

# Hospital Policy Development Board

Review of evidence to build a new hospital on the existing site

November 2018

## Chairman's Foreword

"This is a political mess". These are not my words, but the words of a senior clinician from the General Hospital. Failures at a political level is not a new finding. This is a view echoed by others, most notably the Comptroller and Auditor General in her recent report.

In a small Island, the approval by the previous States Assembly of the largest, most important, most expensive capital project ever was always going to be highly controversial.

The Board, through its careful examination of all the evidence, has sought to provide assurance on the site selection process undertaken by the previous Council of Ministers, and the subsequent States Assembly approval of the current site under P.110/2016.

It presents in this report a number of very clear findings which, if considered promptly, will ensure that this project is able to deliver an outstanding hospital for the benefit of the Island for many generations to come.

In carrying out this review, the Board felt the views of the staff were almost entirely missing from the early decisions that were made. The Board have sought to rectify this, undertaking a staff survey. The result paints a very clear picture that does not support building the new hospital on the current site. They also show that staff are apprehensive about giving their views. This has had a direct and positive influence on the Board's conclusions and findings.

It is clear that without the support of staff, no scheme, on whatever site, can be delivered effectively. To this end, the Board would like to thank all those staff who took the time to fill in the survey, appreciating their trust in this process, and finding that they have to be kept better involved in whatever happens next.

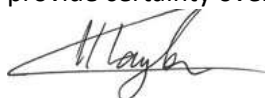
It has also become clear to the Board that the work undertaken by the Future Hospital Team and its advisors has been extensive and very thorough, and much of this still stands as the basis for going forward in delivering the right site. The Board pays tribute to those involved: They have worked tirelessly; extremely long hours; and with exceptional dedication. They have been given a complex task yet have proved it can be done, and the Board will understand their disappointment with its findings.

The Board is also fully aware of the urgency of providing a new hospital and that delays will potentially add costs to the project: but this must be balanced against getting it right.

Additional information received a little too late to be incorporated into the main body of the report suggests that on a like for like comparison an alternative site could be cheaper, if delay costs are not taken into consideration. The Board has not had the opportunity to consider these figures in detail.

The Board have not been assured that the evidence supports the current site as the optimal site – although it could deliver an acute general hospital facility provided the full range of health strategies are fully funded and proper mitigations put in place around patient safety.

In either event then, the Board would urge the new Council of Ministers and the States Assembly to consider its findings carefully, and to make a quick, decisive and final political decision, in order to provide certainty over the future direction of health services in Jersey.

A handwritten signature in black ink, appearing to read "C Taylor".

**Connétable Christopher Taylor**  
**Chairman, Hospital Policy Board**

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## SUMMARY OF FINDINGS

### The Board

- Connétable Christopher Taylor (Chair)
- Connétable Richard Buchanan<sup>1</sup>
- Deputy Richard Renouf (Minister for Health and Social Services)
- Deputy Rowland Huelin
- Deputy Trevor Pointon
- Deputy Carina Alves

### The scope and terms of reference

*To consider the available evidence in relation to the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site, and to do this so with a view to providing assurance over this decision, or raising issues of concern in relation to the evidence that led to this decision.*

The full terms of reference and project scope are found on the [Hospital Policy Development Board web page](#)<sup>2</sup>

### The report structure

This is supported by more detailed work set out in three distinct parts.

- **Part One** (sections 3-6) deals directly with the evidence review of the decision points identified in the Board's terms of reference and scope;
  - **does the evidence support a single or dual site?**
  - **does the evidence support a town or rural based site?**
  - **does the evidence support the current site as proposed by the Council of Ministers and approved by the States Assembly?**
- **Part Two** (sections 7-8) considers additional matters that the Board identified as relevant to those decisions reached and outlined in part one.
- **Part Three** of the report (section 9) examines the potential deliverables, risks and benefits of either continuing with the current site and scheme; or looking at an entirely new site to deliver the new hospital.

The Minister for Health and Social Services was not in agreement with a number of findings reached by other members of the Board. These are noted in the text and marked with an asterisk (\*). The Minister intends to provide a written report explaining his reasons in due course.

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<sup>1</sup> Due to existing work commitments Connetable Buchanan as unable to contribute directly to some of the more detailed findings made by the Board

<sup>2</sup> <https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard.aspx>

## **PART ONE – EVIDENCE REVIEW OF KEY DECISIONS**

### **The case for the need of a new general hospital**

The evidence for the need for a new hospital, although not directly raised as a key question in the Board's scope, was identified by the Board during their early discussions as a key starting point in the evidence review.

Whilst the Board has some reservations on other matters related to P.82, which are considered in part two of this report, having reviewed all of the relevant evidence it is assured that the case for a new hospital is sound.

#### **Finding 1 – Need for a new general hospital**

The Board is assured that there is clear evidence to support the decision made by the Council of Ministers and the States Assembly in approving P.82/2012 that a new general hospital is required.

### **The decision to remove rural sites from short list**

The Board recognised that, during the early site selection process, both urban (town) based sites and rural or green field sites were long listed, and at the end of this site selection process resulted in predominantly urban sites being favoured. This was an area that the Board wished to explore to ensure that the evidence supported the decisions made at that time.

The Board considers that, in the absence of a clinical acute services strategy and the direct input of views from clinicians, the early site selection process was not comprehensive and did not consider all of the relevant criteria needed for CoM to make a sound site selection decision. This is not just the view of the Board but also one supported by the C&AG in her report.

The Board considers that, particularly in the early stages, the site selection criteria were flawed and did not adequately account for clinical considerations, being biased towards planning risks and other land use evaluations.

Finally, the Board has also noted that the initial officer screening, and the work undertaken by Atkins, appears not to have been subject to any independent assurance, unlike the later work carried out on the Gleeds reports, which were subject to peer reviews by Concerto and EY. This further weakens the soundness of decision making undertaken at that time.

The Board recognises that the decision made by CoM to concentrate on town sites was made on the basis of evidence available at that time. Since that decision was made, an Acute Clinical Strategy has been developed which has served to ensure that the site selection process undertaken by Gleeds is more aligned to clinical requirements.

There was, however, no reconsideration of green field sites outside of the town in light of the adoption of the Acute Clinical Strategy other than Gleeds undertaking, and then endorsing, a high level evaluation of the Atkins conclusions on the long listed sites.

### **Finding 2 – Rural sites**

The majority\* of Board members are not assured that evidence supports the decision made by the Council of Ministers to reject rural sites, such as Warwick Farm. They consider that this decision was based upon evaluation criteria used by Atkins in the Strategic Outline Case report that did not include sufficient consideration of the clinical risks and benefits.

The Board recognises that this work was superseded by a new selection process undertaken by Gleeds, which then included reference to an Acute Clinical Strategy, but it appears that rural site options continued to be discounted on the basis of the assumptions made in the earlier Atkins report.

\* This finding was not supported by the Health and Social Services Minister

### **The decision to remove the dual site option**

Based upon the clear evidence, the Board is satisfied that the decision to drop the dual site was sound. The significant logistical issues of having, in effect, duplicated services and associated staff management, meant that a dual site option was not practical whatever sites they were located on.

### **Finding 3 – Dual site**

The Board is assured that there is clear evidence to support the decision made by the Council of Ministers to remove the dual site option for delivering the new general hospital.

## **The decision to select the current site as the preferred site**

The final part of the Board's scope related to assessing if the available evidence in relation to the decision of the previous States Assembly supports the proposal of the Council of Ministers that the new hospital be located on the existing site.

When reviewing the decision to reject the Waterfront site, the majority of the Board did not consider that the CoM had fully justified this decision, as the evidence shows that it was evaluated as the preferred site by Gleeds on more than one occasion during the site selection process.

The CoM gave considerable weight to the economic and financial case presented by States of Jersey Development Company in this decision, but this evidence appears to have been taken at face value and was not independently verified: it is, therefore, the Board's conclusion that the decision appeared to be politically driven rather than driven.

The removal of People's Park from the list of potential sites is also considered, by the Board, to be unsatisfactory as it was not tested by the States Assembly. Once dropped, the current site was selected as the preferred site without further evaluations being undertaken, again in preference to the Waterfront site that received a much more positive evaluation. There appears little evidence to demonstrate that this decision was robustly tested or measured against the original site selection criteria used at the feasibility process.

### **Finding 4 – Preferred site**

The Board is assured that the site selection process undertaken by Gleeds was sound, however, due to the political reasons to drop the Waterfront site, the majority\* of the Board members are not assured that the available evidence in relation to the decision of the previous States Assembly supports the proposal of the Council of Ministers that the new hospital be located on the existing site.

\* This finding was not supported by the Health and Social Services Minister

## **PART TWO – ADDITIONAL CONSIDERATIONS**

Part Two of the report identifies other material considerations that was not directly part of the original scope but the Board has considered as part of its review and is made up of three inter-related elements.

- **Staff engagement**

The Board carried out additional evidence gathering by undertaking a staff survey as it considered that the staff have not been properly engaged in this process; and that their views are integral to the success of this project.

### **Finding 5 – Staff engagement**

An overwhelming majority of those Health and Community Services staff who completed the survey\* are not supportive of the current site for the new hospital and there is a significant number of them who feel they cannot speak openly about the proposed scheme.

The Board, having visited similar sites in Bristol, consider that for any scheme to be successful in Jersey it is important that the staff are positively engaged and can support any future plans.

**\*The response rate to the staff survey was 22%**

- **Performance of P.82/2012**

The poor performance of delivering the strategies identified in P.82 are well documented and its relationship to the specifications of a new hospital and site selection are very well summarised in the C&AG report. In the opinion of the majority of the Board members, this has hampered the ability of the Future Hospital project to deliver the wider vision for transformation of health and social services set out in P.82/2012.

Some members also considered that, because of the potential strategic health benefits, consideration should have also been given to co-locating mental health facilities on the same site as the new hospital. This was not undertaken during the site selection process for the new general hospital and the Mental Health Strategy was not available at that time.

The majority of the Board members consider that this impacted the site selection decisions made by only looking at sites capable of meeting the narrower health requirement for acute health facilities. This, in turn, means that by selecting the current constrained site, the ability to provide a wider range of health services at the same facility is severely limited both now and in the future.



### **Finding 6 – Performance of P.82**

The majority\* of the Board considers that the slow delivery of the community care strategies identified in P.82 have impacted upon the proposed size, and thus site selection decisions, for the new hospital.

There should, therefore, be a review of the performance of P.82 and, at the same time, consideration given to including additional strategic deliverables such as mental health services, to provide a more integrated health facility and services.

This would more accurately direct the size and site requirements for a new hospital and better future proof any new facility.

\* This finding was not supported by the Health and Social Services Minister

- **Noise, vibration and infection issues**

The Board considers that the associated risk of noise, vibration and infection to patients and staff was not properly accounted for, particularly in the early site selection process, in both the officer group and then Atkins review of the sites. The scoring given to sites, especially in non-urban areas may then have scored more highly in this regard. The Board can find no evidence in the minutes that the political groups tested or robustly challenged the assumptions made in the reports, particularly in relation to the weighting ascribed to these matters.

The Board also recognises, however, that the States must have confidence in the expert advisors and professional construction firms with extensive experience on matters related to managing the risks from noise and disturbance on operational hospital sites. The Board visited other hospital sites and was assured that the risk of noise vibration and infection can be robustly managed and mitigated, but it can only ever fully be removed as a risk if there was no construction undertaken adjacent to an existing operational hospital.

### **Finding 7 – Noise, vibration and infection issues**

The majority\* of the Board members are not assured that the decision making process adequately accounted for the potential risk of noise and disturbance to patients and staff when assessing suitable sites for the new hospital.

The Board is, however, assured that having been presented with the proposed construction methodologies and having visited other hospital construction sites, the risk to patients and staff working on the existing hospital site can be mitigated to reduce and manage them.

This risk will, however, only be entirely removed if there was no construction undertaken adjacent to the existing hospital site.

\* Only the first paragraph of this finding was not supported by the Health and Social Services Minister

## **PART THREE – THE NEXT STEPS: POTENTIAL DELIVERABLES, RISKS AND BENEFITS**

The Board considered that it was important to run an alternative site selection scenario to provide CoM and the States Assembly with potential deliverables, risks and benefits, in the event that the decision to proceed with the current preferred site was abandoned.

The Board recognises that building on the current site will give greater certainty about delivering a new hospital to agreed timescales and costs, but may carry greater patient safety risks during the building phase and that the site could potentially not be future-proofed if other services are included.

Conversely, building on an alternative site may potentially reduce the patient risks during the building phase; be more future proofed (if a large open site is selected); but take longer to deliver (with higher inflationary costs); and will run the same political site selection risks as the currently approved site.

## **CONCLUSIONS**

These findings were based upon evidence from the minutes, written reports, the staff survey and other first-hand presentations/meetings, supplemented by the opinions of various interested parties, including senior clinicians and some members of the public.

With the notable exception of the Minister for Health, the majority of the Board feel that the conclusions reached are evidence based, as supported by the opinions of individuals, and on this basis consider that:

- **the clinical risks and benefits had a relatively low weighting compared to other risks, such as planning, in the site selection criteria, which resulted in the process being flawed and a number of potentially alternative rural sites being rejected at the outset;**
- **the current site was preferred over the waterfront site by CoM, which was evaluated as the better performing site in the independent evaluations undertaken, without CoM providing a full justification for its decision;**
- **the performance of delivering the community care strategies in P.82 has been poor, and that this may have a material impact upon the eventual size requirement of the new hospital, and ultimately the decision to locate it on the current site;**
- **mental health should have been considered as part of the current hospital site requirements in the early stages of this project, which may then have required a different site/size configuration than the one agreed in P110/2016; and**
- **the views of the clinicians were not properly considered.**

Should the States Assembly agree that, on the basis of the findings of the Board, an alternative site to build a new hospital to the existing site should be pursued, then the Board feels that, on balance, the potential benefits of doing so are outweighed by the potential risks.

The Board firmly believes that the relatively short period of delay is a small price to pay for the significant long term benefits to the island's Health Service that will then be valued for many generations to come.

### Finding 8 – Conclusions

The majority\* of the Board, is not assured that overall the available evidence in relation to the decision of the previous States Assembly supports the proposal of the Council of Ministers that the new hospital be located on the existing site.

Should the States decide to seek an alternative site then the Board also contend that other health services, such as mental health, should be considered as part of any subsequent site selection process.

Should, however, the States maintains the decision to use of the current site, the Board recognises that, although not the optimum solution, it could deliver an acute general hospital facility as approved by the States in P.110/2016, provided that the community-based care strategies, as envisaged in P.82/2012, are fully resourced and delivered, and that patient risks from building on an existing site are fully managed and mitigated.

\* Only the first paragraph of this finding was not supported by the Health and Social Services Minister

The Board firmly believes that the relatively short period of delay is a small price to pay for the significant long term benefits to the island's Health Service that will then be valued for many generations to come.

## 1. Background

1.1 Following the outcome of the Health Transformation Strategy in 2012 it became clear that the health estate needed a significant redesign to meet the future needs of the island. The key outcome was the realisation that the current General Hospital was not fit for purpose and needed replacement. Work commenced, following the adoption of [P.82/2012](#) in 2012, to start the journey of providing this facility.

1.2 In approving Proposition 82, [Health and Social Services: A New Way Forward](#), Ministers were required to:

***Bring forward for approval proposals for the priorities for investment in hospital services and detailed plans for a new hospital (either on a new site or a rebuilt and refurbished hospital on the current site), by the end of 2014. (page 2)***

1.3 Between the 2012 and 2015 the States of Jersey established a Ministerial Oversight Group (MOG) – replaced by a Political Oversight Group (POG) in 2016; a Project Board; and contracted Lead Advisors. These parties conducted pre-feasibility and feasibility stages to determine a site for a future hospital, prepare a Business Case and conduct public consultations.

1.4 This extensive and detailed work informed the States debate on [P.110/2016](#) in December 2016 when it was agreed that the new hospital should be built on the current hospital site. Since this debate the Future Hospital project team have concentrated on developing a viable and cost effective scheme on the existing general hospital site.

1.5 Plans were developed for public consultation on five potential sites in 2016. In February 2016, prior to commencement of consultation, the Council of Ministers withdrew People's Park as one of the options and decided not to proceed with the public consultation process. Subsequently, the Council of Ministers identified part of the existing General Hospital site, together with some adjacent land, as the preferred site for the Future Hospital.

1.6 The decision making involved in selecting a site for the future hospital over this period was [investigated](#) by the Comptroller and Auditor General. In November 2017 the C&AG [concluded](#):

***"I am concerned that arrangements for making decisions on the siting of the Future Hospital were poor and that the decision took too long. Through this work I have identified a number of areas where urgent change is needed if better value for money is to be achieved."***

1.7 The States agreed to the current preferred site of the hospital and the funding arrangements for it, at the end of 2017, when the States Assembly agreed Proposition 107, [Future Hospital: Approval or Preferred Scheme and Funding](#).

- 1.8 A [planning application](#) was submitted for the preferred scheme which was reviewed by the [Planning Inspector](#) at a Public Inquiry, who recommended that the Minister for the Environment reject the application, because of 'serious planning objections'.
- 1.9 The application was subsequently [refused planning permission](#) by the Minister for the Environment.
- 1.10 A revised [planning application](#) was submitted in April 2018 and a new [public inquiry](#) was undertaken during the week commencing Monday 17 September 2018.
- 1.11 In parallel with this process, the Chief Minister has established a [Hospital Policy Board](#) to "review the evidence that supported the previous States Assembly's decision to build a new hospital on the site of the existing hospital."
- 1.12 The Board's full terms of reference and scope are set out in Annex A of this report.
- 1.13 A more detailed key decision and evidence review chronology over the period 2012-2018 is listed in Annex C and D

## 2. Review process

- 2.1 The Board has been presented with and discovered a substantial level of documented evidence, as well as receiving the informal opinions from a wide cross section of interested parties, experts and users of the health service in Jersey.
- 2.2 The volume of material has been daunting and, when put together over the six year period since this project began, represented a significant challenge for the Board in assessing it in the available timeframe. The Board, in developing their scope, therefore, focussed on those elements that were most directly related to the task in hand - of examining the evidence that supported those decisions made over the period to locate the hospital on the existing site.
- 2.3 To this end the Board are grateful to the Future Hospital (FH) Team and for those participants who gave their time in assisting with this process

### THE BOARD

The Board was selected by invite from the Chair, who was selected and appointed by the Chief Minister.

- Connétable Christopher Taylor (Chair)
- Connétable Richard Buchanan<sup>3</sup>
- Deputy Richard Renouf (Health and Social Services Minister)
- Deputy Rowland Huelin
- Deputy Trevor Pointon
- Deputy Carina Alves

### STRUCTURE OF MEETINGS HELD

- 2.4. A series of workshops (nine) were set up based around the key themes identified in the agreed scope. The Board were then presented with the evidence related to that theme and able to directly question and review that evidence with those present.
- 2.5. A number of additional meetings were set up with interested parties and individuals who the Board felt could contribute to the review process. The list of attendees to these sessions are listed in Annex F.
- 2.6. The Board also commissioned a survey of States of Jersey Health and Community staff and the results are more fully explored in section 7 of this report.
- 2.7. All of the discussions and outcomes from this process were recorded and the minutes; together with all of the supporting material; and the survey results, form the basis for the content and findings of this report.

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<sup>3</sup> Due to existing work commitments Connétable Buchanan was unable to contribute directly to some of the more detailed findings made by the Board

## PRESENTATION OF EVIDENCE

- 2.8. The Ministerial Support Unit and Future Hospital Team have provided full disclosure of the evidence of previous decision making, with full sets of minutes of all relevant meetings provided to the Board. These meetings were with the following political bodies;
- **Council of Minister (CoM)**
  - **Ministerial Oversight Group (MOG)**
  - **Political Oversight Group (POG)**
- 2.9 In addition, all of the relevant reports associated with the key decision points, were provided to the Board, many of which are in the public domain.
- 2.10 A summary document of each key decision point made by either CoM, MOG, POG or the States Assembly, together with the relevant minute and associated supporting document, was provided to the Board during the discussions, and relevant extracts are referenced in this report.
- 2.11 The Board also met a number of interested parties and their opinions were recorded and considered by the Board, often set against the formal evidence presented to them. The informal views and opinions did inform the findings reached by the Board but the weight given to them was not significant where it did not challenge the clear and verifiable formal evidence.

## PROVIDING “ASSURANCE”

- 2.11. The terms of reference require the Board to;
- consider the available evidence in relation to the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site, and to do this so with a view to providing assurance over this decision, or raising issues of concern in relation to the evidence***
- 2.12. The Board discussed and agreed the level of assurance that would test the evidence, on the basis of three key questions;
- **was all of the relevant the evidence fully considered in arriving at their decisions by the previous political decision making bodies?**
  - **were the decisions lawful?**
  - **if sites were dismissed for political reasons was this reasonable at that time?**

## BOARD INPUTS

- 2.11. Not all members were able to attend the numerous board meetings and workshops and inevitably some discussions on the key issues were missed by those members. In particular, Connétable Richard Buchanan had a number of pre-existing meeting conflicts with other States’ business. In light of this, his role in the Board’s work has



been at a more strategic level which has not enabled him to be able to contribute directly to some of the more detailed findings made by the Board.

### **Position of the Minister for Health and Social Services**

- 2.12. The Minister for Health and Social Services was not in agreement with a number of findings reached by other members of the Board. These are noted in the text and marked with an asterix (\*) and explicit reference is made to the dissent of the Minister from the finding reached.
- 2.13. The Minister intends to provide a written report explaining his reasons in due course.

### **STRUCTURE OF THE REPORT**

- 2.14. The report is made up of three distinct parts. The **first part (sections 3-6)** is based on the evidence review of decisions made at that time, directly based upon the Board's approved terms of reference and agreed scope, as set out in Annex A;
- does the evidence support a single or dual site?
  - does the evidence support a town or rural based site?
  - does the evidence support the current site as proposed by the Council of Ministers and approved by the States Assembly?
- 2.15. The **second part (sections 7-9)** covers those areas that the Board feels are also relevant to the review and includes evidence that may not have been available at that time but which should have been either added, or been given greater consideration, during the decision making process.
- 2.16. The second part of the report, therefore, adds some material weight to the conclusions reached by the Board to the first part of the report, and so its findings will, in some cases, have been influenced by them.
- 2.17. The **third and final part** (section 9) of the report covers the next steps or 'what ifs', should the States Assembly either, decide to continue to support the current site, or seek an alternative site as the preferred site. This section specifically looks at the potential delays to delivering a new hospital and subsequent risks, benefits and costs that would result from any given decision.

# Part one

# Evidence review of key decisions

## 3. The case for a new general hospital

### SCOPE

- 3.1 The evidence for the need for a new hospital, although not directly raised as a key question in the Board's scope, was identified by the Board during their early discussions as a key starting point in the evidence review.

### EVIDENCE REVIEW

- 3.2 The Board were presented with the [KPMG report](#) - A proposed new system for Health and Social Services (**31<sup>st</sup> May 2011**), as the first evidence based step used by CoM, and ultimately the States Assembly, in reaching conclusions that a new hospital was required.

- 3.3 KPMG were briefed to assess current and future needs and identify a model of health and social care services for Jersey. This identified the need for a new build of a Jersey General Hospital.

*"Health and social care services in Jersey are at a crossroads. Existing capacity is due to be exceeded in some services as early as December 2011, the elderly population is rising disproportionately and almost 50% of the medical workforce is due to retire in the next 10 years."*

- 3.4 Drawing on the **KPMG report and others**, the States of Jersey developed its Health Transformation Strategy, as detailed in [P.82/2012 'Health and Social Services - A New Way Forward'](#).
- 3.5 The **Council of Ministers (CoM)** discussed at their meeting on **4<sup>th</sup> October 2012** the outcome of this report in the context of their proposal (P.82/2012) to the States Assembly in which they agreed as follows:

*"It was recognised that central to the development of the initiatives proposed was the need for a general and acute hospital which was fit for purpose, capable of sustaining the general and acute care requirements for the population and one that was embedded in the proposed new system for health and social care. It was noted that P.82/2012 indicated that a new hospital would be required within 10 years."*

- 3.6 P.82/2012 makes clear that a new hospital will be required within 10 years;

**“A new hospital is required because it is becoming increasingly inappropriate to provide clinical services in the existing facility which neither meets current building and operational standards nor caters for current and projected clinical demands.**

**In particular, the following aspects are causes for concern –**

- **The existing provision of functional types, sizes and relationships of rooms do not meet current healthcare design guidance concerning space standards, control of infection, and support for privacy and dignity and current best working practices.**
- **The numbers of beds available and the provision of single bedroom accommodation with end-suite facilities do not meet current emergency demand, nor projected daily demands whilst operating at recognised best practice occupancy rates.**

**The constraints imposed by the current hospital facility, which comprise a disparate collection of buildings and associated infrastructure of varying vintages from the mid- 1800s to the present day, leads to inefficiencies in linking the various clinical services throughout the hospital and restricts the opportunities for adapting the existing facilities to meet current and future demands.”**

3.7 The potential impact of ‘doing nothing’ was accepted by States members during the debate on P.82.

1. **Hospital beds start fill with emergency admissions**
2. **Operations will be cancelled**
3. **Waiting times will increase**
4. **Patient’s condition will deteriorate while waiting longer**
5. **Patients of working age particularly affected**
6. **Increasingly less attractive place to work**
7. **Staff start to leave and become harder to recruit**
8. **Understaffed services become unsustainable**
9. **Activity falls below safe levels**
10. **A ‘General Hospital’ ceases to be sustainable**
11. **‘Jersey Hospital’ becomes a “stabilise and send off island” emergency centre with some simple day surgery, outpatients and diagnostics services only**

3.8 On the 18<sup>th</sup> October 2012 [R125/2012](#) – **Hospital pre-feasibility spatial assessment project: interim report**, sets out the vision of an integrated system and a programme of change that will meet the challenges facing the island’s Health and Social Services.

3.9 On 23<sup>rd</sup> October 2012 the States Assembly agreed P.82/2012, Health and Social Services: A New Way Forward, which required Ministers to:

***“Bring forward for approval proposals for the priorities for investment in hospital services and detailed plans for a new hospital (either on a new site or a rebuilt and refurbished hospital on the current site), by the end of 2014.”***

- 3.10 The Proposition was adopted 46 votes to 1, with 4 absentees.
- 3.11 Further evidence of the need for a new hospital was documented in the following reports provided to the Board;
- Atkins Pre-feasibility spatial assessment report
  - Gleeds site appraisals reports
  - Report and Proposition [P.110/2012](#)
  - Outline Business Case.

## **BOARD REVIEW OF EVIDENCE AND DISCUSSION**

- 3.12 Specific discussions took place on the need for a new hospital during [workshop 1](#)<sup>4</sup> (held on 26<sup>th</sup> July 2018).
- 3.13 The Board queried the evidence presented and two members commented that P.82 could, in fact, indicate that just a refurbishment is required rather than a wholesale redevelopment of a new hospital. Specifically two extracts from p.82 were discussed which read; *“redevelopment of existing facilities”* and *“redesign, refurbishment or rebuild”*. It was minuted, in workshop 1, that some members considered that these could be construed that P.82 “doesn’t clearly define the need to rebuild.”
- 3.14 The pure reading, however, of the latter quote would indicate that a “rebuild” was, in fact, one of the clear options, and one which the Future Hospital Team have now arrived at.
- 3.15 The option for refurbishment was tested in the [Atkins report](#)<sup>5</sup>, which showed that the same level of benefits would never be achieved by refurbishment of the existing buildings. By way of example, the FH Team explained that the 1980’s block on the current site would lose 10 beds in each ward through refurbishment to modern standards, leaving the total bed count reduced considerably over the existing.
- 3.16 Following the end of discussions, the Chairman of the Board highlighted that there was clear evidence of the need for the new hospital. This was minute in [workshop 2](#)<sup>5</sup>, held on 3<sup>rd</sup> August 2018.
- 3.17 A press statement was released by the Board<sup>6</sup> expressing its view that the case for a new hospital has been made;
- “We’ve made a good start and can confirm we believe that the evidence for a new hospital is clear.” (The Chair of the Hospital Policy Board, Connétable Christopher Taylor).**

<sup>4</sup> <https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard.aspx>

<sup>5</sup> [Jersey General Hospital: Condition and development potential of existing buildings \(Atkins April 2013\)](#)

<sup>6</sup> <https://www.gov.je/News/2018/pages/HospitalReview.aspx>

### **P.82/2012**

- 3.18 The Board discussed, not just the need for a new hospital that emerged from P.82, but also its performance.
- 3.19 Specifically, they were interested in the community based strategic deliverables identified, such as primary care, as they recognised that the performance of P.82 has a direct relationship with the proposed size of the new hospital.
- 3.20 This is specifically highlighted in R.125/2012 in which it is stated on page 5:  
***“States Members should be aware, when considering P.82/2012, that the impact of not implementing community-based care strategies has a significant effect on the hospital size”***
- 3.21 Some members, therefore, questioned that although the case for a new hospital was made, its size was reliant on the performance on P.82.

### **BOARD FINDINGS**

- 3.22 The Board is assured that the decisions made by CoM, and then latterly by the States Assembly, were based upon the relevant evidence principally found in the 2011 KPMG Report; the 2012 Report R.125/2012; and the Report and Proposition P.82./2012.
- 3.23 The Board, however, considers that the slow, or in some cases, non-delivery of some of the key strategic projects of P.82, particularly in relation to the primary care and other community health projects, may directly impact on the proposed size of the hospital. This issue is covered in more detail in the second part of this report.

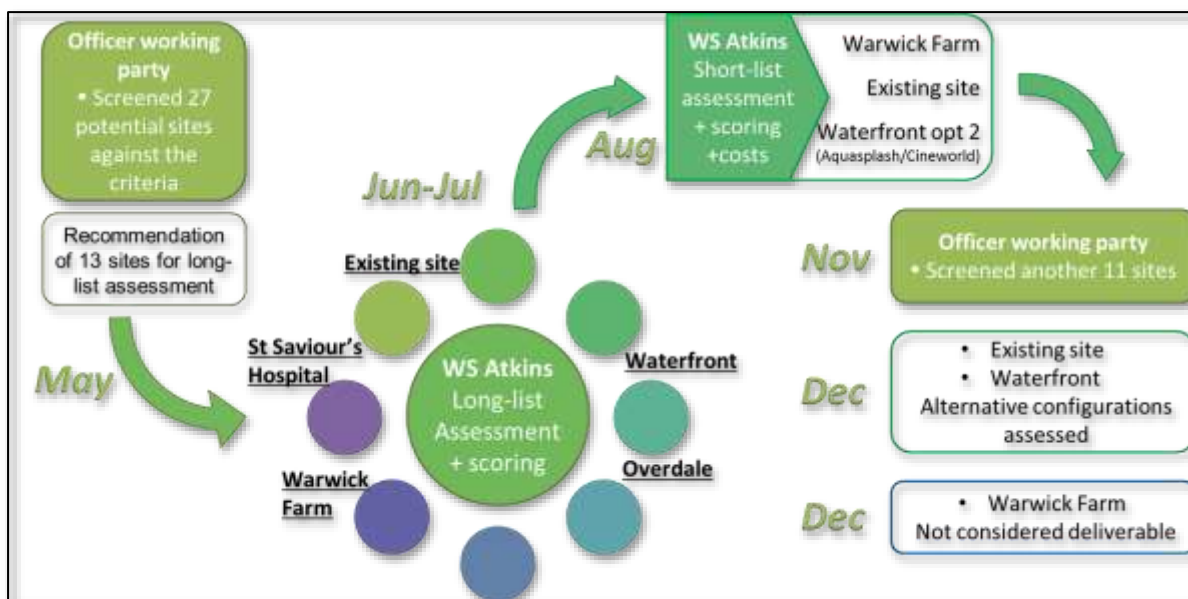
#### **Finding 1 – Need for a new general hospital**

**The Board is assured that there is clear evidence to support the decision made by the Council of Ministers and the States Assembly in approving P.82/2012 that a new general hospital is required.**

## 4. The decision to remove rural sites from short list

### SCOPE

4.1. The Board recognised that, during the early site selection process, both urban (town) based sites and rural or green field sites were long listed, and at the end of this site selection process resulted in predominantly urban sites being favoured. This was an area that the Board wished to explore to ensure that the evidence supported the decisions made at that time.



**Figure 4.1 Overview**

### EVIDENCE REVIEW

- 4.3. The Board has reviewed the key documents that supported this decision and had presentations from the FH Team who has provided the Board with all of the material that was available to the previous political decision making groups.
- 4.4. These included the following key site selection documents examined by the Board:
- Atkins Strategic Outline case - [Report](#) May 2013<sup>7</sup>
  - Atkins addendum to the Strategic Outline Case - [Report](#) October 2013<sup>8</sup>
  - States Members’ workshops 2016
- 4.5. W.S. Atkins International Limited (Atkins) were appointed to undertake the Assessment in May 2012 following a competitive procurement and were required to complete the assessment prior to the lodging of P.82/2012.

<sup>7</sup>[https://www.futurehospital.ie/wp-content/uploads/2016/11/WS-Atkins-SOC\\_Rev-07\\_131014-Report-Public-Version.pdf](https://www.futurehospital.ie/wp-content/uploads/2016/11/WS-Atkins-SOC_Rev-07_131014-Report-Public-Version.pdf)

<sup>8</sup>[https://www.futurehospital.ie/wp-content/uploads/2016/11/WS-Atkins-Dual-Site-Addendum-SOC\\_Report\\_131003-Report-Public-Version-1.pdf](https://www.futurehospital.ie/wp-content/uploads/2016/11/WS-Atkins-Dual-Site-Addendum-SOC_Report_131003-Report-Public-Version-1.pdf)

4.6. The Board was presented with the site selection process followed by Atkins.

### 1. Site Screening (May 2012)

4.7. An initial site screening process was undertaken by a States of Jersey Officer Working Group in May 2012. The Group considered 24 potential sites (three were combined sites) shown in table 4.1 below.

**Table 4.1: Table of Initial Site Screening Recommendations (May 2012)**

Site No.	Site	Footprint Area m <sup>2</sup>	Screening Recommendation
1	Current Gloucester Street hospital	19,000	Long list
2 (with 23/24)	Current Overdale Hospital	63,150	Long list
3	Current St Saviour's Hospital	55,983	Long list
4 (with 14)	Esplanade Car Park	19,500	Long list
5	D'Hautrée School (all site)	21,377	Not available in timeframe
6	Former JCG	27,903	Not available in timeframe
7	South Hill	7,062	Too small
8	Land at Airport	34,500	Long list
9	Summerland/Ambulance Station	7,708	Too small
10	Warwick Farm	54,123	Long list
11	Fort Regent	-	Not available in timeframe
12	Snow Hill Car Park	4,037	Too small
13	Elizabeth Harbour	-	Not available in timeframe
14 (with 4)	Zephyrus/Westwater/Cross land	19,668	Long list
15	Bellozanne Valley	-	Not available in timeframe
16	Jersey Gas site	9,468	Too small
17	Le Masurier's, Bath St	4,715	Too small
18	Jersey Brewery Site	4,658	Too small
19	Westmount Quarry	-	Too small
20	Longueville Nurseries	8,520	Too small
21	Samares Nurseries	41,204	Long list
22	Field 1219 Mont a L'abbe	25,500	Long list
23/24 (with 2)	Field 1550 and 1551	29,900	Long list
26	Springfield Stadium	-	Not available in timeframe
27	FB Fields	-	Not available in timeframe



### Initial Long-list Assessment (July 2012)

- 4.8. The initial long list of 11 sites was provided to Atkins who undertook a high level site appraisal and scored the benefits and risks of the sites.

Table of Initial Long-list Recommendations (Atkins, July 2012)

Site No.	Site	Area m2	Initial Long list recommendation
1	Current Gloucester Street Hospital	19,000	Shortlist
2 (with 23/24)	Current Overdale hospital	63,150	Not originally shortlisted. <sup>9</sup>
3	Current St Saviour's Hospital	55,983	Listing and transport issues.
4 (with 14)	Esplanade Car Park	19,500	Shortlist <sup>10</sup>
8	Land at Airport	34,500	Transport, risk and health issues.
10	Warwick Farm	54,123	Shortlist
14 (with 4)	Zephyrus/Westwater/Crossland	19,668	Shortlisted with above.
22	Field 1219, Mont a L'Abbé	25,500	Rejected as too small
(23/24)with 2	Field 1550 and 1551	29,900	Not originally shortlisted.

- 4.9. On the basis of the scores, Atkins recommended an initial short-list of three sites in July 2012, which was accepted by the **MOG on 2<sup>nd</sup> August 2012**.

***“The Ministerial Oversight Group concurred with the recommended shortlisted sites but requested that Site 4 (Esplanade Car Park) no longer be combined with Site 14 (Zephyrus/Crosslands) and instead that a new Site 28 (Aquasplash/Cineworld) be combined with Site 14. The resulting three sites to be short-listed and examined in more detail being: (1) Warwick Farm, (2) Zephyrus/Crossland/ Aquasplash/Cineworld and (3) the existing hospital site.”***

- 4.10. The outcome of the initial long-list screening process was, therefore, that the three sites recommended for short-list review were the current General Hospital (Site 1, Gloucester Street, and St Helier), Transport and Technical Service Parks and Gardens Depot at Warwick Farm, St Helier (Site 10) and the Waterfront sites south of Route de la Liberation, St Helier (Site 14). The Esplanade Car Park (Site 4) site was excluded as too small for hospital development.

<sup>9</sup> The Overdale Site was further evaluated during the Long-list Re-evaluation

<sup>10</sup>The Esplanade Car Park (Site 4) site was subsequently excluded as being too small a usable footprint for hospital development.

- 4.11. The **MOG meeting on 25th September 2012** discussed Warwick Farm and it was considered that the planning risks of this option versus the potential disruption of services on the existing site.
- 4.12. The meeting noted the recommendation of the Chief Executive of the States of Jersey that the current site be progressed as the preferred site for the States of Jersey.

MH summarised the work undertaken by Chief Officers to assess the risks and mitigation factors of the Warwick Farm and current site options in the update paper (section 4). The meeting noted that the choice of site represented a balance between whether it was possible to overcome the planning risks to the Warwick Farm site against the risk of compromised clinical functionality and the disruption caused by a multi-phased programme on the current site.

The meeting noted the recommendation of the Chief Executive of the States of Jersey that the current site be progressed as the preferred site for the States of Jersey.

- 4.13. The meeting also recognised that size and impact of new hospital building will be a challenge, particularly in the Green Zone and the Chief Executive of Health did not think Warwick Farm best location for new site, having a personal preference for the waterfront at that time.

#### **Further site review by Minister for Planning and Environment**

- 4.14. At the same time, a number of alternative sites were suggested by the Minister for Planning and Environment as being worthy of review. A further site search was then undertaken using the Department of Planning and Environment's Geographical Information System in November 2012 to identify sites of a sufficient size in relation to the identified needs in the Atkins report.
- 4.15. The viable sites from these two processes were passed to Atkins to undertake a revised long-list evaluation.

#### **Long-list Assessment (November 2012)**

- 4.16. The best performing long-listed sites were scored and ranked for risks and benefits.

Site	Benefits Score / Rank	Risk Score / Rank	Overall Rank
14.A Waterfront (Zephyrus, former Crosslands Aquasplash, Cineworld)	179 / 1	129 / 3	1
1.A General Hospital site (9 floors and adjacent hotels in Kensington Place)	164 / 5	103 / 1	2
1.B General Hospital (7 floors and adjacent properties in Kensington Place)	170 / 4	110 / 2	3
14.B Waterfront (Zephyrus, former Crosslands, Westwater, Cineworld, Les Jardins de la Mer)	173 / 3	144 / 7	4
10. Warwick Farm	149 / 10	134 / 4	5
14.C Waterfront (Zephyrus, former Crosslands, Westwater and Les Jardins de la Mer)	164 / 5	148 / 9	6
2.B.iv Current Overdale Hospital (with Sites 23/24 (Fields 1550 and 1551) and People's Park)	161 / 7	160 / 10	8
2B Current Overdale Hospital (with Sites 23/24 (Fields 1550/1551))	152 / 8	160 / 10	10
2.B.iv Current Overdale Hospital (with Sites 23/24 (Fields 1550/1551), People's Park and Site 19 Westmount Quarry)	140 / 12	166 / 12	13

#### MOG Meeting 5<sup>th</sup> December 2012

- 4.17. The minutes from this meeting recorded that following the further site search and the subsequent evaluation of the viable sites identified, no further sites were found to out-perform the original short-list of the existing General Hospital site, the Waterfront site and Warwick Farm
- 4.18. In considering the short-listed options the Ministers did not consider Warwick Farm to be suitable because it would require re-designation of this Green Zone land site and, in addition, the visual and development impact of such a large building in this rural setting would have been out of keeping with the surroundings coupled with considerable transport impacts, which were not considered sustainable.

***“The Group considered that Warwick Farm, although on the original shortlist, did not appear to be deliverable in Planning terms and its long-listing performance (5th) was not sufficient to justify its further consideration. The group, therefore, agreed to remove this from the shortlist.***

***The Group agreed that two sites (Site 1A Existing and 14A Waterfront) should be taken forwards with further consideration to be given to optimal configurations on the existing site with additional land (Site 1B) and the alternative Waterfront (sites 14B/C).”***

- 4.19. Consequently, Warwick Farm was not taken forward further, which resulted exclusively in town based sites being short listed.

## **BOARD REVIEW OF EVIDENCE AND DISCUSSION**

### **Atkins site selection process**

- 4.20. The Board was concerned that the criteria and weightings used by Atkins, and to a lesser extent those used by Gleeds, in the site selection process, were weighted too heavily towards location based criteria through planning related tests, rather than clinical or patient based tests.
- 4.21. This, they felt, went against the principles established in P.82 *“to deliver safe, sustainable, affordable services now and into the future.”*
- 4.22. In the early stages the absence of an agreed Acute Service Strategy meant that there was nothing to dictate the requirement for and size of the Future Hospital. This is something also picked up by the C&AG in her report referenced later in this section.
- 4.23. The focus on non-clinical criteria is minuted in a number of MOG meetings where the decision to drop Warwick Farm was made. The majority of the Board considers that this demonstrates that the primary reason to drop the site was for planning, rather than clinical, reasons:
- 4.24. The Atkins report then summarised this outcome (page 30) in the SOC report dated May 2013:

Although Warwick Farm offered the opportunity of a new-build development option on a green-field site, in considering the short-listed options the Ministers did not consider this site to be suitable because it would require re-designation of this Green Zone land site, which they were acutely aware States Members had not supported during the debate on the Island Plan in 2011. This view was supported by the fact that, during recent debates, States Members had resisted the re-zoning of any Green Zone for other uses. In addition, the visual and development impact of such a large building in this rural setting would have been out of keeping with the surroundings coupled with considerable transport impacts which were not considered sustainable. Consequently, Warwick Farm was not taken forward further as a short-listed option.

- 4.25. Some of the Board members feel that it was based upon selection criteria that were not challenged by either MOG or CoM during their deliberations to ensure that the principles of P.82 were the key drivers to site selection.
- 4.26. The Board considers that, by where a site challenges the Island Planning policies, even with sufficient justification, it is correct to identify planning as a 'risk' in the site selection criteria. However they consider that it is a risk that should be managed later in the process and not be part of the initial site selection decision.
- 4.27. The Board considers that, as the States have the ability, though the Minister for the Environment to amend the prevailing Island Plan, by for example, the rezoning of green fields for development where there are clear overriding community benefits, the future planning risk can be mitigated.
- 4.28. This issue also came up later at a States Members' workshop in 2016, set up following the rejection of the Peoples' Park option. The notion of putting health considerations above planning considerations was placed firmly on the States Members' agenda and was part of the direction of travel that some members wished to pursue. It was noted during this workshop that in the site selection process that;
- “Planning should be subservient to health”**
- 4.29. On this basis, the Board considers that sites such as Warwick Farm could have been seen in a far more favourable light if the clinical input had been given more weight and the subsequent decisions made by CoM could then have been based upon principles more closely aligned to those as set out in P.82.
- 4.30. This is an area that is very clearly picked up by the Comptroller and Auditor General (C&AG) Karen McConnell in her report<sup>11</sup>. This report considered the early selection process and states:

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<sup>11</sup> [Decision Making: Selecting a Site for the Future Hospital \(March 2012 - February 2016\) 23 November 2017](#)

6.4 *I am concerned, not only that initial site identification was undertaken in the absence of detailed criteria, but that when more comprehensive criteria were developed and applied it was;*

- *without an agreed Acute Service Strategy that would drive the requirement for and size of the Future Hospital;*
- *in the absence of such a Strategy, without sufficient focus on how the options performed in light of potential changes in demand for acute healthcare provision and future changes in models of delivery of healthcare;*
- *without external advice from those with experience and expertise in design of new or substantially redeveloped hospitals; and*
- *crucially, without effective input from clinicians.*

6.5 *When external consultants were appointed in May 2012, they adopted a 'five case' model based on the UK Treasury's Green Book and applied industry standard criteria. However, industry standard criteria were applied in the absence of:*

- *sufficient understanding and ownership of the relative importance of different criteria in the context of decision making in Jersey;*
- *any guidance on what would be considered affordable: such clarity was essential to allow unambiguous application of the criteria;*
- *sufficient quality of information on key areas, such as service activity and delivery models;*
- *input from clinicians; and*
- *clarity about the willingness to consider departures from planning policies in the context of a major infrastructure project.*

4.31. The issues raised by the C&AG, particularly the absence of an acute services strategy to drive the requirement and size of the future hospital and the lack of effective input from clinicians, have been identified by the majority of the Board as issues with the early decisions made by CoM

## **BOARD FINDINGS**

4.32. The Board considers that, in the absence of a clinical acute services strategy and the direct input of views from clinicians, the early site selection process was not comprehensive and did not consider all of the relevant criteria needed for CoM to make a sound site selection decision.

4.33. The Board considers that, particularly in the early stages, the site selection criteria were flawed and did not adequately account for clinical considerations and, were instead, more biased towards planning risks and other land use evaluations.

4.34. Finally, the Board has also noted that the initial officer screening, and the work undertaken by Atkins, appears not to have been subject to any independent assurance,

unlike the later work carried out on the Gleeds reports, which were subject to peer reviews by Concerto and EY. This further weakens the soundness of decision making undertaken at that time.

- 4.35. The Board recognises that the decision made by CoM to concentrate on town sites was made on the basis of evidence available at that time. Since that decision was made, an Acute Clinical Strategy has been developed which has served to ensure that the site selection process undertaken by Gleeds is more aligned to clinical requirements.
- 4.36. There was, however, no reconsideration of green field sites outside of the town in light of the adoption of the Acute Clinical Strategy other than Gleeds undertaking, and then endorsing, a high level evaluation of the Atkins conclusions on the long listed sites.

### Finding 2 – Rural sites

The majority\* of Board members are not assured that evidence supports the decision made by the Council of Ministers to reject rural sites, such as Warwick Farm. They consider that this decision was based upon evaluation criteria used by Atkins in the Strategic Outline Case report that did not include sufficient consideration of the clinical risks and benefits.

The Board recognises that this work was superseded by a new selection process undertaken by Gleeds, which then included reference to an Acute Clinical Strategy, but it appears that rural site options continued to be discounted on the basis of the assumptions made in the earlier Atkins report.

\* This finding was not supported by the Health and Social Services Minister

## 5. The decision to remove the dual site option

### SCOPE

- 5.1 The dual site option was the favoured option before being rejected by the Council of Ministers and it is appropriate that the evidence for these decisions is reviewed.

### EVIDENCE REVIEW

- 5.2 Atkins undertook evaluation of the two remaining site options in February 2013 and presented these to the Ministerial Oversight Sub-Group on the 22<sup>nd</sup> February 2013. The outcome was not clear cut and the indications from the affordability assessment suggested such a significant cost outlay may be unaffordable. Previous Ministers of the Ministerial Oversight Sub-Group accepted the recommendation that a phased development of the General Hospital should be countenanced.

### MOG meeting on 18<sup>th</sup> June 2013

- 5.3 The Atkins spatial assessment project outcome and the proposed funding strategy were considered by the Ministerial Oversight Group.
- 5.4 Ministers requested that a refined proposal, based on the findings and recommendation of the previous proposal, but within an identified funding envelope of £250 million, be drawn up, to inform the States Assembly of the approach to be adopted within a more detailed Feasibility Study.

***“the last sitting of the States in July could receive an update on the hospital explaining that a decision had been taken to rebuild on the existing site, that CoM had accepted that a budget of £250 million would be allocated until subsequent phases were possible”***

### Development of the Dual Site Concept (July – August 2013)

- 5.5 Atkins, supported by an architect highly experienced in clinical engagement acting as Design Champion, developed a Dual Site concept in July and August 2013, following engagement with hospital and clinical leadership. This work was summarised in an Addendum to the Strategic Outline Case, completed in October 2013.
- 5.6 It proved impossible to deliver all of the minimum benefits identified by the leadership of the hospital to the indicative budget of £250 million. However, the Dual Site was developed to a project cost of £297 million capital expenditure requirement for the project in total.



**8<sup>th</sup> October 2013**

- 5.7 The Draft Budget Statement 2014 was lodged as a proposition ([P.122/2013](#)). Details of the site search, dual-site proposals and a budget of £297m were included within Annex A of that proposition.

***“This funding provides for preliminary activities that are required to enable the phased main works programme to be undertaken.  
The funding will also enable the acquisition of land necessary to complete site assembly for the proposed developments and for the project team to undertake design works for the initial phases and carry out some required necessary preliminary works.”***

**5<sup>th</sup> September 2014**

- 5.8 The Health and Social Services Scrutiny Panel issued a report to the Minister for Health and Social services, [SR10/2014](#), reviewing the transformation of Health Services.
- 5.9 The report raised concerns that both the public and employees were concerned about the dual-site proposal; the length of time it would take before the hospital was completed; and that the States Assembly had not been involved in the decision making process.

***Recommendation 12***

***“The Council of Ministers should lodge a proposition prior to the lodging of the Medium Term Financial Plan 2016 - 2019 to ask the States Assembly to decide on the site for the future hospital in order for a formal decision to be made on this issue.”***

**17<sup>th</sup> September 2014**

- 5.10 MOG agreed to accept Recommendation 12 and concluded that a stand-alone R&P was in the best interests of transparent and open government.
- 5.11 The Future Hospital Project Board, at special meetings attended by the Chief Executive Officer of SoJ on 25<sup>th</sup> September and 22<sup>nd</sup> October 2014, subsequently determined that a further Site Validation Exercise should be undertaken to specifically address recommendation 12 of SR.10/2014.

**6<sup>th</sup> November 2014**

- 5.12 A new Health Minister was appointed who also had concerns about the dual-site proposal.

**17<sup>th</sup> December 2014**

- 5.13 MOG met to agree the options to be considered in a new site appraisal report to be prepared by Gleeds Management Services Limited (Gleeds):

- Option A – Dual-site retained as a benchmark of the minimum investment necessary to achieve safety
- Option B – 100% new build at Overdale Hospital and adjacent land
- Option C – 100% new build on the current General Hospital site and adjacent land
- Option D – 100% new build on the Waterfront – Zephyrus/Crosslands/Jardins de la Mer

***“JRI outlined that the [final] three options would be unconstrained by an agreed capital limit as this could not at this point be estimated.”***

## **BOARD REVIEW OF EVIDENCE AND DISCUSSION**

- 5.14 The Board has read the relevant MOG and COM minutes and particularly noted the recommendations of the Scrutiny Report (SR.10/2014) which highlighted problems with the Dual site option. The Board has also heard direct evidence from senior clinician staff during the Board workshops which categorically endorsed the decisions made to drop the dual site.
- 5.15 Specifically, they heard from Miklos Kassai, who considered that it was rejected due to the extensive moving between sites by staff that would be required which would be inconvenient and logically undesirable.

## **BOARD FINDINGS**

- 5.16 Based upon the clear evidence, the Board is satisfied that the decision to drop the dual site was sound. The significant logistical issues of have having in effect duplicated services and associated staff pressures, meant that a dual site option was not practical whatever sites they were located on.

### **Finding 3 – Dual site**

The Board is assured that there is clear evidence to support the decision made by the Council of Ministers to remove the dual site option for delivering the new general hospital.

## 6. The decision to select the current site

### SCOPE

- 6.1 The final part of the project scope related to assessing if the available evidence in relation to the decision of the previous States Assembly supports the proposal of the Council of Ministers that the new hospital be located on the existing site.

### EVIDENCE REVIEW

- 6.2 The Future Hospital Project Board, at special meetings attended by the Chief Executive Officer of SoJ on 25th September and 22nd October 2014, subsequently determined that a further Site Validation Exercise should be undertaken to specifically address Recommendation 12 of SR.10/2014.

#### 6.3 6th November 2014

- 6.4 A new Health Minister was appointed who had concerns about the dual-site proposal

#### 6.5 MOG 17th December 2014

- 6.6 MOG met to agree the options to be considered in a new site appraisal report to be prepared by Gleeds:
- Option A – Dual-site retained as a benchmark of the minimum investment necessary to achieve safety
  - Option B – 100% new build at Overdale Hospital and adjacent land
  - Option C – 100% new build on the current General Hospital site and adjacent land
  - Option D – 100% new build on the Waterfront – Zephyrus/Crosslands/Jardins de la Mer

***“JRi outlined that the [final] three options would be unconstrained by an agreed capital limit as this could not at this point be estimated.”***

- 6.7 This meeting also evidenced that Gleeds were tasked to undertake a new site evaluation but now with the incorporation of the acute service strategy to better understand the schedule of accommodation required:

***“The challenging 12 week timeline would preclude any major design work. It could however incorporate the acute service strategy and planning outputs that have already been developed. This would provide a better understanding of the schedule of accommodation required than that able to be provided by WS Atkins at the time of the Strategic Outline Case.”***

#### MOG 22<sup>nd</sup> April 2015

- 6.8 MOG received the outcome of the Gleeds Site Appraisal [Report CR04](#). The report concluded that the Waterfront option scored significantly better than all other options. The dual-site option scored very poorly.

**MOG 22<sup>nd</sup> July 2015**

- 6.9 MOG requested a further review to consider additional sites of Parade Gardens and Peoples' Park.
- 6.10 Gleeds initial findings noted that Parade Gardens was not suitable to progress past the long-listing process but that Peoples' Park was worthy of further short-list assessment. This was carried out on a like-for-like basis with the other short-listed options.
- 6.11 An updated Site Appraisal [Report CR21](#) was produced by Gleeds which concluded that the Peoples' Park option scored significantly better than all other options.

**MOG 1<sup>st</sup> October 2015**

- 6.12 MOG received the outcome of the CR21 report and noted Peoples' Park was recommended as the best performing site. It was agreed to take this recommendation to COM on 14 October.

**COM 14th October 2015**

- 6.13 The Council concluded that it was apparent that, on the basis of all the evidence available, there was a compelling case that the Peoples' Park site was clearly the preferred option and the Council accordingly endorsed the Peoples' Park as the Preferred Site Option.

**MOG 11<sup>th</sup> November 2015**

- 6.14 MOG were presented with the results of the Sweett Six facet survey on the General Hospital.

***“Chief Minister and Treasury Minister said this survey was a compelling argument for building a new hospital on the current site, if these buildings are imminently failing. PM queried where patients would be located during any significant refurbishment works.”***

**COM 27 January 2016**

- 6.15 COM agreed that there should be a period of public consultation in order to ascertain views on the four short-listed sites.

**States Assembly 23 February 2016**

- 6.16 P3./2016 was a proposal by the Connétable of St Helier to remove Peoples' Park from the list of sites for consultation. The Health Minister subsequently confirmed its removal as a potential option.

**States Members' Workshops March-July 2016**

- 6.17 Ministers entered a period of reflection on the project's objectives and a series of workshops were set up with States Members to find some common political ground for a way forward.
- 6.18 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 had the most potential around which to build stakeholder alignment.

- 6.19 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 eight years in a single main construction phase; and
  - be broadly commensurate in cost to new-build options.

6.20 At workshops on the 26<sup>th</sup> and 7<sup>th</sup> June, a proof of concept for a potential innovative design hospital on the existing JGH site was presented to States members. The feedback given gathered through the workshops indicated that this was the option they considered could gain approval in the States Assembly.

**POG 13th April 2016**

- 6.21 It was noted that following the outcome of P3/2016 the project's technical team were challenged to conceive what could be done on the JGH site that was exciting and innovative, being flexible with planning constraints.
- 6.22 The Health Minister said the Chief Minister (CM) was keen to look at JGH again to see if a solution could be delivered in a shorter time than Option C.

**COM 8th June 2016**

6.23 The Council approved the concept of utilising the existing General Hospital site and adjacent areas to be purchased. It was agreed that the Minister for Health and Social Services should make a statement in the States on 14th June 2016, which would include reference to the intention of proceeding with a report and proposition in due course in relation to the preferred site and outline timetable, but not details of any funding proposals presently under consideration by the Minister for Treasury and Resources.

**COM 20th July 2016**

6.24 The Council, for the avoidance of any doubt, unanimously approved the use of funding which had previously been allocated for feasibility work on the now defunct 'dual-site' option to undertake feasibility studies of the current preferred site.

**COM 21<sup>st</sup> September 2016**

6.25 Discussions on the draft report and proposition which invited the States to agree that the current site of the Jersey General Hospital with an extension along the eastern side of Kensington Place and other nearby sites, including Westaway Court, should be the approved site location for the New General Hospital.

**19<sup>th</sup> October 2016**

6.26 Report & Proposition for building a hospital on the existing general hospital site and adjacent properties, lodged au Greffe

**16<sup>th</sup> November 2016**

6.27 States Members briefing with update on the proposition

**1<sup>st</sup> December 2016**

6.28 Debate on the preferred site

- 6.29 Proposition [P.110/2016](#) approved by States Members

## BOARD REVIEW OF EVIDENCE AND DISCUSSION

- 6.30 The Board considered all of the evidence and there was an acceptance that the Gleeds approach was rigorous and, particularly as at this time an Acute Strategy was in place which could then shape the requirements of a new hospital.
- 6.31 Concerns were raised, however, on the political decision making which did not follow the evidence but instead reacted to other factors.
- 6.32 In respect of the waterfront, this was neatly summed up by the C&AG who stated:  
***“Crucially, the decision not to pursue the Waterfront option from February 2016 was not adequately documented by reference to the criteria set, a repetition of the situation in September 2012 (see Case study 2). I recognise that decisions may be made that depart from previously agreed criteria for essentially political reasons.”***
- 6.33 This was something that the Board was in agreement on, but some did not agree with those political reasons.
- 6.34 In particular, some members of the Board had concerns that the evidence highlighting the financial risks of not pursuing the Financial Quarter on the Waterfront, presented by the Economics Unit and separately by the Chief Executive of the SoJDC, was not thoroughly tested and so should not have been given the weight that it received in reaching the decision to drop the Waterfront site option.
- 6.35 Equally, the dropping of the Peoples’ Park option was based upon a political decision and some members thought that it would have been clearer to continue with the States debate on it in order to have a formal political decision.
- 6.36 When reviewing the staff survey the Board made the following observation, which is pertinent to this discussion:  
*‘For many staff this site (i.e. Peoples’ Park) will still be seen as the preferred option as Gleeds rated it as the top ranked site at that time, and it appeared to be dropped because it was not deliverable on political rather than technical grounds.’*

## BOARD FINDINGS

- 6.37 When reviewing the decision to reject the Waterfront site, the majority of the Board did not consider that the CoM had fully justified this decision, as the evidence shows that it was evaluated more highly than the existing site by Gleeds on more than one occasion during the site selection process.
- 6.38 The CoM gave considerable weight to the economic and financial case presented by SoJDC in this decision, but this evidence appears to have been taken at face value and was not independently verified: it is, therefore, the Board’s conclusion that the decision appeared to be politically driven rather than driven by the available evidence at that time.

- 6.39 The dropping removal of People's Park from the list of potential sites is also considered, by the Board, to be unsatisfactory as it was not tested by the States Assembly. Once dropped, the current site was selected as the preferred site without much further re-evaluations being undertaken, again in preference to the higher evaluated Waterfront site. There appears little evidence to demonstrate that this decision was robustly tested and no return was made to consider the original site selection criteria used at the feasibility stage to arrive at that decision.
- 6.40 The case has not been made in the opinion of the majority of the Board for the MOG, POG and COM to go against the recommendations made by both Atkins and Gleeds of ranking the site Waterfront site above the existing site.

#### **Finding 4 – Preferred site**

The Board is assured that the site selection process undertaken by Gleeds was sound, however, due to the political reasons to drop the Waterfront site, the majority\* of the Board members are not assured that the available evidence in relation to the decision of the previous States Assembly supports the proposal of the Council of Ministers that the new hospital be located on the existing site.

\* This finding was not supported by the Health and Social Services Minister

# Part two

# **Additional Material**



## 7. Health and Community Services Staff Survey

### SCOPE - NEED FOR THE SURVEY

- 7.1 The Board recognised, through informal sources, that some of the staff of the Hospital felt that they had not been engaged on the future plans for the hospital. In addition, some Board members had also received information directly from some staff to say that they had witnessed some forms of bullying and that they were ‘gagged’ from providing their views. This is more fully discussed in section 8.
- 7.2 The Board decided at their meeting of [September 6<sup>th</sup>](#)<sup>12</sup> to conduct a survey to all Health and Community Care staff.
- 7.3 The survey was fully supported by the Health and Social Services Minister and included a question about site selection which was raised in the [petition](#)<sup>13</sup>, put forward by David Cabeldu, requesting a survey of the staff on this matter.

### The Survey

- 7.4 The Board wanted to conduct the survey to establish and assess the views of the staff on a number of key questions, specifically to include;
- **how openly staff believe they can express their opinions about the new hospital**
  - **if they have had the opportunity to view the new hospital plans**
  - **identify which site they prefer for the new hospital with reasons**
- 7.5 All Health and Community employees were invited to take part in the survey through an email invitation sent by the board.
- 7.6 As 263 staff had no email available, they were sent a letter offering them the opportunity to contribute their views by either using the survey link, ringing 4insight to complete the survey by phone or completing a hard copy version of the survey and posting back direct to 4insight. In total 19 employees used this method.
- 7.7 All staff were assured that all their data was anonymous and non-identifiable, although some profiling data such, as broad role; years of service (grouped); current working location; and parish they live in; were collected for purposes of analysis.
- 7.8 Payroll number was able to be attributed to results only by 4insight (this data was not able to be linked to any further information not collected through the survey and was only used for research and analytical purposes). This attributed data was not and has not been shared outside of 4insight other than in anonymising group sizes.

### Response Rate

- 7.9 In total 714 members of staff took part in the survey, representing a 22% response rate. The Board do recognise that the response rate of 22% is low but the outcome from those responding to the hospital survey was, nonetheless, very clear and sound.

<sup>12</sup> <https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard.aspx>

<sup>13</sup> <https://petitions.gov.je/petitions/200094>

## Methodology

- 7.10 To ensure staff confidentiality, the survey was prepared on behalf of the Board by 4Insight, which is an independent survey company.
- 7.11 The survey was based on fully structured questions, with two open ended questions at the close for people to add their reasons for site choice and any additional comments that they wanted to make.
- 7.12 The online survey was optimised for easy completion on Smartphone, tablet, laptop and PC. Hard copies were available to those with a matching payroll number (who were invited to meet an interviewer in person) and staff were also available via telephone as an option for those with no internet access.
- 7.13 The Board had prepared the survey questions, however following the independent survey company's suggestions based on their research experience, two minor changes were included<sup>14</sup>;
- work location may have been split between current General Hospital site and other health care buildings or in the community
  - the parish the staff live in was added, as this may impact significantly their view on location e.g. their own travel time incurred
- 7.14 4insight also included some agreed introductory text to highlight their professional codes of conduct; independence of survey; and anonymity of responses.
- 7.15 The survey was programmed into professional survey software and hosted by 4insight. This ensured true independence and adherence to the strict marketing research Codes of Conduct and GDPR, plus encouraged more open responses.
- 7.16 **The survey was open for three weeks closing 10th October 2018**

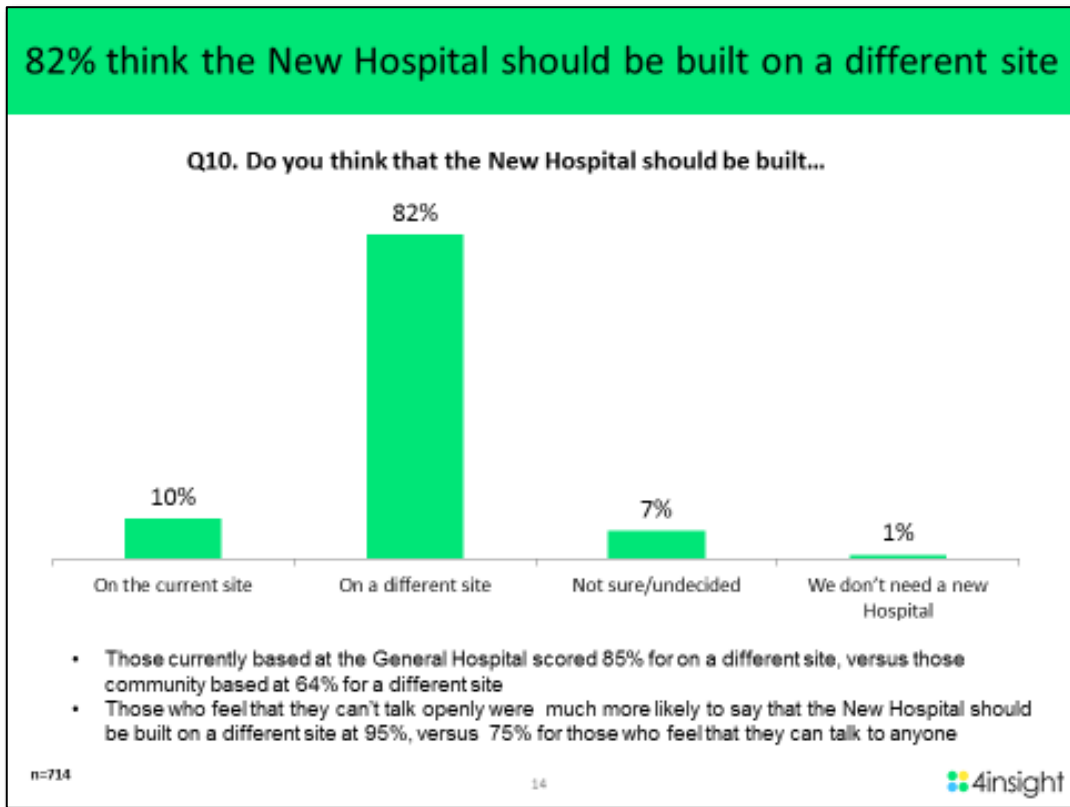
## Summary of results

- 7.17 The conclusions reached by the survey are as follows, as taken directly from the 4insight report:

- Different site for the New Hospital preferred by **82%** of staff who responded to the survey
- Main reasons for selecting a different site revolved around avoiding disruption to patients and staff, accessibility and site size
- Current site preferred by **10%** of staff who responded to this survey
- Reasons for selecting the current site based on accessibility and avoiding delays
- Peoples' Park most preferred different site being selected by **35%** of staff
- **36%** felt they could talk openly to anyone about the New Hospital; **18%** felt that doing so would compromise their position
- **82%** had had the opportunity to see the current proposals for the New Hospital

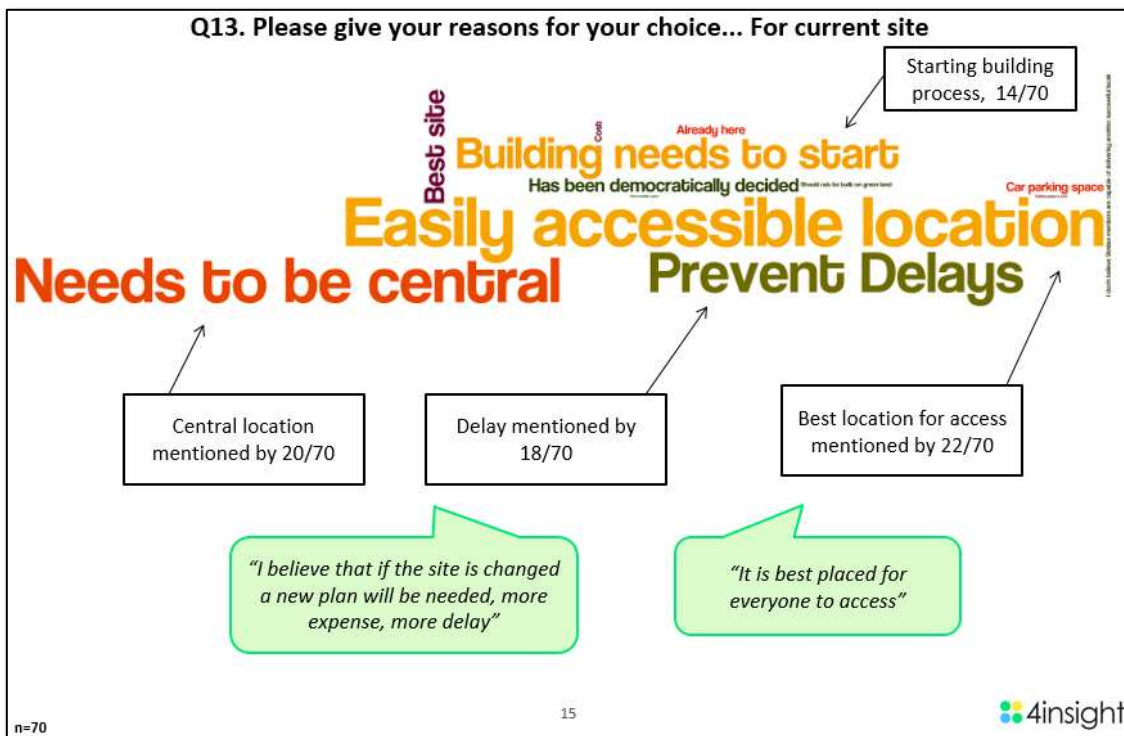
<sup>14</sup> Board decision recorded in Workshop 4 minutes – 6<sup>th</sup> September 2018:

<https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard.aspx>

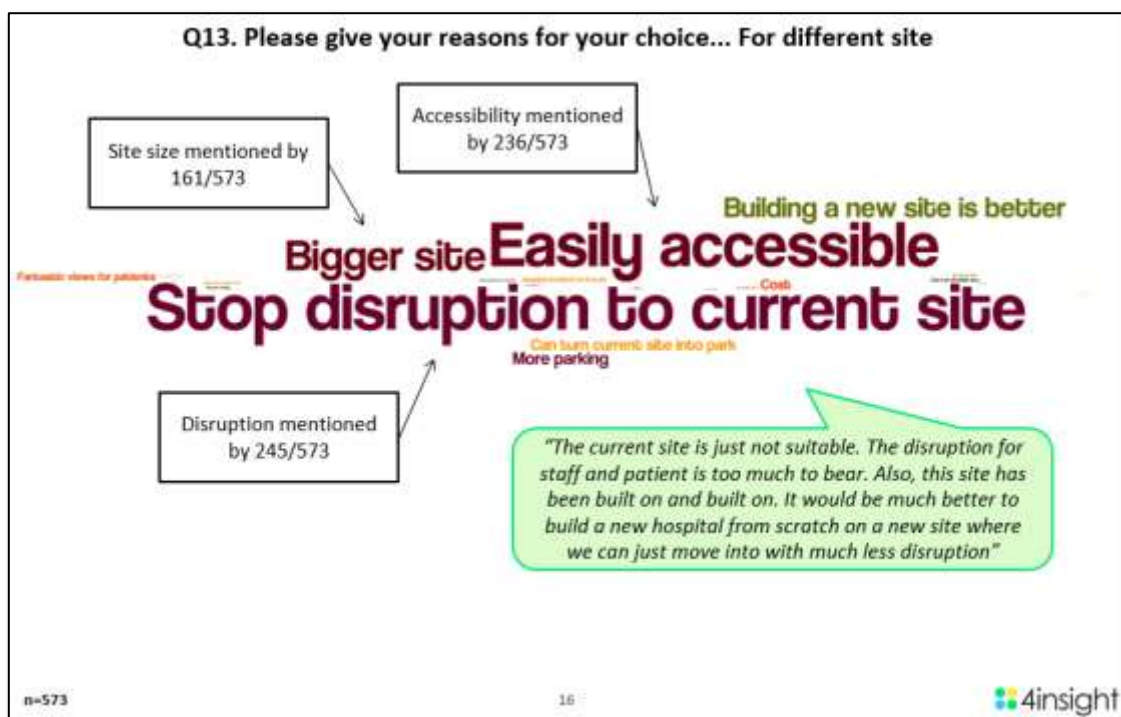


7.18 4Insight also captured the qualitative responses as well as the quantitative.

7.19 For those who gave reasons for choosing the current site the primary reasons given were;



7.20 For those who gave reasons for **not** choosing the current site the primary reasons given were;



7.21 The full survey results can be found in Annex E

## BOARD REVIEW OF EVIDENCE AND DISCUSSION

### Current Site

7.22 The Board recognises that the clear message from the staff responding to the survey is that they do not support the current site (82%) for the location of the new hospital. The Board considers that such a clear and polarised view should not be ignored.

7.23 The main reasons identified by staff are also clear: the accessibility; noise and disruption from the new build; and the perceived size restrictions of the site. The Board has looked into the issues identified in this report, based upon evidence that they have reviewed either from existing documentation, the workshops or from the site visit to Bristol. Picking up on these themes the Board has made a number of observations:

### Noise, dust and disruption

7.24 There are clear views from staff that they consider that the current noise, dust and disruption levels are unacceptable. The Board recognises that, in many cases, the comments made were based upon the problems arising from existing internal maintenance being currently undertaken within the site. There are concerns, however, that if this is happening under these controllable conditions, what confidence this gives the staff when faced with the larger demolition and construction.

7.25 In terms of the site selection decisions, it raises some concerns identified by the majority of the Board in section 4 of this report, that the weightings used may not have fully reflected the impact to the existing operational hospital from the noise, dust and disturbance caused by building a new one adjacent to it.

- 7.26 The Board, having visited Bristol, where similar builds have been undertaken, also recognise that mitigation measures can be used to mitigate the potential problems and that this would be very strictly controlled to ensure patient safety. These measures are, of course, still open to risk and this risk would only be fully removed if no buildings works were to take place at all next to an operational hospital. These points are more fully explored in the next section 8.

#### **Size of the hospital/future proofing**

- 7.27 The staff survey also raised concerns about the size of the planned hospital, specifically that it was not future proofed or easily able to expand as demand increased for its services. This is another area that the Board has raised concerns with and, is again, more fully explored in the next section 8.

#### **Alternative Sites**

- 7.28 The question related to which alternative sites would be supported by staff was interesting and, in some ways, not surprising, as the Board noted in section 4 of this report, as it related to the political decision to drop the Peoples' Park option by the then Minister. Previously, the staff had been told in a series of staff meetings, that the preferred site was Peoples' Park, and then, following this decision, little information appeared to be communicated back to the staff as to why this site was eventually dropped in favour of the current site.
- 7.29 For many staff, this site will still be seen as the preferred option as Gleeds rated it as the top ranked site at that time; and it appeared to be dropped because it was not deliverable on political rather than technical grounds.
- 7.30 The Board recognises that although Peoples' Park is the most favoured by the staff, other sites are still preferred by others. This is the conundrum that will be faced by any future alternative site selection process. The selection of any single site will always have alternative views and challenges that must be managed politically in order to ensure it has the support from the public and the staff. Currently, it is clear from the survey, that there is little staff support from those responding to the survey for the current site and so this must be seen as a failure of the current project.

#### **Staff openness to talk**

- 7.31 The Board was also very interested to hear about the confidence of the staff to be able to talk openly about the plans and site selection. These results appeared to confirm that the informal view provided to the Board, from a number of sources, about some instances of 'gagging' of the staff, stood up. The survey results from those who responded, show that only 36% felt they could talk openly to anyone about the New Hospital: this raises concern why so few feel they can talk openly.
- 7.32 The Board explored this view further with a number of senior clinical staff members who attended the workshops. The feedback given to the Board was that the current management team have sought to improve the prevailing culture in order to support a more open dialogue between management and the staff on the key health service matters. The survey result may be a reflection of the prevalence of the 'old culture' amongst some members of staff, who are not yet confident about sharing their views.

- 7.33 The Board is hopeful that this apparent shift within Health and Community Services is able to support a more open culture, as it is vital that the new hospital project gets the full support of its staff. This was a key lesson picked up from the Bristol site visits.

### **BOARD FINDINGS**

- 7.34 The numerical results and comments made in the survey are very clear and support the Board's view that the decision made to select the current site was not fully evidenced; and that the engagement with the staff on this significant decision was not undertaken in a meaningful way to ensure that it took account of their views and opinions.

#### **Finding 5 – Staff engagement**

An overwhelming majority of those Health and Community Services staff who completed the survey are not supportive of the current site for the new hospital and there is a significant number of them who feel they cannot speak openly about the proposed scheme.

The Board, having visited similar sites in Bristol, consider that for any scheme to be successful in Jersey it is important that the staff are positively engaged and can support any future plans.

\* This finding was not supported by the Health and Social Services Minister

## 8. Additional Considerations

- 8.1 The Board, in reviewing all of the evidence, has identified a number of areas that, it considers, were ignored during the decision making process to locate the proposed new general hospital on the current site.
- 8.2 These strictly fall outside of the Board's terms of reference, which was regularly stated by the Minister for Health and Community Services, but some members wished to pursue the following issues as they considered that they had a material impact upon the decisions made by the previous political groups, and so merited inclusion.
- 8.3 Moreover, much of this material was available and so some members believe that this should have been included in the decision making process at that time. Many of these issues have been very well described and analysed in the C&AG report by Karen McConnell which set out findings and recommendations which the Board fully concurs with.

### **PERFORMANCE OF P.82/2012**

- 8.4 The poor performance of delivering the strategies identified in P.82 are well documented and this relationship to the specifications of a new hospital and site selection are also very well summarised in the C&AG report.

The majority of the Board members view this as a major part of the political failure in arriving at a site that meets the needs of the island.

- 8.5 The Board were interested to explore this issue and invited the Group Medical Director of Health and Community Services, Rob Sainsbury, and Interim Head of Health Modernisation, John Howard, to report on the current progress of P.82 in workshop 7 held on the 2<sup>nd</sup> October 2018.
- 8.6 They identified, in their presentation (Annex I), the progress as:
- **Phase 1 : 2012 – 2015 – 36 completed projects**
  - **Phase 2: 2016 – 2020 – 29 complete, 12 underway and 20 remaining.**
- 8.7 A number of challenges in delivering P.82 were acknowledged by Rob Sainsbury and these were frankly discussed with the Board as being;
- ***“We have not delivered at a sufficient pace in some areas – such as intermediate care and the mental health strategy.***
  - ***We have a complex health care in Jersey and many of our services are supported or even delivered by the charitable sector, C&AG report has highlighted there has been a disconnect between strategy and delivery.***
  - ***Cultural issue to overcome, customer centric view that all people need to be treated in the hospital. “***

### **Size of proposed hospital and future proofing**

- 8.8 Related to the questions around the performance of P.82 is the resulting the size requirements of the hospital and was a key issue linked to the site selection process in the opinion of some members. This was asked of Rob Sainsbury who stated:

***“In context of the future hospital, we are on the track to deliver. The size has been based upon conservative assumptions using existing and new activity levels with additional bed requirement based upon demographics. We have therefore taken on board future capacity levels, modelled to 2065. Any reductions in demand from improvements in community services is a bonus and will further increase capacity of the hospital”***

- 8.9 Furthermore, it was noted by the Board that John Howard also considered that:

***“The plans are conservative there is a lot of space, there are enough beds for the island. In fact the proposed size is bigger than is currently predicted or required. The space can be used flexibly, and we have the ability to change the space configurations. “***

- 8.10 Rob Sainsbury made the point that it is not always possible to accurately predict future needs as priorities change, which is why the spaces have been planned to be flexible.

- 8.11 The Board also heard the views from Andrew Woodward, who is the consultant anaesthetist at the Jersey General Hospital, who confirmed that he has been engaged with the future floor area planning for the intensive care department with the FH team and considers that they are excellent; and that the architects are very receptive to change and new ideas.

- 8.12 He also observed that:

***“some departments ...are set in their ways and not open to changing how they will work in the future, which is part of the overall operational and efficiency improvements – this is a challenge. When you have a large group you will have a large number of opinions.”***

- 8.13 The Board did hear some alternative views to this from Mr Ng, Mr Downes and Mr Kassai, who are consultants within the current hospital, and believe that the proposed department sizes are not going to meet their current or future needs.

- 8.14 The Board questioned if this was a case of empire building or actual needs and Mr Ng considered that:

***“most consultants are not empire builders: they have patients and the health services as their primary objective. And very aware of workloads and demands of an ageing population will put on the health service”***

- 8.15 Taken at face value this implies that the larger areas may be required over those being proposed, but equally Mr Ng recognises that future advances in technology may also change the requirement:



***“It is also not easy to predict what would future developments would be available, for example in endoscopy we could end up having a motorised pill with a camera in it and I could do five cases simultaneously but this is the longer term - 10 plus years away.”***

8.16 If it is accepted that the performance of P.82 has been lacking, and the strategies within it should have been considered in the site selection process, then the majority of the Board members consider that the proposed site of the hospital is not sufficient and will not be future proofed for expansion.

8.17 The potential impact of not delivering the P.82 community based strategies is highlighted in P82 in which it states:

***“States Members should be aware, when considering P.82/2012, that the impact of not implementing community-based care strategies has a significant effect on the hospital size. If P.82/2012 is not approved, the increase in the hospital area requirements would rise by 9,200m<sup>2</sup> to give a total area requirement of circa 72,500m<sup>2</sup>.”***

8.18 It is recognised that this quote was taken from an earlier part of the process, based upon early floor area assumptions before the improved efficiencies were applied to the floor areas driven by acute services strategy, but the principle is still considered to be valid.

8.19 For clarification, the current floor area of the General Hospital is 38,000 Sqm and the proposed scheme is circa 57,000sqm which, because this new space will be based upon improved co-dependency use areas, should also have significant operational efficiencies over the existing site which has been developed in an ad-hoc way over its full lifespan. It is also noted that detailed planning is still underway and the final allocation of space has not been finalised.

### **Mental Health Strategy**

8.20 The Board met with the Director for Mental Health, Richard Downes, at workshop 8 on the 12<sup>th</sup> October, who provided views on the current position with regards to many mental health issues and how these are being progressed in the context of the current plans for the site.

8.21 He considers that mental health has long regarded as being a “Cinderella service” compared to acute services and has mistakenly not been considered as part of the plans for the new hospital at this time.

8.22 The Board are familiar with the current mental health strategy which is identified as a bid into a future MTPF as a stand-alone funding stream and the Overdale site is currently the most favoured likely location.

8.23 This raises two issues: one is the siting of mental health facilities; and the second is the time taken to deliver a strategy.

8.24 Richard's Downes' view on location is that the facilities for primary and mental health services should be adjacent to one another:

***"It is a given this will be the biggest investment that the Island has seen and will effect everybody including visitors - it's a long-term decision for the next 30, 40 or 50 years and will need to be flexible and be modular to allow for future changes. We should get the site decision right and there should be adjacency with primary care next to mental health facilities."***

8.25 Rob Sainsbury also picked up on the importance of integrating mental health into the acute health service, but also emphasising the importance of community based interventions as well as acute care provision:

***"This is an essential part of the mental health strategy – it is a key part of the new model (Core 24) and requires more staff to provide an interface. It should happen in the home in the first instance but A & E needs to be equipped to handle patients coming in."***

8.26 Some members also considered that because of the potential strategic health benefits, consideration should have also been given to co-locating mental health facilities on the same site as the new hospital. This was not undertaken during the site selection process for the new general hospital and the Mental Health Strategy was not available at that time.

8.27 The majority of the Board members consider that this impacted the site selection decisions made by looking at sites capable of only meeting the narrower health requirement for acute health facilities. This in turn meant that by selecting the current constrained site, it has restricted this and other future additional survives to be located on it.

8.28 It is relevant to note that the idea of moving other health services onto the General Hospital site was explored by MOG at their meeting on 1<sup>st</sup> October 2015, but was not pursued, as minuted:

**JRe wondered if there was an advantage to moving health services at Overdale down to the general hospital site (if there was sufficient space at People's Park) and offer Overdale as a site for housing. NA confirmed Gleeds had assumed that the Westmount Centre would be retained. WG confirmed that some of the outpatients would be relocated to the new hospital to allow relocation of other services from failed buildings to enable the Overdale site to be cleared. JRi said it would be best not to confuse the issue and highlighted that the value of potential developments was already in the costs presented to Ministers.**

- 8.29 It is the opinion of the majority of the Board, that the decision to not pursue the integration and or co-location of other health services with the acute services to be provided by a new general hospital, has hampered the ability of the future hospital project to be able to deliver the wider vision for transformation of health and social services set out in P.82/2012.

### **Finding 6 – Performance of P.82**

The majority\* of the Board considers that the slow delivery of the community care strategies identified in P.82 have impacted upon the proposed size, and thus site selection decisions, for the new hospital.

There should, therefore, be a review of the performance of P.82 and, at the same time, consideration given to including additional strategic deliverables such as mental health services, to provide a more integrated health facility and services.

This would more accurately direct the size and site requirements for a new hospital and better future proof any new facility.

\* This finding was not supported by the Health and Social Services Minister

### **Noise, vibration and infection issues**

- 8.30 The issue of risks to patients and staff from noise and disturbance caused during construction phase on the current site is one of, if not the primary reason given by the detractors of the current site.
- 8.31 It is something that has been raised by the staff in the survey results (see section 7) and directly by senior clinicians and other interested parties in the workshops held with the Board. It is clearly something that is of great concern to many people and which has not been adequately addressed by the project team in order to provide adequate reassurance.
- 8.32 The opinions provided by members of staff are largely based upon their experience of the current noise from the maintenance of the current site and, in some cases, the noises from external sources such as traffic and external works being undertaken. This experience may, of course, be an entirely different one to that of the planned and managed demolition, and then the construction works that would take place.
- 8.33 The Board were keen to explore this issue and they heard directly from a number of senior clinicians during the workshops to hear their views on the matter, particularly on the potential effects to patient safety, and staff working conditions.

- 8.34 Mr David Ng expressed some concerns to the Board at workshop 8 on the of October 12<sup>th</sup> about what he feels are currently unacceptable levels of noise/disturbance, and provided direct experience of this with some personal recordings of construction noise, although the Board could not verify what levels these were recorded at. It was minuted that Mr Ng:

**explained that in the summer when it is hot -as we have had this year - the windows are open but there is no air conditioning. He believes that this is not safe as during demolition that fungi spores and dust always gets in whatever measures the builders do. He believes the builders will not prevent that happening which therefore will impact on patients.**

- 8.35 The Board considers that the associated risk of noise, disturbance and infection to patients and staff was not properly accounted for, particularly in the early site selection process, in both the officer group and then Atkins review of the sites. The scoring given to sites, especially in non-urban areas may then have scored more highly in this regard. The Board can find no evidence in the minutes that the political groups tested or robustly challenged the assumptions made in the reports, particularly in relation to the weighting ascribed to these matters.
- 8.36 The only reference on 2<sup>nd</sup> August 2012 at a MOG meeting seemed to confirm that the noise levels in relation to the volume of traffic was an acceptable factor;

**“The location of a new hospital and acceptability in terms of other surrounding buildings was discussed; WG explained that, in some cities, hospitals and commercial buildings are in close proximity. Noise levels and volume of traffic (both vehicular and foot) were noted – in particular for emergency services.”**

- 8.37 The Board also recognises, however, that the States must have confidence in the expert advisors and professional construction firms with extensive experience on matters related to managing the risks from noise and disturbance on operational hospital sites.
- 8.38 The visit made by the Board to Bristol, was very useful in this regard, as members were able to assess how comparable sites managed to mitigate the noise and disturbance issues. This visit is fully detailed in their notes taken of the visit in Annex B:  
Hospital Policy Board – Bristol Site Visit Minutes.
- 8.39 The Board was assured that fundamentally the risk of noise and disturbance can be robustly managed and mitigated, but it can only ever fully be removed as a risk if there was no construction undertaken next to an existing operational hospital.
- 8.40 This issue is also raised in section 9 of this report on the identified risks for either building on the current or an alternative site.

### **Finding 7 – Noise, vibration and infection issues**

The majority\* of the Board members are not assured that the decision making process adequately accounted for the potential risk of noise, vibration and infection issues to patients and staff when addressing suitable sites for the new hospital.

The Board are however assured that having been presented with the proposed methodologies and visited other hospital construction sites, the risk to patients and staff working on the existing hospital site can be mitigated to reduce and manage them.

This risk will only be entirely removed if there was no construction undertaken adjacent to the existing hospital site.

\* This finding was not supported by the Health and Social Services Minister

## **STAFF ISSUES**

### **Accommodation**

- 8.41 The issue of staff accommodation was raised by several contributors to the review, principally in the context of it being of poor quality; poor availability; and more importantly, the high cost. This, they believe, had a direct effect on staff retention, something that is having an impact on the effective operation of some areas of the service.
- 8.42 Although not directly related to the terms of reference, the Board considers that in order to make a sound decision to site a new hospital in the right location, consideration must be given to where the staff will be accommodated. This was not part of the original selection criteria, other than transport considerations for accessing the site.
- 8.43 The Board recognises that work is currently underway, although a key worker strategy is not yet in place. The work on staff accommodation had equally not been available at the time of the previous political group's decision points, and so, if this was part of the selection criteria, it could have been possible, for example, to choose a large enough site that could also accommodate the staff.
- 8.44 This could not be delivered on the current site, which instead, relies upon an, as yet agreed or proven key worker strategy, planned to be delivered using largely Andium accommodation, at a time that there is also pressure on the delivery of affordable housing requirements.

## Engagement

The results of the staff survey have provided a 'loud and clear' message to the Board that the staff do not feel able to be talk openly on the new hospital plans within the organisation. This was echoed by the C&AG report which identified the problems with not using;

***“external advice from those with experience and expertise in design of new or substantially redeveloped hospitals; and***

- ***crucially, without effective input from clinicians.***

***In the context of siting an acute hospital, failure to manage clinical consultation processes adequately creates the risk that:***

- ***well-respected operational clinicians are not sufficiently engaged and do not therefore become active ambassadors for proposed changes;”***

- 8.45 The Board considers that this extract sums up very well the majority of their views and that the political decisions reached at the early stages of the project were not based upon clinical input but rather other site specific land use based criteria, as laid out in finding 2, in which the Board were not assured that the evidence supports the decision made by the Council of Ministers to remove rural sites such as Warwick Farm from the short list identified in the Atkins Strategic Outline Case report.
- 8.46 The Board’s findings on the engagement with staff have already been set out in finding 5 in section 7 of this report.

## **INPUT FROM INTERESTED PARTIES**

### **Bruce Willing-led public group**

- 8.47 The Board heard from a group of members of the Public, led by Bruce Willing, who raised a number of concerns that they had on the development of the current site, which was recorded in the minutes from workshop 7 on the 2<sup>nd</sup> October 2018<sup>15</sup>.
- 8.48 The opinions provided to the Board centred on the site being too small to accommodate all of the required services; is not future proofed for expansion; the costs of construction are too high; and risks to patients and staff from construction.
- 8.49 The group raised one of the issues the Board identified in section 4, in which they also considered that the dismissing of sites such as Warwick Farm for non-clinical reasons was not sound, as they stated in the meeting that; ***“the Atkins report also dismissed sites such as St. Saviour and Warwick Farm on spurious grounds, such as traffic and electricity connection capacity.”***
- 8.50 In the group’s informal opinion, issues with potential delays for blue lighting emergency calls are not significant, and public transport can be managed adequately with additional bus services on these out of town sites.
- 8.51 The group also provided very clear and valid opinions on matters such as nurses’ accommodation, and the Board is grateful for their time and input.

<sup>15</sup> <https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard.aspx>

8.52 Finally, it was interesting to note, as seen from the staff survey, that the group are not in agreement on any alternative site, as summed up by David Moon who stated;

***“We do not all agree about alternative sites as we all have our favourites, but we all agree on it must not be built on Gloucester street and it must be under one roof.”***

#### **Rob Duhamel**

8.53 The previous Minister for the Environment (2011-2014) attended workshop 6 on 26<sup>th</sup> September and described his experience of the site selection process undertaken during his time in office to the Board, which largely coincided with Atkins long and then short listing process.

8.54 He considered that the selection process was flawed in a number of areas and that the process was overly influenced by financial rather than strategic planning considerations at that time. The dismissal of the Waterfront site was cited as one such example of this.

8.55 The Board noted that Mr Duhamel stated that CoM considered Warwick Farm the favoured site in 2012 and wanted to understand how the planning issues could be resolved. He stated that it was:

***“...the top site in the Green Zone and the Planning Minister should accept the site even though it was a departure from the Island Plan. RD: Did not agree.”***

8.56 It is interesting to note that in the opinion of Mr Duhamel, CoM were looking to mitigate the planning policy restrictions for Warwick Farm in 2012. This is something that the Board have not picked up in any of the minutes as it seemed to be the exclusive reason for its rejection as a site.

#### **POLITICAL ISSUES**

8.57 During the review process, the Board observed that where the current site was being discussed, the tone of many of the meetings was very often overly supportive of it, giving the impression that there appears to have been a pre-disposition towards selecting the current site.

8.58 The findings of this report have shown that equally often, political decisions were taken against the expert evidence, as seen with the Waterfront and Peoples’ Park options.

8.59 Both these issues appear to the Board as being part of the culture of decision making undertaken at that time and can be further evidenced in some of the minutes where there appears to be a lack of openness or at least faith with the independent Scrutiny Panel process.

8.60 By way of example, during the fourth [workshop](#)<sup>16</sup> held on 6<sup>th</sup> September 2018, the Board discussed the MOG meeting minutes of 9<sup>th</sup> April 2014 in which the then Treasury Minister suggested:

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<sup>16</sup> <https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard.aspx>

***“... that we must be tactical and practical, and this would enable us to shut down scrutiny’s ability to criticise.”***

- 8.61 The full text of the minute for this agenda item is set out in appendix I, which is a discussion by MOG on the potential acquisition of properties in Kensington Place and subsequent values.
- 8.62 The Board accepts that the subject matter of this discussion is based upon caution towards releasing potentially confidential commercial information, but the majority of the Board consider that the comment also highlights the closed opinions of MOG on the current site.
- 8.63 It is the Board’s majority view that the decisions made were politically driven, at the expense of the optimum clinical option, and these decisions were not undertaken in a more open minded manner to then reach the best decision.

### **BOARD CONCLUSIONS AND FINDINGS**

- 8.64 The Board picked up, very early on in the review process, that there were a number of strategic deliverables from P.82 that had material impacts upon the size, and consequently location, of the new hospital, that should have been part of the political decision making process. This was picked up by other reviewers, notably Karen McConnell, the C&AG, in her 2017 report.
- 8.65 The delivery of P.82 is key to the transformation of health services, the successful delivery of the new hospital, and having recently been reviewed by the Health team, was still a sound strategy going forwards. Assurances were provided that resources are being put towards delivering its key strategies and progress is being made.
- 8.66 The Board would reiterate that it should be a continual priority for the current Council of Ministers, with the appropriate level of resourcing available, to ensure its successful outcome.
- 8.67 There are, however, strategies such as mental health that the Board specifically considers were not progressed at the same pace as the new hospital project, which should have been in the wider thinking and part of the site decision making process. This was an opportunity lost but one which the Board considers could now be included if the States decide to consider alternative sites.
- 8.68 These are areas picked up by the C&AG report and the Treasury Minister has since responded to its key findings and has reported that the improvements have been made to the project governance. This improvement was also recognised when Karen McConnell stated in November 2017 in her report;

**”I have been impressed by two things:**

- **Firstly, the response of Officers to my draft report. This has, of course, been challenging but at the same time helpful and constructive.**



- **Secondly, the improvement in processes that have taken place since February 2016, particularly the establishment of a smaller and more focused Ministerial group.”**

8.69 The Board is assured that, having heard evidence from the senior members of the project team and Health and Community Services, the improvements are in place and the delivery of a successful project can be achieved on whatever site is finally developed.

Part three

**The Next Steps:**  
Deliverables, Risks and Benefits

## 9. The Next Steps: Deliverables, Risks and Benefits

- 9.1 This section of the report sets out the Board's view on the potential impact to the project should there be a delay in the procurement of contract works on the approved scheme or, more fundamentally, an alternative site is chosen for the new hospital.
- 9.2 The current site, scheme and funding mechanism was approved by the States Assembly in December 2016 under [P.110/2016](#).
- 9.3 The Chief Minister has indicated that after the reports of both the Planning Inspector and the Hospital Policy Development Board are considered by the Council of Ministers, then the decision to endorse the current site will put to the States Assembly, likely in early 2019.
- 9.4 On this basis, either of the following scenarios would arise, which are used, in this section, to consider the resulting programme deliverables, risks and benefits;

**Scenario 1: This States Assembly continues to endorse the previous decision of the States Assembly to support proposal P.110/2016 for the new hospital to be located on the existing site.**

**The consequence of this is that a new location for the Future Hospital does not need to be sought.**

**Scenario 2: This States Assembly rejects the previous decision of the States Assembly to support the proposal P.110/2016 for the new hospital to be located on the existing site.**

**The consequence of this is that a new location be sought for the Future Hospital**

- 9.5 The Board recognises that if the second scenario, to reject the current site is taken, it will have a more significant impact upon the timetable for delivering of a new hospital than the first, wherever it is built. Under this scenario, the current programme would stop immediately, with no alternative option available to deliver a new hospital, until a new site is selected and approved with planning permission.
- 9.6 The Board has, therefore, looked at what this delay would look like, in terms of time; risks; and benefits; to the project. This has been undertaken to assist the Chief Minister the Council of Ministers; and ultimately the States Assembly in considering its decision on the final approved scheme.
- 9.7 The Board has worked with officers to understand the current project timetable and, if an alternative site preferred, the key decisions and subsequent timescale needed to deliver a new hospital.

- 9.8 The Board was presented with an indicative revised timetable for an alternative site selection process during their workshops and is in general agreement on the key decision points required. It considers that this should be regarded as being conservative and that the key States decisions and anticipated processes should be prioritised to ensure the commencement of construction on an alternative site, if agreed, can take place as soon as possible.
- 9.9 The summary timetable for the current and alternative site options is presented in figure 1 and used to outline the Board's views on the risks, benefits and more detailed deliverables in the following sections.

**Figure 1: Summary timetable of potential outcomes**

Item/time	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
<b>Existing SoJ approved site - Clinical Programme of Works</b>											
Planning Permission & enabling works											
Current Hospital Build programme		Westaway court			Phase 1b						
			Phase 1a						Phase 2 -entrance		
<b>New Site - Clinical Programme of Works</b>											
Pre-approvals process											
New site selection process											
Planning & OBC approval											
Procure new Contractor & design team											
Enabling works											
Revised Hospital Build programme											

## **Scenario 1: The States endorses the current site and scheme and rejects the Board's recommendations**

### **Anticipated Programme**

- 9.10 The anticipated debate on the current site in early 2019, will delay the current programme, which was scheduled to have commenced at the end of November - should the planning application be approved by the Environment Minister. A further, more significant delay, would occur if the planning application is refused.
- 9.11 The following programme is anticipated based upon the assumptions that planning permission is awarded and the States assembly continues to endorse the current scheme.

<b>Delivery date</b>	<b>Deliverable</b>
<b>Q1 2019</b>	The States assembly endorses the current site and scheme
<b>Dec 2021</b>	The first delivery of new clinical services with the completion of <ul style="list-style-type: none"> <li>• <b>Westaway Court out-patient centre</b></li> </ul>
<b>Dec 2022</b>	First major phase (1a) of the main site that will deliver the first 18,000 Sqm of clinical facilities comprising; <ul style="list-style-type: none"> <li>• <b>Day Surgery theatres</b></li> <li>• <b>Endoscopy</b></li> <li>• <b>Oncology and haematology</b></li> <li>• <b>Outpatients</b></li> <li>• <b>Pharmacy</b></li> <li>• <b>Mortuary</b></li> <li>• <b>Restaurant</b></li> <li>• <b>Plant &amp; engineering</b></li> </ul>
<b>Dec 2025</b>	Second Phase (1b) will be completed and commissioned by 2025 and consist of the final 32,000 Sqm of clinical facilities comprising of; <ul style="list-style-type: none"> <li>• <b>Main theatres</b></li> <li>• <b>Inpatients</b></li> <li>• <b>Emergency Department</b></li> <li>• <b>Imagery &amp; radiography</b></li> <li>• <b>Critical care unit</b></li> <li>• <b>Maternity unit</b></li> <li>• <b>Plant and engineering</b></li> </ul>
<b>2027</b>	Phase (1c) will be completed by 2027 and will comprise the refurbishment of approximately 3,000 Sqm of the original <b>granite building</b> comprising; <ul style="list-style-type: none"> <li>• <b>Administration</b></li> <li>• <b>Training</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Education</b></li> </ul> <p>Together with the creation of a <b>new entrance</b> (approx. 2500sqm) to the General Hospital.</p>
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**Figure 2: Approved site delivery Plan**



The detailed build programme is presented in figure 4 at the end of this section

**RISKS**

**Clinical**

9.12 The clinical risks associated with building next to existing health facilities are well known and something which the Board has explored when visiting similar sites in Bristol. It is accepted that these risks can be mitigated to a level that ensures patient safety, but the Board remains concerned about this risk after hearing the views of senior clinicians currently experiencing noise dust and disturbance within the current hospital. It is equally accepted that the risk would only be fully removed if there was no building or demolition works carried out in the near vicinity of existing services.

**Financing**

- 9.13 If the Bond is not secured in the short term, with the appropriate 'hedging' mechanism in place, then there is a risk that this cost could increase. The impending UK Brexit position may also impact on the States credit rating.

**Construction**

- 9.14 Any further significant delays in approving the current site may risk the termination of the J3 construction partnership. Should a new contractor need to be procured then this may lead to further delays and likely cost increases.

**BENEFITS****Phased delivery programme**

- 9.15 New clinical facilities will be delivered from 2021 and an all new hospital facility completed by 2025.

**Reduced internal disruption caused by ongoing maintenance**

- 9.16 Currently there is some disruption and potential risks to services caused from required maintenance that is undertaken from within the existing buildings. This will be reduced and entirely removed to routine maintenance by 2025.

**Certainty**

- 9.17 The approval by the States Assembly of the current site will provide certainty that a new hospital will be developed and delivered to provide an all new clinical services by 2025 at the agreed States approved budget. Planned equipment scheduling/replacement can be better managed and the planned development logistics, (e.g. work on the accommodation programme and installation of the pre-fab construction facilities) can commence in a timely fashion.

**COSTS**

- 9.18 The critical path of the current programme is being pushed out as the Chief Minister has indicated that the report of the Policy Board should be considered by the Council of Ministers before the final decision is put to the States Assembly, likely in early 2019.
- 9.19 On the basis that the States Assembly endorses the approved scheme, the resulting 3-4 month delay is likely to result in an additional costs of £3-4m arising from increased inflation costs (estimated at £1 million per month). In the absence of additional funding, this cost will need to be absorbed within the remaining contingency sum.
- 9.20 The States approved OBC costs of delivering the scheme is £396m with a £70 contingency.



**SCENARIO 2: THE STATES REJECTS THE CURRENT SITE AND ENDORSES THE BOARD’S RECOMMENDATION TO BUILD ON AN ALTERNATIVE SITE**

**Anticipated programme**

9.21 Should the States Assembly endorse the Board’s findings in this report then a number of future political decisions will be needed to be made that will require further work to be commissioned. The decision process is based upon the experience of the current scheme which has been undertaken through three political cycles. The proposed timescales are identified in figure 2 and are based upon a number of assumptions:

- All decisions are “green lighted “ at each stage without further reviews or amendments
- Scrutiny would be involved throughout the process.
- No changes would be required to Island Plan policies (e.g. rezoning of a green field site), but due planning process would be undertaken in respect of any alternative site.
- A review of P.82 or the Health and Community Services strategy is not undertaken as a result of revising the specification for the new hospital site to include other services such as mental health.
- Estimates on the build time are based upon the current proposed floor space deliverable and with no need for additional major infrastructure or enabling works to be undertaken
- Activities are taken in parallel where this is logistically possible which recognises the risk of potentially abortive costs.

9.22 Based upon a review of the steps and time required to get to the current position of developing a site for the new hospital, it is anticipated that the following stages and steps are required in approving and then delivering an alternative site:

**Figure 2: Summary of key tasks and deliverables**

Delivery date	Key Tasks and Deliverables
<b>2019</b>	<b>States agree to an alternative site</b>
<b>2019-21</b>	<p><b>Site selection review &amp; approval process</b></p> <ul style="list-style-type: none"> <li>○ Selection of new advisor</li> <li>○ Re-appraisal of sites</li> <li>○ Scrutiny review</li> <li>○ CoM approval</li> <li>○ Public consultation</li> <li>○ Preferred site selected and report written</li> <li>○ Lodge Report &amp; Proposition to approve proposed new site</li> </ul>
<b>2021</b>	<b>New site selected and approved by States</b>

<b>2021-22</b>	<b>Planning and Outline Business Case</b> <ul style="list-style-type: none"> <li>○ Set out service requirements for new hospital</li> <li>○ Set out proposed funding route</li> <li>○ Scrutiny review</li> <li>○ COM approval</li> <li>○ Lodge Report &amp; Proposition for OBC and Funding</li> </ul>
<b>2022 (March-July)</b>	<b>States elections - Purdah period</b> <ul style="list-style-type: none"> <li>○ Limited States business undertaken</li> </ul>
<b>2022</b>	<b>OBC and funding approved by States</b>
<b>2022-23</b>	<b>New design team and contractor appointed</b> <ul style="list-style-type: none"> <li>○ Procure new design &amp; new contractor</li> <li>○ Design new hospital</li> <li>○ Submit planning application</li> <li>○ Planning Inquiry in public</li> </ul>
<b>2024</b>	<b>Planning Approval and enabling works</b> <ul style="list-style-type: none"> <li>○ Planning and Building permission approvals</li> <li>○ Enabling works – utilities, site preparation, transport infrastructure</li> </ul>
<b>2025</b>	<b>Construction commences on new hospital site</b> <ul style="list-style-type: none"> <li>○ 48 week build programme</li> </ul>
<b>End 2027</b>	<b>New Hospital Practical Completion</b>
<b>2028</b>	<b>Commissioning period - New hospital opens.</b>

9.23 A more detailed programme of anticipated steps required in delivering a new hospital on an alternative site is set out in figure 3.

## **RISKS**

### **Clinical**

9.24 The Board has received evidence (Annex H) from the Group Medical Director of Health and Community Services and two extracts from his report are particularly relevant regarding the clinical risks associated with a delay;

- The main impact shall be a lack of hospital side rooms (which is integral to the new hospital design and better infection control), which shall increasingly expose our aging population to cross-infection from potentially fatal esoteric infectious diseases.

- Failure to mitigate against this ‘clear and present danger’ by the completion of our new model hospital within the next five years will prevent us dealing with predictable surges in patients with community acquired infections, whilst simultaneously exposing vulnerable groups to the added risk of hospital-acquired infections – a vicious cycle of superadded infections and poorer outcomes to the Island’s people and community
- Rejecting the current Future Hospital Project will mean that patient waiting times will deteriorate for both acute and elective admissions to our hospital from the community. In addition exceeding admission capacity leads to overcrowding and delayed services from 999 call to eventual discharge home.
- In recent years evidence indicates that hospital that are overcrowded or at ‘capacity-saturation’ levels have higher levels of significant medical errors, complications and higher mortality.
- A potentially saturated Island healthcare system has both quantitative and qualitative negative delays for the diagnosis of cancers and other long-term chronic disease, as well as an increasing need to transfer patients off-island – including those that are terminally ill, those requiring basic emergency surgery, maternity services or children’s services.

#### **Extended Maintenance Period**

9.25 The current site will need increasing maintenance spend to keep the existing services running safely and efficiently. The current noise and vibration problems experienced by staff are related to existing maintenance undertaken within the site and this will therefore continue for a longer period under the revised anticipated timetable.

#### **Adjacent site developments and disturbance**

9.26 Neighbouring properties identified in Kensington Place for site expansion of the current scheme maybe developed in any event by their owners prior to the completion of the new site. This has the potential to create dust and disturbance to the existing site from a site that is outside the control of the hospital team, limiting the ability to ensure that disturbance is fully mitigated and cannot create any clinical risks.

#### **Construction**

9.27 The delay in the project would require a new contract to be procured, whether this is the existing contractors J3 or a new contractor. The number of contractors able to construct large scale infrastructure projects such as a new hospital is limited and the loss of Carillion in the UK has reduced further this pool of companies. There is, therefore, a risk that a new contractor will not immediately be available either in the timescales required or at the anticipated costs of the project.

9.28 The credibility of the States as a client will be diminished and this could have a detrimental impact on attracting high quality companies.

**Financing and Brexit**

- 9.29 There would be a financial impact if the scope or volume is extended beyond that agreed in the OBC.
- 9.30 The financing will need to be secured post Brexit which has unknown risks, particularly with expectations that interest rates are likely to rise. This was highlighted in the recent publication of the Fiscal Policy Panel Annual Report – (October 2018), chaired by Dame Kate Barker, in which the panel said;

**“Finance sector output contracted for a third year running in 2017. Survey evidence suggests expectations for future business growth are high and sector representatives confirmed that the prospect of higher interest rates should boost bank profitability in Jersey. These developments are positive but the considerable uncertainty surrounding the political background (Brexit in particular) and the future path of interest rate rises in coming years is a risk to these sector forecasts.”**

- 9.31 This statement has been acknowledged by the Treasury Minister who following the publication of the report said;

**“The panel is forecasting that our economy will continue to grow this year and next, but they point to considerable uncertainty, not least regarding Brexit. It is for this reason that the draft Budget presented earlier this month proposes transferring £50m to the stabilisation Fund, to act as a buffer against those risks.”**

- 9.32 There is, therefore, a risk that financing costs through rises in interest rates will become higher if it is not secured in a timely manner.

**Political**

- 9.33 The current scheme has not had full public or political support and the risk is that an alternative site and scheme may also have the same split views and result in extended delays in agreeing an alternative. It is clear to the Board that there is no perfect site and that alternatives have both better and worse characteristics to the existing.
- 9.34 Selecting a new site will require strong political will and the risk to the timetable is that this is not realised within the current political cycle. This is not an unprecedented position as the current scheme is currently in its third political cycle.

**BENEFITS**

- 9.35 The benefits as anticipated by the Board are principally;

**Reduced risks to patients from on site construction**

- 9.36 The risks to patients and health services from adjacent Hospital development are reduced if the construction of a new hospital is undertaken totally off-site.

**Future proofing**

- 9.37 If a larger open and unconstrained site is selected as an alternative, such as a green field site or larger urban site, then future expansion of the hospital is less constrained than identified as present by the Board on the current site.

**Improved patient and staff experience**

- 9.38 If a site is chosen that is less constrained, then additional public, patient and staff open/non-clinical spaces could be provided to aid patient recovery and provide a more tranquil setting for staff to work in.

**Improved public and staff 'buy in' to an alternative site**

- 9.39 The Board have recognised that for the project to succeed, the staff operating the new service, have to have complete 'buy in' to the project for it to be a success. This 'hearts and minds' approach was illustrated very clearly to the Board when they visited the Bristol hospitals and met with the teams delivering recent new hospital builds. It is clear from the recent staff survey and extensive media coverage that the current site does not have overwhelming support from the public, but particularly the staff.
- 9.40 There would be a clear project benefit if an alternative site had public and staff 'buy in'. The issues of staff recruitment may also improve as this more positive attitude pervades across the organisation, facilitated by access to of first class health services. It is accepted by the Board that the issue of accommodation and general living costs would also have to significantly improve to have a positive effect on staff recruitment.

**Political**

- 9.41 The identified political risks could turn to be a benefit should there be a clear and positive political mandate for an alternative site that generates public and staff support of it.

**COSTS**

- 9.42 Assuming that the finished built floor area is similar to that of the current scheme, the anticipated cost will be similar to that of the existing scheme in build terms at an equivalent cost base. However, higher inflation costs will be incurred due to the extended time period needed to deliver the final scheme. More detailed work would be needed to provide an alternative cost assessment for development on an alternative site.
- 9.43 In addition, a proportion of the spend to date on the current scheme will be written off as it will not deliver benefit to the new scheme on a new site. These 'fruitless payments' are principally fees in relation to work done on the existing site that cannot be utilised for a new site.
- 9.44 In addition, the benefits of extended maintenance and improvement works required for some areas of the existing hospital will not be fully realised as the move will take place before their full replacement life cycle is complete.

- 9.45 It is assumed that the costs of a Hospital on a new site are based upon the current OBC of building a General Hospital. The Board have identified in this report that there may be some merit in reviewing the inclusion of other services such as mental health on an alternative site.
- 9.46 In the case of mental health, the capital development costs associated with redeveloped facilities are presently identified as a bid into a future MTPF as a stand-alone funding stream. Initial feasibility work assumes this to be (circa) £50m - £60m (excluding any land costs and inflation). Economies of scale may arise if a combined facility is developed rather than separate facilities as currently anticipated, but this would need to be fully appraised and validated.
- 9.47 Should future decisions amend the current health strategy and subsequent OBC to include mental health or other facilities not currently included, then additional land acquisition and building costs will be incurred. Such a review would also extend the project time to provide the necessary information before the decisions to select a new site and build a new facility can be made.

### **CONCLUSIONS**

- 9.48 The Board recognises that any delay in building the new hospital will have some consequences, but these should be put into the context of this 'once in a lifetime' opportunity of providing a truly outstanding hospital facility that the island can support and be proud of.
- 9.49 The majority of the Board is of the opinion that if an alternative site is selected as the new way forward, then the risks of delay are more than outweighed by the benefits that would be rewarded to this island in choosing the right site. This decision needs to be focussed on what is right in the long term and not just focussed on the next few years.
- 9.50 The Board have been impressed with the dedication of officers supporting the health service and recognise that the current site is well run and the service provided by its clinical staff within it is first rate. However, these staff deserve to be able to operate within a new building that is fully fit for purpose over the long term and the majority of the Board members are of the firm belief that the hospital should be able to support all of the key health services and not just be focussed on acute services.
- 9.51 In this context, the current constrained and cramped site, may not be future proof or be flexible enough to accommodate the changing health demands over its lifetime. This description is not just the majority of the Board members view but also the views of the majority of the staff and the planning inspector who, albeit when reviewing the previous 2017 rejected scheme on the site, stated in his report;

*"...the application site area is far too small to accommodate successfully the amount of floorspace proposed."*<sup>17</sup>

- 9.52 Since that time, a revised planning application has been submitted on a larger site area by acquiring additional properties, but the majority of the Board are of the opinion that some of these physical constraints are still relevant. To this end they consider that the current proposed site is not best suited to delivering a fully comprehensive health service provision that respects the strategic direction of P.82, as envisaged by the majority of the Board members in their finding 6.
- 9.53 On this basis the majority of the Board believes that if the States decide on an alternative site, the options should be examined immediately so that it can be developed in good order to support the island's long term health needs.
- 9.54 The Board would expect that should the States reject the current site and seek to pursue an alternative site, they should also approve the short term resources necessary to make sure the current site is kept operational safe for the relatively short additional delay period, before an alternative site is completed.

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<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/ID%20Inspector%27s%20report%2009.01.2018.pdf>

## Finding 8 – Conclusions

The majority\* of the Board, is not assured that overall the available evidence in relation to the decision of the previous States Assembly supports the proposal of the Council of Ministers that the new hospital be located on the existing site.

Should the States decide to seek an alternative site then the Board also contend that other health services, such as mental health, should be considered as part of any subsequent site selection process.

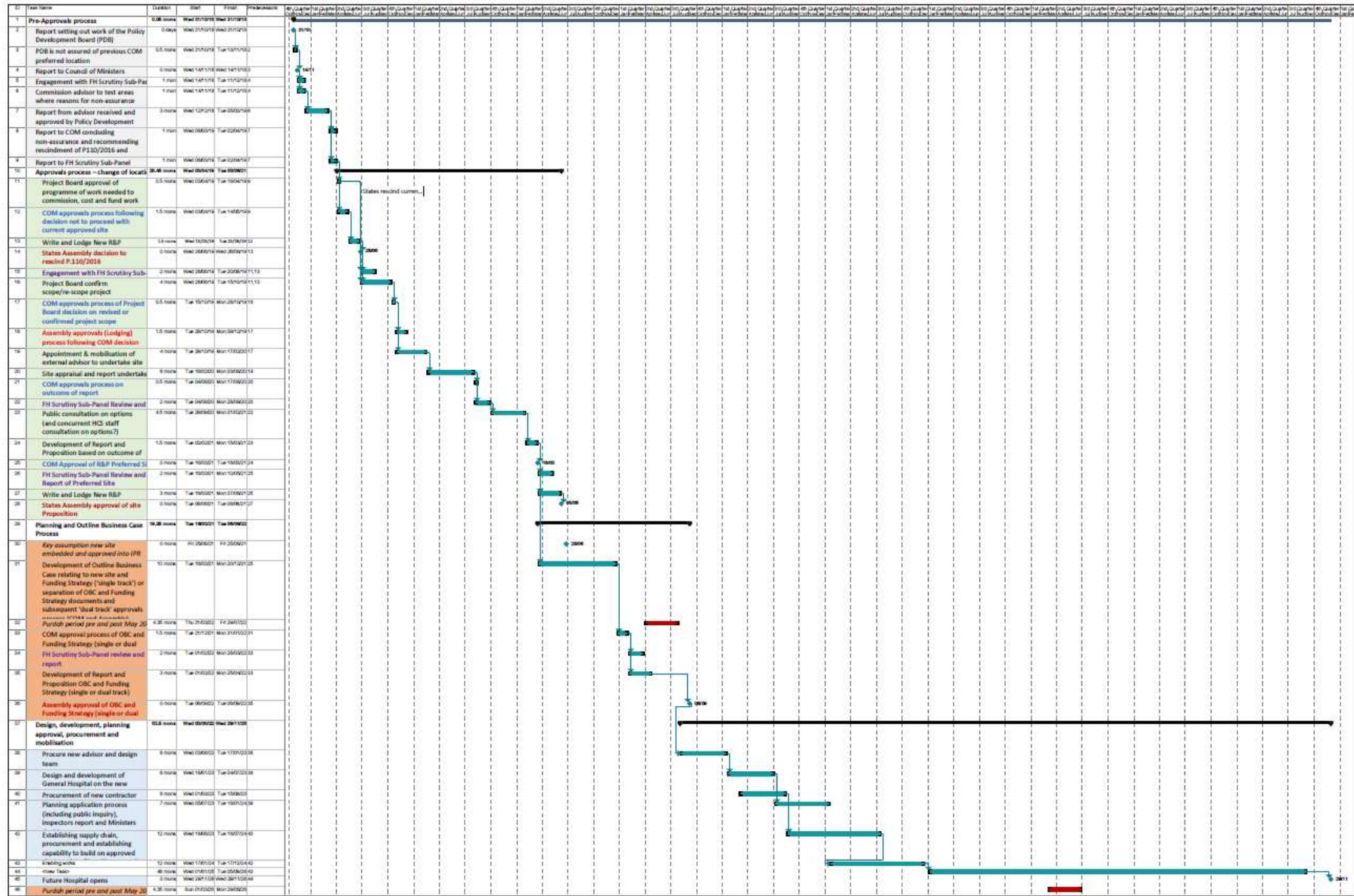
Should, however, the States maintains the decision to use of the current site, the Board recognises that, although not the optimum solution, it could deliver an acute general hospital facility as approved by the States in P.110/2016, provided that the community-based care strategies, as envisaged in P.82/2012, are fully resourced and delivered, and that patient risks from building on an existing site are fully managed and mitigated.

\* Only the first paragraph of this finding was not supported by the Health and Social Services Minister

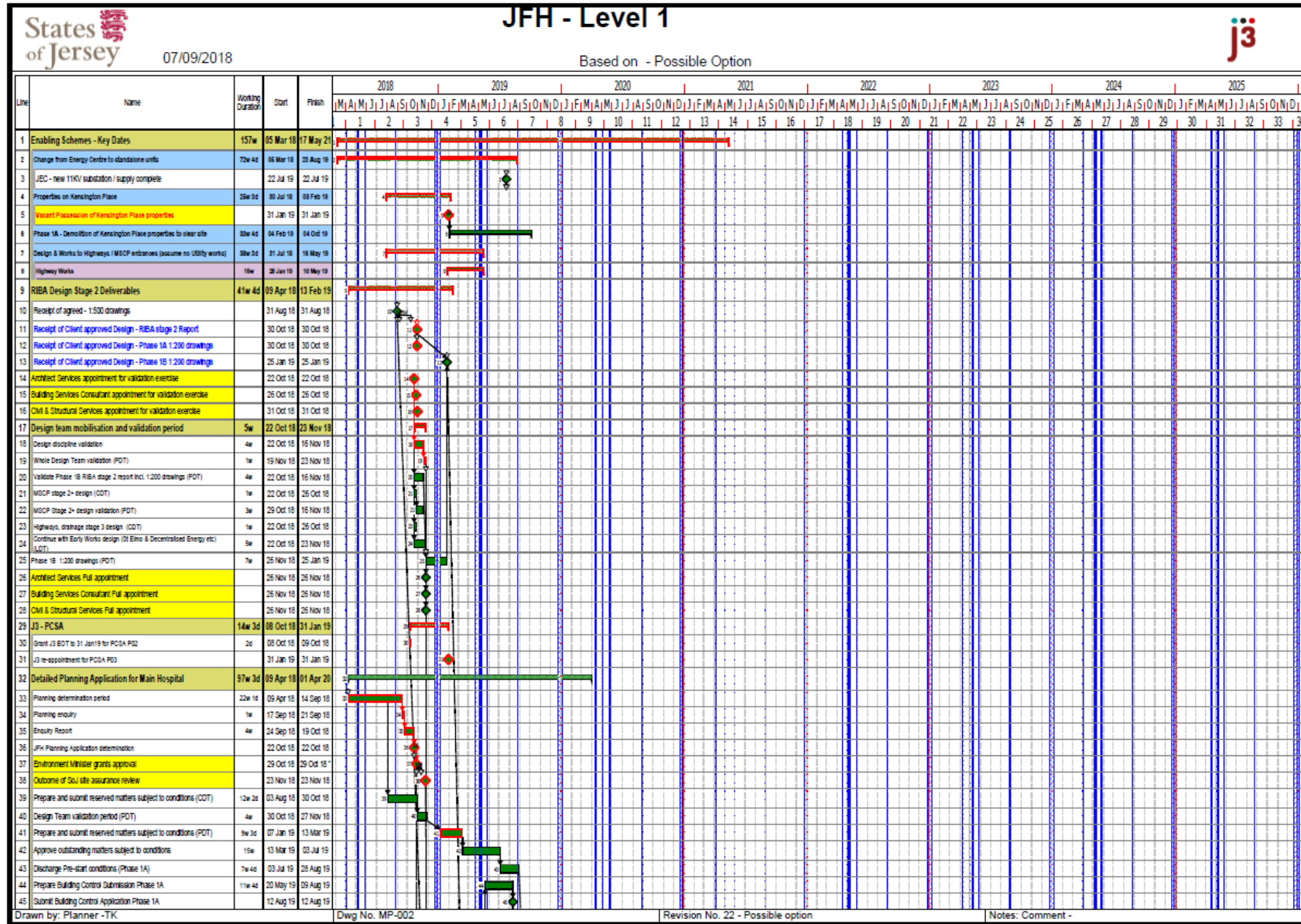
The Board firmly believes that the relatively short period of delay is a small price to pay for the significant long term benefits to the island's Health Service that will then be valued for many generations to come.



Figure 3: Anticipated (detailed) programme for an alternative site



Anticipated Current Clinical Build programme





## **Hospital Policy Development Board**

# **Annexes**

**Review of evidence to build a new hospital on the  
existing site**

**November 2018**

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Annex A: Hospital Policy Board Terms of Reference and agreed scope (Extract)

**Purpose:**

To consider the available evidence in relation to the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site, and to do this so with a view to providing assurance over this decision, or raising issues of concern in relation to the evidence that led to this decision.

**The Board should do this with a view to:**

- Supporting patient care
- Delivering overall value for money for the public purse

**In doing this, the Board should:**

Consider the extent to which the evidence supported the conclusion that alternative sites were less suitable or deliverable, including Peoples' Park, St Saviour's Hospital, Warwick Farm, Waterfront site (including Jardin de la Mer), Overdale, and a Dual Site solution.

Provide clear communications over their work and its outcomes, so as to provide the public with assurance.

Provide opportunity as part of their work for external parties to provide evidence.

**Membership:**

Connétable Taylor (Chair); Deputy Richard Renouf; Deputy Trevor Pointon; Deputy Rowland Huelin; Connétable Richard Buchanan (and other Members may be invited).

**Timeline:**

To undertake initial review of evidence by 31 July 2018, with a view to determining any next steps, and overall, to aim to conclude by the 31 October 2018, to coincide as far as possible with the outcomes of the planning enquiry.

**Records and reporting:**

The Board will be supported by the Director General, Growth, Housing and Environment, and staff supplied, and provided space to meet at the offices of the Future Hospital Team.

Notes of each meeting will be made, and the conclusions of the board will be provided to the Chief Minister and Infrastructure Minister, who shall supply to the Council of Ministers, and publish thereon.

**Agreed scope (extract)**

**Phase 1 – Discovery phase and evidence review**

The Board will first consider the available evidence in chronological order (as outlined in Annex D) for the period 16th May 2018. This will be matched against the key decisions

made and consideration given as to whether these decisions flowed from the evidence that was presented.

The Board will specifically review the decisions recorded in the minutes of the relevant meetings undertaken by Ministerial Oversight Group (MOG) - including the sub group, Political Oversight Group (POG) and the Council of Ministers (COM), and consider these in the context of available evidence submitted at that time.

The key questions to be considered by the Board when viewing the evidence in this phase will be:

1. Does the evidence support a single or dual site?
2. Does the evidence support a town or rural based site?
3. Does the evidence support the current site as proposed by the Council of Ministers and approved by the States Assembly?

The Board will then consider all of the evidence, including that received from external parties, and undertake public engagement prior to the final publication and consideration of the report by COM.

### **Phase 2: Additional Evidence Capture & Review (as required)**

Should the Board not be assured that the evidence supported the conclusion reached by the previous Council of Ministers that alternative sites were less suitable or deliverable, (as defined in point 1, of the agreed terms of reference) then the Board may recommend undertaking further work on alternative sites.

It is envisaged at this stage that this shall take the form of a short independent site review on other sites as recommended in the Board's report published from the outcome of Phase 1. The site review will include the scope consistent with CR021. It is expected that this will be undertaken by a third party independent expert selected by the Board.

It is estimated that to satisfactorily complete a meaningful alternative site review analysis to inform the Council of Ministers on potential alternative site considerations, a budget of circa. £150,000 would be required and final outcomes could be completed within 6 months from the decision to commence the work.

There are clear project risks in undertaking this second phase and these are highlighted in the risks section of this scoping paper.

<b>Phase 1: review the evidence base</b>	<b>Outputs</b>	<b>Date</b>
Define the scope	<ul style="list-style-type: none"> <li>Action agreed at Board meeting</li> <li>Scope and Board minutes published on web site</li> </ul>	July 2018
Review chronologically the key decision points and supporting evidence base for the period October 23 <sup>rd</sup> 2012 - December 1 <sup>st</sup> 2016	<ul style="list-style-type: none"> <li>Audit report of key decisions by date and sign off against available evidence</li> <li>Publish audit with draft Board report</li> <li>Engage with Public and stakeholders</li> </ul>	August-September 2018
Board to submit base evidence report including recommendations for next steps	<ul style="list-style-type: none"> <li>Communicate recommendations and report to Chief Minister and COM</li> <li>Publish final Board report on web site</li> </ul>	October 2018
<b><i>Phase 2 only triggered following clear Board recommendations to do so and as directed by COM</i></b>		
<b>Phase 2: Additional Evidence Capture &amp; Review</b>	<b>Outputs</b>	<b>Date</b>
Engage with external expert/consultant to provide additional evidence if identified in recommendations of initial (phase 1) evidence report of Board.	<ul style="list-style-type: none"> <li>Agree scope for external expert/consultant</li> <li>Publish scope on web site</li> <li>Appoint expert/consultant</li> </ul>	September-October 2018
Expert/consultant to submit report based upon criteria outlined in scoping paper	<ul style="list-style-type: none"> <li>Report agreed by Board</li> <li>Report published on web site</li> </ul>	December 2108
Engage with public and key stakeholders on additional evidence	<ul style="list-style-type: none"> <li>Develop and run engagement strategy</li> <li>Publish findings on web site</li> </ul>	September-November 2018
Write Phase 2 report with recommendations	<ul style="list-style-type: none"> <li>Board agree report</li> </ul>	January 2019
Submit report to Chief Minister and COM	<ul style="list-style-type: none"> <li>Report published on web site</li> </ul>	Q1 2019
Submit report to States assembly & Publish	<ul style="list-style-type: none"> <li>Lodge report as 'R' with States Assembly</li> </ul>	Q1 2019

A copy of both the agreed terms of reference and project scope are available on the Hospital Policy Development Board webs site:

<https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard.aspx>

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**Annex B: Hospital Policy Board – Bristol Site Visit Minutes**

# Hospital Policy Development Board Site Visit

## Bristol - 10<sup>th</sup> October 2018

**Attendees:** Connetable Christopher Taylor (Chair)  
Deputy Carina Alves  
Deputy Roland Huelin  
Deputy Trevor Pointin  
Deputy Richard Renouf  
Ralph Buchholz (SoJ officer)  
Bruce Preston (Project Director J3)

### **Background**

The Board agreed at their meeting of 6<sup>th</sup> September 2018 to undertake a site visit to Bristol in order to better understand the issues that have been raised during their discussions on matters related to developing a new hospital in and around existing sites. The two sites visited were:

- **Bristol Royal Infirmary**
- **Southmead Hospital, Bristol**

Both these sites offered the Board slightly different views of the approaches taken to developing new hospital facilities, but which could be directly related to the current site and to the work being undertaken by the Board in reviewing the previous States decision.

The Board would like to thank the warm welcome offered by both teams from the respective sites during their visit and the following report is a summary of this visit.



## Bristol Royal Infirmary

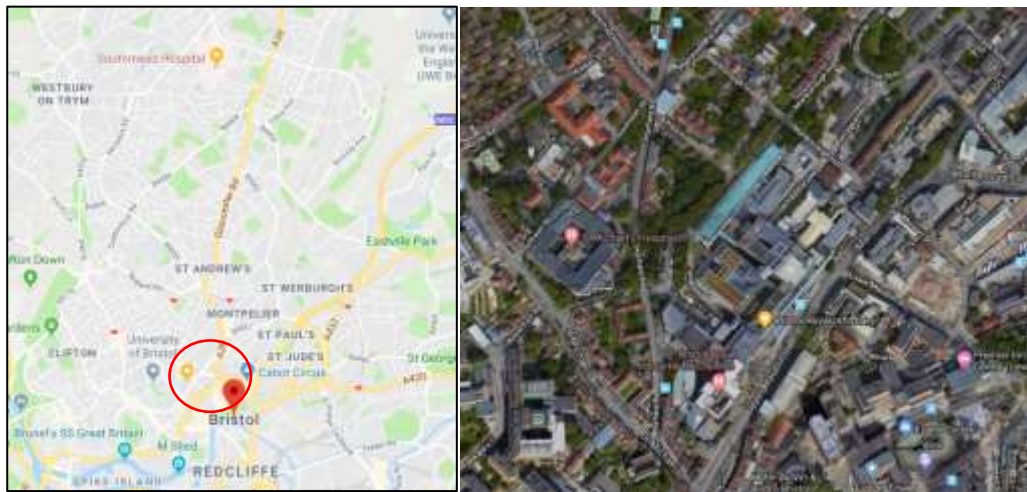
### About

The Bristol Royal Infirmary (BRI) is a teaching hospital with close links to Bristol University and provides acute medicine and surgery, critical care, trauma, orthopaedic and accident and emergency services to the population of Bristol. It also provides the centre for cardio-thoracic services for the south west and for cystic fibrosis care in the Severn area. There is a specialist children's hospital within the site and a Haematology and oncology centre all owned and operated by the University Hospitals NHS Foundation Trust.

The BRI has a floor area of approximately 100,000 Sqm and services around 1 million patients per year, split between using it as the regional district hospital, and for specialist areas for the region, such as the children's burns unit.

The Board met with Andrew Headdon (AH) who is the Director of Estates – Capital Projects of and Carly Palmer who is the assistant director.

The team considered that the primary care model is not running well in the UK and so services such as the Emergency Department are in great demand.



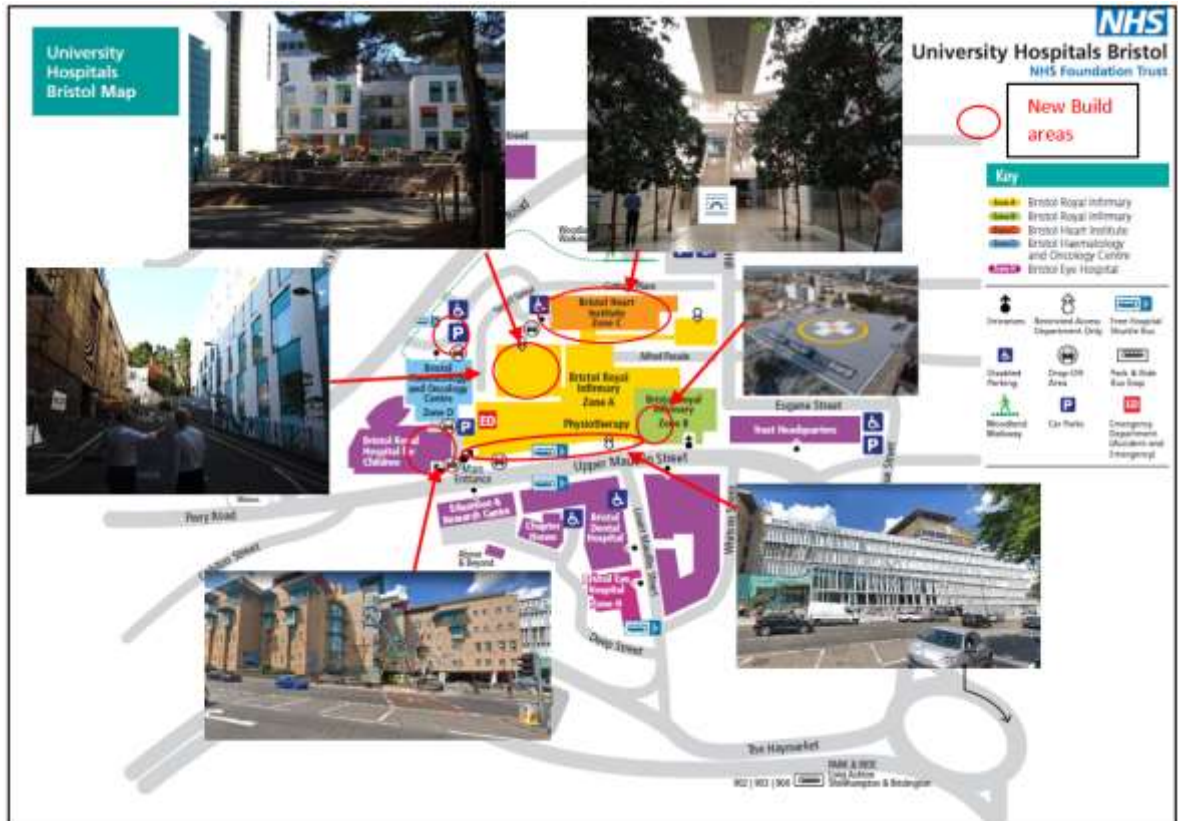
The site is located in the city centre and like the Jersey GH is surrounded by existing mixed developments, both residential and commercial.

### The build programme

Although the total size of developed floor space was similar to that of the proposed GH in Jersey at 50,000 Sqm, the build programme was far more complex with over 50 different build phases over 10 years, with a mixture of new build and refurbishment. There was also additional complexity as the site is steeply terraced and required extensive piling.

The new build was very close to existing running services on the site. For example the new heart institute (Zone C) was built and linked into the existing functioning theatre

suites within BRI (Zone A) and the extension to the BRI (Zone A) within 20 metres of the Haematology and Oncology centre (Zone D). An additional two floors were also added to the existing children’s hospital which required the screed on the existing concrete roof to be removed immediately above a fully functioning ward. A new entrance area and welcome centre was added to the south side of zone A and a new façade added to the building with around 1500 external windows replaced in the acute in-patient wards. A new helipad was also added to the roof of the main building (Zone B). The areas of new build and refurbishment are circled in red on the plan.



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## Discussion

### **Vibration and Noise**

The Board explored the issues of noise dust and vibration during the build and how this was managed on site. The principles used to avoid construction impacts to staff and patients, once detailed planning and some testing of working methods had taken place was based around the 'Stop – reduce – change' principles.

AH explained that vibration is the main issue to be managed rather than noise as this has the most impact to patients and clinicians. The key to success was that of good communication between the contractor and clinical staff to ensure that the construction periods could be managed with the clinical functions taking place. The works often took place in two hour windows.

Bruce Preston (BP) explained that a behavioural shift took place so that where necessary work stopped when required and clinical staff had confidence that this would happen. Different techniques were employed, so that for example diamond drilling was used instead of hammer drilling techniques. Tests took place in areas first and then if required different methods were employed to reduce vibration and thus noise.

The Board queries what alternative plans were there if the mitigation methods used still resulted in noise and vibration issues? The Bristol team explained that there was significant planning that went into the build phases and some clinical areas that were immediately adjacent to construction could be temporarily vacated when required. For example when replacing all of the windows to the main façade, the individual bed bays were temporarily vacated, works undertaken, and then work moved on to the adjacent rooms when complete, and so on.

The Board queried how much time was lost to the programme and if this added to overall project costs as a result. AH estimated that only 1-2 days were lost over the period and there were no resulting significant additional costs incurred. BP also confirmed that the contractors did not take a significant financial hit either as there was an open dialogue during the preconstruction and build programme on risks and delays.

The Board asked how the staff dealt with the longer term ongoing site construction noises.

It was accepted that in some areas noise would occur but staff considered that this was a short term impact for a long term gain in delivering new facilities on site. The safety of the patients was however the primary concern during all of the building works. The Renal unit had to be temporarily relocated due to unacceptable noise as a result of testing. The key issue raised was that of good relationships with management and although space on the BRI site was extremely limited, the ability to use other areas of the site flexibly

### **Dust**

The issue of dust and its potential impact on existing services was especially important in the areas of the site where construction took place next to the existing Haematology and Oncology unit, as patients using this service had a significant risk of infection due to their very low levels of immunity.

To ensure that risks from dust, and fungi spores, were not impacted upon the unit, protection to the entrances and air filtering systems was installed whilst the works were undertaken.

No specific Health Impact Assessment was undertaken at the time but careful monitoring was undertaken and no incidents of patient clinical were recorded during the entire building programme as a result of noise, vibration or dust from the works on site.

### **Construction Methodology**

The use of offsite construction methods reduced on site construction noise and resulted in a cleaner build. Structural insulated concrete sandwich panels and precast concrete columns together with the use of 'Twin Wall' avoids the use of shuttering, which can be a more invasive construction process. Similar off-site construction methodologies are proposed to be used on the Jersey GH site with a site set up at La Collette.



Bored piling was used on the site and this is a much quieter piling method than driven piling. This is also the proposed piling methodology to be employed on the Jersey GH site.

The Board asked if consultation was undertaken with residents. The Bristol team explained that three resident groups were consulted on over the project period and no significant complaints or issues were raised.

Given that the site has been developed in a piecemeal fashion over the years, some areas are now compromised and so have little room for expansion. The site has a defined boundary and would need to acquire neighbouring land to expand if needed.

### **Further information**

**Web site:**

<http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-infirmary/>

**Annual Report:**

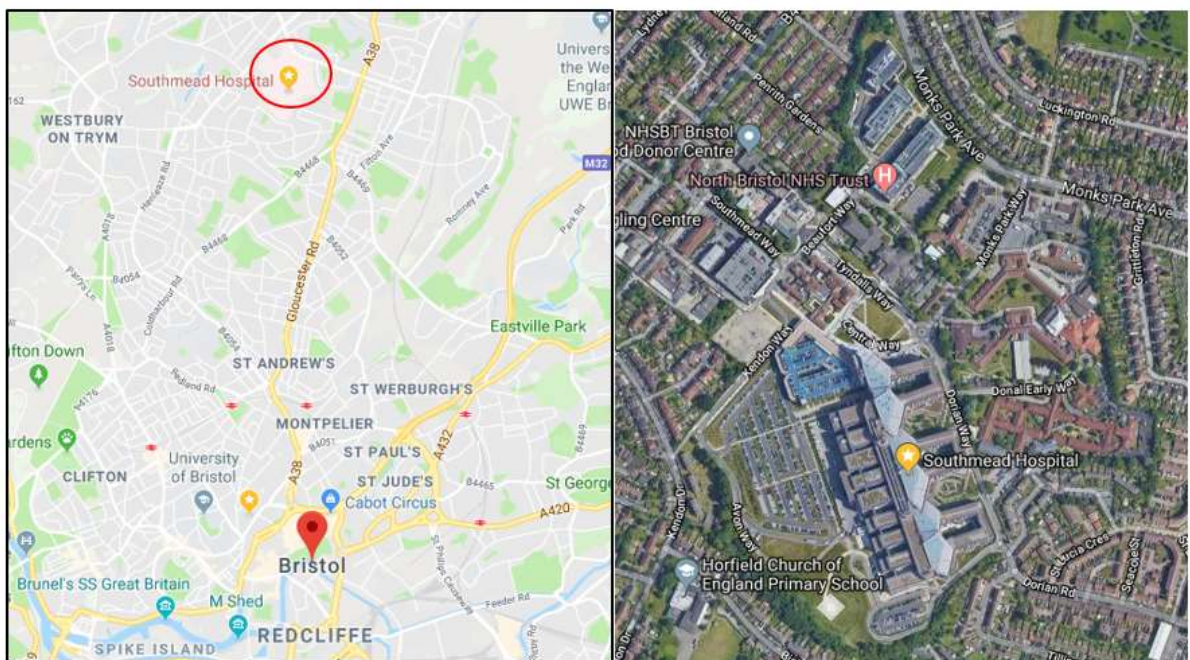
[http://www.uhbristol.nhs.uk/media/3202965/uh\\_bristol\\_nhs\\_annual\\_review\\_2017-18\\_online.pdf](http://www.uhbristol.nhs.uk/media/3202965/uh_bristol_nhs_annual_review_2017-18_online.pdf)

## Southmead Hospital

**About**

Southmead is part of the North Bristol NHS Trust (NBT), employing over 8,000 staff on a campus style site of 69 acres serving 500,000 people. The trust estimate that healthcare provision for Southmead is growing at about 9% per year (compared with 4% for the UK).

The site is located on the northern fringe of Bristol and surrounded by predominantly residential estate developments.

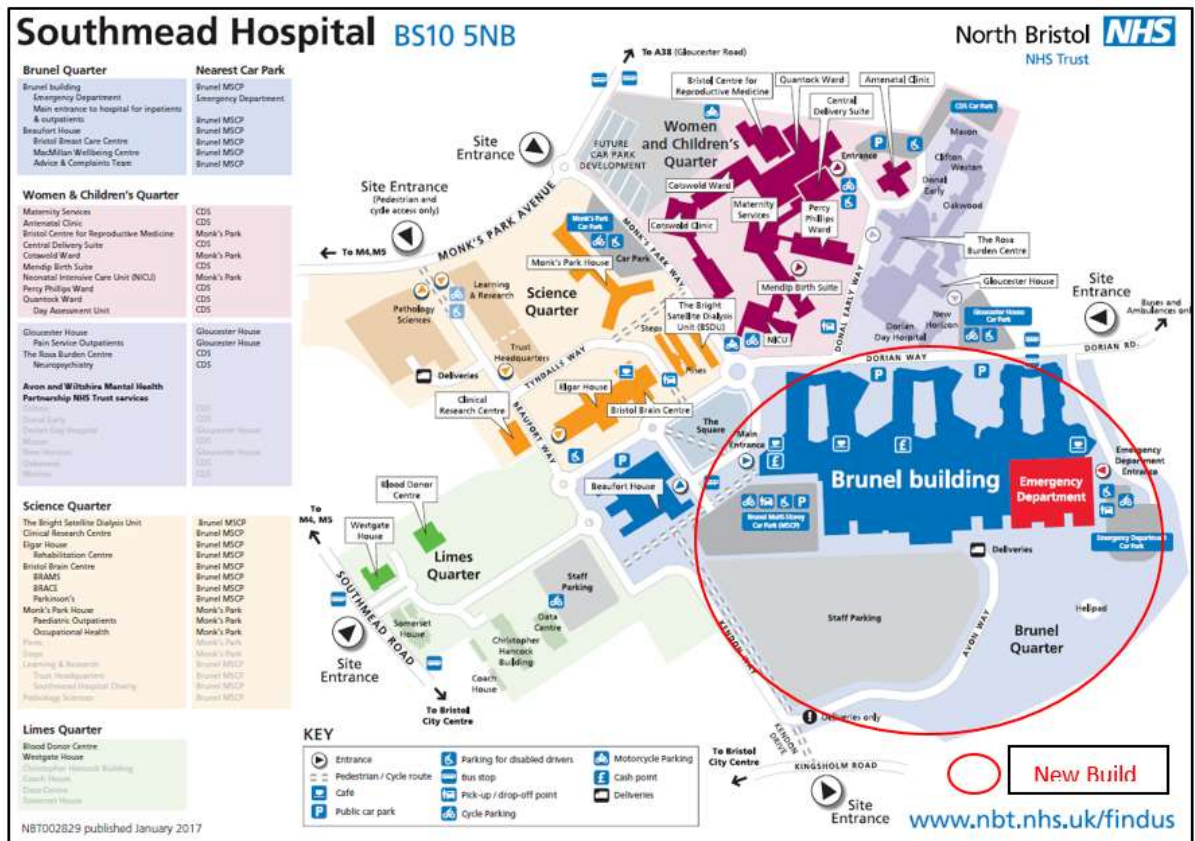
**The build programme**

The Board met with Tricia Downes (TD) who is the Head of Sustainable Health and Capital Planning (Facilities Directorate) and Simon Wood (SW) - Trust's Director of Facilities.

The construction undertaken on site is similar to that being proposed in the Jersey GH as it involves the construction of a complete new hospital adjacent to an existing functioning hospital and then a decant process from the old into the new, with the demolition phased as the new is built around it. The Brunel Building of 107,000 Sqm,

providing 800 beds, was the main component of the recent redevelopment of the site and the key dates to its delivery are as follows:

- July 2004** The Outline Business Case is approved by the Secretary of State
- March 2005** Southmead confirmed as the preferred site for the new build
- October 2009** Full planning approval received
- November 2009** Carillion appointed as preferred bidder
- February 2010** Contract signed with Carillion to design and build the New Hospital
- 26 March 2014** Phase 1 Building is handed over to North Bristol NHS Trust
- 28 May 2014** Brunel building declared fully open
- July 2016** Phase 2 Building work completed including the Multi Story Car Park
- 2019** Phase 3 Final Landscaping to be completed.





Brunel Building



Entrance Area

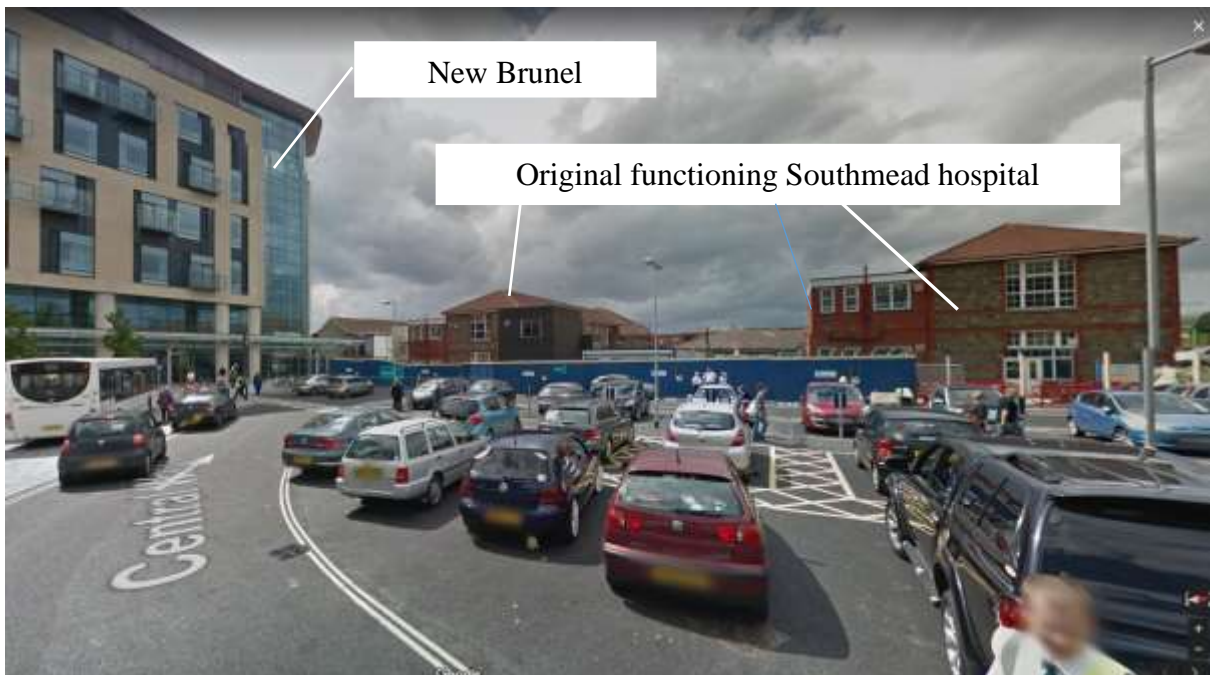
**Discussion**

**Dust**

TD described the close proximity of the new build to the existing functioning hospital and how some parts required the windows to be sealed and temporary air conditioning installed in the old wards to mitigate for the potential for dust. There was continual monitoring of the site as there was some concerns around the release of fungal spores from the demolition process.

There were no issues recorded during the build phase that impacted upon clinical safety for patients, despite some of the works being undertaken close to the existing site.

The only issues raised during the build phase came from nearby residents to the site, but Carillion decided early on to buy up some neighbouring properties to avoid any potential for direct impacts where they were on the boundary of the site.



## **Vibration & Noise**

Some of the areas where clinical activity took place that could have been impacted by vibration from the driven piling method used on site were mitigated with the use of anti-vibration tables for the fertility labs. A hotline was set up for clinicians to report any immediate concerns related to the construction.

TD conformed that no patient/clinical issues were recorded from vibration or noise during the build phase.

## **Staff Experiences**

Despite the very poor state of the existing hospital, many staff had worked there for many years and there was a significant proportion that did not support the building of a new building. A 'hearts and minds' programme was undertaken to reassure staff and provide clear communication of the future plans, but there is still a number that are still not happy following the completion of the new build. The staff moved in to the new facility but some had not culturally changed to the benefits.

The team made it clear that you need to bring the staff with you, there will be a reluctance to change. One of the things liked by staff was the sustainability and green credentials of the new hospital.

It was noted that recruitment was difficult during the build phase but that now, apart from band 5 nurses which are a UK wide issue (40,000 vacancies), staff recruitment is improved with the new facility. Bristol is expensive, with high rents relative to the wages. They are looking at a Joint venture to build staff accommodation on site to improve staff recruitment for key disciplines. The accommodation solution was seen primarily for use by staff in the shorter term rather than as a permanent solution, as it was recognised that longer term staff needed to get off the site when not working.

## **Parking**

There have previously been issues with visitors unable to find a space on site of then using neighbouring residential areas for overspill parking, as the site is not near any other public parking areas. To mitigate this, a park and ride was provided but was not popular with only 600 users at cost of £2.5m

The new development has provided 2000 parking spaces, which is 700 short of the planning prerequisite. There are 8,500 staff, and there has been a massive increase in cycle use from staff with 1,000 cyclist in a bike user group. There is a multi-storey with a whole floor of disabled spaces and a very large outdoor car park. Bus use has increased significantly from initially 8 per hour to over 47 per hour at peak times.

Staff parking is less of an issue but there is still problem with patient parking which can cause stress. Out patients leave home very early for appointments and get very stressed if they can't park immediately.



A large drop of area has developed which is now used very well.

There is a desire for parking spaces and appointments to be linked using an app. It is a future vision, not a priority, but would be good for patient experience

### **Technology**

The Brunel building has a system of automated robots for general delivery and collection from wards. It was underused because there was no full time manager, the problem was fixed to increase utilisation to 60% by having the service managed from 6am to 11 pm. The number of porters was reduced by 12 staff.

**Robotic delivery  
system**



The building is approximately 60% energy efficient, pfi stipulated 40 gig joules per 100 cubic meters and the new building achieved 35. The old hospital was 85 gigs joules per 100 cubic meters.

The team recommended that all patient records are digitised in advance of a move to enable efficiency use of the new technologies, otherwise some of the new systems will be underutilised.

### **Site Selection**

The team visited 35 places to do research, including Norway, India, Spain, and not just hospitals but other public buildings and offices. The current site has much borrowed from that seen in Norway.

The Board asked the team if you could build on an existing site or a green field site which would you choose?

SW Stressed risks and costs of building on an adjacent hospital site which created a lot of effort to resolve on his part. His choice would therefore be to build on an unencumbered site which would deliver a better product and cheaper.

TD however stated that the current site was the best option despite the potential issues as these can be managed and the location is key as it is in a sustainable location, near existing communities and can directly serve the area

### **Further information**

#### **Web site:**

<https://www.nbt.nhs.uk/our-hospitals/southmead-hospital>

#### **Annual Report:**

<https://www.nbt.nhs.uk/sites/default/files/PB3906%20NBT%20NHS%20Report%20%26%20Accounts%202017%20-%202018.pdfweb.pdf>

## **Board's conclusions from site visit**

### **The Sites**

Both the visited sites had elements that are comparable to the Jersey proposal. The BRI site is similar to the Jersey GH being on a town/urban based smaller site, but with a different approach to development that is a mixture of new and refurbishment, phased over a long period - as was originally envisaged under the rejected 11 year multi phased "Option C" in the Gleeds report. The Southmead scheme is on a different type of site, which is more open and a 'campus style', whilst being built in a similar way to that being proposed for the current scheme – predominantly a brand new hospital.

### **Dust, Noise and Vibration**

With regards to the issues of noise, dust and vibration, the Board learnt from the visit recognise that they are risks, but it was demonstrated that measures can be put in place to manage them. Clearly, if a new green field site is selected, then these issues and risks may diminish, but then different environmental risks may be elevated if the site selected was a green field.

Vibration is more of an issue than noise and both sites demonstrated that good communication is vital to ensuring that these can be minimised and managed within a working hospital. Whilst the control of dust can be managed this can pose a serious health issue if not controlled and so measures such as those employed by BRI for the Haematology and Oncology Unit would be pre-requisites for the duration of the construction phase, in addition to others proposed.

### **Communication & Staff**

The need for excellent lines of open, transparent communication and dialogue between management, staff and contractors was emphasised by both teams from the sites. This

was key to the success and the 'buy in' from staff to developing the sites, although not all staff were 'on board'.

The issues of staff recruitment are very similar to those experienced in Jersey and are not unique. Accommodation costs, wage levels and children care costs were all cited as major issues to be resolved. In the case of Southmead they are proposing additional accommodation to be built on site but they also recognised that not all staff should live on site as staff also needed to 'get away' from their place of work.

### **Parking**

The need for access to the site and sufficient parking was a high priority for patients, who may experience stress if unable to park when attending appointments, particularly at Southmead where specific new levels of parking were created as this was a more remote site that did not have existing public parking areas nearby.

### Annex C: Site Options and related key documents.

Date	Document reference	Purpose	Description of Gloucester Street option	Programme*	Budget
May 2013	Strategic Outline Case <a href="#">SOC</a>	Strategic Outline Case prepared by WS Atkins to long-list identified sites and produce a short-list.	Existing site Option 1E <ul style="list-style-type: none"> <li>• Peter Crill House demolished</li> <li>• Granite Block refurbished (some clinical use)</li> <li>• Hotels purchased</li> <li>• 2&amp;4 Edward Place purchased</li> </ul>	11 years	£461m
Apr 2015	Gleeds Change Request 04 <a href="#">CR04</a>	Site assessment of four short-listed options.	“Option C” <a href="#">Link to red line map (page 5)</a> <ul style="list-style-type: none"> <li>• Peter Crill House retained</li> <li>• Granite Block refurbished (some clinical use)</li> <li>• Hotels purchased</li> <li>• 2&amp;4 Edward Place purchased</li> </ul>	11.5 years	£626m
Sep 2015	Gleeds Change Request 21 <a href="#">CR21</a>	People’s Park added as Option E and costs of other options rebased.	Option C as above	11.5 years	£629m
Mar 2016	Gleeds Change Request 24 <a href="#">CR24</a>	Addendum to CR21 to fully scope the cost of re-providing amenities associated with Option E.	No change	No change	No change

Oct 2016	Gleeds Change Request 25  <a href="#">CR25</a>	'Proof of concept' addendum to CR21 to explain how a scheme on Gloucester street could be delivered in a single construction phase.	"Option F" added <a href="#">Link to red line map</a> <ul style="list-style-type: none"> <li>• Peter Crill House demolished</li> <li>• Granite Block refurbished (non-clinical)</li> <li>• Hotels purchased</li> <li>• 36-44 Kensington Place purchased</li> <li>• Westaway Court included</li> <li>• Boiler house retained</li> <li>• Temporary works required</li> <li>• Parade 80's and 60's blocks left for development</li> </ul>	8 years (from Q1 2016)	£466m
Jun 2017	Outline Planning Application 2017 <a href="#">PP/2017/0990</a>	Outline Planning Application for Option F.	Option F as above	No change	No change
Oct 2017	Outline Business Case	Outline Business Case to confirm the concept in CR25.	Option F as above	7.5 years (from Q3 2016) +1 year for Granite Block	£466m
Apr 2018	Outline Planning Application 2018 <a href="#">PP/2018/0507</a>	Outline Planning Application for a revised scheme with phased construction.	"Revised scheme" <a href="#">Link to red line map</a> <ul style="list-style-type: none"> <li>• Peter Crill House demolished</li> <li>• Granite Block refurbished (non-clinical)</li> <li>• Hotels purchased</li> </ul>	8 years (from Q4 2016) +2 years for Granite Block and new main entrance	£466m

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			<ul style="list-style-type: none"><li>• 36-44 Kensington Place purchased</li><li>• Westaway Court included</li><li>• Boiler house demolished</li><li>• Parade 80's and 60's blocks removed and replaced with amenity</li></ul>		
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**Annex D: Key Decision Summary Document.**

Item	Date	Description	Evidence
1.	31/05/2011	A report commissioned by the States of Jersey from <b>KPMG</b> in 2011 'A Proposed New System for Health and Social Services' made it clear amongst other things that the current hospital was no longer fit for purpose and that replacement would be required by 2020.	<a href="https://www.gov.je/Government/Pages/StatesReports">https://www.gov.je/Government/Pages/StatesReports</a>
2.	28/05/2012	<p>Building upon the <b>KPMG report</b> and the Health Transformation Strategy a working party of officers from across the States of Jersey technical departments was established to compile a list of potential sites for evaluation of their suitability to accommodate a new hospital.</p> <p>The list identified all significant sites that might be available in the next 3-5 years including existing healthcare sites, green field and brown field sites.</p>	<a href="#">Atkins SOC pages 76-80</a>
3.	28/05/2012	From the initial list, the Working Group identified 10 sites (or site combinations) that, based on the height and massing of the current hospital, were considered to have the capacity to accommodate a new hospital to current NHS spatial standards.	<a href="#">Atkins SOC page 79</a>
4.	June-July 2012	A further, more detailed pre-feasibility Spatial Assessment study of the 10 long-listed sites was then undertaken by <b>W S Atkins</b> in 2012 as part of the development of the Strategic Outline Case.	<a href="#">Atkins SOC pages 81-200</a>
5.	31/07/2012	Based on the assessed capability of a site to meet the need for a single phase new build hospital, with the ability to accommodate NHS space and design standards (apart from the	<a href="#">Atkins SOC page 216</a>

Item	Date	Description	Evidence
		<p>General Hospital site option which was based on a phased redevelopment replacement of the existing buildings on the site but with the retention of the all or part of the existing listed Granite Building), the Atkins spatial assessment study identified 3 potential site options.</p>	
6.	<p><a href="#">MOG</a> <a href="#">2<sup>nd</sup> August 2012</a></p>	<p>The Ministerial Oversight Group concurred with the recommended shortlisted sites but requested that Site 4 (Esplanade Car Park) no longer be combined with Site 14 (Zephyrus/Crosslands) and instead that a new Site 28 (Aquasplash/Cineworld) be combined with Site 14. The resulting three sites to be short-listed and examined in more detail being: (1) Warwick Farm, (2) Zephyrus/Crossland/ Aquasplash/Cineworld and (3) the existing hospital site.</p>	
7.	<p>August 2012</p>	<p>These were then taken forward for more detailed cost benefit assessment using indicative costings. The analysis indicated that the existing general hospital ranked highest.</p>	<p>Atkins <a href="#">SOC Pages 217-263</a></p>
8.	<p><a href="#">MOG</a> <a href="#">25<sup>th</sup> September 2012</a>  Present: Senator I Gorst (IG)</p>	<ul style="list-style-type: none"> <li>• Warwick farm discussed and it was noted the planning risks of this option versus the potential disruption of services on the existing site</li> <li>• <b>The meeting noted the recommendation of the Chief Executive of the States of Jersey that the current site be progressed as the preferred site for the States of Jersey.</b></li> <li>• Recognition that size and impact of new hospital building will be a challenge, particularly in the green zone.</li> <li>• Chief exec of Health did not think Warwick farm best location for new site – preferred waterfront</li> </ul>	



Item	Date	Description	Evidence
	Deputy E Noel (EN) Senator P Ozouf (PO) Senator P Routier (PR) Connetable J Refault (JRe) Deputy J Martin (JM) Senator F Le Gresley (FLeG) Deputy A Pryke (AP)	<ul style="list-style-type: none"> <li>Discussions on why waterfront discounted: Cost and concern over access across 6 lane road.</li> <li>Options to amend site boundary to include Jardin de la mer to reduce costs</li> <li>3d models to be prepared of town sites and Warwick farm to assess visual impact,</li> </ul> <p>Following discussion, it was agreed that:</p> <ul style="list-style-type: none"> <li>A <a href="#">report</a> would be provided to CoM on 4th October;</li> <li>Having taken the view of CoM, <a href="#">a paper be published</a> in advance of the States debate on 23rd October to support the debate;</li> <li>In the light of the view of CoM, further work to be considered, including:                             <ul style="list-style-type: none"> <li>o Review of Waterfront sub-options</li> <li>o A search of any other potential sites based on criteria</li> <li>o 3D modelling of all short-listed sites</li> </ul> </li> <li>The above to be developed into a plan including additional costs as soon as possible and the outcomes re-presented to MOG.</li> </ul>	
9.	<a href="#">COM</a> <a href="#">4<sup>th</sup> October 2012</a>	<ul style="list-style-type: none"> <li><b>Need for new Hospital agreed</b></li> <li>It was recognised that the consultants had then undertaken a review of the benefits and risks associated with the 10 long-listed sites and were recommending that 3 sites be taken forward for detailed cost-benefit assessment, namely –</li> </ul>	

Item	Date	Description	Evidence
		<ol style="list-style-type: none"> <li>1. redevelopment of the current hospital site, Gloucester Street, St. Helier;</li> <li>2. new-build development at States-owned Waterfront sites in St. Helier (south of the existing road, excluding the International Finance Centre); and</li> <li>3. new-build development at the Transport and Technical Services site at Warwick Farm, La Grande Route de St. Jean, St. Helier.</li> </ol> <ul style="list-style-type: none"> <li>• The consultants had produced a summary of the costs of each of the short-listed options and identified the net present cost as: 1. £448.274 million; 2. £503,760 million; and 3. £409.297 million.</li> <li>• Noted need to agree site by March 2013</li> <li>• Agreed MOG to undertake further work for States members in advance of <a href="#">P.82/2012</a> debate</li> </ul> <p>There was also discussion about some of the sites which have previously been discounted such as <b>People’s Park and Overdale. Parade Park</b> has previously been discounted as not being large enough</p>	
10.	23/10/2012	<p>Drawing on the <b>KPMG report and others</b>, the States of Jersey developed its Health Transformation Strategy, as detailed in <b>P.82/2012 ‘Health and Social Services - A New Way Forward’</b>, that was approved by the States Assembly in 2012.</p> <p>The Transformation Strategy sets out a vision of an integrated care model and a programme of change needed to meet the challenges facing the Island’s Health and Social services. The provision of an acute general hospital which is fit for purpose, capable of sustaining the acute care provision requirements for</p>	<p><a href="https://statesassembly.gov.je/Pages/Propositions/P82.2012">https://statesassembly.gov.je/Pages/Propositions/P82.2012</a></p> <p>The Proposition requested the Council of Ministers to bring forward “...detailed plans for a new hospital...by the end of 2014.”</p> <p>This Proposition was approved.</p>

Item	Date	Description	Evidence
		<p>the population and which complements the integrated care strategy is seen as an enabler for the Strategy within P.82/2012, making it clear that a new hospital would be required by 2024.</p>	
11.	<p><a href="#">MOG – Sub Group</a> <a href="#">Pre-feasibility spatial assessment process</a> <a href="#">5<sup>th</sup> December 2012</a></p> <p>Deputy Eddie Noel (EN) Deputy Rob Duhamel (RD) Senator Philip Ozouf (PO) Senator Ian Gorst (IG) Deputy John Refault (JRe) Deputy Anne Pryke (AP)</p>	<ul style="list-style-type: none"> <li>• Atkins had been instructed to undertake the long-listing process.</li> <li>• PnE Minister raised option of Westmount Quarry site. Although not shortlisted RD to meet with Atkins to discuss further.</li> <li>• Atkins presented the long-listing process undertaken by Atkins and the meeting noted the recommendation that <b>sites 1B (Existing Hospital site with additional land) and 14B (Cineworld/crossland/Zephyrus, Les Jardins de la Mer)</b> should be added to the existing shortlist.</li> <li>• Group discussed use of Scottish and English guidance to assess size of hospital required</li> <li>• Need for 64,000 Sqm space but could be reduced by 10-15% through value engineering</li> <li>• The Group discussed Site <b>14A: Aquasplash, Cineworld, Zephyrus, Crosslands</b> and noted concerns that there would be delays in the construction of a hospital on this site as there was a requirement for temporary parking for a period of 4-5 years.</li> <li>• SoJ officer advised that this would push the timescale back by 1 year.</li> <li>• Atkins advised there were also the amended sites requested by MOG; 14B which did not include Aquasplash but included Jardins de la Mer and 14C which did not require either the cinema or aquasplash required Jardins de la Mer.</li> </ul>	

Item	Date	Description	Evidence
		<ul style="list-style-type: none"> <li>EN asked how high Castle Quay is and was advised that this is 6/7 residential storeys and that any hospital built on site 14B would be between 4-6 clinical storeys. There was also a major sewer which runs right through the site 14C from Gloucester Street which could create problems if it had to be built over.</li> <li>The Group considered that <b>Warwick Farm</b>, although on the original shortlist, did not appear to be deliverable in Planning terms and its long-listing performance (5th) was not sufficient to justify its further consideration. The group therefore agreed to remove this from the shortlist.</li> </ul> <p>The Group agreed that two sites (<b>Site 1A Existing and 14A Waterfront</b>) should be taken forwards with further consideration to be given to optimal configurations on the existing site with additional land (<b>Site 1B</b>) and the <b>alternative Waterfront (sites 14B/C)</b>.</p>	
12.	<p><a href="#">MOG Pre-feasibility spatial assessment process 01 February 2013</a></p> <p>Senator Paul Routier (PR) Chair Deputy John Refault (JRe)</p> <p>Deputy Rob Duhamel (RD) Deputy Anne Pryke (AP) Deputy Eddie Noel (EN) Ray Foster (RF) Senator Ian</p>	<p><b>Letter from MD of SoJdC</b></p> <ul style="list-style-type: none"> <li>Discussions on letter from SOJDC over concerns of developing waterfront option as it could “compromise funding streams” for the JIFC.</li> </ul> <p><b>Height Concerns of existing site</b></p> <ul style="list-style-type: none"> <li>Recognition of challenges around potential height impact of existing site development, particularly on Kensington Place</li> </ul> <p><b>Westmount Medical Quarter Option</b></p> <ul style="list-style-type: none"> <li>Environment Minister raised concerns that Westmount Medical Quarter was not properly scored</li> </ul> <p><b>Affordability Concerns</b></p>	

	<p>Gorst (IG) Senator Philip Ozouf (PO)</p>	<ul style="list-style-type: none"> <li>• <b>Cost issues</b> were raised as estimates considered too high;              1A = £479 861 514.00              1C = £489 859 000.00              1D = £500 150 000.00              14A = £506 162 000.00              14C = £467 523 000.00              1E = £492million.</li> </ul>	
<p>13.</p>	<p><b><u>MOG</u></b>  <u>22<sup>nd</sup> February 2013</u></p> <p>Senator Ian Gorst (IG)              Chair John Richardson (JRi)              Senator Paul Routier (PR)              Julie Garbutt (JG)Deputy              John Refault (JRe) Jason              Turner (JT)Senator Philip              Ozouf (PO) Laura Rowley              (LR)Deputy Eddie Noel              (EN) Mick Heald (MH)              Senator Ian Gorst (IG)              Chair John Richardson              (JRi)Senator Paul Routier              (PR) Julie Garbutt              (JG)Deputy John Refault              (JRe) Jason Turner              (JT)Senator Philip Ozouf              (PO) Laura Rowley              (LR)Deputy Eddie Noel              (EN) Mick Heald (MH)              Deputy Rob Duhamel (RD)</p>	<p><b>Letter from Chair of SoJdC</b></p> <ul style="list-style-type: none"> <li>• Serious concerns about the risks of indirect and direct losses of income from the JIFC should waterfront option be progressed.</li> </ul> <p><i>“IG indicated in his view the States of Jersey could not afford to lose the JIFC and there would be strong public criticism if the work to develop a new hospital compromised such a development in the current economic climate. PO explained that he had attended the recent SOJDC Board meeting where the matter was discussed and the Board was very strong in its view that pursuing option 14C was likely have a serious impact on the JIFC, in particular to its ongoing efforts to attract a key tenant for a major part of the scheme. In his view this meant the site should not be considered further. “</i></p> <ul style="list-style-type: none"> <li>• Meeting agreed to eliminate option 14c from consideration</li> </ul> <p><b>Shortlist Evaluation &amp; Westmount Quarter</b></p> <p>SD reiterated the view that, whilst it had not scored as high technically, Atkins believed that Option 1E was a solution that</p>	

	<p>Andrew Scate (AS)Deputy Kevin Lewis (KL) Will Gardiner (WG)Deputy Rob Duhamel (RD) Andrew Scate (AS)Deputy Kevin Lewis (KL) Will Gardiner (WG)</p>	<p>would work and would provide what was required for a new hospital for Jersey.</p> <ul style="list-style-type: none"> <li>• Affordability Concerns</li> <li>• Preferred Site Recommendation option 1E (existing site)</li> </ul>	
<p>14.</p>	<p><a href="#">MOG 18<sup>th</sup> June 2013</a></p>	<ul style="list-style-type: none"> <li>• Ministers requested that a refined proposal, based on the findings and recommendation of the previous proposal, but within the identified funding available, be drawn up, to inform the States Assembly of the approach to be adopted within a more detailed Feasibility Study. <i>“the last sitting of the States in July could receive an update on the hospital explaining that a decision had been taken to rebuild on the existing site, that CoM had accepted that a budget of £250 million would be allocated until subsequent phases were possible”</i></li> </ul>	
<p>15.</p>	<p><a href="#">MOG 17<sup>th</sup> September 2013</a> Present: Senator I Gorst (IG) (Chair) Senator P Routier (PR) Deputy A Pryke (AP) Connetable J Refault (JRe) Deputy E Noel (EN) Senator F Le Gresley (FLeG) Deputy R Duhamel (RD)</p>	<ul style="list-style-type: none"> <li>• The dual-site concept was approved by MOG.</li> </ul> <p>HO’S gave a verbal report, noting the plan for a split site with a major rebuild at Overdale and rebuild/refurbishment at Jersey General Hospital (JGH). When completed, there will be 100% single bed wards, with no overnight beds at Overdale.</p> <p>FLeG congratulated the team on the future hospital plans, and JG thanked GU for his work.</p>	
<p>16.</p>	<p><a href="#">Draft Budget Statement 2014 8<sup>th</sup> October 2013</a></p>	<p><i>The Draft Budget Statement 2014 was lodged as a proposition. Details of the site search, dual-site proposals and a budget of £297m were included as an appendix. The budget approved</i></p>	<p><a href="https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=982">https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=982</a></p>

		<p>£10.2m in order to progress the design development, preliminary works and transitional capacity requirements.</p> <p><b><i>“This funding provides for preliminary activities that are required to enable the phased main works programme to be undertaken.</i></b></p> <p><b><i>The funding will also enable the acquisition of land necessary to complete site assembly for the proposed developments and for the project team to undertake design works for the initial phases and carry out some required necessary preliminary works.”</i></b></p>	
24.	<p><a href="#">Scrutiny Report published SR.10/2014 5<sup>th</sup> September 2014</a></p>	<ul style="list-style-type: none"> <li>• The HSSH Scrutiny Panel issued a report, SR10/2014, reviewing the transformation of Health Services.</li> <li>• The report raised concerns that both the public and employees were concerned about the dual-site proposal, the length of time it would take before the hospital was completed and that the States Assembly had not been involved in the decision making process.</li> </ul> <p><b><i>Recommendation 12</i></b></p> <p><b><i>“The Council of Ministers should lodge a proposition prior to the lodging of the Medium Term Financial Plan 2016 - 2019 to ask the States Assembly to decide on the site for the future hospital in order for a formal decision to be made on this issue.”</i></b></p>	<p><a href="https://statesassembly.gov.je/scrutinyreports/2014/report%20-%20redesign%20of%20health%20and%20social%20services%20-%205%20september%202014.pdf">https://statesassembly.gov.je/scrutinyreports/2014/report%20-%20redesign%20of%20health%20and%20social%20services%20-%205%20september%202014.pdf</a></p>
25.	<p><a href="#">MOG 17<sup>th</sup> September 2014</a></p>	<p>Ministerial Oversight Group considered the outcome of the Health, Social Services and Housing Scrutiny Panel’s (HSSH) Review of the Transformation of Health Services (SR.10/2014) Report.</p>	

		<p>The Ministerial Oversight Group concluded that in view of the scale of the Future Hospital project, a stand-alone Report and Proposition on the Future Hospital was in the best interests of transparent and open Government.</p> <p>MOG agreed to accept Recommendation 12 and concluded that a stand-alone R&amp;P was in the best interests of transparent and open Government.</p> <p>Reflecting this steer, the Jersey Future Hospital Project Board, at special meetings attended by the Chief Executive Officer of the States of Jersey on 25th September and 22nd October 2014, subsequently determined that a further Site Validation Exercise should be undertaken to specifically address Recommendation 12 of SR.10/2014.</p>	
26.	<a href="#"><u>Minister's response to SR. 10/2014 29<sup>th</sup> September 2014</u></a>	<p>The Ministers for Health and Social Services and Treasury and Resources set out their response to the Panel's review of the redesign of Health and Social Services.</p>	<a href="https://statesassembly.gov.je/scrutinyreports/2014/ministerial%20response%20-%20redesign%20of%20health%20and%20social%20services%20-%2029%20sepember%202014.pdf">https://statesassembly.gov.je/scrutinyreports/2014/ministerial%20response%20-%20redesign%20of%20health%20and%20social%20services%20-%2029%20sepember%202014.pdf</a>
27.	<a href="#"><u>New Council of Ministers November 2014</u></a>	<p>A new Health Minister was appointed who had "grave" concerns about the dual-site proposal.</p>	<a href="https://statesassembly.gov.je/pages/hansard.aspx?docid=FD8EEBC6-1FEE-43A5-B651-B5E5F7935E5A&amp;qtf=green#_Toc403544006">https://statesassembly.gov.je/pages/hansard.aspx?docid=FD8EEBC6-1FEE-43A5-B651-B5E5F7935E5A&amp;qtf=green#_Toc403544006</a>
28.	<a href="#"><u>MOG 17<sup>th</sup> December 2014</u></a>	<ul style="list-style-type: none"> <li>• <i>MOG met to agree the options to be considered in a new site appraisal report to be prepared by Gleeds:             <ul style="list-style-type: none"> <li>– <i>Option A – Dual-site retained as a benchmark of the minimum investment necessary to achieve safety</i></li> </ul> </i></li> </ul>	



		<ul style="list-style-type: none"> <li>– Option B – 100% new build at Overdale Hospital and adjacent land</li> <li>– Option C – 100% new build on the current General Hospital site and adjacent land</li> <li>– Option D – 100% new build on the Waterfront – Zephyrus/Crosslands/Jardins de la Mer</li> </ul> <p><b>“JRI outlined that the [final] three options would be unconstrained by an agreed capital limit as this could not at this point be estimated.”</b></p>	
29.	<a href="#">MOG 28<sup>th</sup> January 2015</a>	Non site selection issues discussed	
30.	<a href="#">MOG 18<sup>th</sup> March 2015</a>	Non site selection issues discussed	
31.	<a href="#">Gleeds Report CO04 April 2015</a>	<p>In accepting Recommendation 12 of SR.10/2014, Gleeds were commissioned to review the four options, publishing a report in April 2015.</p> <p>This concluded that the Waterfront option scored significantly better than all other options and continued to do so under several levels of sensitivity testing. Full details are included within CRO04 Report.</p>	<a href="https://www.futurehospital.je/wp-content/uploads/2016/11/CO004-Site-Report-v0.16-Final-Public.pdf">https://www.futurehospital.je/wp-content/uploads/2016/11/CO004-Site-Report-v0.16-Final-Public.pdf</a>
32.	<a href="#">MOG 22<sup>nd</sup> April 2015</a>	MOG received the outcome of the Gleeds Site Appraisal Report CR04. The report concluded that the Waterfront option scored significantly better than all other options. The dual-site option scored very poorly.	
33.	<a href="#">MOG 22<sup>nd</sup> July 2015</a>	<ul style="list-style-type: none"> <li>• MOG requested a further review to consider additional sites of Parade Gardens and People’s Park.</li> <li>• Gleeds’ initial findings noted that Parade Gardens was not suitable to progress past the long-listing process but that People’s Park was worthy of further short-list</li> </ul>	

		<p>assessment. This was carried out on a like-for-like basis with the other short-listed options.</p> <ul style="list-style-type: none"> <li>An updated Site Appraisal Report CR21 was produced which concluded that the People’s Park option scored significantly better than all other options.</li> </ul>	
34.	<a href="#">COM 9<sup>th</sup> September 2015</a>	The Council noted and supported the Acute Service Strategy for presentation to the States in due course.	
35.	<a href="#">Gleeds Report CO21 September 2015</a>	<ul style="list-style-type: none"> <li>Gleeds’ initial findings noted that Parade Gardens was not suitable to progress past the long-listing process but that People’s Park was worthy of further short-list assessment. This was carried out on a like-for-like basis with the other short-listed options.</li> <li>An updated Site Appraisal Report CR21 was produced which concluded that the People’s Park option scored significantly better than all other options.</li> </ul>	<a href="https://www.futurehospital.je/wp-content/uploads/2016/11/CR021-Report-Final-public.pdf">https://www.futurehospital.je/wp-content/uploads/2016/11/CR021-Report-Final-public.pdf</a>
36.	<a href="#">MOG 1<sup>st</sup> October 2015</a>	<ul style="list-style-type: none"> <li>MOG received the outcome of the CR21 report and noted it was recommended as the best performing site. It was agreed to take this recommendation to COM on 14 October.</li> </ul>	
37.	<a href="#">COM 14<sup>th</sup> October 2015</a>	The Council concluded that it was apparent that, on the basis of all the evidence available, there was a compelling case that the People’s Park site was clearly the preferred option and the Council accordingly endorsed the People’s Park as the Preferred Site Option.	
38.	<a href="#">MOG 11th November 2015</a>	<p>MOG presented with the results of the Sweett Six facet survey on the General Hospital.</p> <p><i>“Chief Minister and Treasury Minister said this survey was a compelling argument for building a new hospital on the current</i></p>	

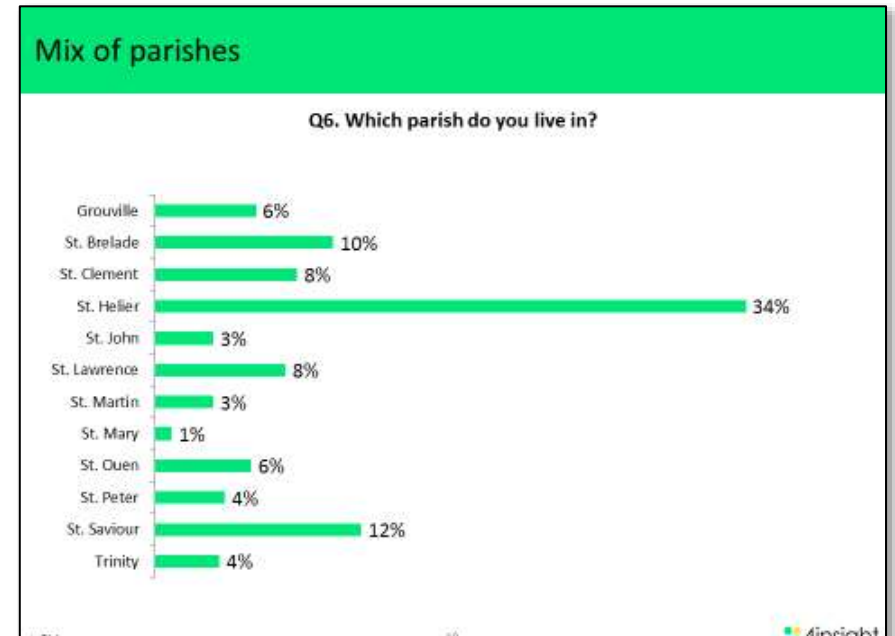
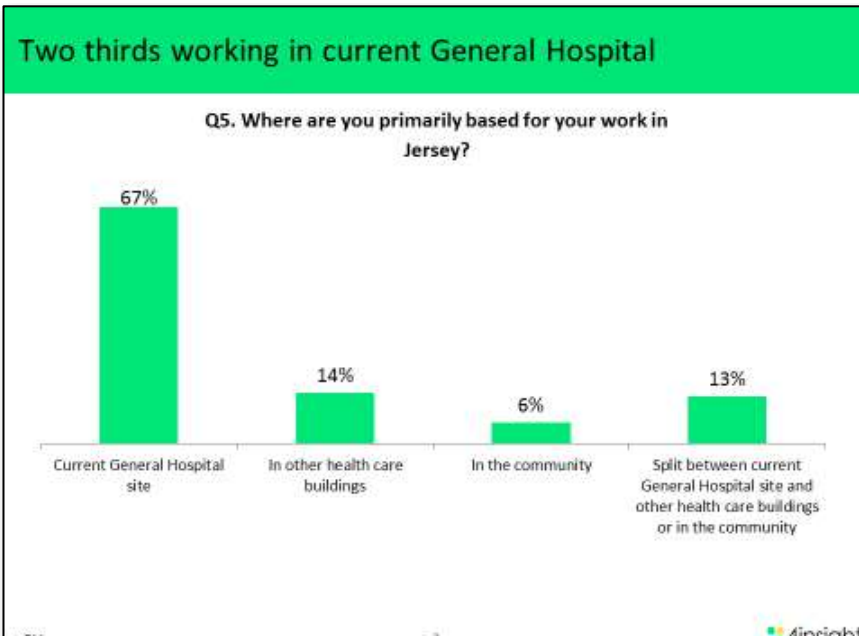
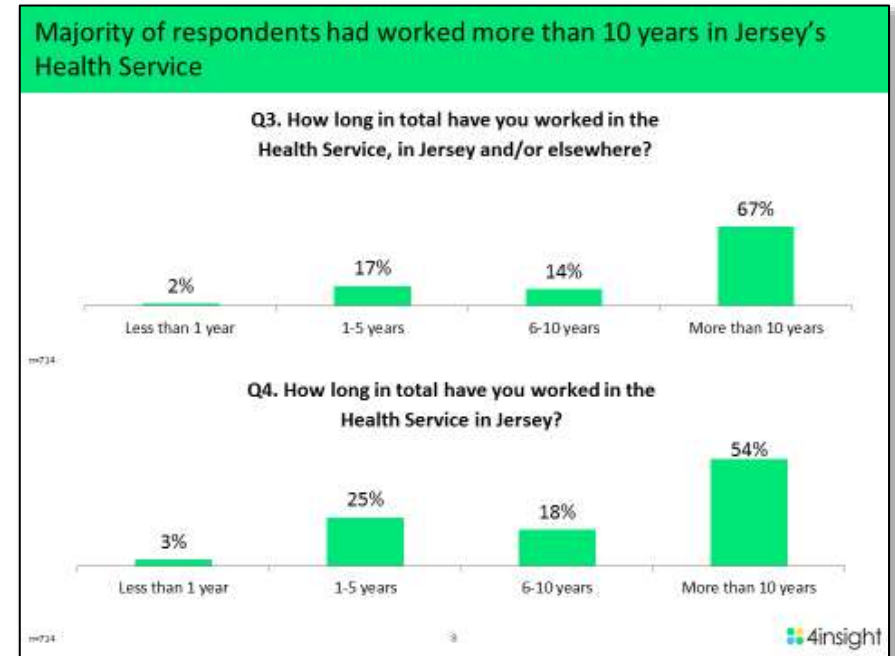
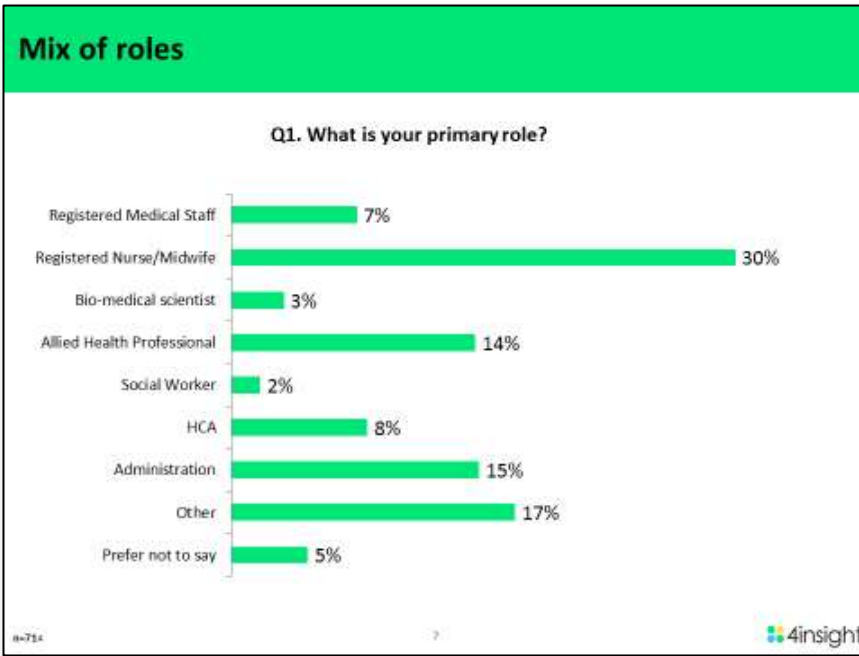
		<i>site, if these buildings are imminently failing. PM queried where patients would be located during any significant refurbishment works."</i>	
39.	<a href="#">MOG 9<sup>th</sup> December 2015</a>	Discussions on the regeneration of alternative open space sites lost if Peoples Park developed.	
40.	<a href="#">MOG 14<sup>th</sup> January 2016</a>	The Gas Place proposals were adopted with the changes suggested in the meeting. The Project Team were requested to bring back proposals for a park on the current General Hospital Site.  CoM on 27 January should receive the proposal with the new regeneration site. AG said a minute was required from CoM that confirmed People's Park was the preferred option.	
41.	<a href="#">COM 27<sup>th</sup> January 2016</a>	COM agreed that there should be a period of public consultation in order to ascertain views on the four short-listed sites.	
42.	<a href="#">MOG 10<sup>th</sup> February 2016</a>	Discussions about the public consultation process	
43.	<a href="#">P3/2016 - People's park: removal from list of sites under consideration for future new hospital 23<sup>rd</sup> February</a>	<ul style="list-style-type: none"> <li>• P3/2016 was a proposal by the Constable of St Helier to remove People's Park from the list of sites for consultation. The Health Minister subsequently confirmed its removal as a potential option.</li> <li>• Ministers entered a period of reflection on the project's objectives.</li> </ul>	<a href="https://statesassembly.gov.je/assemblypropositions/2016/p.3-2016.pdf">https://statesassembly.gov.je/assemblypropositions/2016/p.3-2016.pdf</a>
44.	<a href="#">States debate 23<sup>rd</sup> February 2106</a>	Announcement by Health Minister that COM agree with P3./2016  <i>"While objective assessments have found that the People's Park site offers best value for money, we have decided to accept the Constable's proposition. I hope Members will now work with me</i>	<a href="https://statesassembly.gov.je/Pages/Hansard.aspx?docid=C59164DB-9968-4F2C-ADA8-915B2E27137C&amp;qtf=green#_Toc444242430">https://statesassembly.gov.je/Pages/Hansard.aspx?docid=C59164DB-9968-4F2C-ADA8-915B2E27137C&amp;qtf=green#_Toc444242430</a>

		<i>and with the community with new vigour so that we can find the right place for a modern hospital that ensures safe, affordable healthcare for all Islanders. “</i>	
45.	<a href="#">POG</a> <a href="#">13<sup>th</sup> April 2016</a>	JRo noted that following the outcome of P3/2016 the project’s technical team were challenged to conceive what could be done on the JGH site that was exciting and innovative, being flexible with planning constraints.  AG said the Chief Minister (CM) was keen to look at JGH again to see if a solution could be delivered in a shorter time than Option C.	
46.	<a href="#">POG</a> <a href="#">12<sup>th</sup> May 2016</a>	Detailed discussion around the preferred option C (current site)	
47.	<a href="#">COM</a> <a href="#">8<sup>th</sup> June 2016</a>	The Council approved the concept of utilising the existing General Hospital site and adjacent areas to be purchased. It was agreed that the Minister for Health and Social Services should make a statement in the States on 14th June 2016, which would include reference to the intention of proceeding with a report and proposition in due course in relation to the preferred site and outline timetable, but not details of any funding proposals presently under consideration by the Minister for Treasury and Resources.	
48.	<a href="#">COM</a> <a href="#">20<sup>th</sup> July 2016</a>	The Council, for the avoidance of any doubt, unanimously approved the use of funding which had previously been allocated for feasibility work on the now defunct ‘dual-site’ option to undertake feasibility studies of the current preferred site.	
49.	<a href="#">COM</a> <a href="#">21<sup>st</sup> September 2016</a>	Discussions on the draft report and proposition which invited the States to agree that the current site of the Jersey General Hospital with an extension along the eastern side of Kensington Place and	

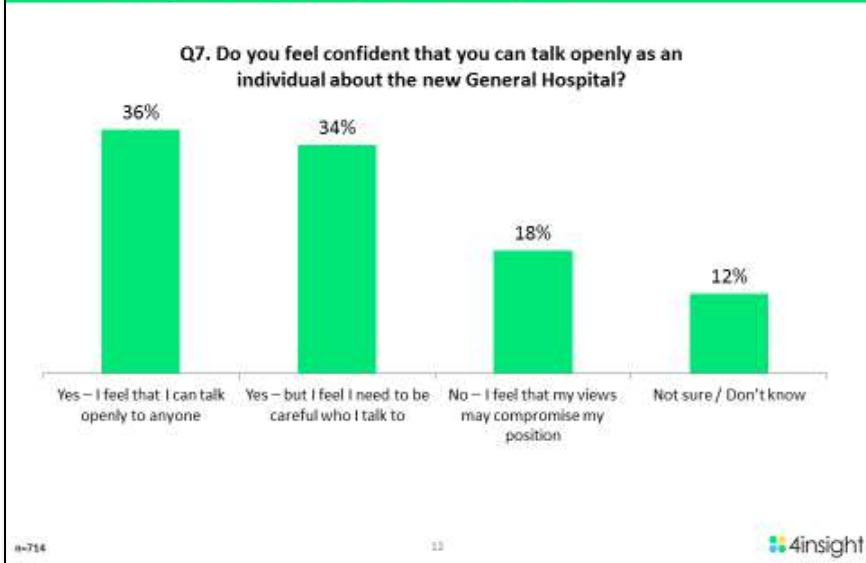
		other nearby sites, including Westaway Court, should be the approved site location for the New General Hospital.	
50.	<a href="#">POG 22nd September 2016</a>	Discussions regarding the amendments to the draft report and proposition suggested by the Council of Ministers. Noted that the Health Minister and Chief Minister had been given delegated authority to approve the changes.	
51.	<a href="#">19<sup>th</sup> October 2016</a>	Report & Proposition for Future Hospital: preferred site lodged au greffe.	<a href="https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016.pdf">https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016.pdf</a>
	<a href="#">POG 22<sup>nd</sup> November 2016</a>	<p><b>Amendment (Connetable Taylor) to P110/2106</b></p> <ul style="list-style-type: none"> <li>• The Amendment proposed a new concept at the Waterfront which was different to Option D.</li> <li>• Inflation would continue at a high rate during any delay and considering the Waterfront would cause a delay.</li> <li>• The Concerto report had confirmed that the assessment of both sites had been thorough and consistent and confirmed the current site was a good solution.</li> </ul> <p>It was considered that if the Amendment was carried then Ministers may have to pull the Proposition. WG noted that there was insufficient funding in the current budget to progress full feasibility on both sites.</p> <p><b>Scrutiny Report</b></p> <p>WG noted that the Report raised queries regarding the difference in the Functional Area Estimate between options D</p>	

		<p>and F. Gleeds had produced a detailed report detailing the precise reasons for these differences.</p> <p>The Report included four recommendations. RF noted that comment at this stage was that all the recommendations had merit and would be considered in full but it would be wrong to delay the project for those reasons.</p>	
<p>52.</p>	<p><a href="#">States Debate</a> <a href="#">1<sup>st</sup> December 2016</a></p>	<p>Debate on preferred site.</p> <p>An amendment was proposed (to further review waterfront site) by Connetable Taylor to which was defeated (10 Pour, 29 Contre)</p> <p><b>Main Proposition approved. (34 pour, 3 contre)</b></p>	<p><a href="#">P110/2016:</a> <a href="https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016.pdf">https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016.pdf</a></p> <p><a href="#">P110/2016 – amendment</a> <a href="https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016amd.pdf">https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016amd.pdf</a></p> <p><a href="#">P110/2016 – Comments</a> <a href="https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016amdcom.pdf">https://statesassembly.gov.je/assemblypropositions/2016/p.110-2016amdcom.pdf</a></p>

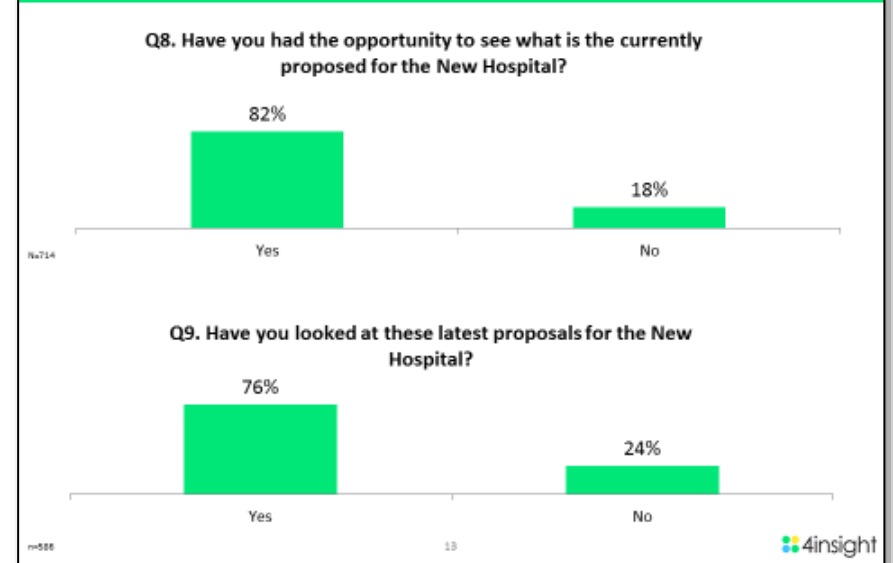
## Annex E: Staff Survey Results.



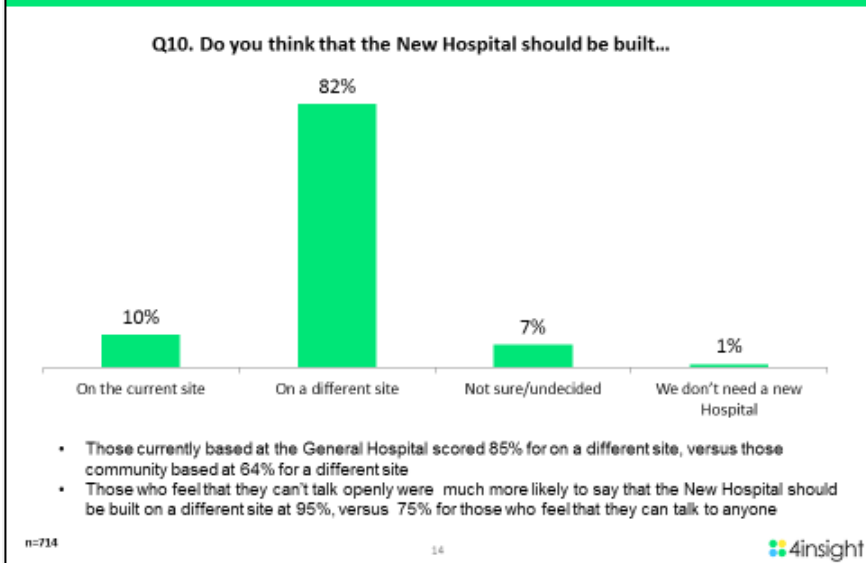
36% felt they could talk openly to anyone about the New Hospital, 18% felt that doing so would compromise their position



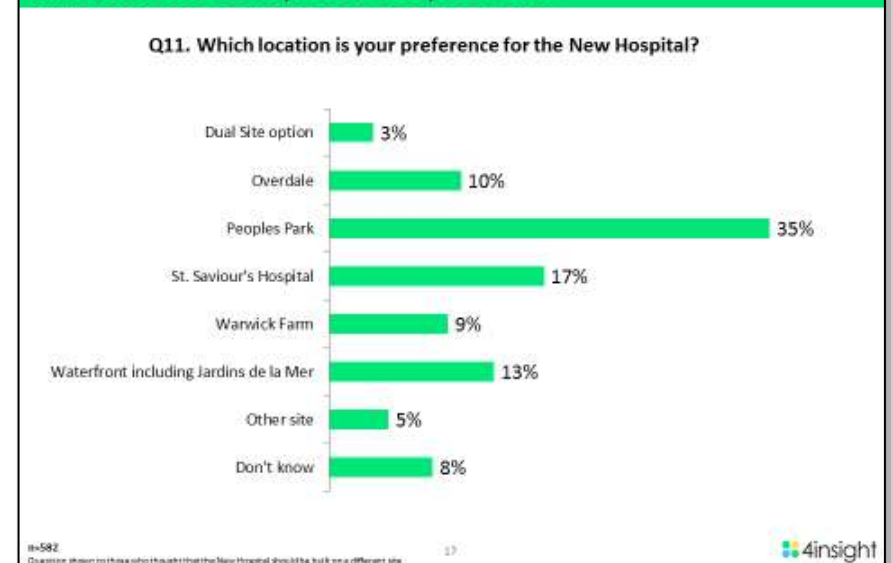
82% had had the opportunity to see current proposals, 76% of those had looked at these



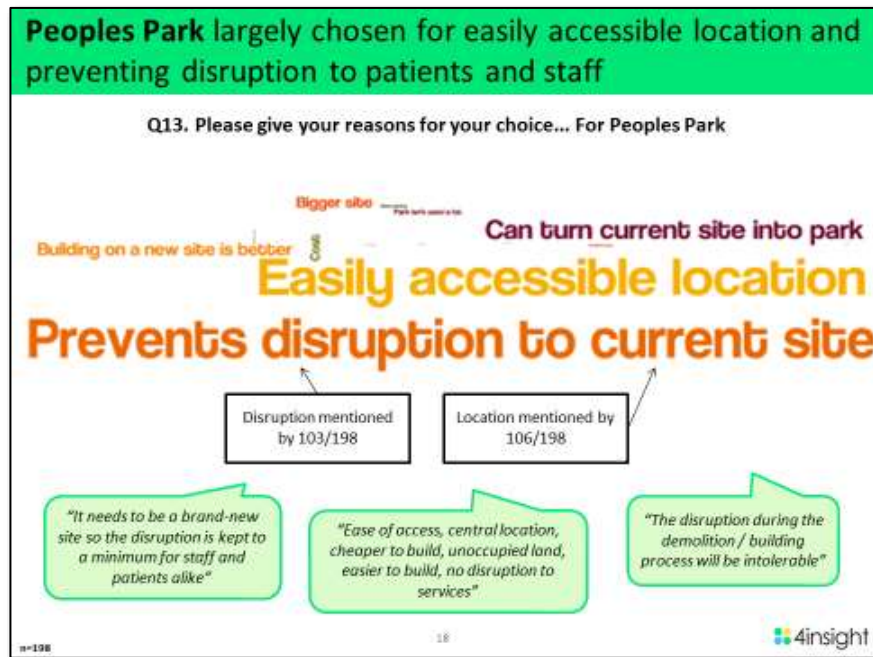
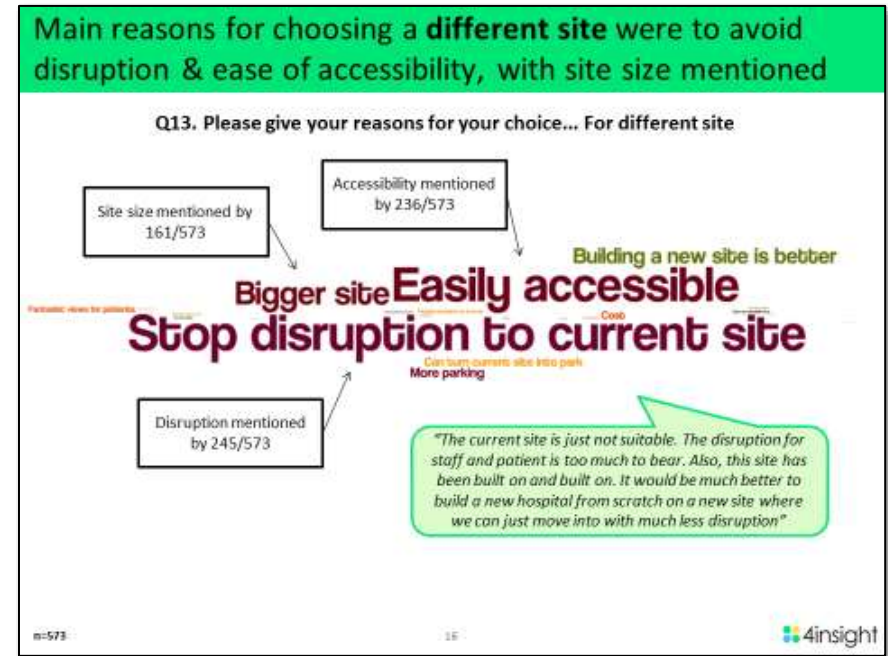
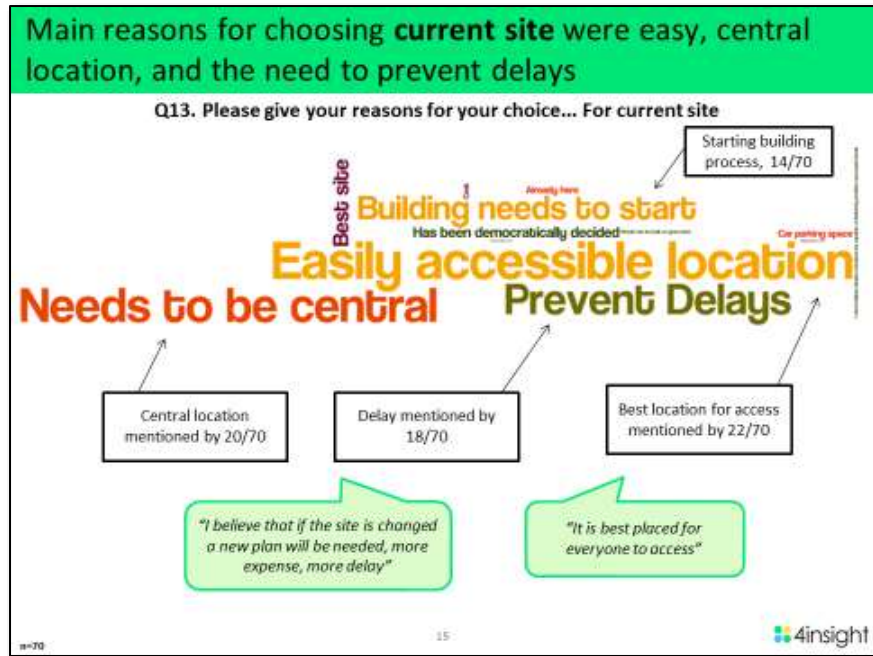
82% think the New Hospital should be built on a different site

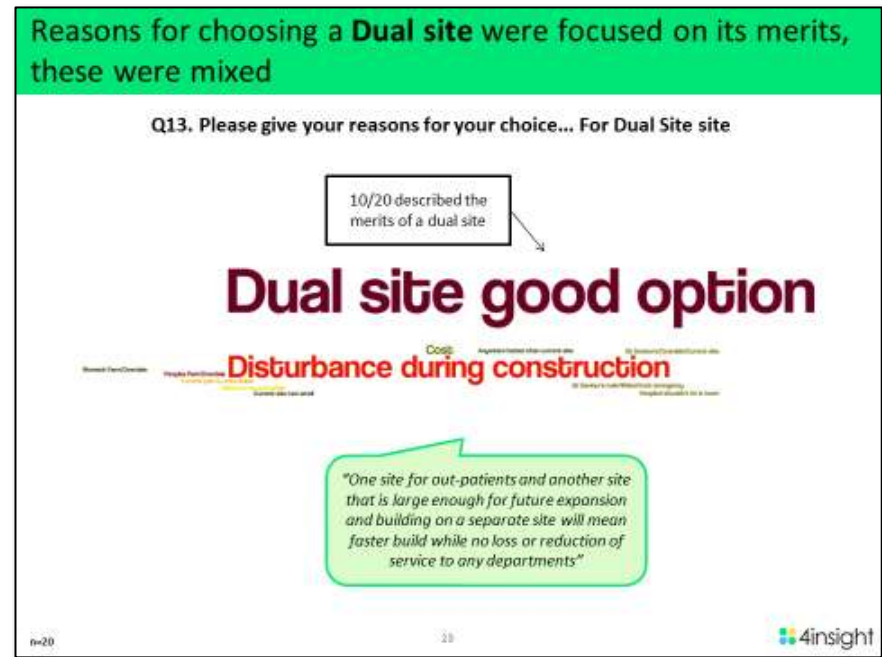
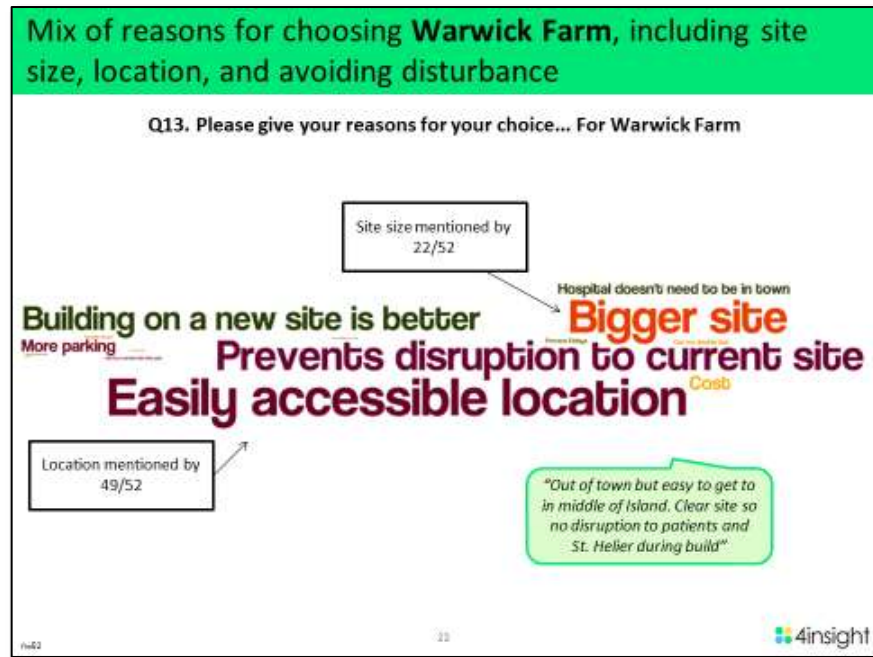
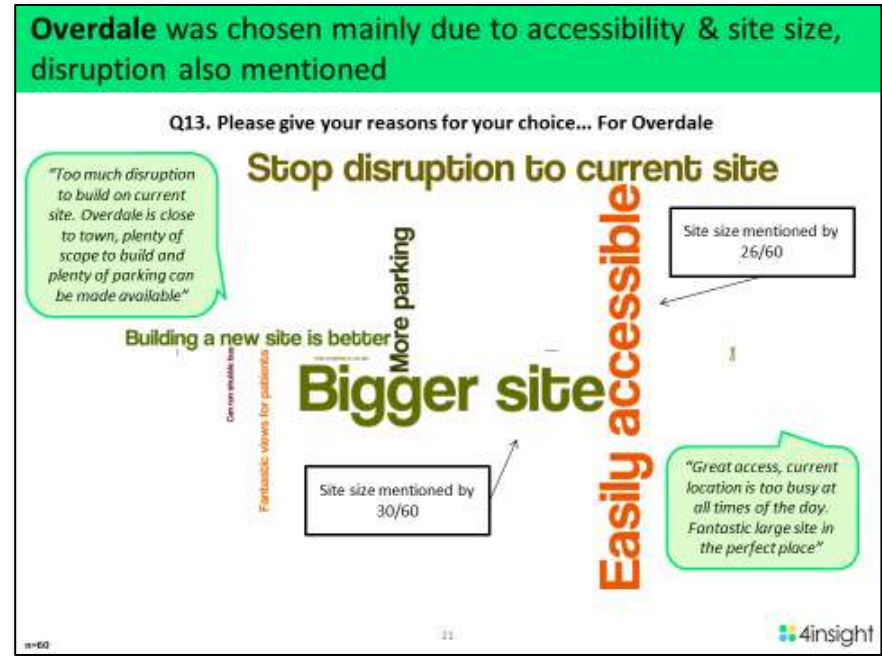
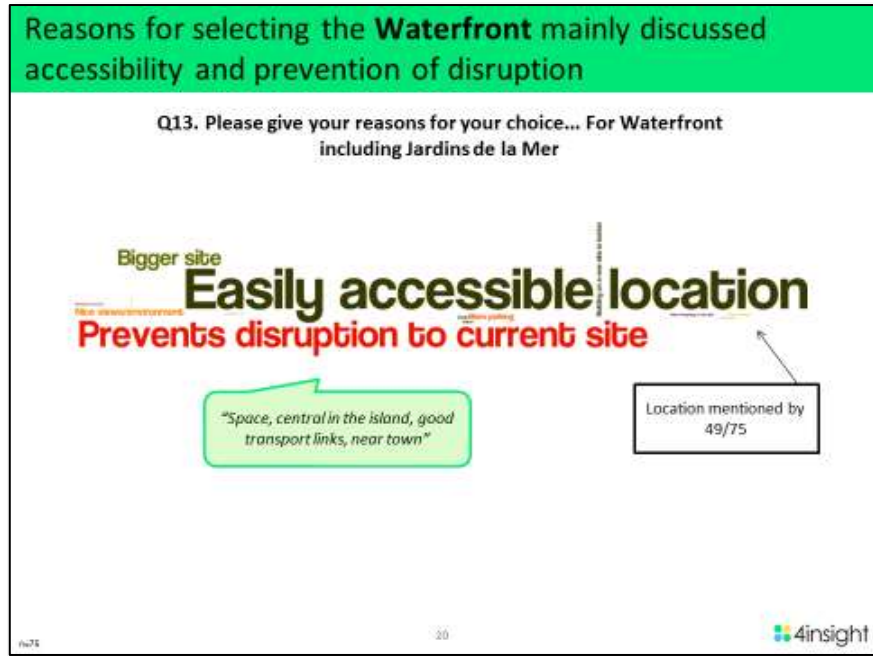


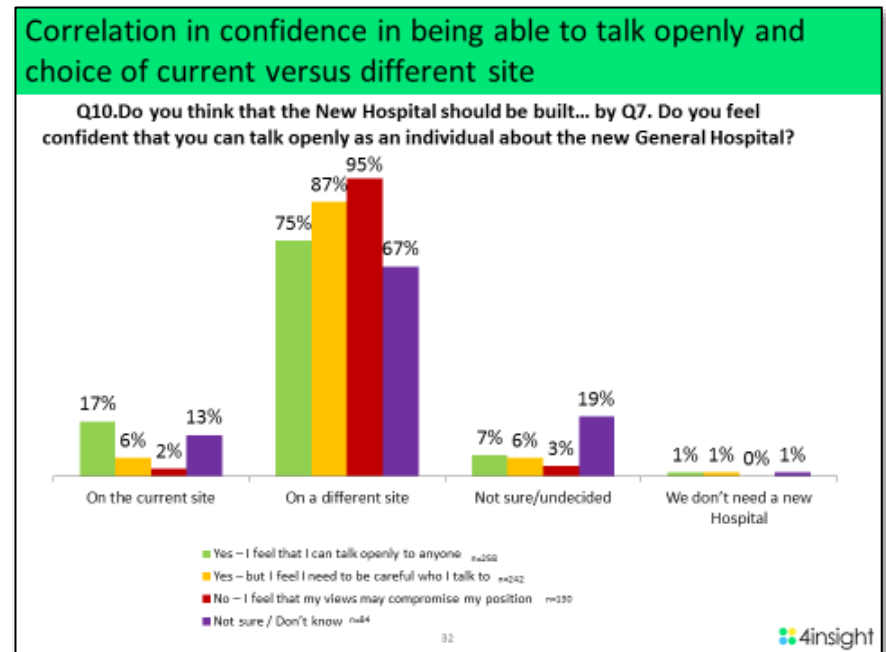
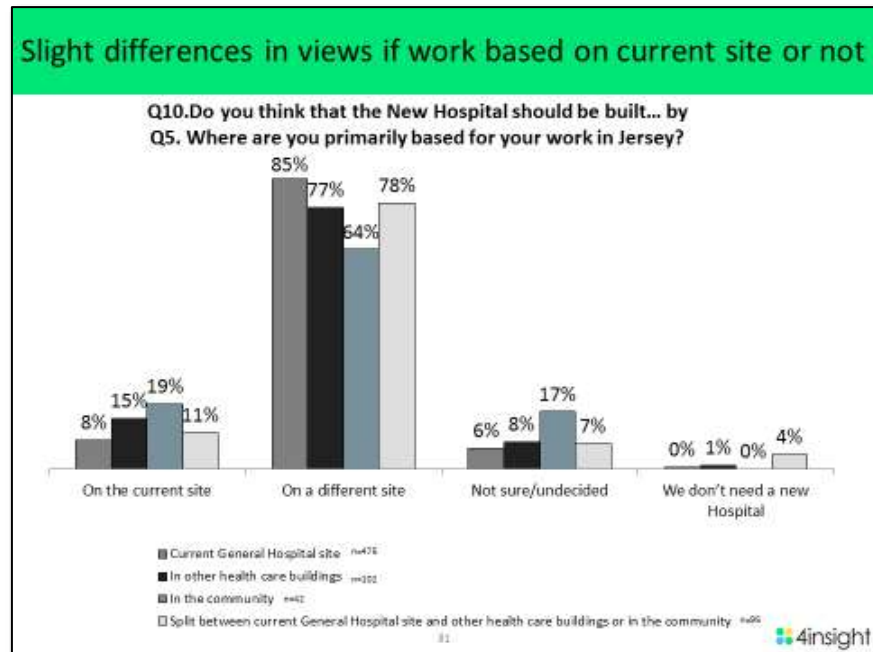
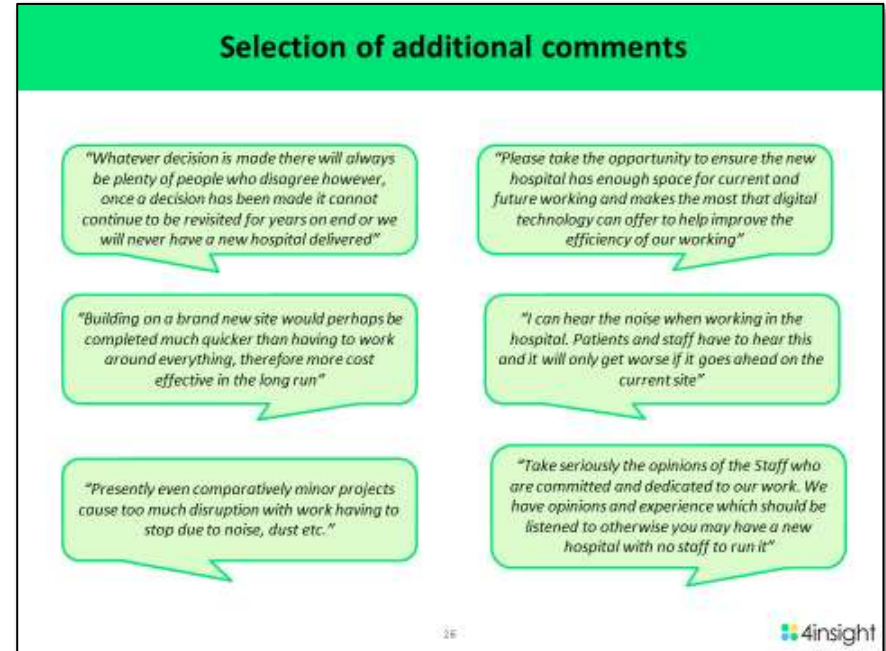
Of those who believe the new hospital should be built on a different site 35% prefer Peoples Park



















### Annex F: List of Meetings Held and Attendees.

Meeting	Agenda	Attendees	Minutes	Supporting Papers
<b>Inception Meeting 20 July 2018</b>	Agreed the Board's terms of reference and scope	Board Members only	 <a href="#">Hospital Review Board Inception Meeting Minutes 20 July 2018</a>	Draft project scope and agreed terms of reference
<b>Workshop 1 26 July 2018</b>	Review of evidence for the decision of the need for a new general hospital	John Rogers - Director General Growth Housing and Environment Bernard Place - Project Director – Future Hospital Project Ray Foster - Director: Property and Special Projects	 <a href="#">Hospital Review Board Workshop 1 Minutes 26 July 2018</a>	 <a href="#">Workshop 1 presentation</a>
<b>Workshop 2 3 August 2018</b>	Review of evidence for decision to reject a dual site	Richard Glover - Head of Planning Major Projects, GHE Bernard Place	 <a href="#">Hospital Review Board Workshop 2 Minutes 3 August 2018</a>	 <a href="#">Workshop 2 presentation</a>
<b>Workshop 3 7 August 2018</b>	Review of evidence for decision to select current hospital as the preferred site	Philippa McAndrew – FH Project Support Officer Ray Foster	 <a href="#">Hospital Review Board Workshop 3 Minutes 7 August 2018</a>	 <a href="#">Workshop 3 presentation</a>
<b>Workshop 4 6 September 2018</b>	Presentations on construction mitigation measures, health worker's accommodation, consultation/engagement undertaken by FH team and discussions by the Board on the staff survey	Bruce Preston – Director J3 Rose Naylor – Chief Nurse HCS Bernard Place Philippa McAndrew	 <a href="#">Hospital Review Board Workshop 4 Minutes 6 September 2018</a>	 <a href="#">Workshop 4 presentation</a>

<p><b>Workshop 5</b> <b>17 September 2018</b></p>	<p>Presentation on draft staff survey, evidence review of sites planning evaluations and informal views of former Environment Minister Rob Duhamel</p>	<p>Kevin Pilley – Director Policy &amp; Projects  Rob Duhamel - Private individual</p>	<p><a href="#">Hospital Review Board Workshop 5 Minutes 17 September 2018</a></p>	<p><a href="#">Workshop 5 presentation</a></p>
<p><b>Workshop 6</b> <b>24<sup>th</sup> September 2018</b></p>	<p>Presentation and discussion of Blue light issues</p>	<p>Peter Gavey – Chief Ambulance Officer HCS</p>	<p>Hospital Review Board Workshop 6 <a href="#">Minutes</a> 24 September 2018</p>	<p><a href="#">Workshop 6 Presentation</a></p>
<p><b>Workshop 7</b> <b>2<sup>nd</sup> October 2018</b></p>	<p>Formal presentation and discussion from HCS senior management on the performance of P82 strategies.</p> <p>Informal views on future hospital plans received by Board from HCS senior clinician</p> <p>Informal views on future hospital plans received by Board from public group led by Bruce Willing</p>	<p><b>HCS Senior management staff:</b></p> <ul style="list-style-type: none"> <li>• Rob Sainsbury Group Medical Director of Health</li> <li>• John Howard Interim Head of Health Modernisation</li> </ul> <p><b>HCS consultants</b></p> <ul style="list-style-type: none"> <li>• Andrew Woodward -Consultant</li> </ul> <p><b>Public Group:</b></p> <ul style="list-style-type: none"> <li>• Bruce Willing</li> <li>• David Moon</li> <li>• Jan Lelliott</li> <li>• Andy Howell</li> <li>• Graham Bisson</li> </ul>	<p>Hospital Review Board Workshop 7 <a href="#">Minutes</a> 2 October 2018</p>	<p><a href="#">Workshop 7 Presentation</a></p> <p><a href="#">Bruce Willing - additional material</a></p>
<p><b>Workshop 8</b> <b>12<sup>th</sup> October 2018</b></p>	<p>Informal views on future hospital plans received by Board from HCS senior clinician</p>	<p><b>HCS Consultants</b></p> <ul style="list-style-type: none"> <li>• Richard Downes – Associate Medical Director/Clinical Director Mental Health Services</li> </ul>	<p>Hospital Review Board Workshop 8 <a href="#">Minutes</a> 12 October 2018</p>	

		<ul style="list-style-type: none"> <li>• David Ng -Consultant</li> </ul>		
<p><b>Workshop 9</b> <b>18<sup>th</sup> October 2018</b></p>	<p>Presentation of final survey results from 4Insight Informal views on future hospital plans received by Board from senior clinicians</p>	<p><b>4Insight</b></p> <ul style="list-style-type: none"> <li>• Dorothy Parker &amp; Peter Lamy</li> </ul> <p><b>Chair of the primary care group</b></p> <ul style="list-style-type: none"> <li>• Dr. Nigel Minihane</li> </ul> <p><b>Jersey Family Nursing</b></p> <ul style="list-style-type: none"> <li>• Bronwen Whittaker</li> <li>• Julie Foglia</li> </ul> <p><b>HCS Consultant</b></p> <ul style="list-style-type: none"> <li>• Miklos Kassai</li> </ul>	<p>Hospital Review Board Workshop 9 <a href="#">Minutes</a> 18 October 18</p>	<p><a href="#">Workshop 9 Presentation</a></p>

## **Annex G: MOG 9<sup>th</sup> April 2014 Meeting Minute Item 2.5 Property - (Extract)**

### **Agenda Item # 2.5 Property**

PO asked what the position was with the hotels. RF confirmed that we would be building on footprints of the hotels.

PO advised that we must be clear regarding the options when dealing with the hotels and the other sites.

AP confirmed that the crematorium needs are included in the plans in respect of parking and emissions.

JR asked if we were prepared for problems to arise?

WG explained that we are guided / covered by all contingencies within the scope of EIA.

RF confirmed that we were progressing with BNP as our agents and they have been in touch with the respective owners, agents of 2 Edward Place, 4 Edward Place and Thorpe Cottage. There are no issues with Thorpe Cottage, however, it is noted that it could come back as a problem.

PO suggested that we make them an offer sooner rather than later.

RF confirmed that the Stafford and Revere hotels has been the subject of planning applications for housing developments and owners have expressed interest in the States of Jersey acquiring them for clinical use.

RF confirmed that in respect of accommodation in the private sector RF will research as part of business case and continue dialogue with hotel owners.

PO asked if the hotels were negotiable for sale and could pre sale agreements be put in place subject to states approval (will they hold out or sell now) PO asked what the options were.

PO asked whether the States had to decide whether to buy hotels at an extra cost to £297million, as this must be clear in the budget. It will also help with planning. We must remain astute and progress dialog with owners.

RF confirmed that everything would be set out clearly in the budget, and that it needs to be robust.

JR advised not to involve scrutiny PO suggested that we must be tactical and practical, and this would enable us to shut down scrutiny's ability to criticise

## Annex H: Clinical Risks Report

### Report from the Group Medical Director of Health and Community Services

#### Likely impacts of rejection of the current Future Hospital Project on local morbidity and mortality.

- The main impact shall be a lack of hospital side rooms (which is integral to the new hospital design and better infection control), which shall increasingly expose our aging population to cross-infection from potentially fatal esoteric infectious diseases. The minimum proportion of single rooms in NHS Hospitals is 50%. The public wards in the General Hospital have 15% of beds provided in single rooms. Hospital patients are more than eight times as likely to catch an infection as they were in 2008. The number of in-hospital infections in the NHS has increased from 5,972 in 2008 to 48,815 in 2017, according to NHS Digital data. The current figure breaks down to more than 4,000 infections each month. It is becoming increasingly difficult to cure once-routine infections because they are resisting antibiotic treatment.
- Failure to mitigate against this ‘clear and present danger’ by the completion of our new model hospital within the next 5 years will prevent us dealing with predictable surges in patients with community acquired infections, whilst simultaneously exposing vulnerable groups to the added risk of hospital-acquired infections – a vicious cycle of superadded infections and poorer outcomes to the Island’s people and community
- The consequences of not providing in patient accommodation to the minimum standard materialised for both Maidstone and Tunbridge Wells Trust and Stoke Mandeville Hospital respectively where both these General Hospitals were characterised by a physical environment with;
  - Piecemeal development over many years
  - Wards at the end of their functional life
  - Wards that had only superficial upgrading (e.g. painting)
  - Fewer single rooms
  - Fewer ensuite rooms
  - Patients in shared six bed bays
  - Beds in close physical proximity
  - Insufficient hand basins or other hygiene facilities
  - Insufficient storage for clinical and other equipment
  - High bed occupancy with a large proportion of elderly patients

“Overall [in Kent and Sussex, Pembury and Maidstone Hospitals], from October 2005 to September 2006 more than 500 patients developed the [C. difficile] infection, and we estimate



that *there were approximately 60 deaths where C. difficile was definitely or probably the main cause.*<sup>18</sup> (my emphasis)”

“The first hospital-wide outbreak of *C. difficile* occurred [in Stoke Mandeville Hospital] between October 2003 and June 2004. There were 174 new cases during this time and *19 deaths that were definitely or probably due to C. difficile.*<sup>19</sup> (my emphasis)”

“The second hospital-wide outbreak occurred [in Stoke Mandeville Hospital] between October 2004 and June 2005. There were 160 new cases and *19 further deaths among patients that were definitely or probably due to C. difficile.* (my emphasis)”

The fatal outbreaks reported by the then Healthcare Commission in both NHS Trusts were of course not *solely* due to the insufficiencies of the physical environment Hospital. Both Trusts were characterised by poor leadership, challenging operational pressures and insufficient resources to provide facilities that met minimum standards

*The reports describing these circumstances are unequivocal however in the conclusion that the poor physical environment was a precondition to the fatal outbreaks of C difficile and, once the outbreaks occurred, that same poor environment made it difficult to control the outbreaks quickly enough to prevent the deaths particularly of older patients who constituted the majority of patients on the wards.*

- Furthermore this future lack of single room capacity will inevitably create a more frequent critical **access block** to all the community’s acute services in our hospital. Non availability of single rooms for admission with infections or communicable diseases delays admission.
- Rejecting the current Future Hospital Project will mean that patient waiting times will deteriorate for both acute and elective admissions to our hospital from the community. In addition exceeding admission capacity leads to overcrowding and delayed services from 999 call to eventual discharge home.
- In recent years evidence indicates that hospital that are overcrowded or at ‘capacity-saturation’ levels have higher levels of significant medical errors, complications and higher mortality.
- One robust multi-centred (amongst the many referenced below)
- trial published in the last 10 years from Canada shows that for every extra hour of mean length of stay in an Emergency Department such as ours, there is an increased seven day mortality rate and readmission to hospital rate even for those that were not sick enough to require hospital admission in the first place i.e. this impacts on all users of the local healthcare system.

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<sup>18</sup>

[http://webarchive.nationalarchives.gov.uk/20060502043818/http://healthcarecommission.org.uk/db/documents/Maidstone\\_and\\_Tunbridge\\_Wells\\_investigation\\_report\\_Oct\\_2007.pdf](http://webarchive.nationalarchives.gov.uk/20060502043818/http://healthcarecommission.org.uk/db/documents/Maidstone_and_Tunbridge_Wells_investigation_report_Oct_2007.pdf)

<sup>19</sup> <http://www.buckshealthcare.nhs.uk/Downloads/healthcarecommision/HCC-Investigation-into-the-Outbreak-of-Clostridium-Difficile.pdf>

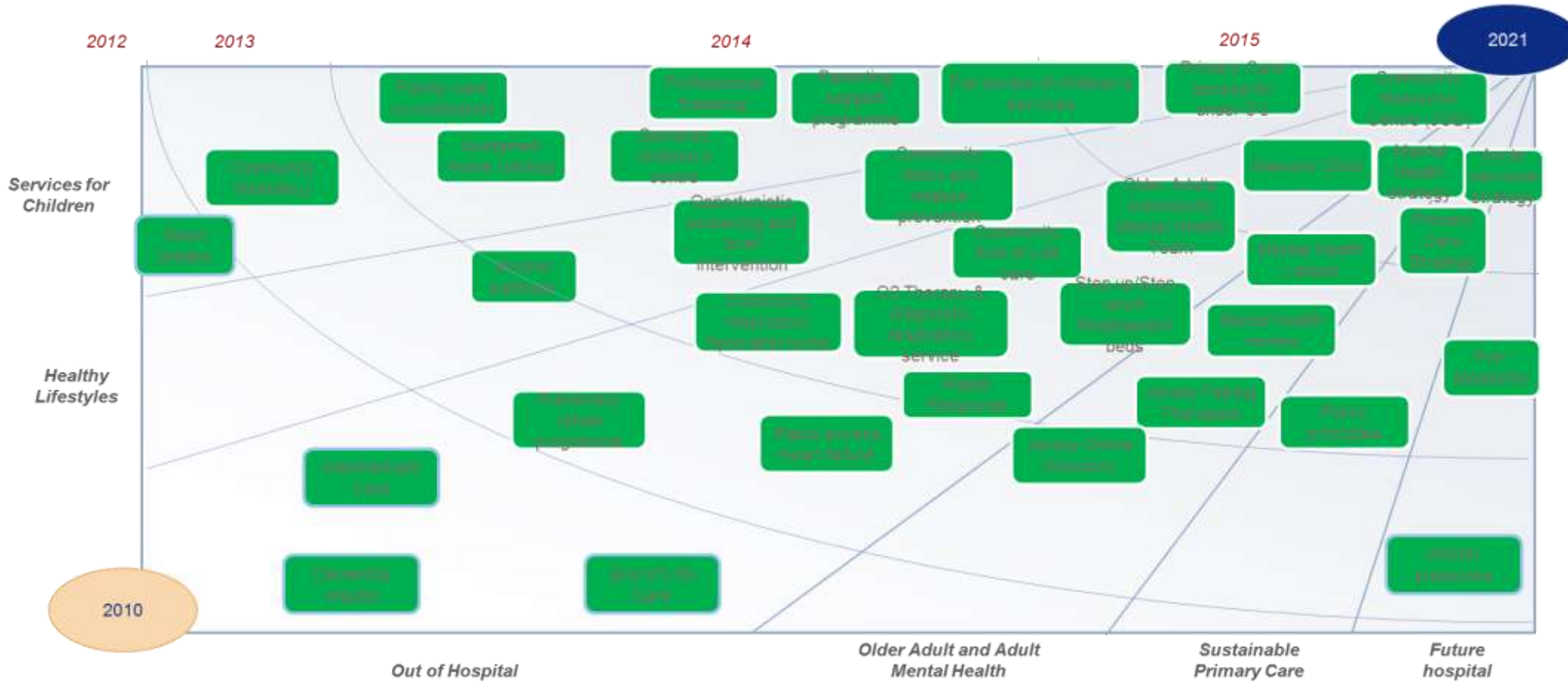
- A potentially saturated Island healthcare system has both quantitative and qualitative negative delays for the diagnosis of cancers and other long-term chronic disease, as well as an increasing need to transfer patients off-island – including those that are terminally ill, those requiring basic emergency surgery, maternity services or children’s services.
- **Palliative Care:** In addition to the constraints for Infection Prevention and Control capacity we also have a lack of cubicles/side rooms for patients requiring end of life care. This can lead to a poor patient and family experience.
- **Infection Prevention & Control:** We are unable to isolate all patients presenting with infection risk as a result of the low number of cubicles/side rooms. We often place patients into the private wing of the Hospital which impacts on patient experience and care delivery for that unit (operations are cancelled and financial income is also lost)
- **Obstetrics Unit:** We continue to operate the unit without piped gases and this presents a challenge for day to day operational function.
- **Legionella:** We continue to experience legionella across key areas of the Hospital in relation to water quality. We are having to undertake daily flushing and manual tests to manage this situation.
- **Staffing:** We are needing to staff units to higher levels to ensure we have sufficient oversight of patients (this is a result of ward layout). Staffing pressures and recruitment issues place further strain on our ability to have the required levels of staff for these environments.

**Robert Sainsbury**  
**Group Managing Director**  
Department of Health & Community | Jersey General Hospital

**31<sup>st</sup> October 2018**

**Annex I: P.82 deliverables.**

Phase 1 plans (2012-2015) - 36 complete, 0 outstanding



**phase 2 (2016-2019) - 29 complete, 12 underway, 20 remaining**

