
West Hertfordshire Hospitals NHS Trust

Site Feasibility Study

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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.

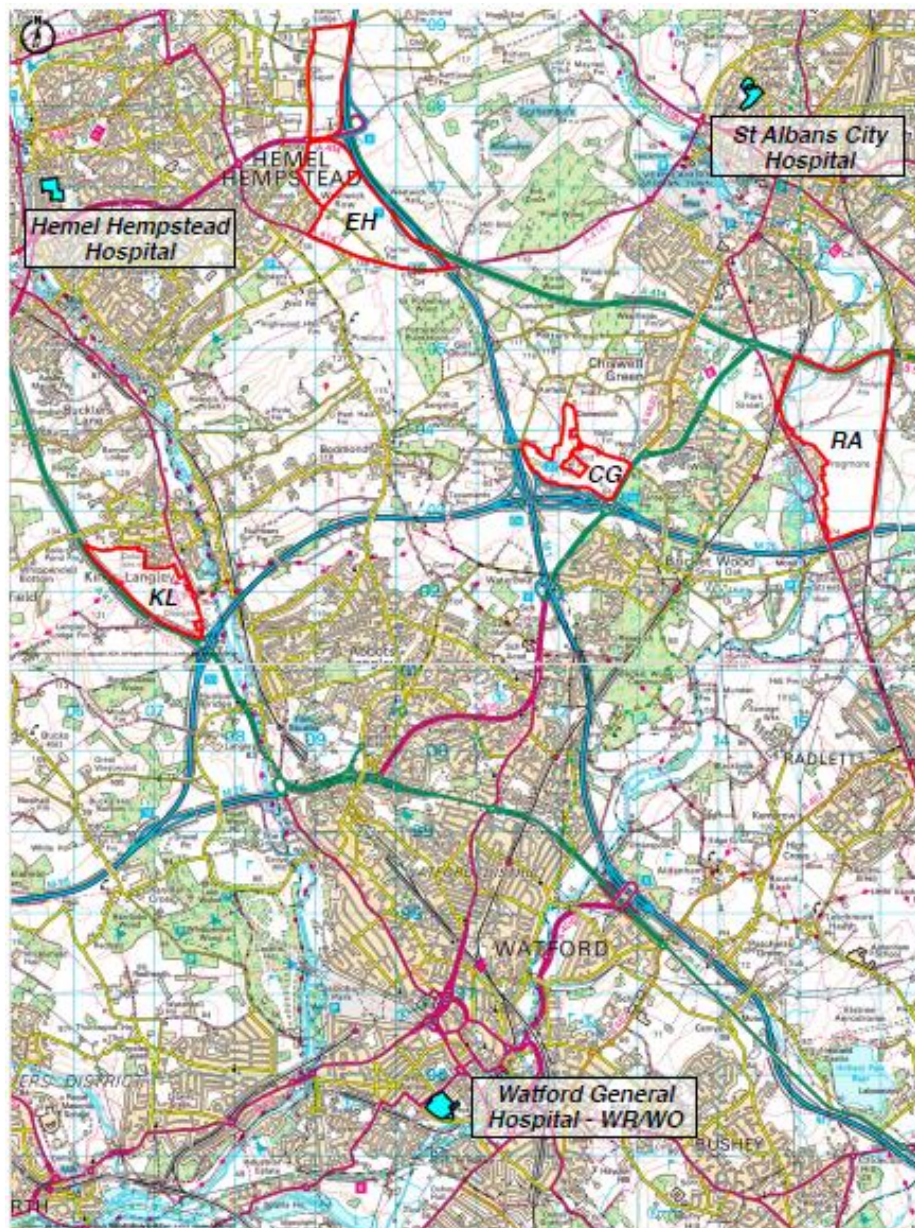
The Trust and its consultants will consider the analysis and recommendation within this report in their ongoing review of the SOC’s longlist of options to conclude whether any of the sites assessed should be included in the ratified shortlist of options to be progressed in further detail and under greater 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, Arcadis 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 80,000-100,000m ² with parking for 1,800 cars and blue light access.
Emergency care facility	c.74,000m ²	Minimum 10 ha. GIA 60,000-80,000m ² 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 20,000-30,000m ² 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 considered 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 80,000-100,000m² 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 20,000-30,000m² 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 60,000-80,000m² 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 60,000-80,000m² or 80,000-100,000m² respectively. The mid-point between those ranges is 80,000m² 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 80,000m² facility it will also be too small for a 100,000m² 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 80,000m² requirement would also be too small for a 60,000m² facility.

To assess a range of layout scenarios for an 80,000m² 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
	<i>sq m</i>	<i>m</i>		<i>1,250 spaces</i>	<i>ha</i>
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 = 10,000m²

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 plan¹ 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 risk² and therefore is appropriate in Zone 1 or Zone 2³.

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 mapping⁴, accessed in June 2020 and using an online resource⁵ 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 law⁶ 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 Building⁷, 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' buildings⁸ 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 to 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	<i>Head of Planning and Building Control</i>	<i>Spatial Planning Manager</i>	2 July 2020
Dacorum	<i>Assistant Director – Planning, Development & Regeneration</i>	<i>Assistant Director – Planning, Development & Regeneration</i>	26 June 2020
Watford Borough Council	<i>Group Head of Place Shaping</i>	<i>Group Head of Place Shaping</i>	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 compulsorily 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.

4.1 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 abnormalities;
- 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 <i>Very unlikely for a health facility to be substantially complete on the site within 2025.</i>	Potential for certainty of delivery <i>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.</i>	Certainty of delivery <i>Likely for a health facility to be substantially complete on the site within 2025</i>

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			

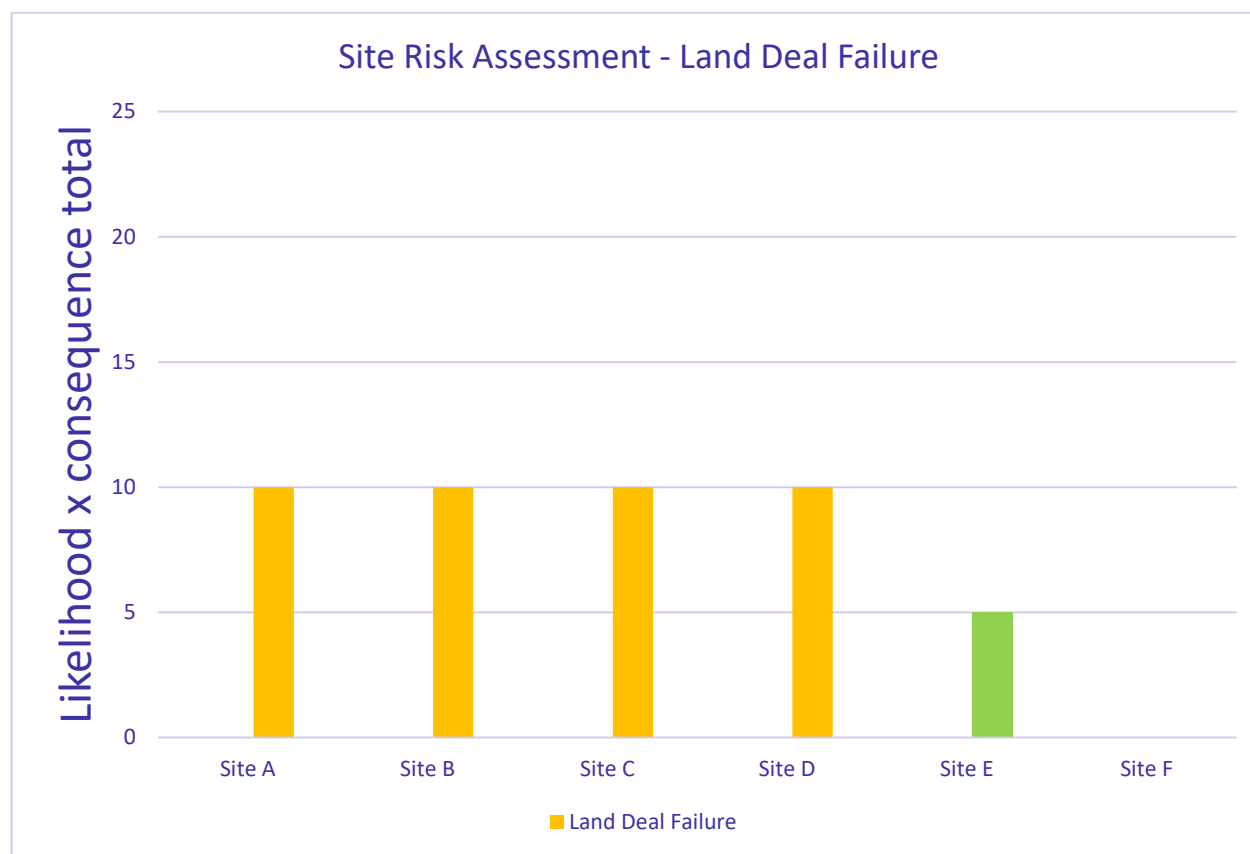
Figure 7.2 – summary of site scoring against RAG risk (Figure 7.1)

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



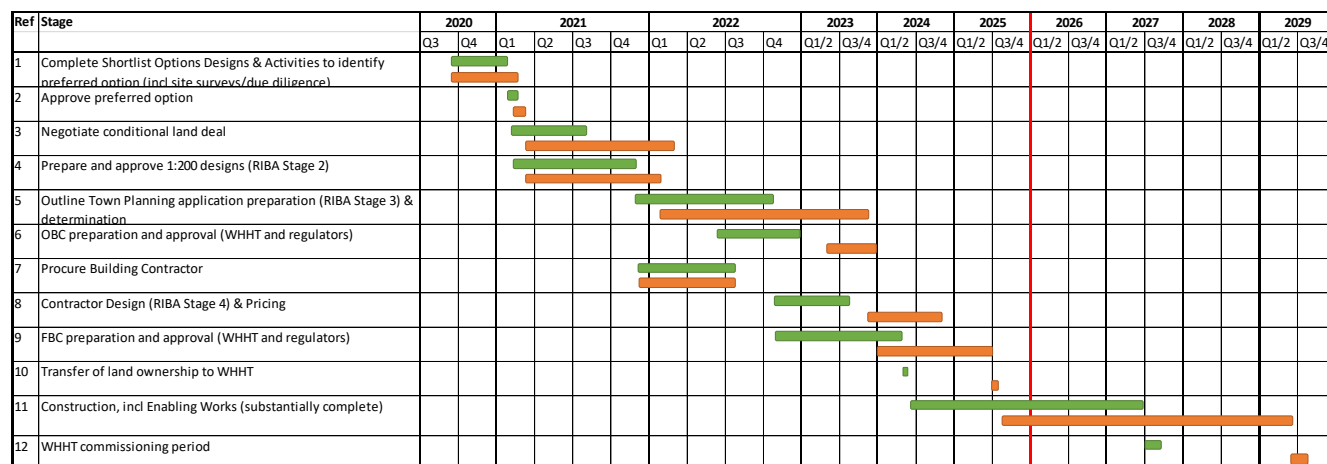
NB: Site F has a score of '0' / 'n/a' for 'Land Deal Failure' as the site already owned by the Trust.

7.3 Programmes

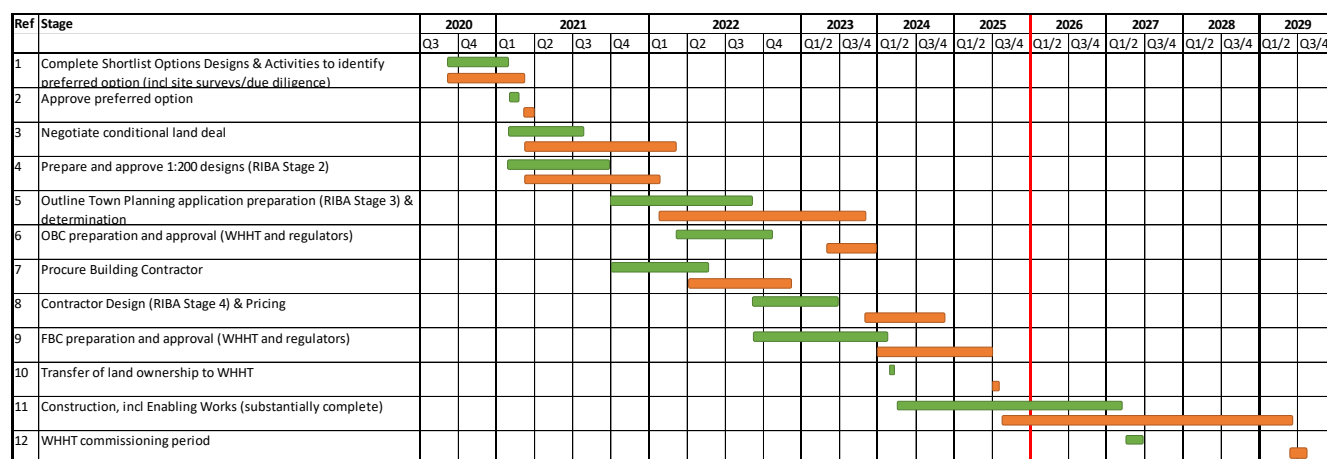
Appendix A includes a high-level benchmark programme to bring forward an Emergency Care hospital. Based on the findings from this study and the team's experience and expertise, a high-level programme has been created for each of the sites. Each programme includes two timelines – optimistic and pessimistic. 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

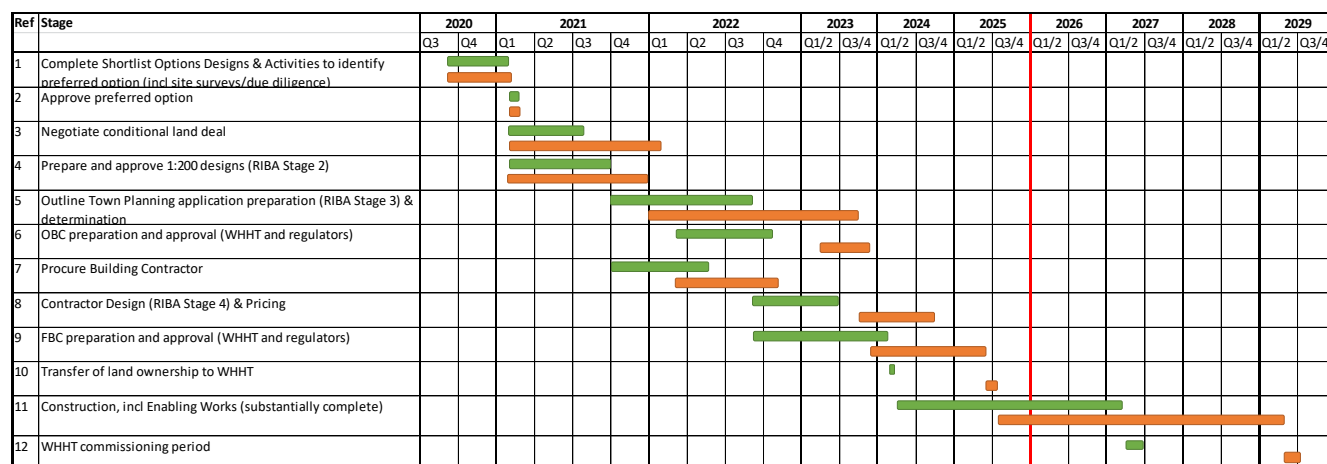
Site A (KL)



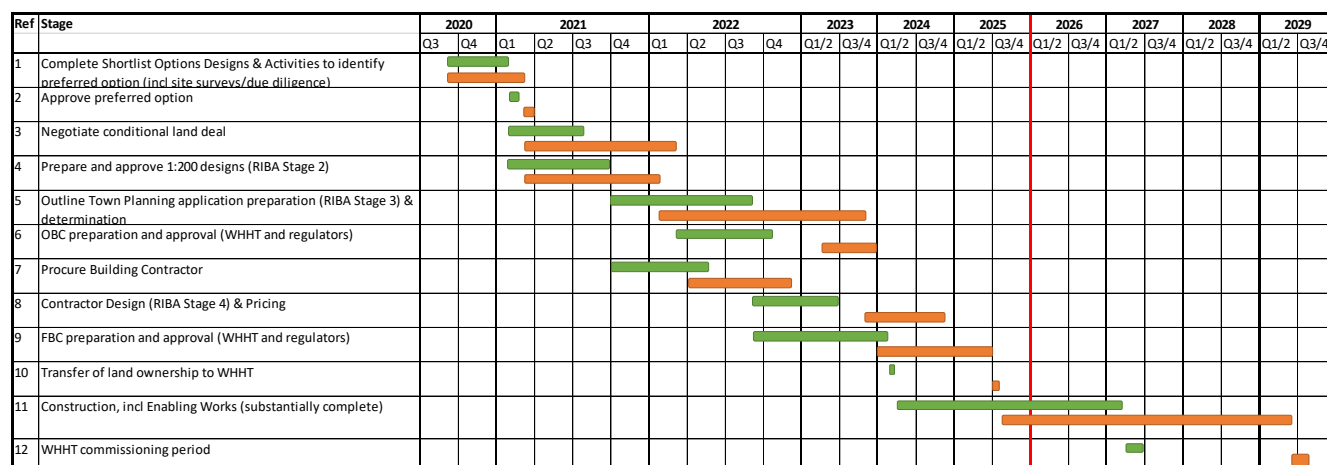
Site B (EH)



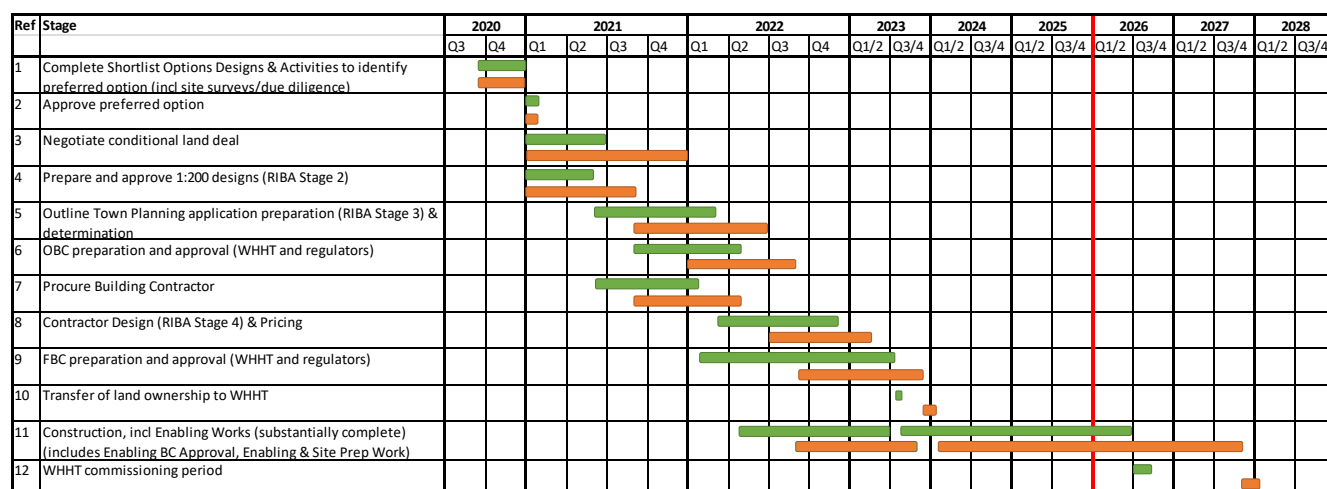
Site C (CG)



Site D (RA)

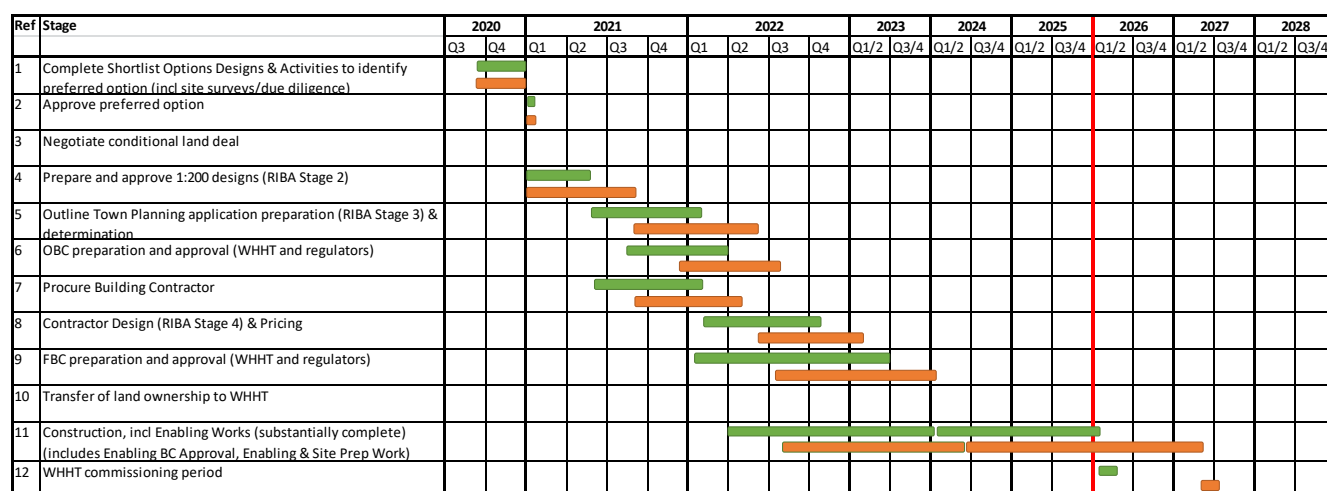


Site E* (WR)



* 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)	<p><i>Suitability Summary</i></p> <p>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 Scheme⁹ 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.</p> <p style="text-align: right;">Suitability Score: 10 out of 15.</p> <p><i>Availability Summary</i></p> <p>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.</p> <p>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.</p> <p style="text-align: right;">Availability Score: 1 out of 4</p> <p><i>Deliverability</i></p> <p>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.</p> <p>The programme indicates timings for the optimistic / pessimistic programmes of June 2027 and May 2029 for a substantially complete hospital.</p> <p><i>Summary</i></p> <p>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</p>

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
	<p>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.</p> <p>Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025</p>
RAG rating	RED (all options)

Site	Commentary / Assessment
B (EH)	<p><i>Suitability Summary</i></p> <p>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.</p> <p style="text-align: right;">Suitability Score: 8 out of 15.</p> <p><i>Availability Summary</i></p> <p>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 abnormalities and surface water attenuation.</p> <p style="text-align: right;">Availability Score: 1 out of 4</p> <p><i>Deliverability</i></p> <p>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.</p> <p>The programme indicates timings for the optimistic / pessimistic programmes of March 2027 and May 2029 for a substantially complete hospital.</p> <p>Summary</p> <p>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,</p>

Site	Commentary / Assessment
	<p>ground condition abnormalities 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.</p> <p>Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025.</p>
RAG rating	RED (all options)

Site	Commentary / Assessment
C (CG)	<p><i>Suitability Summary</i></p> <p>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.</p> <p>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.</p> <p style="text-align: right;">Suitability Score: 8 out of 15.</p> <p><i>Availability Summary</i></p> <p>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.</p> <p style="text-align: right;">Availability Score: 2 out of 4</p> <p><i>Deliverability</i></p> <p>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.</p> <p>The programme indicates timings for the optimistic / pessimistic programmes of March 2027 and April 2029 for a substantially complete hospital.</p> <p>Summary</p>

Site	Commentary / Assessment
	<p>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.</p> <p>Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025.</p>
RAG rating	RED (all options)

Site	Commentary / Assessment
D (RA)	<p><i>Suitability Summary</i></p> <p>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.</p> <p>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'.</p> <p style="text-align: right;">Suitability Score: 8 out of 15.</p> <p><i>Availability Summary</i></p> <p>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.</p> <p style="text-align: right;">Availability Score: 1 out of 4</p> <p><i>Deliverability</i></p> <p>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.</p> <p>The programme indicates timings for the optimistic / pessimistic programmes of March 2027 and May 2029 for a substantially complete hospital</p> <p>Summary</p>

Site	Commentary / Assessment
	<p>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.</p> <p>Overall, it is considered to be very unlikely for any of the hospital scenarios to be substantially complete on the site within 2025.</p>
RAG rating	RED (all options)

Site	Commentary / Assessment
E (WR)	<p><i>Suitability Summary</i></p> <p>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.</p> <p>Overall, the site scored well because of its accessibility and lack of constraints.</p> <p style="text-align: right;">Suitability Score: 13 out of 15.</p> <p><i>Availability Summary</i></p> <p>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.</p> <p style="text-align: right;">Availability Score: 3 out of 4</p> <p><i>Deliverability</i></p> <p>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.</p> <p>The programme indicates timings for the optimistic / pessimistic programmes of June 2026 and October 2027 for a substantially complete hospital.</p> <p><i>Summary</i></p> <p>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.</p> <p>Consequently, this site has been rated as Amber whereby it has the potential for certainty of</p>

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)	<p><i>Suitability Summary</i></p> <p>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.</p> <p>Overall, the site scored well because of its accessibility and lack of constraints.</p> <p style="text-align: right;">Suitability Score: 13 out of 15.</p> <p><i>Availability Summary</i></p> <p>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.</p> <p style="text-align: right;">Availability Score: 4 out of 4</p> <p><i>Deliverability</i></p> <p>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.</p> <p>The programme indicates timings for the optimistic / pessimistic programmes of Jan 2026 and April 2027 for a substantially complete hospital.</p> <p><i>Summary</i></p> <p>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.</p> <p>Overall it is considered that it is likely for a health facility to be substantially complete on this site within 2025.</p>

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 Contingency (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 abnormalities 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 (3,200m² - £16m), Mortuary (161m² - £1m) and Pathology (800m² - £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)); 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.