

New Hospital Campaign

NHC

For *real* transformation in West Hertfordshire

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INDEPENDENT REPORT SHOWS WEST HERTS HOSPITAL REBUILD PLANS WOULD TAKE MUCH LONGER THAN CLAIMED

Case for Watford options savaged by planning specialist

A report by a construction planning specialist, published today, aims severe criticism at the plans of the West Herts Hospitals Trust for the future of the area's hospitals. The highly experienced planning consultant Mike Naxton shows that trying to improve the situation at the cramped Vicarage Road site in Watford – the option favoured by the Trust – could take much longer than building a new hospital on a fresh central site.

This new evidence is crucial to the future of the area's hospitals, because the West Herts Trust (WHHT) has denied calls for a proper appraisal of all options, arguing that a new hospital on a convenient new site would take longer than patching-up at Vicarage Road. The Naxton Report concludes otherwise.

Campaigners believe the Report proves that a new hospital on a clear, convenient central site would provide better value for money and speedier delivery of new hospital facilities than the 'desperate and dysfunctional' Vicarage Road options favoured by the Trust. WHHT's existing plans offer 'very poor value for money and many more years of unpleasant working conditions and high maintenance costs.'

Mr Naxton's report, commissioned by the New Hospital Campaign, uses advanced software to assess the options and concludes that a new emergency care hospital on a new site could be built up to three years quicker than the Trust's favoured option of a mixture of demolition, refurbishment and some new build at Watford General. The Report shows that the Trust's statements have systematically exaggerated the time it

would take to build a new hospital on a new site – while unrealistically minimising the time it would take to carry out its plans for Vicarage Road.

The Report reveals that a 'Site Feasibility Report' (SFR) produced in August 2020 by the property arm of WHHT's corporate partner, the Royal Free Hospital London (RFLPS), offered blinkered evidence to make the case for Vicarage Road.

Key Points

Key points in the 26-page Naxton Report include:

- The completion dates estimated in the SFR are not made on 'a like for like comparison with options A-D [new site options] representing totally new Emergency and Planned Care Hospitals and E and F [Watford options] representing only the new buildings proposed for the Watford Emergency Hospital Campus.'
- The timescales for the Watford options set out in the SFR ignore crucial refurbishment, enabling and demolition works, without which the options will not be viable. If those are taken into account, the new site option is shown in the Naxton Report to be up to 3 years quicker than the Watford options.
- There is a risk of 'Delayed progress [on the construction works] due to working restrictions ... [and] the requirements of working within or close to the existing operational hospital.' The Report also says that 'Additional remedial or replacement works may also be found necessary to the utility services infrastructures, many parts of which are stated to be in very poor condition ... there have been regular breakdowns that have caused disruption to patient treatments'.

New Hospital Campaign (NHC) member, building expert Robert Scott, today called on WHHT to take a good look at the facts and give all the options a fair chance:

"The thorough and detailed Naxton Report sets out the true facts about WHHT's plans, and shows that there has been a systematic attempt by the Trust to massage the completion dates. The Trust is clearly keen to prove that it can have many new facilities in place at Watford by 2025, but it is likely to be wrong.

'The Trust has not fairly set out the case for proper appraisal of the option of a new hospital on a clear new site, basing its view on timelines that are full of the SFR's exaggerated and inaccurate assumptions, as Mr Naxton makes clear. We at the NHC, especially those of us with experience of delivering large and complex projects, have watched with concern as the Trust has failed to take account of key considerations.'

'The fact is that the high cost of redeveloping the Trust's dilapidated and challenging estate means that, in terms of providing new facilities, the limited funding budgets for Watford will buy far less than building on a clear site. The Trust's proposals just add up to very poor value for money and many more years operating out of sub-standard buildings, with unpleasant working conditions and high maintenance costs.

'The various building options being considered by the Trust for Watford unjustifiably claim much shorter timelines than any comparable NHS hospital projects. Indeed, there are many examples of redevelopments far less complex than WHHT's plans for Watford that have badly overrun time and cost.

'The Trust has not done the basics in preparing for building at the Watford site. It has failed to

- carry out the essential surveys clearly identified by Mr Naxton
- find feasible concept design solutions, or
- devise a safe implementation plan.

'This is not simply a case of the Trust being optimistic, it is a desperate attempt to gain government funding for redeveloping a dysfunctional hospital estate that it refuses to move on from, no matter how unviable its plans are. The Trust's refurbishment proposals for some of the Vicarage Road buildings are about as logical as repainting a rotten window. The favoured option would see a new facility being built on a polluted slope. The decision to reject new site options was based on unsound and inadequate evidence, and Mr Naxton makes that clear.

'The Trust now need to accept that they were wrong to ignore the strong claims of campaigners for a convenient central site for hospitals in West Herts, undertake a proper search for such a site, and agree to examine all options fairly. The Trust owe nothing less to the people of West Herts '

Other important sections of the Naxton Report below. It can be read in full at <https://dhag.org.uk/wp-content/uploads/2020/12/Full-Naxton-Report-with-Appendices.pdf>

Page 3:

It is evident (from Section 7.3 on page 28 of the WHHT Site Feasibility Report) that the basis used by RFLPS in preparing their 'optimistic' programmes assumes actions on the site generally progressing in a timely, positive and favourable manner. The Report (on page 37) states that for Watford Site F (WO) the 'optimistic' programme for this option is based upon a number of 'working at risk' assumptions. Similar

assumptions would appear to be made for Watford Site E (WR), but this has not been stated. It is very clear that showing a hypothetical pathway for satisfying the HIP1 funding requirements was the objective of the Report rather than applying activity durations and sequence links that would naturally apply in order to arrive at reasonably reliable completion dates, i.e. major enabling works prior to funding being available.

Page 4:

RFLPS suggest that opportunities may be found later to save time against their [Watford] timelines. From experience of public sector redevelopment projects of this nature, the reverse is much more likely to be the case. It would seem that the programme is already at risk due to the late appointment of the Architect, which would seem to be delaying the initial required programme activity

Page 4:

Until such time as all site conditions that exist are exposed and investigated within the ground, and the existing buildings and infrastructures are surveyed, there continues to be significant risk that additional work will be required. This is almost certain to adversely impact on completion dates. The periods allowed for these works should reflect the potential risks ... it is good and normal practice for reasonable caution to be applied to public sector projects of this nature, particularly at Strategic Outline Case and Outline Business Case stages. Contingency provisions are required to be added to cost estimates for 'Optimism Biases' and this approach should also be adopted in relation to time.

Page 5:

In contrast, similar occupied-site risks do not exist for clear/greenfield site projects. The new Grange hospital at Cwmbran could be a relevant example to use as a comparator. I note the statement made by RFPLS in the SFR executive summary that 'in an overall programme of circa 5 years it would not be unreasonable to assume an improvement of between 3 – 6 months'. My experience is that this is highly unlikely for a redevelopment project of the nature being considered at Watford given the optimistic programme periods claimed.

Page 13:

The enabling works and demolition are shown [in the SFR] as being undertaken at risk, immediately after the OBC has been approved with no allowance for any time for contractor mobilisation. This contractor mobilisation period will be needed along with separate funding approval (which would seem to be at a cost of £20 to £30 million).

Page 13:

Consideration also needs to be given to the maintenance of the internal environment within the retained hospital buildings whilst the demolition and new construction works are in progress, as many areas are currently naturally ventilated via windows, which are identified in the Six Facet Survey as not capable of being fully operational. It is anticipated that the buildings for demolition would require dust suppression works such as full cocooning. Both the demolition and new build processes will create disruption to the occupied hospital areas, with not only dust but also noise and vibration, all of which needs careful planning to maintain a suitable internal hospital environment.

Page 13:

It is noted that the existing surface car park needs to be replaced with a New Multi Storey car park providing 1450 spaces, with 390 spaces dedicated to visitors at a cost of circa £40 million, which will also need separate funding. It has been assumed this new car park is required prior to the demolition and enabling works phase, subject to the car parks being able to be retained in position until then. This new car park is not shown or acknowledged in any of the programmes.

Page 26:

The Watford site would seem to take a much longer period to deliver a fully functional facility under the proposed redevelopment plans than would be the case with the Greenfield New Build option.

It is also important to take full account of the high risk of time and cost overruns as a result of encountering unforeseen problematic conditions on an existing aged operational hospital estate such as Watford. Without the full knowledge and surveys of the existing structures and services it is always very difficult to assess the full works and programme periods required, and this can represent a programme risk.

In my experience it is rare for redevelopment projects such as proposed at Watford to complete near to time, due to not understanding all the unknowns, even with the most competent design and construction teams. The pressures to meet the HIP1 funding timeframe seem to have led to the production of programmes that may be optimistic, based upon working at risk but do not include all critical activities that can be identified at this stage.

The same level of complexity of unknowns and risks would not apply to construction on a Greenfield site that in contrast would allow greater opportunities for more efficient design and construction methodology - resulting in programme certainty.

