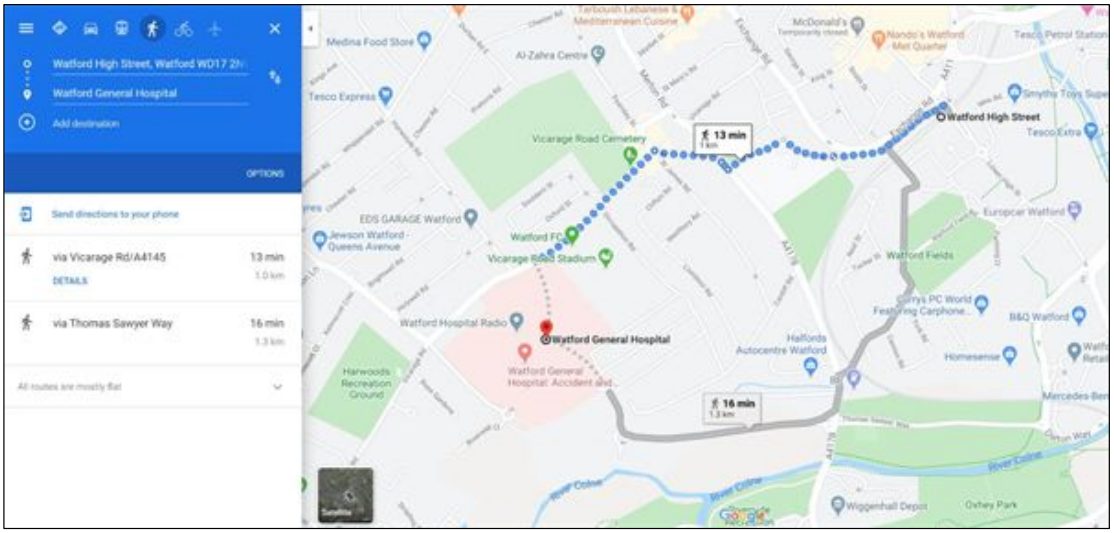
E4. Site D (RA)

Accessibility

Source – Google Maps, June 2020

E5. Sites E (WR) & F (WO)

Accessibility



Source – Google Maps, June 2020

Appendix F – Suitability Assessment Forms

F1. Site A (KL)

The Site							
Site Name	Site A (KL) – Land East of A41			LPA	Dacorum BC		
Site Postcode	WD4 8EE	Site NGR	506959, 202127	Site Area	71.3	hectares	
Stage One Which option(s) can the site accommodate?							
Option 1	✓	Option 2	✓	Option 3	✓	*(more than one option is possible)*	
Stage Two Land Use and Natural Environment Constraints							
				Comments (where applicable):			
Site Allocation (3)			✘	No allocation in adopted development plan but potential allocation of the site in the emerging local plan for non-hospital uses has been consulted on			
No Designations (2)			✘	N/A			
Local-level Designations (1)			✘	N/A			
'Footnote 6' Designations (0)			✓	Green Belt			
Departure from Development Plan (0)			✓	Green Belt in adopted local plan; if allocated for uses shown in consultation relating to new local plan, hospital would be a departure			
On Brownfield Land Register (0)			✘	N/A			
Constraints Score (the lowest of the above scores)	0						
Stage Two Flood Risk							
Zone 1 (3)	✓	Zone 2 (2)	✘	Zone 3a (1)	✘	Zone 3b (0)	✘
Comments:							
Flood Risk Score	3						
Stage Two Above-ground Historic Environment							

Comments:	There are groups of statutorily-listed buildings on Kings Langley High Street and on Langley Hill, and two scheduled monuments adjacent to the site; potential for harm to setting

Above-ground Historic Environment Score **1**

Stage Two Below-ground Historic Environment

No archaeology-related designation (2)	✓	Archaeology-related designation (1)	✘

Below-ground Historic Environment Score **2**

Stage Two Accessibility

Comments:	Kings Langley station – half-hourly between London Euston and Tring via Watford Junction; station is approximately 650 m from the site

Accessibility Score **3**

Stage Two Overall Score **9**

Stage Three Critical Path Implications *The longest 'ticked' period should be used*

Local-level refusal and permission following public inquiry	✓	61 Weeks
Major Refusal Risks: Green Belt; absence of very special circumstances because alternative non-Green Belt sites exist		
Local-level determination following referral to the Secretary of State	✓	28 Weeks
Reason for Referral: Green Belt		
Local-level determination	✘	24 Weeks

Stage Four Check with LPA

Following discussion with the LPA, are there any reasons why the conclusions of the above assessment should be altered?

Comments:	The Officer noted that the site had been consulted on at the Issues and Options stage of the local plan (for housing and employment) and that there was strong opposition from respondents. The site would be big enough for a hospital but there are topography issues and it is likely that major road improvements would be needed because of capacity issues at Junction 20. There may also be landscape and ecology issues. A key planning constraint is the Green Belt and it would be a matter for the decision-makers (ie Members of the Council) to decide whether Very Special Circumstances existed. In our opinion, given that there may well be political support for a hospital, it is therefore possible that the Green Belt constraint could be overcome. However, this is a key uncertainty and is nevertheless likely to have an effect on the determination period.

	Given that Green Belt may not automatically prevent hospital development in this LPA area, we are moderating the Constraints Score from 0 to 1. **DBC's broad estimate, based on other large applications, is that an application would take in region of 12 months (52 weeks) to process and it would manage this via a PPA. The timescale could be longer, however, depending on the nature of issues to be addressed. In addition, an application would have to be referred to the SoS because of the Green Belt designation (assumed to be four weeks).** **We are therefore moderating the critical path implications from 61 weeks to 56 weeks.**

Summary

Overall Score (moderated)	10
Critical Path Implications (moderated)	56 weeks

F2. Site B (EH)

The Site

Site Name	Site B - East of Hemel Hempstead			LPA	St Albans City & District	
Site Postcode	HP2 4UE	Site NGR	509100, 207624	Site Area	183.7	hectares

Stage One Which option(s) can the site accommodate?

Option 1	✓	Option 2	✓	Option 3	✓	*(more than one option is possible)*

Stage Two Land Use and Natural Environment Constraints

		Comments (where applicable):
Site Allocation (3)	✘	N/A
No Designations (2)	✘	N/A
Local-level Designations (1)	✘	N/A
'Footnote 6' Designations (0)	✓	Green Belt
Departure from Development Plan (0)	✓	Green Belt
On Brownfield Land Register (0)	✘	N/A
Constraints Score (the lowest of the above scores)	0	

Stage Two Flood Risk								
Zone 1 (3)	✓	Zone 2 (2)	✘	Zone 3a (1)	✘	Zone 3b (0)	✘	
Comments:								
						Flood Risk Score	3	
Stage Two Above-ground Historic Environment								
Comments:	There are Grade II and II* buildings along Westwick Row, the setting which could be affected by development on the site. There is a Grade II building on the site. Overall, large-scale development could cause less-than-substantial harm to setting.							
						Above-ground Historic Environment Score	1	
Stage Two Below-ground Historic Environment								
No archaeology-related designation (2)	✓	Archaeology-related designation (1)	✘					
						Below-ground Historic Environment Score	2	
Stage Two Accessibility								
Comments:	Apsley and Hemel Hempstead stations both > 3.2 km but served by frequent trains							
						Accessibility Score	2	
						Stage Two Overall Score	8	

Stage Three Critical Path Implications *The longest 'ticked' period should be used*			
Local-level refusal and permission following public inquiry		✓	61 Weeks
Major Refusal Risks:	Green Belt; absence of very special circumstances because alternative non-Green Belt sites exist		
Local-level determination following referral to the Secretary of State		✓	28 Weeks
Reason for Referral:	Green Belt		
Local-level determination		✘	24 Weeks
Stage Four Check with LPA			
Following discussion with the LPA, are there any reasons why the conclusions of the above assessment should be altered?			
Comments:	The Council noted that it was strongly in support of healthcare improvements in the district. It noted that this site was relatively inaccessible for 'active travel' (cycling and walking) but we have not adjusted our score because of this because we already judged the site to be relatively inaccessible.		

	The Council also noted that the displacement of land uses that are envisaged in the draft site allocation would be a very significant impediment to the delivery of a use that is not envisaged on that site in the draft local plan. The site has already scored the lowest possible score in relation to planning constraints and therefore we have not adjusted this score to reflect this 'departure'-type concern. A broad estimate of a six month (26 weeks) pre-application period was given although this could vary depending on the issues to be addressed. The Council would aim to determine an application in the 16-week statutory period. There would also be a referral period to the SoS (minimum four weeks) given that the draft plan is not adopted and therefore the Green Belt designation still stands. Therefore the overall timescale could be in the region of 46 weeks.

Summary	
Overall Score (moderated)	8
Critical Path Implications (moderated)	46 weeks

F3. Site C (CG)

The Site						
Site Name	Site C - Land off Junction 21, Chiswell Green			LPA	St Albans City & District	
Site Postcode	AL2 3NX	Site NGR	512071, 203721	Site Area	57	hectares

Stage One Which option(s) can the site accommodate?						
Option 1	✓	Option 2	✓	Option 3	✓	*(more than one option is possible)*

Stage Two Land Use and Natural Environment Constraints			
			Comments (where applicable):
Site Allocation (3)		✘	N/A
No Designations (2)		✘	N/A
Local-level Designations (1)		✘	Landscape Development Area designation not 'saved'
'Footnote 6' Designations (0)		✓	Green Belt
Departure from Development Plan (0)		✓	Green Belt
On Brownfield Land Register (0)		✘	N/A
		Constraints Score (the lowest of the above scores)	0

Stage Two Flood Risk								
Zone 1 (3)	✓	Zone 2 (2)	✗	Zone 3a (1)	✗	Zone 3b (0)	✗	
Comments:								
						Flood Risk Score	3	
Stage Two Above-ground Historic Environment								
Comments:	Likely less-than-substantial harm to setting of Holt Farmhouse group of listed buildings which sit in the middle of this parcel							
						Above-ground Historic Environment Score	1	
Stage Two Below-ground Historic Environment								
No archaeology-related designation (2)	✓	Archaeology-related designation (1)	✗					
						Below-ground Historic Environment Score	2	
Stage Two Accessibility								
Comments:	1.8km to How Wood station, one service every 45 minutes							
						Accessibility Score	2	
						Stage Two Overall Score	8	

Stage Three Critical Path Implications *The longest 'ticked' period should be used*			
Local-level refusal and permission following public inquiry		✓	61 Weeks
Major Refusal Risks:	Green Belt; absence of very special circumstances because alternative non-Green Belt sites exist		
Local-level determination following referral to the Secretary of State		✓	28 Weeks
Reason for Referral:	Green Belt		
Local-level determination		✗	24 Weeks
Stage Four Check with LPA			
Following discussion with the LPA, are there any reasons why the conclusions of the above assessment should be altered?			
Comments:	The Council noted that it was strongly in support of healthcare improvements in the district. It noted that this site was relatively inaccessible for 'active travel' (cycling and walking) but we have not adjusted our score because of this because we already judged the site to be relatively inaccessible. The Council also noted that the Green Belt designation is a very high hurdle however the		

	site has already scored the lowest possible score in relation to planning constraints and therefore we have not adjusted this score. A broad estimate of a six month (26 weeks) pre-application period was given although this could vary depending on the issues to be addressed. The Council would aim to determine an application in the 16-week statutory period. There would also be a referral period to the SoS (minimum four weeks) given that this is Green Belt. Therefore the overall timescale could be in the region of 46 weeks.

Summary	
Overall Score (moderated)	8
Critical Path Implications (moderated)	46 weeks

F4. Site D (RA)

The Site						
Site Name	Site D - Former Radlett Aerodrome			LPA	St Albans City & District	
Site Postcode	AL2 2DD	Site NGR	515602, 203450	Site Area	TBC	hectares

Stage One Which option(s) can the site accommodate?

Option 1		Option 2		Option 3		*(more than one option is possible)*
	✓		✓		✓	

Stage Two Land Use and Natural Environment Constraints

		Comments (where applicable):
Site Allocation (3)	✘	No adopted or emerging allocation for hospital – see below for existing and proposed allocations
No Designations (2)	✘	N/A
Local-level Designations (1)	✘	N/A
'Footnote 6' Designations (0)	✓	Green Belt
Departure from Development Plan (0)	✓	Site allocated (Policy 143 UCV.3) for gravel extraction followed by restoration for leisure uses inc. water sports; emerging allocation for housing-led development which does not include provision for a new hospital
On Brownfield Land Register (0)	✘	N/A
	Constraints Score (the lowest of the above scores)	0

Stage Two Flood Risk

Zone 1 (3)	✓	Zone 2 (2)	✗	Zone 3a (1)	✗	Zone 3b (0)	✗

Comments: Small amount of non-Zone 1 on edge of site; unlikely to constrain development

Flood Risk Score 3

Stage Two Above-ground Historic Environment

Comments: There are listed buildings around the edge of this parcel, including a group on Park Street – potential for less-than-substantial harm to setting

Above-ground Historic Environment Score 1

Stage Two Below-ground Historic Environment

No archaeology-related designation (2)	✓	Archaeology-related designation (1)	✗

Below-ground Historic Environment Score 2

Stage Two Accessibility

Comments: Very close to Park Street station, one service every 45 minutes

Accessibility Score 3

Stage Two Overall Score 9

Stage Three Critical Path Implications *The longest 'ticked' period should be used*

Local-level refusal and permission following public inquiry	✓	61 Weeks
Major Refusal Risks: Green Belt; absence of very special circumstances because alternative non-Green Belt sites exist		
Local-level determination following referral to the Secretary of State	✓	28 Weeks
Reason for Referral: Green Belt		
Local-level determination	✗	24 Weeks

Stage Four Check with LPA

Following discussion with the LPA, are there any reasons why the conclusions of the above assessment should be altered?

Comments: The Council noted that it was strongly in support of healthcare improvements in the

	district. It noted that this site was relatively inaccessible for 'active travel' (cycling and walking) and that, even with improvements to the Abbey Line, there would still be a limited walk-in / cycling catchment because of the limited population around the site. Because of this we are moderating the Accessibility Score from 3 to 2. The Council also noted that the displacement of land uses that are envisaged for the site would be a significant impediment. The site has already scored the lowest possible score in relation to planning constraints and therefore we have not adjusted this score in relation to this 'departure'-type concern. A broad estimate of a six month (26 weeks) pre-application period was given although this could vary depending on the issues to be addressed. The Council would aim to determine an application in the 16-week statutory period. There would also be a referral period to the SoS (minimum four weeks) given the draft plan is not adopted and therefore the Green Belt designation still stands at present. Therefore the overall timescale could be in the region of 46 weeks.

Summary	
Overall Score (moderated)	8
Critical Path Implications (moderated)	46 weeks

F5. Site E (WR) & F (WO)

The Site						
Site Name	Watford General Hospital			LPA	Watford Borough Council	
Site Postcode	WD18 0HB	Site NGR	510491, 195623	Site Area	7.05	hectares

Stage One Which option(s) can the site accommodate?

Option 1		Option 2		Option 3		*(more than one option is possible)*
	✘		✘		✓	

Stage Two Land Use and Natural Environment Constraints

		Comments (where applicable):
Site Allocation (3)	✓	The site is occupied by an existing hospital and there are no allocations for other uses on the site. As noted in the methodology section of this report, an existing hospital use is scored the same as a site allocation.
No Designations (2)	✘	A very small part of adopted Local Plan Employment Area designation appears to 'clip' part of the Trust's ownership but this is due to changes to site's boundary following construction of new access road (extension of Willow Lane).

						Therefore this is not treated as a constraint / it has been disregarded. As noted in the methodology section of this report, an existing hospital use is scored the same as a site allocation.						
Local-level Designations (1)			✘									
'Footnote 6' Designations (0)			✘									
Departure from Development Plan (0)			✘									
On Brownfield Land Register (0)			✘									
											Constraints Score (the lowest of the above scores)	3
Stage Two Flood Risk												
Zone 1 (3)	✓	Zone 2 (2)	✘	Zone 3a (1)	✘	Zone 3b (0)	✘					
Comments:	Small area of non-Zone 1 on edge of site, unlikely to constrain development											
											Flood Risk Score	3
Stage Two Above-ground Historic Environment												
Comments:	Listed building on site and CA nearby, likely less-than-substantial harm to setting (setting already affected by large-scale development of site); assumes demolition of H block											
											Above-ground Historic Environment Score	1
Stage Two Below-ground Historic Environment												
No archaeology-related designation (2)	✓	Archaeology-related designation (1)	✘									
											Below-ground Historic Environment Score	2
Stage Two Accessibility												
Comments:	1 km to Watford High Street station, served by four London Overground trains per hour											
											Accessibility Score	4
											Stage Two Overall Score	**13**

Stage Three Critical Path Implications *The longest 'ticked' period should be used*

Local-level refusal and permission following public inquiry	✘	61 Weeks
Major Refusal Risks:		
Local-level determination following referral to the Secretary of State	✘	28 Weeks
Reason for Referral:		
Local-level determination	✓	24 Weeks

Stage Four Check with LPA

Following discussion with the LPA, are there any reasons why the conclusions of the above assessment should be altered?

Comments:	The Council noted that the existing hospital has various buildings up to eight storeys high, that the local highway network had been upgraded recently and that a new multi-storey car park to serve the hospital had recently been approved. The Council noted that it has a longstanding formal position supporting redevelopment of the hospital and thought that there was likely to be general support in the local community. The LPA said that it would aim to determine the planning application in 16 weeks. It thought that the pre-application process could be undertaken in 3-6 months. In total, and including sixth months' pre-app (26 weeks), the total would be 42 weeks.

Summary

Overall Score (moderated)	13
Critical Path Implications (moderated)	24 weeks

Appendix G – Planning Officers Suitability Questions

G1. Questions to Officers

To enable the Officer to prepare their answers ahead of our scheduled discussion we sent them the following questions. We also asked Officers to give answers that reflected their professional / technical opinion, that is without expressing the political position of their Authority if possible.

However we also asked them to explain whether they thought that the political situation in their Authority could result in a different outcome than may be suggested by Officers' professional opinions.

1. (a) We are looking at three options: a large footprint hospital and car park across a single level; a hospital and car park on two levels; and a smaller footprint with three hospital floors and a two-storey car park. Could any of these be unacceptable on this site from a design point-of-view?
2. Are you aware of any physical issues that could prevent or cause significant issues for the delivery of an 80,000 sq m hospital on this site, including known transport issues/contraints?
3. Where there are heritage assets close to or on the site, or where the setting of heritage impacts / views could be impacted by a large or tall building, do you think that this harm could be overcome, or could it be a potential reason for refusal?
4. A number of sites are allocated or proposed to be allocated: Site A (KL) (Dacorum); Sites B (EH) (St Albans); and Site D (RA) (St Albans). If a hospital were to be built on any of these sites, it is unlikely that all of the uses envisaged in the (draft) allocations could be delivered. Would this be an issue for the Council and how would the Council approach such a situation?
5. Are you aware of any proposed or committed transport improvements in the area that could improve the accessibility of the site?
6. Would there be any pre-requisites to the development of this site for a hospital, eg new infrastructure that would have to be put in place before a hospital could be brought into use?
7. Has the Council adopted a formal position in relation to the WHHT redevelopment programme? If so, what are the details of this?
8. Are you aware of any local political issues or issues raised by advocacy groups relating to existing or proposed hospitals in your area that you think ought to be taken into account in the site selection process?
9. Realistically and based on the Council's recent track record, how long do you think that it would rake the Council to process and EIA application (the time is would take to get it to committee) bearing in mind [that] planning considerations discussed above?
10. Where the site is in the Green Belt, do you think that the Council would support an application for a hospital in the absence of a site allocation?
11. When do you expect your next local plan to be adopted?

Appendix H – Overall Planning Timescales

H1. Introduction

The Deliverability assessment criteria considers the potential overall programme to deliver a health facility on one of the sites. This includes anticipated timings to achieve planning permission. This aspect will be determined as part of the Suitability assessment, which sought to rank sites in terms of the overall planning 'difficulty' associated with securing planning permission for a new hospital on each site having regard to planning constraints.

Some of these considerations can have an effect on the time it takes to secure planning permission which, in turn, can then impact on the deliverability of a scheme. This may be, for example, because some designations necessitate referral to the Secretary of State for Housing, Communities and Local Government ('SoS').

Some planning considerations may also raise the prospect of a planning application being refused or 'called in', in which case the decision would be made following a public inquiry which can add a significant amount of time to the decision-making process and thus also affect the development programme.

This Appendix sets out how we will make a judgement on possible timing implications arising from each site's constraints. We will do so in terms of the number of weeks rather than tied to particular dates.

H2. Validation of Planning Application

Before a planning application is validated by a local planning authority, checks must be undertaken to ensure that it meets 'national list' and any 'local list' validation requirements. The speed of validation varies between different local planning authorities but we would expect that an application for a hospital would be prioritised. Nevertheless, we would expect a complex application to take, say, **two weeks** to validate.

H3. Planning Application Timescales

The statutory time limits are usually 13 weeks5 for applications for major development and eight weeks for all other types of development (unless an application is subject to an Environmental Impact Assessment, in which case a 16 week limit applies). Given the scale of a major new hospital development we assume that it would be EIA development and therefore that a **16-week** determination period would apply, and we assume that any LPA would do its best to process an application in that period (even though it is common for LPAs to take longer to deal with planning applications).

H4. Decision-making Timescales

A large planning application for a hospital would be determined by a committee. A committee report must be made available five clear working days before the committee takes place[6]. If the timing does not 'dovetail' with the schedule of committee meetings (which in this area are generally on a monthly cycle), the application will have to be presented to the next scheduled committee. Because of this we think it is reasonable to add **four weeks** to the baseline timescale.

In addition, a decision would not be released until a section 106 agreement was signed. Assuming that there would be a section 106 agreement in this case, and bearing in mind that this would need to be completed and

[5] http://www.legislation.gov.uk/uksi/2015/595/article/34/made
[6] http://www.legislation.gov.uk/ukpga/1972/70/section/100B

engrossed after a committee's resolution, we have added an additional two weeks to the planning timescale albeit in our experience, **two weeks** is an optimistic timescale.

H5. Significant Planning Risks

If there are particularly significant planning issues, there is a risk that a planning committee would refuse planning permission and then the decision would be made following a planning appeal.

We consider 'significant planning risks' as those which would result in a score of '**0**' (zero) in any Suitability category.

H6. Referrals

Where the local planning authority is minded to grant planning permission and certain conditions are met, planning applications must be referred to the Secretary of State before the local planning authority can issue its decision.

These include[7]:

- the provision of a building or buildings in the **Green Belt** where the floor space to be created by the development is 1,000 square metres or more
- development which would have an adverse impact on the outstanding universal value, integrity, authenticity and significance of a **World Heritage Site** or its setting, including any buffer zone or its equivalent, and being development to which English Heritage [now Historic England] has objected, that objection not having been withdrawn; and
- where there is major development in a **flood risk area** to which the Environment Agency has made an objection that it has not been able to withdraw even after discussions with the local planning authority.

Where referral is made to the SoS, the local planning authority may not grant planning permission for 21 days beginning with the date which the Secretary of State tells the authority in writing is the date on which they received the information that the LPA must send to the SoS. Allowing one week for the LPA to gather and send such information, the referral period could add a minimum of **four weeks** to the process.

H7. Appeal Timescales

The planning appeal process is 'front-loaded' meaning that a significant amount of information has to be prepared and submitted at the point that an appeal is made. This period would also involve seeking the advice of an experienced barrister in relation to a strategic framework for the prosecution of the appeal. Based on our experience **b** is a realistic, albeit tight, timescale for this part of the process.

In terms of timescales for the appeal itself, the publication of average timescales has been suspended because of the 2020 pandemic. However, looking at archived data from January 2020[8], it was taking on average around **31 weeks** to receive a decision following submission of an appeal.

[7] https://www.gov.uk/government/publications/the-town-and-country-planning-consultation-england-direction-2009-circular-02-2009
[8] https://web.archive.org/web/20200116173007/https://www.gov.uk/guidance/appeals-average-timescales-for-arranging-inquiries-and-hearings

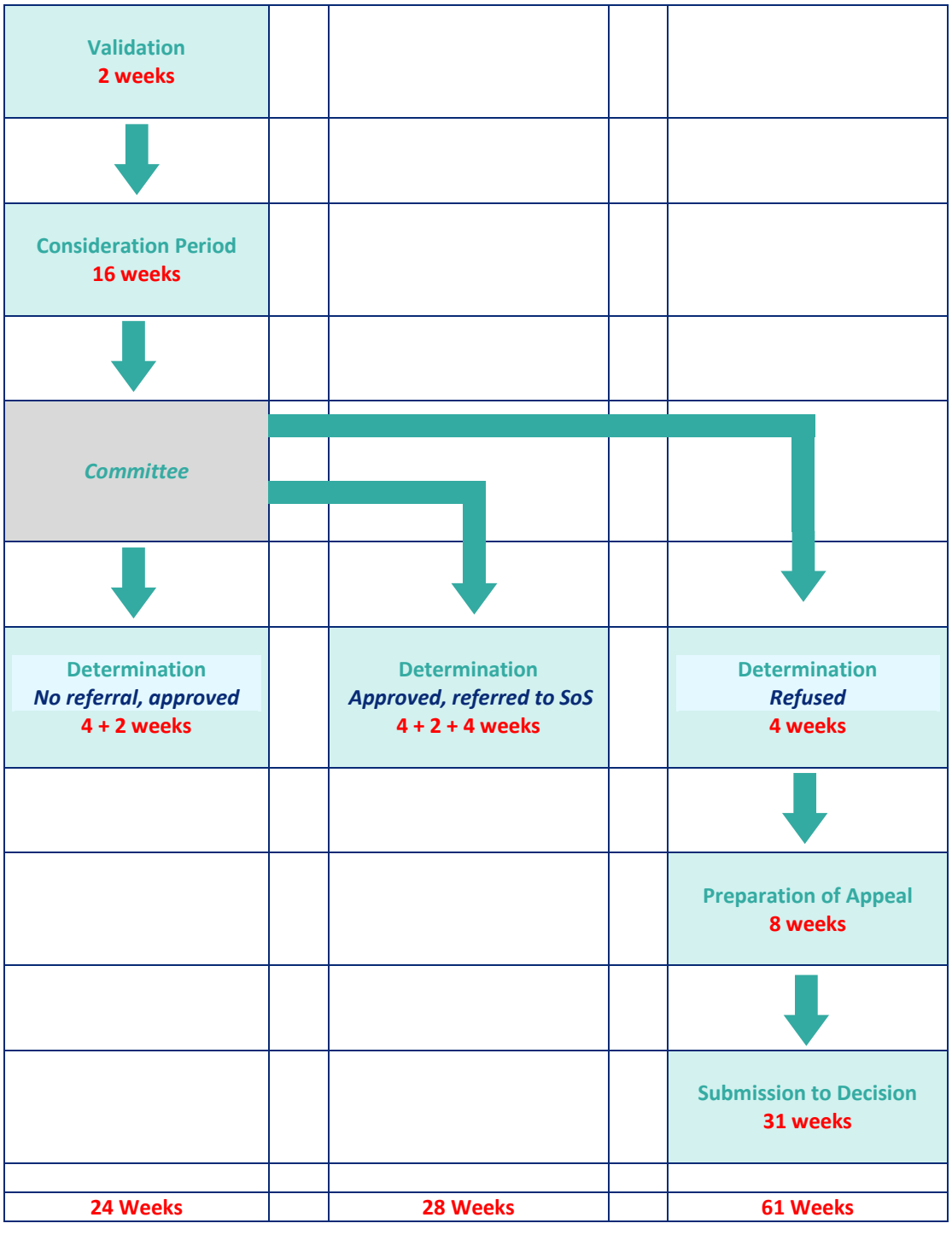
H8. Summary of Possible Planning Timescales

These timescales represent what we consider to be the minimum time that it could take to obtain a planning decision from the point at which an application is submitted to the local planning authority.

Account will need to be taken of the time needed to prepare a planning application and also whether time is needed to engage in a pre-application discussion process with the LPA (together these actions could take several months). In addition, some LPAs can take longer than others to determine applications.

For simplicity we have not included a scenario where an application is referred to and then called in by the SoS; in theory the timescale for such a process would be at least the same, and likely some time longer, than an appeal against the refusal of the LPA to grant planning permission would take.

'Baseline' Timescales for Decision from Submission of Application



Appendix I – Site Availability Assessments

I1. Site A (KL)

The Site							
Site Name	Site A – Land East of A41			LPA	Dacorum BC		
Site Postcode	WD4 8EE	Site NGR	506959, 202127	Site Area	71.3	hectares	

Site Details	
1. Name(s) of Owner(s)	Hertfordshire County Council ("HCC")
2. History of Site Ownership	Not available
3. Title Information	Title Number(s):
	Not available
	Details of any tenancies, wayleaves, restrictive covenants:
	Agricultural tenancy with 12 month notice period
4. Town Planning	Current Local Plan Status:
	N/A
	Emerging Local Plan Status (if applicable):
	The site has been promoted through the Local Plan for a mixed-use scheme including commercial and residential uses. A mixed –use scheme has not included for the provision of a hospital
	What discussions (if any) have you had with the LPA?
	Please see above.
5. Site Layout Considerations	Where could an 8-16 ha hospital be located on land within your ownership? *(if yes, please mark area on a drawing)*
	Yes – but location would need to be determined
	Have you masterplanned your site yet?
	No
	Could a hospital be delivered as a first phase?
	Potentially subject to further dialogue if the site was deemed of interest.
6. Infrastructure Requirements	What are the physical constraints of this site and what

	infrastructure will need to be put in to deliver development parcels?
	The site's topography is challenging with a 46 metre drop across the site. A significant amount of cut and fill earthworks will be required to create development platforms.
	Who will put in the infrastructure?
	HCC's appointed JV Partner – Morgan Sindall
	Are you reliant on a third party to deliver?
	Yes
	What are the timescales for delivery?
	TBC
7. Demolition	Is there any demolition required on site?
	None
8. Contamination	Are you aware of any site contamination and therefore remediation costs?
	No surveys have been carried out.
9. Heritage Assets	Are there any listed buildings, scheduled monuments, or registered parks or gardens on the site?
	None
	Is there any known or suspected archaeology potential?
	None identified
10. Topography	What is the topography like on the site?
	Challenging.
11. Flood Risk	Is any part of the site susceptible to flooding? For the avoidance of doubt our query relates not only to the site and that would be earmarked for a hospital; any part of the wider landholding and the access point to the site or to the hospital.
	None.
12. Ecology	Are there any ecological constraints?
	Not tested.
13. Services and Utilities	Are there any major gas mains; water pipe; sewers crossing the site and impacting on the development potential of the site?
	None were highlighted during the interview.
	Have you received any advice about the current local capacity of services and utilities? If so are there any deficiencies and need to upgrade the utilities? If you have not carried out any surveys or engaged with the statutory undertakers are you aware of any anecdotal evidence relating to serving the site?
	No.
	Have you carried out any drainage studies across site? Were any constraints highlighted in those reports?
	No.

14. Access – Roads & Highways	**Where are the road access points to the site?**
	Engagement is required with Highways England to improve access and local traffic flows.
	Do any of the road access points need to be upgraded to enable the landholding to be developed?
	Yes
	Are there any highway upgrades required to deliver this site? If so why and by when?
	Local traffic flows will need to be looked at and improved.
16. Effect of a Hospital on Your Development Aspirations	**Will the presence of a hospital interfere with your own delivery plans or will the hospital help unlock your land?**
	The presence of a hospital will not interfere with HCCs plan and HCC would welcome the presence of a hospital subject to commercial terms and being able to update a masterplan.
17. Abnormals	**Are there any site specific abnormals we have not highlighted above which you feel need to be mentioned?**
	Please see above
18. Timescales and Aspirations	**Is the land available for acquisition within the next 6 -9 months?**
	Theoretically yes.
	What are your own aspirations for the land and what timescales are you working towards?
	There is local orchestrated opposition of any development on this site
19. Value	**Do you have an indicative value for a parcel of land to deliver a new hospital?**
	None provided
	What are you value assumptions based on?
	Agricultural land value.
	What sort of conditionality would you apply to a land transaction with the Trust?
	Subject to planning transaction.
20. Other Comments	**Any other comments or queries?**
	None

I2. Sites B (EH)

The Site						
Site Name	Site B - East of Hemel Hempstead			LPA	St Albans City & District	
Site Postcode	HP2 4UE	Site NGR	509100, 207624	Site Area	183.7	hectares

Site Details	
1. Name(s) of Owner(s)	The Crown Estate
2. History of Site Ownership	
3. Title Information	Title Number(s):
	Not provided.
	Details of any tenancies, wayleaves, restrictive covenants:
	Significant easements impact the site linked to Bunsfield pipelines
4. Town Planning	Current Local Plan Status:
	Historic Local Plan due to be updated but now on hold following inspector's comments
	Emerging Local Plan Status (if applicable):
	Please see above
	What discussions (if any) have you had with the LPA?
	On-going discussions over the years for a one commercial zone and two residential zones of development. The Crown Estate is due to submit a planning application for the site circa Q1/Q2 in 2021
5. Site Layout Considerations	Where could an 8-16 ha hospital be located on land within your ownership? *(if yes, please mark area on a drawing)*
	Yes - In the southern part of Plot 8 adjacent to a substantial roundabout where a spur could be taken off to connect to a hospital use adjacent the a residential parcel. The roundabout will not be available until the end of 2025/ 2026.
	Have you masterplanned your site yet?
	Yes for commercial and residential uses.
	Could a hospital be delivered as a first phase?
	Technically yes but there are a lot of infrastructure requirements to be delivered linked to access (please see section 4 above) surface water attenuation and laying of

	services from the north across a significant distance.
6. Infrastructure Requirements	What are the physical constraints of this site and what infrastructure will need to be put in to deliver development parcels?
	Access and junction and highway improvements; surface water attenuation. Evidence of archaeology found on site which requires mitigation. There are listed buildings around the periphery of the site ranging from Grade I; Grade II* and Grade II. A lot of bund works are required adjacent to the M1
	Who will put in the infrastructure?
	A mix of the landowner/ developer and third parties such as Highways England and utility providers.
	Are you reliant on a third party to deliver?
	Yes
	What are the timescales for delivery?
	2025 and beyond. The Crown Estate are seeking planning permission at present before works are carried out to deliver the consented masterplan/ scheme(s)
7. Demolition	Is there any demolition required on site?
	No, but a significant amount of cut and fill earthworks is required.
8. Contamination	Are you aware of any site contamination and therefore remediation costs?
	None identified at present although intrusive ground investigation studies show the ground to be impermeable and not ideal for soak-aways.
9. Heritage Assets	Are there any listed buildings, scheduled monuments, or registered parks or gardens on the site?
	Yes – numerous buildings with Grade I; II* and Grade II. Brakespeare House is Grade II but the listing includes the fields surrounding the building
	Is there any known or suspected archaeology potential?
	Yes – further work is required,
10. Topography	What is the topography like on the site?
	Undulated with some steep valleys.
11. Flood Risk	Is any part of the site susceptible to flooding? For the avoidance of doubt our query relates not only to the site and that would be earmarked for a hospital; any part of the wider landholding and the access point to the site or to the hospital.
	Poor drainage across the site which will require significant measures to attenuate.
12. Ecology	Are there any ecological constraints?
	Reports have been carried out to review ecology. No ecology constraints have been revealed which cannot be mitigated.

13. Services and Utilities	Are there any major gas mains; water pipe; sewers crossing the site and impacting on the development potential of the site?
	Bunsfield pipelines cross the site with extensive no build zones via easements.
	Have you received any advice about the current local capacity of services and utilities? If so are there any deficiencies and need to upgrade the utilities? If you have not carried out any surveys or engaged with the statutory undertakers are you aware of any anecdotal evidence relating to serving the site?
	Electricity; water and gas is required to be connected to the site. Connections would have to come in from the north covering significant distances.
	Have you carried out any drainage studies across site? Were any constraints highlighted in those reports?
	Yes – impermeable ground conditions which require significant attenuation.
14. Access – Roads & Highways	Where are the road access points to the site?
	There are various access points all of which require significant upgrades – in particular to the A414 to open up the junction and reduce congestion. There was mention of the need to enhance the road network to create up to 7 lanes to open up this site.
	Do any of the road access points need to be upgraded to enable the landholding to be developed?
	Yes – please see above.
	Are there any highway upgrades required to deliver this site? If so why and by when?
	Yes – please see above
16. Effect of a Hospital on Your Development Aspirations	Will the presence of a hospital interfere with your own delivery plans or will the hospital help unlock your land?
	A hospital could be accommodated in the SW part of plot 8 and be incorporated into a wider masterplan, however the landowner is significantly progressed with their own masterplanning for a mixed use scheme across the total land holdings. This site is adjacent to residential accommodation but does need a new roundabout to be constructed to unlock the land. The roundabout would not be available until late 2025/early 2026 – albeit this is a current estimate with no work contract or permission to carry out this work at present.
17. Abnormals	Are there any site specific abnormals we have not highlighted above which you feel need to be mentioned?
	No
18. Timescales and Aspirations	Is the land available for acquisition within the next 6 -9 months?
	No
	What are your own aspirations for the land and what timescales are you working towards?
	A mixed used commercial and residential development with an estimated planning application submission by Q2 in 2021.

19. Value	Do you have an indicative value for a parcel of land to deliver a new hospital?
	No
	What are you value assumptions based on?
	N/A
	What sort of conditionality would you apply to a land transaction with the Trust?
	N/A
20. Other Comments	Any other comments or queries?
	None

I3. Site C (CG)

The Site						
Site Name	Site C - Land off Junction 21, Chiswell Green			LPA	St Albans City & District	
Site Postcode	AL2 3NX	Site NGR	512071, 203721	Site Area	North of M25 = 57 South of M25 = 20.7	hectares

Site Details	
1. Name(s) of Owner(s)	Clowes Development
2. History of Site Ownership	Site was bought by Clowes Develpments 5 years ago in 2015 for their strategic land portfolio.
3. Title Information	Title Number(s):
	Information not provided – red line plan attached as appendix 1.
	Details of any tenancies, wayleaves, restrictive covenants:
	Agricultural tenancy exists on the land but vacant possession can be provided. There are electricity pylons that cross the southern part of the northern parcel of land (i.e. to the north of the M25) via a wayleave.
4. Town Planning	Current Local Plan Status:
	Located within SADC's jurisdiction. Their Local Plan has recently collapsed. The site is located in metropolitan greenbelt.

	Emerging Local Plan Status (if applicable):
	Currently under review.
	What discussions (if any) have you had with the LPA?
	The site was originally earmarked to move St Albans football club. The developer has met with the LPA in relation to this site as being a possible location for a hospital. The hospital masterplan has been submitted to the LPA as part of the planning reps to the emerging Local Plan consultation. Tracey Harvey is aware. The LPA have originally said no to housing and would prefer employment uses. With the presence of a hospital on the site the LPA has suggested to the developer that they could explore co-location with pharmaceutical and bio-tech firms on this site. The Developer however sees the presence of a hospital on this site as a 'hook' to release it from the greenbelt and cross subsidise with housing – part of which could be Key Worker Housing for NHS Staff.
5. Site Layout Considerations	**Where could an 8-16 ha hospital be located on land within your ownership? *(if yes, please mark area on a drawing)***
	Please see attached Appendix 2. The site could accommodate a new hospital on both parcels of land- north and south of the M25. The Developer has spent a lot of time looking at the northern parcel but is open to looking at investing further and masterplanning the southern parcel.
	Have you masterplanned your site yet?
	Yes – please see Appendix 2. The Developer has worked with an architect who has based the masterplan on the Queen Elizabeth Hospital in Birmingham with circa 80,000 sq. m of accommodation.
	Could a hospital be delivered as a first phase?
	Yes
6. Infrastructure Requirements	**What are the physical constraints of this site and what infrastructure will need to be put in to deliver development parcels?**
	Topography of the site is said to be slightly undulating. The hospital masterplan includes balancing ponds to account for surface car parking. There are currently high voltage electricity pylons crossing the southern part of the northern parcel of land. The Developer has considered burying the pylons underground and has a cost to deliver this. Given that the paid so little for the land, they believe it is viable to carry out these works.
	Who will put in the infrastructure?
	The Trust linked to the construction of the hospital to work in conjunction with UKPN. Homes England Infrastructure funding was mentioned to help finance these works to 'un-lock' the land.
	Are you reliant on a third party to deliver?

	Yes – UKPN to move the pylons The Developer is already engaged with UKPN and the cost to do the works is informed by their engagement with UKPN.
	What are the timescales for delivery?
	The Developer can work as quickly as we need.
7. Demolition	Is there any demolition required on site?
	No
8. Contamination	Are you aware of any site contamination and therefore remediation costs?
	None has been highlighted by the Developer. This would need further investigation.
9. Heritage Assets	Are there any listed buildings, scheduled monuments, or registered parks or gardens on the site?
	No
	Is there any known or suspected archaeology potential?
	No
10. Topography	What is the topography like on the site?
	Gently undulating
11. Flood Risk	Is any part of the site susceptible to flooding? For the avoidance of doubt our query relates not only to the site and that would be earmarked for a hospital; any part of the wider landholding and the access point to the site or to the hospital.
	None that were stated.
12. Ecology	Are there any ecological constraints?
	None that were stated although it is metropolitan greenbelt land used for agriculture at the moment.
13. Services and Utilities	Are there any major gas mains; water pipe; sewers crossing the site and impacting on the development potential of the site?
	400KW high voltage electricity pylons cross the southern part of the northern parcel of land.
	Have you received any advice about the current local capacity of services and utilities? If so are there any deficiencies and need to upgrade the utilities? If you have not carried out any surveys or engaged with the statutory undertakers are you aware of any anecdotal evidence relating to serving the site?
	Only desktop studies.
	Have you carried out any drainage studies across site? Were any constraints highlighted in those reports?
	Only desktop studies.
14. Access – Roads & Highways	Where are the road access points to the site?
	Two access points are proposed. Please see attached masterplan. The Developer has carried out transport/highways surveys which can be made available on request.

	Do any of the road access points need to be upgraded to enable the landholding to be developed?
	Yes – please see attached masterplan
	Are there any highway upgrades required to deliver this site? If so why and by when?
	Given the proximity of J21 of the M25, some works may be required to enable this site to come forward as a hospital. You will therefore be beholden to the Highways Agency to deliver these changes. There have been discussions about junction upgrades for the past 6 years with little to no progress however.
16. Effect of a Hospital on Your Development Aspirations	Will the presence of a hospital interfere with your own delivery plans or will the hospital help unlock your land?
	No. The Developer sees the presence of the hospital as a positive to 'un-lock' the whole landholding for alternative uses such as housing.
17. Abnormals	Are there any site specific abnormals we have not highlighted above which you feel need to be mentioned?
	None were highlighted by the Developer other than the pylons and required noise attenuation from the M25. The ground conditions are said to be a mix of chalk sand and clay.
18. Timescales and Aspirations	Is the land available for acquisition within the next 6 -9 months?
	Yes
	What are your own aspirations for the land and what timescales are you working towards?
	As soon as possible.
19. Value	Do you have an indicative value for a parcel of land to deliver a new hospital?
	A specific value was not mentioned, but the developer did say that they would be prepared to dispose of the land for a hospital based on agricultural value so long as the hospital un-locks the remainder of the site to deliver more valuable alternative uses.
	What are you value assumptions based on?
	Please see above
	What sort of conditionality would you apply to a land transaction with the Trust?
	Subject to planning transaction.
20. Other Comments	Any other comments or queries?
	The Developer is engaged with the Trust; SADC and the West Herts Hospital Group. The Developer stated they were independent of the group but they do share information with them. They are very advanced with their technical DD and masterplanning and want to work with the Trust. They are also aware that the Trust owns three other sites and discussed that Homes England could acquire these sites early and leaseback to the Trust to help introduce some early funding to the project.

I4. Site D (RA)

The Site						
Site Name	Site D - Former Radlett Aerodrome			LPA	St Albans City & District	
Site Postcode	AL2 2DD	Site NGR	515602, 203450	Site Area	TBC	hectares

Site Details	
1. Name(s) of Owner(s)	Hertfordshire County Council ("HCC")
2. History of Site Ownership	A former airfield and aircraft manufacturing plant until 1970.
3. Title Information	Title Number(s):
	Not provided
	Details of any tenancies, wayleaves, restrictive covenants:
	There is a patchwork of option agreements and alternative ownerships surrounding the aerodrome with Tarmac owning the freehold to the access to the site.
4. Town Planning	Current Local Plan Status:
	The site benefits from a planning permission for a Strategic Rail Freight Interchange ("SRFI") with 3 million square feet of distribution space. The developer, Helioslough has sought to discharge the planning conditions and the planning permission remains 'live'.
	Emerging Local Plan Status (if applicable):
	SADC's emerging Local Plan has collapsed.
	What discussions (if any) have you had with the LPA?
	HCC has introduced the prospect of offering this site for housing and supporting infrastructure to deliver a 2,000 home garden village
5. Site Layout Considerations	Where could an 8-16 ha hospital be located on land within your ownership? *(if yes, please mark area on a drawing)*
	Yes
	Have you masterplanned your site yet?
	The site benefits from planning permission for a Strategic Rail Freight Interchange ("SRFI") with 3 million square feet of distribution space
	Could a hospital be delivered as a first phase?
	Yes, if the site did not benefit from the above planning permission.
6. Infrastructure Requirements	What are the physical constraints of this site and what infrastructure will need to be put in to deliver development parcels?

	Physical constraints are limited but the new Strategic Rail Freight Interchange will require significant amount of infrastructure to be put into place.
	Who will put in the infrastructure?
	Heliosslough or their selected contractor
	Are you reliant on a third party to deliver?
	Unknown.
	What are the timescales for delivery?
	Unknown – the project appears to be delayed.
7. Demolition	Is there any demolition required on site?
	Minimal.
8. Contamination	Are you aware of any site contamination and therefore remediation costs?
	Not aware of anything specific.
9. Heritage Assets	Are there any listed buildings, scheduled monuments, or registered parks or gardens on the site?
	None identified
	Is there any known or suspected archaeology potential?
	None identified
10. Topography	What is the topography like on the site?
	Flat
11. Flood Risk	Is any part of the site susceptible to flooding? For the avoidance of doubt our query relates not only to the site and that would be earmarked for a hospital; any part of the wider landholding and the access point to the site or to the hospital.
	Not aware of any issues.
12. Ecology	Are there any ecological constraints?
	Not aware of any issues.
13. Services and Utilities	Are there any major gas mains; water pipe; sewers crossing the site and impacting on the development potential of the site?
	None identified.
	Have you received any advice about the current local capacity of services and utilities? If so are there any deficiencies and need to upgrade the utilities? If you have not carried out any surveys or engaged with the statutory undertakers are you aware of any anecdotal evidence relating to serving the site?
	No advice has been provided.
	Have you carried out any drainage studies across site? Were any constraints highlighted in those reports?
	None provided.

14. Access – Roads & Highways	Where are the road access points to the site?
	Access to the site is controlled by a third party - Tarmac
	Do any of the road access points need to be upgraded to enable the landholding to be developed?
	Yes
	Are there any highway upgrades required to deliver this site? If so why and by when?
	None identified.
16. Effect of a Hospital on Your Development Aspirations	Will the presence of a hospital interfere with your own delivery plans or will the hospital help unlock your land?
	The presence of a hospital would interfere with the current planning permission and could not accommodated.
17. Abnormals	Are there any site specific abnormals we have not highlighted above which you feel need to be mentioned?
	None identified.
18. Timescales and Aspirations	Is the land available for acquisition within the next 6 -9 months?
	No
	What are your own aspirations for the land and what timescales are you working towards?
	HCC are concerned that the current developer's plans have stalled. HCC have promoted the site for housing but was rejected by the Inspector because of the current planning permission for a Strategic Rail Freight Interchange
19. Value	Do you have an indicative value for a parcel of land to deliver a new hospital?
	N/A
	What are you value assumptions based on?
	N/A
	What sort of conditionality would you apply to a land transaction with the Trust?
	N/A
20. Other Comments	Any other comments or queries?
	Due to the current planning permission the site is not immediately available.

I5. Site E (WO) & F (WR)

The Site						
Site Name	Land off Thomas Sawyer Way, Watford			LPA	Watford Borough Council	
Site Postcode	WD18 0GS	Site NGR	510602,195538	Site Area	0.7 Stated on the call Promap shows potentially 1.94 ha	hectares

Site Details	
1. Name(s) of Owner(s)	Watford Borough Council
2. History of Site Ownership	Formed part of a CPO exercise promoted by Watford Borough Council as a land assembly exercise
3. Title Information	Title Number(s):
	Information not provided – indicative red line plan attached as appendix 1.
	Details of any tenancies, wayleaves, restrictive covenants:
	WBC described the title as being 'clean and marketable'
4. Town Planning	Current Local Plan Status:
	Located within WBC's jurisdiction. The site forms part of a 2014 masterplan Watford Health Campus where this specific parcel was identified to deliver 340 apartments.
	Emerging Local Plan Status (if applicable):
	The first draft of the WBC Local Plan went out to public consultation between 27 September and 8 November 2019. The online responses are currently available for review.
	What discussions (if any) have you had with the LPA?
	The subject site forms part of a wider masterplan which will deliver a mix of residential and commercial uses. Part of the masterplan is being implemented by Bellway (housebuilder) and Audley (retirement living). A two form primary school is also included as well as healthcare use linked to the current hospital.
5. Site Layout Considerations	Where could an 8-16 ha hospital be located on land within your ownership? *(if yes, please mark area on a drawing)*
	This option would lend itself to an extension and

	reconfiguration of the current site and therefore differs from the greenfield sites. Witt the subject site, a new hospital would 'straddle' the Trust's current ownership and WBC's ownership.
	Have you masterplanned your site yet?
	Yes – please see comments above
	Could a hospital be delivered as a first phase?
	The first phase is underway but there would not be no problem in incorporating an alternative hospital reconfiguration using different land within the current masterplan, subject to the impact being dealt with between the Trust's and WBC's appointed architects.
6. Infrastructure Requirements	What are the physical constraints of this site and what infrastructure will need to be put in to deliver development parcels?
	This is a brownfield site where some infrastructure has already put in place. For example the construction of Thomas Sawyer Way already forms part of a landowners' equalisation agreement where parcels of land are allocated part of the cost of delivering this new road. The topography of the site is sloping and it is envisaged cut and fill works will be required – some of which may have already been undertaken linked to the first phase delivery.
	Who will put in the infrastructure?
	N/A
	Are you reliant on a third party to deliver?
	No
	What are the timescales for delivery?
	Already provided.
7. Demolition	Is there any demolition required on site?
	Some buildings and hard standing
8. Contamination	Are you aware of any site contamination and therefore remediation costs?
	WBC have commissioned reports investigating ground conditions and contamination. The reports are stated to be 'out of date' albeit ground works on site linked to the wider redevelopment may have altered the site would need to be reassessed. It is likely however that due to some of the land formerly being used as a car breaker yard some hot spots of contamination may exist.
9. Heritage Assets	Are there any listed buildings, scheduled monuments, or registered parks or gardens on the site?
	No
	Is there any known or suspected archaeology potential?

	No
10. Topography	**What is the topography like on the site?**
	Sloping from north to south
11. Flood Risk	**Is any part of the site susceptible to flooding? For the avoidance of doubt our query relates not only to the site and that would be earmarked for a hospital; any part of the wider landholding and the access point to the site or to the hospital.**
	None that were stated.
12. Ecology	**Are there any ecological constraints?**
	None that the landowner is aware of
13. Services and Utilities	**Are there any major gas mains; water pipe; sewers crossing the site and impacting on the development potential of the site?**
	There is a major sewer which crosses the site. Anecdotally the landowner's advisor believes that some of the rights in terms of easement of the sewer have been limited to maximise the development potential of the site. The masterplan has also taken into account the presence of the sewer and has 'built around' the issue.
	Have you received any advice about the current local capacity of services and utilities? If so are there any deficiencies and need to upgrade the utilities? If you have not carried out any surveys or engaged with the statutory undertakers are you aware of any anecdotal evidence relating to serving the site?
	None, however, given the presence of the current hospital it is not envisaged to be a problem in terms of capacity and load.
	Have you carried out any drainage studies across site? Were any constraints highlighted in those reports?
	None were highlighted
14. Access – Roads & Highways	**Where are the road access points to the site?**
	The site can benefit from two access points from Thomas Sawyer Way.
	Do any of the road access points need to be upgraded to enable the landholding to be developed?
	No – Thomas Sawyer Way has already been built with the new hospital campus in mind and to deliver the wider site masterplan.
	Are there any highway upgrades required to deliver this site? If so why and by when?
	N/A
16. Effect of a Hospital on Your Development Aspirations	**Will the presence of a hospital interfere with your own delivery plans or will the hospital help unlock your land?**
	No. The original masterplan included a hospital and whilst inclusion of the subject site will alter the current

	uses and where they are located, it is not seen as a problem and the delivery of a hospital in this part of the site can be delivered with a reconfigured masterplan. The detail of which would need to be consulted upon.
17. Abnormals	Are there any site specific abnormals we have not highlighted above which you feel need to be mentioned?
	The equalisation agreement allocates financial sums to each parcel of land to pay for the road infrastructure that is now in place.
18. Timescales and Aspirations	Is the land available for acquisition within the next 6 -9 months?
	Yes
	What are your own aspirations for the land and what timescales are you working towards?
	Politically WBC would be happy to accommodate the hospital in this part of the masterplan and would be happy to work with WHHT to reconfigure the masterplan to suit their redevelopment plans.
19. Value	Do you have an indicative value for a parcel of land to deliver a new hospital?
	None was shared and WBC explained that valuations had been carried out linked to the 340 unit apartment led scheme that the masterplan identifies on this site. The valuations are historic and WBC has recently appointed advisors to refresh these appraisals with the potential of considering a land-swap agreement with WHHT and understanding any value difference between the subject parcel and the WHHT parcel of land that would be offered back to the Council. It was stated by WBC that not only is the capital value of the site is important but they have also 'booked' the development profit from the subject site as well.
	What are you value assumptions based on?
	340 apartment led scheme.
	What sort of conditionality would you apply to a land transaction with the Trust?
	Land-swap deal subject to formal valuations being carried out to demonstrate 'best value' for the Public Purse.
20. Other Comments	Any other comments or queries?
	WBC stated that the subject site is available to WHHT and they would be happy to engage with them linked to a land-swap transaction. They would like to understand further the WHHT's timescales and should the hospital disappear altogether from the current masterplan, WBC would also want to understand WHHT's exit strategy from the wider site.

Appendix J – Enabling & Abnormal Costs Background & Assumptions

J1. Site consideration notes and assumptions

This is a desktop exercise informed by review of comparable schemes, feedback from meetings attended by members of the consultant team with the Local Planning Authorities and Landowners, information gathering from various project team meetings and outputs from the wider consultant team.

The evaluation of Site B (EH) has been informed by discussion within the team and engagement with the Landowner (Crown Estates) with the preference for the proposed hospital to be located in the southwest corner.

No intrusive ground investigation works are available to inform any site contamination issues. Typically land deals are qualified in terms of contamination and the feedback from the team is that contamination in the ground across each of the sites is unlikely albeit this is based on verbal confirmation from the landowner interviews. Intrusive surveys have not been instructed at this stage but will be required at the next stage for those sites which are shortlisted.

The provision of car parking to serve the proposed hospital has been assumed to be consistent across all sites and not considered within the evaluation criteria. It is assumed that land take will be sufficient to ensure that there is no requirement for basement car parking across any of the options.

The summary comparison of the main abnormals/enabling works serving each of the sites (see table below) excludes any improvements to or the provision of new junctions from the existing motorway network serving the proposed hospital sites. Cost range from approximately £50m for improvements to existing motorway junctions to costs in excess of £100m+ for new junctions.

There is a considerable risk in both time and cost where potential motorway and or significant highways works are required as a result of the proposed hospital redevelopment. We understand that improvements are required to the motorway junction in relation to Site A (KL) and that there have also been discussions in relation to the motorway junction adjacent to Site C (CG) (although it is not clear whether this is related to serving the site or as part of wider network improvements). Given the lack of detail on these requirements at present it is unclear if any upgrades to the existing motorway junctions are required as part of the hospital redevelopment (this will be addressed at the next stage). Should there be a requirement to engage with Highways England (HE) for either improvements or the provision of new junctions to the existing motorway network this will need to be fed into the existing hospital redevelopment master programme (and costs) with a target to have the hospital substantially complete by 2025.

Below is a summary of issues in relation to access to the sites including potential improvements to adjacent motorways derived from the wider consultant team review.

i) Site A (KL) - nearest M25 junction (junction 20) is at capacity and needs improvements

ii) Site B (EH) - ongoing significant works to the motorway junctions – unclear if improvements would be limited to the local road network or extended to cover works to the existing motorway network

iii) Site C (CG) – Junction of M1/M25 – highlighted during the team meetings that improvements to this junction have been the subject of ongoing discussions with Highways England and interested parties extending back over the last 6 years

iv) Site D (RA) – improvements to the local road network but it is not anticipated that there will be a requirement to enhance the local motorway junctions. Current proposals and consented use for the site are as a Strategic Rail Freight Interchange and the local road network will be improved as part of this hub. It is assumed that similar improvements will be required if use is as a hospital.

Further transport studies will need to be undertaken to inform the overall programme and costs if they progress to the next stage of the short-listing process.

Further consideration is required for potential improvements / contributions to the local transport services i.e. extending the bus network. It is anticipated should one of the greenfield sites be chosen for the hospital redevelopment that there may be a requirement for the Trust to make a contribution towards public transport which might include a "sustainable transport corridor" to adjacent urban settlements.

J2. Notes

a. Works will be carried out in a single phase.

b. Costs are standalone with no contribution from any adjacent planned developments in order to take advantage of the possibility of sharing development costs.

c. Professional Fees have been included at 14% of Works Costs (in line with the SOC).

d. Planning Contingency has been included at 10% of Works Costs (in line with the SOC).

e. Optimism Bias has been included at 25%.

f. All costs reported are at current price levels (PUBSEC 263).

g. VAT has been included at 20% (excluding VAT on fees).

J3. Summary Comparison of Main Abnormals / Enabling Works

The following table provides a summary comparison of the main abnormals/enabling works applicable to each of the sites which has informed the costs

No	Abnormal	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
1	**Demolitions and site clearance**	Low impact. Existing farm buildings	Vacant land	Low impact. Sprinkling of existing farm buildings	Old air force base remaining structures and breaking up hard standings	Extent of demolitions of existing buildings on the footprint of the proposed new build is quite modest	Extent of demolitions of existing buildings on the footprint of the proposed new build is quite modest
2	**Topography**	Sloping site with hospital design to match existing	Acknowledged that there are significant valleys to the	Not aware of any particular site issues in terms of	Not aware of any particular site issues in terms of	The site is currently at grade car parking and	The site is currently at grade car parking and

No	Abnormal	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
		contours	north of the site. Preference is to position the hospital in the corner of the site where topography issues are more modest	topography	topography	sloping and will require an element of cut and fill enabling works.	sloping and will require an element of cut and fill enabling works.
3	**Site Contamination**	Existing farmland	Existing farmland	Existing farmland	Former air force base	The proposed hospital new build is located on the site of the former hospital site and the risk of contamination is low to medium.	The proposed hospital new build is located on the site of the former hospital site and the risk of contamination is low to medium.
4	**Listed Buildings**	There are groups of statutorily listed buildings on Kings Langley High Street and on Langley Hill, and two scheduled monuments adjacent to the site; potential for harm to setting is likely to be low	There are Grade II and II* buildings along Westwick Row, the setting which could be affected by development on the site. Overall, large-scale development could cause less-than-substantial harm to setting is likely to be low	Likely less-than-substantial harm to setting of Holt Farmhouse group of listed buildings which sit in the middle of this parcel. Potential for harm to setting is likely to be low	There are listed buildings around the edge of this parcel, including a group on Park Street. Potential for harm to setting is likely to be low	Assumed not applicable for this option. Management of listed building in the proposed landswap will feed into the revised masterplan	Assumed not applicable for this option

No	Abnormal	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
5	**Potential need for archaeological work**	No archaeology issues identified to date	Noted by Crown Estates that there is evidence of archaeological remains but quite modest and should be able to be easily mitigated	No archaeology issues identified to date	No archaeology issues identified to date	No archaeology issues identified to date however acknowledged that proposed option is located on or adjacent historical hospital site.	No archaeology issues identified to date however acknowledged that proposed option is located on or adjacent historical hospital site.
6	**Site attenuation / flood risk mitigation**	All sites will require a level of on-site attenuation prior to discharge into the public drains. Flood risk assessments will need to be carried out at the next stage.	All sites will require a level of on-site attenuation prior to discharge into the public drains. Noted during various meetings that ground is quite impregnable on this site and it is likely that additional measures will be required compared to the other sites. Flood risk assessments will need to be carried out at the next stage	All sites will require a level of on-site attenuation prior to discharge into the public drains. Flood risk assessments will need to be carried out at the next stage.	All sites will require a level of on-site attenuation prior to discharge into the public drains. Flood risk assessments will need to be carried out at the next stage.	All sites will require a level of on-site attenuation prior to discharge into the public drains. Flood risk assessments will need to be carried out at the next stage	All sites will require a level of on-site attenuation prior to discharge into the public drains. Flood risk assessments will need to be carried out at the next stage
7	**Nature Designation**	Noted that the impact is more on programme should there be a requirement to relocate particular wildlife which can only be during particular parts of the calendar	Noted that the impact is more on programme should there be a requirement to relocate particular wildlife which can only be during particular parts of the calendar	Noted that the impact is more on programme should there be a requirement to relocate particular wildlife which can only be during particular parts of the calendar	Noted that the impact is more on programme should there be a requirement to relocate particular wildlife which can only be during particular parts of the calendar	Assumed not applicable as proposed footprint for this option is currently a car park.	Assumed not applicable as proposed footprint for this option is currently a car park.

No	Abnormal	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
		year. Likely that risk is low in terms of cost	year. Likely that risk is low in terms of cost	year. Likely that risk is low in terms of cost	year. Likely that risk is low in terms of cost		
8	**Diversion of underground services**	Extent of potential underground services and the need to divert them in the final scheme is unknown at present	Extent of potential underground services and the need to divert them in the final scheme is unknown at present	Extent of potential underground services and the need to divert them in the final scheme is unknown at present	Extent of potential underground services and the need to divert them in the final scheme is unknown at present	Extent of potential underground services and the need to divert them in the final scheme is unknown at present but acknowledged that proposed new build is located to adjacent hospital with potential for engineering services diversions	Extent of potential underground services and the need to divert them in the final scheme is unknown at present but acknowledged that proposed new build is located to adjacent hospital with potential for engineering services diversions
9	**Diversion of over ground services i.e. electrical pylons**	Not applicable	Not applicable	Requirement to bury Electrical pylon cables crossing the southern tip of the northern parcel of land.	Not applicable	Not applicable	Not applicable
10	**Provision of incoming services**	Requirement to bring all statutory services to the site including electrics, water, gas, telecoms and drainage	Requirement to bring all statutory services to the site including electrics, water, gas, telecoms and drainage	Requirement to bring all statutory services to the site including electrics, water, gas, telecoms and drainage	Requirement to bring all statutory services to the site including electrics, water, gas, telecoms and drainage	Assumption is that the existing hospital engineering services have sufficient capacity to serve new hospital building	Assumption is that the existing hospital engineering services have sufficient capacity to serve new hospital building
11	**Acoustic**	Plot not as exposed as Site B and Site C	Plot runs parallel to the M1. Intention would be to erect a barrier (earthwork bund/trees) adjacent the	Located at Junction of M1/M25. However site is elevated and it is likely that mitigating acoustics will be	Plot not as exposed as Sites B and C.	Assumption is that any acoustic issues will be addressed within the detailed design and that the	Assumption is that any acoustic issues will be addressed within the detailed design and that the

No	Abnormal	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
			motorway to mitigate impact of traffic noise. Acoustic surveys to be carried out at next stage	modest. Acoustic surveys to be carried out at next stage		proposed option is adjacent to the existing hospital	proposed option is adjacent to the existing hospital
12	**New local road connections and access roads – including e.g. a new spur off a roundabout or an underpass.**	Improvements required to the existing A road to provide new junction serving the hospital.	Improvements required to the existing A road to provide new junction serving the hospital.	Noted as one of the busiest B roads in the country with major local issues and the understanding is that this will require major improvements to serve the proposed hospital	Understanding (as with Site C) is that this will require major improvements to serve the proposed hospital.	No works envisaged – assumption is that the existing road network external to the site deemed to be sufficient	No works envisaged – assumption is that the existing road network external to the site deemed to be sufficient
13	**New main road junctions off adjacent motorways.**	Nearest M25 junction (junction 20) is at capacity and needs improvements	Ongoing significant works to the motorway junctions – unclear if improvements would be limited to the local road network or extended to cover works to the existing motorway network	Junction of M1/M25 – highlighted during the team meetings that improvements to this junction have been the subject of ongoing discussions with Highways England and interested parties extending back over the last 6 years	Improvements to the local road network but it is not anticipated that there will be a requirement to enhance the local motorway junctions. Current proposals for the site is for a Strategic Rail Freight Interchange and the local road network will be improved as part of this hub. Assumed similar improvements required if use is as a hospital.	No works envisaged – assumption is that the motorway network external to the site deemed to be sufficient	No works envisaged – assumption is that the motorway network external to the site deemed to be sufficient

No	Abnormal	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
14	**Improvements / contributions to the local transport services i.e. extending the bus network**	It is anticipated should one of the greenfield sites be chosen for the hospital redevelopment that there would be a requirement for the Trust to contribute to the costs of providing a "sustainable transport corridor"	It is anticipated should one of the greenfield sites be chosen for the hospital redevelopment that there would be a requirement for the Trust to contribute to the costs of providing a "sustainable transport corridor"	It is anticipated should one of the greenfield sites be chosen for the hospital redevelopment that there would be a requirement for the Trust to contribute to the costs of providing a "sustainable transport corridor"	It is anticipated should one of the greenfield sites be chosen for the hospital redevelopment that there would be a requirement for the Trust to contribute to the costs of providing a "sustainable transport corridor"	Assumption is that the existing local transport / bus service is sufficient to serve the new hospital building	Assumption is that the existing local transport / bus service is sufficient to serve the new hospital building
15	**Decant requirements**					Provision of Mortuary (161m2) and Pathology (800m2).	Provision of Surge Wards (3,200m2), Mortuary (161m2) and Pathology (800m2).
16	**Abnormal Foundations**	Agreed amongst the team that there are no ground investigation / soil reports available for any of the sites and this element should be evaluated equally across all sites	Agreed amongst the team that there are no ground investigation / soil reports available for any of the sites and this element should be evaluated equally across all sites	Agreed amongst the team that there are no ground investigation / soil reports available for any of the sites and this element should be evaluated equally across all sites	Agreed amongst the team that there are no ground investigation / soil reports available for any of the sites and this element should be evaluated equally across all sites	Agreed amongst the team that there are no ground investigation / soil reports available for any of the sites and this element should be evaluated equally across all sites	Agreed amongst the team that there are no ground investigation / soil reports available for any of the sites and this element should be evaluated equally across all sites
17	**Facades**	Agreed amongst the team that at this early stage there has been no discussions with the planners regarding elevational treatment of the proposed	Agreed amongst the team that at this early stage there has been no discussions with the planners regarding elevational treatment of the proposed	Agreed amongst the team that at this early stage there has been no discussions with the planners regarding elevational treatment of the proposed	Agreed amongst the team that at this early stage there has been no discussions with the planners regarding elevational treatment of the proposed	Agreed amongst the team that at this early stage there has been no discussions with the planners regarding elevational treatment of the proposed	Agreed amongst the team that at this early stage there has been no discussions with the planners regarding elevational treatment of the proposed

No	Abnormal	Site A (KL)	Site B (EH)	Site C (CG)	Site D (RA)	Site E (WR)	Site F (WO)
		hospital across all the options and that this element should be evaluated equally across all sites	hospital across all the options and that this element should be evaluated equally across all sites	hospital across all the options and that this element should be evaluated equally across all sites	hospital across all the options and that this element should be evaluated equally across all sites	hospital across all the options and that this element should be evaluated equally across all sites	hospital across all the options and that this element should be evaluated equally across all sites

Appendix K – Site F (WO) Scope of Works

Site F (WO) - Scope of Work for Redevelopment within the Existing Watford General Hospital site

Key Assumptions:

- New 30,000 sq m clinical building for Critical Care and Women's & Children Hospital in location of existing visitor car park, adjacent to PMOK to allow for future link bridges; followed by refurbishment of PMOK. Other functions on site, such as AAU unit, Shrodells, etc. will continue to deliver services to provide overall comparability to Emergency Care Hospital of 60,000 to 80,000 sq m.
- Enabling work (outlined below) to be undertaken at risk, prior to approval of FBC, but following OBC approval (to include approval to proceed with business case for enabling work – allow 5 months from OBC approval for business case approval). This will be costed (at a high-level) in the report but as a 'ball-park' figure could range between £20m to £30m.

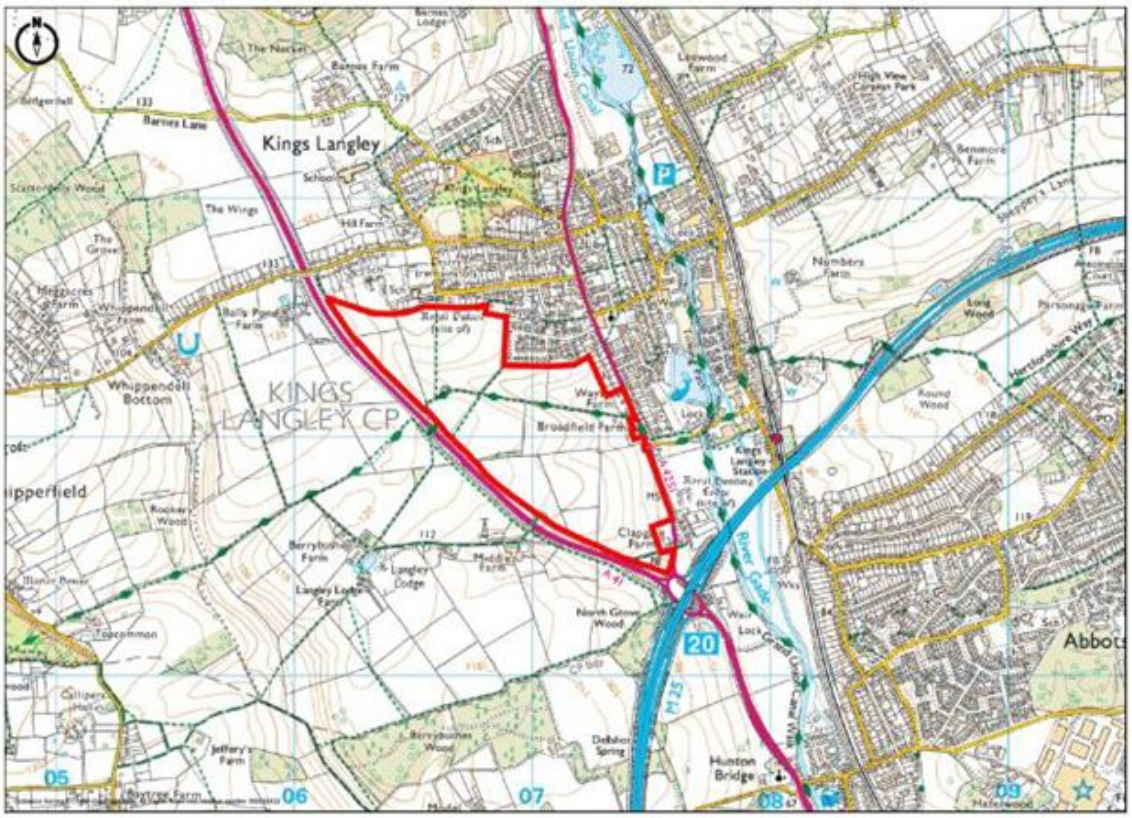
No	Item	Quantum Considerations	Programme considerations
1	Surge wards – construct temporary modular surge wards in Shrodells Garden.	c. 70 beds c. 3,200 sq m GIA Footprint will only allow for 24 bed ward, so will need to be 3 storey building.	Planning permission required - no significant issues envisaged as within hospital footprint, will not exceed current building massing, does not increase traffic and is a temporary structure. Area clearance - will need to relocate services to create building space and construction compound (space on site is very tight).
2	Mortuary – construct temporary modular mortuary elsewhere on site. Location still to be identified - will require a series of moves to create space for temporary mortuary	161 sq m GIA	Planning permission required - no significant planning issues envisaged.
3	Pathology – Essential Services Lab (ESL) to be decanted offsite / elsewhere on Trust estate (within existing building(s)). Allowance will be required to make the space fit for purpose	800 sq m GIA for the purpose of re-provision.	Space available elsewhere in sufficient time for building to be vacated ready for demolition.
4	NEQAS – Operational plan for NEQAS to be decanted offsite. Any cost for supporting re-provision to be covered within operational budgets (not a cost to this project)		Space available elsewhere in sufficient time for building to be vacated ready for demolition.

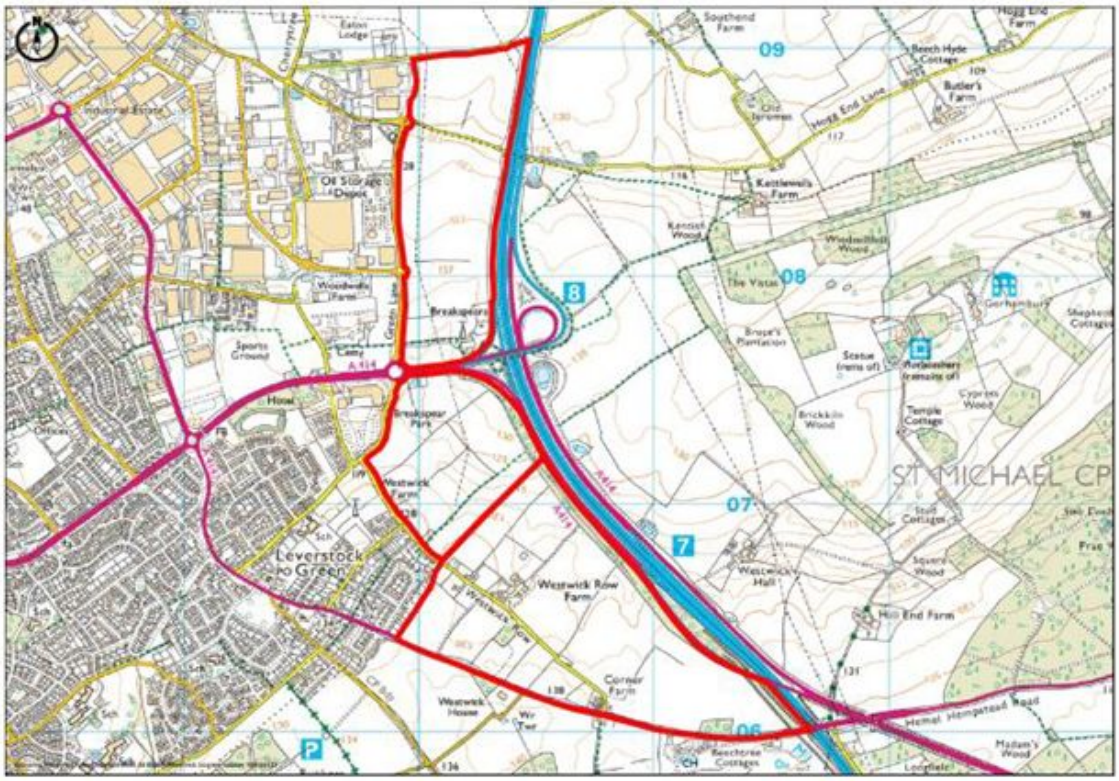
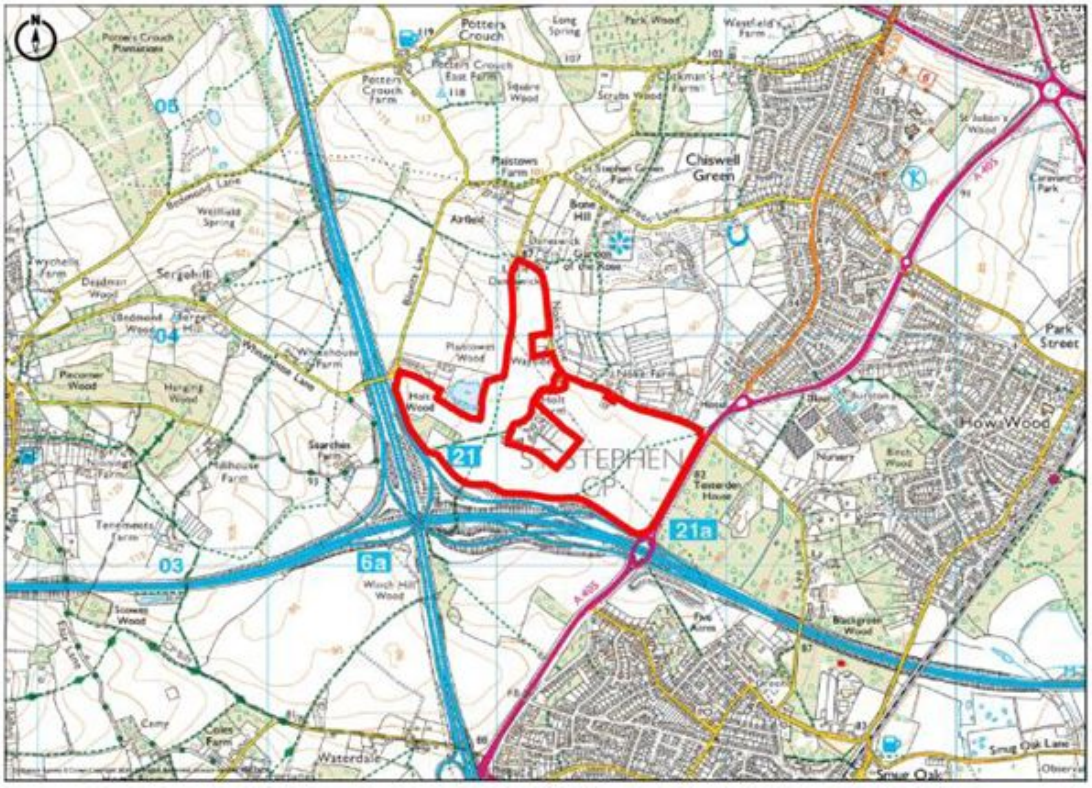
No	Item	Quantum Considerations	Programme considerations
5	Cytology Building - Building currently occupied by admin teams who will be relocated elsewhere on site (location TBC but potential to use existing temp building in Shrodells Garden, moved elsewhere on site.)		Space available elsewhere in sufficient time for building to be vacated ready for demolition.
6	VIE Plant – to be moved elsewhere on site. Secondary plant being provided elsewhere in response to Covid-19 Pandemic which will provide resilience for move		
7	Visitor Car Park (390 spaces) - to be vacated prior to commencement of main works and once MSCP has been completed. MSCP has to be constructed to meet license requirement for current staff car park. Proposed capacity is 1,450 spaces (of which 390 will be to replace existing visitor car park) Current budget c. £40m		
8	Demolish Buildings to create developable platform: Pathology (Old Building with confirmed asbestos) Mortuary (presume same age as Pathology) Cytology ((relatively new building – assume no asbestos) NEQAS (small wooden temporary structure); Red Suite; Granger Suite, ACU (modular buildings leased from Portakabin with removal provisions)	Pathology Building: c. 2,050 sq m GIA NEQAS Building: c. 364 sq m GIA.	Once Services decanted / provided elsewhere, demolition can commence
9	Site Preparation – During demolition, prepare wider site. Issues to be considered include:		

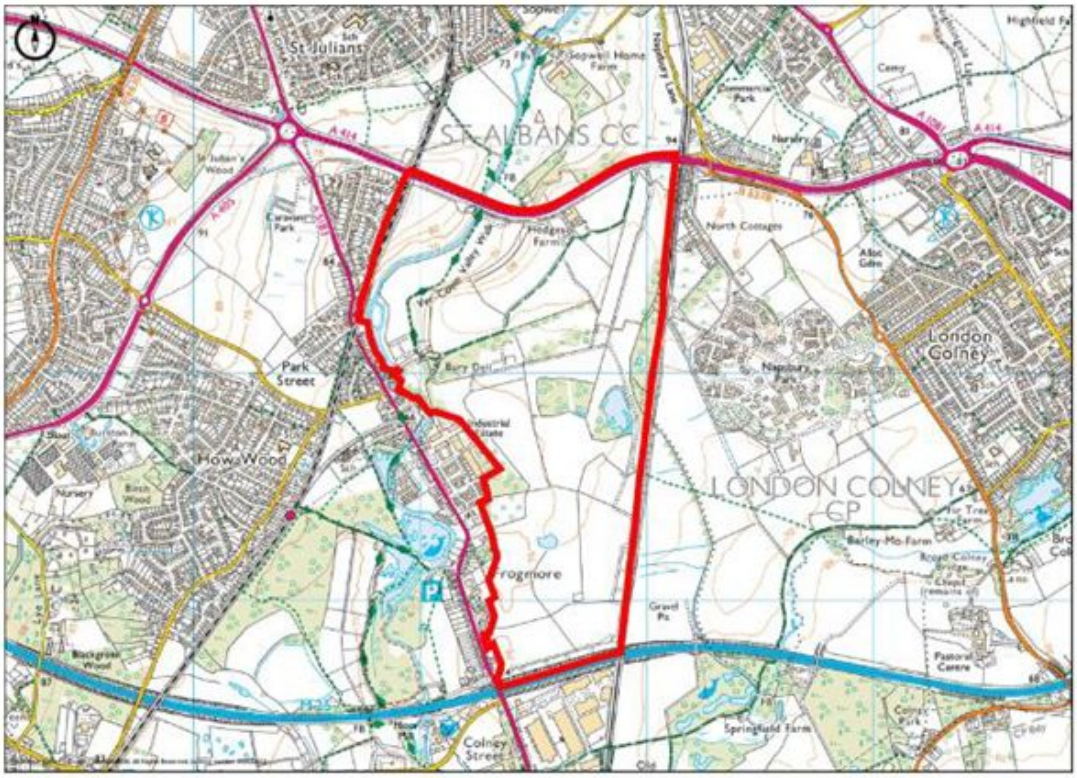
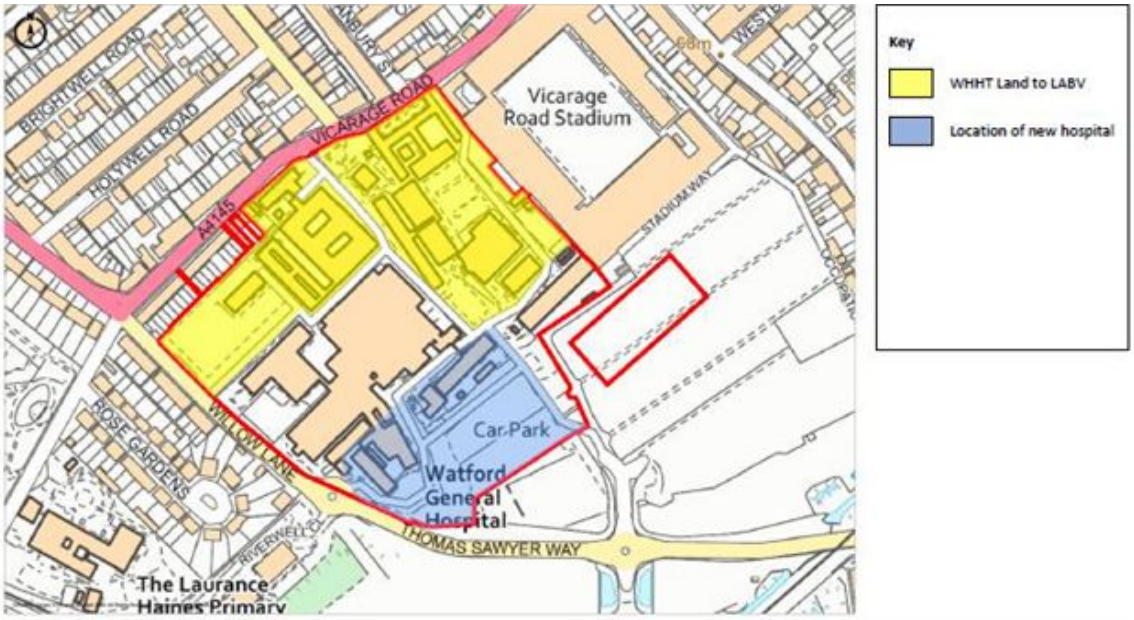
No	Item	Quantum Considerations	Programme considerations
	service terminations / diversions in location of demolished buildings; potential contamination (historic hospital site); contouring (sloping site)		
10	Construct new Critical Care and Women's & Children Hospital in location of existing visitor car park. Access from South (not via existing hospital)	GIA 30,000 sq m, c. 4 floors	All of the above enabling work to precede start on site
11	Refurbish PMOK. Phased refurbishment required. Number of phases will depend on extent that floors can be cleared / relocated elsewhere.	GIA 24,000 sq m, 6 floors	

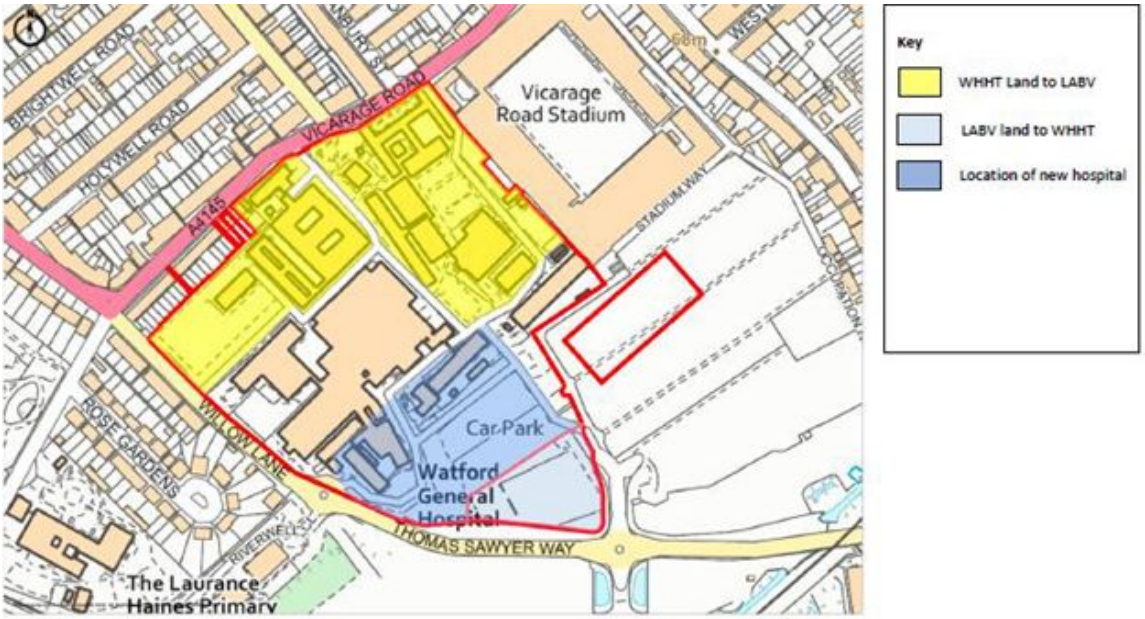
Note that sq m areas within the above are approximate and based on the Schedule of Accommodation (SoA) developed for the Trust's Strategic Outline Case (SOC). These sq m are to be revisited during Trust's shortlisting appraisal stage.

Appendix L – Site Maps

Site	Map location
A (KL)	

B (EH)	 09 08 07 06 8 7 P ST MICHAEL CP Leverstock Green Breakspear Park Westwick Row Farm Hill End Farm Corner Farm Westwick Hall Kettlewell's Farm Gorhambury Temple Cottage Cypress Wood Brickkiln Wood Hemel Hempstead Road
C (CG)	 05 04 03 21 21a 6a ST STEPHEN CP Potters Crouch Chiswell Green Park Street How Wood Sergehill Waterdale Smug Oak Smug Oak Lane A405

D (RA)	 ST ALBANS CC LONDON COLNEY CP Park Street Frogmore London Colney How Wood Colney Street
E (WR)	 Key WHHT Land to LABV Location of new hospital Vicarage Road Stadium VICARAGE ROAD BRIGHTWELL ROAD HOLYWELL ROAD A4145 STADIUM WAY Car Park Watford General Hospital THOMAS SAWYER WAY WILLOW LANE ROSE GARDENS The Laurance Haines Primary

F (WO)	 Vicarage Road Stadium VICARAGE ROAD BRIGHTWELL ROAD HOLYWELL ROAD A4145 STADIUM WAY WILLOW LANE ROSE GARDENS RIVERWELL Car Park Watford General Hospital THOMAS SAWYER WAY The Laurance Haines Primary Key WHHT Land to LABV LABV land to WHHT Location of new hospital

BOARDS OF HERTS VALLEYS CLINICAL COMMISSIONING GROUP AND WEST HERTFORDSHIRE HOSPITALS NHS TRUST

17 September 2020

5

Title of the papers	Option appraisal report. Emergency Care Options High level risk assessment. Communications and stakeholder engagement report.
Agenda Item	5
Presenter	Deputy CEO Acute redevelopment Programme Director & Director of Communications
Author(s)	John Wingfield-Hill, PA Consulting Duane Passman, Acute redevelopment Programme Director Louise Halfpenny, Director of Communications
Purpose	Please tick the appropriate box *For approval*: *For discussion*: *For information*: X
Executive Summary	This pack includes the options appraisal report; a high level deliverability risk assessment of the proposed emergency care short list; and a stakeholder engagement report. The options appraisal report paper and accompanying slide packs outlines the work to date in developing the short list of options for further review within the Outline Business Case (OBC). This appraisal has encompassed both emergency care and planned care options for the acute redevelopment programme. The pre-scored appraisal pack for emergency care was reviewed by a panel on 18th August. This panel included representatives from Healthwatch, Herts Valley CCG, NHSE & I regional team, the Trust clinical leadership team and the acute redevelopment Programme Team. The outcome was agreed by all attendees and Healthwatch attendees confirmed that they were satisfied that the process and documentation had been thorough. Since then, the pack has been reviewed by the Trust Management Committee on 26th August and Great Place Committee on 17th September. The proposed short list options to be taken forward relating to emergency care are all based on either the current Watford General Hospital site and / or a combination of the current Watford General site with additional land adjacent to the current site available via a land swap with Watford Borough Council as part of the overall Riverwell redevelopment. Further discussions were undertaken after this with the NHSE & I regional team and colleagues at DHSC regarding the definition of BAU and do minimum options. Following these discussions it was agreed with regulators that the proposed option shortlist would be as follows: 1. Business as Usual (application of operational capital to address high risk backlog maintenance over time – this is the new option) 2. Do minimum (was “BAU” above), which would involve minor new additions to the estate with mostly refurbishment

3. Watford 2019 SOC Option 1 ("SOC1")
4. SOC 1 + ED and Wards
5. Preferred Way Forward – SOC 1 + replace PMOK
6. Larger Scope – Watford all clinical services in new build.

It has been determined that the planned care options do not require full reappraisal and that the preferred way forward from the 2019 SOC for planned care should be carried forward (i.e. retaining and improving HHGH and SACH sites) along with an option that would enhance the proposed solution to ensure that the investment objective to achieve condition B and suitability B for all elements of the estate is fully met. Therefore, the proposed short list of options to be taken forward for Planned care is as follows:

HHH options:

1. Business as usual - HHH 2019 SOC Do Minimum
2. Do minimum - HHH 2019 SOC Option ("SOC1")
3. Enhanced option – SOC1 + Enhancements to Medical Care unit (Diagnostics)

SACH options:

1. Business as usual – SACH 2019 SOC Do Minimum
2. Do minimum - SACH 2019 SOC Option ("SOC1")
3. Enhanced option – SOC1 + replace Moynihan building

Following discussions at the Great Place Committee on 17 September 2020, a high level risk assessment of the deliverability of the proposed shortlisted options has been undertaken, and is also included within this pack.

Finally, a report outlining the communications and public engagement activity which has taken place from June – September 2020, is also included. The report is intended to provide assurance to the Boards that HVCCG and WHHT have fulfilled their duty to involve as set out in the relevant sections of the Health Act.

Part A of the communications and stakeholder engagement report sets out the approach to engagement over the period, taking into account the constraints imposed by the COVID 19 pandemic.

Part B of the report summarises the feedback received on our redevelopment plans, including the proposed shortlist and preferred option; sets out key areas of concern identified through the engagement process and recommended steps to respond to the key areas of concern.

These papers have been consolidated into a single pack to support the Board decision making regarding the shortlist. The Board is asked to review this information and confirm agreement to the proposed shortlist of options being taken forward for detailed economic appraisal within the OBC.

Trust strategic aims

(please indicate which of the 4 aims is relevant to the subject of the report)

Aim 1 Best care	Aim 2 Great team	Aim 3 Best value	Aim 4 Great place
Objectives 1-4	*Objectives 5-8*	*Objective 9*	*Objective 10-12*
X		X	X

Links to well-led key lines of enquiry

☒Is there the leadership capacity and capability to deliver high quality, sustainable care?
☒Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

	☒Is there a culture of high quality, sustainable care? ☒Are there clear responsibilities, roles and systems of accountability to support good governance and management? ☒Are there clear and effective processes for managing risks, issues and performance? ☒Is appropriate and accurate information being effectively processed, challenged and acted on? ☒Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? ☒Are there robust systems and processes for learning, continuous improvement and innovation? ☒How well is the trust using its resources?
Previously considered by	<table><tr><th>Committee/Group</th><th>Date</th></tr><tr><td>Great Place Committee</td><td>17th September 2020</td></tr><tr><td>Trust Management Committee</td><td>26th August 2020</td></tr><tr><td>Long list appraisal panel session</td><td>18th August 2020</td></tr><tr><td>Options appraisal task and finish group</td><td>14th August 2020</td></tr></table>
Action required	Essentially the key decision facing both Boards, in the light of stakeholder views, is whether or not to shortlist any new site options. This decision needs to balance the potential benefits of a new site option against the time and risk associated with developing a new hospital on a new site. Taking into consideration all of the information and analysis provided in by the option appraisal report, emergency care high level risk assessment and communications and stakeholder engagement report (and the independent site feasibility report considered under item 4); the Boards are asked to: 1. Approve the proposed shortlist and preferred options for emergency and planned care 2. Note the activities undertaken over the past four months to ensure that local people are informed of and engaged in planning for the redevelopment of WHHT hospital facilities. 3. Approve the recommended actions to address and mitigate the key concerns identified via the engagement activities summarised within this report.

West Hertfordshire Hospitals NHS Trust

Agenda Item: 5.1

BOARDS OF HERTS VALLEYS CLINICAL COMMISSIONING GROUP AND WEST HERTFORDSHIRE HOSPITALS NHS TRUST

Option appraisal report

Presented by: Acute redevelopment Programme Director & Deputy CEO

5

1. Purpose

1.1 The purpose of this paper and accompanying appraisal packs is to provide the Board with an understanding of the recommended OBC short list. To develop this short list, the programme team have undertaken an appraisal of emergency care and planned care options, in accordance with HM Treasury guidance (The Green Book (2018) and Business case guidance for projects (2018). This paper summarises this process, to provide the Board assurance that the appraisal has been robust, and to provide an opportunity to raise any comments or queries.

2. Development of revised Investment Objectives

2.1 A long list appraisal was undertaken within the 2019 Strategic Outline Case (SOC*)* to confirm a short list of options capable of achieving the Investment Objectives and Critical Success Factors (CSFs) that had been defined and agreed by the Trust Board. The short list of options was then appraised to determine a preferred way forward for the Acute Redevelopment Programme. This appraisal required review and refinement as part of the OBC development process to reflect any changes that have occurred since it was undertaken.

Figure 1: Overview of the HM Treasury appraisal process: undertaking the appraisal of the long list against pass/fail critical success factors that represent a minimum acceptable threshold

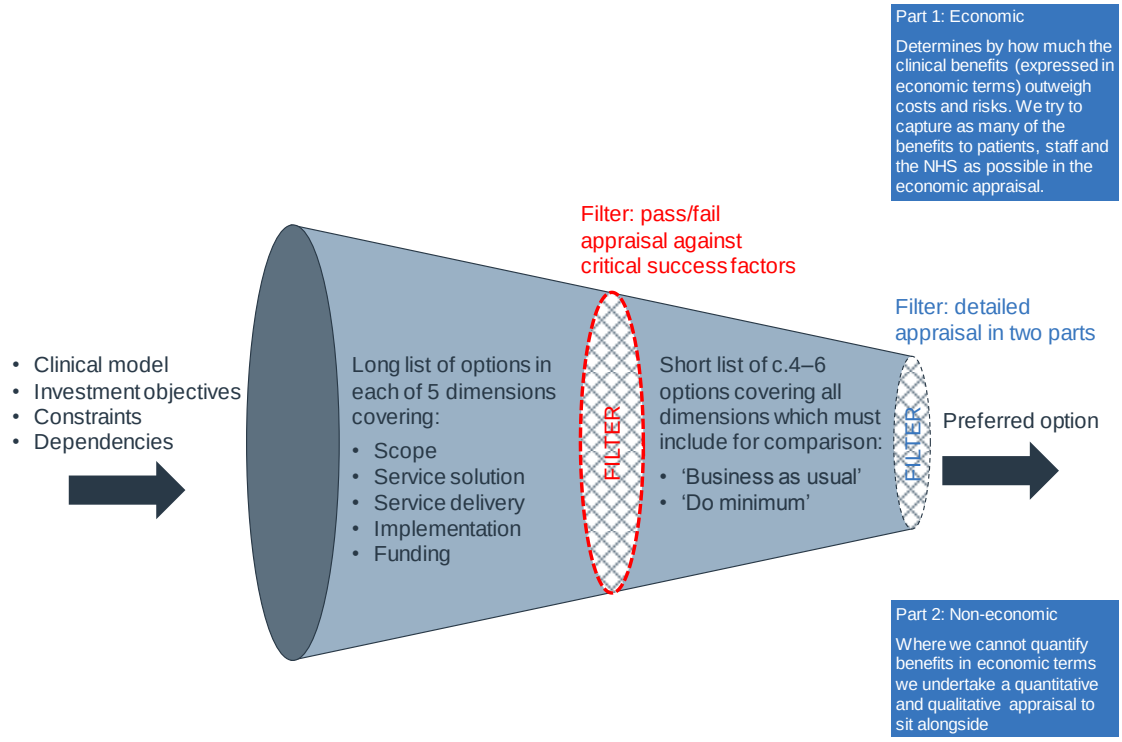
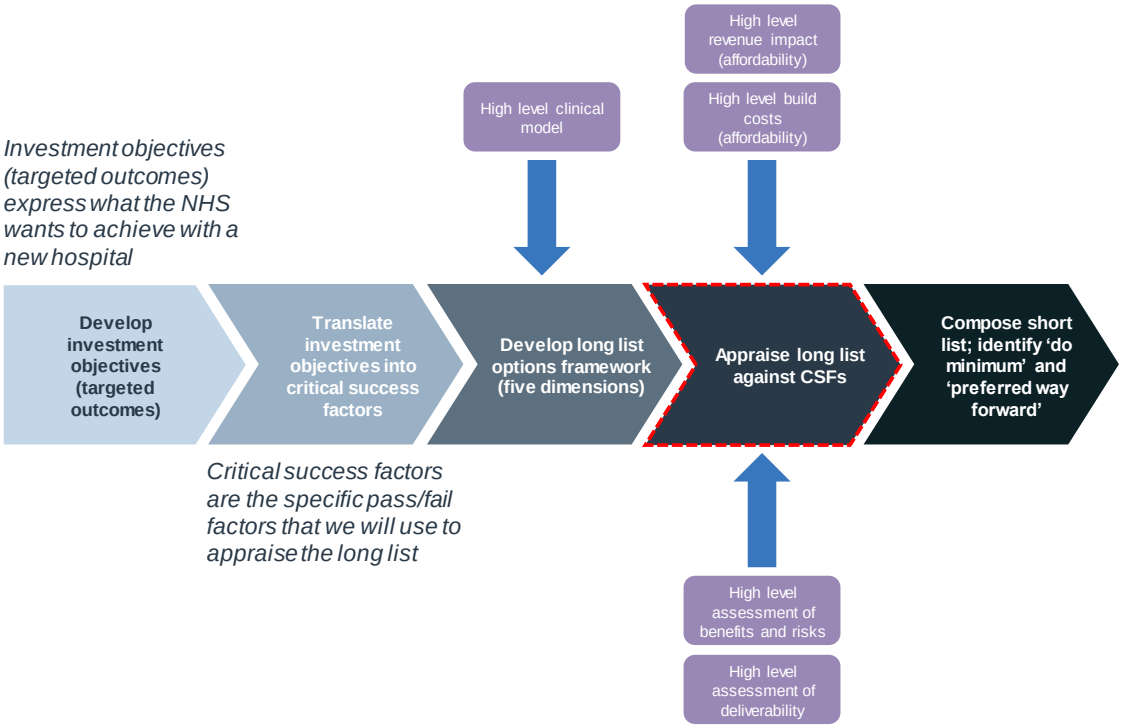


Figure 2: The appraisal brings together high level information about options in five dimensions



2.2 Through this process, the Investment Objectives and CSFs have been updated taking account of recent discussions with the regulators, who in June 2020, confirmed there may be

flexibility to increase the availability of public dividend capital above the previous £350m 'indicative capital envelope' advised at SOC stage. This announcement allowed for a consideration of options within the appraisal which had been excluded at SOC stage. It is noted that the capital cost of the scheme remains a concern for NHS E/I and DHSC. Within the confirmation letter, DHSC stated that they would not expect the Trust to undertake an options appraisal on any proposal that significantly increases the timescales for delivery of the scheme beyond 2025 and they would also not expect options to be developed that materially change the indicative values of the options set out within the letter. As such, the programme team agreed the capital costs of shortlisted options should not materially exceed the £590m cost signalled within the letter.

2.3 In line with the conclusion of the SOC, the agreed Investment Objectives for the programme have reconfirmed the decision to prioritise investment in emergency and specialist care services. In line accordance with this ambition, it has been agreed that all emergency care options for the appraisal should provide a minimum 30 year life. The investment in planned care for this development is to provide a minimum 15 year life.

2.4 Finally, in line with the SOC appraisal, the programme delivery timeline has been critical to this appraisal, with scheme completion by 2025/2026 a key requirement. This aligns with the expectation of the regulators, who confirmed within the July 2019 letter that they would not expect options that significantly increase the timescales for delivery of the scheme beyond 2025 to be progressed to OBC stage.

2.5 The finalised Investment Objectives for the scheme are outlined on slide 2 of the emergency care appraisal summary pack.

3. Establishing the evidence base for the options appraisal

3.1 Once the Investment Objectives, Critical Success Factors and associated options frameworks for the updated appraisal were finalised, the evidence base for the appraisal was developed.

3.2 Although the majority of inputs were based on information from the SOC, it was agreed that further work was required to test options against the deliverability criteria. This CSF requires that the option "must be able to deliver significant improvements to emergency and specialist care facilities by 2025/26 and not be subject to significant planning or delivery risk".

3.3 To support this, an independent site review was undertaken by Royal Free Property Services Limited with Montagu Evans and Currie & Brown. This review appraised six potential sites for development of new hospital facilities, four of which were new site options and two were at WGH / Watford Riverwell. This independent review concluded that new site options would take longer to deliver and were higher risk in terms of overall risk of failure.

3.4 Further detail relating to the evidence base is outlined on slides 8-10 of the emergency care appraisal summary pack.

4. Emergency care appraisal

4.1 Once all evidence was collated, the programme team developed an appraisal pack with a recommended short list for panel review.

4.2 The pre-scored appraisal pack for emergency care options was reviewed by a panel on 18th August. This panel included representatives from Healthwatch, HV CCG, NHS E&I regional team, the Trust clinical leadership team and the acute redevelopment Programme Team.

4.3 The outcome of the appraisal was agreed by all attendees and Healthwatch attendees confirmed that they were satisfied that the process and documentation had been robust. A summary of the notes from the appraisal panel has been provided (see appendix 1).

4.4 The panel concluded that the all the emergency care options for detailed economic and non-economic appraisal within the OBC should be based on either the current Watford General Hospital site and / or a combination of the current Watford General site with additional land adjacent to the current site available via a land swap with Watford Borough Council as part of the overall Riverwell redevelopment.

4.5 In line with this agreement, the recommended short list for emergency care options was confirmed to be as follows:

1. Business as usual
2. Smaller scope – Watford 2019 SOC Option 1 (“SOC1”)
3. Do minimum – SOC1 + ED and beds
4. Preferred way forward – SOC1 + replace PMOK
5. Larger scope- Watford all clinical services in new build

Figure 3: Short list proposed by Appraisal Panel, 18 August 2020

Option	1. ‘Business as usual’	2. Smaller scope	3. ‘Do minimum’	4. ‘Preferred way forward’	5. Larger scope
Description	Baseline for measuring improvement and value for money		A realistic and achievable option that meets essential requirements	Provides better value for money with greater capital investment	
Build	Business as usual	Watford 2019 SOC Option 1 (“SOC1”)	SOC1 + ED and beds	SOC1 + replace PMOK	Watford all clinical services new build
Cost*	c.£92m capital	c.£350m capital	c.£420m capital	c.£590m capital	c.£650m capital
Service scope	All clinical and non-clinical services required for an emergency and specialist site	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)
Service solution	Business as usual	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 60yr lifetime across the estate
Service delivery	n/a	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)
Implementation	n/a	‘Big bang’ build (e.g. c.3-year construction period)	‘Big bang’ build (e.g. c.3-year construction period)	‘Big bang’ build (e.g. c.3-year construction period)	‘Big bang’ build (e.g. c.3-year construction period)
Funding	n/a	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate

*Options 2–5 include approximately £50m investment for planned care

Further detail on the scope of each shortlisted option is outlined within the emergency care appraisal pack.

5. Proposed changes following discussion with NHSI/E and DHSC

5.1 Following the Appraisal Panel meeting, further discussions were undertaken with the NHSI/E regional team and colleagues at DHSC.

5.2

5.3 The Trust recognises that we cannot eliminate build options 5–10 on value for money grounds and so now assess all options as passing CSF 5 (value for money). We also recognise that the high capital and revenue costs for options 6–10 will create a

corresponding high pressure on savings, and so these options should remain 'amber' for CSF 6 (affordability). These changes are shown in Figure 4 below.

Figure 4: Amended appraisal of the build options

Option	CSF	CSF 1 Strategic alignment	CSF 2 Patient experience	CSF 3 Quality	CSF 4 Access	CSF 5 Value for money	CSF 6 Affordability	CSF 7 Deliverability	Overall assessment
	Description								
1. Watford business as usual	Existing plot and/or adjacent Watford Riverwell plot	Fail – will not meet objectives or provide future flexibility	Fail – will not improve patient experience	Pass	Pass – within agreed boundary	c.£92m capital – limited benefits	Revenue impact 1.7% of turnover – pass	Pass	Fails CSFs 1 and 2 – but carried forward as BAU
2. Watford 2019 SOC Option 1 ("SOC1")		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£350m capital – limited benefits	Revenue impact 4.9% of turnover – pass	New build element deliverable by 2025/26 but refurbishment element will not complete in this time frame	Carried forward as 'do minimum'
3. SOC1 + ED and beds		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£420m capital	Revenue impact 5.8% of turnover – pass	Pass	Carried forward
4. SOC1 + replace PMOK		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£590m capital	Revenue impact 7.8% of turnover – pass	Pass	Carried forward as preferred
5. Watford all clinical services new build		Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£650m capital – potential poor VFM	Revenue impact 8.6% of turnover – pass	Pass	Pass, subject to VFM
6. Watford complete new build		Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Pass	Potentially fails CSFs 6
7. Greenfield site A complete new build	Land East of A41	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6
8 Greenfield site B complete new build	Eastern side of Hemel Hempstead South/ Gorhambury Estate	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6
9. Greenfield site C complete new build	Land off Junction 21, Chiswell Green	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase– potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6
10. Greenfield site D complete new build	Former Radlett Airfield	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6

5.4 NHSI/E and DHSC colleagues took the view that describing Option 3 as the 'do minimum' and the small quantum difference between Option 1 (at c.£92m) and Option 2 (at c.£350m) meant that – in their view – there was no meaningful intermediate option to assess as the real do minimum.

5.5 It was therefore agreed with regulators that the option shortlist would be revised as follows:

1. Business as Usual (application of operational capital to address high risk backlog maintenance over time – this is the additional option)
2. Do minimum (was "BAU" above), which would involve minor new additions to the estate with mostly refurbishment
3. Watford 2019 SOC Option 1 ("SOC1")
4. SOC 1 + ED and Wards
5. Preferred Way Forward – SOC 1 + replace PMOK
6. Larger Scope – Watford all clinical services in new build.

5.6 The attached shortlisting pack for emergency care includes a revised short list (slide 66) to reflect the regulator view. It is worth noting that this is a technical adjustment to the shortlist and should not affect the robustness of the overall process.

Figure 5: Proposed shortlist following discussions with NHSI/E and DHSC

Option	1. 'Business as usual'	2. 'Do minimum'	3. Smaller scope	4. Intermediate scope	5. 'Preferred way forward'	6. Larger scope
Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements			Provides better value for money with greater capital investment	
Build	**Business as usual** – address high risk backlog maintenance	BAU + minor new additions (mostly refurbishment) to the estate	**Watford 2019 SOC Option 1 ("SOC1")**	**SOC1 + ED and beds**	**SOC1 + replace PMOK**	**Watford all clinical services new build**
Cost*	c.£XXm capital TBC	c.£92m capital TBC	c.£350m capital	c.£420m capital	c.£590m capital	c.£650m capital
Service scope	All clinical and non-clinical services required for an emergency and specialist site	All clinical and non-clinical services required for an emergency and specialist site	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)
Service solution	Business as usual	BAU +	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 60yr lifetime across the estate
Service delivery	n/a	n/a	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)
Implementation	n/a	n/a	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)
Funding	Internally funded	Internally funded	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate

*Options 3–6 include approximately £50m investment for planned care

6. Planned care appraisal

6.1 Through the options appraisal process, the programme team reviewed whether the options for planned care also required reappraisal.

6.2 The overall conclusion of the 2019 SOC was that investment should be prioritised in emergency care. The refreshed emergency care long list appraisal undertaken for the OBC, has reconfirmed the 2019 SOC conclusion that emergency care is the priority for investment and should be retained at Watford General Hospital. This is reflected within the agreed Investment Objectives. For this reason, it has been concluded that the planned care options do not require full reappraisal and that the preferred way forward from the 2019 SOC for

planned care should be carried forward (i.e. retaining and improving HHGH and SACH sites) along with an option that would enhance the proposed solution to ensure that the investment objective to achieve condition B and suitability B for all elements of the estate is fully met. Therefore, the proposed short list of options to be taken forward for Planned care is as follows:

HHH options:

1. Business as usual - HHH 2019 SOC Do Minimum
2. Do minimum - HHH 2019 SOC Option ("SOC1")
3. Enhanced option – SOC1 + Enhancements to Medical Care unit (Diagnostics)

Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater capital investment
Build	**HHGH 2019 SOC do minimum**	**HHGH 2019 SOC Option 1 ("SOC1")**	**SOC1 + Enhancements to Medical Care Unit (Diagnostics)**
Cost	c.£6m capital	c.£20m capital	c.£40m capital (excluding land receipt)

SACH options:

1. Business as usual – SACH 2019 SOC Do Minimum
2. Do minimum - SACH 2019 SOC Option ("SOC1")
3. Enhanced option – SOC1 + replace Moynihan building

Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater capital investment
Build	**SACH 2019 SOC do minimum**	**SACH 2019 SOC Option 1 ("SOC1")**	**SOC1 + replace Moynihan building**
Cost	c.£11m capital	c.£33m capital	c.£78m capital

Further detail on the scope of each shortlisted option is outlined within the planned care short list pack.

7. Overall summary of the short lists

7.1 Bringing together the emergency and planned care elements, provides with the following short lists:

Figure 6: Overall summary of short lists

	Option	1. 'Business as usual'	2. 'Do minimum'	3. Smaller scope	4. Intermediate scope	5. 'Preferred way forward'	6. Larger scope
WATFORD	Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements			Tests whether better value for money could be achieved with greater investment	
	Build	**Business as usual** –address high risk backlog maintenance	BAU + minor new additions (mostly refurbishment) to the estate	**Watford 2019 SOC Option 1 ("SOC1")**	**SOC1 + ED and beds**	**SOC1 + replace PMOK**	**Watford all clinical services new build**
	Cost*	c.£XXm capital TBC	c.£75m capital TBC	c.£300m capital	c.£370m capital	c.£540m capital	c.£600m capital

	Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
HEMEL HEMPSTEAD	Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater investment
	Build	**HHGH 2019 SOC do minimum**	**HHGH 2019 SOC Option 1 ("SOC1")**	**SOC1 + Enhancements to Medical Care Unit (Diagnostics)**
	Cost	c.£6m capital	c.£20m capital	c.£31m capital

	Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
ST ALBANS	Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater investment
	Build	**SACH 2019 SOC do minimum**	**SACH 2019 SOC Option 1 ("SOC1")**	**SOC1 + replace Moynihan building**
	Cost	c.£11m capital	c.£33m capital	c.£78m capital

*Watford options 2–6 adjusted to exclude costs for other sites and all options exclude additional investment covering:

- Net zero carbon investment
- To meet digital strategy, outwith EPR
- Future pandemic and antibiotic future-proofing
- Increase in single rooms from SOC assumption

8. Recommendation

The Board are asked to discuss and comment on the proposed (revised) short list of options for detailed appraisal, and advise if there are any queries regarding the appraisal process undertaken.

Name of Director Duane Passman and Helen Brown
Title Acute redevelopment Programme Director & Deputy CEO
Date 23.09.2020

NHS
West Hertfordshire Hospitals
NHS Trust

Emergency care long list options framework appraisal

Conclusion by appraisal panel members and proposed shortlist following discussions with NHSI/E and DHSC

18 September 2020 | v0.8

Contents

Contents

1 Introduction

Introduction to this document

This document was developed by West Hertfordshire Hospitals NHS Trust following the emergency care options framework appraisal panel meeting.

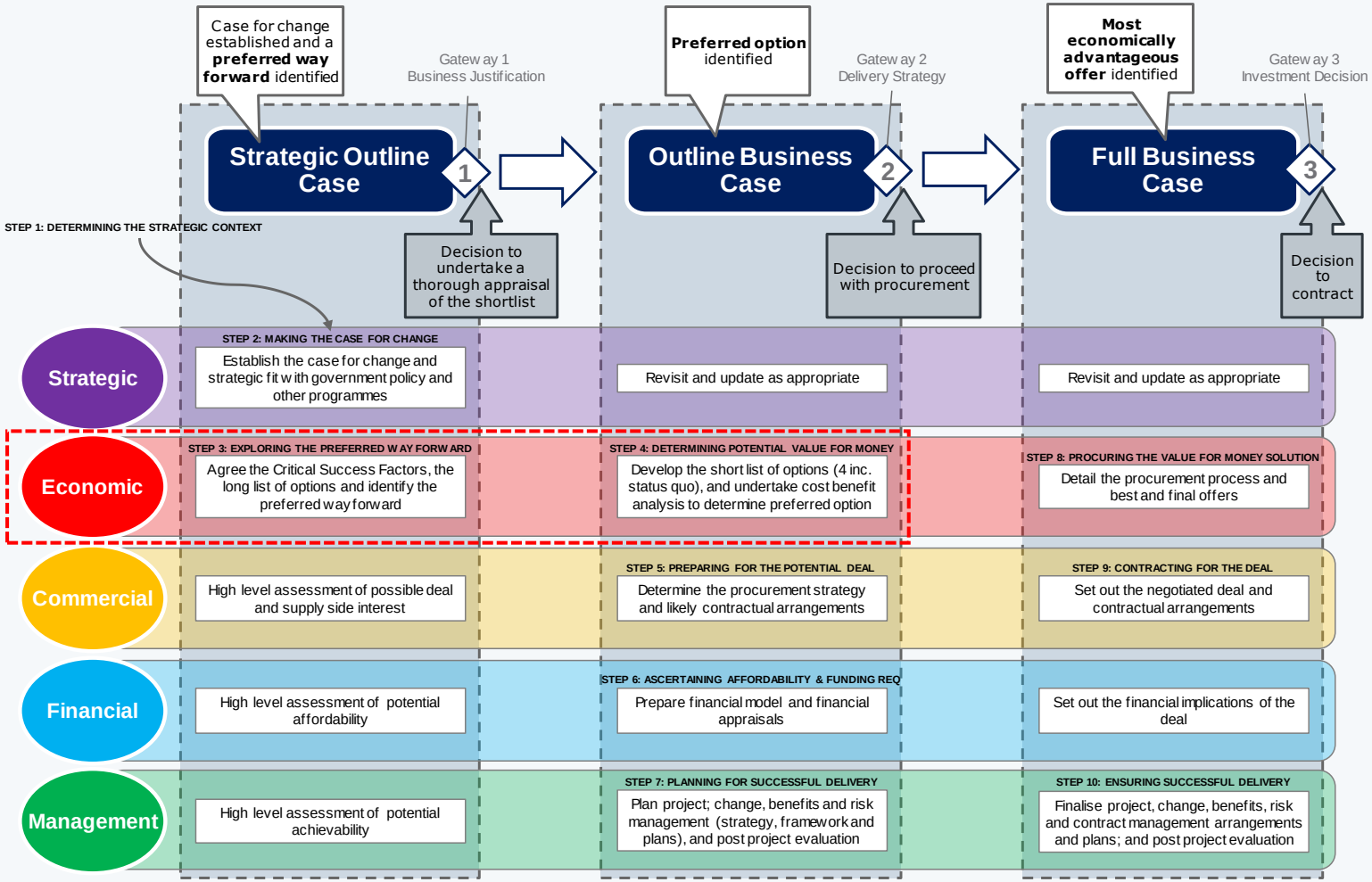
The approach that has been taken in preparing this document is compliant with HM Treasury guidance:

- The Green Book (2018)
- Business case guidance for projects (2018)

https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

The OBC needs to contain all the necessary detail to enable the Trust Board to make a decision to go to procurement

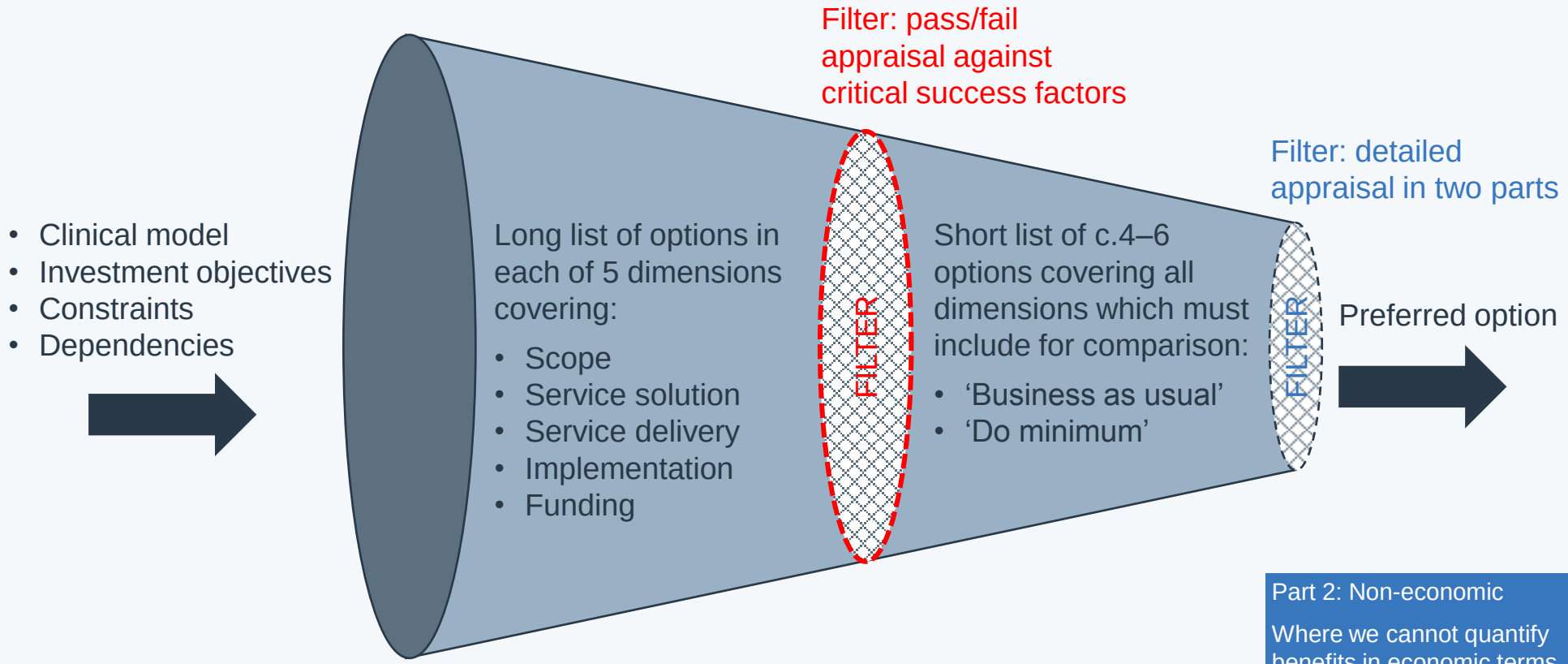
The OBC will need to contain detail of both the long listing (revised from the SOC) and shortlisting



Overview of the HM Treasury appraisal process: undertaking the appraisal of the long list against pass/fail critical success factors that represent a minimum acceptable threshold

Part 1: Economic

Determines by how much the clinical benefits (expressed in economic terms) outweigh costs and risks. We try to capture as many of the benefits to patients, staff and the NHS as possible in the economic appraisal.

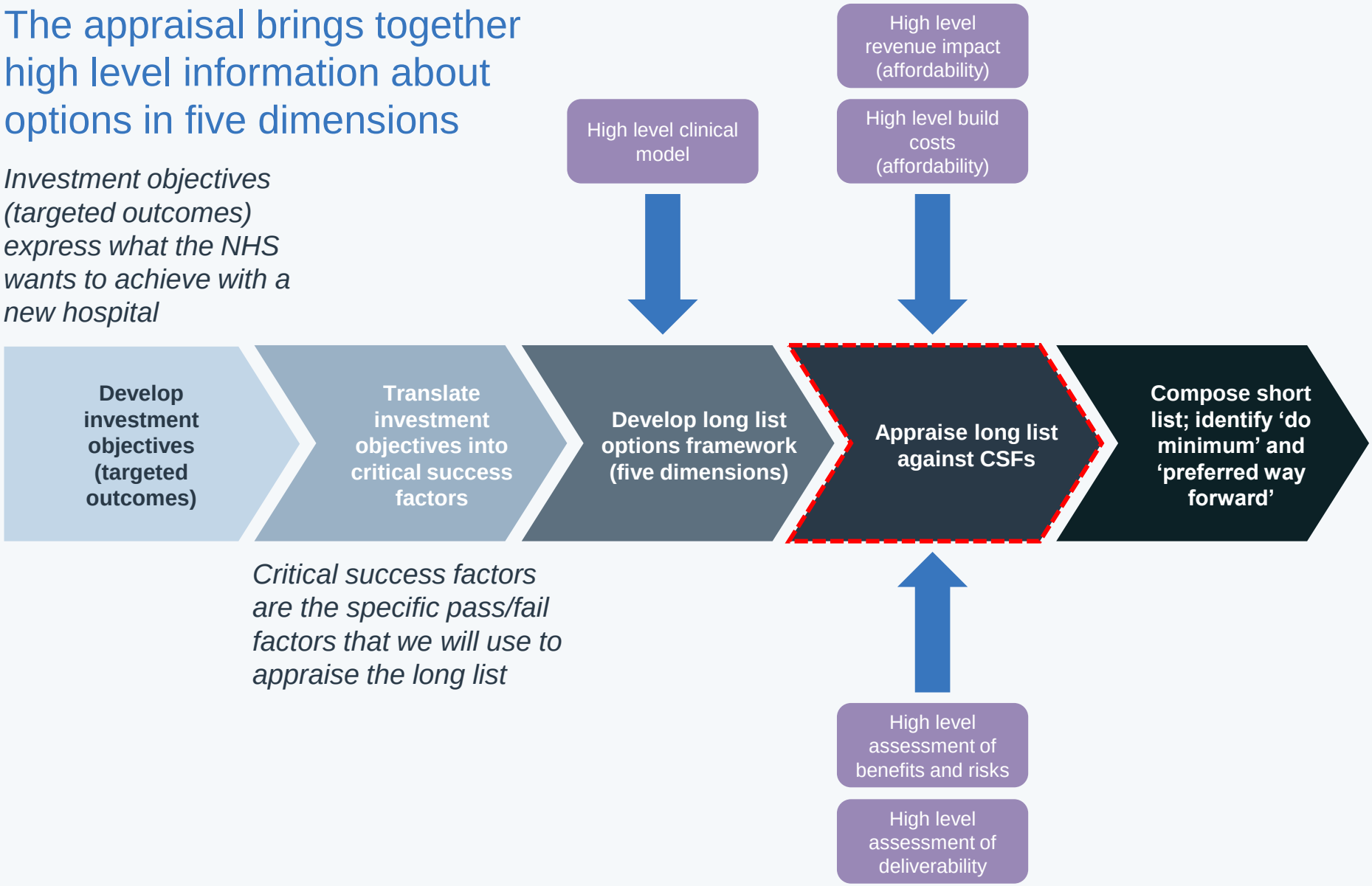


Part 2: Non-economic

Where we cannot quantify benefits in economic terms we undertake a quantitative and qualitative appraisal to sit alongside

The appraisal brings together high level information about options in five dimensions

Investment objectives (targeted outcomes) express what the NHS wants to achieve with a new hospital



Critical success factors are the specific pass/fail factors that we will use to appraise the long list

2 Agreed investment objectives

Introduction

What investment objectives are

Investment objectives for a programme or project should specify and focus on the rationale and drivers for further intervention and the key outcomes and benefits we are seeking to achieve in support of the organisation's business strategy. They describe clearly what the organisation is seeking to achieve in terms of targeted outcomes and provide the basis for post evaluation. So the key question to answer is "Why are we undertaking this project?"

The HM Treasury guidance recommends setting between 3 and 5 meaningful SMART investment objectives. These will typically address one or more of the following five generic drivers for intervention and spend:

1. Effectiveness – to improve the quality of public services in terms of the delivery of agreed outcomes, e.g. by meeting new policy changes and operational targets
2. Efficiency – to improve the delivery of public services in terms of output, e.g. by improving the throughput of services whilst reducing unit costs
3. Economy – to reduce the cost of public services in terms of the required inputs, e.g. through 'invest to save' schemes and spend on innovative technologies
4. Compliance – to meet statutory, regulatory or organisational requirements and accepted best practice, e.g. new health and safety legislation or building standards
5. Replacement – to re-procure services in order to avert service failure, e.g. at the end of a service contract or when an enabling asset is no longer fit for purpose

Procuring assets and infrastructure is rarely a spending objective in itself, because it is what the organisation is seeking to achieve through the use of these resources in terms of identifiable and measurable social, economic and environmental outcomes that constitute social value and value for money for the related spend.

How investment objectives are used

As well as articulating the desired outcomes, investment objectives are the main success measures of a programme or project. They should form part of the assessment of options and part of the plan for realising benefits.

NHSI and DHSC have asked us to identify the priority investment objective, which our 'do minimum' option must address.

How our investment objectives were developed

Our investment objectives were developed by the Acute Reconfiguration Programme Team and were reviewed by the Stakeholder Reference Group. A number of changes were made in response to feedback received. The final investment objectives were approved by the Programme Board on 12/08/2020.

Our investment objectives express the SMART outcomes we are seeking to deliver through investment in our estate

HM Treasury category	Investment objective	Description
Effectiveness Compliance Replacement	1. Provide fit for purpose buildings from which to deliver acute healthcare services	a. Improve patient and staff experience • Providing facilities that support safe care and promote improved patient and staff experience – in line with Health Building Notes (HBNs) (any derogations from HBNs to be clinically approved) • Improving patient satisfaction scores in patient surveys and PEAT scores • Improving staff satisfaction scores in the annual NHS survey and recruitment and retention b. Emergency care services [priority investment objective identified for NHSI and DHSC] • Providing capacity to meet forecast growth in demand until at least 2035* • Achieving condition B and functional suitability B by 2025/2026 • Ensuring at least a 30-year lifetime • Providing a resilient core infrastructure which is compliant with applicable regulations and standards c. Planned care services • Providing capacity to meet forecast growth in demand until at least 2035*† • Achieving condition B and functional suitability B by 2025/2026 • Ensuring at least a 15-year lifetime d. Improve environmental sustainability of our estate, in line with the Government's commitment to be carbon neutral by 2050
Efficiency	2. Improve clinical sustainability of the Trust	• Ensuring all new/redeveloped facilities support best practice ways of working and exploit new technology • For each specialty (or sub-specialty), provide services from no more than two sites by 2026 (with exception of high-volume specialties (e.g. maternity, diabetes which need to be delivered from a minimum of three locations) • Optimise adjacencies in line with clinical strategy, including ensuring appropriate diagnostic provision to support clinical pathways • Ensuring emergency and planned care services are separated as far as possible
	3. Support the Trust and the health system to achieve long-term financial sustainability	
Economy	n/a	

*Growth beyond 2035 will be met by a combination of demand management, new care models and new technology, we will also ensure flexibility for growth in our design and detailed site plans †NB we are prioritising investment in emergency care

Our investment objectives express the SMART outcomes we are seeking to deliver through investment in our estate

HM Treasury category	Investment objective	Description
Effectiveness Compliance Replacement	1. Provide fit for purpose buildings from which to deliver acute healthcare services	a. Improve patient and staff experience [New] • Providing facilities that support safe care and promote improved patient and staff experience – in line with Health Building Notes (HBNs) (any derogations from HBNs to be clinically approved) [Moved] • Improving patient satisfaction scores in patient surveys and PEAT scores [New] • Improving staff satisfaction scores in the annual NHS survey and recruitment and retention [New] b. Emergency care services [priority investment objective identified for NHSI and DHSC] • Providing ~~the required~~ capacity to meet forecast growth in demand until at least ~~2055~~ 2035* [Changed] • Achieving condition B and functional suitability B by 2025/2026 • Ensuring at least a 30-year lifetime • Providing a resilient core infrastructure which is compliant with applicable regulations and standards c. Planned care services • Providing ~~the right~~ capacity to meet forecast growth in demand until at least ~~2030~~ 2035*† [Changed] • Achieving condition B and functional suitability B by ~~2030~~ 2025/2026 [Changed, Moynihan exception TBC] • Ensuring at least a 15-year lifetime d. Improve environmental sustainability of our estate, in line with the Government's commitment to be carbon neutral by 2050
Efficiency	2. Improve clinical sustainability of the Trust	~~• Ensuring emergency and planned care services are separated as far as possible by 2025~~ [Deleted – duplicate] • Ensuring all new/redeveloped facilities support best practice ways of working and exploit new technology • For each specialty (or sub-specialty), provide services from no more than two sites by 2026 (with exception of high-volume specialties (e.g. maternity, diabetes which need to be delivered from a minimum of three locations) • Optimise adjacencies in line with clinical strategy, including ensuring appropriate diagnostic provision to support clinical pathways • Ensuring emergency and planned care services are separated as far as possible
	3. Support the Trust and the health system to achieve long-term financial sustainability	
Economy	n/a	

*Growth beyond 2035 will be met by a combination of demand management, new care models and new technology, we will also ensure flexibility for growth in our design and detailed site plans †NB we are prioritising investment in emergency care

3 Agreed critical success factors

Introduction

What critical success factors are

Critical success factors (CSFs) are the attributes essential for successful delivery of the project, against which the initial assessment of the options for the delivery of the project will be appraised. CSFs should be precise to enable a pass/fail assessment.

The CSFs for a project must be crucial, not merely desirable, and not set at a level that could exclude important options at an early stage of identification and appraisal.

The Green Book provides a starting point for identifying and agreeing CSFs:

How critical success factors are used

Critical success factors are used to appraise the long listed options in the options framework.

How our critical success factors were developed

Our investment objectives were developed by the Acute Reconfiguration Programme Team and were reviewed by the Stakeholder Reference Group. A number of changes were made in response to feedback received. The final critical success factors were approved by the Programme Board on 12/08/2020.

HMT CSF category	Description: how well the option…
Strategic fit and business needs	• Meets the agreed investment objectives, related business needs and service requirements • Provides holistic fit and synergy with other strategies, programmes and projects
Potential value for money	• Optimises public value (social, economic and environmental), in terms of the potential costs, benefits and risks
Supplier capacity and capability	• Matches the ability of potential suppliers to deliver the required services • Is likely to be attractive to the supply side
Potential affordability	• Can be funded from available sources of finance • Aligns with sourcing constraints
Potential achievability	• Is likely to be delivered given the organisation's ability to respond to the changes required • Matches the level of available skills required for successful delivery

We have translated the programme investment objectives into pass/fail critical success factors to appraise the long list in each domain of the options framework

HM Treasury category	Critical success factor	Threshold
Strategic fit and business needs	1. Strategic alignment	• The option must deliver the objectives and provide flexibility for the future
	2. Patient experience	• The option must support an improvement in patient experience from current levels
	3. Quality	• The option must support an improvement in service quality and safety from current levels
	4. Access	• Services must be located to maintain or improve access for the local population
Potential value for money	5. Value for money	• The option must have the potential to provide quantifiable benefits over the appraisal period (including both healthcare benefits and operational cost savings) that exceed the upfront capital investment
Supplier capacity and capability	n/a	
Potential affordability	6. Affordability	• The option must have the potential to allow the Trust to return to a recurrent break-even position within three years of completion of the investment
Potential achievability	7. Deliverability	• The site locations must have sufficient space to accommodate the requirements of the preferred model of care for the relevant site configuration option, provide flexibility for the future, and be capable of being delivered without undue disruption to clinical service delivery • The option must be able to deliver significant improvements to emergency and specialist care facilities by 2025/26 and not be subject to significant planning or delivery risk

We have translated the programme investment objectives into pass/fail critical success factors to appraise the long list in each domain of the options framework

HM Treasury category	Critical success factor	Threshold
Strategic fit and business needs	1. Strategic alignment	• The option must deliver the objectives and provide flexibility for the future
	2. Patient experience	• The option must support an improvement in patient experience from current levels
	3. Quality	• The option must ~~at least maintain~~ support an improvement in ~~patient~~ service quality and safety ~~at~~ from current levels [Changed]
	4. Access	• Services must be located to maintain or improve access for the local population
Potential value for money	5. Value for money	• The option must have the potential to provide quantifiable benefits over the appraisal period (including both healthcare benefits and operational cost savings) that exceed the upfront capital investment
Supplier capacity and capability	n/a	
Potential affordability	6. Affordability	• The option must have the potential to allow the Trust to return to a recurrent break-even position within three years of completion of the investment
Potential achievability	7. Deliverability	• The site locations must have sufficient space to accommodate the requirements of the preferred model of care for the relevant site configuration option, provide flexibility for the future, [New] and be capable of being delivered without undue disruption to clinical service delivery • The option must be able to deliver significant improvements to emergency and specialist care facilities by 2025/26 and not be subject to significant planning or delivery risk [New]

CSF 1 description: Strategic alignment (1/2)

The option must deliver the objectives and provide flexibility for the future

For this CSF we have confirmed that options are consistent with strategies and plans:

1. The NHS Long Term Plan, 2019
2. HM Government Health Infrastructure Plan, 2019
3. Hertfordshire and West Essex STP Integrated Health and Care Strategy, 2019
4. West Hertfordshire Hospitals NHS Trust Strategy 2020–2025

Relevant features of each of these include:

The NHS Long Term Plan, 2019[1]

- Better care for major health conditions (3.48)
- Investing in pre-hospital care to reduce pressure on emergency hospital services (1.5, 1.21)
- Ensuring that digitally-enabled care becomes mainstream across the NHS (5.1)
- Making better use of capital investment and existing assets to drive transformation (6.20)

Each of these factors will play an important role in ensuring that are high-quality and fit for purpose in delivering modern health care.

HM Government Health Infrastructure Plan, 2019[2]

The Government's vision for the NHS estate remains one where the NHS (26):

- Provides a modern estate equal to delivering our vision for health and social care (most recently the 2019 NHS Long Term Plan) and new models of care
- Ensures local strategic estates planning reflects changing delivery models
- Aligns with current and future clinical service strategies
- Proactively takes steps to maintain assets and reduce backlog maintenance
- Replaces what cannot be cost-effectively maintained and releases what it no longer needs, maximising receipts which can be reinvested into new premises and new services, boosting economic growth and creating new homes
- Understands the cost of its estate, with comprehensive, accurate and comparable information underpinning decision making
- Draws on expert advisers where it needs to but builds its own capabilities to become an effective informed client

[1] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

[2] https://www.gov.uk/government/publications/health-infrastructure-plan

CSF 1 description: Strategic alignment (1/2)

Hertfordshire and West Essex STP Integrated Health and Care Strategy, 2019[1]

The STP's priorities are:

- Meeting people's health and social care needs in a joined-up way in their local neighbourhoods, whenever that's in their best interests – saving time and cutting out unnecessary tests and appointments. Health and care services will support people to live as independently for as long as possible.
- Adopting a shared approach to treating people when they are ill and prioritising those with the highest levels of need, reducing the variations in care which currently exist.
- Pacing equal value and emphasis on people's mental and physical health and wellbeing in all we do.
- Diving the cultural and behavioural change necessary to achieve the improvements we need. Care professionals, service users, families and carers will understand the role they have to play in creating a healthier future.
- Ensuring that we have the workforce, technology, contracting and payment mechanisms in place to support our strategy, delivering health and care support efficiently, effectively and across organisational boundaries.

The STP's 2016 plan[2] recognised that "The overall condition of the WHHT estate is extremely poor and investment will be required… to address critical safety and business continuity risks" and identified, in particular, the need for improvements in the estate from which services at Watford General Hospital are currently provided.

West Hertfordshire Hospitals NHS Trust Strategy 2020–2025[3]

The Trust's for key aims are:

- **Best care** – ensure out patients and their carers have a great experience of care
- **Best value** – deliver efficient care to make the best use of every NHS pound
- **Great team** – great people and a great place to work and learn
- **Great place** – modern, fit for purpose estate and digital technology

We want to be a great place to receive care and to work, and have already described our strategic priorities to improve the quality of our clinical care and to recruit, retain, engage and support our staff.

We recognise that our poor estate and digital infrastructure has a negative impact on the experience of our patients and our staff. We are taking action to change this. Our 'great place' aim addresses this twin challenge – renewing and upgrading our buildings and IT so that both patients and staff can benefit from modern, fit for purpose care facilities.

[1] https://www.healthierfuture.org.uk/publications/2019/july/our-integrated-health-and-social-care-strategy-2019

[2] https://www.healthierfuture.org.uk/publications/2018/february/hertfordshire-and-west-essex-stp-october-submission-regulators

[3] https://www.westhertshospitals.nhs.uk/about/documents/Our_strategy_A4_brochure.pdf

CSF 2 description: Patient experience

The option must support an improvement in patient experience from current levels

Patient experience is currently poor due to dilapidated buildings, outdated layout, undersized space and a substantial maintenance backlog. Poor temperature control and excess heat is also a significant issue and impacts on patient experience.

Modern facilities with consistent layouts allow staff to deliver better care, and an increased availability of single rooms, natural light and noise reduction measures provide patients a better recovery environment.

Our key assumptions, therefore are that:

- The immediate patient environment would be improved by any substantial refurbishment or new build
- In addition, for new builds, improvement in adjacencies as well as privacy and dignity will be design principles, meaning that:
  - Patient experience within the hospital would be greatly enhanced by this option with modern facilities, reduced travel time around the site
  - Privacy and dignity would be enhanced through increase provision of single rooms

Sources:

- Health and wellbeing in BREEAM, https://tools.breeam.com/filelibrary/Briefing%20Papers/99427-BREEAM-Health---Wellbeing-Briefing.pdf
- Designing Buildings – Wellbeing and buildings https://www.designingbuildings.co.uk/wiki/Wellbeing_and_buildings

CSF 3 description: Quality

The option must support an improvement in service quality and safety from current levels

Hospital redevelopments are proven to enhance patient safety, through reducing the length of hospital stays[1] and reducing the incidence of Healthcare Associated Infections (HCAIs)[2], falls[1] and medication errors[3].

A development which complies with modern health building standards has the potential to enhance safety and eliminate current risks. Overall, the redevelopment is expected to support a reduction in medium and high harm patient safety incidents.

Digital technologies also have the potential to deliver reduced mortality through, for example, digitally enabled trigger responses to escalate care of deteriorating patients. This could include automatic messaging of observations and alerting of the right people at the right time to allow timely interventions to be made.

Sources:

1. Blair et al (2011), Fable Hospital 2.0: The Business Case for Building Better Health Care Facilities
2. Plowman et al (1999): The Socio-economic Burden of Hospital Acquired Infection
3. Elliott R, Camacho E, Campbell F, Jankovic D, Martyn St James M, Kaltenthaler E, Wong R, Sculpher M, Faria R, (2018). Prevalence and Economic Burden of Medication Errors in the NHS in England

In addition, the hospital redevelopment is intended to support the delivery of key operational metrics, which demonstrably lead to improved patient outcomes:

- Increased capacity and operational efficiency will support adherence to 18 week referral to treatment targets, through increased diagnostic, cancer care capacity and increased ITU capacity reducing elective surgery cancellations
- Improved A&E layout and diagnostics access, including delivering effective same day emergency care will support the trust's performance against the 4-hour A&E wait as patients increasingly bypass the ED and avoid duplicated activities and handovers
- Increased outpatients and day-case capacity will support the transition of care to more appropriate settings, including inpatients treated as day cases and outpatients

The Trust has determined that the key factors that will vary for this CSF are to do with disposition of services across sites. Our key assumptions are that:

- No option should require more than three principal hospital sites
- No option should prevent the separation of emergency and planned care
- Options must meet essential clinical co-dependencies as set out in the clinical brief

Evidence suggests new facilities can offer significant benefits to patient outcomes

Design benefits	Example design features	New build?	Refurb ?
Reduced time in hospital	• Noise-reducing measures • Pharmacy related discharge efficiencies • Uplift in single patient rooms • Increased natural light	✓	?
Co-location of departments – delivering improved adjacencies	• Reduced handovers and medical and nursing duplication • Align design to patient pathways – minimising time between departments (e.g. ED and surgery) • Turning 1–2 day admissions into efficient same day cases with 2–3 specialist opinions and additional investigations / therapies	✓	×
Separation of patients where needed – providing protected environments	• Increased single room and isolation facilities • Introduction of multiple streams to flow patients into dedicated areas • Opportunities to design separate areas of the hospital (e.g. COVID-protected)	✓	×
Adaptability – meeting changing demands	• Improved ward sizing allowing for increased quality of care, e.g. single rooms or ward dependent on acuity/case mix of patients • Flexibility of space/adaptable wards to change layout where suitable	✓	?
Outpatient facilities – offering virtual clinics	• Purpose-built facilities to support virtual outpatients (e.g. booths)	✓	?
Integrated care – supporting health and care partners	• Opportunities for purpose-built facilities to support non-acute services (e.g. primary/community care and mental health)	✓	?
Infection control – preventing and avoiding HCAIs	• Bigger bed spaces • Hand hygiene facilities • HEPA filtration • Improved indoor air quality • Good condition facilities which are easier to clean	✓	?
Adverse drug events – reducing errors	• Larger rooms and larger spaces reducing distraction and increasing privacy • Medication task area lighting • Noise-reduction measures	✓	?

Source: Fable Hospital 2.0, https://www.thehastingscenter.org/uploadedFiles/Landing_Page/SadleretalFableHospitalBusinessCase_HastingsJan11%281%29.pdf

CSF 4 description: Access

Services must be located to maintain or improve access for the local population

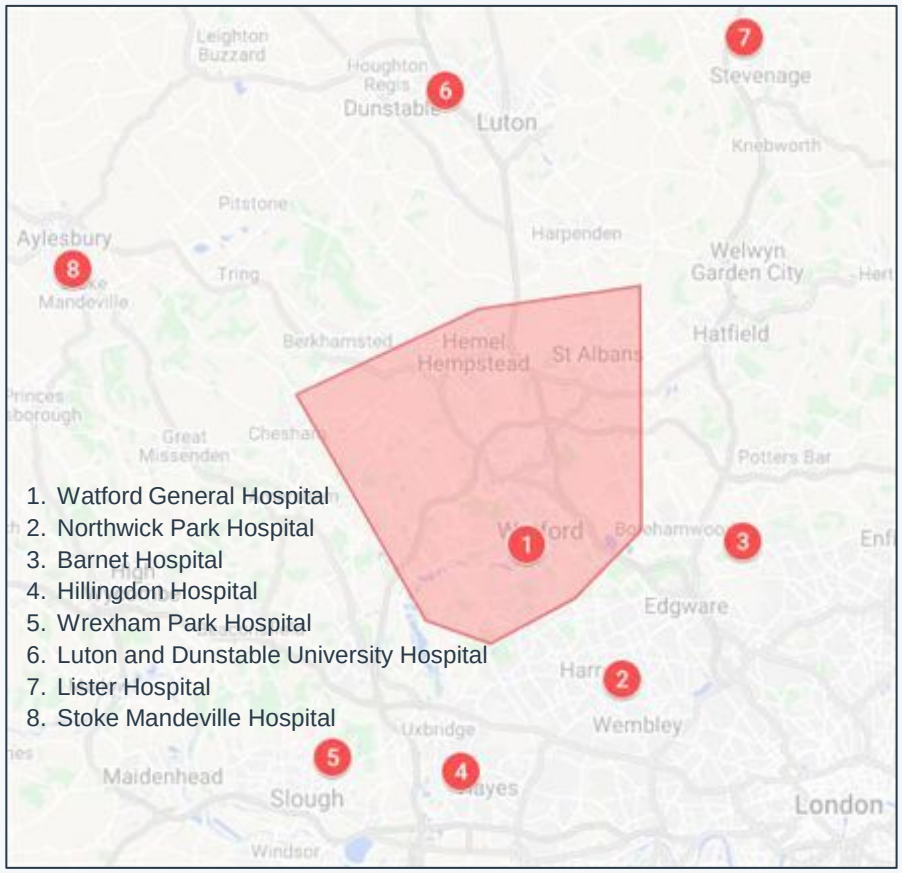
This CSF is intended to focus on the location from which emergency care services are to be provided. A travel time analysis was undertaken for existing sites in the SOC.

In the long list appraisal in the OBC we are trying to eliminate potential site options that are clearly poorly located for the Trust's population or would have a clear substantial impact on another Trust's services.

We will therefore establish an outer boundary, beyond which a site would be unacceptable. We have defined this boundary as half the distance to the next nearest NHS A&E department.

Travel time analysis may be undertaken, if required, to distinguish the relative merits of short listed options.

Map: half the distance from Watford General Hospital to the next nearest NHS A&E departments



CSF 5 description: Value for money

The option must have the potential to provide quantifiable benefits over the appraisal period (including both healthcare benefits and operational cost savings) that exceed the upfront capital investment

A full economic appraisal will be undertaken at short list stage. At long list, it is sufficient to eliminate options that are unlikely to deliver the required benefits for the scale of investment.

We will therefore seek to confirm:

- The main classes of strategic benefit are deliverable
- The magnitude of financial benefits delivered
- The magnitude of capital investment required
- That the capital investment is not disproportionately expensive when compared with the benefits delivered

CSF 6 description: Affordability

The option must have the potential to allow the Trust to return to a recurrent break-even position within three years of completion of the investment

A full economic appraisal will be undertaken at short list stage. At long list, it is sufficient to eliminate options that are unlikely to reduce revenue costs.

We will therefore produce a rough estimate of capital charges, depreciation and life cycle costs based as a percentage of the capital investment required.

CSF 7 description: Deliverability

The site locations must have sufficient space to accommodate the requirements of the preferred model of care for the relevant site configuration option, provide flexibility for the future, and be capable of being delivered without undue disruption to clinical service delivery

The option must be able to deliver significant improvements to emergency and specialist care facilities by 2025/26 and not be subject to significant planning or delivery risk

The 2025/26 timeline is imperative due to the very poor condition and suitability of the existing estate which adversely impacts on patient and staff experience and presents a risk of service disruption due to critical infrastructure failure.

Additionally we have advised by NHS England and DHSC not to consider any options that significantly increase or put at risk delivery within the target timeline of substantial completion by 2025. This is therefore an important factor in assessment.

Overall, this CSF must eliminate:

- Site options that cannot provide the required amount of space
- Options that would require an unacceptable level of disruption to services
- Options with significant planning risk and/or that could not be substantially complete by 2025/26

Our primary source will be the independent report on site deliverability and planning risk that we have commissioned from Royal Free Property Services/Montagu Evans.

Summary of evidence considered for long list appraisal (1/2)

HMT category	CSF	Threshold	Evidence needs to…	Sources of evidence
Strategic fit and business needs	1. Strategic alignment	The option must deliver the objectives and provide flexibility for the future	• Eliminate options that are clearly unlikely to meet the investment objectives	• The NHS Long Term Plan, 2019 • HM Government Health Infrastructure Plan, 2019 • Hertfordshire and West Essex STP Integrated Health and Care Strategy, 2019 • West Hertfordshire Hospitals NHS Trust Strategy 2020–2025
	2. Patient experience	The option must support an improvement in patient experience from current levels	• Eliminate options that are clearly unlikely to improve patient experience	• Assume immediate patient environment would be improved by any substantial refurbishment or new build • In addition, for new builds, assume improvement in adjacencies as well as privacy and dignity will be design principles
	3. Quality	The option must support an improvement in service quality and safety from current levels	• Eliminate options that clearly cannot improve service quality and safety	• No options with >3 principal sites • No option should prevent separation of emergency and planned care • Options must meet essential clinical co-dependencies as set out in the clinical brief
	4. Access	Services must be located to maintain or improve access for the local population	• Eliminate site options that are clearly poorly located for the Trust's population (or would have a clear substantial impact on another Trust's services (e.g. a green field site in a radically different location)	• Location of site within a defined acceptable outer limit

Summary of evidence considered for long list appraisal (2/2)

HMT category	CSF	Threshold	Evidence needs to…	Sources of evidence
Potential value for money	5. Value for money	The option must have the potential to provide quantifiable benefits over the appraisal period (including both healthcare benefits and operational cost savings) that exceed the upfront capital investment	• Eliminate options that are unlikely to deliver the required benefits for the scale of investment	• Confirm the main classes of strategic benefit are deliverable • Magnitude of financial benefits delivered • Magnitude of capital investment required
Potential affordability	6. Afford-ability	The option must have the potential to allow the Trust to return to a recurrent break-even position within three years of completion of the investment	• Eliminate options that are unlikely to reduce revenue costs	• Rough estimate of capital charges, depreciation and life cycle costs
Potential achievability	7. Deliver-ability	The site locations must have sufficient space to accommodate the requirements of the preferred model of care for the relevant site configuration option, provide flexibility for the future, and be capable of being delivered without undue disruption to clinical service delivery The option must be able to deliver significant improvements to emergency and specialist care facilities by 2025/26 and not be subject to significant planning or delivery risk	• Eliminate site options that are clearly too small • Eliminate site options with significant planning risk and/or that could not be substantially complete by 2025/26 • Eliminate options that would require an unacceptable level of disruption to services	• Independent report by RFL and Montagu Evans on site deliverability and planning risk

4

Emergency and planned care options frameworks

Introduction

Long lists of options were generated in accordance with the requirements of HM Treasury's Green Book (central government guidance on appraisal and evaluation), which systematically works through the available choices for:

Dimension	Description	
Service scope	The 'what', in terms of the potential coverage of the project	For our programme, we have defined this as the scope of acute services for which the facilities are required
Service solution	The 'how' in terms of delivering the 'preferred' scope for the project	For our programme, we have split this into two aspects: the site(s) from which the acute services will be provided; and the quality/lifetime of facilities to be provided for those services
Service delivery	The 'who' in terms of delivering the 'preferred' scope and service solution for the project	For our programme, we have defined this as the organisation(s) which will provide the required services (e.g. design, construction) required to achieve desired quality/lifetime of facilities and how they will be procured
Implementation	The 'when' in terms of delivering the 'preferred' scope, solution and service delivery arrangements for the project	For our programme we have defined this as the implementation approach for the required works required to achieve desired quality/lifetime of facilities
Funding	The 'funding' required for delivering the 'preferred' scope, solution, service delivery and implementation path for the project	For our programme we have defined this as the source of capital investment necessary to undertake the required works

Within our overarching estate redevelopment programme we have developed separate options frameworks for **emergency care** and **planned care** that will be evaluated sequentially, i.e. the planned care options will be examined in the light of the outcome of the emergency care appraisal, and will regard this as a fixed point. This is appropriate because we are prioritising investment in emergency care services.

The different dimensions of the options framework will be appraised only against relevant CSFs – we show both the frameworks and the relevant CSFs on the next slides.

Options framework for emergency care: options in each domain will be assessed separately as having failed or passed the CSFs

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Emergency care options	Core emergency services only	Watford	Business as usual	WHHT	'Big bang' build *e.g. c.3-year construction period*	Public dividend funding
	Core emergency services and associated clinical dependencies and adjacencies (clinical)	St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
		Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate		Phased build *e.g. c.10-year build programme*	
	All clinical and non-clinical services required for an emergency and specialist care site	Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate	Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*		Private finance*

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

Options framework for planned care: options in each domain will be assessed separately as having failed or passed the CSFs

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Planned care options	Diagnostics, urgent care and core capacity / compliance only	Watford	Business as usual	WHHT	‘Big bang’ build *e.g. c.3-year construction period*	Public dividend funding
		St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate			
	Diagnostics, urgent care, core capacity and outpatients	Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
	All planned care (Diagnostics, urgent care and outpatients plus theatres and inpatient beds)	St Albans and Hemel Hempstead		Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*	Phased build *e.g. c.10-year build programme*	Private finance*
		Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate			

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

We will use certain critical success factors to assess options in different domains of the options framework

HM Treasury category	Critical success factor	Options framework domains					
		Scope	Service solution (1)	Service solution (2)	Service delivery	Implementation	Funding
Strategic fit and business needs	1. Strategic alignment	●		●			
	2. Patient experience	●		●			
	3. Quality			●			
	4. Access		●				
Potential value for money	5. Value for money	●	●	●	●	●	
Potential affordability	6. Affordability		●	●	●	●	●
Potential achievability	7. Deliverability		●		●	●	●

5

Emergency care options framework appraisal, 18 August 2020

Introduction

Scope of long list appraisal

The panel has assessed in turn options in each dimension of the **emergency care options framework**:

1. Service scope (scope of acute services)
2. Service solution (sites and quality/lifetime of facilities)
3. Service delivery (likely procurement route)
4. Implementation (phasing)
5. Funding (sources of capital)

This appraisal is one of at least two that will take place for our programme. The options frameworks we have developed are for the **programme** as a whole. In the case of 'service delivery', we have additionally considered the build options that arise from considering options for sites and quality/lifetime for this **project** in order to arrive at a short list for detailed economic appraisal.

Panel members considered the evidence presented in order to arrive at a consensus for each assessment so that the rationale can be documented.

Methodology

1. For each dimension, the panel will firstly assessed whether an option had passed or failed each CSF and provided a rationale.
2. For each CSF, the panel then assessed whether there was a stand-out best (preferred) option or group of options.
3. For each option, the panel assessed whether the option should be 'discounted' because it has failed one or more CSFs; is 'preferred' as objectively the best overall option; or is 'carried forward' but not as the preferred option
4. Finally, the panel proposed a short list for detailed economic appraisal by combining elements that are 'preferred' or had passed in each dimension.

The following colour key has been used:

- Fail
- Pass
- Preferred – objectively the stand-out best option for this CSF*

*NB there is not necessarily a preferred option for each CSF

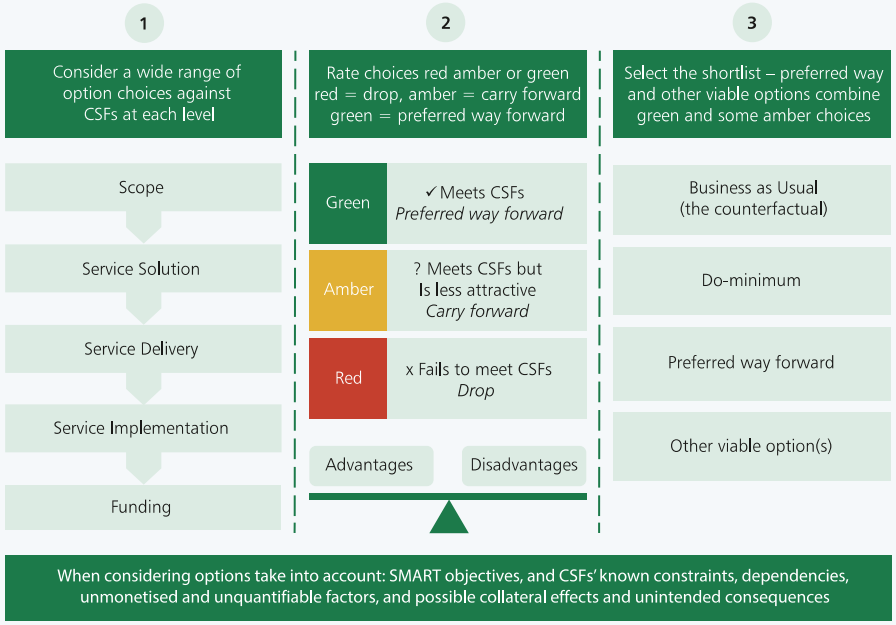
The Green Book (p.58): appraising the long-list

A1.18 When a long-list has been generated and assessed a small number of viable options known as the short-list can be identified. Within each category (e.g. scope), a number of alternative options should be considered and challenged according to how well they meet the CSFs. This can be done by considering their strengths, weaknesses, opportunities and threats (SWOT). These are high level assessments made on the basis of existing knowledge and research, to allow identification of a viable short-list for detailed Social CBA or Social CEA (see Chapter 5). The process is summarised below in Figure 4.

A1.19 Affordability is an important CSF and should be considered early on in the strategic analysis of the long-list. Before finalising the short-list, estimated indicative costs should be considered to see whether options are affordable given budget constraints. This will stop unaffordable (and therefore non-viable) options moving to the short-list stage. If an option fails this test, the long-list appraisal should be revisited to develop a more realistic alternative.

A1.20 The options framework identifies preferred choices and viable alternatives, and rules out non-viable alternatives. The reasons for each decision should be documented to support engagement with stakeholders on alternatives and appraisal of the long list of options should clearly identify any trade-offs between CSFs. This approach has been found to improve the speed, effectiveness and efficiency of strategic analysis through a clear focus on key issues. All implicit and explicit assumptions should be recorded and challenged as being realistic with an objective basis.

Figure 4: Summarising the Options Framework



"Social CBA" means "Social Cost Benefit Analysis" and "Social CEA" means "Social Cost-Effectiveness Analysis" – we will be using the UK Government's Comprehensive Investment Appraisal (CIA) Model as the basis of our economic appraisal.

5.1 Service scope

Options framework for emergency care: service scope

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Emergency care options	Core emergency services only	Watford	Business as usual	WHHT	'Big bang' build *e.g. c.3-year construction period*	Public dividend funding
	Core emergency services and associated clinical dependencies and adjacencies (clinical)	St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
	All clinical and non-clinical services required for an emergency and specialist care site	Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*	Phased build *e.g. c.10-year build programme*	Private finance*
		Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate			

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

Service scope – scope of acute services for which the facilities are required

	CSF	CSF 1 Strategic alignment	CSF 2 Patient experience	CSF 5 Value for money	Overall assessment
Option	**Description**				
1. Core emergency services only	Only facilities for core emergency services (i.e. A&E) would be in scope for improvement at the emergency hospital site(s)	Fail – not aligned with STP or Trust strategies	Fail – would not deliver the planned benefits	Fail – would not release the required scale of planned benefits	Discounted – fails CSFs 1, 2 and 5
2. Core emergency services and associated clinical dependencies and adjacencies (clinical)	All clinical facilities at the emergency hospital site(s)	Pass	Pass – would deliver the planned benefits for emergency care services	Pass (preferred) – best match for our investment objectives	Carried forward (preferred)
3. All clinical and non-clinical services required for an emergency and specialist site	All facilities at the emergency hospital site(s), including, e.g. waiting rooms and catering	Pass	Pass (preferred) – would provide maximum improvement	Pass – limited clinical benefits over option 2	Carried forward

5.2 Service solution

Introduction

The ‘service solution’ domain has been split into two parts:

- Site(s) from which the acute services will be provided
- Quality/lifetime of facilities to be provided for those services

We need to additionally consider the build options that arise from considering options for sites and quality/lifetime for this project in order to arrive at a short list for detailed economic appraisal.

On slides 41 and 42, we consider the two programme level parts of the options framework. On slides 43 and 44 we show these are combined in specific build options which are appraised against all CSFs in light of the evidence presented.

Options framework for emergency care: service solution

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Emergency care options	Core emergency services only	Watford	Business as usual	WHHT	'Big bang' build *e.g. c.3-year construction period*	Public dividend funding
	Core emergency services and associated clinical dependencies and adjacencies (clinical)	St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
		Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate		Phased build *e.g. c.10-year build programme*	
	All clinical and non-clinical services required for an emergency and specialist care site	Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate	Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*		Private finance*

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

Service solution 1 – sites(s) from which the emergency care acute services will be provided

	CSF	CSF 4 Access	CSF 5 Value for money	CSF 6 Affordability	CSF 7 Deliverability	Overall assessment
Option	**Description**					
1. Watford	Existing plot and/or adjacent Watford Riverwell plot	Pass	Pass	Pass	Pass	Carried to build appraisal from slide 44
2. St Albans	Existing St Albans City Hospital site	Pass	Fail – would require existing hospital to be relocated	Fail – relocating two hospitals would not be affordable	Fail – site not big enough and programme not deliverable by 2025/26	Discounted – fails CSF 7
3. Hemel Hempstead	Existing Hemel Hempstead General Hospital site	Pass	Fail – would require existing hospital to be relocated	Fail – relocating two hospitals would not be affordable	Fail – site not big enough and programme not deliverable by 2025/26	Discounted – fails CSF 7
4. Greenfield sites	Four sites have been identified	Depends on site – assessed in build appraisal from slide 44	Depends on site – assessed in build appraisal from slide 44	Depends on site – assessed in build appraisal from slide 44	Depends on site – assessed in build appraisal from slide 44	Depends on site – assessed in build appraisal from slide 44

Service solution 2 – quality/lifetime of facilities to be provided

Option	CSF / Description	CSF 1 Strategic alignment	CSF 2 Patient experience	CSF 3 Quality	CSF 5 Value for money	CSF 6 Affordability	Overall assessment
	Description						
1. Business as usual	Only backlog maintenance – no investment in new buildings or refurbishment	Fail – will not meet objectives or provide future flexibility	Fail – will not improve patient experience	Pass	Fail – will not deliver quantifiable benefits	Fail – overall cost to system will be greater in the future	Fails CSFs 1, 2, 5 and 6 – but carried forward as BAU
2. Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Focused only on legal compliance	Fail – will not meet objectives or provide future flexibility	Fail – will not improve patient experience	Pass	Fail – will not deliver quantifiable benefits	Fail – overall cost to system will be greater in the future	Discounted – fails CSFs 1, 2, 5 and 6
3. Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Implies part new build and part refurbishment	Pass – meets minimal threshold	Pass – refurbishment will improve immediate patient environment	Pass	Pass (preferred) – like to represent the best balance of cost and benefit overall	Pass – no reason to rule out on these generic options	Carried forward
4. Optimise facilities for long term, providing minimum 60yr lifetime across the estate	Full new build	Pass (preferred)	Pass (preferred) – will additionally improve adjacencies, privacy and dignity	Pass	Pass	Pass – no reason to rule out on these generic options	Carried forward as preferred

Putting the two parts of the service solution appraisal together shows us where build options should be further explored

	Quality/lifetime	1. Business as usual	2. Resolve priority issues only, providing minimum 15yr lifetime across entire estate	3. Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	4. Optimise facilities for long term, providing minimum 60yr lifetime across the estate
Site	**Description**	Only backlog maintenance – no investment in new buildings or refurbishment	Focused only on legal compliance	Implies part new build and part refurbishment	Full new build
1. Watford	Existing plot and/or adjacent Watford Riverwell plot	Carried forward as BAU	Discounted	Expand in build options	Expand in build options
2. St Albans	Existing St Albans City Hospital site	There are no valid combinations in this area of the matrix			Discounted
3. Hemel Hempstead	Existing Hemel Hempstead General Hospital site				Discounted
4. Greenfield site A	Land east of A41				Expand in build options
5. Greenfield site B	Eastern side of Hemel Hempstead South/ Gorhambury Estate				Expand in build options
6. Greenfield site C	Land off Junction 21, Chiswell Green				Expand in build options
7. Greenfield site D	Former Radlett Airfield				Expand in build options

We have identified and appraised ten build options aligned with the service solution appraisal

	Quality/lifetime	1. Business as usual	2. Resolve priority issues only, providing minimum 15yr lifetime across entire estate	3. Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	4. Optimise facilities for long term, providing minimum 60yr lifetime across the estate
Site	**Description**	Only backlog maintenance – no investment in new buildings or refurbishment	Focused only on legal compliance	Implies part new build and part refurbishment	Full new build
1. Watford	Existing plot and/or adjacent Watford Riverwell plot	1. Watford business as usual		2. Watford 2019 SOC Option 1 ("SOC1") 3. SOC1 + ED and beds 4. SOC1 + replace PMOK*	5. Watford all clinical services new build* 6. Watford complete new build
2. St Albans	Existing St Albans City Hospital site				
3. Hemel Hempstead	Existing Hemel Hempstead General Hospital site				
4. Greenfield site A	Land east of A41				7 Greenfield site A complete new build
5. Greenfield site B	Eastern side of Hemel Hempstead South/ Gorhambury Estate				8. Greenfield site B complete new build
6. Greenfield site C	Land off Junction 21, Chiswell Green				9. Greenfield site C complete new build
7. Greenfield site D	Former Radlett Airfield				10. Greenfield site D complete new build

*The difference between options 4 and 5 is that AAU (which has around 20 years' life remaining) is included in option 5

Further work is required to define in detail the exact definitions of options 4, 5 and 6; and potentially consolidate Watford options from the current 6 to 5 options

Estates summary of the options

	Option 2 Watford 2019 SOC Option 1 ("SOC1")	Option 3 SOC1 + ED and beds	Option 4 SOC1 + replace PMOK	Option 5 Watford all clinical services new build	Option 6 and 7–10 Watford/greenfield complete new build
Summary of works	• Complete all planned works (ED, theatres, MAU) • New build WACS inc HD/OMF • New build critical care and theatres • 60% PMOK beds refurbished • Shrodells and surge wards replaced • Non-clinical admin services offsite • OP services relocated into PMOK • New medical education facility • Complete all high and significant BM • Equipment replacement at end of life	• Complete all planned works • (ED, theatres, MAU) • New build WACS inc HD/OMF • New build critical care & theatres • New build ED • 100% PMOK beds refurbished • Shrodells and surge wards replaced • Non-clinical admin services offsite • OP services relocated into PMOK • New medical education facility • Complete all high and significant BM • Equipment replacement at end of life	• Complete all planned works (ED, theatres, MAU) • New build WACS inc HD/OMF • New build critical care and theatres • New build PMOK • Shrodells and surge wards replaced • Non-clinical admin services offsite • OP services relocated into new build • New medical education facility • Complete all BM in clinical buildings • Equipment replacement programme	• Complete all planned works (ED, theatres, MAU) • New build WACS inc HD/OMF • New build critical care and theatres • New build PMOK • New build AAU • Shrodells and surge wards replaced • Non-clinical admin services offsite • Refurbishment of clinical admin • OP services relocated into new build • New medical education facility • Complete all BM • Equipment replacement programme	• Complete all planned works (ED, theatres, MAU) • All EC facilities in new build • Complete all high and significant BM at WGH • Equipment replacement programme
Implications for services	• Hospital sized for future demand • Some service development • Some functionality improvement • No change to ED or AAU	• Hospital sized for future demand • Some service development • Some functionality improvement • No change to ED or AAU	• Hospital sized for future demand • Scope to implement new service models • Opportunity to implement new technology • No change to AAU	• Hospital sized for future demand • Scope to implement new service models • Opportunity to implement new technology	• Hospital sized for future demand • Implementation of new service models • Optimum adjacencies
Implications for patients	• 40% of estate unchanged • Some improvement to patient flow • 50% 6-bedded bays remain	• 25% of estate unchanged • (PMOK retained and partially refurbished) • Improvement to of patient flow • 100% bed base to scale less AAU	• 10% of estate unchanged (AAU, admin and support facilities) • Improvement to of patient flow 100% bed base to scale less AAU	• 5% of estate unchanged (admin and support facilities) • Improvement to of patient flow 100% bed base to scale	• Hospital sized for future demand • All new hospital to HTM scale • Best practice clinical care • Optimum use of new technology
Implications for finance	• Partial benefits realisation • High critical infrastructure risk remains • Limited digital and technology benefits	• Significant benefits realisation • High critical infrastructure risk remains • Limited digital and technology benefits	• Significant benefits realisation • High critical infrastructure risk remains • Integration with digital transformation digital and technology benefits	• Significant benefits realisation • High critical infrastructure risk remains • Integration with digital transformation digital and technology benefits	• Full benefits realisation • Very low critical infrastructure risk • Integration with digital transition • Flexibility for future changes improved efficiency

Composition of the five options on the Watford site (1/2)

Department/ activity	Residual life in 2025 if not replaced	Operational services within building	Option 2 Watford 2019 SOC Option 1 ("SOC1")	Option 3 SOC1 + ED and beds	Option 4 SOC1 + replace PMOK	Option 5 Watford all clinical services new build	Option 6 Watford complete new build
			Backlog maintenance works to meet minimum safety standards as per BAU option for retained buildings				
AAU	10	Wards Cath labs Radiology Pharmacy	Retain	Retain	Retain	Replace (new build)	Replace (new build)
Admin (I block)	0	Corporate offices	Service moved offsite	Service moved offsite	Service moved offsite	Service moved offsite	Service moved offsite
AAU extension	0	Wards	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
Beeches	0	Corporate offices	Service moved offsite Building retained as transition space	Service moved offsite Building retained as transition space	Service moved offsite Building retained as transition space	Service moved offsite Building retained as transition space	Service moved offsite
Cardiac centre	26	Cardiology	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
Cherry Tree House	0	Accommodation offices including: RLN union Health and safety and compliance Strategic projects	Retain	Refurbish or replace	Refurbish or replace	Refurbish or replace	Replace (new build)
Clinical engineering	0	Occupational therapy Physiotherapy Clinical coding Clinical engineering	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
Cytology	15	Pathology Cytology	Service moved offsite	Service moved offsite	Service moved offsite	Service moved offsite	Service moved offsite
Estates, boiler house and critical infrastructure	15*	Estates offices Boiler house	Refurbish or replace with energy centre	Refurbish or replace with energy centre	Replace (new build)	Replace (new build)	Replace (new build)
H block	0	Medical education Dermatology Medical record areas	Replace (new build) with some services moved off Watford site	Replace (new build) with some services moved off Watford Site	Replace (new build) with some services moved off Watford site	Replace (new build) with some services moved off Watford site	Replace (new build) with some services moved off Watford site
NEQAS	0		Service moved off-site	Service moved off-site	Service moved off-site	Service moved off-site	Service moved off-site
Pathology	4	Pathology re-provided off-site, with hot-lab, mortuary and chapel of rest remaining on-site	Pathology service moved offsite Essential services lab, mortuary and chapel of rest reprovided in new build	Pathology service moved offsite Essential services lab, mortuary and chapel of rest reprovided in new build	Pathology service moved offsite Essential services lab, mortuary and chapel of rest reprovided in new build	Pathology service moved offsite Essential services lab, mortuary and chapel of rest reprovided in new build	Pathology service moved offsite Essential services lab, mortuary and chapel of rest reprovided in new build

*Building, not infrastructure

Department not included in new development scope, building retained
Refurbishment
Replace within main build
Service moved off-site

Composition of the five options on the Watford site (2/2)

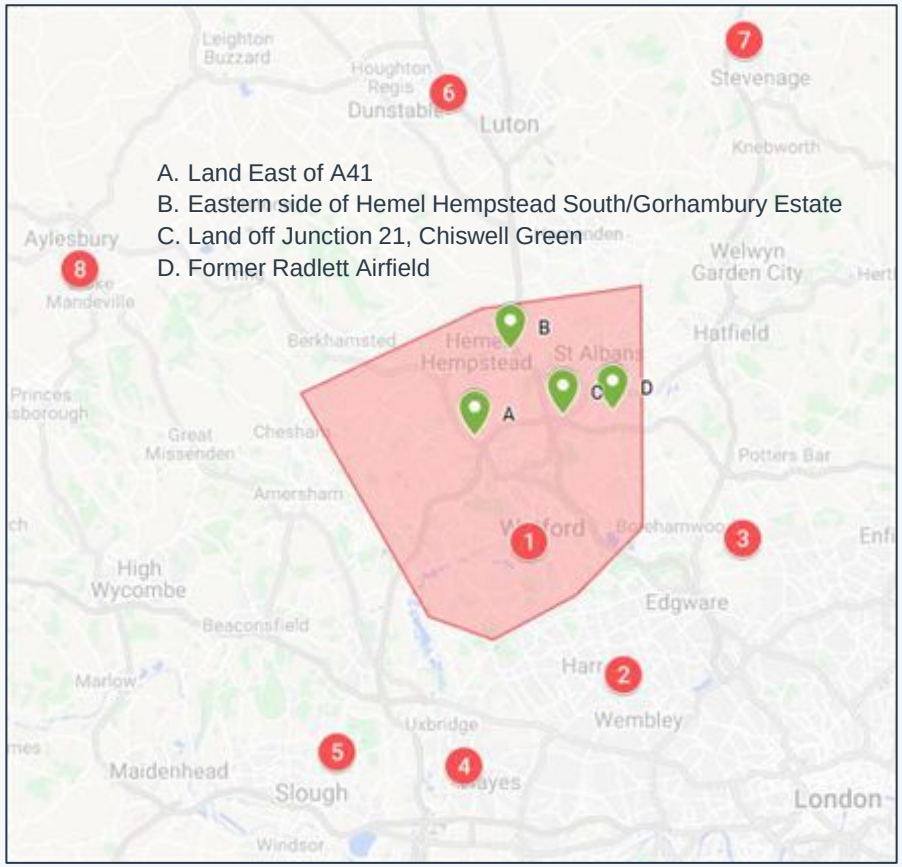
Department/ activity	Residual life in 2025 if not replaced	Operational services within building	Option 2 Watford 2019 SOC Option 1 ("SOC1")	Option 3 SOC1 + ED and beds	Option 4 SOC1 + replace PMOK	Option 5 Watford all clinical services new build	Option 6 Watford complete new build
			Backlog maintenance works to meet minimum safety standards as per BAU option for retained buildings				
PMOK portacabin	0	Clinical offices	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
Prince Michael of Kent	19	ED	Retain	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
		Critical care and theatres	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
		Medical and surgical beds	Refurbish or replace (60%)	Refurbish or replace (100%)	Replace (new build)	Replace (new build)	Replace (new build)
		Diagnostics inc endoscopy	Retain	Retain	Replace (new build)	Replace (new build)	Replace (new build)
		OPD	Retain	Refurbish or replace	Replace (new build)	Replace (new build)	Replace (new build)
Renal unit	0	Renal unit	Service not included in scope – if required would need new build	Service not included in scope – if required would need new build	Service not included in scope – if required would need new build	Service not included in scope – if required would need new build	Service not included in scope – if required would need new build
Restaurant block	18	Nursery Restaurant Information development	Retain	Refurbish or replace	Replace (new build)	Replace (new build)	Replace (new build)
Shrodells	7	In patient wards	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
		Assessment areas	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
		Clinical offices	Relocate to refurbished estate or replace	Relocate to refurbished estate or replace	Relocate to refurbished estate or replace	Relocate to refurbished estate or replace	Replace (new build)
Sycamore House	0	Various OPD	Replace (new build) with some services moved off Watford site Building retained to support transition	Replace (new build) with some services moved off Watford site Building retained to support transition	Replace (new build) with some services moved off Watford site Building retained to support transition	Replace (new build) with some services moved off Watford site Building retained to support transition	Replace (new build) with some services moved off Watford site Building retained to support transition
Women's and Children's Services (WACS)	3	WACS	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
	0	Helen Donald/OMF	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)	Replace (new build)
Willow House	1	Corporate offices	Replace (new build) with some services moved off Watford site	Replace (new build) with some services moved off Watford Site	Replace (new build) with some services moved off Watford site	Replace (new build) with some services moved off Watford site	Replace (new build) with some services moved off Watford site

Department not included in new development scope, building retained
Refurbishment
Replace within main build
Service moved off-site

Evidence for CSF 4: all Trust sites and all greenfield sites are within half the distance from WGH to the next nearest NHS A&Es

Map: Hemel Hempstead General Hospital and St Albans City Hospital are within half the distance from Watford General Hospital to the next nearest NHS A&E departments

Map: all green field sites are within half the distance from Watford General Hospital to the next nearest NHS A&E departments



Evidence for CSFs 5 and 6: financial tables

The following table provides key financial information relating to the options*. Options 2–7 include an approximate £50m investment for planned care. In order to assess CSF 5 (value for money) and CSF 6 (affordability) without a capital investment cap or an understanding of service benefits, we will:

- Eliminate options that are unlikely to deliver the required benefits for the scale of investment (column a)
- Consider whether options creating a high cost pressure as a % of turnover (column o) should be eliminated.

£m	a	c	d	e	f	g	h	i	j	k	l	m	n	o
Options	Investment at current price	Inflated cost to midpoint of constrn (using % used per 2019 SOC)	Revalued at 80% as per SOC assumption	Purchase of land	Sales proceeds at current inflated to assumed end of construction	Revaluation of current asset	Capital charges at 3.5% of revalued amount	Depreciation on new investment assumed average 35 yrs as per SOC	Depreciation retained asset, based on % of retained asset used in SOC	Increase in depreciation (current £8.1m)	Rent of office space	Cost pressure	Turnover current £394m inflated to	Cost pressure as % of turnover
1. Business as usual	92	112	89				3.13	3	8	2	2	6.97	418.4	1.7%
2. Watford 2019 SOC Option 1 (“SOC1”)	350	432	345		-20.22		11.38	10	5	7	2	20.37	418.4	4.9%
3. SOC1 + ED and beds	420	510	408		-19.63		13.60	12	5	9	2	24.31	418.4	5.8%
4. SOC1 + replace PMOK	590	717	574		-19.63		19.39	16	3	11	2	32.57	418.4	7.8%
5. Watford all clinical services new build	650	790	632		-19.63		21.43	18	3	13	2	35.79	418.4	8.6%
6. Watford complete new build	750	911	729	TBC	TBC	TBC	TBC	21	3	15	TBC	TBC	418.4	TBC
7. Greenfield site new build	*750	996	797	20	-68		26.23	23	-	15	TBC	39.17	418.4	9.4%

£m	q	r	s	t	u	v	w	x	y	z	aa	ab
Options	Investment at current price	Disposal at current price	Residual value	Operational benefits†	Estate benefits	Contribution from marginal activity	Lifecycle benefits	Backlog maintenance benefits	Revenue benefits at current price	Capital benefits	Total benefits	Benefit as % of cost
1. Business as usual	92	-		4		2	-0	0	5.78	0.03	5.81	6%
2. Watford 2019 SOC Option 1 (“SOC1”)	350	15		19	1.6	2	1.1	1.4	22.58	2.52	25.11	7%
3. SOC1 + ED and beds	420	15		20	1.6	2	1.3	1.6	23.66	2.87	26.54	7%
4. SOC1 + replace PMOK	590	15		21	1.7	2	1.4	1.8	24.74	3.21	27.94	5%
5. Watford all clinical services new build	650	15		22	1.7	2	1.5	1.8	26.20	3.35	29.55	5%
6. Watford complete new build	750	TBC		TBC	TBC	2	TBC	TBC	TBC	TBC	TBC	TBC
7. Greenfield site new build	*750	47		25	4.2	3	2.5	2.5	32.25	4.96	37.21	5%

All financial numbers are provisional and subject to detailed determination in the economic appraisal of the short list
*Additional costs for services and civil engineering (e.g. motorway junctions) would be attributable to greenfield options – these are not included in the table
†Based on the benefits framework developed at SOC and will be reviewed and updated

Evidence for CSFs 5 and 6: notes to financial tables

a Cost of Investment is as per 2019 SOC / Regulator paper

b Date assumed is as per Regulator paper (to confirm)

c Not used

d The book value of new buildings is assumed to be revalued to 80% of construction costs following completion. The 20% reduction hits the revaluation reserve so does not impact the I/E.

e To confirm Option 6, will need to acquire more land

f Disposal is as per SOC 2019 where available. Tim to confirm Option 6 assumption and

g Requested latest Revaluation Report

h PDC dividend is calculated at 3.5% of average of (revalued construction cost net of land acquisition cost/receipt on disposal) in-year and prior-year.

i Depreciation calculated using useful economic lives as follows

- Building refurbishment: 30 years
- Building new build: 60 years
- Equipment: 10 years

Average of 35 years used overall, based on average calculated from SOC

j Depreciation on retained asset based on % of retained asset as per 2019 SOC

k Increase in depreciation represents the impact on the I&E depreciation as a result of the additional investment

l This is the revenue cost of hiring additional office space when administrative space is taken off site and is based on the sqm required to accommodate the non clinical staff assumed to work offsite.

To confirm assumption for Option 6 and 7

m Cost pressure is the impact of h, k, and l

n 2019/20 Turnover inflated to reflect income at end of construction period

o Cost pressure as a % of turnover showing level of required benefits

p Not used

q As per a above

r See f above

s Not considered

t Details as per worksheet 'Operational Benefits', amount recognised is based on % assumed as per worksheet'% used'.

WHHT has an ongoing Cost Improvement Programme (CIP) running at 4% reducing to 1.1% from 2022/23. In addition to this existing programme a new hospital reconfiguration is assumed to deliver further savings. To identify the likely source and quantum of the savings, a long list of potential savings initiatives was drawn up – and then the most likely to deliver cashable savings were identified and quantified. These were then apportioned across the different options according to the identified benefit driver.

u Estate benefits is the impact on the on going revenue costs of running the estate.

These have been calculated using a benchmarking data base and are driven by the total footprint m² of each option. The categories of operating costs are listed below a.

- Hard facilities management (FM)
- Soft FM
- Utilities
- Ground Maintenance

The reduced cost of running the estate is the estate benefit

v Contribution from marginal activity

In the baseline any additional activity undertaken by WHHT due to demand increasing beyond today's levels is assumed to be delivered without any contribution, i.e. £1 income for £1 cost. Where estate capacity is increased to meet future demand (all shortlisted options but not the BAU) it is assumed that the cost of delivering additional activity is 70% income so delivering a contribution of 30% and 40% in the Greenfield option where we have all the benefits of emergency and planned care in a completely newly built building.

x,w These have been calculated using a benchmarking data base and are driven by the total footprint m² of each option using information from 2019 SOC.

y Revenue benefits are the benefits which impact our I&E account and is the sum of t, u and v

z Capital Benefits is the reduced investment required in future by the Health Economy.

aa These are made up of sum of y and z

Evidence for CSF 7: conclusions from site feasibility study (1/2)

"This report demonstrates that the greenfield options carry far greater risk and complexity compared to the Watford Hospital site options evidenced in the projected achievable timelines. It is for the Trust, together with its advisers to review this report and consider which sites will be shortlisted for the next stage."

- **Site A** (Kings Langley-KL) – Land East of A41 (greenfield site not owned by the Trust)
- **Site B** (East of Hemel Hempstead-EH) – Eastern side of Hemel Hempstead South / Gorhambury Estate (greenfield site not owned by the Trust)
- **Site C** (Chiswell Green-CG) – Land off Junction 21, Chiswell Green (greenfield site not owned by the Trust)
- **Site D** (Radlett Airfield-RA) – Former Radlett Airfield (greenfield site not owned by the Trust)
- **Site E** (Watford Riverwell-WR) – Watford Riverwell (partially owned by the Trust)
- **Site F** (Watford Owned-WO) – Watford General Hospital (existing hospital site owned by the Trust)

Figure 7.5: Programmes summary

Site	Substantially Complete Date	
	Optimistic	Pessimistic
A (KL)	June 2027	May 2029
B (EH)	March 2027	May 2029
C (CG)	March 2027	Apr 2029
D (RA)	March 2027	May 2029
E (WR)	June 2026	Oct 2027
F (WO)*	Jan 2026	Apr 2027

*Dates for site F (WO) are for new build component only

Figure 6.1: Scoring summary

Ref	Assessment Criteria (scores available)	Sites					
		A (KL)	B (EH)	C (CG)	D (RA)	E (WR)	F (WO)
1.1	Suitability - Capacity (Pass/Fail)	Pass	Pass	Pass	Pass	Pass	Pass
1.2	Suitability - Land Use Constraints (0-3)	1	0	0	0	3	3
1.3	Suitability - Flood Risk (0-3)	3	3	3	3	3	3
1.4	Suitability - Above-ground Heritage (0-3)	1	1	1	1	1	1
1.5	Suitability - Below-ground Heritage (1-2)	2	2	2	2	2	2
1.6	Suitability - Accessibility (1-4)	3	2	2	2	4	4
2	Availability (0-3)	1	1	2	1	3	4
	Overall Score (out of 18)	**11**	**9**	**10**	**9**	**16**	**17**

Evidence for CSF 7: conclusions from site feasibility study (2/2)

Figure 7.1: Summary of site scoring against RAG risk

Site	Likelihood / Consequence	Planning Certainty Risk	Outcome	Land Deal Risk	Outcome
Site A (KL)	Likelihood	3	15	2	10
	Consequence	5		5	
Site B (EH)	Likelihood	3	15	2	10
	Consequence	5		5	
Site C (CG)	Likelihood	3	15	2	10
	Consequence	5		5	
Site D (RA)	Likelihood	4	20	2	10
	Consequence	5		5	
Site E (WR)	Likelihood	1	5	1	5
	Consequence	5		5	
Site F (WO)	Likelihood	1	5	0	0
	Consequence	5		5	

Likelihood		Consequence	
0	Not applicable	1	Negligible/Insignificant
1	Rare		
2	Unlikely	2	Minor
3	Possible	3	Moderate
4	Likely	4	Major
5	Almost certain	5	Catastrophic

Outcome
0-6 Green
7-15 Amber
16 – 25 Red

Service solution – final appraisal of each of the build options

Option	CSF / Description	CSF 1 Strategic alignment	CSF 2 Patient experience	CSF 3 Quality	CSF 4 Access	CSF 5 Value for money	CSF 6 Affordability	CSF 7 Deliverability	Overall assessment
1. Watford business as usual	Existing plot and/or adjacent Watford Riverwell plot	Fail – will not meet objectives or provide future flexibility	Fail – will not improve patient experience	Pass	Pass – within agreed boundary	c.£92m capital – limited benefits	Revenue impact 1.7% of turnover – pass	Pass	Fails CSFs 1 and 2 – but carried forward as BAU
2. Watford 2019 SOC Option 1 ("SOC1")		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£350m capital – limited benefits	Revenue impact 4.9% of turnover – pass	New build element deliverable by 2025/26 but refurbishment element will not complete in this time frame	Carried forward as 'do minimum'
3. SOC1 + ED and beds		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£420m capital	Revenue impact 5.8% of turnover – pass	Pass	Carried forward
4. SOC1 + replace PMOK		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£590m capital	Revenue impact 7.8% of turnover – pass	Pass	Carried forward as preferred
5. Watford all clinical services new build		Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£650m capital – potential poor VFM	Revenue impact 8.6% of turnover – pass	Pass	Potentially fails CSFs 5
6. Watford complete new build		Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital – potential poor VFM	TBC	Pass	Potentially fails CSFs 5 and 6
7. Greenfield site A complete new build	Land East of A41	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	Revenue impact 9.4% of turnover – potential fail	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSFs 5 and 6
8 Greenfield site B complete new build	Eastern side of Hemel Hempstead South/ Gorhambury Estate	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	Revenue impact 9.4% of turnover – potential fail	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSFs 5 and 6
9. Greenfield site C complete new build	Land off Junction 21, Chiswell Green	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase– potential poor VFM	Revenue impact 9.4% of turnover – potential fail	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSFs 5 and 6
10. Greenfield site D complete new build	Former Radlett Airfield	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	Revenue impact 9.4% of turnover – potential fail	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSFs 5 and 6

All financial numbers are provisional and subject to detailed determination in the economic appraisal of the short list
All options include approximately £50m investment for planned care

5.3 Service delivery

Options framework for emergency care: service delivery

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Emergency care options	Core emergency services only	Watford	Business as usual	WHHT	'Big bang' build *e.g. c.3-year construction period*	Public dividend funding
	Core emergency services and associated clinical dependencies and adjacencies (clinical)	St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
	All clinical and non-clinical services required for an emergency and specialist care site	Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*	Phased build *e.g. c.10-year build programme*	Private finance*
		Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate			

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

Service delivery – organisation(s) to provide services (e.g. design/construction) required to achieve desired quality/lifetime of facilities

	CSF	CSF 5 Value for money	CSF 6 Affordability	CSF 7 Deliverability	Overall assessment
Option	**Description**				
1. WHHT	The Trust would undertake the works itself	Fail – would need to establish in-house team at considerable additional cost	Fail – would need to establish in-house team at considerable additional cost	Fail – considerable disruption and unlikely to be deliverable by 2025/26	Discounted – fails CSFs 5, 6 and 7
2. Single private sector partner *e.g. procured through ProCure 2020*	The Trust would procure a single overarching supplier, which would bear integration risk	Pass (preferred) – better overall value for money owing to outsourcing of integration risk	Pass	Pass (preferred) – far less risk to delivery schedule	Carried forward as preferred
3. Multiple private sector providers *i.e. separate providers for design, build and maintenance services*	The Trust would procure services separately and bear the integration risk itself	Pass – although integration and delivery risk would remain with Trust	Pass	Pass – although greater potential for disruption and delay	Carried forward for further consideration in OBC subject to value for money test*

*NHSI guidance mandates P22 (and assume P2020) unless it can be demonstrated that 'traditional procurement' is better value for money – this would depend on WHHT's ability to demonstrate that it can manage integration and delivery risk.

5.4

Service implementation

Options framework for emergency care: service implementation

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Emergency care options	Core emergency services only	Watford	Business as usual	WHHT	'Big bang' build *e.g. c.3-year construction period*	Public dividend funding
	Core emergency services and associated clinical dependencies and adjacencies (clinical)	St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
	All clinical and non-clinical services required for an emergency and specialist care site	Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*	Phased build *e.g. c.10-year build programme*	Private finance*
		Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate			

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

Service delivery – organisation(s) to provide services (e.g. design/construction) required to achieve desired quality/lifetime of facilities

	CSF	CSF 5 Value for money	CSF 6 Affordability	CSF 7 Deliverability	Overall assessment
Option	**Description**				
1. 'Big bang' build *e.g. c.3-year construction period*	Works undertaken in a single continuous period **without** multiple accommodation moves that add to the programme length	Pass (preferred)	Pass (preferred)	Pass (preferred)	Carried forward as preferred – minimising the construction period
2. Phased build *e.g. c.10-year build programme*	Works undertaken multiple phases, potentially **with** multiple accommodation moves that add to the programme length	Fail – substantially more expensive for delivery of the same benefits	Pass – although substantially more expensive	Fail – not deliverable by 2025/26	Discounted – fails CSFs 5 and 7

5.5 Funding

Options framework for emergency care: funding

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Emergency care options	Core emergency services only	Watford	Business as usual	WHHT	'Big bang' build *e.g. c.3-year construction period*	Public dividend funding
	Core emergency services and associated clinical dependencies and adjacencies (clinical)	St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
	All clinical and non-clinical services required for an emergency and specialist care site	Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*	Phased build *e.g. c.10-year build programme*	Private finance*
		Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate			

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

Funding – source of capital (after any internal and charitable financing)

	CSF	CSF 6 Affordability	CSF 7 Deliverability	Overall assessment
Option	**Description**			
1. Public dividend capital	Government funding through the Health Infrastructure Plan	Pass (preferred)	Pass (preferred)	Carried forward as preferred
2. Mixed funding model *e.g. energy efficiency financing, S.106 funding, managed equipment service (MES)*	Making use of alternative, potentially smaller, funding sources open to NHS trusts	Pass – potentially affordable depending on the deal	Pass – unlikely to provide all of the capital required	Carried forward – unlikely to provide all of the capital required but should be explored in the financial case as a potential source if financing costs are lower than PDC and/or additional finance is required
3. Private finance	Multi-year build, operate and maintain contract – usually for the lifetime of the asset	Pass – potentially affordable depending on the deal	Fail – not currently available for use by NHS trusts	Discounted – fails CSF 7

Note: Internal and charitable financing (if any) should come first as they have no financing costs – PDC would be for the residual capital

6

Overall assessment short list proposed by Appraisal Panel, 18 August 2020

Introduction

A project business case should identify a minimum of four shortlisted options for further appraisal. These should include:

- 'Business as usual' (BAU) – the benchmark for value for money; a baseline that best represents not undertaking the project
- 'Do minimum' – a realistic way forward that also acts as a further benchmark for value for money, in terms of cost justifying further intervention
- 'Recommended' – the 'preferred way forward' at this stage
- One or more other possible options based on realistic 'more ambitious' and 'less ambitious' choices that were not discounted at the long-list stage

The short list is composed from the 'preferred' and 'carried forward' elements of the options framework. There is no obligation to take forward every single combination of elements that have passed – the options should be the most meaningful genuine options for detailed economic appraisal.

The Green Book (p.58): composing the short-list

A1.21 The short-list should include the preferred way forward (the combination of choices taken through the options filter most likely to deliver the SMART objectives[22], the Business As Usual benchmark, a viable do-minimum option, that meets minimum core business requirements to achieve the objectives identified and at least one alternative viable option (usually the next best choices to deliver the SMART objectives).

A1.22 The short-list is taken forward to the next stage of appraisal which involves detailed Social CBA or Social CEA of all options. The do-minimum option means it is possible to see whether other options are "gold-plated", where low value features are added to an alternative option at high cost.

[22]It should not be confused with the "preferred option", which is the result of the analysis at the short-listing stage (see Chapter 5).

Options framework for emergency care: summary of assessment by Appraisal Panel, 18 August 2020

Category of choice (HMT guidance)	1. Service scope	2. Service solution		3. Service delivery	4. Service implementation	5. Funding
Definition (For WHHT acute redevelopment)	Coverage of the service to be delivered Scope of acute services for which the facilities are required	How this may be done (a) Site(s) from which the acute services will be provided	How this may be done (b) Quality/lifetime of facilities to be provided	Who is best placed to do this Organisation(s) to provide services (e.g. design / construction) required to achieve desired quality / lifetime of facilities	When and in what form can it be implemented Implementation approach	Source of capital
Emergency care options	Core emergency services only	Watford	Business as usual	WHHT	'Big bang' build *e.g. c.3-year construction period*	Public dividend funding
	Core emergency services and associated clinical dependencies and adjacencies (clinical)	St Albans	Resolve priority issues only, providing minimum 15yr lifetime across entire estate	Single private sector partner *e.g. procured through ProCure 2020 framework*		Mixed funding model *e.g. energy efficiency financing, Section 106 funding, managed equipment service (MES)*
	All clinical and non-clinical services required for an emergency and specialist care site	Hemel Hempstead	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Multiple private sector providers *i.e. separate providers for design, build, and maintenance services*	Phased build *e.g. c.10-year build programme*	Private finance*
		Greenfield site	Optimise facilities for long term, providing minimum 60yr lifetime across the estate			

Columns show available options within each dimension. Each column should be reviewed independently, there is no left-to-right read across

*Private financing is not likely to be an option for this scheme

Short list proposed by Appraisal Panel, 18 August 2020

By default the 'preferred way forward' is the 'do minimum' option (which fully meets all of the CSFs but may only meet the primary investment objective) unless an option of greater scope or cost demonstrably provides better overall value for money.

Option	1. 'Business as usual'	2. Smaller scope	3. 'Do minimum'	4. 'Preferred way forward'	5. Larger scope
Description	Baseline for measuring improvement and value for money		A realistic and achievable option that meets essential requirements	Provides better value for money with greater capital investment	
Build	**Business as usual**	**Watford 2019 SOC Option 1 ("SOC1")**	**SOC1 + ED and beds**	**SOC1 + replace PMOK**	**Watford all clinical services new build**
Cost*	c.£92m capital	c.£350m capital	c.£420m capital	c.£590m capital	c.£650m capital
Service scope	All clinical and non-clinical services required for an emergency and specialist site	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)
Service solution	Business as usual	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 60yr lifetime across the estate
Service delivery	n/a	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)
Implementation	n/a	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)
Funding	n/a	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate

All financial numbers are provisional and subject to detailed determination in the economic appraisal of the short list
*All options include approximately £50m investment for planned care

7

Proposed changes following discussion with NHSI/E and DHSC

Introduction

Following the Appraisal Panel meeting, further discussions were undertaken with the NHSI/E regional team and colleagues at DHSC.

The Trust recognises that we cannot eliminate build options 5–10 on value for money grounds and so now assess all options as passing CSF 5 (value for money). We also recognise that the high capital and revenue costs for options 6–10 will create a corresponding high pressure on savings, and so these options should remain ‘amber’ for CSF 6 (affordability). These changes are shown on the following slide.

NHSI/E and DHSC colleagues took the view that describing Option 3 as the ‘do minimum’ and the small quantum difference between Option 1 (at c.£92m) and Option 2 (at c.£350m) meant that – in their view – there was no meaningful intermediate option to assess as the real do minimum.

We took the view that BAU option as previously described included sufficient minor new additions (mostly refurbishment) to the estate that it could be recast as a worthwhile ‘do minimum’ that, although not meeting all of the Trust’s investment objectives, would nevertheless represent a significant improvement in the Trust’s estate. We have therefore included a new BAU option without these additions.

Amended appraisal of the build options

	CSF	CSF 1 Strategic alignment	CSF 2 Patient experience	CSF 3 Quality	CSF 4 Access	CSF 5 Value for money	CSF 6 Affordability	CSF 7 Deliverability	Overall assessment
Option	**Description**								
1. Watford business as usual	Existing plot and/or adjacent Watford Riverwell plot	Fail – will not meet objectives or provide future flexibility	Fail – will not improve patient experience	Pass	Pass – within agreed boundary	c.£92m capital – limited benefits	Revenue impact 1.7% of turnover – pass	Pass	Fails CSFs 1 and 2 – but carried forward as BAU
2. Watford 2019 SOC Option 1 ("SOC1")		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£350m capital – limited benefits	Revenue impact 4.9% of turnover – pass	New build element deliverable by 2025/26 but refurbishment element will not complete in this time frame	Carried forward as 'do minimum'
3. SOC1 + ED and beds		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£420m capital	Revenue impact 5.8% of turnover – pass	Pass	Carried forward
4. SOC1 + replace PMOK		Pass – meets primary IO	Pass – refurb will improve pat exp	Pass	Pass – within agreed boundary	c.£590m capital	Revenue impact 7.8% of turnover – pass	Pass	Carried forward as preferred
5. Watford all clinical services new build		Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£650m capital – potential poor VFM	Revenue impact 8.6% of turnover – pass	Pass	Pass, subject to VFM
6. Watford complete new build		Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Pass	Potentially fails CSFs 6
7. Greenfield site A complete new build	Land East of A41	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6
8 Greenfield site B complete new build	Eastern side of Hemel Hempstead South/ Gorhambury Estate	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6
9. Greenfield site C complete new build	Land off Junction 21, Chiswell Green	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase– potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6
10. Greenfield site D complete new build	Former Radlett Airfield	Pass – meets all objectives	Pass (joint preferred)	Pass (joint preferred)	Pass – within agreed boundary	c.£750m capital + c.£20m purchase – potential poor VFM	High capital cost, pressure on capex; high revenue cost, pressure on savings	Not deliverable by 2025/26 and medium to high risk deliverability	Discounted – fails CSF 7, potentially fails CSF 6

All financial numbers are provisional and subject to detailed determination in the economic appraisal of the short list
All options include approximately £50m investment for planned care

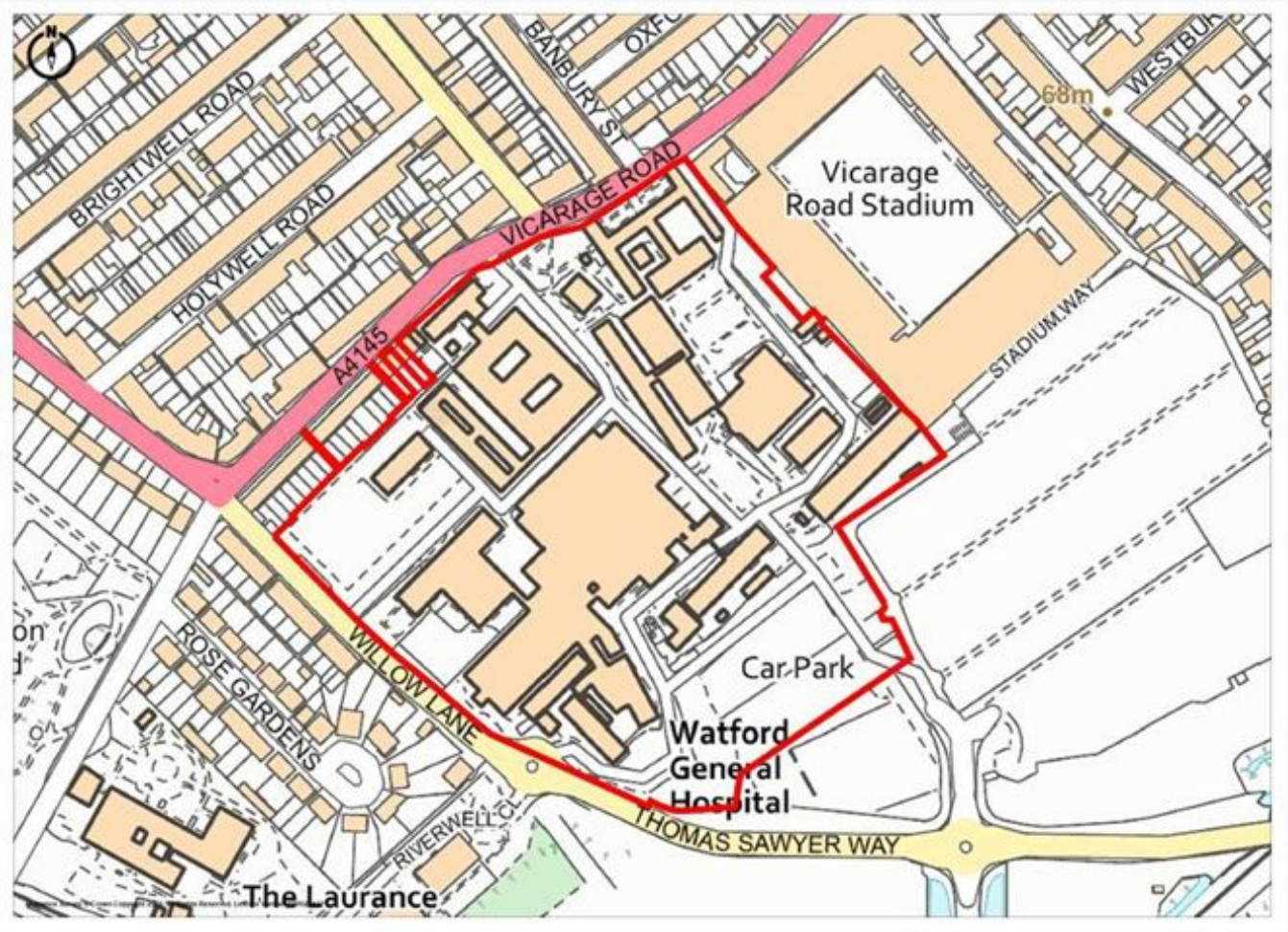
Proposed shortlist following discussions with NHSI/E and DHSC

Option	1. 'Business as usual'	2. 'Do minimum'	3. Smaller scope	4. Intermediate scope	5. 'Preferred way forward'	6. Larger scope
Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements			Provides better value for money with greater capital investment	
Build	**Business as usual** – address high risk backlog maintenance	BAU + minor new additions (mostly refurbishment) to the estate	**Watford 2019 SOC Option 1 ("SOC1")**	**SOC1 + ED and beds**	**SOC1 + replace PMOK**	**Watford all clinical services new build**
Cost*	c.£XXm capital TBC	c.£92m capital TBC	c.£350m capital	c.£420m capital	c.£590m capital	c.£650m capital
Service scope	All clinical and non-clinical services required for an emergency and specialist site	All clinical and non-clinical services required for an emergency and specialist site	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)	Core emergency services and associated clinical dependencies and adjacencies (clinical)
Service solution	Business as usual	BAU +	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 30yr lifetime across the estate	Provide fit for purpose facilities, providing minimum 60yr lifetime across the estate
Service delivery	n/a	n/a	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)	Single private sector partner (e.g. procured through ProCure 2020)
Implementation	n/a	n/a	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)	'Big bang' build (e.g. c.3-year construction period)
Funding	Internally funded	Internally funded	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate	Public dividend capital, considering alternative options to supplement where appropriate

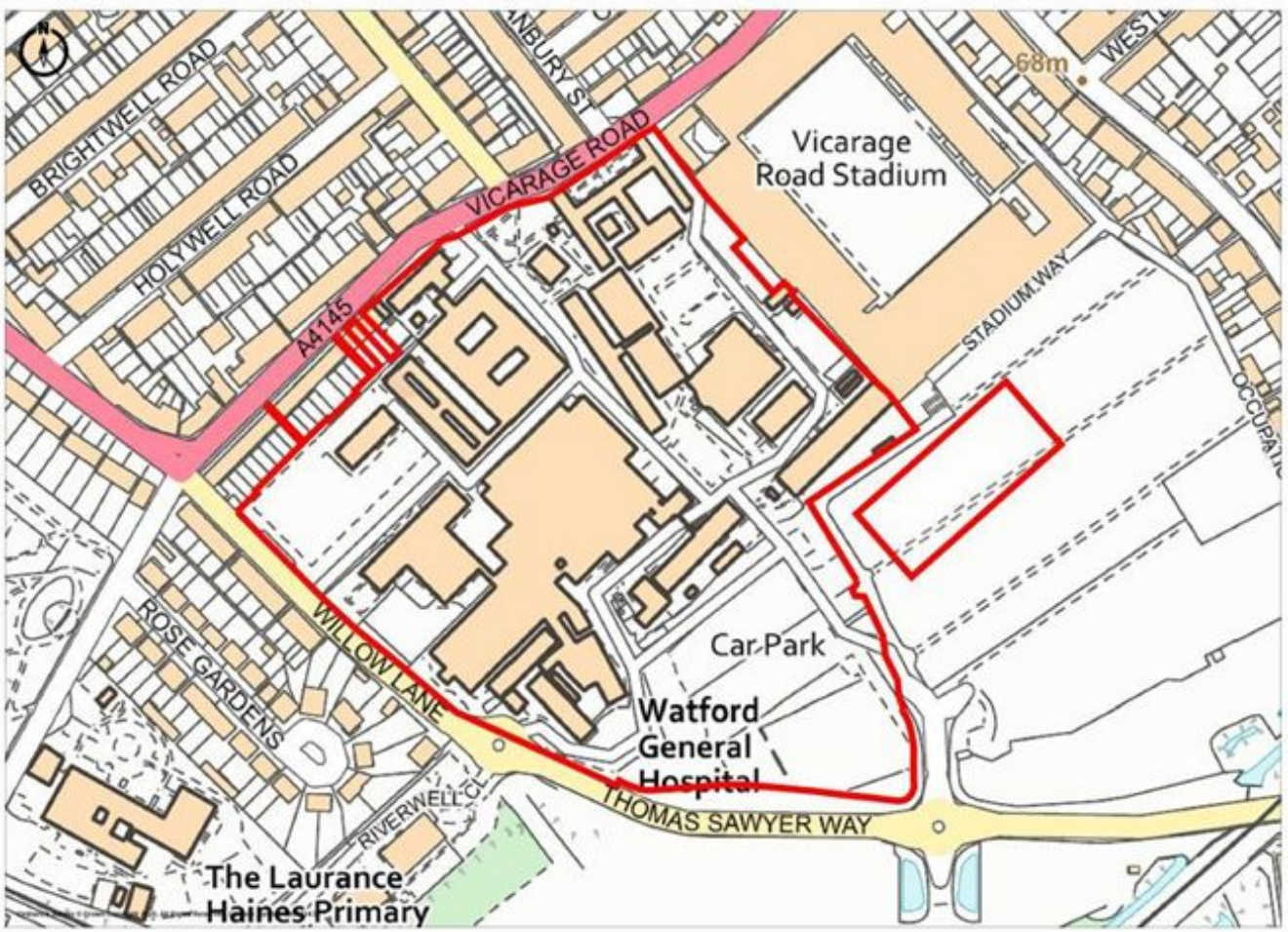
All financial numbers are provisional and subject to detailed determination in the economic appraisal of the short list
*Options 2–6 include approximately £50m investment for planned care

A Annex A: Site locations

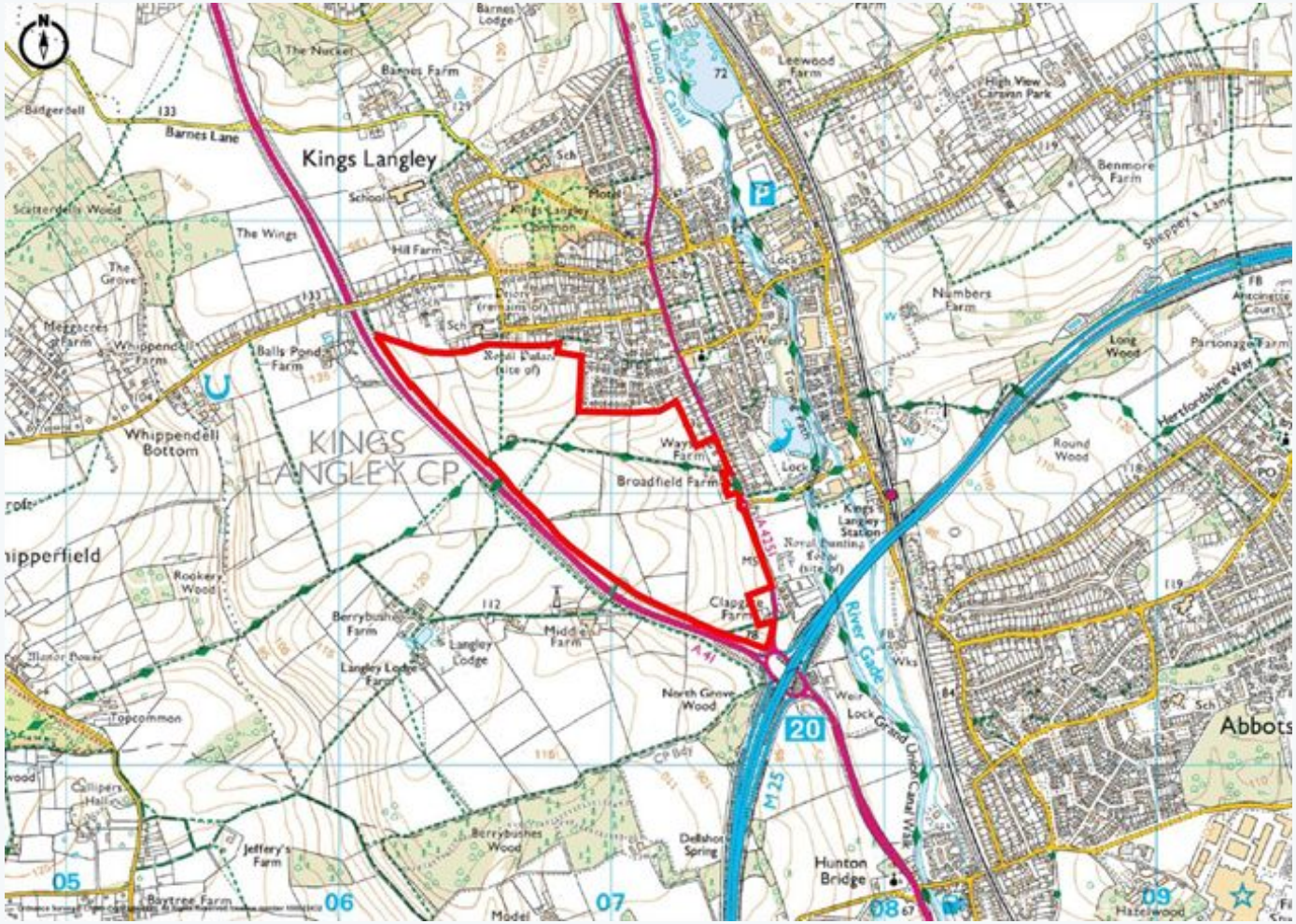
Existing Watford General Hospital plot



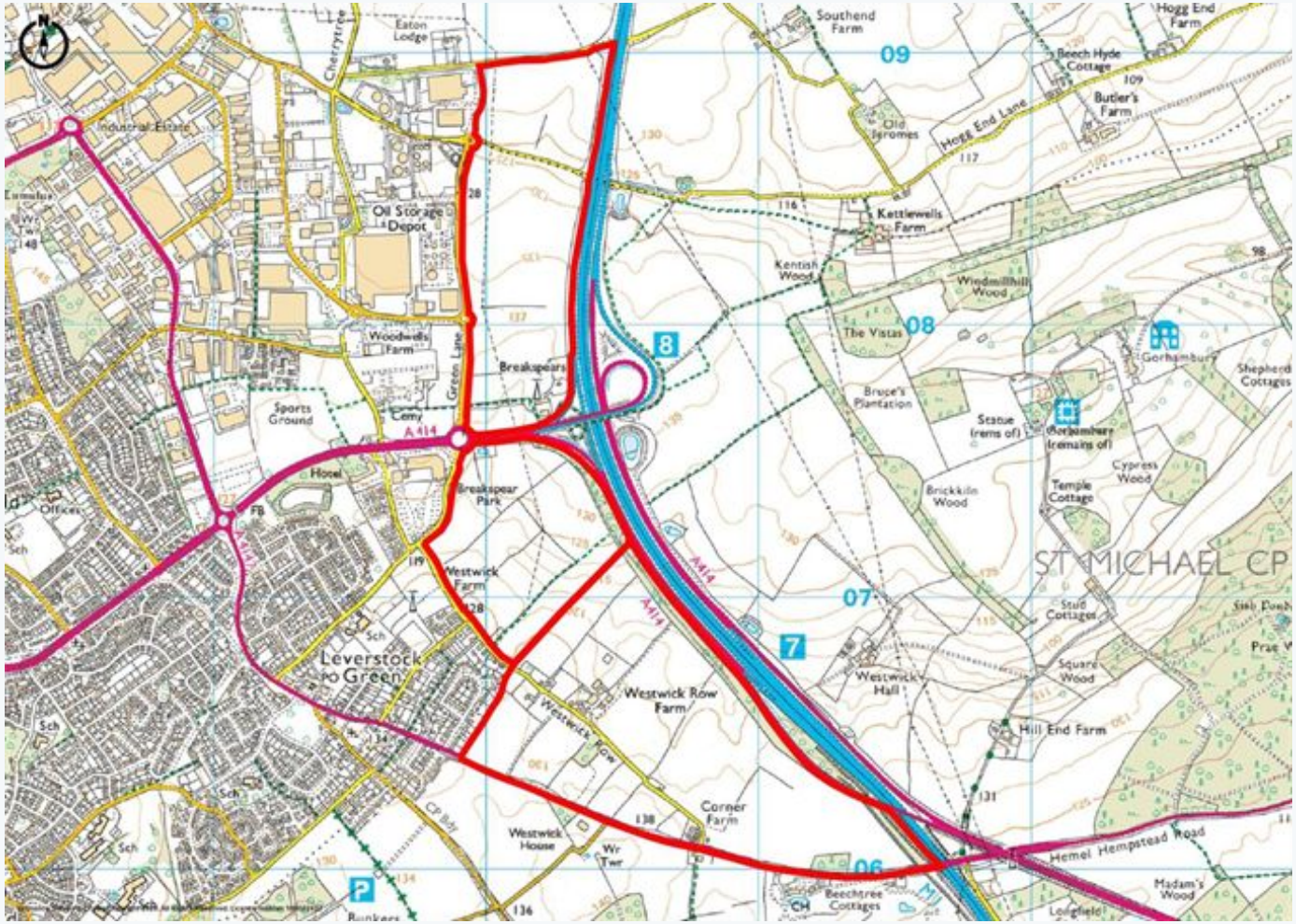
Existing Watford General Hospital plot with adjacent Watford Riverwell plot



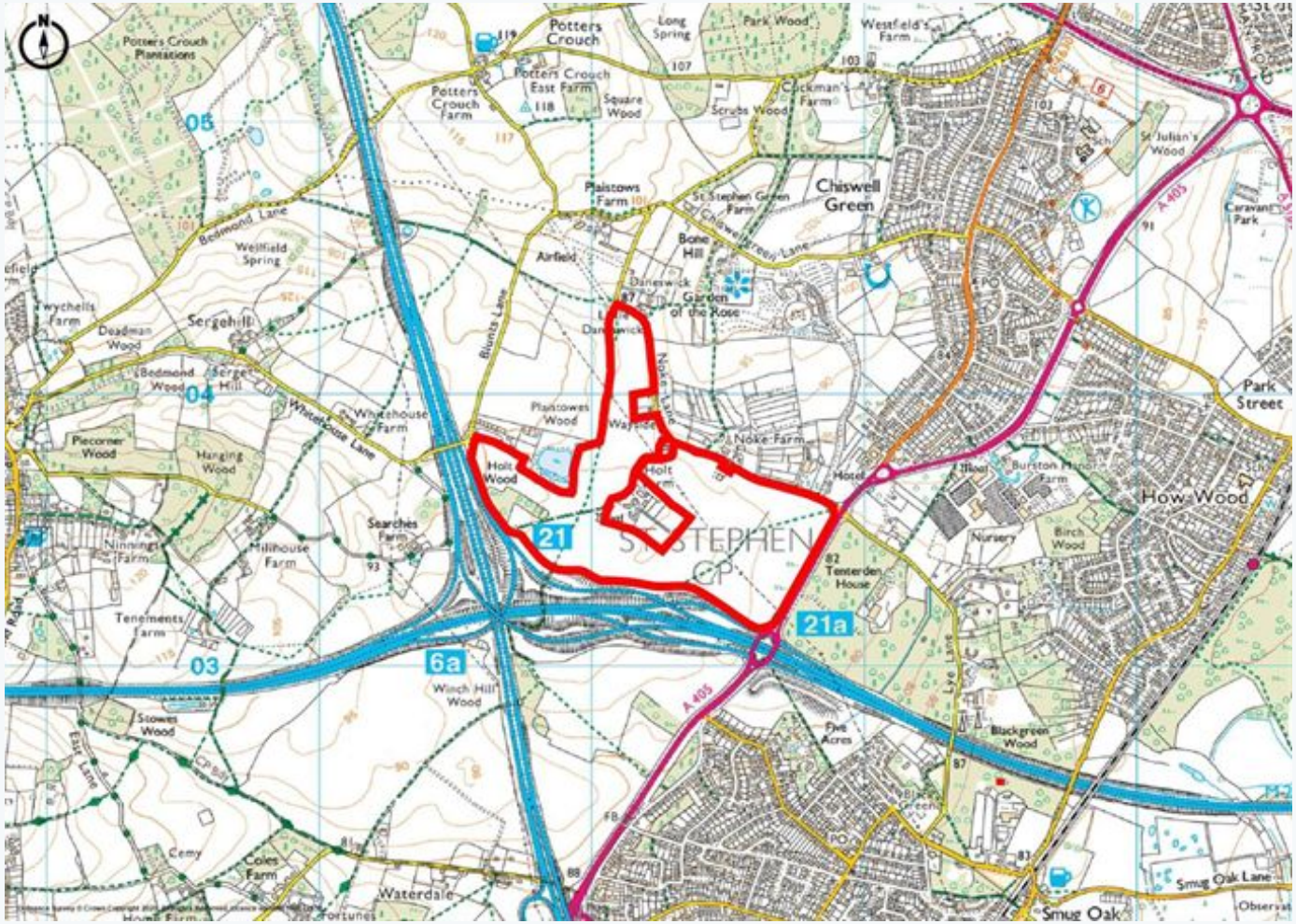
Greenfield site A: Land east of A41



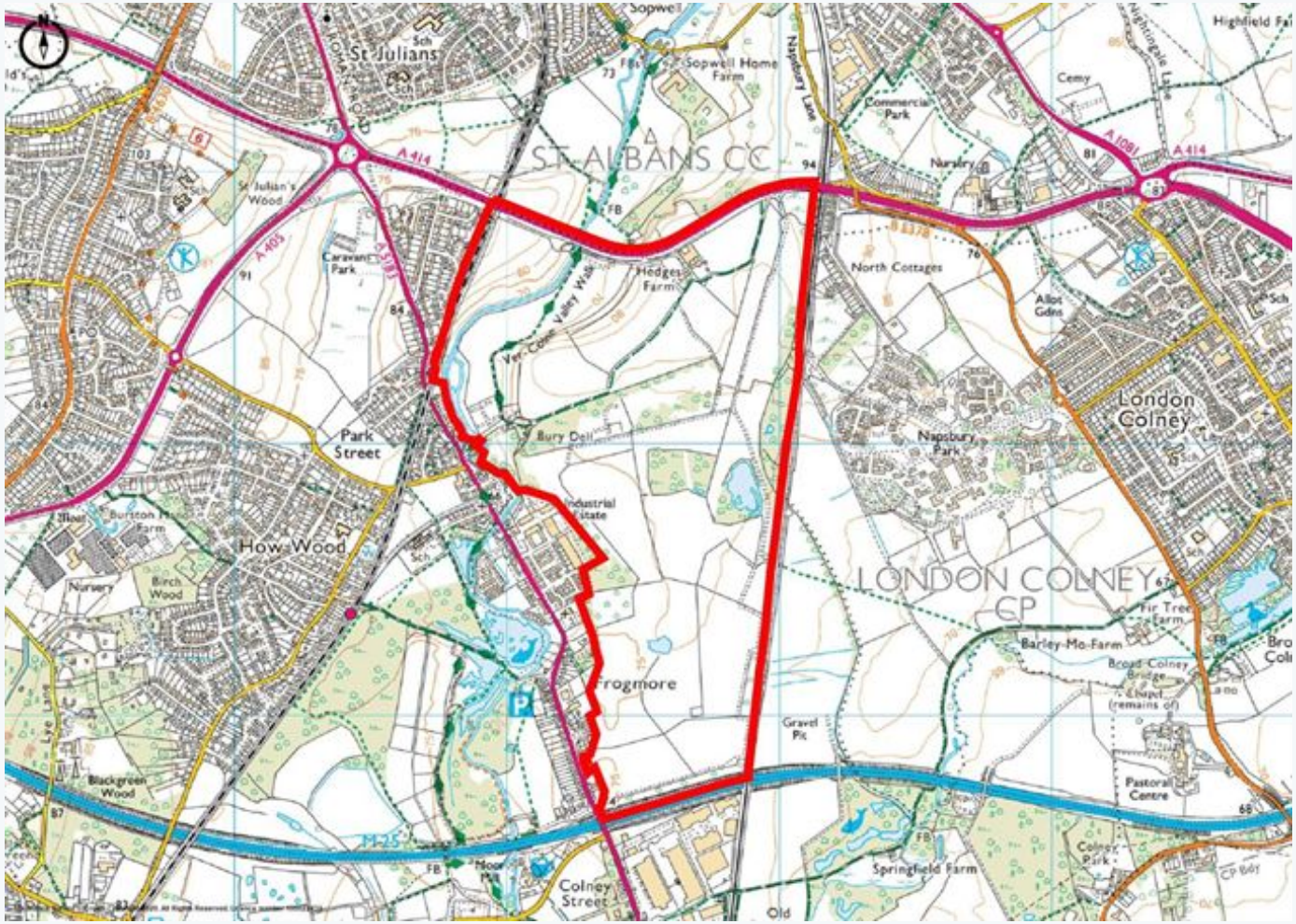
Greenfield site B: Eastern side of Hemel Hempstead South/ Gorhambury Estate



Greenfield site C: Land off Junction 21, Chiswell Green



Greenfield site D: Former Radlett Airfield



Planned care short list and overall summary of short lists

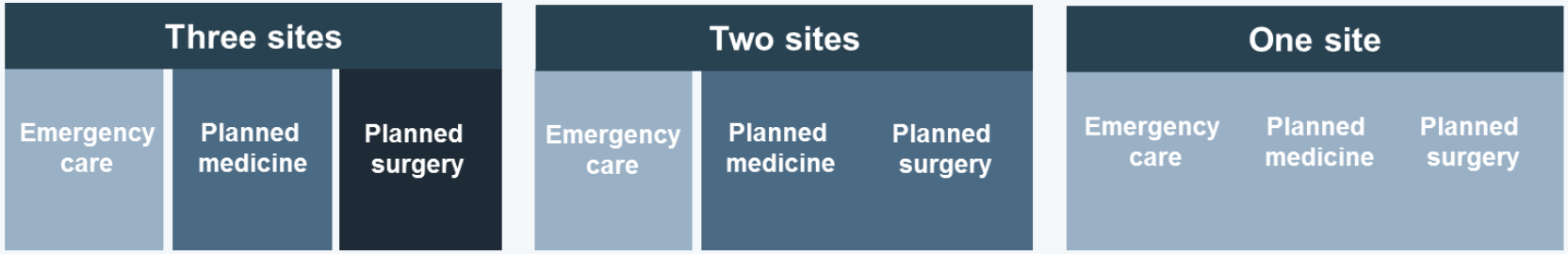
18 September 2020 | v0.8

Contents

1 Planned care short list

2019 SOC planned care options framework appraisal

- The 2019 SOC considered a long list of options for planned care across two main dimensions:
  - Site configuration options (in combination with emergency care):



  - Site location options:

- The overall conclusion of the SOC was that investment should be prioritised in emergency care
- The proposed preferred way forward was therefore that planned care should continue to be provided from Hemel Hempstead General Hospital (HHGH) and St Albans City Hospital (SACH)
- c.£50m investment would be required to bring the estate and facilities up to the required condition and allow consolidation of planned medicine at HHGH and planned surgery at SACH

Implications of revised scope and investment objectives

- The scope and investment objectives for the acute redevelopment programme have now been revised, making clear what needs to be achieved with the investment available within Phase 1 of the government's Health Infrastructure Plan (HIP).
- The refreshed emergency care long list appraisal undertaken for the OBC, based on these refreshed scope and investment objectives, has reconfirmed the 2019 SOC conclusion that emergency care is the priority for investment and should be retained at WGH.
- There is, therefore, no need to reappraise the full long list of planned care options:
  - The 2019 analysis made clear that consolidating planned care onto a single site (either in combination with emergency care or on a separate standalone site) would require a higher level of investment than retaining the existing sites.
  - These options would achieve more than required by the agreed scope and investment objectives for the programme and thereby reduce the investment available for emergency care to an unnecessary extent.
  - The original conclusion from the 2019 SOC, that that planned care should continue to be provided from HHGH and SACH, therefore stands.

Proposed short list of options

A short list of options for the specific works to be undertaken at both the HHGH and SACH sites has been defined. These will be appraised to determine the best value for money solution for each site with the available investment:

Hemel Hempstead

Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater capital investment
Build	**HHGH 2019 SOC do minimum**	**HHGH 2019 SOC Option 1 ("SOC1")**	**SOC1 + Enhancements to Medical Care Unit (Diagnostics)**
Cost	c.£6m capital	c.£20m capital	c.£40m capital (excluding land receipt)

St Albans

Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater capital investment
Build	**SACH 2019 SOC do minimum**	**SACH 2019 SOC Option 1 ("SOC1")**	**SOC1 + replace Moynihan building**
Cost	c.£11m capital	c.£33m capital	c.£78m capital

All financial numbers are provisional and subject to detailed determination in the economic appraisal of the short list

2 Overall summary of short lists

Overall summary of short lists

	Option	1. 'Business as usual'	2. 'Do minimum'	3. Smaller scope	4. Intermediate scope	5. 'Preferred way forward'	6. Larger scope
WATFORD	Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements			Tests whether better value for money could be achieved with greater investment	
	Build	**Business as usual** –address high risk backlog maintenance	BAU + minor new additions (mostly refurbishment) to the estate	**Watford 2019 SOC Option 1 ("SOC1")**	**SOC1 + ED and beds**	**SOC1 + replace PMOK**	**Watford all clinical services new build**
	Cost*	c.£XXm capital TBC	c.£75m capital TBC	c.£300m capital	c.£370m capital	c.£540m capital	c.£600m capital

	Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
HEMEL HEMPSTEAD	Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater investment
	Build	**HHGH 2019 SOC do minimum**	**HHGH 2019 SOC Option 1 ("SOC1")**	**SOC1 + Enhancements to Medical Care Unit (Diagnostics)**
	Cost	c.£6m capital	c.£20m capital	c.£31m capital

	Option	1. 'Business as usual'	2. 'Do minimum'	3. Enhanced option
ST ALBANS	Description	Baseline for measuring improvement and value for money	A realistic and achievable option that meets essential requirements	Tests whether better value for money could be achieved with greater investment
	Build	**SACH 2019 SOC do minimum**	**SACH 2019 SOC Option 1 ("SOC1")**	**SOC1 + replace Moynihan building**
	Cost	c.£11m capital	c.£33m capital	c.£78m capital

All financial numbers are provisional and subject to detailed determination in the economic appraisal of the short list
*Watford options 2–6 adjusted to exclude planned care capital for other sites

NHS
West Hertfordshire Hospitals
NHS Trust

High Level Deliverability Risk Assessment

An assessment of the potential risks associated with the proposed shortlisted options for emergency care

Duane Passman – Acute Hospital Redevelopment Programme Director

Potential Risks

West Hertfordshire Hospitals NHS Trust

- This paper provides a very high-level assessment of the potential risks associated with the implementation of the options in the proposed shortlist – it is not designed to be exhaustive or definitive
- A detailed risk assessment for each option will be undertaken over the next few months as part of the shortlist appraisal to inform the eventual decision with regards to the preferred option.
- The larger scope option (on WGH and Riverwell) has not been included because the “Preferred Way Forward” on WGH and / or Riverwell would be very similar and therefore that can be taken as a proxy for both (these have been labelled as 5a and 5b respectively);
- All capital costs will be reviewed during the process of option development and the figures included here should be interpreted as indicative only at this stage
- Any future increases in cost would apply to all options proportionately.

Potential Risks

West Hertfordshire Hospitals NHS Trust

- The risks in each option have been compared relative to each other to provide the RAG rating – again this is indicative rather than a more scientific assessment which will be undertaken over the coming months
- It should be noted that large scale construction on existing sites is actually the norm for acute hospital developments. There are very few examples of major disruption resulting in significant impacts to patient safety or continuity of service
- Options 3 – 6 all require some form of planning consent from the Local Planning Authority (LPA) and the Trust will be expected to agree strict control measures for noise, dust and vibration as well as how contractors access the site.
- There will be challenges for all options apart from Riverwell as space will need to be found on site for contractor compounds and to ensure complete separation between site operatives, deliveries, patients, visitors and staff.
- Reprovision of Pathology is required in all options (as an enabler) & is a potential risk if the outsourcing programme is delayed.

Phasing and timing

West Hertfordshire Hospitals NHS Trust

- With regards to phasing and timing for each of the options (which will be subject to more detailed work being undertaken by the Design Team over the coming months):
  - Options 2 (Do minimum): will involve a phasing and enabling programme over some years which is to be confirmed, but a maximum of 10 years should be the aspiration
  - Option 3: will require a new-build and then refurbishment of Princess Michael of Kent Wing (PMoK) floor by floor or quadrant by quadrant and may require further temporary decanting to achieve over a minimum 2-3 year period (potentially longer)
  - Option 4: Ditto
  - Option 5a: (on existing site) Removes the need for extensive works in PMoK, but may require 2 phases to achieve (due to site constraints) and the reprovision of the surge wards, which would need to be identified
  - Option 5b (i.e. with land swap on Riverwell): Could be done in one phase – reducing risk of decanting/multiple service moves. Potentially quickest option to fully complete.

Option	1. 'Business as usual'	2. 'Do minimum'	3. Smaller scope	4. Intermediate scope	5a. 'Preferred way forward' (WGH only)	5b. "Preferred Way forward (Riverwell)
Build	**Business as usual** – address high risk backlog maintenance	BAU + minor new additions (mostly refurbishment) to the estate	**Watford 2019 SOC Option 1 ("SOC1")**	**SOC1 + ED and beds**	**SOC1 + replace PMOK**	**SOC1 + replace PMOK**
Cost*	£3 – 4m per annum capital	c.£92m capital	c.£350m capital	c.£420m capital	c.£590m capital	c.£590m capital
Noise/Dust/ Vibration	Trust Estates team have policies in place to mitigate noise/dust/vibration in existing buildings when works are undertaken.	As BAU, but extent of refurbishment will generate increased impact in existing buildings.	Likely to be higher impact on existing site due to construction of new building. To reduce impact on patients / infection control risk refurbishment of PMoK will involve a large number of phases and prolonged works programme. LPA will expect strict measures to control and monitor. Highest impact during foundation excavation. PMoK refurbishment will be disruptive.	Likely to be higher impact on existing site due to construction of new building. LPA will expect strict measures to control and monitor. To reduce impact on patients / infection control risk refurbishment of PMoK will involve a large number of phases and prolonged works programme. Highest impact during foundation excavation. PMoK refurbishment will be disruptive.	Likely to be higher impact on existing site due to construction of new building on constricted site. LPA will expect strict measures to control and monitor. Highest impact during foundation excavation	Likely to be lower than the other new build options as the construction will be removed from the main site. However, LPA will expect strict measures to control and monitor
Service Diversions	It is likely that service diversions and new services would be required over time	BAU +. Likely to be more infrastructure required as further estate additions are required.	Likely to be higher as site infrastructure will need to extensively extended. Risks will be change over of services.	Likely to be higher as site infrastructure will need to extensively extended. Risks will be change over of services.	Likely to be higher as site infrastructure will need to extensively extended. Risks will be change over of services.	Likely to be lower than the other new build options as the construction will be removed from the main site.
Contractor Access	All works would require contractors to work in existing buildings and therefore space on site would be required	All works would require contractors to work in existing buildings and therefore space on site would be required	A suitable contractor compound will be required on site. Access and deliveries will need to be agreed with the LPA.	A suitable contractor compound will be required on site. Access and deliveries will need to be agreed with the LPA.	A suitable contractor compound will be required on site. Access and deliveries will need to be agreed with the LPA.	A suitable contract compound will be required on the Riverwell site. Access and deliveries will need to be agreed with the LPA.
Disruption to Clinical Services	Trust team well used to managing service disruptions	Some disruption to services to implement more complex works	Factors above plus disruption especially in PMoK for refurbishment.	Factors above plus disruption especially in PMoK for refurbishment.	Disruption probable due to requirement to phased works on constrained site	Expected to be low as not on main site.
Demolition disruption	Marginal unless internal demolition required and Trust policies apply.	Marginal unless internal demolition required and Trust policies apply.	Existing buildings will be demolished at the end of main construction. Noise and dust control will be crucial across the site.	Existing buildings will be demolished at the end of main construction. Noise and dust control will be crucial across the site.	Existing buildings will be demolished at the end of main construction. Noise and dust control will be crucial across the site.	Existing buildings will be demolished at the end of main construction. Noise and dust control will be crucial.

Option	1. 'Business as usual'	2. 'Do minimum'	3. Smaller scope	4. Intermediate scope	5a. 'Preferred way forward' (WGH only)	5b. "Preferred Way forward (Riverwell)
Build	**Business as usual** – address high risk backlog maintenance	BAU + minor new additions (mostly refurbishment) to the estate	**Watford 2019 SOC Option 1 ("SOC1")**	**SOC1 + ED and beds**	**SOC1 + replace PMOK**	**SOC1 + replace PMOK**
Cost*	£3 – 4m per annum capital	c.£92m capital	c.£350m capital	c.£420m capital	c.£590m capital	c.£590m capital
Critical infrastructure failure	Trust Estates / Project team resources diverted to restore services delaying work programme	Trust Estates/Project team resources diverted to restore services delaying work programme	Increased likelihood of critical infrastructure failure due to high proportion of refurbishment. Increased project costs to mitigate risk. Possible programme delay	Increased likelihood of critical infrastructure failure due to high proportion of refurbishment. Increased project costs to mitigate risk. Possible programme delay	Although likelihood of infrastructure failure is reduced as majority of works are in new build, implementation will require complex phasing increasing stress on existing facilities	Project will have minimal impact on existing hospital infrastructure
Patient / visitor hospital access	Access retained without impact on project delivery	Access retained with minimal impact on project delivery.	Maintaining access will add complexity to phasing plan, potentially increasing cost and programme	Maintaining access will add considerable complexity to phasing plan, significantly increasing cost and programme	Maintaining access will add considerable complexity to phasing plan, significantly increasing cost and programme	Construction site isolated from current hospital. Maintaining patient / visitor access will not impact on programme.
Unforeseen changes to clinical environment (e.g. Covid 19)	Trust Estates / Project team resources temporarily reprioritised leading to programme delay	Trust Estates / Project team resources temporarily reprioritised leading to programme delay or cancellation of lower priority works	Increased pressure on existing estate during refurbishment of PMoK will impact on ability to react to unforeseen clinical challenges	As SOC 1, but risk reduced once new build complete as most critical clinical services will be in new facility	Although on completion majority of clinical services will be in new build, implementation on constrained site will reduce ability to react to unforeseen events without impacting on programme	Construction site isolated from current hospital. Will not impact on Trust's ability to respond to unforeseen clinical event

Agenda Item: 5.3

Communications and stakeholder engagement report

Presented by: Helen Brown, Deputy Chief Executive and Louise Halfpenny, Director of Communications

1. Purpose

1.1 The purpose of this report is to provide a summary of the communications and engagement activity that has taken place throughout June to September with external stakeholders and staff on the development of the outline business case (OBC), in particular the process to identify a shortlist of options for detailed appraisal.

1.2 The report is intended to provide assurance to the Boards that WHHT and HVCCG have fulfilled their duty to involve as set out in section 242 and s.14Z2 of the Health Act.

PART A of the report sets out the approach to engagement over the period, taking into account the constraints imposed by the COVID-19 pandemic.

PART B of the report summarises the feedback received on our redevelopment plans, sets out key queries and areas of concern identified through the engagement process and the recommended steps to respond to the key areas of concern.

PART A: APPROACH TO ENGAGEMENT (June to September 2020).

2. Aim of the engagement programme

2.1 The objective of the communication and engagement programme is to :

- inform and engage all stakeholders and to create an opportunity for them to help shape the next stage in the redevelopment programme as the OBC develops
- create opportunities to listen to and engage with staff, patients, interest groups and the general public
- inform stakeholders of the wider context, relevant guidance and key constraints that need to be taken account of in developing the OBC and when determining the shortlist of options for more detailed appraisal.

3. Approach

3.1 WHHT and HVCCG's communication teams have worked together to develop and deliver an engagement programme designed to meet the engagement objectives set out. We believe that our approach to communications and engagement has been effective and suited the conditions

3.2 A variety of communications channels have been used to reach as many people as possible and to be open and transparent to local communities and stakeholders.

3.3 The COVID-19 pandemic meant that it was not possible to hold public meetings as has been done in previous years. As a result the engagement has been conducted via online technologies and a variety of approaches have been used to try to ensure that the engagement has been both interactive and equal in terms of providing the same ability for the full range of stakeholders to engage.

3.4 Existing trusted and established channels and forums have been used both by WHHT and the CCG to engage with various audiences and this has been complemented by working more closely with local authorities who have supported our efforts by distributing information – such as the invitation to join our Stakeholder Reference Group and promoting the shortlist engagement document and survey.

3.5 Stakeholder mapping was undertaken to identify key stakeholders and prioritise communications with them at an early stage through individual and group communications.

3.6 WHHT's inclusion and diversity manager has supported the engagement work to attract more young people and BAME communities to promote equal access to the engagement programme and to try to ensure that feedback is representative of the communities we serve. This has resulted in more diverse representation within the engagement programme but remains an area of focus as BAME citizens and the under 50s remain under-represented in the programme.

4 Stakeholder Reference group (SRG)

4.1 A new stakeholder reference group was established in June 2020 to draw on the broad range of views, experiences and expertise of our local communities in developing our plans.

4.2 The SRG was created by inviting local residents to apply via our expression of interest process. WHHT and HVCCG worked together – within the confines of GDPR – to create a mailing list of contacts we could approach. A press release was shared by news publications and used by third parties to publish in community group newsletters.

4.3 To date, 91 individuals from across west Hertfordshire have joined the SRG. The SRG is intended to be a flexible pool of people which can provide input on different aspects of the OBC process. Up until now the SRG has been approached and interacted with as a group nine times from June – September.

Two sessions on each topic were conducted and there has been engagement on the following topics:

- Investment objectives and critical success factors
- The Green Book
- Site feasibility study

- Longlist appraisal process
- Digital transformation strategy
- Clinical strategy

4.4 The SRG has been approached and interacted with as a whole but it is anticipated that there will be topics in the future which will require more targeted input and would benefit from a task group approach.

The SRG terms of reference can be found here

4.5 **District of residence**

SRG members were asked to confirm where they reside to help ensure good representation from across the area served by both organisations.

Watford	30	Hertsmere	3
Three Rivers	10	Dacorum	22
St Albans City and District	20	Unknown	6

4.6 **Gender, Religion, Age and Ethnicity**

The feedback survey we submitted after each SRG session showed we had a majority of women participating at the SRG meetings. The majority are from a Christian, Hindu and Jewish religious background but some also declined to answer.

White British, followed by mixed white British and Asian seems to be the majority background of our stakeholders but this is using data collected from feedback forms which were not filled out by all SRG members.

The age range for the SRG is 65+ in the majority, followed by the 51- 64 age groups. Numbers participating from younger age groups have been relatively low and so more work will be done to increase our reach with younger citizens.

5. Professional Reference Group (PRG)

5.1 A Professional Reference Group has also been set up to engage with staff, GPs and partner organisation representatives. Terms of reference can be found here.

5.2 To date, 45 individuals have signed up to be part of this group. The majority (40) were staff from WHHT with the remainder from HVCCG, Hertfordshire County Council, Central London Community Healthcare NHS Trust and Hertfordshire Community NHS Trust.

5.3 A relatively small number of PRG members have participated in engagement sessions to date – this is likely to reflect the fact that there are a range of other opportunities for clinicians / staff members to engage in the programme (including the Trust's clinical advisory group – CAG – and user groups that have been established to support the development of the detailed clinical brief and design process).

6. SRG & PRG Meetings

6.1 Virtual meetings have been held via Zoom, with two sessions per topic to ensure that opportunities to participate are maximised.

All meetings have been recorded and made available on WHHT's website under '*further information'* and on YouTube.

Month	Total SRG attendees	PRG attendee
June	48	Meeting not held
July	29	10
August	35	8
September	24	1

6.2 **June meeting**
The June SRG meetings were held on Thursday 25 June and Friday 26 June. The sessions provided an introduction to the process of the Outline Business Case (OBC) and explained the Investment Objectives and Critical Success Factors (also referred to as the essential criteria).

- the Investment Objectives (IOs) set out what we are aiming to achieve through the programme
- the Critical Success Factors (CSFs) or ***essential criteria*** are used to support the longlist appraisal and arrive at a shortlist to be considered in more detail
- SRG members were asked to feedback on the draft Investment Objectives and Critical Success Factors after the June meeting
- Feedback was collated and published on our website and a final set of IOs and CSFs was developed for approval by the programme board, taking account of feedback from SRG members and other stakeholders (e.g. regulators, WHHT Clinical Advisory Group and Trust Management Committee).

6.3 **July meeting**
The July engagement sessions held on Monday 20 July and Tuesday 21 July focused on how lessons learnt from COVID-19 could be integrated into WHHT's digital vision and in future service planning at WHHT and with partner organisations. A live polling tool called 'Menti' was used to gather feedback from participants to inform the development of the trust's digital strategy.

Before the meeting a short film was created and uploaded to explain what digital transformation means to WHHT. This was intended to give SRG members a flavour of what the session would be on. The film has had 397 views.

The SRG members were introduced to their second post-session task to provide views on how technology may support improvements for patients interacting with the trust and managing their health.

The Menti survey was also shared on the trust's social channels in order for the digital transformation team to capture wider results.

This engagement has informed the final digital strategy which is being finalised for formal approval through trust governance processes, subject to further work to explore funding options to deliver the strategy.

6.4 **August meeting**

The August engagement sessions informed SRG members on the longlist appraisal process, introduced the HM Treasury Green Book and the independent site feasibility study.

The sessions were held on Monday 10 August and Tuesday 11 August.
The format of these sessions was altered to provide film content prior to the live sessions to enable more time for questions and answers.

Two 'explainer' films were created on the longlist appraisal process (207 views) and independent site review (157 views). These sessions covered the 'longlist generator' and described how the shortlisting would be carried out and by whom.

6.5 **September meeting**

The September engagement sessions informed SRG members on the findings of the independent feasibility site study and provided information on the shortlist survey.

The sessions were held on Tuesday 8 September and Thursday 10 September.

Following feedback from some SRG members that they were finding the chat Q&A methodology frustrating, we trialled 'live questions' at the 10th September meeting.

Initial feedback on the Q&A part of the session has been mixed with some members preferring live Q&A and some preferring the use of the chat function, which allows for more moderation. To resolve the different opinions, we have moved to a mixture of attendees asking their own questions as well as the host reading submitted questions. This mixed approach to Q&As appears to be working well and will be adopted for future sessions.

Attendance at PRG sessions in September was low but at the same time there has been an increase in participation at user groups and in other for a where the clinical strategy and the redevelopment plans are being discussed.

7. Newsletter

7.1 A monthly newsletter called Blueprint has been created which was launched in July 2020. Two editions have been sent out – a third is in production at the time of writing. The newsletter is sent to approximately 600 stakeholders and informs them on updates on the redevelopment programme as well a news stories across the trust.

- July newsletter sent out to list of 593. Approx. 50% open rate with very good feedback from stakeholders
- August newsletter sent out to list of 599. Approx. 42.7% open rate.

8. Shortlist engagement survey

8.1 A shortlist survey was undertaken from Friday 4 September until Tuesday 15 September to inform, engage and gain views from the public and NHS staff on the proposed shortlist and the recommended preferred option for improving our hospital facilities.

8.2 An engagement document providing an update on the programme and setting out a proposed shortlist and preferred option was developed, as well as a short film introducing the survey (606 views).

8.3 The engagement document and survey were published on the trust website and promoted via a range of channels including:

External:

- Email local MPs/Health Scrutiny Committee
- Social channels (Facebook and Twitter)
- Third party newsletters (local voluntary, charity sector)
- Contacting communications leads at local authorities to share to wider audiences
- Local media
- Stakeholder reference group
- Professional reference group
- Patient participation groups
- Partner NHS organisations
- HVCCG communication channels to primary care providers.

Internal WHHT:

- E-update (all staff update message, carrying a range of news items)
- Orange banner all staff messages x three (single topic messages)
- Targeted emails and WhatsApp messages to staff and volunteers

8.4 It should be noted that the trust's communications did not suggest that the survey be completed in a particular way but emphasised a desire to hear views from as many staff as possible, whether or not they agreed with the proposed shortlist and preferred option.

8.5 A summary of the survey findings is set out in Section B below and a report setting out detailed findings is attached at Appendix One.

9 Representations

9.1 Opportunities to make representations at the October Boards meeting were publicised to the SRG and more widely with the offer to submit 500 word limit representations in writing (to be considered by the boards as part of the papers for the October meeting) or 'live' via whichever digital media technology is being used to conduct the board meeting.

9.2 11 written representations have been received and included in full in Trust Board papers.

9.3 There were eight requests to make 'in person' representations but as one of this number had also submitted a written representation we have requested that just the written submission is included. We had offered an either/or option and had indicated that time constraints might restrict how many 'in person' representations could be accommodated.

10. Frequently Asked Questions (FAQS)

10.1 Two sets of 'OBC stage' FAQs have been created and are available on the website. There is also an FAQ from the SOC which covers many of the issues that are being raised as part of the OBC process. The first set of FAQs covers general questions about the OBC and the second set are about digital transformation

10.2 An FAQ which covers the most commonly asked questions and reflecting the concerns that have come through most strongly in the survey is in production ready for publication following the Boards' decision on the proposed shortlist and preferred option.

PART B: SUMMARY OF FEEDBACK THEMES AND RECOMMENDED ACTIONS TO ADDRESS

11. Engagement survey findings

11.1 In addition to the engagement of SRG members as set out above, the survey undertaken in September has given us a clear understanding of the range of views and concerns regarding the future development of hospital services for local residents.

11.2 A report setting out the detailed findings of the survey is attached at appendix one.

11.3 ***Who responded to our survey?***

Although the survey 'window' was relatively brief, 3368 responses were received including 661 responses from local NHS workers, the majority of which (83.5%) were from WHHT staff (many of whom are also local residents).

The highest number of responses was received from residents of Dacorum (44% of the total), followed by Watford (29% of the total) with lower numbers from the other localities; this may reflect stronger feelings in these areas or more successful distribution channels – or a combination of the two.

More detail on the demographic make-up of respondents is included in appendix one.

11.4 ***How useful did respondents find our engagement report?***

Did you read our engagement report?	96% of respondents had read the engagement report
If yes, did you find it helpful?	81% confirmed that they had found it useful

D

11.5 ***Did respondents agree or disagree with our proposed shortlist and recommended preferred option?***

	all respondents	non NHS respondents	NHS respondents
Do you agree with our proposed shortlist?	35.6% agree or strongly agree 14% neither agree nor disagree ***50% disagree or strongly disagree***	32% agree or strongly agree 12% neither agree nor disagree ***55% disagree or strongly disagree***	***49% agree or strongly agree*** 22% neither agree nor disagree 29% disagree or strongly disagree
Do you agree with our recommended preferred option?	41% agree or strongly agree 7% neither agree nor disagree ***52% disagree or strongly disagree***	36% agree or strongly agree 6% neither agree nor disagree ***58% disagree or strongly disagree***	***58% agree or strongly agree*** 13% neither agree nor disagree 30% disagree or strongly disagree

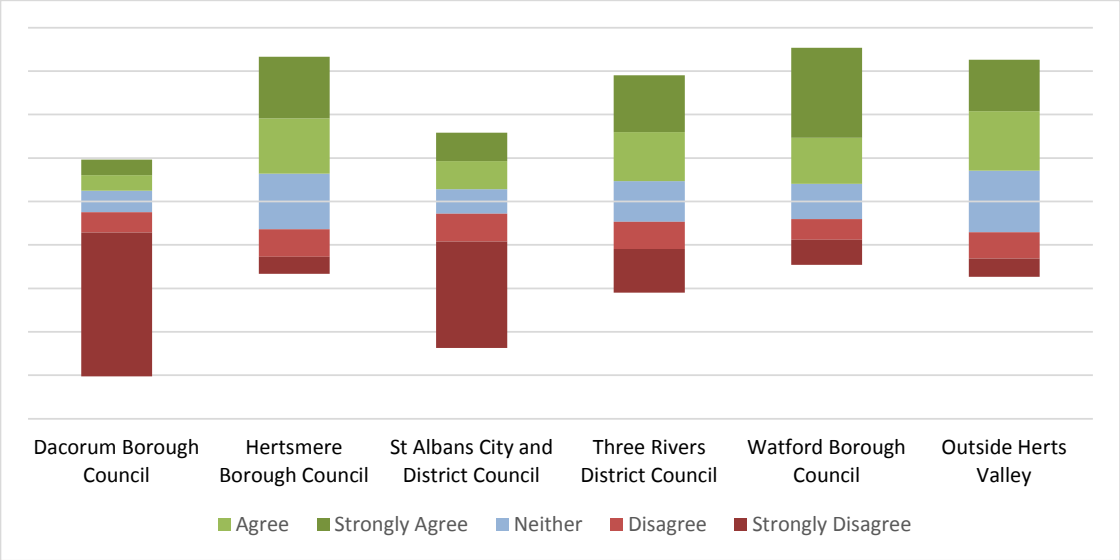
The majority of non NHS respondents disagreed or strongly disagreed with the proposed shortlist (55%) and preferred option (58%).

Conversely the majority of NHS respondents agreed or strongly agreed with the shortlist (49%) and preferred option (58%).

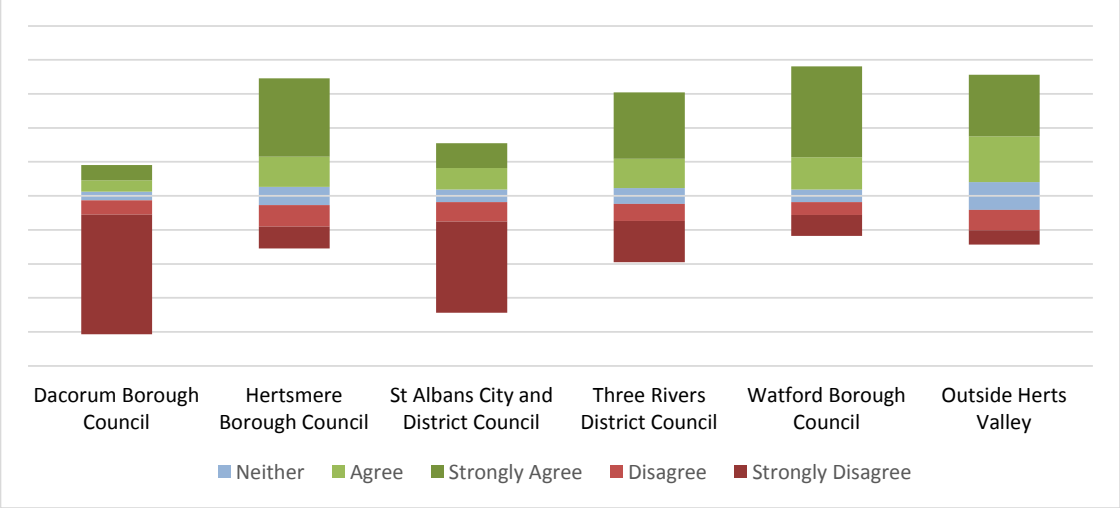
11.6 ***How did 'geography' affect responses?***

There was a marked difference is the responses from the different localities – with respondents from Dacorum and St Albans significantly more likely to strongly disagree or disagree with the proposed shortlist and preferred option and residents from other areas more likely to strongly agree or agree.

Q3 – do you agree with our proposed shortlist?



Q4 – do you agree with our proposed preferred option?



11.7 ***Understanding respondents views in more detail – responses to Q5 to Q9***

		all respondents	non NHS respondents	NHS respondents
5	I believe that major new hospital facilities on the current Watford General Hospital and Watford Riverwell site can deliver a really good solution.	50% disagreed or strongly disagreed	55% disagreed or strongly disagreed	61% agreed or strongly agreed

6	It's important to me that new hospital facilities are ready to open as soon as possible.	55% agreed or strongly agreed	52% agreed or strongly agreed	65% agreed or strongly agreed
7	It would be worth waiting longer (and accepting a degree of risk) for new hospital on a new site	53% agreed or strongly agreed	56% agreed or strongly agreed	40% agreed or strongly agreed
8	I am worried about disruption to current services at Watford General Hospital while new facilities are built.	47% agreed or strongly agreed	48% agreed or strongly agreed	42% agreed or strongly agreed
9	I am worried about the time it takes to get to Watford General Hospital, particularly by public transport.	60% agreed or strongly agreed	63% agreed or strongly agreed	49% agreed or strongly agreed
10	It's important to me that hospital services are delivered in all three towns.	62% agreed or strongly agreed	62% agreed or strongly agreed	59% agreed or strongly agreed

11.8 In addition to the quantitative 'scored' questions set out above, respondents were able to provide brief narrative comments. The key themes from both the quantitative questions and narrative are summarised below.

12 Key themes from the survey analysis

12.1 It is clear that the future location of emergency care facilities is an issue that many stakeholders feel very strongly about and that access to Watford General Hospital (WGH) is a significant concern, particularly for residents of Dacorum and St Albans. Proximity to Watford Football Club and match day traffic and car parking are also real concerns for our patients and local residents. This issue has continued to dominate stakeholder discussions over the recent period.

12.2 Setting aside the issue of location, it is also clear that most stakeholders favour new build over refurbishment and are concerned that an option that involves substantially retaining and refurbishing existing buildings at WGH would compromise the end result in terms of patient experience and clinical safety, represent poor value for money and result in more disruption during the build programme.

12.3 More generally potential disruption to current services during any build programme on existing hospital sites is also a concern for some stakeholders, even for substantively new build options at WGH. Respondents to our survey who would prefer to see a new hospital on a new site frequently raised this as a key benefit of new site options.

12.4 The amount of potential new building (90%) at WGH is a relatively new figure, related to the regulator letter in June. It is clear that this concept has not been fully understood and that the perception is of a 'refurb' and not a transformation of the site. More work is required to help stakeholders understand the scale of the change at WGH.

12.5 The majority of stakeholders agreed that timescale is an important consideration and that new facilities are urgently required. Stakeholders who support redevelopment at WGH / Watford Riverwell frequently cited the need for urgent progress to be made in their responses to the survey. Stakeholders who would prefer to see a new hospital on a new site also agreed that urgency was a key factor but that it was worth waiting (a little) longer for a better solution and / or do not believe that a new hospital on a new site would take longer or be higher risk than redevelopment at WGH.

12.6 A range of views were expressed in the engagement process in respect of the clinical service model and population healthcare needs, including

- concerns about population growth and future hospital capacity for emergency care
- the need / potential for a second 'full service' emergency care hospital (including maternity services)
- the importance of future urgent care provision for St Albans
- the importance of local outpatient service delivery and opportunities to transform models of care using digital technology

13. Responding to stakeholder views

13.1 Essentially the key decision facing both Boards, in the light of stakeholder views, is whether or not to shortlist any new site options.

13.2 This decision needs to balance the potential benefits of a new site option against the time and risk associated with developing a new hospital on a new site.

13.3 New site options have been independently assessed with the judgement that they would take longer to deliver and have a higher risk of failure compared to redevelopment at WGH and / or Watford Riverwell.

13.4 Deliverability / timeline is the key criteria (critical success factor) that has led to the recommendation to rule these options out.

13.5 If the Boards approve the proposed shortlist and preferred option, the following actions are recommended to address the key areas of concern expressed by local residents and other stakeholders via the engagement process.

Access – clinical service models & local service offer in HHGH and SACH.	Continued work with partners to redesign outpatient service models – maximising use of advice and guidance and virtual clinics and promoting 'one stop models' and 'straight to test' pathways that reduce the need for patients to travel to hospital sites for outpatient care. Make a firm commitment that all specialties have a presence

	at either HHGH or SACH or both (in addition to WGH). Sub-speciality clinics provided on one site only by exception. Enhanced diagnostics offer at HHGH and SACH to reduce need to travel to WGH for diagnostics. Work with HVCCG to confirm the local urgent care service offer for St Albans and Harpenden and Hertsmere localities. Promote local access to antenatal maternity care in a range of settings, to include but not be limited to our current three hospital sites. (*Note; further engagement on the clinical service model will be undertaken prior to completion of the OBC and on an on-going basis as service models continue to be developed).*
Access - public and private transport	Establish a travel & access working group with input from local authorities, the ambulance service, public transport providers and voluntary sector organisations to: 1. identify opportunities to improve public transport links and / or alternatives to private / community transport 2. explore ways to address concerns re congestion in Watford town 3. address concerns re access on match days 4. address concerns re car parking availability at all three hospital sites Continue to progress plans for the new multi-storey car park at WGH and ensure modern technology enables user experience to be improved (e.g. pay on exit) Review car parking charges for patients and visitors. (Charges have been suspended during the COVID pandemic, before charges are reintroduced the charging policy should be reviewed in the context of the new MSCP.)
Quality of the solution of the emergency care solution at Watford	Establish a joint forum with Watford Borough Council and the local asset backed vehicle (LABV) to expedite agreement in principle re land swap and review and update the overall masterplan for the Riverwell / hospital redevelopment programme. Agree an engagement strategy for masterplan development and provide regular updates to SRG on progress. Address the concerns re site suitability in the FAQs and share technical documentation as appropriate. Commission additional studies as required as design work progresses.
Maintaining safe services during construction &	As part of the shortlist appraisal process, assess in more detail the risks and benefits of shortlisted options in relation to the need to maintain safe services and minimise

minimising disruption for patients and staff.	disruption to patients and staff. Develop a 'Construction Environmental Management Plan' for the identified preferred option. (This will be submitted to the local planning authority as part of the planning consent process). *(Note: the above actions relate to the OBC stage of the process; at Full Business case stage significant focus is given to these issues against a comprehensive and robust risk management framework.)*

14. Future engagement plan

14.1 HVCCG and WHHT are firmly committed to continuing to engage proactively with local stakeholders as our acute redevelopment plans are progressed.

14.2 Engagement priorities for the next period will focus on:

- our clinical strategy and the clinical brief for the redevelopment for both emergency and planned care services
- shortlist appraisal process and identification of the preferred option for emergency and planned care
- identifying opportunities to improve access to our hospitals
- development of the masterplan for all three hospital sites & the detailed design of new facilities

14.3 We will continue to work to try to improve representation of our diverse community in our redevelopment engagement programme.

15. Recommendation

15.1 The committee is asked to note the communications and engagement activities undertaken over the past four months to ensure that local people are informed of and engaged in planning for the redevelopment of WHHT hospital facilities.

15.2 The Boards can be assured that the Trust and HVCCG, working together, have taken appropriate steps to fulfil our duty to involve as set out in s.242 and s.14Z2 of the NHS Act 2006.

15.3 If the Boards approve the proposed shortlist and preferred option, they are asked to approve the recommended actions to address and mitigate the key concerns identified via the engagement activities summarised within this report.

NHS
West Hertfordshire Hospitals
NHS Trust

Appendix One

Bringing new hospital facilities to west Hertfordshire

The results of our engagement survey

About the survey

West Hertfordshire Hospitals NHS Trust

- The survey ran from Friday 4th September to Tuesday 15th September 2020.
- It was distributed via a range of channels including social media, press release for news publications and targeted emails to local MPs; health partners; communications leads at local authorities and to WHHT staff. HVCCG also used their communication channels to share the survey with primary care providers.
- It is clear from the feedback that there are different views and that these are significantly influenced by geography (respondents from Dacorum and St Albans are more likely to disagree with our proposed shortlist and preferred way forward than respondents from other localities).
- It is also clear, however, that there are some common themes and concerns that local residents and staff expressed through the survey and in our response to the survey we will set out how we plan to address these concerns as we take forward our redevelopment plans.
- We would like to thank everyone who responded for taking the time to respond to the survey and for sharing their views.

Who responded to our survey?

West Hertfordshire Hospitals NHS Trust

- We received a total of 3,368 responses to our survey, of which 661 (20%) were from local NHS workers (many of whom also live in locally).
- We received more responses from women (58.5%) than from men (34.5%), with 7% 'prefer not to say'.
- The age breakdown of respondents was as follows:

	No. Responses	Under 21	21-30	31-40	41-50	51-64	65+	Prefer not to say
Total	3,368	0.4%	4.1%	12.0%	16.9%	30.6%	31.9%	4.2%

- The highest number of responses was received from residents of Dacorum (44% of the total), followed by Watford (29% of the total) with lower numbers from the other localities; this may reflect stronger feelings in these areas or more successful distribution channels – or a combination of the two.

LOCALITY	No. Responses	Female	Male	Prefer Not to Say
Dacorum Borough Council	1,474	26.0%	14.3%	3.4%
Hertsmere Borough Council	102	2.1%	0.8%	0.1%
St Albans City and District Council	343	5.8%	3.2%	1.2%
Three Rivers District Council	279	5.1%	2.6%	0.5%
Watford Borough Council	980	16.1%	11.6%	1.4%
Outside Herts Valley	190	3.2%	1.8%	0.7%
Total		58.4%	34.4%	7.3%

Did you find our engagement document helpful?

West Hertfordshire Hospitals NHS Trust

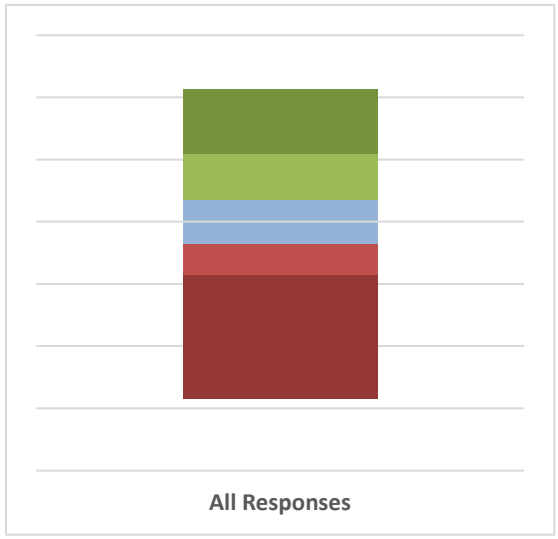
- We published an engagement document alongside our survey to give respondents who had not previously been involved information about our redevelopment programme, our proposed shortlist and preferred option and the reasons for our recommendation not to shortlist any new site options.
- We asked respondents whether they had read the engagement document and if so whether they had found it helpful.
- 96% of respondents said that they had read the document and 81% of respondents said that they had found it helpful.
- A few respondents (largely respondents who do not support the preferred option) raised concerns in the qualitative / free text section of the survey about the information provided to support the survey and felt that the questions were biased in favour of the proposed shortlist and recommended preferred option. Conversely, a small number of respondents (largely respondents who do support the proposed shortlist and preferred option) noted that they had found the engagement document clear and helpful.

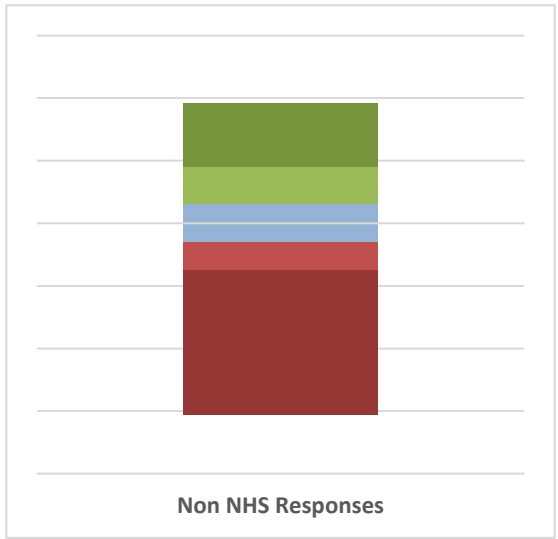
Q3 – Do you agree with our proposed shortlist? (1)

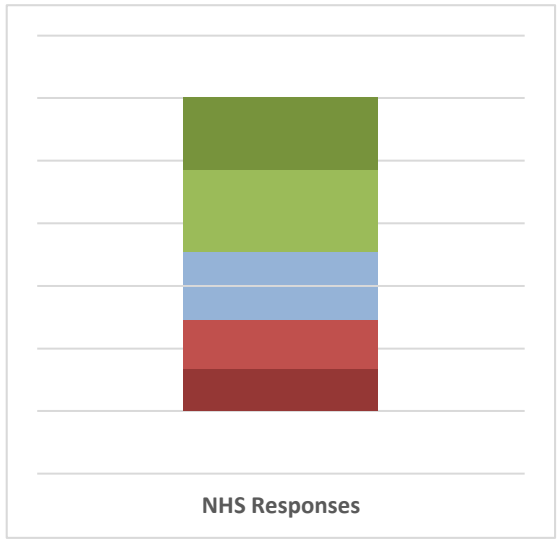
West Hertfordshire Hospitals NHS Trust

- 55% of non NHS respondents ***disagreed or strongly disagreed*** with our proposed shortlist, compared to 28% of NHS respondents.
- 49% of NHS respondents ***agreed or strongly agreed***, compared to 32% of non NHS respondents.

	No. Responses	No Answer	Agree	Strongly Agree	total agree	Neither	total disagree	Disagree	Strongly Disagree
All Responses	3,368	12	14.8%	20.8%	35.6%	14.1%	49.9%	10.3%	39.6%
Non NHS Responses	2,707	12	12.0%	20.2%	32.2%	12.2%	55.1%	9.0%	46.1%
NHS Responses	661	-	26.0%	23.1%	49.2%	22.1%	28.7%	15.6%	13.2%



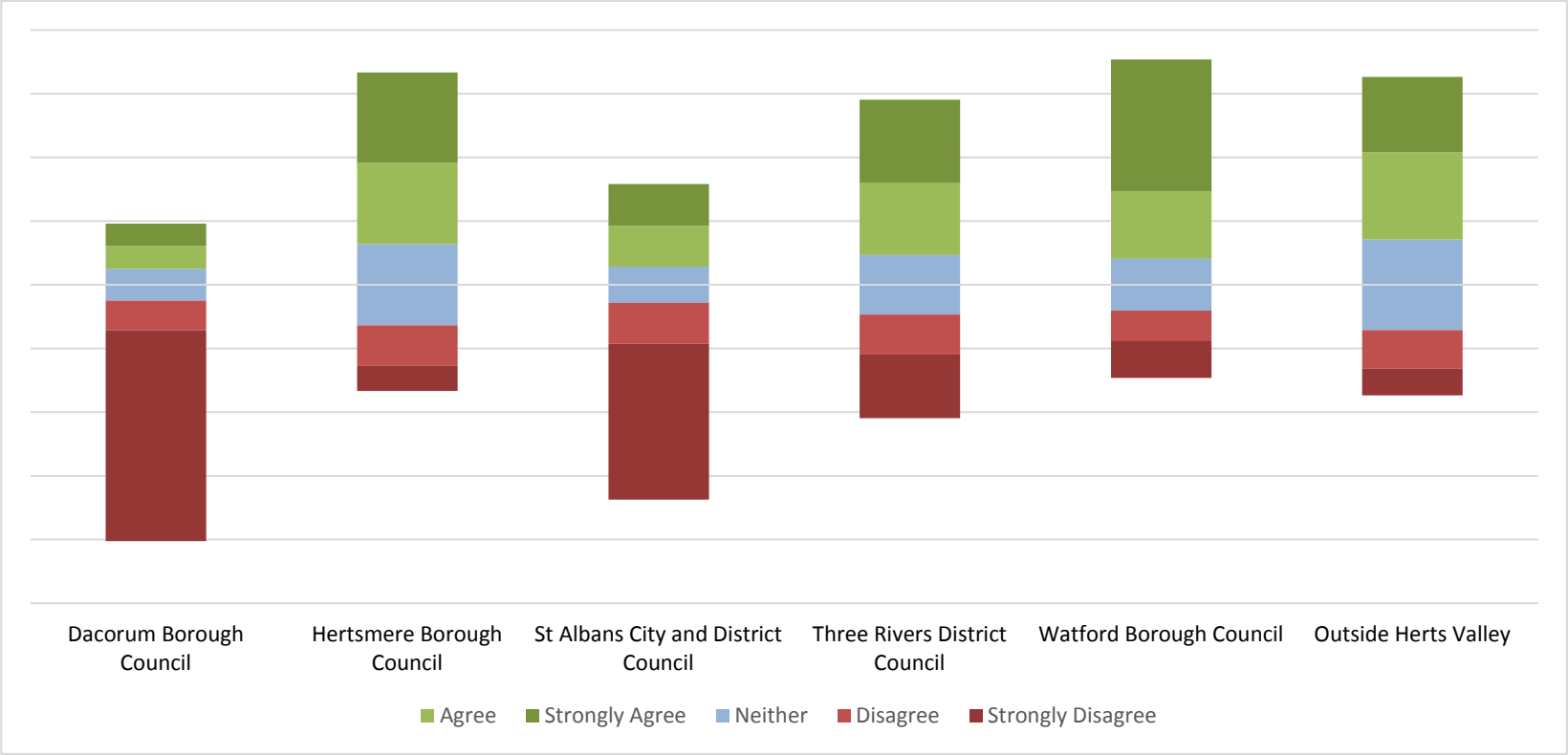




Q3 – do you agree with our proposed shortlist? (2)

West Hertfordshire Hospitals NHS Trust

- There was a significant variation in responses to this question based on the geographical location of the respondent. The majority of respondents in Dacorum and St Albans localities ***disagreed or strongly disagreed*** with the proposed shortlist (75% and 62% respectively). Conversely the majority of respondents in Hertsmere, Three Rivers and Watford ***agreed or strongly agreed*** with the proposed shortlist. (62%,49% and 54% respectively).

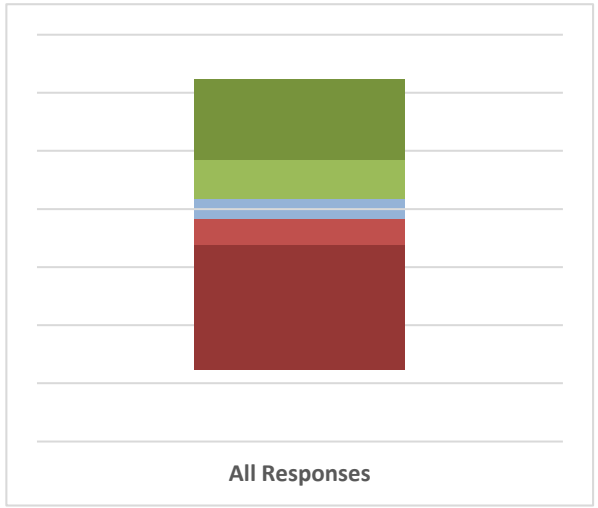


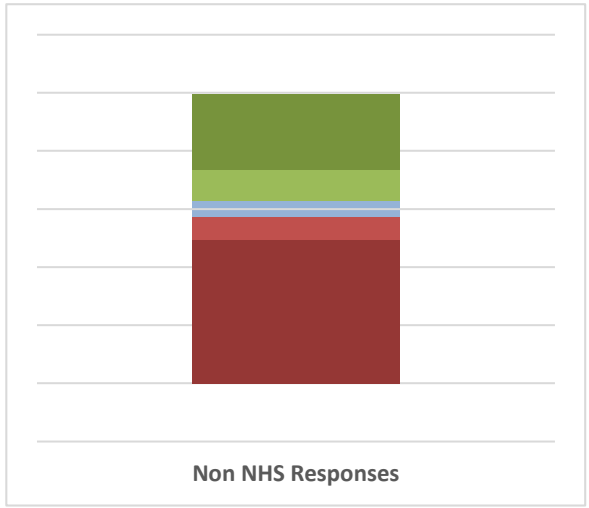
Q4 – Do you agree with our proposed preferred option? (1)

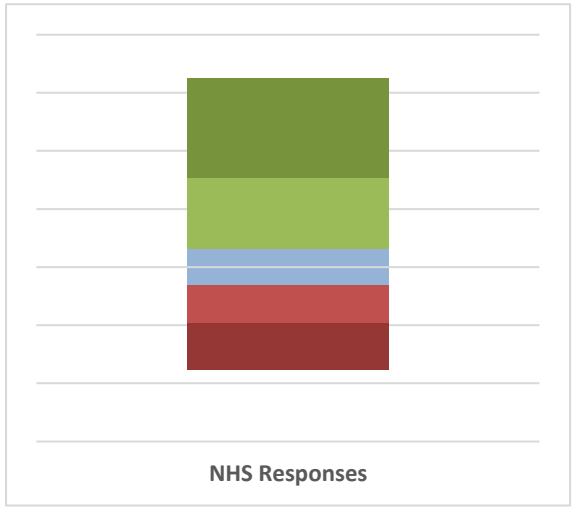
West Hertfordshire Hospitals NHS Trust

- 57% of non NHS respondents ***disagreed or strongly disagreed*** with our proposed preferred option, compared to 29% of NHS respondents.
- 59% of NHS respondents ***agreed or strongly agreed*** with our proposed preferred option, compared to 37% of non NHS respondents.

	No.	No Answer	Agree	Strongly Agree	total agree	Neither	total disagree	Disagree	Strongly Disagree
All Responses	3,368	8	13.2%	27.6%	40.9%	7.2%	51.7%	8.9%	42.8%
Non NHS Responses	2,707	8	10.5%	26.0%	36.5%	5.9%	57.3%	8.0%	49.3%
NHS Responses	661	-	24.4%	34.2%	58.5%	12.6%	28.9%	12.9%	16.0%



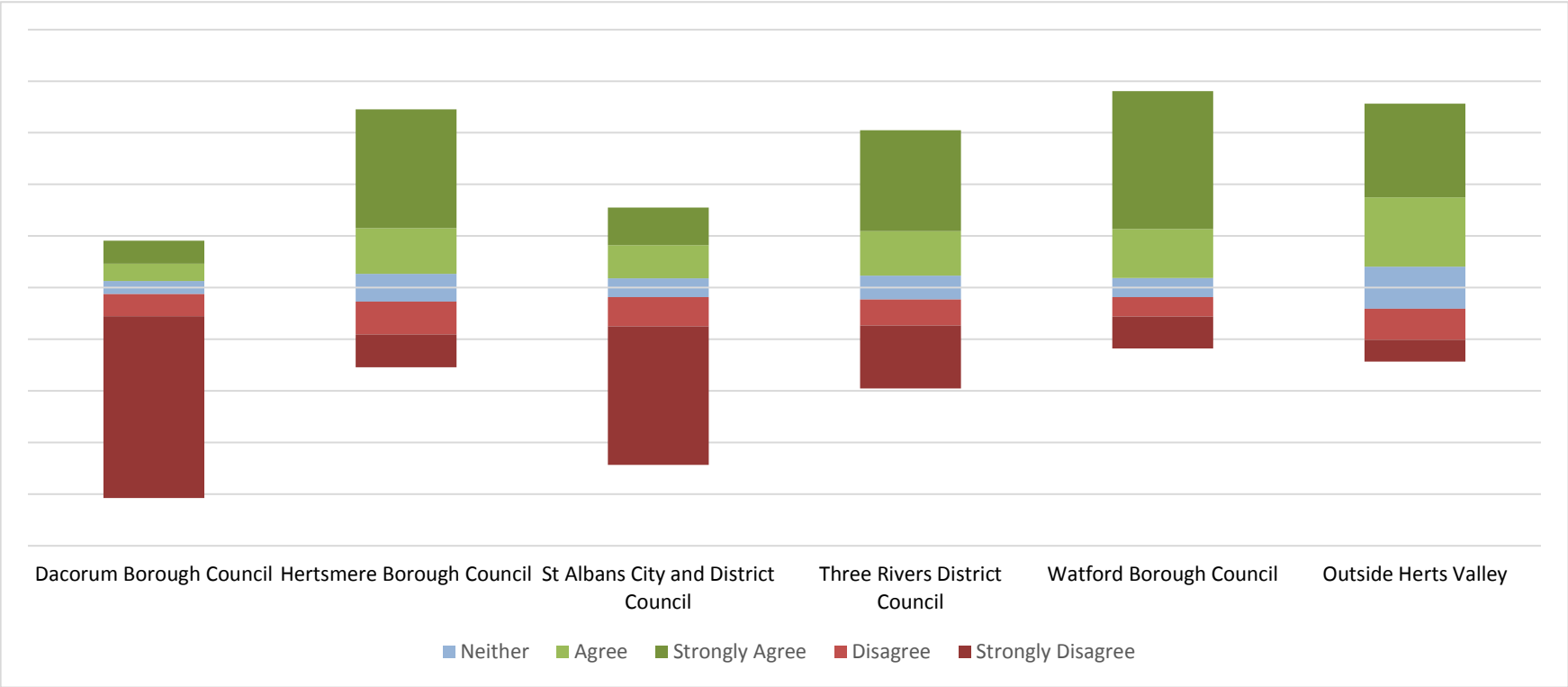




Q4 – do you agree with our proposed preferred option (2)

West Hertfordshire Hospitals NHS Trust

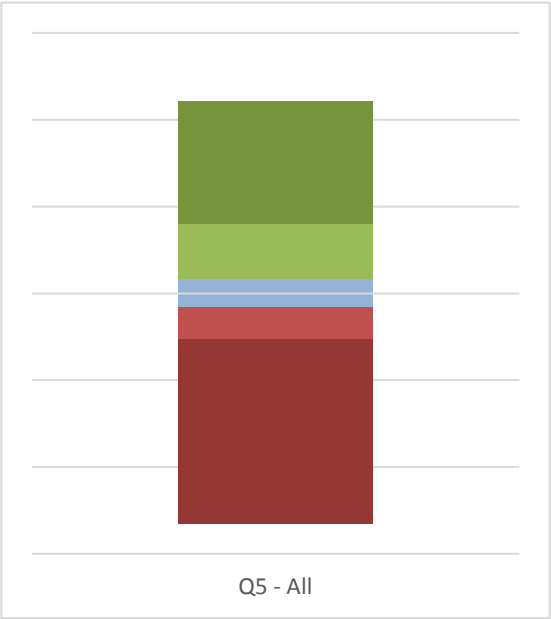
- As for Q3, there was a significant variation in responses to this question based on the geographical location of the respondent. The majority of respondents in Dacorum and St Albans localities ***disagreed or strongly disagreed*** with the proposed preferred option (79% and 65% respectively). Conversely the majority of respondents in Hertsmere, Three Rivers and Watford ***agreed or strongly agreed*** with the proposed preferred option. (64%,56% and 73% respectively).

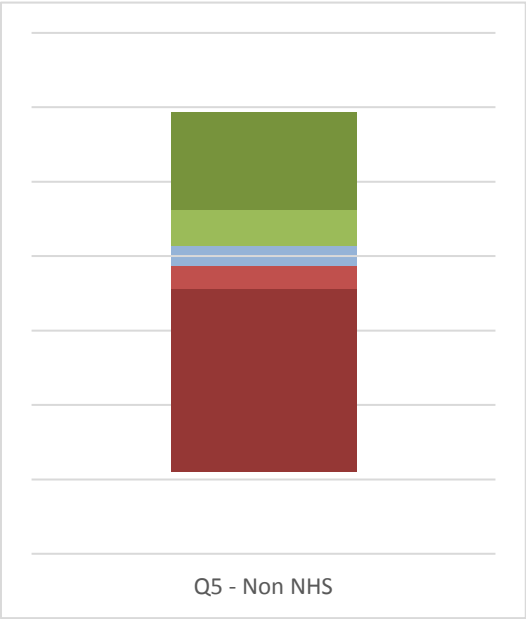


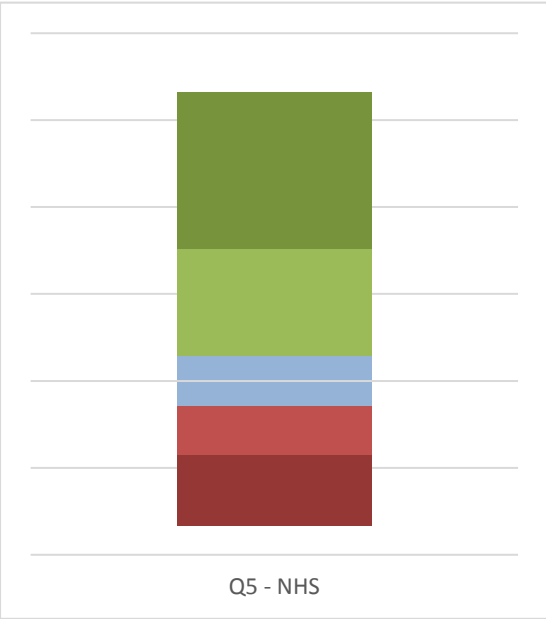
Q5 – .. Do you believe that major new hospital facilities at WGH can offer a really good solution?

NHS
West Hertfordshire Hospitals
NHS Trust

- 55% of non NHS respondents ***disagreed or strongly disagreed*** with this statement, compared to 28% of NHS respondents.
- 61% of NHS respondents ***agreed or strongly agreed***, compared to 36% of non NHS respondents.
- Unsurprisingly, there is a very strong correlation between answers to Q3&Q4 and answers to this question (86% respondents who ***strongly disagree or disagree*** with the proposed shortlist and preferred option ***strongly disagree or disagree*** with this statement).







Qualitative feedback related to Q4.

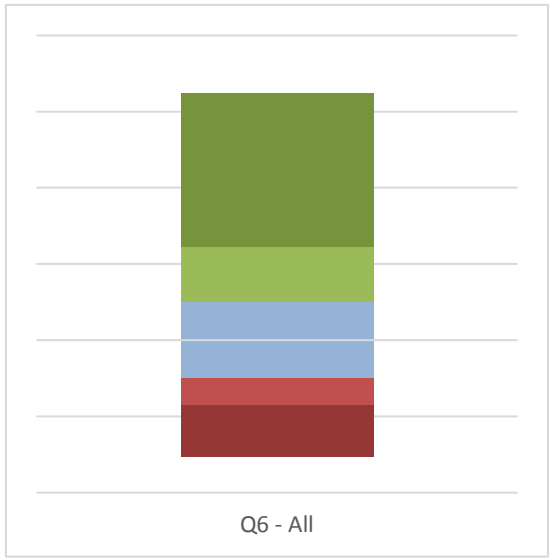
West Hertfordshire Hospitals NHS Trust

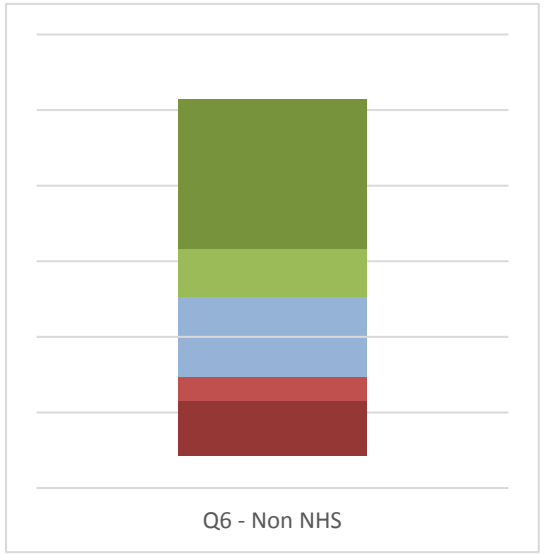
- There was clearly a very strong preference from the majority of respondents for new build options with many responses referring to the disadvantages of trying to 'patch up' old buildings and the shortcomings of the current hospital environment at WGH.
  - "The old building needs to come down it has had its day"
  - "Only support brand new hospital. Don't want patched up old outdated buildings"
- Some concerns were raised about the suitability of the WGH site – e.g. 'the hill'. *(Concerns about access are covered under Q9).*
- Many respondents referred to the need to ensure a good overall environment including green spaces and local amenities. *(Respondents who would prefer to see a 'new site' often cite this as an advantage of new site options).*
- Many respondents referred to the need to ensure that there is flexibility for future growth in any redevelopment. *(Respondents who would prefer to see a 'new site' often cite this as an advantage of new site options).*
- Staff responses stressed the importance of improving staff facilities – rest areas, changing rooms, education and training space etc. A number of specific comments were made by staff relating to the needs of their services.
  - "As an employee, I would like the basic needs of a ventilation system that allows me to work in comfort, a toilet that flushes, a tap that works, a staff room with enough seats for staff, and a locker to put my belongings in."
- A number of comments were made regarding the detail of the hospital design – e.g. disabled access, helipad, specific services.

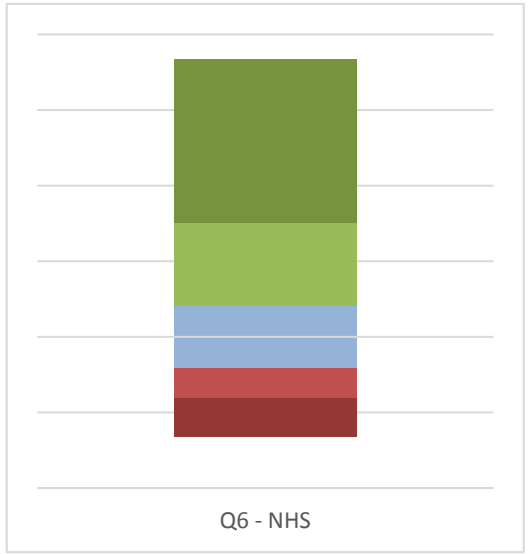
Q6 – It's important to me that new hospital facilities are ready to open as soon as possible

West Hertfordshire Hospitals NHS Trust

- 65% of NHS respondents and 52% of non NHS respondents ***agreed or strongly agreed*** with this statement
- 18% of NHS respondents and 21% of non NHS respondents ***disagreed or strongly disagreed.***
- There is a strong correlation answers to this question for respondents who strongly agree or agree with the preferred option – with 88% agreeing with this statement. Additionally 60% respondents who do not agree with the preferred option also agreed



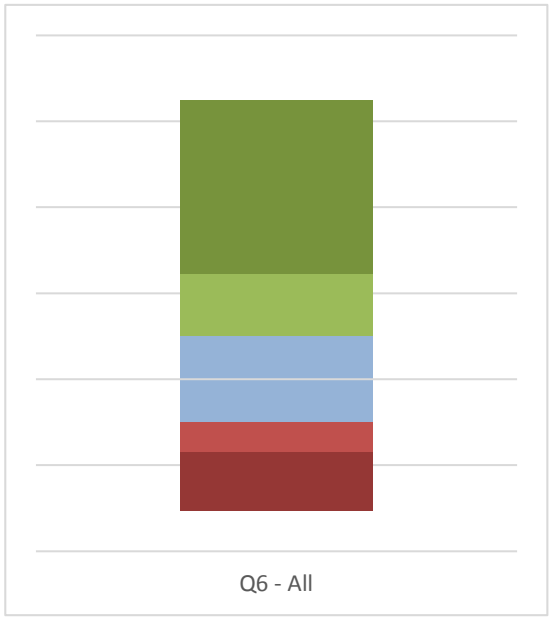


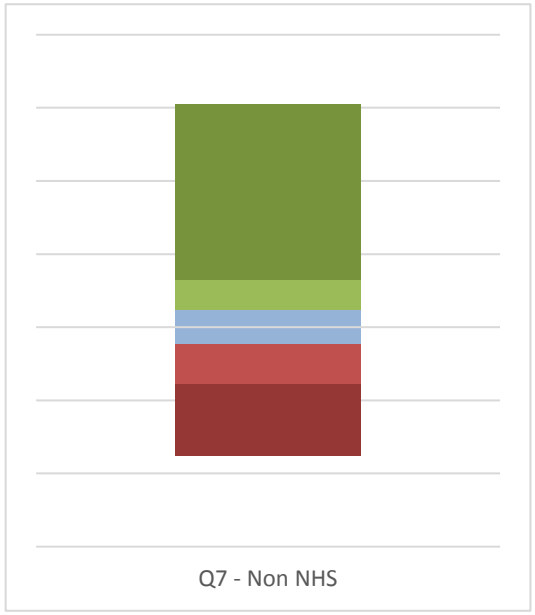


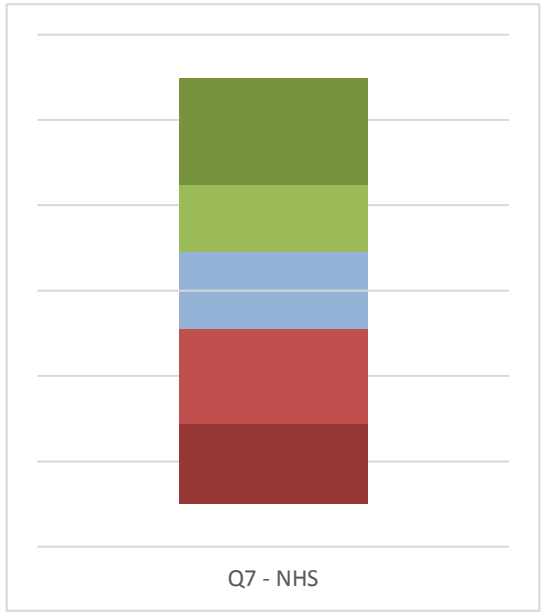
Q7 – It would be worth waiting longer (and accepting a degree of risk) for a new hospital on a new site

West Hertfordshire Hospitals NHS Trust

- 56% of non NHS respondents and 41 % of NHS respondents ***agreed or strongly agreed*** with this statement.
- 31% of non NHS respondents and 41% of NHS respondents ***disagreed or strongly disagreed*** with this statement.
- There is a correlation between answers to Q3&Q4 and answers to this question – although it is not as strong as for Q5.







Qualitative feedback related to Q6 and Q7.

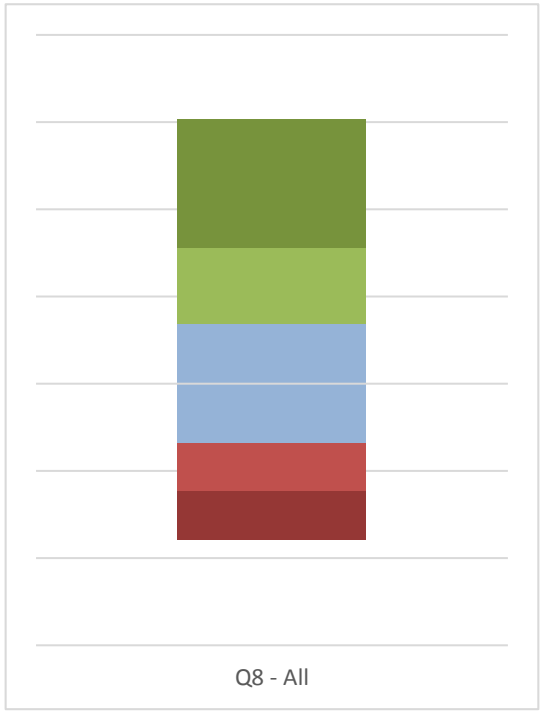
West Hertfordshire Hospitals NHS Trust

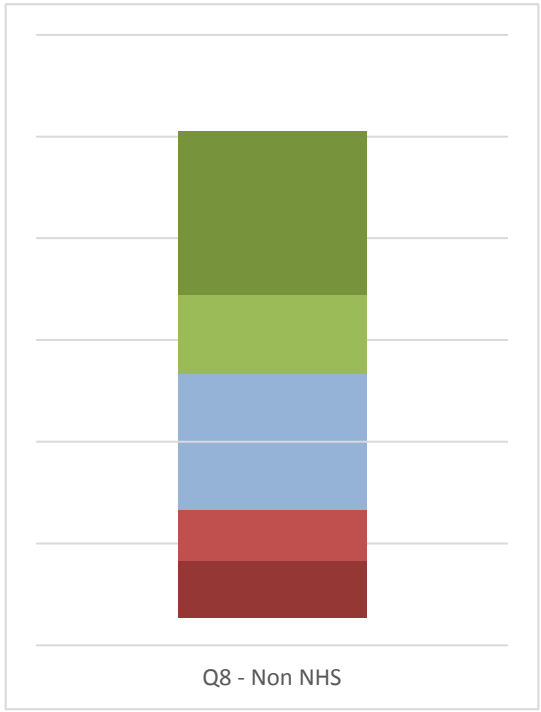
- Respondents who support the proposed shortlist & preferred option were more likely to agree with Q5 ('important that new facilities are ready to open as soon as possible') and many of the qualitative comments from this group referred to urgency, the many years of delay and the need to "just get on with it"
  - "We have waited long enough for this. There is no perfect site and the best thing is to improve the best one available"
  - "We have been waiting for so many years for a modern hospital so it's time to crack on with bringing Wat Gen into the 21st Century"
- Respondents who do not agree with the proposed shortlist and preferred option were more likely to agree with Q6 ('its worth waiting longer (& accepting a degree of risk) for a new hospital on a new site').
  - "We have waited for far too long, we can wait a few extra years to achieve this".
  - "I would rather wait longer for a new hospital if ultimately it means a better one in a better location".
- However, not all respondents who support a new hospital on a new site accept that this would take longer or be a higher risk option.
  - "I disagree that it would take longer, surely building on an empty site would be quicker"
  - "Building a new hospital with all up to date facilities is the best and quickest option"
  - "Possible delays due to planning are untested".

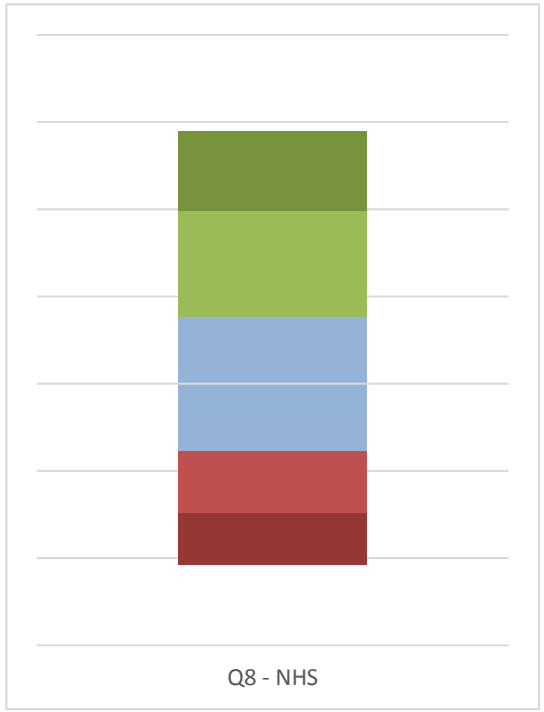
Q8 – I am worried about disruption to current services at WGH while new facilities are built

West Hertfordshire Hospitals NHS Trust

- 48% of non NHS respondents and 42% of NHS respondents ***agreed or strongly agreed*** with this statement.
- 21% of non NHS respondents and 26% of NHS respondents ***disagreed or strongly disagreed*** with this statement.







Qualitative feedback related to Q8.

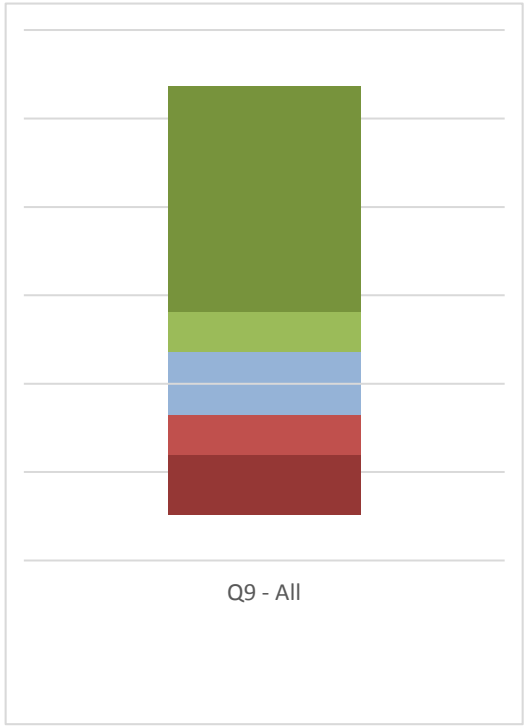
West Hertfordshire Hospitals NHS Trust

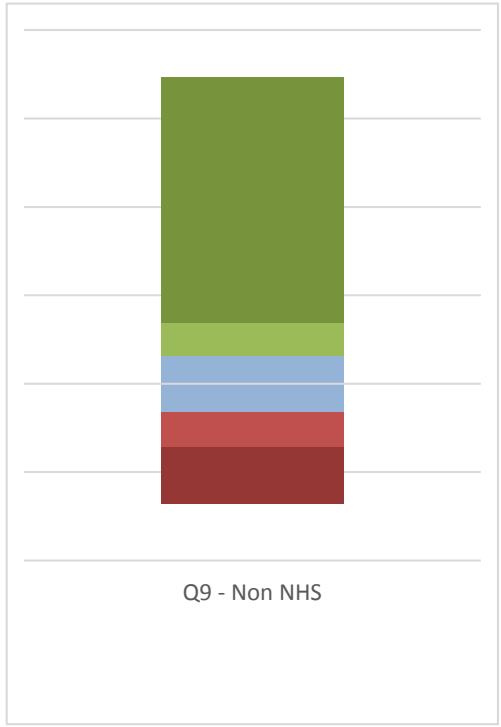
- Respondents who do not agree with the shortlist or preferred option made frequent references in the qualitative feedback to concerns about potential disruption to current services and / or cited the lack of disruption to existing services as an advantage of new site options.
  - "Furthermore disruption, noise, problems with asbestos dust will be very detrimental to anyone requiring both inpatient or outpatient care at the hospital during building work."
  - "The disruption in trying to re-build Watford has been underestimated and will create years of disruption."
- Some respondents who support the proposed shortlist and preferred option also expressed concern about potential disruption to current services at WGH while new facilities are built.
- A number of respondents who supported the proposed preferred way forward noted that new build facilities adjacent to the current Watford site would minimise disruption and would be preferable to options that retain and refurbish elements of the current hospital buildings.
  - "It seems pointless to spend more resources trying to make do and mend the existing site. If it is possible to build a new hospital adjacent to the existing one without major disruption for years to come I would agree with the plan".

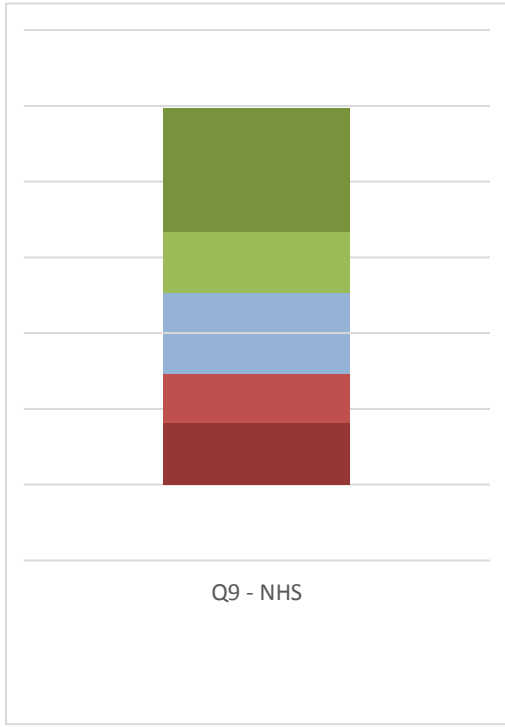
Q9- I am worried about the time it takes to get to WGH, particularly by public transport

West Hertfordshire Hospitals NHS Trust

- 63% of non NHS respondents and 49% of NHS respondents ***agreed or strongly agreed*** with this statement.
- 21% of non NHS respondents and 29% of NHS respondents ***disagreed or strongly disagreed*** with this statement.







Qualitative feedback related to Q9.

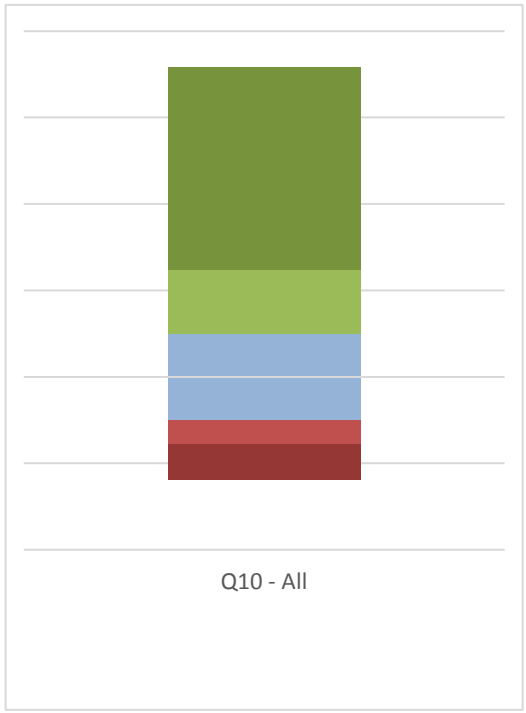
West Hertfordshire Hospitals NHS Trust

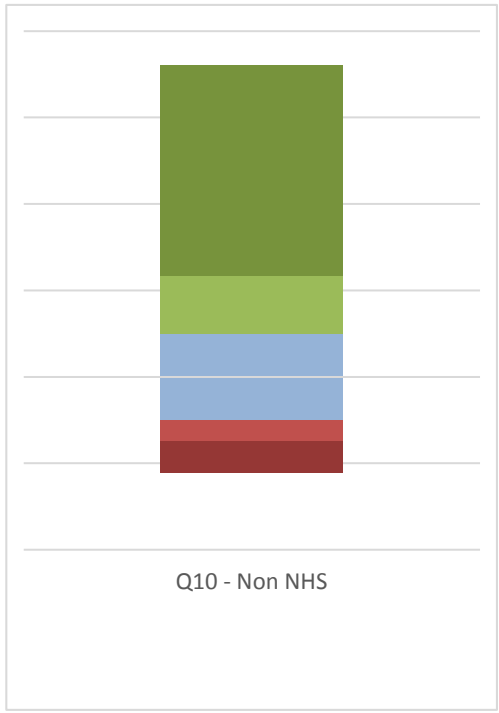
- It is clear that access to the Watford General / Watford Riverwell site is a concern for many people particularly, but not exclusively, for residents of Dacorum and St Albans. This related to both public transport and access by private car.
  - "Working to improve transport links is going to be vital wherever the hospital is"
  - "The only worry is the traffic congestion near Watford General. [] Could the road systems be carefully considered to combat this?"
- Some respondents were concerned that longer journey times from the north of west Hertfordshire might result in poor clinical outcomes for patients needing to access emergency care.
- Public transport links to current hospital sites were noted to be difficult from some areas. A number of respondents referred to the previously proposed metropolitan line extension project.
  - "The hoped-for extension of the Metropolitan line to Vicarage Road would massively improve staff and patient journeys. Can the Trust lobby for this as part of the wider development?"
- Proximity to the football club and concerns re accessing the hospital in an emergency / to give birth were also cited by many respondents.
  - "I worry about the time it takes to get to Watford General from Hemel Hempstead particularly on a Watford Football Match day".
  - "Situated next to Watford football ground is a disaster."
- The difficulty and cost of car parking was raised as a very significant concern by many respondents, regardless of whether or not they support the preferred option.
- Conversely, some respondents noted that Watford has good transport links and that public transport to any new site might be difficult and / or unlikely to be better.

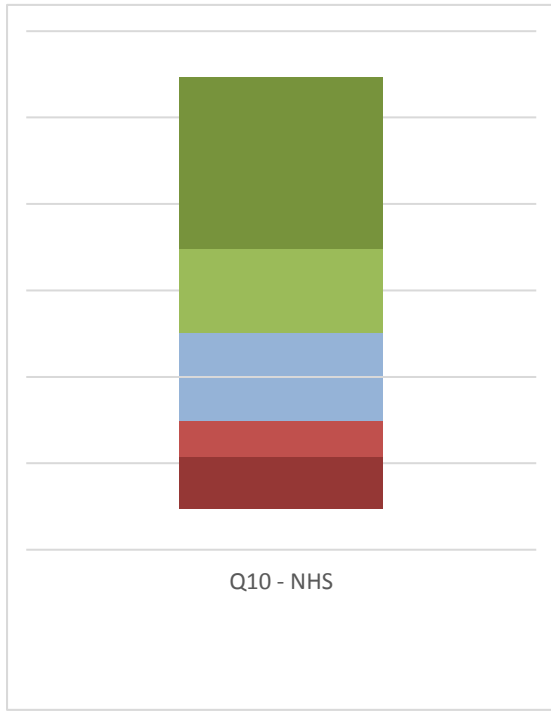
Q10 – It's important to me that hospital services are delivered in all 3 towns.

West Hertfordshire Hospitals NHS Trust

- 63% of non NHS respondents and 58% of NHS respondents ***agreed or strongly agreed*** with this statement.
- 12% of non NHS respondents and 20% of NHS respondents ***disagreed or strongly disagreed*** with this statement.







Qualitative comments in relation to Q10

West Hertfordshire Hospitals NHS Trust

- The majority of respondents, both NHS and non NHS agreed that it is important that hospital services are delivered in all 3 towns.
- There were a range of comments from respondents who would prefer a new hospital on a new site in relation to what services, if any, should be retained in the 3 towns / at existing sites.
- For respondents who supported the preferred option, where comments were made in relation to the configuration of services most supported the need to retain and develop services at all 3 existing hospital sites although a small number suggested that reducing the number of hospitals to one or two could be beneficial.
  - "Prioritise additional facilities at Hemel and St Albans to reduce the amount of patients at Watford."
- A number of responses suggested / asked whether it would be possible to have full emergency care hospitals and / or maternity services in either Hemel or St Albans (or both).
  - "I think the three main towns deserve full facility hospitals of their own - as it used to be. Obviously now that the powers that be decided to run down the hospitals at Hemel and St. Albans the cost would be too great for that so my preference would be for a NEW hospital sited near junction 20 of the M25".
- The importance of local outpatient services and the opportunity to deliver services differently (e.g using technology) thereby reducing the need to travel to hospital (& reduce pressure on car parking) was noted by some respondents.

Other qualitative comments

West Hertfordshire Hospitals NHS Trust

- A high number of respondents referenced population growth and concerns about future capacity, including inpatient bed provision.
  - “I am concerned that that solution will still not be able to adequately serve the growing local population”
  - “The population of Hemel is growing with so many residential developments added and people in Hemel need well equipped local facilities to met their needs.”
  - “I firmly believe St Albans has been underserved given its population and density.”
- A number of respondents referred to the importance of upgrading the hospitals IT infrastructure and making sure that information can be shared easily between hospitals and other care providers.
  - “In my opinion, updating the facilities and amenities are important, but the biggest priority should be to modernise the IT infrastructure so that systems can all interrelate and notes are electronic across the board.”
- A small number of respondents referred to the importance of retaining the character of the buildings adjacent to Vicarage Road
  - “Please do not demolish the old façade of the old children's hospital, retain it in the new build. The mix of old and new is beautiful”.
- A small number of respondents stressed the need to ensure that the overall Watford Riverwell environment was not compromised by the redevelopment of the hospital and the need to ensure crime and anti-social behaviour is reduced.
- Both positive and negative comments about the quality of current services were included in the comments section of the survey.

Some feedback / notes on the survey itself ..

West Hertfordshire Hospitals NHS Trust

- There were a small number of duplicate entries but no evidence of 'multiple responses' from individuals or organisations.
- A few respondents (largely respondents who did not support the preferred option) raised concerns about the information provided to support the survey and felt that the questions were biased in favour of the proposed shortlist and recommended preferred option.
- Some respondents felt that the survey timeframe was too short – particularly if they did not receive the link until towards the end of the survey period.
- A small number of respondents noted that our 'answer scale' was in the reverse order to the convention and that this might have confused people. From triangulating scored responses to questions with the narrative responses give we can see that this did occur in a small number of cases but it affected both +ve and –ve scores reasonably equally and is not significant enough to materially change the overall findings.

What will we do with the feedback we have received?

West Hertfordshire Hospitals NHS Trust

- WHHT and HVCCG Boards will meet on the 1st October 2020 to make a decision on the proposed shortlist and recommended preferred option. Board members will take the findings of the survey into consideration, alongside a range of other information, in reaching their decision on the shortlist of options to be taken forward for more detailed review.
- The future location of emergency care is clearly a very important issue to many local people, linked to concerns about access to the WGH site. The survey has also provided useful insight into a wide range of issues related to the future development of our hospitals. The feedback received will help inform our planning in a range of ways including:
  - Further development of clinical models that support local access to care and reduce the need to travel to hospital
  - Detailed work on options to improve travel and access to hospital services (regardless of where they are located). The Trust will commission some expert advice to help us identify potential ways to improve access and address the concerns raised by local people within the survey, including issues related to the proximity of the football club.
  - The new multi-storey car park at WGH will improve the quality and access to car parking at WGH, including eliminating the need to walk up the hill to access the hospital. The Trust will review car parking at SACH and Hemel and our car parking charging policy.
- The Trust is committed to continuing to engage local people as we develop the more detailed redevelopment plans. Once a preferred option is identified then the focus of engagement can move away from the issue of the location of emergency care facilities (& the pro's and con's of a new site vs redeveloping at Watford General / Riverwell) and focus more on the detail of clinical service models and the design of new facilities.

NHS
West Hertfordshire Hospitals
NHS Trust

Appendix – detailed data breakdown

All responses - breakdown

West Hertfordshire Hospitals NHS Trust

AGE & GENDER	No. Responses	Under 21	21-30	31-40	41-50	51-64	65+	Prefer not to say
Female	1,966	0.3%	2.8%	7.0%	10.8%	19.7%	17.1%	0.7%
Male	1,157	0.1%	1.1%	4.3%	5.1%	9.1%	14.0%	0.5%
Rather Not Say	245	0.0%	0.3%	0.6%	1.0%	1.7%	0.8%	2.9%
Total	3,368	0.4%	4.1%	12.0%	16.9%	30.6%	31.9%	4.2%

LOCALITY	No. Responses	Female	Male	Prefer Not to Say
Dacorum Borough Council	1,474	26.0%	14.3%	3.4%
Hertsmere Borough Council	102	2.1%	0.8%	0.1%
St Albans City and District Council	343	5.8%	3.2%	1.2%
Three Rivers District Council	279	5.1%	2.6%	0.5%
Watford Borough Council	980	16.1%	11.6%	1.4%
Outside Herts Valley	190	3.2%	1.8%	0.7%
Total		58.4%	34.4%	7.3%

TYPE OF RESPONSE	No. Responses
All Responses	3,368
Non NHS Responses	2,707
NHS Responses	661

NHS responses by organisation	
Herts Valleys CCG	3.0%
GP Practice	3.3%
Hertfordshire Community Trust	2.0%
Central London Community Healthcare	2.0%
Hertfordshire Partnership NHS Foundation Trust	2.0%
West Hertfordshire Hospitals NHS Trust	83.5%

NHS responses by profession	No. Responses	Percentage of Total Responses
Doctor	116	17.5%
Nurse	142	21.5%
Other clinical	146	22.1%
Non clinical	257	38.9%

Q3 & Q4: All responses by locality

West Hertfordshire Hospitals NHS Trust

Question 3: do you agree with our proposed shortlist?	No.	No Answer	Agree	Strongly Agree	total agree	Neither	total disagree	Disagree	Strongly Disagree
Dacorum Borough Council	1,474	5	7.1%	7.1%	14.2%	10.0%	75.4%	9.4%	66.1%
Hertsmere Borough Council	102	-	25.5%	28.4%	53.9%	25.5%	20.6%	12.7%	7.8%
St Albans City and District Council	343	3	12.8%	13.1%	25.9%	11.4%	61.8%	12.8%	49.0%
Three Rivers District Council	279	-	22.6%	26.2%	48.7%	18.6%	32.6%	12.5%	20.1%
Watford Borough Council	980	4	21.1%	41.2%	62.3%	16.2%	21.1%	9.6%	11.5%
Outside Herts Valley	190	-	27.4%	23.7%	51.1%	28.4%	20.5%	12.1%	8.4%

QUESTION 4: do you agree with our proposed preferred option?	No.	No Answer	Agree	Strongly Agree	total agree	Neither	total disagree	Disagree	Strongly Disagree
Dacorum Borough Council	1,474	5	6.7%	9.0%	15.7%	5.2%	79.2%	8.5%	70.7%
Hertsmere Borough Council	102		17.6%	46.1%	63.7%	10.8%	25.5%	12.7%	12.7%
St Albans City and District Council	343	1	12.9%	14.6%	27.5%	7.3%	65.2%	11.4%	53.8%
Three Rivers District Council	279		17.2%	39.1%	56.3%	9.3%	34.4%	10.0%	24.4%
Watford Borough Council	980	2	19.0%	53.6%	72.6%	7.4%	19.9%	7.5%	12.5%
Outside Herts Valley	190		26.8%	36.3%	63.2%	16.3%	20.5%	12.1%	8.4%

Q5 - Q10 responses - ALL

West Hertfordshire Hospitals NHS Trust

ALL	Agree	Strongly Agree	total	Neither	total	Disagree	Strongly Disagree
I believe that major new hospital facilities on the current Watford General Hospital and Watford Riverwell site can deliver a really good solution.	12.8%	28.1%	40.9%	6.6%	49.7%	7.2%	42.5%
It's important to me that new hospital facilities are ready to open as soon as possible.	14.5%	40.3%	54.8%	20.2%	20.3%	6.8%	13.5%
It would be worth waiting longer (and accepting a degree of risk) for new hospital on a new site	9.6%	43.5%	53.1%	11.2%	32.5%	13.1%	19.4%
I am worried about disruption to current services at Watford General Hospital while new facilities are built.	17.3%	29.4%	46.7%	27.6%	22.0%	10.9%	11.1%
I am worried about the time it takes to get to Watford General Hospital, particularly by public transport.	9.1%	51.1%	60.2%	14.4%	22.5%	9.1%	13.4%
It's important to me that hospital services are delivered in all three towns.	14.7%	46.9%	61.6%	20.0%	13.8%	5.6%	8.2%

Note: where % do not add back to 100% this is because not all respondents answered every question

Q5 - Q10 responses – Non NHS

West Hertfordshire Hospitals NHS Trust

NON NHS	Agree	Strongly Agree	total	Neither	total	Disagree	Strongly Disagree
I believe that major new hospital facilities on the current Watford General Hospital and Watford Riverwell site can deliver a really good solution.	9.9%	26.2%	36.0%	5.4%	55.1%	6.2%	48.9%
It's important to me that new hospital facilities are ready to open as soon as possible.	12.6%	39.6%	52.2%	21.2%	20.9%	6.5%	14.3%
It would be worth waiting longer (and accepting a degree of risk) for new hospital on a new site	8.1%	48.1%	56.2%	9.5%	30.5%	10.9%	19.7%
I am worried about disruption to current services at Watford General Hospital while new facilities are built.	15.6%	32.2%	47.7%	26.8%	21.1%	10.1%	11.0%
I am worried about the time it takes to get to Watford General Hospital, particularly by public transport.	7.5%	55.6%	63.1%	12.6%	20.8%	8.1%	12.7%
It's important to me that hospital services are delivered in all three towns.	13.5%	48.7%	62%	20%	12%	4.9%	7.3%

Note: where % do not add back to 100% this is because not all respondents answered every question

Q5 - Q10 responses - NHS

West Hertfordshire Hospitals NHS Trust

NHS	Agree	Strongly Agree	total	Neither	total	Disagree	Strongly Disagree
I believe that major new hospital facilities on the current Watford General Hospital and Watford Riverwell site can deliver a really good solution.	24.7%	36.0%	60.7%	11.5%	27.7%	11.3%	16.3%
It's important to me that new hospital facilities are ready to open as soon as possible.	21.9%	43.3%	65.2%	16.5%	18.2%	8.0%	10.1%
It would be worth waiting longer (and accepting a degree of risk) for new hospital on a new site	15.7%	24.8%	40.5%	18.3%	40.7%	22.1%	18.6%
I am worried about disruption to current services at Watford General Hospital while new facilities are built.	24.4%	18.2%	42.5%	30.9%	26.0%	14.2%	11.8%
I am worried about the time it takes to get to Watford General Hospital, particularly by public transport.	15.9%	32.7%	48.6%	21.5%	29.3%	13.2%	16.2%
It's important to me that hospital services are delivered in all three towns.	19.4%	39.6%	59%	20.4%	20.5%	8.5%	12.0%

Note: where % do not add back to 100% this is because not all respondents answered every question