

**The Rt Hon Sir MIKE PENNING MP**

Member of Parliament for Hemel Hempstead  
Constituency Office

The Bury, Queensway, Hemel Hempstead, Herts HP1 1HR  
Telephone: 01442 251126 www.penning4hemel.com mike.penning.mp@parliament.uk

Our ref: Penning/21232

Dr Nicolas Small, Chair  
Herts Valleys Clinical Commissioning Group  
Hemel One  
Boundary Way  
Hemel Hempstead HP2 7YU

5 September 2018

Dear

It has come to my notice, through having been shown an email dated 16 August and signed by yourself to a St Albans resident, that WHHT's acute SOC is being revised but with no major change of direction because a new central hospital "will cost more and take longer to develop" than a "phased redevelopment of existing sites". As the New Hospital Campaign (NHC) has provided you with clear and detailed analysis and evidence showing that precisely the reverse is true, this raises a number of very serious issues.

- Jim Mackey wrote to me on 20 March 2017 and included a list of criteria "regarding the decision-making process to create a shortlist of options to go forward to OBC stage". The first of these was "In the interests of achieving the best value for the taxpayer, it is important that a viable short list is arrived at to go forward to OBC stage. A SOC has not achieved its stated outcome unless it is able to narrow down to a workable short list". This point was reinforced at our meeting in Parliament last August with representatives of NHSI. A "workable short list" cannot just mean a single option with a minor variant. Since the initial version of the SOC failed on this most basic criterion it surely cannot simply be revised "to provide further information and additional clarity on assumptions to date", as your email states.
- There were helpful interactions between members of the New Hospital Campaign (NHC) and the WHHT earlier in the year, but from around the time of the Trust's meeting with NHSI in June we have been unable to make contact with them. Several requests for information about what is happening in relation to the SOC and the relevant timescales have been made by the NHC but these have not even been acknowledged let alone answered. This is surprising as, in

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a letter to me on 6 June, Ian Dalton, Chief Executive of NHSI, wrote that "...the trust and NHS Improvement are working to ensure that you and other interested groups are as kept informed about this process as is possible".

- It also raises an issue of principle. If a body such as WHHT is expected to demonstrate 'engagement' with stakeholders and the public in developing their original version of a SOC, what is the position when that SOC is being revised as a result of the regulator's response? If a group such as the NHC is to be excluded from that process then the Trust could simply pay a consultant to try to demolish the NHC's case and submit that riposte to NHSI without the NHC having any knowledge of it or any opportunity to comment on it. Alternatively, quite significant changes to the SOC could be made without any public or stakeholder involvement. *Please let me know in detail: (a) what actions are being taken in relation to the SOC; (b) what external advice is being sought in connection with these; (c) whether and how bodies such as NHC can be involved; and (d) the expected timescales.*
- New Hospital Campaign analysis of the original SOC showed it was wrong to claim that continuing to base acute provision mainly at the Vicarage Road site was the best solution in terms of cost and deliverability. From the Trust's financial statements it is clear that they continue to face ever-increasing operating deficits. They need new, efficient, low-maintenance facilities to have any meaningful impact on these and to meet NHS standards, not persevering with a fundamentally out-dated and dysfunctional estate that will continue to drain funds for as long as it is retained. Any extensive building work on the site will risk patient safety. Not only is their plan unviable but building on a new, central site would give a far superior and more sustainable final result. That conclusion was based on the site in Kings Langley which the CCG and the Trust had chosen for comparative purposes.
- More recently the New Hospital Campaign has brought to the attention of the Trust, CCG and NHSI the large parcel of land close to Junction 8 of the M1 that is owned by the Crown Estate which is to be

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developed. This site option provides the opportunity to sell off more land from the Trust's existing estates together with benefitting from Section 106 planning obligations and the infrastructures and utility services provisions that would form part of the main development. This would introduce the potential for planning gains and construction cost savings that could significantly reduce capital expenditure. Furthermore as the Crown Estate development has been successfully taken through to the advanced stages of the planning processes it not only provides a great deal of certainty as a viable site option but would enable the construction of a new hospital to be commenced within the shortest time frame. Members of the NHC were told at the end of May by Helen Brown, then Deputy Chief Executive (now Acting Chief Executive) of WHHT, that the Trust expected to revisit the option appraisal process and would include both the Vicarage Road and Crown Estate options within the process, and also that they were meeting with Crown Estate to discuss their development plans. *This is clearly at odds with your email of 16 August referred to earlier. I would like to know the true position – it is time for transparency.*

- In addition, should the Crown Estate option go ahead the NHC has submitted to NHSI through myself a proposal to allow capital expenditure to be spread over a longer time frame by making constructive and significant use of the existing Watford estate. Notwithstanding this there are other sites in West Hertfordshire which also appear to offer larger benefits in relation to cost and deliverability than the specific Kings Langley one that was chosen as a comparator for the SOC, which itself, as we have shown, is a much stronger prospect overall than the plan in the SOC. *In my view it is essential that central, accessible new build options are fairly and objectively evaluated and compared with the status quo option to which the local NHS has long been so unreasonably attached (see below).*
- As I have mentioned previously, both the NHC and I feel the local NHS made a fundamental strategic error in seeking to develop two separate SOC's, at different points in time, one for the acute sector and the other for provision related to primary care in Dacorum. This goes completely against current thinking regarding integrated

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primary and acute care systems as exemplified by the leading Vanguard projects on this theme (NHS England, *New Care Models: Vanguards – developing a blueprint for the future of NHS and care services*, September 2016). One can see however how this flawed approach fitted the preconceptions about what the end-result should be. *The NHC and I believe that the revised SOC should set out a clear vision for the overall shape of the service in West Hertfordshire, taking a 'whole system' approach, instead of allowing the process to be driven by a prime focus on keeping most acute services at the Vicarage Road site. There should be a single SOC.*

Following the meeting in Parliament last August, Jim Mackey sent me a detailed letter on 25 August in which he set out how each of the issues raised at the meeting would be addressed by NHSI in the period ahead. He said in this letter "It was clear that a significant amount of research has been undertaken by the New Hospital Campaign". He also wrote to Ron Glatter of the NHC on 30 August as follows: "Thank you and your colleagues meeting with me in such good spirits on 17<sup>th</sup> August. You are clearly a capable and informed group, working with the interests of patients in mind". These comments indicate precisely the kind of thorough, analytical approach that the NHC has tried to take, identifying many flaws in the proposals made by the Trust but also introducing viable alternative solutions in the public interest. It is able to do this with the help of the high-level professional construction expertise, including experience of NHS projects, that is available to the group.

The NHC is willing to continue to contribute in this way and is hopeful of a more open response from the local NHS bodies. As was mentioned previously NHC members wrote to you in early September 2016 explaining in detail why they were convinced that the direction had already been set long before the SOC was developed and despite the engagement processes in which they were involved. A response was received from you dated 29 September denying that there was "an agenda to drive forward with Watford as the only site option" and stating that "we have all been absolutely resolute about having an open mind about this". At a meeting on 4 October – the third working day after the date of the letter – it was announced that the Vicarage Road site was the clear preference. The timing indicated that the NHC claim had real substance and that all the subsequent work on the SOC was only aimed at securing what had already been decided much earlier. In my view, and that of the NHC members, this

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is not the best way to make a sound strategic choice on a matter of such importance. It is surely time for fresh thinking.

Yours sincerely

**Rt Hon Sir Mike Penning MP**

cc Prof Steve Barnett, Chair, WHHT

cc Ian Dalton, CEO NHSI,

cc Secretary of State for Health and Social Care