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New West Herts hospital buildings by 2025 – or will it be 2030 ?

Doubts grow over health Trust timetable claims

Hospital campaigners have raised serious questions over claims made by the West Herts Hospital Trust that new hospital facilities at Watford General can be built by about 2025.

The New Hospital Campaign (NHC) believes a new hospital should be built on a clear central site in west Hertfordshire, while the Trust insists on redeveloping the Watford site. The Campaign has now written to the newly-installed leader of the Government's campaign to build 40 new hospitals nationally, pointing out serious errors in the Trust's arguments for building at Watford, and calling on her to order an urgent investigation and review of the facts before irrevocable decisions are made.

The Trust's argument for building at Watford rather than on a new clear site rests mainly on an estimate in a Site Feasibility Study (SFS) produced by Royal Free Property Services - a close corporate partner of the West Herts Trust - that claimed that new facilities could be provided at Watford by 2025 or 2026, to meet a government-imposed deadline.

A detailed review by Mike Naxton, an independent construction planning specialist, has cast doubt on the SFS estimate, saying that work under the Trust's plans would probably continue until 2030. A new hospital on a clear site could, according to Mr Naxton, be built more rapidly. The Trust has not challenged the facts of the Naxton review.

NHC member and adviser Robert Scott, a Fellow of the Chartered Institute of Building, has written to Natalie Forrest, Senior Responsible Owner of the Government's programme for building 40 new hospitals, calling for urgent review of West Herts' plans for Watford. Mr Scott says:

'Clearly there is a need to consider if the limited changes [contained in the plan] would provide adequate capacity, adequate infection control and facilities to support fully effective patient care.'

Mr Scott goes on to express concern that 'under the Trust's current redevelopment plans no refurbishment works would take place to Princess Michael of Kent [known as PMoK - the main acute patient block at Watford] until after completion of the new maternity block' .

His letter continues:

'Remaining works would need to be carried out in phases over a further two years. This would mean, if the programme could be achieved, the limited improvements to the emergency and acute facilities would not be delivered until close to 2028.'

Mr Scott tells Ms Forrest that Mike Naxton found the Trust's estimates of completion of work at Watford to be 'unrealistic'. Mr Naxton 'considered it most likely that completion would not be possible until close to 2030 'with risk of severe disruption'.

The letter went on 'It is extremely concerning that the Trust have continually stated that delivery would be achieved reasonably close to [2025] but have not made it clear that they are only referring to the new build block and not the most urgently needed improvements to PMoK and other emergency and acute facilities that would take further years.'

Mr Scott also points to another factor which has not been taken into account by the Trust in presenting their plans – the proposal to move the Mount Vernon Cancer Centre from Northwood to West Herts. Although the favoured plan is to relocate the Centre to the already crowded vicinity of Watford General, Mr Scott says: 'the re-location of the hospital facilities to a more suitable clear site would provide a far better and more viable solution for the Mount Vernon Cancer Centre [than re-location to Watford].'

The Campaign has also had a letter from Ann Radmore, Regional Director of NHS England, to whom it had sent a copy of the Naxton report. Ms Radmore replied:

I do not propose responding to each element of the report but recognise its thrust is to challenge the timescales Royal Free Property Services Ltd set out in its site feasibility report commissioned by the Trust. Clearly each independent report draws different conclusions.

Mr Scott commented;

'Ms Radmore's response to the expert Naxton Report is very revealing. Like the Trust, she has not attempted to challenge the Naxton analysis, simply noting that it 'draws different conclusions' from the SFS. She appears to recognise that Naxton's conclusions - meaning no completion before 2030 - are as valid as the unrealistic estimate of the SFS. Whatever the facts of the case, it is vital that realistic timings are arrived at for the Watford plans.

'If Mr Naxton, a highly experienced professional who has been involved in many large projects, is right, then the Trust needs urgently to review the timelines it is working to. It must consider where patients will be moved to during the

extended period of construction, it needs to think about funding the extra costs of maintenance for the old Watford buildings, and it needs to show how extensive works can be carried out very close to busy existing acute hospital facilities.'

Mr Scott concluded:

'On present plans, West Herts patients would be cared for very close to a building site for most of the decade. There is ample time for the Trust to consider realistic project timescales before the end of the OBC period in December 2021, and to develop credible plans to respond if Naxton's analysis proves to be accurate.

'Time taken now to understand the real situation at Watford General Hospital - rather than persisting on going ahead based on dubious assumptions - will save time later, and the result will be new facilities that will meet the needs of West Herts for many years to come.

'The option of a new build hospital on a clear central site has not been given a fair hearing by the Trust, and, in the light of all the emerging problems with the Watford site, that rational alternative should now be given that fair hearing.

'It must not be a matter of 'Build in Haste, Repent at Leisure' for West Herts hospitals.'

Value for Money concerns

In a letter to the spending watchdog, the Comptroller and Auditor General, Sir Mike Penning, MP for Hemel Hempstead, has recently raised serious issues about the value for money of the Watford options favoured by the Trust. In particular Sir Mike criticises papers prepared by officials for the 1 October joint meeting of the Trust Board and the Board of the Herts Valley Clinical Commissioning Group. These papers claimed, wrongly, that the new site options offered potential poor value for money.

Sir Mike calls for better guidance for health bodies when assessing the value for money of capital investments, and also for stronger rules on whether such bodies can claim that they have received 'independent' technical advice on proposed developments. That would aim to prevent a repetition of the conduct of the West Herts Trust in claiming that the advice in the Site Feasibility Study, authored by the property arm of their close corporate partners, the Royal Free Trust, was independent. We agree with Sir Mike's concerns about the effect of such conduct on public confidence in standards in public life.

