

P.80/2021 should be rejected without hesitation and replaced.

It is a debt fuelled budget of £804 million which is based on a business case of false assumptions that does not represent value for money for Jersey taxpayers. Secondly, for not meeting the requirements of the Assembly's approval of P123/2020 or the Scrutiny Amendment to P.123/2020. An amendment should be lodged to P.80/2021 to propose a maximum budget of £450 million re-using the prior 2-site hospital model of Overdale and Gloucester Street. This was proposed initially with a full feasibility study and drawings prepared in 2013 under the then Health Minister Deputy Ann Pryke, and then later 2016 plans. This confirms there is already a proposal drawn ready for consideration with a final Planning application.

Progressing the above Deputy Anny Pryke 2013 dual site option will reduce cost, time, complexity and risks to the project and deliver a functional and flexible future-proofed hospital. There would be no major road amendments, no alterations to the Westmount access which is causing considerable concern to Islanders and near by residents. And no need for the Les Quennevais facility. This also allows money available to fix the urgent and alarming toxic culture HCS management issues which must be done to ensure Jersey has a sustainable team of front line health workers for the new hospital.

Background

Budget – a full comparison of cost per square metre needs to be carried out comparing the build cost of a general hospital in the UK with the appropriate cost for Jersey to understand value for money. We are seeing examples built in the UK at a fraction of the cost based on calculations available (which will be made public soon following this submission),. eg the Northumbria new 2015 acute Hospital built for £90M (refer - <https://www.northumbria.nhs.uk/our-locations/northumbria-specialist-emergency-care-hospital/#703a8b85>) . Even using the most expensive UK region to build (London), the current proposed initial budget of £804 million for 69,000 m² is double the cost of building a similar hospital in London. The cost and proposed debt model will be a millstone for Islanders for generations. It also demonstrates that HCS is incapable of properly instructing and managing the contractor-led bid project team. P.80/2021 doesn't even cap the cost at this amount giving the opportunity for the cost to increase, and doesn't include all the costs of replacing today's services (see below). With the cost of the loan and administration costs, the proposed hospital will cost more £1.4- 1.6 billion, falsely confirmed and misleading the Public it is £804M. And it will likely be the driving factor of reducing Jersey's coveted credit rating.

False Assumptions - P.123/2020 was sold to the Assembly on the basis that Overdale (plus the significant forced land acquisition) would be a 'one-site' replacement of a general hospital in 'Town' only requiring to destroy 3 homes. That is not the case. The initial budget and land grab for £804 million does NOT include:

replacement of the rehab Samares ward, dental (will stay), all Mental Health services (will be a hybrid model as Clinique Pinel will remain at St. Saviours), hydro therapy pool, pain clinic, child development, elder care , psychology (all unspecified locations), staff accommodation (refurbishment cost of Newcourt and additional space required elsewhere to support larger hospital unspecified?), laundry (stay at Five Oaks). Not to mention the cost of replacing the Jersey Bowling Club and the future re-location of the Crematorium (which isn't referenced in the Draft Bridging Island Plan). Currently, 14 homes have been forcibly purchased to be destroyed.

General vs Acute Hospital – the functional brief lodged is given as an 'Acute Hospital' and has not been replaced. The Project Clinical Lead has repeatedly stated it will be a 'general hospital, acute hospital, everything hospital' which is both untrue and unhelpful. Scrutiny Amendment to P123/2020 requires a signoff of all clinicians to the design and space of their respective departments. This has not been included and based on recent whistle-blowers of senior clinicians in the media, the clinicians do NOT support the current plans which are coming at the expense in both focus and cost of addressing the REAL health emergency, which is the toxic culture and poor management at HCS.

HCS is in chaos mode - How can the Assembly support a proposition of this size and scale when the 'client' of the project, HCS, has lost the trust of the most important stakeholder of this project - the clinicians and hospital staff? A further amendment to P.80/2021 must include an independent validation of clinician support.

Town – while the Overdale location was sold to the Assembly as 'in Town', the current plans include more than 700 parking spaces while the current hospital has 150 spaces allocated. And now more than £40 million for proposed road amendments which will destroy historical, leisure facilities and homes – was this properly assessed at other proposed locations? The Project team has advised that Town is 'too far' away and Overdale will need space to accommodate retail and food services. And if being in Town is a priority, then how is Les Quennevais in St Brelade an acceptable site for at least 5 years for critical services? If Overdale was supposedly 'in Town', then the current Town infrastructure should be able to properly support it. This has major repercussions as alternative sites outside of Town were falsely excluded.(see Waterfront below).

Double Standard – The proposition in s.15.2 notes that any further deviation to the proposed plans will cause delays and increase the costs even more. However, at the same time, the business case is premised on the basis that both the credit interest rates and market performance for returns on the Strategic Reserve Fund will remain the same over the 40 year life of the debt. This is absurd and a dangerous assumption given the velocity of global change and headwinds facing Jersey's economy. It is also contradictory and the government cannot have it both ways.

Missing –

The initial budget does not include the cost of operating and staffing the proposed hospital, providing services through the undefined Jersey Care Model, that Health and Community Services (HCS) has advised will be through the primary care infrastructure. Yet admitted to Scrutiny on 17 June 2021 that GPs have not been consulted. How much extra capital and operating costs will this be just to provide the same amount of care provided today in the hospital? To what extent are the general Public being consulted on this additional area of expenditure that as Taxpayers they will need to pay for in the future? From the details not at all. This aspect and the project highlights the complete fatal divorce between the Assembly and Islanders. It is Islanders island, who have appointed the Assembly to run and look after it. Without direct liaison democratic decisions can't be made. And the Hospital project is a prime example of this Assembly failing and a complete failing of the new Ministerial Government structure as a separate issue which needs addressing without further delay to find the right solutions for this project and all future governance.

More False Statements in P.80/2021

False Assumptions – s. 2.2.5 states the proposed hospital capacity projected out to 2036 is based on a net inward migration of +1,000 people annually. There is no Population Policy and there is no reason in the face of Brexit, Covid, continued pressure on financial services with minimum corporate tax and transparency initiatives, housing shortages and general public view of 'over population', that this projection is reasonable for the next 15 years. Added complexity is that Jersey has a historically very low hospital occupancy rate. There is no reference to this being factored into the future capacity required which would be a factor reducing the size and cost required.

Self-Fulfilling Propaganda - New Build – s. 3.6 states a new build hospital is needed because of the poor state of the current hospital. The only reason why the current hospital is in such disrepair is because the government has failed to undertake regular approved maintenance since at least 2018. The false time constraint of 2026 is a self-induced issue made by the government to hold a gun to the Assembly on voting through its destructive plans. This must be challenged and the failure of maintenance aired to better understand true time constraints and cost implications.

Site Selection – S. 4.2 of P.80/2021 states a comprehensive site selection occurred when Scrutiny has proven through their report that was not the case. Another point since its publication is that the Waterfront was rejected as a hospital site due to sea level rising and making it unsafe. And yet, current Waterfront plans include 1100 housing units. That is contradictory and demonstrates the flawed site selection process. Another reason for the Assembly to properly challenge P.80/2021.

Westmount Road as 2 way – S. 4.3 states that the Assembly agreed on 1 Feb 2021 that Westmount Road should be a 2 way access to the proposed Overdale site. The section OMITS the Assembly approved this on the condition that the 'do nothing' option would be

seriously considered. That has NOT been the case with the project team rejecting every alternative than the MOST invasive option throughout. Considering time is the overriding priority for the project, why is it not considered for choosing the optimal road access option? RIBA Stage 2 plans were produced with NO traffic impact assessments or environment impact assessment (EIA) and most critically, no Green Travel Plan – which is supposed to be the FIRST step BEFORE designing hospital road access, not the LAST step to a Planning Application (which is how this project team is doing it).

Conflicts of Interest – Projects of this size and scale need independent checks and balances, however, the Project team are performing all steps themselves which does not provide the requisite level of constructive challenge. Specifically, best practise is for the Environmental Impact Assessment and Health Impact Assessment to be conducted by a firm independent of the project team, yet both are being conducted by ARUP the main project engineering firm, and notably AFTER the RIBA Stage 2 project designs are complete. There is an enormous risk these ‘check and balance’ steps will be used to retroactively fit to the ARUP’s profit-driven design as opposed to truly validating them as appropriate for the project.

ARUP is involved in many aspects of Jersey’s future planning – the Draft Bridging Island Plan and the Infrastructure Capacity Report in December 2020 to name just two. ARUP has commercial interests as its priority to ensure all these reports align with its goal to maximise profit at the expense of what is best for Jersey taxpayers and sustainable future. Multiple commercial providers would resolve this conflict of interest. An amendment to P.80/2021 should be made to require the Environmental Impact Assessment and Health Impact Assessment for the Hospital Project to be performed by a qualified firm fully independent of the Hospital Project team.

Abortive Costs – s.15.2 states there will be abortive costs for deviating from the current plans. Given the enclosed deviating from the current plans is vital to ensure this disastrous project doesn’t get off the ground. Scrutiny should be challenging this, what it represents and how, as above, the Ministerial government structure has failed the project. Has the government entered into a covert deal guaranteeing the contractors free-range to both design and build without carrying out standard required procedure – to go out to tender? If so the Assembly is breaching legislation? And also without building in the appropriate Assembly and taxpayer oversight?

The Electorate next June sees this as an example of how the Assembly has not challenged the project to date, a fatal situation. We are counting on the Assembly to do what is right for Jersey’s future healthcare and properly challenge the apparent flawed proposed Jersey Care Model (JCM) and this flawed Hospital project. Given the JCM is the basis of the Hospital brief the Project needs to go back to reviewing and revising the proposed JCM and full debate and referendum with the Public who will not only ultimately fund it but will effect the cost of their future health service.

**Added Note

It would be very useful to have our above point confirmed regarding the Tenders for the Contractor, and evidence a proper tender procedure has taken place, i would be grateful of your confirmation and a list of Tenders received.