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# STATES OF JERSEY



## **FUTURE HOSPITAL: PREFERRED SITE – STAKEHOLDER ENGAGEMENT REPORT**

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**Presented to the States on 29th November 2016  
by the Minister for Health and Social Services**

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**STATES GREFFE**



# Stakeholder Engagement Report

November 2016



**Future Hospital**

New hospital services for a healthier Jersey

## Stakeholder Engagement Report

### 1. Introduction

- 1.1 This Report describes the ‘journey’ undertaken in this initial phase of stakeholder engagement relating to the Council of Ministers’ preferred site for the Future Hospital. Significant resources have been invested in evaluating the *technical* merits of building the Future Hospital on a number of sites. Both internal and external assurance agencies have commended the rigour of this technical assessment. However the journey reveals that the selection of a site on which to build the hospital depends on a wide range of ‘non-technical’ factors. The site for the Future Hospital understandably generates strongly held views. Stakeholders drawing from the same information can understandably reach different conclusions. Such variation of views and conclusions is to be celebrated. It presents to Ministers and the Project Board opportunities to reflect on how such a variation in viewpoints arises and, in turn, to test and analyse the basis on which the Future Hospital Project can best proceed.
- 1.2 P.3/2016 (a proposition to remove People’s Park from the list of site options) in February 2016 provided one such opportunity to reflect on how best to take forward engagement on the Future Hospital - a topic in which every Islander is a stakeholder. It highlighted that, while Council of Ministers could provide the leadership needed to consider the relative technical merits of possible sites for the Hospital, many other stakeholders felt that they wanted to contribute more to inform decisions about the largest capital investment on the Island in a generation. This groundswell of goodwill in turn informed the Health Minister’s announcement in March 2016 that he would be undergoing a period of reflection in order to take stock and possibly revisit previously discounted options.
- 1.3 This Report sets out these contributions since March 2016. It reflects two complementary approaches to stakeholder engagement
- i. An *analytic* approach that identifies potential stakeholders who are likely to want to contribute to discussions and decisions about the Future Hospital. Each of these stakeholders will have differing levels of interest and influence in the engagement process. In this way, the widest possible range of interests can be given the opportunity to have their voices heard during the development of the Project. The stakeholder map used to inform this approach is included in Appendix 1
  - ii. A *dynamic* approach arising from the above that is responsive to the insights provided by stakeholders as the engagement proceeds and includes feedback that was not or could not have been foreseen or from stakeholders who could not have been prospectively identified.
- 1.4 Using both these approaches, it is possible to set out what is different at the end of the period of engagement compared to the beginning. These changes in insight or understanding are set out towards the end of the Report.

## **2. Stakeholder Mapping**

2.1 Best practice in any stakeholder engagement is to understand the range and depth of potential stakeholders in order to create a stakeholder ‘map’. A detailed schedule of stakeholders has been compiled: this includes staff, local residents and property owners, voluntary and community bodies, non-health stakeholders (for example in education and other States of Jersey services), local businesses and commercial organisations. The schedule sets out a preliminary assessment, including considerations such as:

- Likely knowledge of what is being proposed
- Likely understanding of what is being proposed
- The degree to which the stakeholder might be interested in what is being proposed
- The degree to which they might want to influence what is being proposed
- Need for early or later engagement
- Who in Project Team takes lead responsibility for engaging that stakeholder or group of stakeholders

2.2 While the detail of the stakeholder map is confidential to the Project Team it currently includes over 200 formal stakeholders, a number that will grow as the Project proceeds. The range of this schedule indicates both the opportunities for engagement presented by the richness of Jersey civic life but also the challenge presented in ensuring that no key stakeholder feels excluded. At this early stage in the stakeholder engagement supporting the Project it provides a foundation for engaging further stakeholders as different interests emerge or existing interests change in depth or nature as the Project progresses.

2.3 We will be testing this approach at two Deliberative Workshops on 28 November 2016, where we will seek to benefit from Islanders’ knowledge of local conditions and opinions on matters that interest them with respect to the preferred site. A wide range of stakeholders have been invited (see Appendix 2) to reflect the fullness of the contribution made by these individuals and organisations. There will be short presentations from the Future Hospital team to inform participants about what has happened to date, the planning/design side of the project and the plans for the day-to-day experience of the Future Hospital. These presentations will be complemented by discussions where participants can advise the Project Team on the best ways to engage Islanders in helping to influence how the Future Hospital needs to develop in the months and years ahead.

2.4 The engagement process is benefiting from external quality assurance and advice provided by the Consultation Institute ([www.consultationinstitute.org](http://www.consultationinstitute.org)). The Institute provides help to support and assure public consultation and engagement. It is a not-for-profit best practice institute promoting high quality public stakeholder consultation in the public, private and voluntary sectors.

## **3 States Members Workshops**

3.1 The groundswell of goodwill described above and the acknowledgement that agreement and broad consensus about the site for the Future Hospital could only be reached through a more inclusive process than had happened to date was reflected in a series of workshops involving States Members that took place between March and July 2016.

Workshop 1	21 March & 28 April
Workshop 2	26 May & 7 June
Workshop 3	18 July

- 3.2 Workshops 1 and 2 were repeated to enable as many States Members as possible to contribute. The workshops, by design, did not include Council of Ministers except the Health Minister. Project Officers set out the technical work undertaken to appraise the relative merits of sites, responded to concerns about particular sites and investigated on behalf of States Members sites identified that were not in the formal shortlist.
- 3.3 The outputs of Workshops 1 and 2 contributed to the development of the ‘proof of concept’, which described a preferred option to build the Future Hospital on the site of the current General Hospital with an extension along the east side of Kensington Place and other nearby sites, including Westaway Court.
- 3.4 Workshop 3 provided the opportunity for States Members to hear how their insights had had a material effect on the development of the ‘proof of concept’ which would form the basis of a Report and Proposition to be lodged with the States Assembly later in the year. The workshops were characterised by lively but non-partisan discussion. The outputs benefited considerably from good attendance (32 out of a possible 35 States Members who were not members of Council of Ministers contributed to the process) and the contribution of members of the Health and Social Security and Corporate Services Scrutiny Panels was helpful<sup>1</sup>.

The insights gained in this phase of the engagement in summary were that States Members:

- i. Acknowledged the technical merits of the site assessment process and understood the ‘industry standard’ methods by which it had been undertaken
  - ii. Described the General Hospital as a ‘special place’ where important life events occurred and therefore needed to be easily accessible and a ‘special case’ such that “within reason” they would consider sympathetically factors that were hindering a conclusion to the site choice.
- 3.5 When the merits or otherwise of each of the sites, which were at that time open to consideration, were viewed through this ‘political lens’ the workshops concluded that only one site had the potential to create the broadest level of support – the development of the Future Hospital on the current General Hospital site.
- 3.6 At this point, the merits of continuing with the original intention to undertake a 12-week period of formal public consultation were reconsidered. A key outcome of the Workshops was that while the technical assessments had concluded the merits or otherwise of site *options*, the realistic prospects for options – other than developing the Future Hospital on sites other than the existing General Hospital – were limited. Undertaking public consultation about a number of options, when insights gained from States Member workshops indicated they had little likelihood of Members voting ‘pour’ in the Assembly, would be disingenuous. Given the current state of the General Hospital infrastructure, as set out in a ‘6 Facet Survey’, and the already increasing demand for hospital care arising from an aging demographic, this would risk delaying the Hospital and increasing potential risk for patients. Finally, progressing

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<sup>1</sup> Members of Corporate Services and Health and Social Security Scrutiny Panels helpfully contributed to the workshops as Deputies and Constables. In these roles they were considered as important stakeholders in the same way as other States Members who participated in the workshops. The formal Scrutiny process was entirely separate to the workshops and the Project Team responded to Scrutiny Panel and Panel members in accordance with formal Scrutiny procedures.

any option where there was no realistic prospect of that option being implemented would create a risk of exposing any final decision to judicial review.

- 3.7 It was for these reasons that a period of public consultation developed into a commitment to undertake a period of public engagement with stakeholders - firstly to test the feasibility of the preferred site and secondly to benefit from the insights provided by stakeholders that might be able to improve on what was being proposed.

#### **4. Focus Groups**

- 4.1 Early in the stakeholder engagement three focus groups were held. Two of these (21 July, 9 August) sought insights from the general public and the third (15 August) from members of HSSD staff. All 30 participants were recruited independently of the Project Team and an independent facilitator led the group discussions. Key objectives for these sessions were to:

- Gauge awareness of preferred site for future hospital
- Gain an overview of public perceptions of any concerns relating to the preferred hospital site
- Explore ideas to mitigate against these concerns
- Identify key information sources
- Gauge response to proposed messaging on new site (e.g. to what extent might 'rational explanations' overcome an 'emotive' response to the issue?)
- Ask which messages resonate most strongly? And to which groups/demographic?
- Evaluate leaflet on proposed site

- 4.2 Testing current knowledge and understanding of the preferred site at that particular time the groups helped identify topics where there might be a shortfall in this understanding. Importantly the focus groups were able to identify the kinds of issues they believed other stakeholders might either be concerned about or about which they might want clarification. This allowed the Project Team to focus its efforts on topics of most concern to Islanders. While each group provided valuable feedback on a wide range of issues, the key themes were:

- Relief that a decision had been made
- Criticisms over process and how it was handled, but not criticism of site
- Questions of "why was it previously discounted?"
- No strong preferences for previous sites, generally 'happy' with the decision
- "It feels right, let's get on with it"

#### **5. Parish Hall Meetings**

- 5.1 A series of Parish Hall Meetings were undertaken.

<b>Parish</b>	<b>Date</b>	<b>Attendees</b>
St Helier	3 August (lunchtime)	12
St Helier	3 August (evening)	9
St Brelade	8 August (evening)	7
St John	16 August (evening)	5
Grouville	25 August (evening)	7

- 5.2 The intention was to provide an opportunity for parishioners from all parts of the Island to attend an event, view 'proof of concept' material and talk with members of the Health and

Department of Infrastructure ministerial teams and Project Team members from both of these Departments. In time the intention is to visit all Parish Halls as the project progresses.

- 5.3 The relatively small number of parishioners who attended belies the opportunities provided by such meetings. They were generally attended by older Islanders and allowed the kind of informed and detailed conversations and question-and-answer sessions that were clearly valued by those who participated.
- 5.4 They also led to an ‘epiphany’ of sorts. If the engagement was to reach out to a larger number of parishioners and benefit from a wider range of local views and a broader demographic, it would need to go beyond Parish Hall Meetings (important as they were) and extend to places where parishioners held regular events and at times and in places that were set by them.
- 5.5 Constables and their officers from all Parishes generously set out the kinds of forthcoming local events which they believed provided such engagement opportunities. These ranged from coffee mornings, lunch clubs, Parish markets, pensioner’s clubs, car boot sales, baby clinics, Women’s Institute meetings, church meetings, sports and leisure centre receptions and many more. Such events provide a wide and rich range of engagement opportunities that we have only just begun to realise. They provide a strong platform for continuing engagement after the States Assembly debate and decision about site choice on 30 November.
- 5.6 This Report sets out two types of engagement opportunities to illustrate the benefits of this approach to accessing both relatively large numbers of Islanders and a rich range of views.

**6. Parish Coffee Mornings**



- 6.1 Four Parishes kindly invited the Project Team to participate in their regular coffee mornings (St Clement 20 October, Trinity 22 October, St Ouen 3 November and St Brelade 10 November). These engagements were informal, conversational in style and took place at a time and in an environment familiar and safe for those attending to feel able to express their views openly. As a result, across the four events, around 200 people who would have been unlikely to attend a ‘set piece’ Parish Hall engagement meeting and prominently from an older demographic (the most likely users of a Future Hospital) had the opportunity to hear more about the project, preferred site and express a view. Their feedback was mostly positive about the preferred site (familiar with its setting, personal experience, accessible). Some residual



fondness for a hospital at St Saviour's remained, but the case for a town-based hospital was well understood when explained. Notable comments included:

- "Right location – centre of town is accessible and I like the design. We won't live to see it finished!"
- "Parking is the key to unlocking anything in St Helier."
- "The bridge from the car park is a great idea – save negotiating all the stairs and lifts that you have to now."
- "I feel it is the right location as there is nowhere else that makes sense."
- "It can't come soon enough. The design could be more basic – why do they always have to be iconic?"
- "I've been in hospital 3 times this year and never heard any noise from the building works that were occurring. People forget that the same thing happened when they built the Parade Block and the noise was managed."
- "Just get on with it, I'm fed up of hearing about it!"

6.2 Looking forward to future engagement, such events have the potential to provide a wellspring of insight. The Project Team is sensitive to an understanding that the principle purpose of events like Parish coffee mornings is recreational and to provide support for local community life. However the warm welcome the team received in all Parishes and the appreciation parishioners expressed for this 'go to' approach indicates the potential to build on this approach in future phases of stakeholder engagement.

## **7. Millbrook Car Boot Sale 2 October 2016**



(Image taken from Millbrook Car Boot Sales Facebook - 2 Oct 2016 Sale)

7.1 Car boot sales provide a good opportunity to actively and passively engage with a large number of people from a wide range of backgrounds and ages. The estimated attendance of Millbrook Car Boot Sale is 1,000-1,500. The event attended by the Project Team on 2 October provided the opportunity to talk directly with 50 attendees in conversations ranging from 2 to 10 minutes and for all those present to be aware of the display stand and materials advertising the Project. Conversations were vibrant and informed, and between 07.00 and 13.00, of the 51 Islanders who expressed a view, 43 (84%) were positive or neutral about the preferred option and 8 (16%) expressed a preference for other sites (St Saviour's, Overdale, The Quarry) - one doubting the need for a new hospital at all on any site.

7.2 The range of comments included

- “It’s a logical choice and seems to create land [to be used by the hospital] for the future”
- “It’s the right place as long as [the design] does not take Jersey away from its tradition and keeps it in line with the old granite building”
- “I’m a builder. Don’t mind where it is as long as we use on Island labour to build it”
- “We seem to have spent a lot of money and I could have told you from the start that the best site was the current hospital”
- “I can see why you are doing it on the General Hospital site but I still think St Saviours would have been a good place to build it”

7.3 With indoor sales scheduled for January and February 2017 in a number of Parish Halls and independent sector locations and with outdoor sales to start again in Spring 2017, this approach can provide continuing opportunities for engagement in events with large footfalls characterised by a wide-ranging demographic in the next phase of stakeholder engagement.

**8. Staff Engagement**

8.1 Staff Engagement has taken place on a number of different levels

- i. Immediately following the Council of Ministers decision to proceed with a preferred site, a series of open staff briefings were undertaken.

<b>Staff Group</b>	<b>Location</b>	<b>Date</b>	<b>Numbers attending</b>
HSSD staff	Halliwell Lecture Theatre	9 June	98
HSSD staff	Halliwell Lecture Theatre	10 June 11am	66
HSSD staff	Halliwell Lecture Theatre	10 June 12.30pm	42
<b>Total</b>			<b>188</b>

- ii. A number of briefings for specific staff groups were undertaken. For example, the Medical Staff Committee (comprising all HSSD consultant medical staff) was briefed on 23 June and 5 September. This is included in the report because a number of stakeholders have asked “what do the doctors think?” Understandably this staff group provides a key indicator of sentiment regarding the preferred site, the development and testing of the ‘proof of concept’ and its most important consideration “can it be achieved safely”. The first of these meetings provided an opportunity to describe the history and context of the Council of Ministers preferred site decision.

<b>Medical Staff Committee</b>	<b>Attendance</b>
23 June	41
5 September	40

8.2 The second meeting focussed on the proof of concept (particularly relating to the temporary and permanent relocations of services within and off site), how the potential risks associated with constructing a new hospital adjacent to the current General Hospital (noise, vibration, dust potentially affecting patients and staff) would be considered, how possible disruption in

operational processes could be managed and the programme for both ministerial and states decisions and service relocations. The Medical Director has captured the tenor of these wide-ranging discussions:

*“Life is going to be a little more risky during the building work but we all feel the risk of doing nothing and trying to stay on here far outweighs the risk.”*

- 8.3 Given the importance of insights and feedback gained from senior clinicians, the Medical Staff Committee will continue to receive regular briefing at future quarterly meetings. What emerged from these meetings was an understanding and insight put forward by clinicians that the preferred option impacted in different ways and to different degrees on each service affected directly or indirectly. The next element of the stakeholder engagement with staff addressed this through a series of ‘relocation of services’, ‘benefits realisation’, ‘confirmation of brief’ and ‘data surgery’ meetings with the clinical and management leads for each service affected by the preferred site.

## **9. Relocation of services**

- 9.1 A series of relocation of services meetings have been undertaken. The agenda is standardised for each meeting to review work already undertaken by clinical teams and how the preferred site might impact on this work. Teams had the opportunity to set out how their service was to be delivered in the years ahead, consider what implications if any the preferred site might have on these plans, confirm if indicative clinical and other accommodation still supported these intentions particularly in relation to the helpful adjacency of other services and, finally, consider any other services that might be relevant to their plans (for example, infection prevention and control, information technology and so on). Each of these meetings considered the implications for services, staff and patients that might be caused by any relocations in support of the preferred option. In the period up to Christmas 2016 these meetings will determine the project briefs for each of the relocated services. Clinical service leads, their clinical and managerial colleagues participated in the meetings (see Appendix 3). In broad terms these meetings have reassured clinical teams that facilities in Westaway Court will be of a comparable standard to those in the Future Hospital main phase, can be provided safely from that site (as indeed such services currently are from Overdale) and that Project Team and clinical teams would work collaboratively through 2017 as the detailed design continued beyond project brief.

## **10. Benefits realisation**

- 10.1 A series of benefits realisation meetings were also coincidentally scheduled during the period of engagement (see Appendix 3). These meetings with clinical leads and their management leads provided an opportunity to consider the impact of the preferred option. These meetings were particularly helpful in understanding the impact on services that were *not* relocating as part of the preferred option, but nonetheless would potentially be affected, for example, by being geographically close to the construction site (e.g. pathology, pharmacy and so on).

## **11. Confirmation of brief**

- 11.1 These meetings were augmented by a series of what were termed ‘confirmation of brief’ meetings (see Appendix 3). These provided an opportunity for service leads who had set out how they would want to provide services in the context of previous site options were able to consider if the preferred site created any concerns in relation to these intentions. For

example, through different possible departmental adjacencies created by a smaller ground floor footprint, more vertical departmental relationships, the relocation of some services to Westaway Court and so on). The conclusion to these meeting was that the preferred site did not negatively affect these intentions and in some cases materially improved them (for example, providing an opportunity co-locate services supporting Islanders with long-term condition in Westaway Court, creating a location where hospital and out-of-hospital services could work better together and so on).

## **12. Data Surgeries**

12.1 Finally, each team participated in ‘data surgeries’ with the Project Director (Health Brief) and Assistant Finance Director (Modernisation) (see Appendix 3) The purpose of these ‘surgeries’ was to interrogate and assure the activity data for each specialty, identify how these data might support the case for different ways of working, agree the potential for improvements in service productivity and form the basis for understanding the size of each service in the Future Hospital in the preferred site.

12.2 Through these four approaches (‘relocation’, ‘benefits realisation’ and ‘confirmation of brief’ and ‘data surgery’ meetings) General Hospital staff (clinicians, managers, administrative and support staff) have had detailed discussions (in meetings up to 2 hours long) to consider how a Future Hospital on the preferred site would work for their patients and staff. For example, the opportunities presented in Westaway Court as part of a health campus have been well received, with service leads recognising the opportunities for a long-term condition centre and the benefits for patients and staff that could be realised in 2018, well ahead of 2023 when the main building is planned to open. In addition, some teams have recognised that the preferred site has catalysed work that they had wanted to do anyway. Notable examples include:

- Improving the quality of staff accommodation
- Redesigning medical records storage and service delivery processes
- Developing heart and lung services in a shared location
- Redesigning operating theatre processes to create more productive ‘day of surgery’ facilities
- Redesigning front door emergency care through a closer integration of the Emergency Department and Emergency Assessment Unit creating what is termed ‘Ambulatory Emergency Care’

12.3 Hospital staff recognise the challenges presented by the preferred site and those who would be directly affected have all contributed positively to testing its clinical and operation feasibility. Some of those indirectly affected have also contributed but out of necessity the focus has mainly been on the former group. Areas where more work with service team needs to be done include:

- how specific risks relating to dust, noise and vibration can be managed (this work has already started)
- how some services such as the hydrotherapy pool need to explore what the future possibilities might be
- how the operational teams might best be supported by the Future Hospital Project Team
- how the timetable of work to be done will be resourced

12.4 It's important to remember that the objective at this stage is to develop project briefs for each element of relocation work required to underpin the practical delivery of the preferred option. The opportunity for more detailed work and engagement with service teams is scheduled to be taken forward in early 2017.

**13. HSSD Departmental Team meetings**

13.1 While these more formal meetings have provided a firm foundation for HSSD staff engagement they have been supplemented by more informal but equally valuable approaches involving HSSD and wider States of Jersey staff. Teams that expressed interest in hearing more about the preferred site decision and the implications for both the General Hospital and the wider health and social care system included:

Date	Department	N=
18 August	Pathology	6
1 September	Main Theatres	22
	Medicine Divisional Management Group	8
13 September	Finance	15
	Division of Medicine	10
19 September	Maternity	12
20 September	Dental	4
	Radiology	12
21 September	Psychology	4
23 September	Day Surgery Unit	15
27 September	Cardiology	6
	Clinical Coding	8
5 October	Dietetics	2
	Audiology	4
7 October	Outpatients	10
11 October	Older Adult Mental Health	15
	Samares Ward staff	18
14 October	Chaplains	2
17 October	Diabetes	2
15 November	Clinical Investigations	5
	Total	180

13.2 These meetings provided an opportunity to consider the degree of understanding staff had about the preferred site, describe what was being proposed and how it might affect that particular staff group, respond to any concerns staff had and to assure them that the Project Team would continue to see their engagement as a priority.

**14. Peter Crill House and Gwyneth Huelin Staff 7 October**

14.1 There is an understandable emphasis on accessing the views of clinical and non-clinical staff whose work directly affects patient care. Patients and their families are at the heart of all we do. These staff however depend on others whose vital work is one step removed from direct patient care. Executive Leadership, Finance, Information, Human Resources, Secretaries, Audit, Education and many other staff groups provide support without which first rate patient care would not happen. 198 of these staff work in Peter Crill House and 30 administrative staff work in Gwyneth Huelin Wing which are both to be demolished as part of the preferred site proposal. On 7 October a whole day was devoted to visiting every room on every floor in these buildings to talk to staff who worked there. The intention was to:

- explain what the preferred option involved

- discuss how this would affect staff
- set out what the possible approaches might be to ensure they could continue to do their jobs to the high standard they wanted
- listen to their ideas about how the preferred option could be best made to work.

**15. States of Jersey 'Shaping our Future' Event 11 July**



15.1 This event, attended by about 300 staff from all States of Jersey departments, provided an opportunity to share material relating to the preferred site, engage in conversation with employees who were also stakeholders as taxpayers and as potential future patients. The preferred site 'fly around' animation was debuted at the event. The event was designed so staff could browse the Future Hospital stand and throughout the day the majority did so. Recognising that States employees cannot be considered disinterested stakeholders, the preferred site was well received, with the animation significantly enhancing conversations with staff.

**16. Other Opportunities**

16.1 A range of other opportunities have been explored. Some of these have been successful in engaging stakeholder. Some less so.

*General Hospital Outpatient Engagement (29 September, 5, 11, 18 October)*

Islanders were approached while they waited in the Outpatient Department for their appointments. 37 people were surveyed and 29 responded positively when asked if they were in favour of the preferred site.

16.2 Engagement opportunities at the General Hospital Parade Entrance (3, 10, 24 and 31 October), Cyril Le Marquand House Reception (3 October), Hospital League of Friends (4 October), Social Security Reception (11 October), Les Quennevais Sports Centre Reception (14 October), Eagle House HQ Community and Social Services (18 October) and Charing Cross King Street (25 October) generated only modest numbers of responses (46 in total of which 38 expressed positive views about the preferred site).

16.3 Traditionally 'hard to reach' communities were prioritised. For example, Future Hospital leaflets were translated into Portuguese and Polish. Invitations have been sent to community

leaders to identify the most effective way to ensure their 'voice' informs the engagement whether that be through the Church, Consulate, community leaders in education or business. This work will continue to be a priority. Other traditionally hard-to-reach stakeholders (e.g. mothers of children with learning disabilities, parents of schoolchildren and so on) have expressed their appreciation of the effort made so far (e.g. attending Jersey Parent Forum 12 October, Jersey Careers Fair at Fort Regent 15 October) although there are many more engagement opportunities to be realised for these groups.

**17. Commercial and Industry Stakeholders**

17.1 An understandable emphasis has been placed in this initial phase of engagement with HSSD and wider States of Jersey staff, potential users and carers and the general public, all of who might be directly affected by implications of the preferred site. There are other important stakeholders. For example, the commercial and industrial sectors have a direct interest in what will be the Island's largest capital investment in a generation.

17.2 Initial engagement with the Association of Jersey Architects and Jersey Construction Council took place in 2014 and 2015. In September 2016 two events were held: a briefing for the Council of each organisation and a joint briefing with the Channel Islands Institute of Architects. These meetings explained the preferred site approach and alerted potential design and construction partners to the opportunities on the main hospital, plus the enabling and relocation projects. Further detailed engagement with commercial stakeholders will take place as part of the procurement for the project in 2017. These engagements will continue as a key priority as the local construction opportunities associated with relocation works crystallise in early 2017.

**18. Local Property Owners and Tenants**

18.1 Between June and November, 11 confidential meetings have taken place between the Future Hospital Project Director (Delivery) and the Director of Estates, Jersey Property Holdings. These meetings have addressed the specific needs of the property owners and the tenants in both residential and business properties potentially affected by the preferred site. Key issues raised included the need for more detail about key milestones for tenants and how the States of Jersey could support tenants who would need to be rehoused. Working with these stakeholders will continue to be one of the highest priorities for the Project through 2017 and 2018.

**19. Local Residents adjacent to the Preferred Site**

19.1 Local Residents 'drop-in' sessions were held on 31 August and 6 September. These sessions were advertised in the JEP and a local letter drop preceded the dates. 23 local residents attended. Members of the Project Team, HSSD and DFI Ministers explained what was intended in the preferred option and its likely impact on the local area (project time line, traffic management, size and orientation of the building, management of potential disruption during construction, how the States of Jersey could inform and support residents as the project progressed and so on). Deputy Rondel kindly attended both 'drop in' sessions to support local constituents.

**20. Quantifiable Approaches – Surveys and Social Media**

20.1 An issue as complex and multi-layered as the Future Hospital preferred site defies unidimensional appraisal. For example, quantitative approaches using questionnaires can never access the nuanced interaction of stakeholder views on site, affordability, regard for political process, personal experience of health, cultural expectations and so on. However, quantification illuminates the ‘mosaic’ of stakeholder sentiment providing light and shade to the qualitative conversations that have taken place.

**21. Survey Results**

21.1 Where opportunities have arisen e.g. in Parish Hall meetings, outpatient waiting areas and so on participants have been asked about their support, or otherwise, for the preferred site. Of those asked:

Are you in support of the [preferred] site choice?

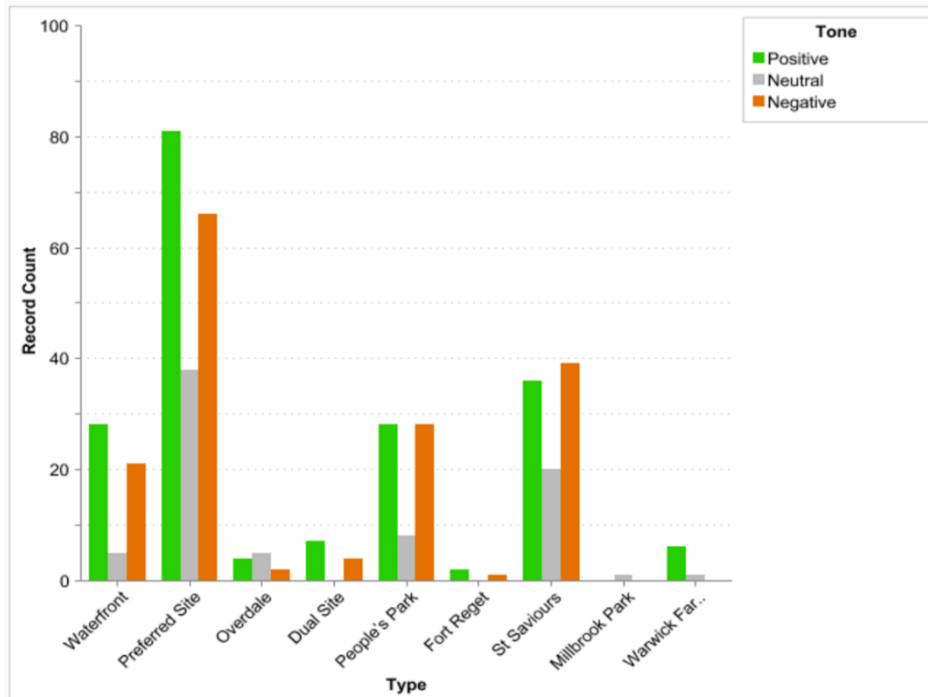
21.2 Of the 353 who responded 251(71%) responded positively, 55(16%) neutrally and 47(13%) negatively to developing the Future Hospital on the current General Hospital site. Such a survey makes no claim to using a representative sample, nor indeed to provide conclusive evidence of support or otherwise. Patients waiting for their outpatient appointment provide an ‘opportunistic sample’. The survey provides only an indication of ‘sentiment’, in this case positive, in much the same way as a public meeting might generate a passionate adverse sentiment about another site.

**22. Social Media**

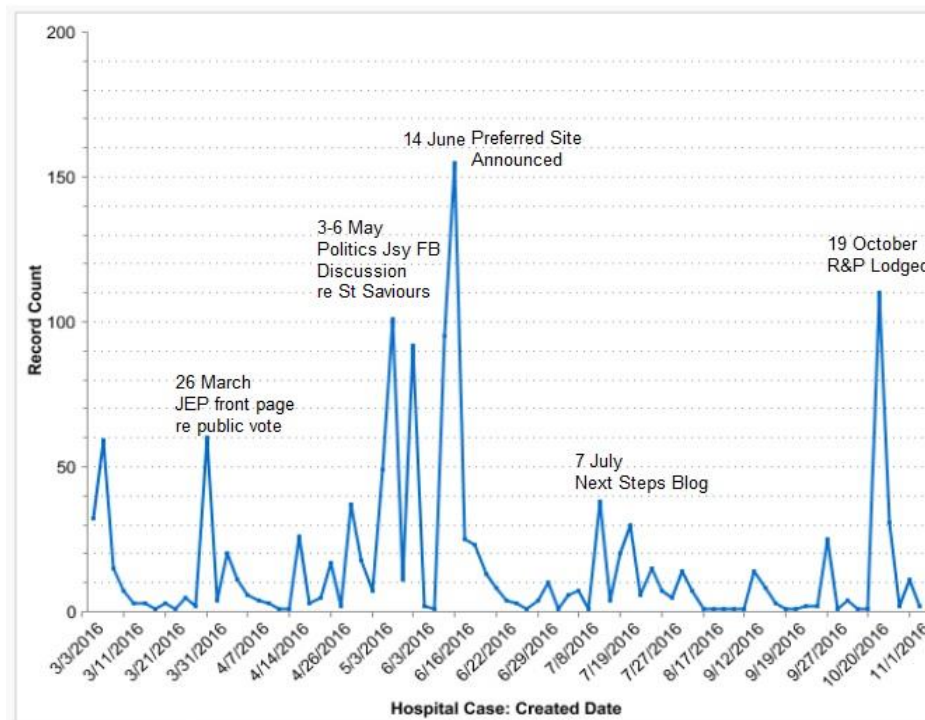
22.1 It is possible to consider this assessment of ‘sentiment’ about the preferred site in more detail through an analysis of social media responses to the preferred site. In summary, analysing all social media posts 3 March – 9 Nov 2016 i.e since the issue of the HSSD Minister’s statement about the benefit of a period of “reflection”, the following picture has emerged:

<u>Preferred site</u>	when compared with	<u>Waterfront</u>
81 Positive posts		28 Positive posts
38 Neutral posts		5 Neutral posts
66 Negative posts		20 Negative posts





22.2 This data illustrates how site preferences among the public can endure well beyond the possibility that these might be realised in an operational hospital. Expressing a view about sites that have no chance of being realised – Peoples Park, Millbrook Field, Fort Regent, St Saviours, Warwick Farm, Dual Site - is understandable. The views of those who expressed these preferences need to be respected. The challenge is that it generates a quantity of data that clouds stakeholder engagement about a very specific topic like the preferred site.



- 22.3 A further challenge in interpreting social media data in response to the preferred site is that posts respond to specific stimulation. For example, posts ‘spike’ with each Ministerial announcement about the preferred site. Such a response was deliberately encouraged through comprehensive print, television and radio briefings immediately before each announcement to ensure the widest possible Island coverage. While it is possible that some Islanders may still not have knowledge of *what* is being proposed – the building of a new hospital on the site of the current General Hospital – they are likely to be in the minority. Equally, stakeholder engagement to date indicates that there is still much work to be done on *how* the preferred site can provide an excellent hospital and when the different elements of this hospital will be open to be used by patients, staff and the general public. This is unsurprising given size and complexity of the project and the many different elements that contribute to the significance of the preferred site decision.
- 22.4 They also spike in response to a particular stimulus from other sites with large followings. For example, on 3 November ITV Channel News asked on its website “An independent review found it would have been better to build Jersey’s new hospital on the Waterfront. What are your thoughts on the hospital site saga? 63 posts in response reflected a range of views from “nonsense – develop the existing site and bl\*\*dy well get on with it” through preferences for the Waterfront, Overdale, The Quarry, Peoples Park and St Saviours sites before returning to “just proves you cannot please everyone, just get on and build it and stop the whinging”.
- 22.5 This characteristic of social media posts stimulating response has been helpful in encouraging debate in response to a series of ‘blogs’ from the Project Team on issues considered to be of importance to Islanders, such as the clinical and operational impact of the preferred site, planning matters and approached to transport implications of the preferred site, and guiding the updating of content on the Future Hospital website.
- 22.6 While the raw data therefore indicates that in total 1493 posts have been generated since 3 March 2016 these virtual responses should be considered alongside ‘real world’ responses gained through face-to-face communication with Islanders. This is the way the engagement has proceeded to date, with over 2,500 people having the opportunity to respond directly to a member of the Project Team and nearly 350 doing so. In this way ‘portmanteau responses’ characteristic of much of the social media feedback (where responses specifically related to the preferred site are embedded within more general concerns about the political process, individual ministers, funding, affordability, planning, cost of consultation, cost of the project so far, car parking, the relative merits of other uses for different sites, venting feelings of frustration and much more) can still inform the engagement but need to be considered ‘in the round’. The overall feedback from both social media and the face-to-face engagement indicates that while support remains for sites other than the preferred site (and always will) this support does not appear to have generated any “red flags” sufficiently clamorous to offset the broad range of support for the preferred site.
- 22.7 This Report describes a good degree of positive support for the preferred site. It also recognises that the basis for some of this support reflects pragmatism and, for some, a recognition that the preferred site is the most likely to be adopted. It is important however to strike a note of caution ahead of the conclusion to this initial phase of stakeholder engagement. The Project Team is not aware of any:
- Campaign group with the objective to remove the preferred site from consideration by States Members
  - Petition organised against the preferred site

- Petition in favour of an alternative site
- Public meeting organised in opposition to the preferred site
- Websites dedicated solely to opposition to the preferred option
- Sizeable correspondence with Heath, Infrastructure or other Ministers either for or against the preferred site
- Similar sizeable correspondence forwarded by States Members to Ministers
- Significant numbers of enquiries made of the Project Team either directly or through the Future Hospital website

22.8 There has been enough time since the announcement of the preferred site in June 2016 for any or all of these to have happened. This does not mean they cannot materialise in the future. Support for the preferred site cannot be established conclusively through the absence of manifestations of organised opposition. What can be reasonably concluded at the end of this initial phase of engagement is that the preferred site has not generated disapproval of sufficient size to generate organised opposition.

### **23. Conclusion**

23.1 The nature of stakeholder engagement will change as the Future Hospital project progresses. Each phase will include engagement with external (public), internal (HSSD and SoJ) and political (Ministers and wider States Assembly members) stakeholders. The balance of engagement with different stakeholders will, however, vary over time. Concerns and debates about site choice, for example, will be replaced by equally challenging conversations about other matters, such as costs or building and service designs. When building construction begins, these wider considerations are likely to be superseded, for example, by the more particular concerns of local residents and staff who work in a General Hospital now adjacent to a construction site or of patients whose treatment we will need to take care not to disrupt. Such engagement will need to continue even after the Future Hospital has opened, in order to evaluate whether what was planned (particularly in terms of patient safety and operational efficiency and effectiveness) has been delivered in practice.

23.2 The Future Hospital Project Engagement Strategy needs therefore to reflect the size, complexity and, inevitably, evolving nature of the project through its changing phases. Broadly these are:

Phase 1	Site Selection	Jun 2016 – Nov 2016
Phase 2	Investment Decision	Dec 2016 – Jul 2017
Phase 3	Detailed Design Phase	Aug 2017 – Jul 2019
Phase 4	Construction and Commissioning	Aug 2019 – Mid-2024
Phase 5	Operational Phase	Mid 2024 – Mid 2027

23.3 Significant insight has been gained during phase 1, even though it is a short period relative to the whole life of the Project, which stretches beyond 2023 when the Future Hospital is planned to open. The focus in this phase has been on how stakeholders have helped develop the preferred site proposal and then continued to shape its direction through their feedback. Important insights have been gained that include:

- The intention to undertake a period of formal public consultation on different sites has developed into Report and Proposition P110/2016, which sets out the current General Hospital as the preferred site on which to build the new General Hospital

- A change in emphasis from engagement events where stakeholders come *to* find out more about the Future Hospital to an approach where project team members *go to* where stakeholders already are in large numbers
- An initial view that the provision of outpatient and other ambulatory services from Westaway Court would be challenging for clinicians to a conclusion gained from consultant medical and other staff that Westaway Court provides an opportunity to improve services for patients and the working environment for staff 5 years earlier than if these services were in provided in the new main General Hospital building when it opens
- The importance of identifying the work that stakeholders have identified as a priority for some time to improve the services and the opportunities for the preferred site to act as a catalyst for these ambitions and aspirations
- A risk that service model changes described in the Acute Service Strategy might be deferred for several years turning into a recognition that relocations needed by the preferred option (in Westaway Court, the main General Hospital site and for services to be relocated temporarily in other locations) could help expedite and resource these changes
- A stance that stakeholder interests are relatively fixed to a recognition that stakeholder's interests and concerns are likely to evolve as the Project progresses. This has led to an appreciation that engagement needs to be a dynamic process – a 'conversation' – in which the Project needs to be responsive to stakeholder concerns as they evolve
- An outlook that recognises the logic of, and case for, developing a General Hospital on the current site can be consistent with demonstrating respect for stakeholders whose views on alternative ways to realise a General Hospital on different sites and in different ways are sincerely held but unlikely to change
- A view that stakeholder engagement must only be an active process to a recognition of the contribution that can be made through passive engagement when, for example, in conversation with a member of the Project Team a much larger number of stakeholders witness such interactions and observe the commitment of the Project to listen and learn from those stakeholders
- The consideration that the site choice would be generally controversial for the public and Hospital staff to a conclusion that no clamorous 'red flags' with the potential to derail the preferred site proposal have been identified during this phase of the engagement
- A sensitivity that while particular stakeholders may have understandable anxieties about specific matters relating to the preferred site, they value the respectful approach of the Project Team to actively engage with them to agree, together, the best way forward. The detail of the preferred site work is currently at too early a stage, for example, to definitively conclude discussions about the acquisition of the properties along the east side of Kensington Place, the options for business and residential tenants in these properties, the future provision of hydrotherapy and Hospital League of Friends facilities. If not managed with continuing and appropriate sensitivity such matters will have the potential to become a focus for wider public disquiet.

- 23.4 This Phase 1 of this stakeholder engagement will, of course, not conclude until States Members debate P.110/2016 at the end of November. *This report is written ahead of reports published by Corporate Services or Health and Social Security Scrutiny Panels in the period before the States Assembly debate.*
- 23.5 If the States Assembly supports P110/2016, the Project Team look forward to Phase 2 and 3 in continuing to build on the contributions the many stakeholders have already made. Phase 2 of this engagement will provide the Project Board, Council of Minister and States Members and with surety that stakeholders have contributed in ways that inform the investment decision in the period up to July 2017. Phase 3 – which begins later in 2017 as the detailed design of the hospital begins to settle into a more developed form – will provide many opportunities for stakeholders to continue to contribute to making the Future Hospital not only safe, sustainable and affordable but also a special place that reflects the very best of what can be achieved in Jersey.

**Appendix 1 – Stakeholders included in Stakeholder Map**

1:2:1 hairdressers
ACET Jersey
Action for Wildlife
After Breast Cancer Support Group
Age Concern Jersey
Ambulance Service
Amputees - frequent users of hospital
Ancillary workers
Andium Homes
Antoine Trust (The)
Aroma's restaurant
Arts in Health Care Trust
Association of Jersey Architects
Autism Jersey
Backbenchers
Balliwick Express
BBC Jersey
BeachAbility
Brig Y Don Children
Brighter Futures
British Heart Foundation Appeal
Brook in Jersey
Building control
Bus company - Liberty Bus
Caesarean Muscular Dystrophy Welfare Society
Cancer Research UK Jersey
Cardiac patients - frequent users of hospital
Causeway Association
Centrepoint Trust
Chamber of Commerce
Channel 103
Channel TV
Chartered Institute of Building
CLIC Sargent Cancer Care for Children
Clinical Directors
Commercial organisations with direct interest
Community Associations - Parishes
Community Staff
Constables
Consultants - HSSD
CTJ Housing Trust
Customers of local cafes
Deanery's

Deputies
Development control
DFI - Coastal Protection Service
DFI - Drainage Authority
DFI - Highway Authority
DFI - Highways and Infrastructure
DFI - Waste Management
Diabetes Jersey
Donna Annand Melanoma Charity
Doran's Courtyard Bistro
Downs Syndrome Association Jersey Group
Driving for the Disabled
Durrell
Dyslexia Jersey Ltd
Eating Disorders Action Group Jersey
Emergency Planning Officer
Environmental Health
Eyecan
Family Nursing and Home Care Jersey Inc
Fire and Rescue Services
Friends of Jersey Oncology
Friends of SCBU
Friends of the Bridge
Front line staff
Future St Helier Project
GC Café
Grace Crocker Family Support Foundation
Hard to reach groups - teenagers
Headway Jersey
Health Clinical Staff
Health Support Staff
Helen Miles - 1001 critical days
Highlands
Historic Environment Team
Hope for John
Hospital transport
Hotel Revere
Hotels - For housing all those involved in construction/build from UK
HSSD Mental Health
Huntingdon's Disease Association Jersey
Inclusion Project
Infrastructure
International construction supply chain - interested in opportunities not financial with island
International designers - accountable for hospital design

JEP
Jersey Alzheimer’s Association
Jersey Architects Commission (JAC)
Jersey Arthritis Care
Jersey Association for Spina Bifida and Hydrocephalus
Jersey Association of Cancer Nurses
Jersey Association of Carers Incorporated
Jersey Asthma and Respiratory Society
Jersey Brain Tumour Charity
Jersey Cancer Relief
Jersey Cancer Trust
Jersey Cheshire Homes
Jersey Child Care Trust
Jersey Children’s Trust
Jersey Climate Action Group
Jersey Construction Council
Jersey Council on Alcoholism
Jersey dDeaf Society
Jersey Dips
Jersey Disability Partnership - Jim Hopley/Jim Pinel
Jersey Domestic Violence Forum
Jersey Electricity
Jersey Employers Network on Disability
Jersey Energy Forum
Jersey Epilepsy Association
Jersey Finance
Jersey Haemophilia Group
Jersey Health Care Foundation
Jersey Heart Support Group
Jersey Heritage
Jersey Homeless Outreach Group
Jersey Homes Trust
Jersey Hospice Care
Jersey in Translation
Jersey Kidney Patients Association
Jersey Mencap
Jersey MS Therapy Centre
Jersey Safety Council
Jersey Society for Deaf Children and Young Adults
Jersey Society for the Disabled
Jersey Tourism
Jersey Trees for Life
Jersey Water
Jersey WI



Jersey Womens Refuge
Jersey Youth Service
JVCS
La Motte Street Youth Centre
La Pouquelaye WI
Law Society of Jersey
League of Friends
Les Amis inc
Les Vaux Housing Trust
Little Italy
Local logistical companies with opportunity in FH project
Lymphoedema Jersey
Macmillan Cancer Support Jersey
Managers - HSSD
MIND jersey
Ministers
Motor Neurone Disease Association
MS Society of Jersey
National Childbirth Trust
National Meningitis Jersey Trust
National Trust for Jersey
Natural Environment team
Neighbours not directly affected by site acquisition
Non neighbours residents in local environment in St Helier affected by construction period
NSPCC
Office of the Lieutenant Governor
Oncology patients - frequent hospital users
Ophthalmology
Oscar Maclean Foundation
Owners of Sutherland Court
Pain Support Jersey
Parkinson
Pathways Family Centre
Peter Ward Memorial Midwinterwalk
Pets as Therapy
Philips Footprints
Policy projects & heritage
Ports of Jersey
Primary Schools
Primary Care providers - GP/nurses/physician assistant
Private Nursing Homes
PTA
Radio Lions Hospital Broadcasting Service
Renal patients - frequent users of hospital

Royal Institute of British Architects (RIBA) - AJA represents
Royal Institute of Chartered Surveyors (RICS)
Royal Jersey Agricultural and Horticultural Society
Safer St Helier Community Partnership
Samaritans
Save Jerseys Heritage
Save Our Shoreline
Scott Gibaut Homes Trust
Secondary schools
Senior Managers
Shelter Trust
Shopmobility St Helier
Silkworth Lodge
Social Services Staff
Société Jersiaise
SOJ staff - impacted by investment in HSSD Services and Hospital
St Helier Methodists
St Helier Polish Society
St Helier Waterfront Action Group
St Helier Youth Committee
St John's Ambulance
Stafford Hotel
States of Jersey Police
States Tenants Action Group
Stroke Association
Support Services Contractors
Sutherland Court residents
Taxis
Teachers/Apprentices
Teenage Cancer Trust
The Brick Foundation
The National Trust for Jersey
Trees for Life
UK Visiting Medical Consultants (Oxford, Southampton, Norwich etc)
Volunteers hospital and community
West of Town Community Association
Weston Health Care Foundation

**Appendix 2 – Stakeholders Invited to Deliberative Event 28 November 2016**

Organisation
ACET Jersey
Action for Wildlife
After Breast Cancer Support Group
Age Concern Jersey
Antoine Trust (The)
Arts in Health Care Trust
Autism Jersey
BeachAbility
Brig Y Don Children
Brighter Futures
British Heart Foundation Appeal
Brook in Jersey
Caesarean Muscular Dystrophy Welfare Society
Cancer Research UK Jersey
Causeway Association
Centrepoint Trust
CLIC Sargent Cancer Care for Children
CTJ Housing Trust
Diabetes Jersey
Donna Annand Melanoma Charity
Downs Syndrome Association Jersey Group
Driving for the Disabled
Durrell
Dyslexia Jersey Ltd
Eating Disorders Action Group Jersey
Eyecan
Friends of Jersey Oncology
Friends of SCBU
Friends of the Bridge
Grace Crocker Family Support Foundation
Havre de Pas Group
Headway Jersey
Helen Miles - 1001 critical days
Holidays for Heroes
Hope for John
Huntingdon's Disease Association Jersey
Inclusion Project
Jersey Alzheimer's Association
Jersey Arthritis Care
Jersey Association for Spina Bifida and Hydrocephalus
Jersey Association of Cancer Nurses
Jersey Association of Carers Incorporated

Jersey Asthma and Respiratory Society
Jersey Brain Tumour Charity
Jersey Cancer Relief
Jersey Cancer Trust
Jersey Child Care Trust
Jersey Childrens Charity
Jersey Climate Action Group
Jersey Council on Alcoholism/Silkworth Lodge
Jersey dDeaf Society
Jersey Dips
Jersey Disability Partnership
Jersey Domestic Violence Forum
Jersey Employers Network on Disability JEND
Jersey Energy Forum
Jersey Epilepsy Association
Jersey Haemophilia Group
Jersey Heart Support Group
Jersey Homeless Outreach Group
Jersey Homes Trust
Jersey Hospice Care
Jersey Kidney Patients Association
Jersey Mencap
Jersey MS Therapy Centre
Jersey Safety Council
Jersey Society for Deaf Children and Young Adults
Jersey Trees for Life
Jersey Womens Refuge
Jersey Youth Service
Jersey Voluntary and Community Sector
La Motte Street Youth Centre
La Pouquelaye WI
Law Society of Jersey
Les Vaux Housing Trust
Lymphoedema Jersey
Macmillan Cancer Support Jersey
Motor Neurone Disease Association
MS Society of Jersey
National Childbirth Trust
National Meningitis Jersey Trust
NSPCC
Office of the Lieutenant Governor
Oscar Maclean Foundation
Pain Support Jersey
Peter Ward Memorial Midwinterwalk

Pets as Therapy
Philips Footprints
Ports of Jersey
Radio Lions Hospital Broadcasting Service
Royal Jersey Agricultural and Horticultural Society
Samaritans
Scott Gibaut Homes Trust - (Originally established by Scope and Headway (Jersey) to provide affordable, purpose designed accommodation for people suffering from brain injury and cerebral palsy)
Shelter Trust
Special Needs Advisory Panel (S.N.A.P)
Stroke Association
Taxis
Teenage Cancer Trust

**Appendix 3 - Clinical engagement – Senior Clinician and Others**

Meetings typically involved at least 1 senior clinical (consultant medical staff) and one senior manager. Senior nurses, clinical nurse specialist and administrative staff accompanied where teams desired

Data surgeries
Relocation meetings
Benefits realisation meetings
Confirmation of Brief meetings

Date	Department	HSSD Attendance
<b>11 July</b>	Sexual Health	2
	Pain Service	1
	Facilities Management	1
	Urology	4
	Theatres	2
<b>13 July</b>	Pharmacy	2
	Audiology	1
	Clinical Investigations	1
	Podiatry	2
<b>14 July</b>	Theatres	1
<b>15 July</b>	Physiotherapy	1
	Renal & General Medicine	2
<b>18 July</b>	Critical Care	2
	Maternity & Gynaecology	2
<b>19 July</b>	Oncology & Haematology	2
	Dietetics	1
<b>20 July</b>	Cardiology	1
	Dermatology	2
<b>21 July</b>	Operational Support Services	1
	Radiology	1
<b>22 July</b>	Trauma & Orthopaedics	1
	Assisted Reproduction Unit	2
<b>25 July</b>	Maternity	2
<b>26 July</b>	Colorectal	1
<b>27 July</b>	Breast Service	1
	Paediatrics & SCBU	1
<b>28 July</b>	Rheumatology	1
<b>8 August</b>	Renal	2
<b>10 August</b>	Vascular	1
<b>11 August</b>	Pathology	6
<b>12 August</b>	Emergency Department	1
<b>16 August</b>	ENT	3
<b>6 September</b>	Respiratory	3
<b>22 September</b>	Catering	2
	Emergency Assessment Unit	3
	Theatres	2
<b>23 September</b>	Rheumatology	2
	Maternity	4
	Strategic Ward Design	6
<b>27 September</b>	Cardiology	4
	Clinical Coding	2
	Renal	3

Date	Department	HSSD Attendance
<b>28 September</b>	Sexual Health and BBV	3
	Medical Records and Outpatient Appointments	3
	Radiology	1
<b>29 September</b>	General Medicine	2
	Theatres	2
<b>4 October</b>	Trauma & Orthopaedics	2
	Private Patients	2
	Gynaecology	3
<b>5 October</b>	Maternity	2
	Pharmacy	2
	Critical Care	2
	Urology	4
<b>10 October</b>	Pain Service	4
	Neurology	2
	Education	4
	Strategic Ward Design	7
<b>11 October</b>	Audiology	2
	Engineering	1
	Respiratory	2
	ENT	5
<b>12 October</b>	Medical Secretaries	3
	Oncology	2
<b>19 October</b>	Physiotherapy	4
	Trauma & Orthopaedics	2
	Emergency Department	5
<b>20 October</b>	Travel Office	2
	Clinical Investigations	2
	Gynaecology	3
<b>21 October</b>	Pathology	3
<b>25 October</b>	Major Incident	3
	Ambulance	3
<b>31 October</b>	Dermatology	2
	Neurology	2
	Ophthalmology	4
<b>1 November</b>	General Surgery	Deferred (surgical emergency)
<b>2 November</b>	Diabetes	1
	Paediatrics	4
	Radiology	1
	Data Surgeries = 34	
	Relocation meetings = 22	
	Benefits realisation = 11	
	Confirming brief = 13	
<b>Meetings Totals</b>	80	

END