

# STATES OF JERSEY



## FUTURE HOSPITAL: PREFERRED SITE

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Lodged au Greffe on 19th October 2016  
by the Council of Ministers

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STATES GREFFE

## **PROPOSITION**

**THE STATES are asked to decide whether they are of opinion –**

to approve in principle as the site location for the new General Hospital the current Jersey General Hospital site with an extension along the east side of Kensington Place and other nearby sites, including Westaway Court, in accordance with the Map at Appendix 1 in the Report accompanying this Proposition, with detailed proposals to be brought back to the Assembly as set out in Section 6.3 of the accompanying Report.

COUNCIL OF MINISTERS

## REPORT

### 1. Vision for a Future General Hospital for Jersey

- 1.1 *“Health and Social Services: A New Way Forward”* (P.82/2012) set out the vision of an integrated system and a programme of change, now being implemented, to meet the challenges facing the Island’s Health and Social Services. Central to the development of these initiatives is the need for a General Hospital that is fit for purpose, capable of sustaining the general and acute care requirements for the population, and is embedded in the proposed new system for health and social care. P.82/2012 made clear that new Hospital capacity will be required within 10 years.
- 1.2 The Future General Hospital provides an opportunity to crystallise the very best of Jersey in a high-quality and enduring, safe, sustainable and affordable way. It allows the people of Jersey to embody in physical form a special place where special life events happen that is easily accessible to all. It is informed by a core purpose to always be there when Islanders or their families need the care that they cannot always provide for themselves.
- 1.3 A new hospital should reflect the essence of what we value most in Jersey: reflecting our community values of caring for each other and caring for ourselves; and where the care of patients and their families is at the heart of all we do. It should also indicate, in material form, evidence that these values are more than just words.
- 1.4 The Future Hospital will be the largest single capital investment in a generation. With this investment comes a responsibility to ensure it provides the best value for money. This can only be achieved by providing a hospital and other healthcare services in different ways in the years to come. We must do this as public expectations rise of what a hospital can provide, yet the resources needed to meet these expectations will be increasingly constrained.
- 1.5 The Future Hospital will enable the States of Jersey to create a legacy that respects, but does not revere, the past: a new building with a design quality reflecting the optimism with which the Island looks to the future. It will also be one that re-purposes the old to provide a foundation for the regeneration of part of St. Helier, both through the development of a health campus and through restoring to the public realm the setting of the original Hospital building.
- 1.6 This Report sets out –
  - how the Future Hospital will benefit Islanders through delivery of the Acute Service Strategy in ways that are consistent with the whole re-design of Health and Social Services;
  - why the preferred site will deliver an excellent Hospital;
  - where we are in the process of developing the future hospital and what the next steps are;
  - the views of stakeholders on the proposals at this stage.

## **2. The Acute Service Strategy**

- 2.1 As an early requirement of the feasibility work, an Acute Service Strategy was developed, with comprehensive clinical and other stakeholder engagement during 2014 and 2015. The Strategy has been approved as a Ministerial Decision (MD-HSS-2016-0035) by the Minister for Health and Social Services and is a public document.
- 2.2 The Acute Service Strategy describes the way acute services need to develop in the next 10 years in response to –
- an ageing population with an increasing demand for acute care;
  - changes to clinical staff and workforce to meet this demand;
  - increased costs in providing this care; and
  - a General Hospital that will not be ‘fit for purpose’ in the near future.
- 2.3 In supporting the re-design of Health and Social Services, Islanders, States Members and clinical staff all recognised that doing ‘more of the same’ in the current General Hospital was not a viable option. If services were to continue to be provided in ways that were safe, sustainable and affordable, an Acute Service Strategy was needed to set a different direction for General Hospital services on the Island.
- 2.4 The current General Hospital has developed piecemeal over previous decades. Its form creates barriers to developing services of the quality and productivity needed within a modern hospital. The Hospital’s physical condition, as assessed in an independent “6 Facet” Condition Survey, hinders achieving the modern standards expected in a Hospital. The fabric of the Hospital building and its supporting infrastructure is rapidly becoming inadequate and unsustainable. The Future Hospital is a key enabler for a new model of care with patient safety as its paramount concern. With its significantly improved clinical departmental physical relationships and modern facilities, it will embody the improvements set out in the Strategy.
- 2.5 From the outset, the Acute Service Strategy has been conceived as an enabler for implementation of P.82/2012. It therefore provides links to concurrent workstreams developing, and now implementing, strategies for Primary Care, Mental Health and Out-of-Hospital Services.
- 2.6 The Strategy comprises 3 key elements –
- admission avoidance – doing all we can so that patients don’t need to be cared for in Hospital in the first place;
  - admission prevention – when Islanders do need to come to Hospital, making early decisions and providing treatments in ways that reduce the number needing to be admitted; and

- early discharge – when Islanders do need to be admitted, making sure their care is as safe and clinically effective as possible, so that they are able to return home or to care outside the Hospital at the earliest opportunity.
- 2.7 For patients and their families, these elements are based on removing steps that add little or no value to their care, whether this is for emergency care following an accident, planned care for an operation, a childhood illness, having a baby, or care as people get older. For staff, it would support them to provide safer, more efficient care through the grouping of related services in a single location within the Future Hospital.
- 2.8 The Acute Service Strategy was developed from a core set of strategic principles which have the patient’s experience of the Hospital at their heart. These principles then translate into a set of Strategic Objectives describing the kinds of facilities needed to provide modern acute healthcare for Islanders.
- 2.9 A key means of realising the benefit that the new model of care could bring was to include only those new ways of working that were tried and tested in other jurisdictions, with clear evidence of their positive impact on clinical outcomes and efficient resource use.
- 2.10 Particular attention was paid to ensuring these ways of working were relevant in the context of health and social care in the Island. These include –
- (i) implementation of Ambulatory Emergency Care, where all unscheduled care patients are treated as ‘zero length of stay’ i.e. not requiring an overnight stay unless clinically agreed otherwise;
  - (ii) improving elective care by improved utilisation of operating theatres and the introduction of ‘Day of Surgery’ and ‘23 Hour’ Units. These innovations benefit patients by reducing pressure on in-patient beds, increasing day surgery rates, and enabling staff to utilise new technologies and skills;
  - (iii) re-designing outpatient pathways to reduce “new-to-follow-up” appointment rates and supporting the transfer of more activity to Primary Care;
  - (iv) developing new workforce roles inside and outside the hospital; and
  - (v) repatriating off-Island activity where safe and affordable to do so.
- 2.11 These opportunities for improvements in productivity and quality and changes in the clinical model formed the basis of the Medium Term Financial Plan 2016 – 2019 ([P.72/2015](#)), investments currently being implemented, and the Medium Term Financial Plan Addition for 2017 – 2019 ([P.68/2016](#)), and investments considered by the States Assembly during September 2016. These investments begin the transformation of General Hospital services in the ways set out in the Acute Service Strategy. Where these opportunities do not depend on the Future Hospital building, they can provide the means to address the pressures on existing wards, operating theatres and out-patient capacity until the Future Hospital is commissioned.

### **3. The preferred site**

- 3.1 The preferred site location is identified in the attached **Appendix 1** and consists of the footprint currently occupied by Peter Crill House and Gwyneth Huelin out-patient buildings in the existing Hospital estate, together with certain properties adjoining the current Hospital and Patriotic Street Car Park on the east side of Kensington Place, together with the use of Westaway Court. This area proved to be the best-performing to address the transitional phase and the safe continuing operation of the current Hospital whilst the Future Hospital is built. This is because it avoids the need to relocate high-risk services like the emergency and in-patient departments, and the need to refit or refurbish these high-risk services by disruptive and risky replacement of expensive building services. It also provides the ability to isolate the building work from the operational Hospital, thereby reducing risks of disruption to patient care associated with the construction.
- 3.2 The site takes advantage of the existing Patriotic Street Car Park to enable a hospital with a smaller footprint on the site to be both operationally viable and clinically safe. Previously, all site selection had measured the performance of sites against an ideal 20,000 m<sup>2</sup> ground floor footprint, which allows the significant patient numbers to be managed safely and with minimal intrusion to the in-patient hospitals. This had been identified through good practice guidance as providing the optimum departmental locations on the ground floor (these being emergency, imaging and out-patients, together with public access, facility management and logistical service access). By connecting the Hospital to the Patriotic Street Car Park on a number of different car parking floors, the majority of patients who arrive by car could access out-patient departments on different floors without using stairs or walking long distances. This was a key issue, given the ageing demographic anticipated in Jersey.
- 3.3 The site, once existing services have been relocated and the site cleared, would enable a single main construction phase. This would be more attractive to construction companies than a multi-phased solution, and facilitates a shorter, more efficient and less costly construction than previous schemes considered on the site, avoiding excessive disturbance to the adjacent operational Hospital during construction.
- 3.4 A large building would need to be constructed to achieve the circa 45,000 m<sup>2</sup> of floor-space projected as being required for the Future Hospital. The site offers the opportunity to accommodate such a building, in keeping with and respecting the urban nature of the surrounding neighbourhood, given the height of neighbouring buildings, and provided that some latitude could be achieved in relation to height compared to previous pre-application guidance. Once this was indicated as possible, a variety of different designs within the site envelope could be envisaged. All of these would need a four- to five-storey hospital (i.e. higher than typical office or residential storeys) “podium” to accommodate the emergency, out-patient, treatment and specialist departments and support services, leaving a range of possible ways of deploying the in-patient wards to take advantage of the views and healing environment that would be afforded at higher storeys.

- 3.5 To ensure close co-location of critical support services such as pathology and pharmacy, as well as the Hospital energy centre, the preferred site extends along the Kensington Place perimeter of the Hospital and Patriotic Street Car Park. While every effort was taken to avoid the need to develop on land not already owned by the States of Jersey, this proportionally small additional land is believed essential to the safe, sustainable and affordable operation of the Future Hospital. Should the States Assembly support the site selection, this will be further tested and challenged as part of the project development to ensure that the need for the anticipated site purchase is fully and robustly demonstrated.
- 3.6 The preferred option involves some adjustment in the health brief to achieve a site configuration that clinical and non-clinical Hospital leadership can support. A key condition informing this preferred option is that such adjustment does not hinder in any way the delivery of safe, sustainable and affordable care. A Hospital with a larger footprint supports more departments arranged in horizontal adjacency than one with a smaller footprint, which necessarily requires more departments than to be arranged in vertical adjacency. There are advantages and disadvantages to both configurations.
- 3.7 The proposed site configuration with a taller building on a smaller footprint works well as a safe and efficient hospital because it –
- maintains all the ‘safety-critical’ departmental adjacencies; for example, co-locating imaging and emergency departments, operating theatres and critical care, women and children’s services, and so on;
  - supports the clear separation of patient, visitor and logistics flows;
  - directs ‘high footfall’ to the ground or lower floors, with progressively smaller footfalls as people ingress into the building to facilitate the security of staff, patients, visitors and assets within the building, and to reduce the risk of any spread of infection;
  - allows separate entrances to departments with specific needs: for example, separating a women and children’s department’s 24-hour entrance, emergency department, out-patients’ and general public main entrances; and the intention would also be to provide a separate private patients’ entrance;
  - resourcefully integrates existing infrastructure assets such as Patriotic Street Car Park to allow direct access to the Hospital, particularly to out-patient departments at a number of different levels;
  - supports intuitive way-finding and reduces travel distances between departments for staff, patients and visitors; and
  - sustains opportunities to create a healing environment with views outward from upper floors, benefitting from less street noise and improved natural light at these levels to provide a restful environment for patients.

- 3.8 In relation to benefits, the current General Hospital establishes a strong planning precedent for continued use, and is therefore believed to be well-aligned to current planning policy. The site can deliver a high-quality design, and should facilitate civic pride and regeneration while respecting the heritage of the original Hospital. The site is well-located for the majority of the Island's population and should allow effective public, private and commercial access. The site configuration and proposed integration with Patriotic Street Car Park should enable the Hospital to be easily navigated by patients and visitors, and is capable of accommodating the full range of clinical and non-clinical support functions envisaged in the Acute Service Strategy. The site would enable the Future Hospital to be flexible in design and allow for future-proofing within a clear development planning strategy. A high-quality patient environment is deliverable, providing a clear focus on privacy and dignity for patients. An excellent final configuration of Hospital services can be achieved, even taking into account the fixed points which confine the site (for example, the listed original Hospital building). Of course, the requirement to relocate some current services means that the Hospital would have some manageable disruption during this period. Inevitably, the overall programme is slightly longer than any wholly new site solution, but it is believed that disruption to existing services can be minimised through the adoption of best design and construction practice and pro-active engagement with Hospital staff.
- 3.9 In relation to property, because the site is not fully in States of Jersey ownership, there is a need to secure some adjacent properties in Kensington Place set out in the attached Appendix 1. The project has engaged with owners, leaseholders and residents of those properties to alert them to the development and understand their circumstances with a view to agreeing terms for vacating the property. Compulsory purchase would only be a last resort in the event that reasonable terms for vacating or relocation arrangements could not be agreed.

#### **4. Working with States Members**

- 4.1 The period of public engagement in February 2016 signalled to a wide range of stakeholders the need both for a new Hospital and to revisit the merits of shortlisted sites. States Members' workshops that followed, in April and May 2016, helped clarify the rigour of the technical assessment supporting the site selection process. Nearly every States Member was able to make a contribution to these workshops. States Members were requested to identify any further sites they wanted reviewed, and 2 were identified and passed through the technical selection process – however, neither passed the screening stage tests and so were not considered further.
- 4.2 Insights from States Members emphasized the importance of aligning political views relating to each site with the technical assessments of those sites as a necessary condition for achieving an acceptable site choice. States Members indicated in the workshops that alignment could be developed by understanding that the General Hospital was –
- A “special place” where important life events happened – it connected with the lives of every Islander. The site therefore needed to be easily accessible for all Islanders. While sites out of St. Helier had merit, they were less accessible to patients, visitors, public, staff and emergency ambulances. A



General Hospital in St. Helier within the built-up area was therefore more likely to result in a “special place”.

- A “special case” of such significant community benefit where, within reason, constraints that were inhibiting the technical performance of sites could be re-considered in a more flexible way, sympathetically, without setting precedents for non-hospital developments.
- So important to the Island and Islanders that ‘political alignment’ was a necessary condition for concluding a site choice, irrespective of the technical merits of the sites under consideration.

4.3 These insights effectively provided 3 political ‘filters’, through which understanding of the technical assessment of shortlisted sites could be enriched. The technical shortlist was therefore revisited following the stakeholder engagements, to review which of the shortlisted sites might be improved by applying the “special case” assumptions. This gave some flexibility to the Future Hospital Project in relation to planning, cost or health brief assumptions, for example.

4.4 The current General Hospital site proved to have the most potential around which to build stakeholder alignment. The previous shortlisted option for the current General Hospital site, at an estimated cost of £630 million and with an 11–12-year multi-phase programme, was considered by Hospital and clinical leadership to cause unacceptable disruption to patients, visitors and staff. But by applying a “special case” filter, previous constraints could be challenged, and the project approach changed.

4.5 However, stakeholder alignment remained unlikely unless certain necessary conditions for success could be achieved. These were believed to be –

- Maintain safe operation of the Hospital throughout project delivery.
- Build a new, fit-for-purpose Hospital.
- Deliver the new Hospital in 8 years in a single main construction phase.
- Be broadly commensurate in cost to new-build options.

4.6 It was established that to achieve alignment might require –

- adjustment in the health brief, for example, with respect to departmental locations;
- challenges to planning requirements; for example, and within reason, in relation to the height of the building;
- some acquisition of adjacent properties, possibly needing compulsory purchase; and
- significant investment in relocated and temporary hospital buildings.

- 4.7 A wide range of potential hospital site arrangements had already been considered on the current General Hospital site, and therefore the Project Team concentrated on new approaches that could meet the conditions for success outlined above. The best balance of clinical performance, cost and design potential resulted in a preferred site location being identified.
- 4.8 The Future Hospital Scrutiny Sub-Panel has been formally briefed and its members, in their capacity as States Members, also attended the engagement workshops where the proposals were explained and discussed.
- 4.9 The formal Scrutiny process has been undertaken in 2 parts, the first considering the model of care changes envisaged by the Acute Service Strategy; and the second the site assessment and proof of concept that identified the proposed preferred site. The Sub-Panel continues to be provided with all the information needed to be able to continue its scrutiny of the preferred option. The documents provided as part of this scrutiny are referenced in Appendix 2, and public and commercially confidential versions have been made available as appropriate.

## **5. Public engagement**

- 5.1 The importance of the public in supporting and shaping the Future Hospital is evident through both the public engagement undertaken by the project, and States Members' active and positive engagement. It is considered vital to the success of the Future Hospital Project that a high level of active engagement continues. Following the Minister for Health and Social Services' statement to the States Assembly about the proposed site on 14th June 2016, a series of staff briefings and social and other media communications occurred.
- 5.2 A States Members' workshop, held on 18th July 2016, provided the opportunity to develop further alignment around the preferred site. The Future Hospital Project also benefited from States Members' insights as to how the Hospital design concept, still in development, might best reflect the purpose, essence and legacy of a future hospital for Jersey and its people.
- 5.3 A period of public engagement setting out the preferred option on the current General Hospital site commenced following the Council of Ministers' approval of the preferred site on 20th July 2016. The initial phase of engagement supported the development of the engagement approach (e.g. clarifying content, testing through focus groups, social media, Parish Hall meetings, and so on) to ensure that the engagement is able to focus on the issues of most concern to stakeholders. This approach was designed to provide preliminary evidence of the extent to which the proposed site option reflects a direction of travel acceptable to Islanders. The intention would then be to continue with a second phase of public engagement up to and following lodging of the Proposition, and then to produce a final report setting out the public and other stakeholder views about the proposed site option to inform the States Assembly debate.
- 5.4 The final report would be structured around the following themes to demonstrate the breadth of engagement –
- States Members' workshops;
  - engagement materials;
  - social media;

- Parish meetings;
- voluntary and community body meetings;
- staff engagement;
- clinician engagement;
- neighbours and residents' groups;
- focus groups; and
- media.

- 5.5 The engagement will benefit from external quality assurance from the Consultation Institute. It will seek from the Public and other stakeholders their views on how the preferred option can be improved to best meet the needs of Islanders. The process will involve social and other media, voluntary, community and other stakeholder meetings, staff briefings, Parish Hall and other public meetings.
- 5.6 Clinical Directors and the wider consultant body (represented through the Medical Staff Committee) have given a pragmatic response to the preferred option. Their view recognised that building on a separate site with a 'turnkey solution' would minimise disruption to services in the transitional period. Issues specific to the preferred site, such as the potential for disruption caused by noise, dust and vibration during the construction phase, have been identified and all of these can be effectively mitigated. The Medical Director has summarised his colleagues' views as acknowledging the need to proceed without further delay and, while understanding the risks of building a new Hospital adjacent to the existing one, the risks associated with doing nothing far outweigh these risks. Engagement with clinicians and their teams will continue to inform the preferred option to ensure it provides both a safe transition and a high-quality Hospital at the end point.
- 5.7 The Department of the Environment ("DoE") has been consulted in relation to the preferred site and has indicated that the site offers the best potential for a successful Hospital from a planning perspective of those proposed. The site and location, as well as the complexity and risk of the future Hospital, will present many challenges to the development of a successful planning application for the proposed Hospital on the preferred site. The Department has indicated that there are key policies within the Island Plan that support the choice of the proposed site in principle; but that there are challenges directly associated with the scale of the project that any proposal must address in order to be supported. Whilst the Department is willing to discuss the potential solutions to those challenges, it must be careful not to prejudice its position when it comes to assessing the application for planning permission. However, what is not in doubt is the fact that the Island Plan clearly supports the principle of healthcare development on existing healthcare sites.
- 5.8 There are a number of possible building design solutions that could accommodate these characteristics. Adopting fundamental design principles can help assess which of those potential solutions is the most appropriate. The Future Hospital will need to integrate into the existing character and grain of the town and be relevant to the townscape of St. Helier. It will need to demonstrate the principles of sustainability, and connect physically and functionally with its surroundings and its users, as well as contributing to the enrichment of the town environment. Providing façades that reflect the existing

scale of surrounding development within the streets that surround the site is key to blending the Hospital into the town's character and amenity at a local level, and this will create the podium building described in section 3 (paragraph 3.4). The potential impact of higher floors can then be carefully considered to ensure that any impact on important views and vistas surrounding the town is avoided or mitigated. There will also be an opportunity to explore how the Hospital can contribute to the regeneration of St. Helier as work on this strategic priority continues to develop.

- 5.9 The Transport Authority has been consulted and has indicated that, whilst construction of the Hospital will present a key challenge, there is nothing unworkable in the proof of concept proposals from a transport and access perspective. It noted the importance of detailed engagement with the Parish of St. Helier Roads Committee and a co-ordinated approach to delivery of the access, transport and parking arrangements for the approach in the detailed design development work that would follow any States approval.
- 5.10 The Fire and Rescue Service, the Parish of St. Helier, Drainage Authority, Jersey Water Company, Jersey Electricity Company, Jersey Gas and JT Global all kindly provided comments and input into the design and cost development of the several designs that have been considered for the current General Hospital site, and that have in turn informed the preferred site design. Further pro-active engagement will continue before and after any approval from the States Assembly.

## **6. Financial and funding implications**

- 6.1 In relation to affordability, it has been confirmed that the high capital cost of all of the options means that they would not be afforded within the funding strategy approved in principle by the States Assembly in approving the Draft Budget Statement 2014 ([P.122/2013](#)). The Council of Ministers will therefore be bringing forward proposals for a revised Funding Strategy to be considered alongside these proposals for the preferred site.
- 6.2 An indicative capital cost envelope of up to £466 million for the project cost of developing the concept envisaged in the approach above has been developed and is set out within the Draft Medium Term Financial Plan Addition for 2017 – 2019 ([P.68/2016](#)). The cost estimate incorporates all main works to the main Hospital, together with all related relocation and enabling works and associated fees. It must be recognised that this is an indicative estimate, based on area-based assumptions, and significant further development and design work, as well as planning and procurement, would need to be carried out before a final cost can be provided. The costs include works required to re-purpose the Granite Block, but not any other legacy buildings for non-clinical use. Some key cost estimations are not included within the cost estimate, including the cost implications of key worker accommodation arrangements, for example, which will require further assessment.
- 6.3 It is proposed that the outcome of the detailed development and design work should be brought back to the States Assembly before the summer recess in 2017. The costs advised as requiring to be incurred prior to the detailed proposals being lodged are approximately £27 million, and involve the full

2016 costs and approximately half of the 2017 costs. The detail will be set out within the project brief and execution plan. These costs involve funding the development of the project brief for the new approach, undertaking the necessary further site assessment studies to inform project costing, completing the activity assessments and plans, developing the concept design, proposed procurement strategy and outline planning submission, tendering for a construction partner, completing the concept design and commencing the construction of relocation works, as well as producing the overall project execution plan.

## **7. Staffing implications**

7.1 Doing more of the same will not meet the challenges presented by the demands of health and social care in the coming decade. Key aspects of these challenges include –

- an ageing demographic that applies to Health and Social Services Department staff as well as the broader population, with a significant number of key staff approaching retirement;
- an increased quantum of demand for health and social care: older people need more services, placing increased demands on the staff who provide them; and
- a change in the type of staff that reflects the changing nature of these services.

7.2 Jersey is not alone in facing these workforce challenges largely driven by an ageing demographic. However, the Island needs to craft a Jersey solution. Workforce plans are being developed for each of the key services that will operate within the Future Hospital. These are being complemented by workforce plans for services that operate outside the Hospital in Community and Social Services, in Family Nursing and Home Care and in Primary Care. This approach to workforce planning is consistent with the principle set out in the Acute Service Strategy, which considers the success of the Future Hospital to be as much reliant on services provided outside the Hospital as it is on the improvements enabled within it.

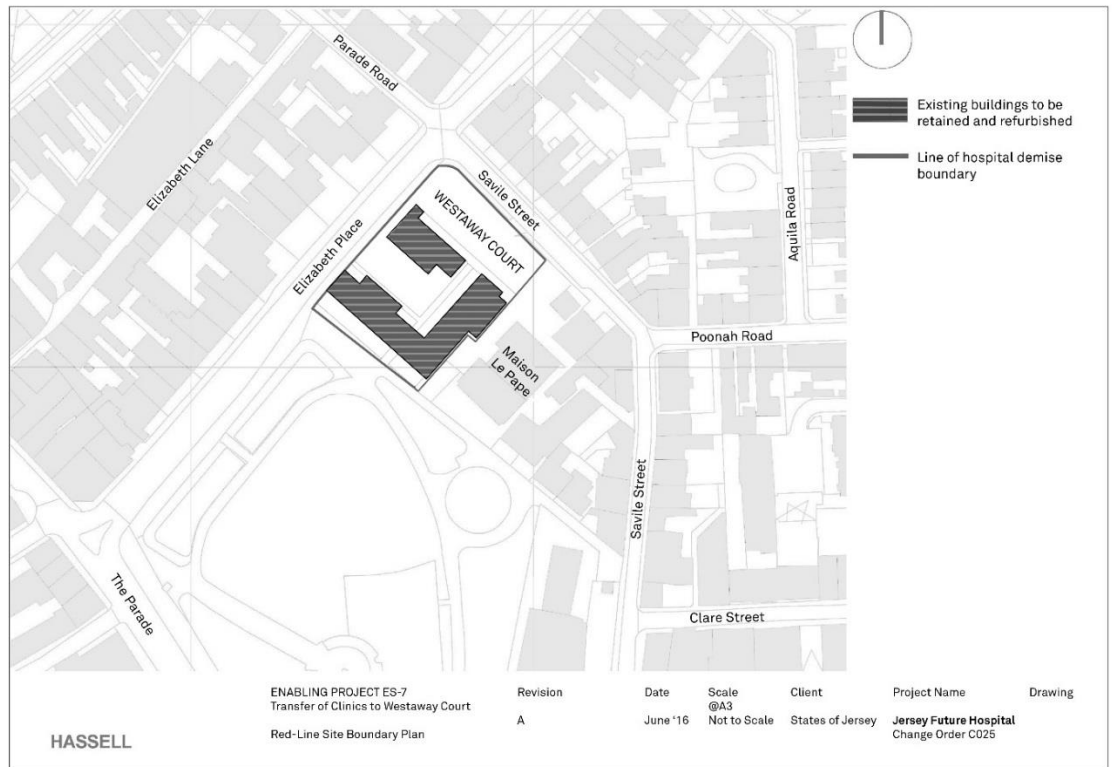
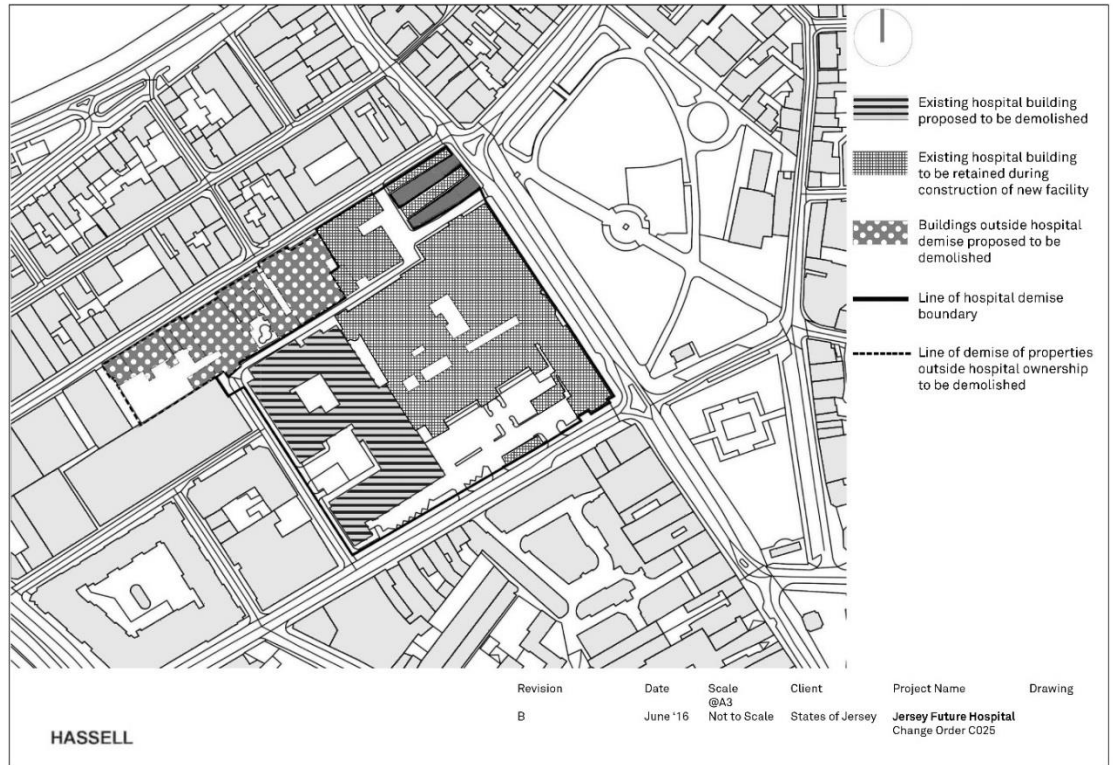
## **8. Conclusion**

8.1 In supporting “Health and Social Services: A New Way Forward” ([P.82/2012](#)), States Members recognised the challenges in securing the health and well-being of Islanders for the years ahead. Fundamental to this was an acknowledgment that the ways we provide healthcare in the Island today would become increasingly unsuited to the needs of Islanders in the future. With progressively more older people, rising expectations from all Islanders, a healthcare system where technological advances make more treatments available, but where resources are increasingly constrained, ‘more of the same’ could not be the way forward.

- 8.2 The Acute Service Strategy, Primary Care Strategy and Mental Health Strategy combine to emphasize that, while the Future Hospital is a critical part of the way forward, its contribution needs to be one that supports the transformation of the whole health and social care system. Only through this whole system transformation can a future health and social care system be safe, sustainable and affordable.
- 8.3 The current General Hospital, which has served the Island well for generations, is reaching the end of its life. Its physical condition has progressively deteriorated and will continue to do so. The patchwork way in which it has developed over many decades hinders the ability of staff to provide efficient care. Most important of all, as Islanders and staff rightly expect safety standards to continue to rise, the Hospital with its relative lack of isolation rooms, overcrowded wards, and space standards reflecting a bygone age, will find it increasingly difficult to meet the standards required of a modern Hospital and expected by patients.
- 8.4 We now have an opportunity to look to and secure the future. Stakeholders have acknowledged the comprehensiveness and robustness of the technical assessment associated with the Future Hospital preferred site. The technical assessment has been undertaken to ‘industry standards’ using guidelines that are publicly available and encourage the necessary degree of scrutiny. These comprehensive reports, which run to some 30 Appendices, will be made publicly available during the lodging period. This rigour and scrutiny will carry on as the project approach continues to be tested following the States Assembly decision about the preferred site. Islanders would expect nothing less.
- 8.5 The preferred site has been subjected to comprehensive public and political debate. A General Hospital can function on the site. It is accessible by foot, public and private transport for all Islanders, and can therefore remain a “special place”. For many years it has formed a cherished part of the fabric of St. Helier. The fabric of St. Helier in the years ahead, however, will be cut from a different cloth. The ‘Future of St. Helier’ addresses the opportunities that are possible if we are to make the town a better place to live, work and visit. A Future Hospital on the current site reinforces the link between the past and this future. The Future Hospital will look to the future through the design and quality of a new modern building, while echoing the past by re-purposing the original 1860s Hospital building and reinstating into the public realm the space in front of it. No other site provides such a rich platform from which to enable health and social care to contribute to the regeneration of St. Helier. A healthcare campus in the heart of the town will reflect the optimism and resourcefulness that will be needed to meet the healthcare challenges facing our Island.

**APPENDIX 1**

**The preferred site (extended current Jersey General Hospital site)**



## APPENDIX 2

### Documents submitted to the Future Hospital Scrutiny Sub-Panel

#### Health and Social Services Department submissions:

1. Transition Steering Group records (2015–2016)
2. Acute Service Strategy 2015–2024 (2016)
3. Example Acute Service Plan (Emergency Department) draft (2016)
4. Future Hospital Risk Register (2016)
5. Future Hospital Governance Structure (2014)
6. P.82 Programme Governance Structure (2016)
7. Project Team roles (2016)
8. Terms of Reference for the Future Hospital Political Oversight Group (2016)
9. Terms of Reference for the Future Hospital Project Board (2016)
10. Revised approach timeline (2016)
11. Acute Service Plan Benefit Modelling Brief (2015)
12. HSSD Workforce Strategy and Planning Project Scope (2015)
13. HSSD Workforce Strategy and Planning Project Highlight Report (2016)
14. P.82 Service Implementation diagram (2016)
15. Acute Services Outline Business Case (2016)
16. Health Lifestyles Outline Business Case (2016)
17. Mental Health Outline Business Case (2016)
18. Children’s Services Outline Business Case (2016)
19. Out of Hospital Outline Business Case (2016)
20. Communications Programme (2016)
21. Summary of Clinical Lead engagement dates (2014–2015)
22. Summary of Clinical Director engagement dates (2014–2015)
23. Communication Plan (2013)
24. Communication Mandate (2016)
25. Communication Plan (2016)
26. General Hospital Six Facet Survey Report (2016)
27. March 2016 – States Members’ Workshop Presentation (2016)
28. May 2016 – States Members’ Workshop Presentation (2016)
29. July 2016 – States Members’ Workshop Presentation (2016)

#### Department for Infrastructure submissions:

30. W.S. Atkins – Pre-Feasibility Spatial Assessment Strategic Outline Case (2013)
31. W.S. Atkins – Pre-Feasibility Spatial Assessment Strategic Outline Case Addendum (2013)
32. Gleeds Management Services – Site Assessment Report (2016)
33. Site Selection Shortlist Constraint Review (2016)
34. Ministerial Oversight Group and Future Hospital Project Board records – (2015–2016)
35. Gleeds Management Services – Addendum to Site Assessment Report (2016)