ORIEL OPTIONS REFRESH

**EMERGING CONCLUSIONS**

15 May 2019 v0.13 DRAFT

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# Introduction

Context

Oriel is a joint initiative between Moorfields Eye Hospital, UCL and Moorfields Eye Charity (the Oriel partners) to deliver a leading integrated eye care, research and education facility. Oriel has been established as a programme to establish and oversee a number of workstreams to deliver specific components, including the business case seeking capital funding for new facilities.

For NHS schemes with a capital value greater than £15m, or where a scheme is receiving central funding, the support and approval of NHS Improvement is required in order for the scheme to proceed. Alongside this, NHS England will also seek assurance of the investment to be made through commissioners. The NHS has adopted the HM Treasury Green Book[[1]](#footnote-2) approach to developing business cases using the **five case model**.

The Oriel partners appointed PA to refresh the shortlisting methodology and bring up to date the location options appraisal work already undertaken to ensure compliance with the latest Green Book guidance published in 2018. The Oriel partners commissioned separately a refresh of the long list of location options from CBRE, independent professional property advisors. This work will ultimately feed into the economic case of the five case model, as described in the following section.

The five case model

The purpose of the capital investment business case is to choose the best value for money option for meeting Oriel’s strategic ‘investment objectives’. The approved format is the five case model, which comprises the following key components:

* **Strategic case** – sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme
* **Economic case** – demonstrates that the organisation has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money
* **Commercial case** – outlines the content and structure of the proposed deal
* **Financial case** – confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation
* **Management** **case** – demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality

Figure 1: Overview of the five case model



Approach to the options refresh

The main output of the options refresh is a shortlist of options ready for detailed appraisal in the economic case of the outline business case. Through a number of workshops, it has taken into consideration the views of the Oriel partners, and a wide range of stakeholders including commissioners and patient representatives (see Appendix B). The options refresh will be undertaken in four main stages, as shown in Figure 2.

Figure 2: Approach to the options refresh



# Options appraisal refresh process

In accordance with the requirements of HM Treasury’s Green Book[[2]](#footnote-3) (central government guidance on appraisal and evaluation), the economic case documents the wide range of options that have been considered in response to the potential scope identified within the strategic case.

Critical success factors

Critical success factors (CSFs) are the attributes essential for successful delivery of the project, against which the initial assessment of the options for the delivery of the project will be appraised, alongside the spending objectives.

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

Table 1: A starting point for identifying and agreeing the CSFs based on the five case model

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

### Agreed critical success factors

The CSFs for the project, which are used to assess the long list of options, were proposed by the Oriel programme team and refined during the stakeholder workshops described in Appendix B.

We have ensured that the key elements of the investment objectives are represented in the critical success factors.

Table 2: Critical success factors for assessment of the long list of options

| HMT CSF category | CSF | Description |
| --- | --- | --- |
| Strategic fit and business needs | 1. Strategic fit | * Contributes to delivery of:   + Priorities of the NHS Long Term Plan[[3]](#footnote-4), including moving to new service models in which patients receive care in the most optimal setting   + Integrated care priorities of the STP and NHS England specialised commissioning   + The Government’s industrial strategy: Building a Britain fit for the future[[4]](#footnote-5)   + UCL 2034 Strategy[[5]](#footnote-6) and Brain Sciences Faculty Doctoral Strategy[[6]](#footnote-7) * Enables the Oriel partners to maximise integration and innovation in the delivery of research, education and clinical care * Improves the strength and effectiveness of existing clinical and academic networks * Improves accessibility and connectivity of the Oriel partners’ hub to the partners’ other sites |
| 1. Creating the best possible patient experience | * Improves clinical outcomes by integrating research with service delivery * Contributes to a reduction in health inequalities * Contributes to improving patient reported outcomes and experience measures through an improved environment * Enables a smooth clinical pathway from primary care referral to diagnosis/treatment to supported self-care * Facilitates transformation of clinical and research pathways through implementation of integrated care models and better use of technology |
| 1. Accessibility | * Positive impact on:   + Accessibility and safety for visitors and staff by and from public transport   + Emergency access   + Population-weighted average travel times for acute and specialist patients * Reduces patient and staff journey times in the building due to improved adjacencies * Full compliance with Equality Act 2010 |
| 1. Inventing and innovating together to be at the leading edge | * Brings Moorfields and the IoO into the heart of UCL, improving collaboration and enabling resources to be shared with colleagues in other UCL departments and the Central London Knowledge Quarter * Enhances delivery of life changing research evidenced through increased rate of conversion of new therapies from trials to clinical care * Provides space for collaboration between health professionals, researchers and patients in an ‘open innovation hub’, allowing us to transform existing (and create new) strategic partnerships with industry and other higher education institutes |
| 1. Educating people to be the very best | * Enables the Oriel partners to equip staff and students with the knowledge and skills to be successful and to fulfil their ambitions * Enables world leading education, learning and development to take place in appropriate modern facilities * Provides opportunities for cross-departmental learning at UCL and within the Central London Knowledge Quarter * Enables growth in education through greater capacity |
| 1. Improving the experience for staff and students | * Contributes to attracting and retaining the best clinical and research expertise for our patients * Contributes to improving staff and student welfare – and improving satisfaction measures through an improved environment and greater opportunities for learning and collaboration |
| Potential value for money | 1. Future flexibility | * Provides a development opportunity of 40–45,000m² space with efficient floorplate * Ability to expand and contract space efficiently to suit changing demand * Increases flexibility of facilities through modular design and construction standardisation |
| 1. Economy and efficiency | * Improved adjacencies and integrated care models increases flow of patients within clinical areas and enables better use of resources * Enables greater use of technology to improve efficiency of services * Enables collocation of activities to achieve economies of scale and scope * Lower running costs from efficient and environmentally sustainable premises * Increases opportunities for potential alternative income sources for Oriel partners |
| Potential affordability | 1. Affordability | * Capital available to achieve prescribed capacity and quality * One-off costs (excluding capital and receipts) to implement changes * Revenue expenditure requirement affordable within income |
| Potential achievability | 1. Deliverability | * Can be delivered and made operational while maintaining current services by 2025/26 * Acceptable to stakeholders |

Long-listed options

The long list of options was generated in accordance with the requirements of HM Treasury’s Green Book (central government guidance on appraisal and evaluation), building out from the options described in the Pre Consultation Business Case (PCBC). Options were generated using the options framework, which systematically works through the available choices for what, how, who, when and funding. The dimensions of the options framework are shown in Table 3. The rest of this report will focus on the service solution dimension as this is the subject of the public consultation.

Table 3: Overview of the five case model options framework

| Dimension | Description |
| --- | --- |
| Scoping options | Choices in terms of coverage (the what)  The choices for potential scope are driven by business needs and the strategic objectives at national, regional and local levels. In practice, these may range from service scope to geographical, organisational and patient coverage. Key considerations at this stage are ‘what’s in?’ ‘what’s out?’ and service needs. |
| Service solution options | Choices in terms of solution (the how)  The choices for potential solution are driven by new technologies, new services and new approaches, and new ways of working, including business process re-engineering. In practice, these will range from services to how the estate of an organisation might be configured. Key considerations range from ‘what ways are there to do it?’ to ‘what processes could we use?’ **See Section** 2.2.1 **below.** |
| Service delivery options | Choices in terms of delivery (the who)  The choices for service delivery are driven by the availability of service providers. In practice, these will range from within the organisation (in-house), to outsourcing, to use of the public sector as opposed to the private sector, or some combination of each category. The use of some form of public private sector partnership (PPP) is also relevant here. |
| Implementation options | Choices in terms of the delivery timescale (the when)  The choices for implementation are driven by the ability of the supply side to produce the required products and services, value for money, affordability and service need. In practice, these will range from the phasing of the solution over time, to the modular, incremental introduction of services. |
| Funding options | Choices in terms of financing and funding  The choices for financing the scheme (public versus private) and funding (central versus local) will be driven by the availability of capital and revenue, potential value for money, and the effectiveness or relevance/appropriateness of funding sources. |

A binary pass/fail assessment of the options in each dimension was made against the CSFs. This process results in options either being discounted, carried forward for further consideration in the short list or identified as a preferred choice.

### Service solution options

This range of options considers potential solutions in relation to the preferred scope, ranging from ‘business as usual’, through to the ‘do minimum’, and ‘do maximum’ and intermediate options. These options focus on the products, inputs and outputs, which make up the final deliverable.

The options will be considered in detail in the full report.

#### Long list of service solution options

The long list of location/build options are those listed in the Land Acquisition Business Case 2017 v1.2, including the addition of other appropriate locations based on a recent site search conducted by CBRE in April 2019. This site search replicated the same criteria for potential sites as per the Land Acquisition Business Case.

The output of this search resulted in a total of 32 sites. Only those sites that met the following two parameters were included in the long list:

* Available or coming on to the market
* Able to provide required amount of accommodation

Due to the commercial sensitivities relating to these sites the name and location of these sites has been anonymised.

Table 4: Long list of service solution options

| Option | | Description | Advantages | Disadvantages | Conclusion |
| --- | --- | --- | --- | --- | --- |
| 0. | ‘Business as usual’: all occupants remain in existing estate and works undertaken to enable premises usage for 50 years | * No reconfiguration works to estate on the City Road campus for Moorfields or Institute of Ophthalmology * Backlog maintenance works to ensure statutory compliance and critical standards are met for on the City Road campus at – Moorfields and IoO (as agreed with UCL) * Additional works as required to maintain usage of the estate for 50 years | * The main advantages are services currently delivering remain in situ, minimising disruption to those who access MEH and IoO services | * Minimal scope for delivering improvements owing to the estate | This site option will not enable transformation change of any kind |
| 1. | Development of land between Moorfields and UCL IoO, City Road site | Option a   * 35,000m² new build; footplate 1,250m² for new build; 28 floors * Main entrance located on Cayton Street | * Links to the existing UCL IoO facility | * Limited scope for delivering improvements owing to the estate | Unlikely to meet the needs of the Oriel partners |
| Option b – includes retention of the Richmond Desmond Children’s Eye Centre   * 30,500m² new build * Main entrance off Cayton Street | * Existing RDCEC facility to be used for UCL IoO growth   Development opportunities | * Limited scope for delivering improvements owing to the estate |
| 2. | Development of the easternmost end of the current hospital site bordering City Road | Option a – retains the current UCL IoO   * 2,450m² footplate for new build; 9 floors; 29,500m² new build | * Some development opportunities | * Limited scope for delivering improvements owing to the estate * Significant modification and build required to IoO * Decant requirements during construction works | Provides the best redevelopment option for the City Road campus |
| Option b – incorporating UCL IoO   * 2,450m² footplate for new build; 16 floors; 43,000m² new build | * Residual land area post development for onward development sale | * Limited scope for delivering improvements owing to the estate * Significant modification and build required to IoO * Offsite decant options required for both Moorfields and UCL IoO |
| Option c – low level combination of new build MEH and connected to a refurbished IoO City Road site   * Phased new build and refurbishment development * 6 floors maximum * 24,50m² footplate | * Connectivity created to IoO | * Does not meet space requirement * Significant modification and build required to IoO * Offsite decant requirements * No development opportunities |
| 3. | Development of the southernmost side of the City Road hospital site bordering Peerless Street | * 29,500m² new build; 1,300m² footplate; 20 floors | * Development opportunities | * Limited scope for delivering improvements owing to the estate * Offsite decant required | Unlikely to meet the needs of the Oriel partners |
| 4. | Part new build and part refurbishment, City Road | * 16,000m² n * Refurbish main Moorfields block * new build 19,000m² * 1,000m² footplate | * Development opportunities | * Does not meet the space the requirement * Some decant requirements | Unlikely to meet the needs of the Oriel partners |
| 5. | Relocation to St Pancras Hospital | * Minimum floor plate 3,500m², ideally 5,000m²; 8–12 floors; 43,000m² new build | * Allow disposal of freehold interests on City Road site | * Complexity of move as site is not yet vacant | This site option passes all the critical success factors required for Oriel |
| 6. | Relocation to site A (Southwark) | Specification as (2.5)  Due to the commercial sensitivities relating to these sites the name and location of these sites has been anonymised | * If new build, should be able to design to meet building requirements with no need for decant | * High land costs associated with this site | Unlikely to meet the needs of the Oriel partners |
| 7. | Relocation to site B (Hammersmith & Fulham) | * If new build, should be able to design to meet building requirements with no need for decant | * Unlikely to achieve improvements owing to heritage considerations on the estate and limitations on future flexibility | Unlikely to meet the needs of the Oriel partners |
| 8. | Relocation to site C (Southwark) | * If new build, should be able to design to meet building requirements with no need for decant | * High land cost | Unlikely to meet the needs of the Oriel partners |
| 9. | Relocation to site D (Vauxhall – various) | * If new build, should be able to design to meet building requirements with no need for decant | * Average land cost is high, and distance of the borough from the Knowledge Quarter is large | Unlikely to meet the needs of the Oriel partners |
| 10. | Relocation to site E (White City – various) | * If new build, should be able to design to meet building requirements with no need for decant | * Average land cost is high, and distance of the borough from the Knowledge Quarter is large | Unlikely to meet the needs of the Oriel partners |
| 11. | Relocation to site F (Stratford – various) | * If new build, should be able to design to meet building requirements with no need for decant | * Average land cost is high, and distance of the borough from the Knowledge Quarter is large | Unlikely to meet the needs of the Oriel partners |
| 12. | Relocation to site G (Elephant and Castle – various) | * If new build, should be able to design to meet building requirements with no need for decant | * Average land cost is high, and distance of the borough from the Knowledge Quarter is large | Unlikely to meet the needs of the Oriel partners |

#### Assessment of service solution options

Table 5 summarises the assessment of each option against the CSFs. A more detailed rationale for each assessment is provided in Appendix A.

Table 5: Summary assessment of service solution options

| ↓Option vs CSF→ | | 1. Strategic fit | 2. Creating the best possible patient experience | 3. Accessibility | 4. Inventing and innovating together to be at the leading edge | 5. Educating people to be the very best | 6. Improving the experience for staff and students | 7. Future flexibility | 8. Economy and efficiency | 9. Affordability | 10. Deliverability |  | Overall assessment |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0. | BAU | Not aligned with strategic objectives | Unlikely to deliver improvements | Good accessibility by public transport | Not aligned with Oriel partners’ research strategy (no integration) | Unlikely to deliver Oriel partners’ education strategy | Unlikely to deliver improvements | No future flexibility | Limited scope for improvement owing to the estate | Substantial refurbishment but no land acquisition costs | Deliverable whilst maintaining current services |  | **Carried forward as ‘business as usual’** |
| 1. | Develop land between MEH and IoO | Not aligned with strategic objectives (no integration) | Unlikely to deliver improvements | Good accessibility by public transport | Not aligned with Oriel partners’ research strategy (no integration) | Could deliver Oriel partners’ education strategy | Unlikely to deliver improvements | Some future flexibility | Limited scope for improvement owing to the estate | Decant but no land acquisition costs | Deliverable with disruption to patients |  | **Discounted** |
| 2. | Develop east of existing site | Partially aligned with strategic objectives | Could deliver some improvements | Good accessibility by public transport | Aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver some improvements | Some future flexibility | Limited scope for improvement owing to the estate | Decant but no land acquisition costs | Deliverable with disruption to patients |  | **Carried forward as best option on current site** |
| 3. | Develop south of existing site | Partially aligned with strategic objectives (no integration) | Could deliver some improvements | Good accessibility by public transport | Not aligned with Oriel partners’ research strategy (no integration) | Could deliver Oriel partners’ education strategy | Could deliver some improvements | Some future flexibility | Limited scope for improvement owing to the estate | Decant but no land acquisition costs | Deliverable with disruption to patients |  | **Discounted** |
| 4. | Part new build, part refurb | Partially aligned with strategic objectives (no integration) | Could deliver some improvements | Good accessibility by public transport | Not aligned with Oriel partners’ research strategy (no integration) | Could deliver Oriel partners’ education strategy | Could deliver some improvements | Some future flexibility | Limited scope for improvement owing to the estate | Decant but no land acquisition costs | Deliverable with disruption to patients |  | **Discounted** |
| 5. | St Pancras | Aligned with strategic objectives | Could deliver improvements | Good accessibility by public transport | Fully aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements | Future flexibility possible | Target improvements likely | ≤£20m per acre | Deliverable whilst maintaining current services |  | **Carried forward as ‘preferred’** |
| 6. | A | Partially aligned with strategic objectives | Could deliver improvements if new build | Good accessibility by public transport | Aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements if new build | Future flexibility possible if new build | Target improvements likely if new build | £150m per acre | Deliverable whilst maintaining current services |  | **Discounted** |
| 7. | B | Not aligned with strategic objectives | Could deliver improvements if new build | Medium accessibility by public transport | Not aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements if new build | Limited future flexibility | Unlikely to achieve improvements owing to heritage on the estate | Likely to be >£50m | Deliverable whilst maintaining current services |  | **Discounted** |
| 8. | C | Partially aligned with strategic objectives | Could deliver improvements if new build | Good accessibility by public transport | Aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements if new build | Future flexibility possible if new build | Target improvements likely if new build | £60m per acre | Deliverable whilst maintaining current services |  | **Discounted** |
| 9. | D (various) | Not aligned with strategic objectives | Could deliver improvements if new build | Not assessed – increased travel time; specific location required | Not aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements if new build | Future flexibility possible if new build | Target improvements likely if new build | Up to £50m per acre | Deliverable whilst maintaining current services |  | **Discounted** |
| 10. | E (various) | Not aligned with strategic objectives | Could deliver improvements if new build | Not assessed – increased travel time; specific location required | Not aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements if new build | Future flexibility possible if new build | Target improvements likely if new build | Up to £50m per acre | Deliverable whilst maintaining current services |  | **Discounted** |
| 11. | F (various) | Not aligned with strategic objectives | Could deliver improvements if new build | Not assessed – increased travel time; specific location required | Not aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements if new build | Future flexibility possible if new build | Target improvements likely if new build | c. £10–20m per acre | Deliverable whilst maintaining current services |  | **Discounted** |
| 12. | G (various) | Not aligned with strategic objectives | Could deliver improvements if new build | Not assessed – increased travel time; specific location required | Not aligned with Oriel partners’ research strategy | Could deliver Oriel partners’ education strategy | Could deliver improvements if new build | Future flexibility possible if new build | Target improvements likely if new build | c. £20–50m per acre | Deliverable whilst maintaining current services |  | **Discounted** |

Key: ● fails CSF; ● passes CSF; ● best option or is in the cluster of equal best options for this CSF

The long list of service solutions: inclusions and exclusions

The long list of service solutions has appraised a wide range of possible options. Table 6 below summarises the emerging conclusion that the options to relocate services to the St Pancras hospital site is the preferred way forward as it best meets the agreed critical success factors.

Table 6: Summary of inclusions, exclusions and possible options

| Options | | Summary of assessment |
| --- | --- | --- |
| 0. | ‘Business as usual’: all occupants remain in existing estate and works undertaken to enable premises usage for 50 years | Fails the majority of CSFs, however carried forward as ‘business as usual’ |
| 1. | Development of land between Moorfields and UCL IoO, City Road site | Discounted – fails four CSFs |
| 2. | Development of the easternmost end of the current hospital site bordering City Road | Carried forward as best option on current site |
| 2. | Development of the southernmost side of the City Road hospital site bordering Peerless Street | Discounted – does not allow integration of clinical and research services |
| 4. | Part new build and part refurbishment, City Road | Discounted – does not allow integration of clinical and research services |
| 5. | Relocation to St Pancras Hospital | Carried forward as ‘preferred’ |
| 6. | Relocation to site A (Southwark) | Discounted – not affordable |
| 7. | Relocation to site B (Hammersmith & Fulham) | Discounted – fails five CSFs |
| 8. | Relocation to site C (Southwark) | Discounted – not affordable |
| 9. | Relocation to site D (Vauxhall – various) | Discounted – site fails CSFs 1 and 4; and not affordable |
| 10. | Relocation to site E (White City – various) | Discounted – site fails CSFs 1 and 4; and not affordable |
| 11. | Relocation to site F (Stratford – various) | Discounted – site CSFs 1 and 4 |
| 12. | Relocation to site G (Elephant and Castle – various) | Discounted – site fails CSFs 1 and 4; and not affordable |

Key: ● discounted; ● carried forward; ● preferred way forward

# Emerging conclusion and next steps

Option 4 is the emerging ‘preferred way forward’ for Oriel.

As of May 2019, a further two stakeholder workshops are still to be held (see Appendix B).

Following the conclusion of the public consultation and the outcome report, a final workshop will be held to review the options appraisal in light of the feedback and amend if necessary. This will then inform the final decision by the Oriel Board on the short list of options and ‘preferred way forward’.

###### Appendix A: Assessment rationale: service solution

This Appendix contains the rationale for the assessment of the service solution options.

Additional notes on assessment of critical success factors

Some additional notes on assessment of certain CSFs are provided in Table 7:

Table 7: Additional notes on assessment of CSFs

| CSF | | Notes on assessment |
| --- | --- | --- |
| 3. | Accessibility | Assessment is based on Transport for London Public Transport Accessibility Levels (PTAL) scores[[7]](#footnote-8). These are a detailed and accurate measure the accessibility of a point to the public transport network, taking into account walking access time and service availability. The method is essentially a way of measuring the density of the public transport network at any location within Greater London.  PTAL scores are graded between 0 and 6B, where a score of 0 is very poor access to public transport, and 6B is excellent access to public transport.  Also taken into consideration is a time travel analysis study carried out in September 2018, which shows the distribution of patients by the travelling time of patients to the City Road site compared to the St Pancras site by postcode.  A PTAL score of 6A/B indicates high accessibility and is used as the indicator for this CSF. |
| 7. | Future flexibility | Assessment is based on the flexibility to expand and contract space efficiently (for research, education and increased clinical activity) based on the overall site size, and “ability to accommodate 45,000m² with efficient floor plate. |
| 8. | Economy | It is assumed that all new builds will be designed to deliver integrated care, research and education on a single site, enabling further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | The overall capital cost relating to each of the site options is unknown this stage. The land acquisition cost provided by CBRE is used as a proxy.  Another determinant of affordability related to the number of floors in a building. The more floors in a building the less likely the design will be able to achieve the operational efficiencies that we need from the new facility. This can be determined from the column headed “ability to accommodate 45,000m² with efficient floor plate”.  CSF is passed if space requirement can be achieved on the floorplate AND the site value per acre is ≤£20m. |

Assessment rationale for service solutions

Table 8: Site option 0 – ‘Business as usual’: all occupants remain in existing estate and works undertaken to enable premises usage for 50 years

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education due to the restrictions of the current estate layout across multiple buildings. The CSF is not met. |
| 2. | Creating the best possible patient experience | Services can be redesigned but are limited by the degree to which clinical services and research can be collocated and adjacencies improved. The current layout of buildings is a limitation to the redesign of services to enable these improvements, therefore this option does not meet requirements. |
| 3. | Accessibility | PTAL of 6A, which meets requirement |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services integrated in a single facility, and within walking distance of the Central London Knowledge Quarter.  Much of the Institute accommodation is over-crowded and sub-optimal. The BRU facility is significantly undersized, being 600m² against a compliant area of 1,773m² and only operating under agreed Home Office derogations. |
| 5. | Educating people to be the very best | Current education and training services are provided across a number of disparate locations and the infrastructure is not optimal to increasing education and training programmes, therefore this does not meet requirements. |
| 6. | Improving the experience for staff and students | Services can be redesigned but are limited by the degree to which clinical services and research can be collocated and adjacencies improved, which may not positively contribute to increased staff satisfactory or attracting/retaining clinical staff.  Current education and training services are provided across a number of disparate locations and the infrastructure is not optimal to increasing education and training programmes.  This option does not meet requirements. |
| 7. | Future flexibility | The physical building restrictions of the current estate and inability to reconfigure and redesign services does not offer any future flexibility for the Oriel partners’ and therefore the CSF is not met. |
| 8. | Economy and efficiency | There is limited scope for improvement due to the restrictions of the estate to reconfigure space that would support adoption and installation of new technologies and equipment, and increased flow of patients through clinical areas. |
| 9. | Affordability | Substantial refurbishment but no land acquisition costs |
| 10. | Deliverability | Deliverable whilst maintaining current services |

Table 9: Site option 1: Development of land between Moorfields and UCL IoO, City Road site

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education as clinical and research services not integrated in a single facility. The CSF is not met. |
| 2. | Creating the best possible patient experience | Services can be redesigned but will be limited by the degree to which clinical services and research can be collocated and adjacencies improved. The CSF is met. |
| 3. | Accessibility | PTAL of 6A, which meets requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services not integrated in a single facility. |
| 5. | Educating people to be the very best | Site redevelopment options will co-locate educational services onto a single site to improve the integration with research and clinical care, which meets requirement. |
| 6. | Improving the experience for staff and students | Services can be redesigned but are limited by the degree to which clinical services and research can be collocated and adjacencies improved, which may not positively contribute to increased staff satisfaction or attracting/retaining clinical staff.  This option does not meet requirements. |
| 7. | Future flexibility | This option to redevelop the City Road site is anticipated to deliver a site of approximately 30,500–35,000m², falling short of the space requirements and limits future flexibility. This does not meet the requirement. |
| 8. | Economy and efficiency | There is limited scope for improvement due to the restrictions of the estate to reconfigure space that would support adoption and installation of new technologies and equipment, and increased flow of patients through clinical areas. |
| 9. | Affordability | Cost of works and decant but no land acquisition costs. |
| 10. | Deliverability | Deliverable whilst maintaining current services but with substantial disruption to services over a long period. |

Table 10: Site option 2 – Development of the easternmost end of the current hospital site bordering City Road

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option is partially aligned with Oriel partners’ strategic objectives to deliver integrated care, research and education. The CSF is met. |
| 2. | Creating the best possible patient experience | Services can be redesigned but will be limited by the degree to which clinical services and research can be collocated and adjacencies improved. The CSF is met. |
| 3. | Accessibility | PTAL of 6A, which meets requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services integrated in a single facility, and within walking distance of the Central London Knowledge Quarter. |
| 5. | Educating people to be the very best | Site redevelopment options will co-locate educational services onto a single site to improve the integration with research and clinical care. The CSF is met. |
| 6. | Improving the experience for staff and students | Site redevelopment options will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. The CSF is met. |
| 7. | Future flexibility | This option to redevelop the City Road site is anticipated to deliver a site of approximately 29,500–43,000m². Option 2b (incorporating the IoO) delivers the space requirements with future development opportunities available, which meets requirements. |
| 8. | Economy and efficiency | There is limited scope for improvement due to the restrictions of the estate to reconfigure space that would support adoption and installation of new technologies and equipment, and increased flow of patients through clinical areas. |
| 9. | Affordability | Cost of works and decant but no land acquisition costs. |
| 10. | Deliverability | Deliverable whilst maintaining current services but with substantial disruption to services over a long period. |

Table 11: Site option 3 – Development of the southernmost side of the City Road hospital site bordering Peerless Street

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education, as clinical and research services not integrated in a single facility. The CSF is not met. |
| 2. | Creating the best possible patient experience | Services can be redesigned but will be limited by the degree to which clinical services and research can be collocated and adjacencies improved. The CSF is met. |
| 3. | Accessibility | PTAL of 6A, which meets requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services not integrated in a single facility. |
| 5. | Educating people to be the very best | Site redevelopment options will co-locate educational services onto a single site to improve the integration with research and clinical care, which meets requirement. |
| 6. | Improving the experience for staff and students | Site redevelopment options will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. The CSF is met. |
| 7. | Future flexibility | This option to redevelop the City Road site is anticipated to deliver a site of approximately 29,500m² which falls short of the space requirements, however there are some development opportunities available. The CSF is not met. |
| 8. | Economy and efficiency | There is limited scope for improvement due to the restrictions of the estate to reconfigure space that would support adoption and installation of new technologies and equipment, and increased flow of patients through clinical areas. |
| 9. | Affordability | Cost of works and decant but no land acquisition costs. |
| 10. | Deliverability | Deliverable whilst maintaining current services but with substantial disruption to services over a long period. |

Table 12: Site option 4 – part new build and part refurbishment City Road

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education, as clinical and research services not integrated in a single facility. The CSF is not met. |
| 2. | Creating the best possible patient experience | Services can be redesigned but will be limited by the degree to which clinical services and research can be collocated and adjacencies improved. The CSF is met. |
| 3. | Accessibility | PTAL of 6A, which meets requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services not integrated in a single facility. |
| 5. | Educating people to be the very best | Site redevelopment options will co-locate educational services onto a single site to improve the integration with research and clinical care, which meets requirement. |
| 6. | Improving the experience for staff and students | Site redevelopment options will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | This option to redevelop the City Road site is anticipated to deliver a site of approximately 19,000m² which falls short of the space requirements, however there are some development opportunities available. This does not meet the CSF. |
| 8. | Economy and efficiency | There is limited scope for improvement due to the restrictions of the estate to reconfigure space that would support adoption and installation of new technologies and equipment, and increased flow of patients through clinical areas. |
| 9. | Affordability | Cost of works and decant but no land acquisition costs. |
| 10. | Deliverability | Deliverable whilst maintaining current services but with substantial disruption to services over a long period. |

Table 13: Site option 5 – Relocation to St Pancras Hospital

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option aligns with Oriel partners’ strategic objectives to deliver integrated care, research and education in a single facility. CSF meets requirements. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services, that could substantially improve patient experiences. |
| 3. | Accessibility | PTAL of 6B, which meets requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services integrated in a single facility, and within walking distance of the Central London Knowledge Quarter |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | This site has an overall size of 5 acres and can accommodate the space requirement on efficient foot plates. The CSF is met. |
| 8. | Economy and efficiency | It is assumed that all new locations will be modern premises built and designed to deliver an integrated care, research and education on a single site.  The capacity and flexibility to design integrated services within a new build is likely to support an improved adoption rate for new technologies (and equipment); and will enable further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | Land acquisition cost of ≤£20m per acre, meeting the CSF. |
| 10. | Deliverability | Deliverable whilst maintaining current services. |

Table 14: Site option 6 – Relocation to site A (Southwark)

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option is partially aligned with Oriel partners’ strategic objectives to deliver integrated care, research and education. CSF is met. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services that could substantially improve patient experiences. |
| 3. | Accessibility | PTAL of 6B, which meets requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services integrated in a single facility, and within walking distance of the Central London Knowledge Quarter. |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | This site has an overall size of 2 acres and can accommodate the space requirement on efficient foot plates. The CSF is met. |
| 8. | Economy and efficiency | This site is subject to heritage constraints and therefore the ability to fully deliver an integrated care, research and education on a single site will be restricted. There may also be associated costs relating to the maintenance and upkeep of a heritage site, and therefor this site option may not realise benefit of lower running costs from efficient and environmentally sustainable premises. This does not meet requirements for this CSF. |
| 9. | Affordability | Land acquisition cost of 150m per acre, meeting the CSF. |
| 10. | Deliverability | Deliverable whilst maintaining current services. |

Table 15: Site option 7 – Relocation to site B (Hammersmith & Fulham)

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education, as the constraints relating to the site’s heritage status may not offer full flexibility of the site and may incur additional costs to maintain heritage standards. The CSF is not met. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services that could substantially improve patient experiences. |
| 3. | Accessibility | PTAL of 4, which fails requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Not within walking distance of the Central London Knowledge Quarter. |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | This site has an overall size of 5 acres, however it is unconfirmed if the space requirement can be accommodated on efficient foot plates given heritage constraints. The CSF is not met. |
| 8. | Economy and efficiency | It is assumed that all new locations will be modern premises built and designed to deliver an integrated care, research and education on a single site.  The capacity and flexibility to design integrated services within a new build is likely to support an improved adoption rate for new technologies (and equipment); and will enable further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | Land acquisition cost likely to be >£50m per acre, failing CSF. |
| 10. | Deliverability | Deliverable whilst maintaining current services. |

Table 16: Site option 8 – Relocation to site C (Southwark)

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option is partially aligned with Oriel partners’ strategic objectives to deliver integrated care, research and education. CSF is met. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services that could substantially improve patient experiences. |
| 3. | Accessibility | PTAL of 6B, which meets requirement. |
| 4. | Inventing and innovating together to be at the leading edge | Clinical and research services integrated in a single facility, and within walking distance of the Central London Knowledge Quarter. |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | This site has an overall size of 2.5 acres and can accommodate the space requirement on efficient foot plates. The CSF is met. |
| 8. | Economy and efficiency | It is assumed that all new locations will be modern premises built and designed to deliver an integrated care, research and education on a single site.  The capacity and flexibility to design integrated services within a new build is likely to support an improved adoption rate for new technologies (and equipment); and will enable further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | Land acquisition cost of £60m per acre, failing CSF. |
| 10. | Deliverability | Deliverable whilst maintaining current services. |

Table 17: Site option 9 – Relocation to site D (Vauxhall – various)

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education. Proximity to the Central London Knowledge Quarter is not optimal to support collaboration with other academic institutions. The CSF is not met. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services that could substantially improve patient experiences. |
| 3. | Accessibility | Not assessed – precise location required. |
| 4. | Inventing and innovating together to be at the leading edge | Not within walking distance of the Central London Knowledge Quarter. |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | Not assessed – precise location required. |
| 8. | Economy and efficiency | It is assumed that all new locations will be modern premises built and designed to deliver an integrated care, research and education on a single site.  The capacity and flexibility to design integrated services within a new build is likely to support an improved adoption rate for new technologies (and equipment); and will enable further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | Land acquisition cost of up to £50m per acre, failing CSF. |
| 10. | Deliverability | Deliverable whilst maintaining current services. |

Table 18: Site option 10 – Relocation to site E (White City – various)

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education. Proximity to the Central London Knowledge Quarter is not optimal to support collaboration with other academic institutions; and, in addition, will be encroaching into another academic health science area. The CSF is not met. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services that could substantially improve patient experiences. |
| 3. | Accessibility | Not assessed – increased travel time but specific location required for accessibility |
| 4. | Inventing and innovating together to be at the leading edge | Not within walking distance of the Central London Knowledge Quarter |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | Not assessed – precise location required |
| 8. | Economy and efficiency | It is assumed that all new locations will be modern premises built and designed to deliver an integrated care, research and education on a single site.  The capacity and flexibility to design integrated services within a new build is likely to support an improved adoption rate for new technologies (and equipment); and will enable further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | Land acquisition cost of up to £50m per acre, failing CSF |
| 10. | Deliverability | Deliverable whilst maintaining current services |

Table 19: Site option 11 – Relocation to site F (Stratford – various)

|  |  |  |
| --- | --- | --- |
| CSF | | Rationale for assessment |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education. Proximity to the Central London Knowledge Quarter is not optimal to support collaboration with other academic institutions; and, in addition, will be encroaching into another academic health science area. The CSF is not met. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services that could substantially improve patient experiences. |
| 3. | Accessibility | Not assessed – increased travel time but specific location required for accessibility. |
| 4. | Inventing and innovating together to be at the leading edge | Not within walking distance of the Central London Knowledge Quarter. |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | Not assessed – precise location required. |
| 8. | Economy and efficiency | It is assumed that all new locations will be modern premises built and designed to deliver an integrated care, research and education on a single site.  The capacity and flexibility to design integrated services within a new build is likely to support an improved adoption rate for new technologies (and equipment); and will enable further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | Land acquisition cost of £10–20m per acre, meeting the CSF. |
| 10. | Deliverability | Deliverable whilst maintaining current services. |

Table 20: Site option 12 – Relocation to site G (Elephant and Castle – various)

| CSF | | Rationale for assessment |
| --- | --- | --- |
| 1. | Strategic fit | This site option does not align with Oriel partners’ strategic objectives to deliver integrated care, research and education. Proximity to the Central London Knowledge Quarter is not optimal to support collaboration with other academic institutions; and, in addition, will be encroaching into another academic health science area. The CSF is not met. |
| 2. | Creating the best possible patient experience | A new build option will allow for full integration of clinical care, research and education functions. It will also enable the redesign of services that could substantially improve patient experiences. |
| 3. | Accessibility | Not assessed – increased travel time but specific location required for accessibility. |
| 4. | Inventing and innovating together to be at the leading edge | Not within walking distance of the Central London Knowledge Quarter. |
| 5. | Educating people to be the very best | It is assumed that all new build options will facilitate the integration of education services with research and clinical care on a single site, therefore meeting requirement. |
| 6. | Improving the experience for staff and students | A new build site will co-locate services onto a single site to improve the integration with research and clinical care, which is a contributor to increasing staff satisfaction and attracting/retaining clinical staff. This option meets the CSF. |
| 7. | Future flexibility | Not assessed – precise location required. |
| 8. | Economy and efficiency | It is assumed that all new locations will be modern premises built and designed to deliver an integrated care, research and education on a single site.  The capacity and flexibility to design integrated services within a new build is likely to support an improved adoption rate for new technologies (and equipment) and will enable further funding/income from research grants and/or commercial opportunities from expanded education and training programmes. |
| 9. | Affordability | Land acquisition cost of £20–50m per acre, failing CSF. |
| 10. | Deliverability | Deliverable whilst maintaining current services. |

###### Appendix B: Stakeholder involvement in the options refresh

A number of stakeholder workshops are being held to inform the investment objectives, the critical success factors and the assessment of the options. As of May 2019, four of these have taken place.

Table 21: Summary of stakeholder workshops

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details |  | Held |  |  |  |  |  |  |
| Date |  | 17 April 2019 | 18 April 2019 | 23 April 2019 | 14 May 2019 |  | 10 June 2019 | TBC late 2019 |
| Attendees |  | Patient representatives. Please see report titled ‘Input to options refresh from patient and public representatives’ which summarises the views of patients, carers and residents, which have influenced critical success factors and other key issues being considered in reviewing options. | NHS England specialised commissioners  North Central London CCG local commissioners | Moorfields Eye Hospital NHS Foundation Trust executive team  NHS England specialised commissioners  Other regional CCG commissioners  Patient representatives | UCL Executives including research scientists from the Institute of Ophthalmology, the Director of Finance, and the Deputy Director of Estates. |  | Oriel Board | The same attendees as at the first 4 workshops will be invited for a combined workshop. |
| Purpose |  | Seek the views of patients, carers and residents, which may influence CSFs and key issues being considered as part of the options refresh. | To present the outputs of the initial review, seeking check and challenge of the CSFs; and the long list options evaluated against the CSFs. This will enable a short list of options to be proposed. | To present the outputs of the initial review, seeking check and challenge of the CSFs; and the long list options evaluated against the CSFs. This will enable a short list of options to be proposed. | To present the outputs of the initial review, seeking check and challenge of the CSFs; and the long list options evaluated against the CSFs. This will enable a short list of options to be proposed. |  | To present the outputs of the initial review taking into account stakeholder views. This workshop will look to seek approval for investment objectives, CSFs, the assessment of options, the short list and the ‘preferred way forward’. | To take into account feedback from the public consultation that might affect the scoring of the option and to adjust as required. |
| Focus of discussions and feedback |  | Draft CSFs relating to ‘Creating the best possible patient experience’ and ‘Accessibility’  Implementation considerations important to patients | Draft investment objectives  Draft CSFs  Draft assessment of service delivery options | Draft CSFs  Draft assessment of service delivery options | Draft CSFs  Draft assessment of service delivery options |  | Draft investment objectives  Draft CSFs  Draft assessment of service delivery options | Draft CSFs  Draft assessment of service delivery options |

1. <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent> [↑](#footnote-ref-2)
2. <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent> [↑](#footnote-ref-3)
3. <https://www.longtermplan.nhs.uk> [↑](#footnote-ref-4)
4. <https://www.gov.uk/government/publications/industrial-strategy-building-a-britain-fit-for-the-future> [↑](#footnote-ref-5)
5. <https://www.ucl.ac.uk/2034/> [↑](#footnote-ref-6)
6. <https://www.ucl.ac.uk/gs/doctoral-education-strategy/faculty-strategies/Brain-Scs.html> [↑](#footnote-ref-7)
7. <https://tfl.gov.uk/info-for/urban-planning-and-construction/planning-with-webcat/webcat> [↑](#footnote-ref-8)