
FEASIBILITY STUDY SUMMARY

22ND JUNE 2023

This summary is an overview of the New Healthcare Facilities (NHF) Feasibility Study. This feeds into the Strategic Outline Case (SOC) that provides the preferred way forward for the NHF Programme that is a multi-site solution adopting the Health Minister's Care Model Framework.

The summary has the following sections:

- Context
- Development Options
- Evaluation of Options
- Functional Brief
- Clinical Adjacencies and Stacking
- Development Capacity Study
- Flexibility and Expansion
- Kensington Place – Other Considerations
- Engineering
- Sustainability
- Statutory Planning
- Programme
- Construction
- Modern Methods of Construction
- Cost
- Appendix – Diagrams and Images

Context

The SOC concludes that the preferred way forward is that healthcare services are provided over several sites. The Health Minister's Care Model Framework provides the services that should be considered in scope. Careful consideration has been given to the Critical Success Factors (CSFs) or attributes that should describe the NHF programme. These are compared against a longlist of options in the SOC. The CSFs have been determined through governance groups and have evolved since the Our Hospital Review report:

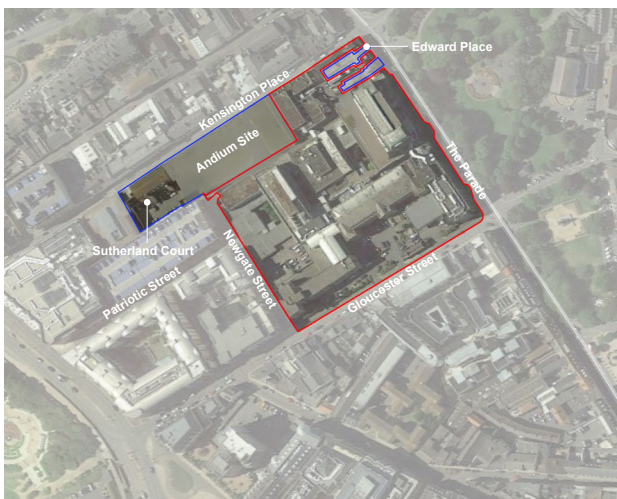
1. Does the programme align with Health and Community Services (HCS) continued operational delivery of services and reflect the critical priority for reprovision considering existing and emerging clinical and operational risk?
2. Does the programme support the safety and wellbeing of staff and public in the delivery of high quality, accessible, efficient, and effective physical and mental healthcare?
3. Is the programme affordable and enables financial and economic risks to be managed?
4. Are the proposed facilities sufficiently flexible, expandable, and able to maximise emerging technologies and innovation to deliver current and future effective and efficient healthcare?
5. Will the programme enable construction to commence in 2025 and maximise opportunities to utilise the local construction supply chain and Modern Methods of Construction (MMC)?
6. Does the programme provide best whole life cost (including revenue and staffing costs) and provide value to the local economy?

7. Is the programme politically acceptable, sustainable and deliverable?
8. Does the programme align with the Government of Jersey's policies, strategies, and current Carbon Neutral Roadmap?

The feasibility study process has been to explore 'proof of concept' or deliverability of the multi-site SOC Option with services described by the Health Minister's Care Model Framework, by considering two distinct scenarios for allocating the major clinical services to each of the two 'core' sites; Overdale and Kensington Place.

- a smaller facility at Overdale (when compared to the Our Hospital plans),
- the site adjacent to the General Hospital at Kensington Place,
- sections of the existing General Hospital site, as well as the ongoing use of the Enid Quenault Health & Wellbeing Centre at Les Quennevais, and
- opportunities to develop facilities at a site near to the former St Saviour's Hospital, to the east of Clinique Pinel.

Kensington Place



Overdale



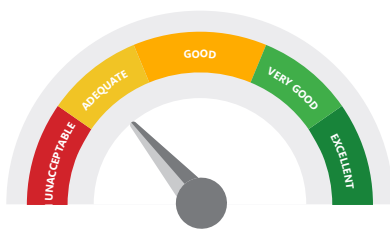
St Saviours



The results of the feasibility evaluations are summarised in the 'swing-o-meter' diagrams below, and indicate Option B as performing better than Option A in all five factors.

Option A

Overdale Ambulatory/ Kensington Place Acute



Clinical – 36/108



Locational – 47/99



Construction – 50/108



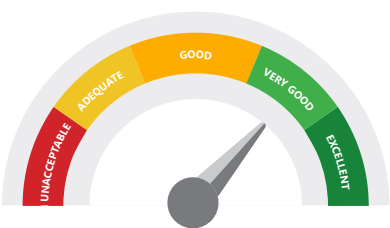
Environmental – 79/153



Economic & Social – 49/99

Option B

Overdale Acute/ Kensington Place Ambulatory



Clinical – 72/108



Locational – 63/99



Construction – 68/108



Environmental – 95/153



Economic & Social – 61/99

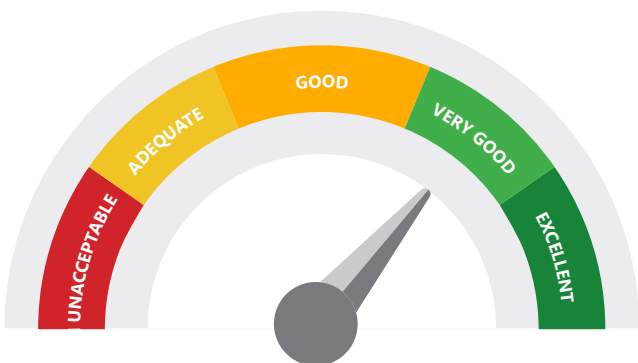
Option A

Overdale Ambulatory/ Kensington Place Acute
178 / 567



Option B

Overdale Acute/ Kensington Place Ambulatory
359 / 567



In summary, the principal reasons for Option B being favoured over Option A are as follows:

- Scores higher in all evaluation factors, and significantly higher in clinical evaluation
- Provides an Acute Hospital by 2028, four years earlier than Option A
- Uses the relative sizes of both sites to their best potential
- Minimises the impact of construction on acute patient care
- Provides opportunities for better and more efficient clinical adjacencies and efficiencies
- Outpatient facilities in town have greatest ease of public access
- Provides peaceful treatment and recovery space for acute inpatients at Overdale, maximising the benefit of a close relationship between inpatient accommodation and the natural environment, promoting wellness and salutogenic design
- Provides increased capacity for future expansion on both sites.

Evaluation of Options

Over a two-day period, the development options were considered and reviewed against 58 detailed criteria which were categorised under the following five factors. Each of the factors were also linked back to the Critical Success Factors.

- Clinical
- Locational
- Environmental
- Economic and Social
- Construction

Under controlled conditions, overseen by an independent and qualified observer, the respondents, (who were selected as most appropriate to the factors under discussion, including external and local expertise), provided an opinion against each of the criteria, based upon the following incremental scores:

- 1 = Unacceptable
- 3 = Adequate
- 5 = Good
- 7 = Very Good
- 9 = Excellent

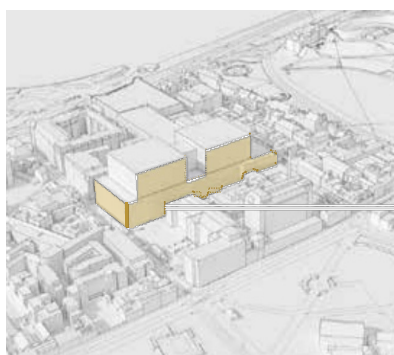
The information described in the following sections, in addition to a number of other studies, (including landscape analysis and multi-discipline engineering reports identifying opportunities and constraints), provided the base material to enable a comprehensive Evaluation of Options to be undertaken.

The outcome of the Feasibility Study proposes how the New Healthcare Facilities (NHF) programme may be delivered through an holistic development plan across land that is predominantly in the ownership of the Government of Jersey.

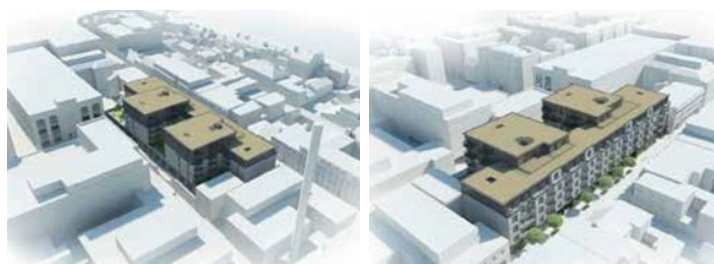
The initial studies focussed upon:

- a) The development of a Functional Brief – that outlines the services Health and Community Services has requested in new facilities in their current and anticipated future operating context – and a preferred clinical ‘clustering’ of services to support the multi-site strategy. The primary objective of the Functional Brief is to inform the Feasibility Study and enable the design team to develop options which align, at a more granular level, to the required specification of the healthcare services which will be located within the new buildings.
- b) The establishment of the development capacity – identifying how much floor space could be successfully delivered on each of the two core sites, given the constraints placed upon development by the Island Plan framework – to assess their ability to physically accommodate the proposed healthcare services. This was important to determine whether the proposed ‘split’ could be equally considered at either Overdale or Kensington Place.

Jersey Future Hospital (2017)



Approved Planning Residential Scheme (2020)



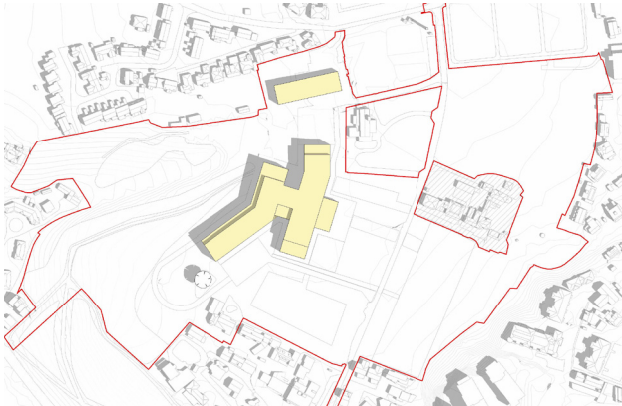
The outcome of these two workstreams was then used to inform a series of clinical ‘test-fit’ space-planning studies, sufficient to provide comfort that either site could accommodate acute or ambulatory services – in line with the preferred ‘clustering’ strategy developed within Health and Community Services – and to identify the factors which emerge as a result, including opportunities and constraints. These studies were subsequently formulated under two distinct development options which were evaluated to conclude the findings of the study.

Development Options

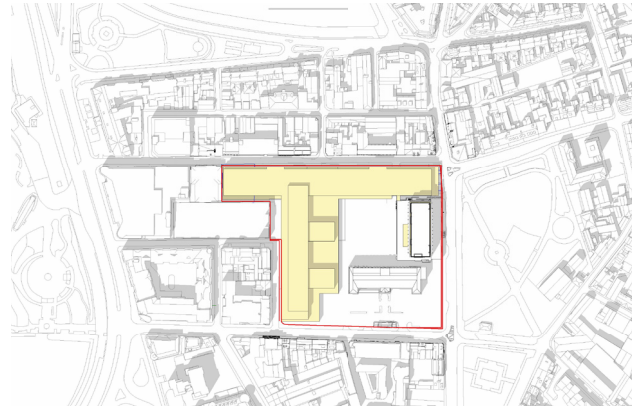
The development approach to each site, is based upon the following options. The Acute services will function 24 hours a day, and include facilities such as Emergency Department, Critical Care and Maternity. The Ambulatory services will function on an elective basis and include facilities such as Radiology, Medical Day Unit and Outpatients.

Option A	Option B
Ambulatory Services at Overdale	Acute Services at Overdale
Acute Services at Kensington Place	Ambulatory Services at Kensington Place
Health Village at St Saviour	Health Village at St Saviour

DEVELOPMENT OPTION A – Overdale (Ambulatory)



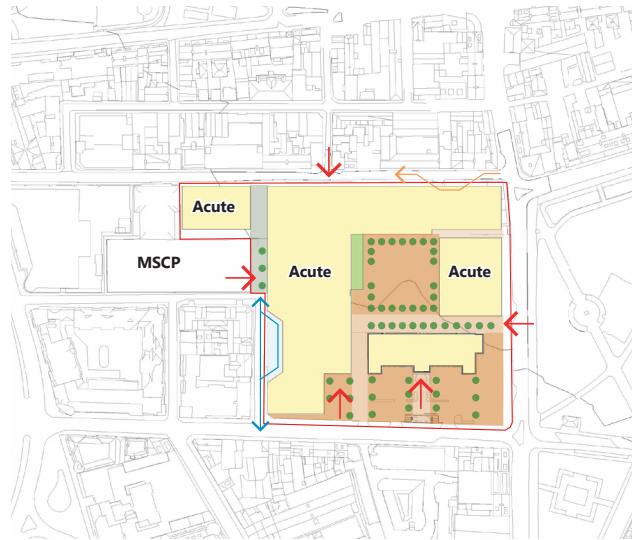
DEVELOPMENT OPTION A – Kensington Place (Acute)



DEVELOPMENT OPTION A – Overdale (Ambulatory)



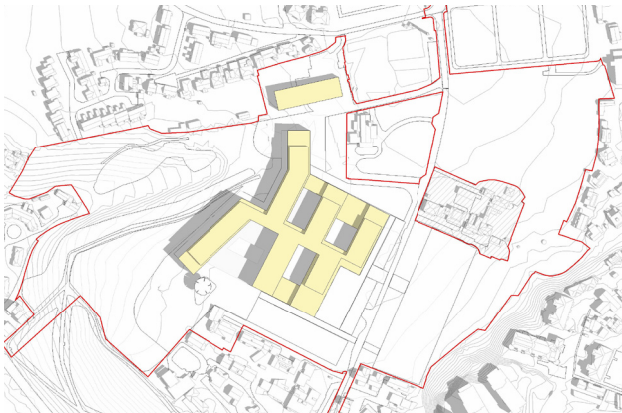
DEVELOPMENT OPTION A – Kensington Place (Acute)



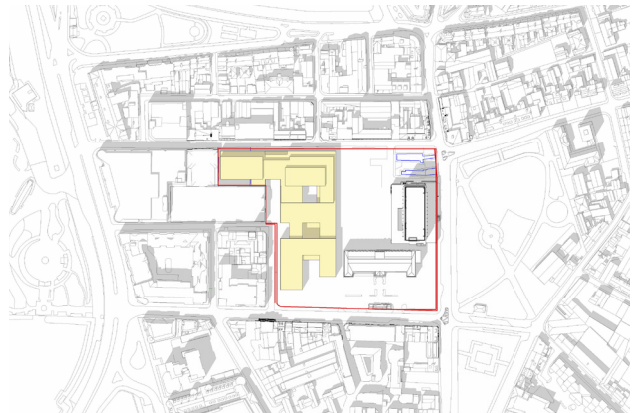
St Saviours – Healthcare Village



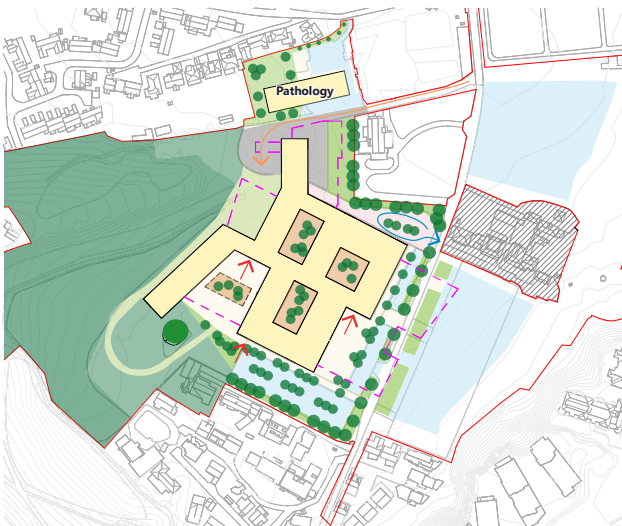
DEVELOPMENT OPTION B – Overdale (Acute)



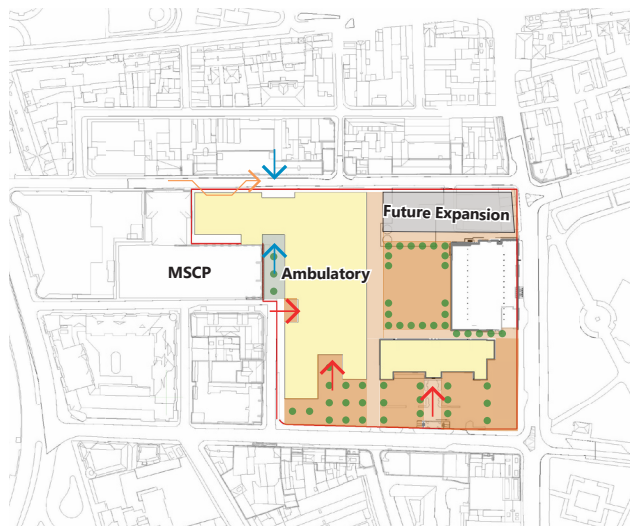
DEVELOPMENT OPTION B – Kensington Place (Ambulatory)



DEVELOPMENT OPTION B – Overdale (Acute)



DEVELOPMENT OPTION B – Kensington Place (Ambulatory)



St Saviours – Healthcare Village



Functional Brief

The case for new healthcare facilities has been well-made and accepted for many years and as the age demographics change across the Island, along with the rise of new and complex co-morbidities, it is vital to develop the right facilities for the whole health system, in the right locations.

The starting point for the 'Functional Content' is based on the anticipated capacity required in 2036, augmented through a series of 49 interactive clinical workshop sessions with the Health and Community Services executive and clinical leadership teams, from across the health and social care system. This content has sought to reuse, where appropriate, the extensive work undertaken during the Our Hospital Project, but taking the opportunity to further develop and refine existing products during engagement with clinical and non-clinical teams between January to May 2023. It is anticipated the output of the clinical consultation is in line with individual service transformation plans.

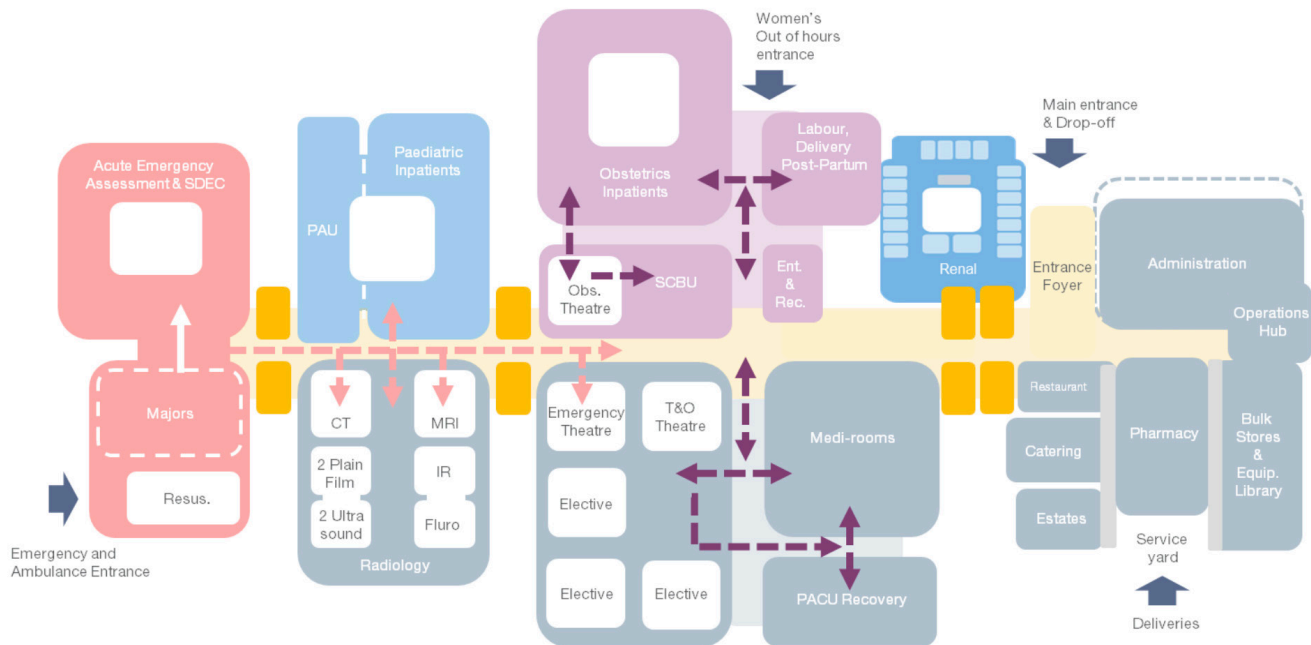
In collaboration with the hospital clinical leadership and non-clinical support personnel, a Functional Brief has been developed with the aim to confirm optimum departmental zoning and patient flows through the most appropriate adjacencies of services, to maximise efficiencies and patient throughput, whilst improving the quality of care being delivered. Opportunities for further optimisation based on the learning from COVID-19 have been included within this brief. However, it is anticipated that there will be further development of these opportunities during continued clinical engagement sessions.

Following consultation, the acute / ambulatory care split to support the multi-site healthcare programme was selected, which in turn informs the FSR. In response to the anticipated Care Model Framework, the NHF programme will be designed to deliver services fit for the future and will include the elements described below. There are health and care services that are included within the brief of the NHF programme that were not considered within the brief of the Our Hospital programme (Appendix 1).

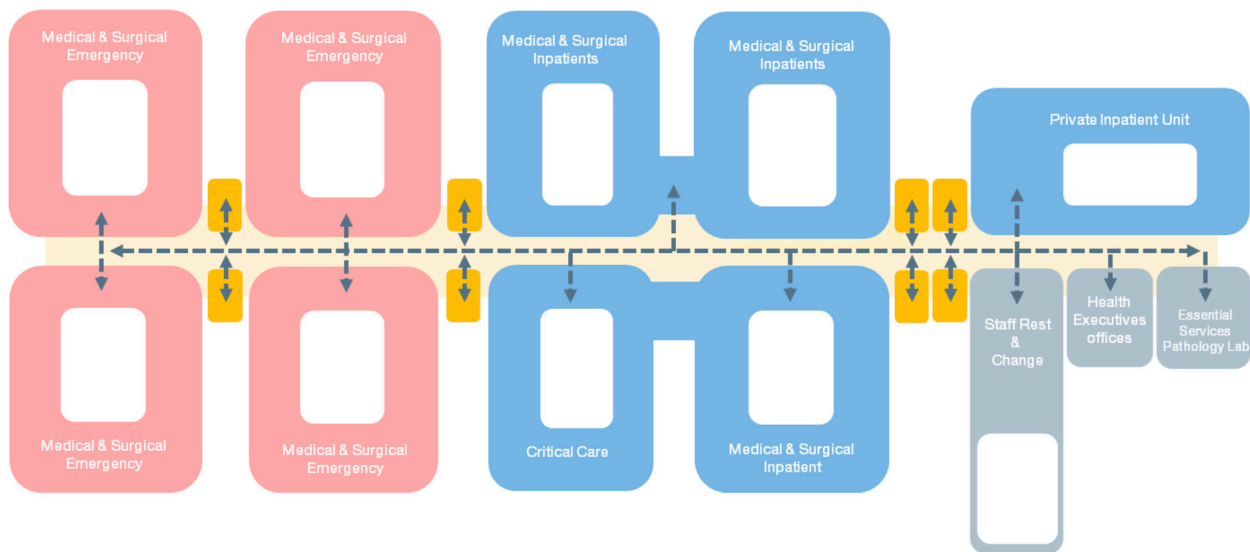
- The Acute Hospital will focus on acute treatment and pathways, ensuring emergency, diagnostic, and intervention focused services are prioritised. Critical and Specialist Care areas, including Special Care Baby Unit (SCBU) and Maternity, will be in place. The main bed base will be in the Acute Hospital and walk-in pathways will be minimised.
- The Ambulatory Care Centre will support day procedures, outpatients and long term conditions pathways, ensuring diagnostic, ambulatory, day- case and day-intervention focused services are prioritised. It will also incorporate an Urgent Treatment Centre* (UTC), hosted by HCS but connected to the Primary Care system. A proportion of future increases in Emergency Department activity can be diverted to the UTC
- Mental Health acute services as well as t to be provided in a dedicated accommodation as part of the new healthcare facilities campus.
- Rehabilitation, step down, and dementia inpatient beds will be colocated together with physiotherapy, hydrotherapy and other therapeutic services such as dietetics and occupational therapy, to create an integrated hub for rehabilitative care outside of the acute hospital.
- Tertiary pathways will be strengthened, but we will aim to repatriate activity where possible (Bariatrics and Cancer care in particular).

It is important to note, at this point, this assessment has been developed to support a Feasibility Study, and therefore the Functional Brief should be considered a live document, which will be subject to considerable further development.

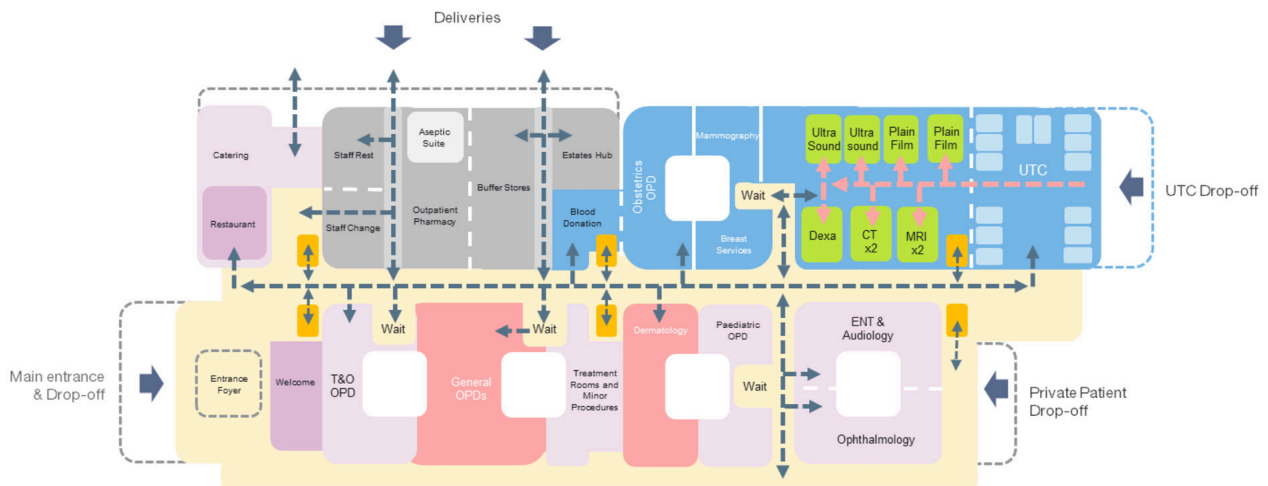
Acute Hospital – Indicative Ground Floor



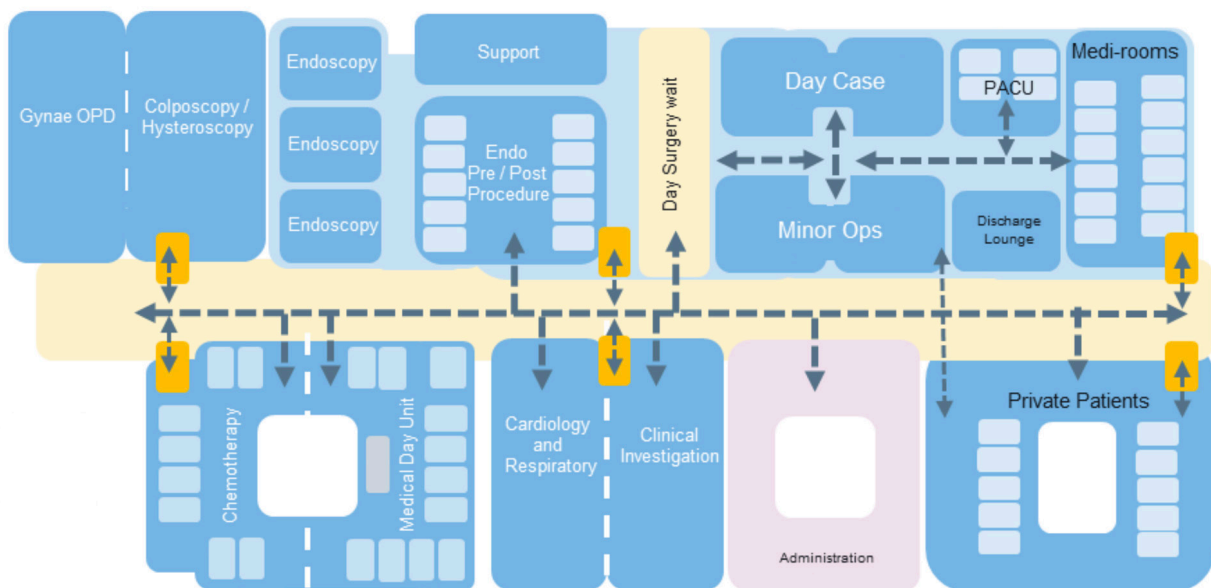
Acute Hospital – Indicative Upper Floors



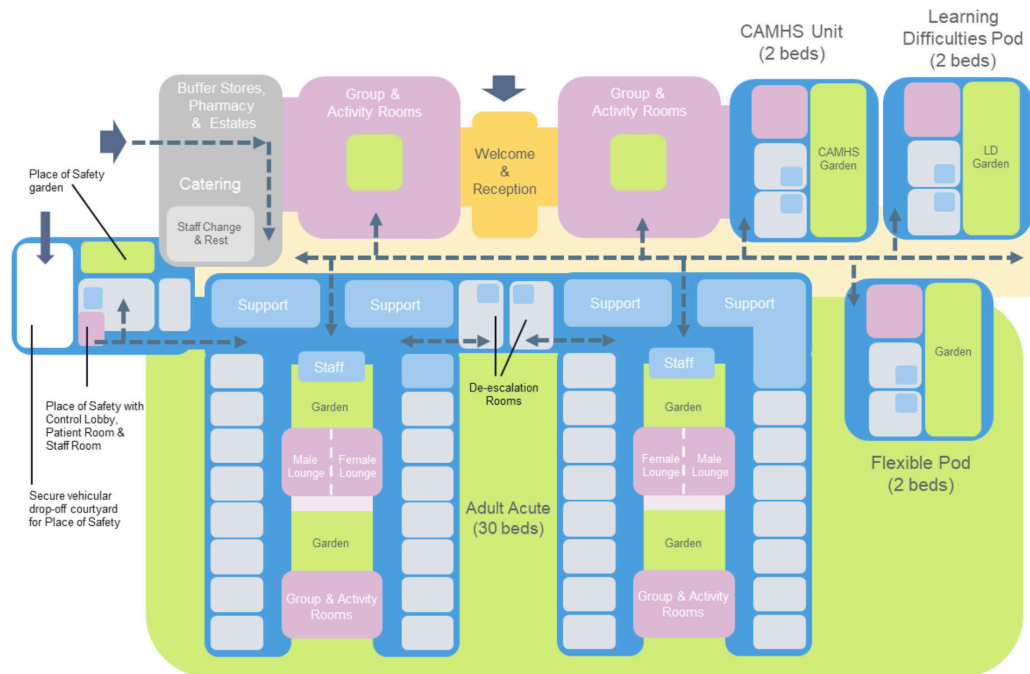
Ambulatory Care Centre – Indicative Ground Floor



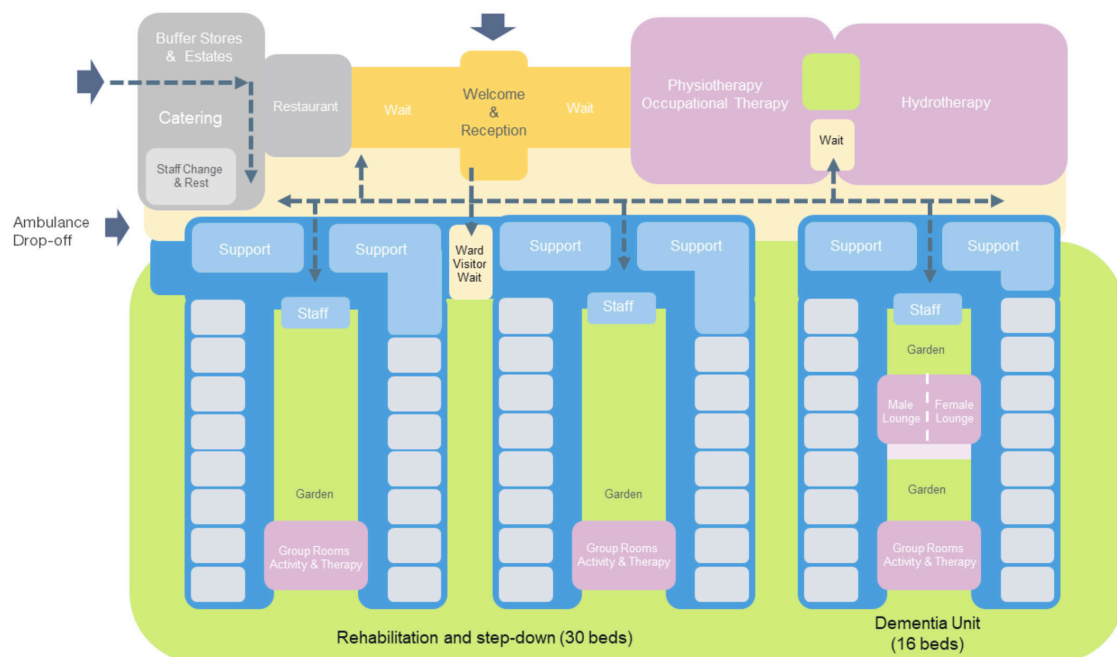
Ambulatory Care Centre – Indicative First Floor



Mental Health Facility – Indicative Ground Floor



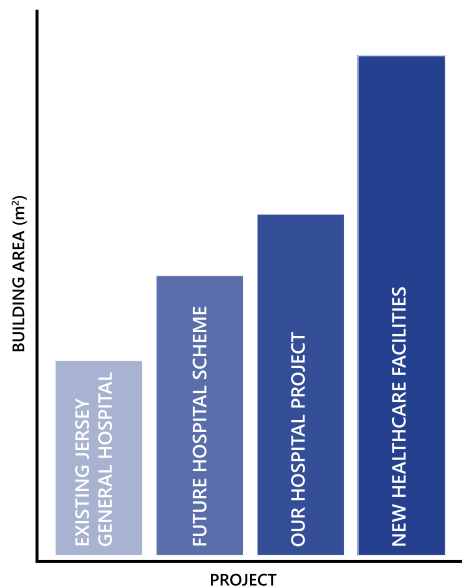
Rehabilitation and Step Down Care – Indicative Ground Floor



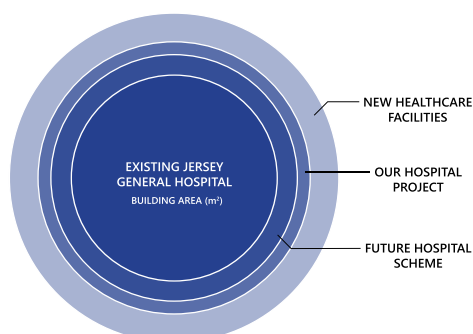
Clinical Planning – Space Requirements

Acute Site	Total GIFA (m ²)	48539
Ambulatory Site	Total GIFA (m ²)	24269
Rehab and Step Down Care Centre	Total GIFA (m ²)	6044
Mental Health	Total GIFA (m ²)	5970
Knowledge and Training	Total GIFA (m ²)	2484
Pathology, Mortuary and PM	Total GIFA (m ²)	3571
Engineering and Estates Department	Total GIFA (m ²)	1773
Enid Quenault, Health & Wellbeing Centre	Total GIFA (m ²)	8111

Summary Differences OHP / NHF



Component	New Requirement under New Healthcare Facilities	Notes
Radiology	Additional MRI, CT & X-Ray	Split Site requires appropriate outpatient capacity and ED/inpatient provision at Acute Site
Theatres	Pre / post op space and support spaces and Equipment	Increased provision through split of sites
Therapies	Physio, Hydrotherapy occupational, ADL, Speech and Language	New requirement not in Our Hospital
Pathology Laboratory	Additional Essential Services Lab to cover Acute Facility	If pathology is not collocated with the Acute Hospital – provision for urgent tests required
Pharmacy	Two dispensing robots required	Two smaller robots required as pharmacy split over two sites
Long term conditions Outpatients	All services at Enid Quenault including CDC & Hearing Resource Centre	
Estates and Facilities	Centralised Facility off site	Additional facilities included at each location



Clinical Adjacencies and Stacking

Clinical 'test-fit' stacking diagrams have been developed to ensure that, in principle, each clinical department could be accommodated in area and in the appropriate adjacencies with other departments. These high-level planning studies have been conducted with due clinical stakeholder engagement, sufficient to provide confidence in the proposals. It also builds on knowledge of preferred adjacencies from previous projects.

At the same time, specific planning strategies have been adopted which take note of highways, access and movement principles, including requirements for public realm and car parking. Importantly, these summary diagrams are also responsive to decant and phasing strategies which guide 'what and when' development may occur. These drawings do not represent 'designs' but do enable a 3-dimensional understanding of the functional brief which enables 'proof-of-concept' to be tested.

Development Capacity Study

This describes the work undertaken to determine the approximate maximum development capacities of the two core sites, Overdale and Kensington Place. This work was critical in understanding whether or not each site was capable of accommodating the largest of the service needs, the acute hospital, as defined within the development of the clinical function brief.

A range of development options were tested on each of the sites, to identify if alternative approaches to each site would generate similar or different development quantum. The analysis was informed by the 2022 planning permission for the Our Hospital project at Overdale and the 2021 planning permission for the Andium site at Kensington Place, which provided an understanding of the potential maximum development envelope.

The studies concluded that each site was capable of accommodating circa 45,000m² of development, a coincidental similarity, but one which provided assurance that the study could consider options for the siting of the (larger) acute services at either Overdale or Kensington Street. By definition, ambulatory services, which are of considerably less development area circa 25,000m², could also be accommodated at either site.

The study further identified that developments significantly above circa 45,000m² would potentially increase planning risk on both sites, although this would likely be a significantly higher risk in relation to Kensington Place given the constraints of its immediate urban context, whereas Overdale as the less 'constrained' site, provides greater opportunities to resolve massing issues.

The completion of this analysis enabled the next stage of the Feasibility Study to be undertaken, namely, to 'test-fit' the requisite clinical areas at each site and to subsequently evaluate the benefits / disbenefits of either approach.

Flexibility and Expansion

For each option, expansion potential has been identified, over and above flexibility strategies which are an inherent part of the planning and design of modern hospitals. Generally, these studies conclude that expansion strategies are available to each option, although the location of acute services at Kensington Place (Option A) presents greater challenges in relation to future expansion, given its relatively dense urban context and the quantum of floorspace required to accommodate the acute hospital. Expansion here in the future may require acquisition of further property, compared to locating acute services at Overdale.

Kensington Place – Other Considerations

Although outside of the scope of the programme and this study, the programme team has considered, at a very high level, the benefits/disbenefits of the potential off-site relocation of the Patriotic Street multi-storey car park (MSCP). In general terms, this would allow additional future expansion space and an alternative resolution of vehicular movement around the site, including deliveries. However, it is important to state that the development options proposed are entirely appropriate to meet the programme's objectives without the MSCP.

Engineering

At this stage, the detailed engineering reports primarily seek to identify and evaluate options and constraints which are likely to impact on Stage 2 Design or to recognise those factors which may add risk, time or cost to the proposed development programme.

In relation to Transport and Highways, a key focus of the Feasibility Study has been to consider a range of options for access improvements to the Westmount Road to enable either Ambulatory or Acute services being located at Overdale. This report outlines the workshop discussions held with GoJ Infrastructure and Environment, the Parish of St Helier Roads Committee and Ambulance in relation to potential vehicular and travel provision. Whilst all acknowledge that there is a challenge, there is full acceptance that a contextual design can be found that provides access without replicating the highway engineering works required as part of the consented Our Hospital Project (OHP) owing to the decreased intensity of development of both sites. Access considerations also account for the ease of segregation of hospital traffic and placement of entrances and drop off within the healthcare site. This is more flexible on a more open site such as Overdale compared to the more urban Kensington Place site.

In relation to car parking, at this stage the working assumption is that there will be no Multi-Storey Car Parking provision at Overdale and that all parking will be providing within the perimeter of the western site or on the north and south fields on the western side of Westmount Road. Assessment of the parking numbers will continue in the next design stages and potential reductions explored through the use of Travel Planning measures such as improved bus service provision.

Overdale - High Level Traffic Numbers

2021 Existing Flows

Period	Uphill	Downhill
South of Tower Road		
AM Peak	53	183
PM Peak	112	50
West of St Aubin's Road		
AM Peak	82	143
PM Peak	93	88

OHP - Consented

Period	Uphill	Downhill
South of Tower Road		
AM Peak	106	246
PM Peak	205	63
West of St Aubin's Road		
AM Peak	200	151
PM Peak	110	194

Acute

Period	Uphill	Downhill
South of Tower Road		
AM Peak	105	182
PM Peak	102	47
West of St Aubin's Road		
AM Peak	129	150
PM Peak	90	75

Ambulatory

Period	Uphill	Downhill
South of Tower Road		
AM Peak	53	237
PM Peak	199	62
West of St Aubin's Road		
AM Peak	190	95
PM Peak	108	187

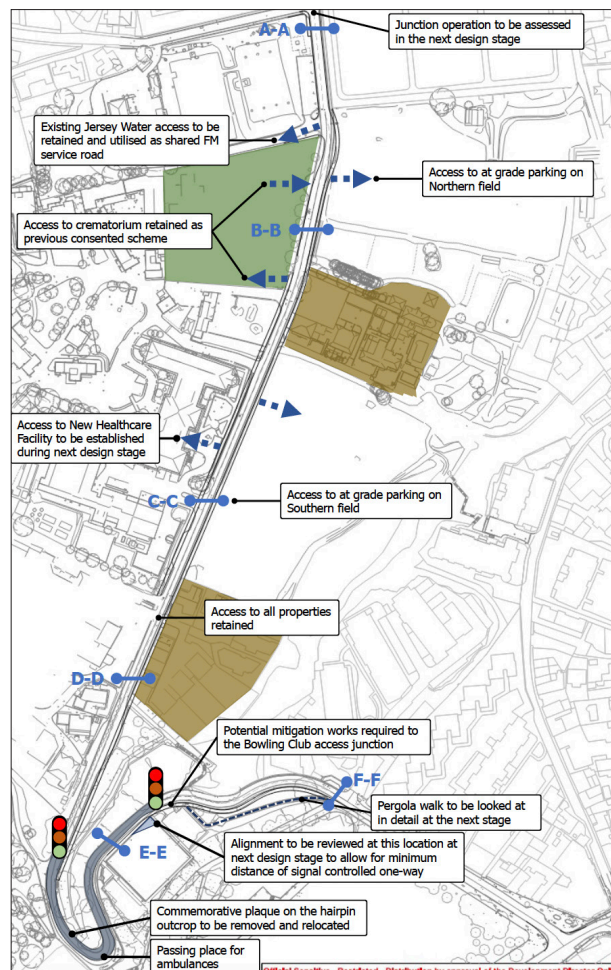
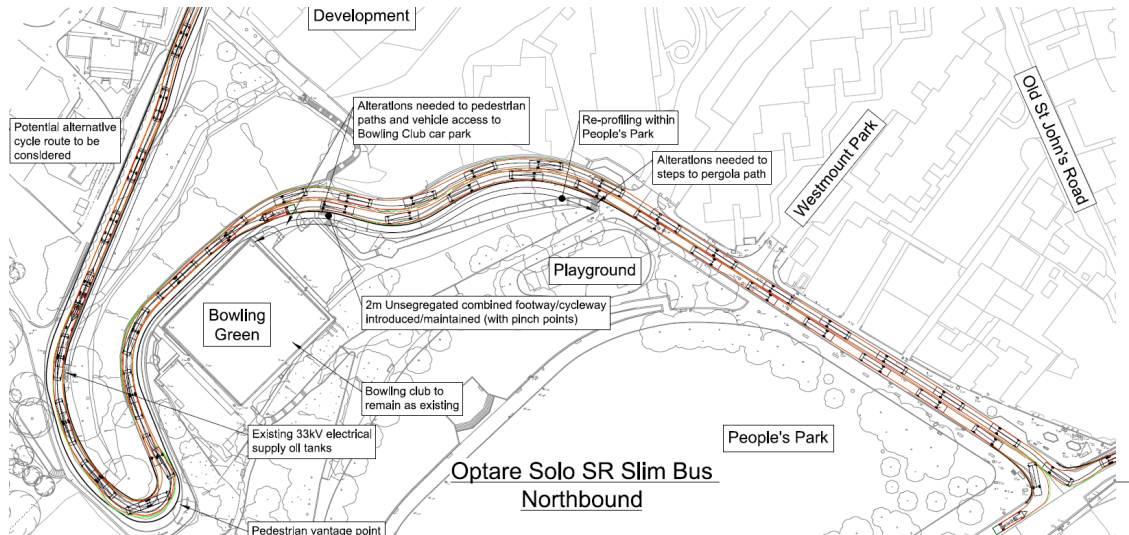
Acute - Difference from OHP

Period	Uphill	Downhill
South of Tower Road		
AM Peak	-1	-64
PM Peak	-103	-16
West of St Aubin's Road		
AM Peak	-71	-1
PM Peak	-20	-119

Ambulatory - Difference from OHP

Period	Uphill	Downhill
South of Tower Road		
AM Peak	-53	-9
PM Peak	-6	-1
West of St Aubin's Road		
AM Peak	-10	-56
PM Peak	-2	-7

Overdale – Westmount Road



Sustainability

Climate Change is one of the main challenges facing all of us and sustainability will remain one of the NHF Programme's core strategic principles. An updated Sustainability Strategy will be developed to include a route map to stretch previous commitments and identify how the Programme will deliver on key environmental targets.

The strategy will demonstrate how the scheme's obligations to sustainable development in Jersey will be achieved by aligning with Government policies, as well as supporting the current carbon neutral roadmap. Beyond this, the route map will identify opportunities to incorporate sustainability measures by exceeding policy compliance, allowing the project to be future proofed against changes to legislation, while also being able to be compared to European best practise.

Statutory Planning

The following summarises the key points in relation to the planning context for both sites and apply equally to Ambulatory or Acute services being provided.

For the development of Ambulatory or Acute services being provided at Overdale:

- Both options are underpinned by the 2022 OHP Planning Permission, which is helpful on the application of planning policy and maximum impacts (where the NHF options are likely to have less).
- It can be assumed that many of the likely planning conditions are known; less so planning obligations, whilst the programme will need to work through what mitigation for the scheme is actually required
- No significant difference between ambulatory or acute in planning policy terms, but neither should be treated as a 'given', as detailed design policy will apply
- Harm to planning policy likely to be less than for the OHP scheme, but it is important to be clear on the operation of Policy CI3 (the hospital site policy) and especially, being clear that CI3 as a designation for the Our Hospital Scheme – which this is not
- Either option will need to demonstrate that it is 'the best design option relative to the needs of the hospital and the land available'. Clarity is needed early on as to whether the scheme meets the same or a differing need;
- Being clear that the community benefits of the scheme outweigh policy harms

Similarly for the development of Ambulatory or Acute services being provided at Kensington Place:

- Both are underpinned by the 2022 OHP Planning Permission to a degree which is helpful on the application of planning policy where it is clear that the hospital need not just be at Overdale
- Some overlap on useful conditions re OHP but less so planning obligations and will need to work through what mitigation for the scheme is actually required
- Whether Kensington Place is a suitable location in principle is not in question, the policy is clear
- Design will be the main factor, including but not just limited to scale, (skyline, tall buildings), but also design quality and residential amenity with particular attention to any heritage harm. However, either scheme may result in enhancement of heritage assets
- The 2021 Kensington Place 'Andium' permission may serve as a useful precedent

Programme

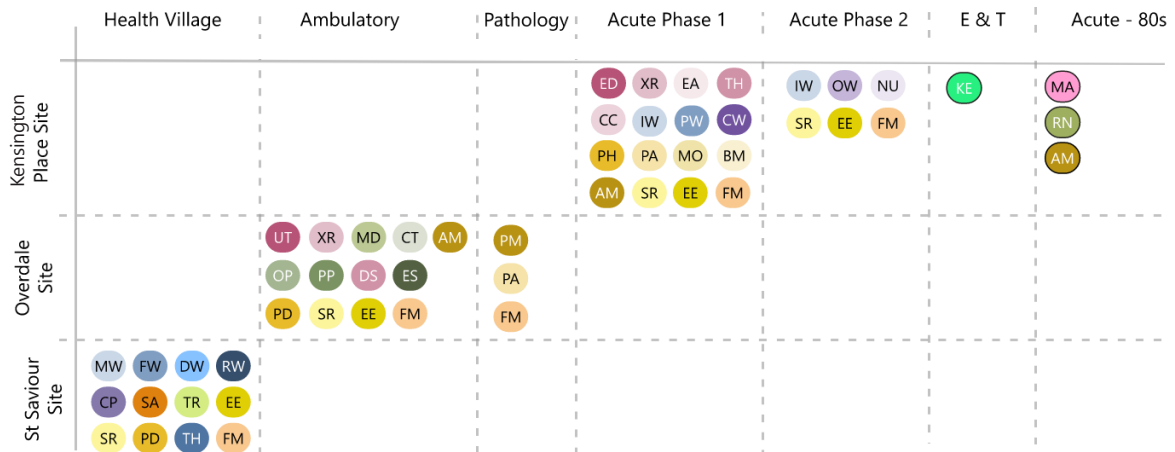
The feasibility study programmes below identify the durations, timing and sequences of the key design and construction milestones and activities required to deliver each of the proposed options. In addition, the programmes take account of the physical and clinical inter-dependencies, decanting and phasing requirements and key challenges, risks and opportunities associated with each option.

In summary both options:

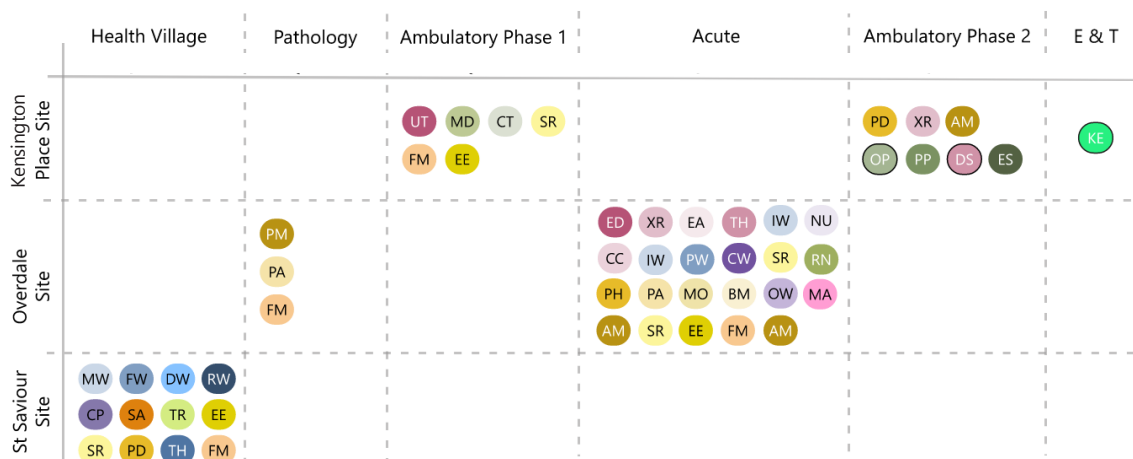
- Are deliverable – although opportunities and challenges exist for both options
- Enable Modern Methods of Construction (MMC) and standardised design solutions to be utilised
- Assume early enabling works contracts such as demolition and ground works
- Assume main contractor procurement takes place after planning approval to maximise supplier interest in each project
- Enable significant opportunities for local supply chain input (advisors, builders, sub-contractors, designers, wholesalers and suppliers)

The following programmes identify that Option B (acute at Overdale and Ambulatory at Kensington Place) provides all of the most urgently required acute facilities delivered in 2028, 4 years earlier than option A.

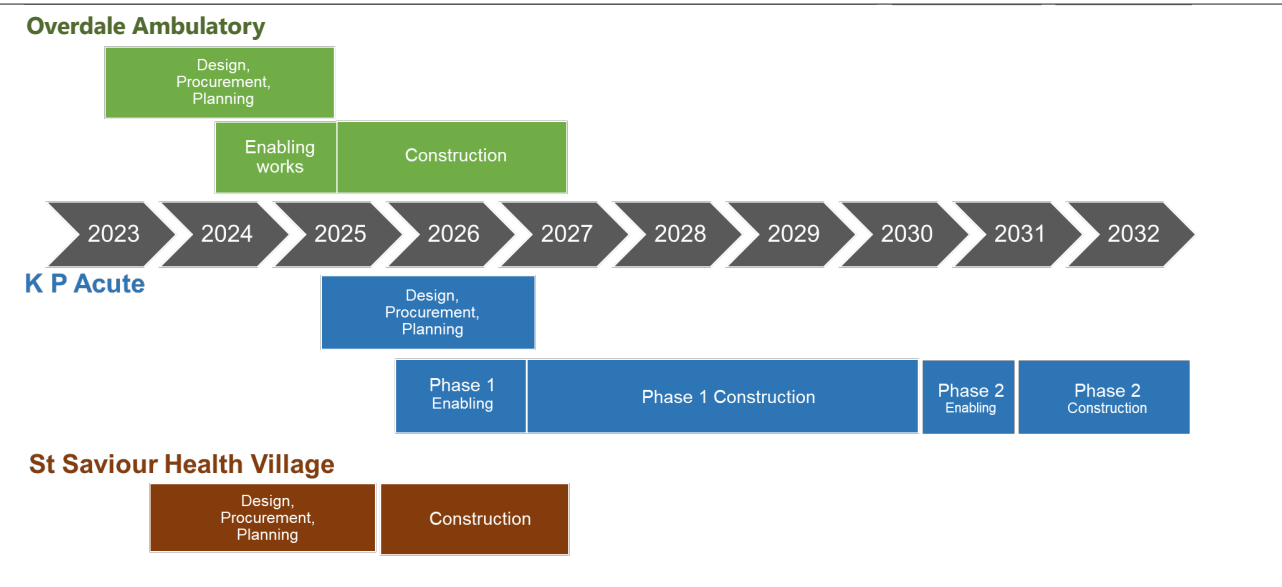
Option A – Kensington Place Acute, Overdale Ambulatory



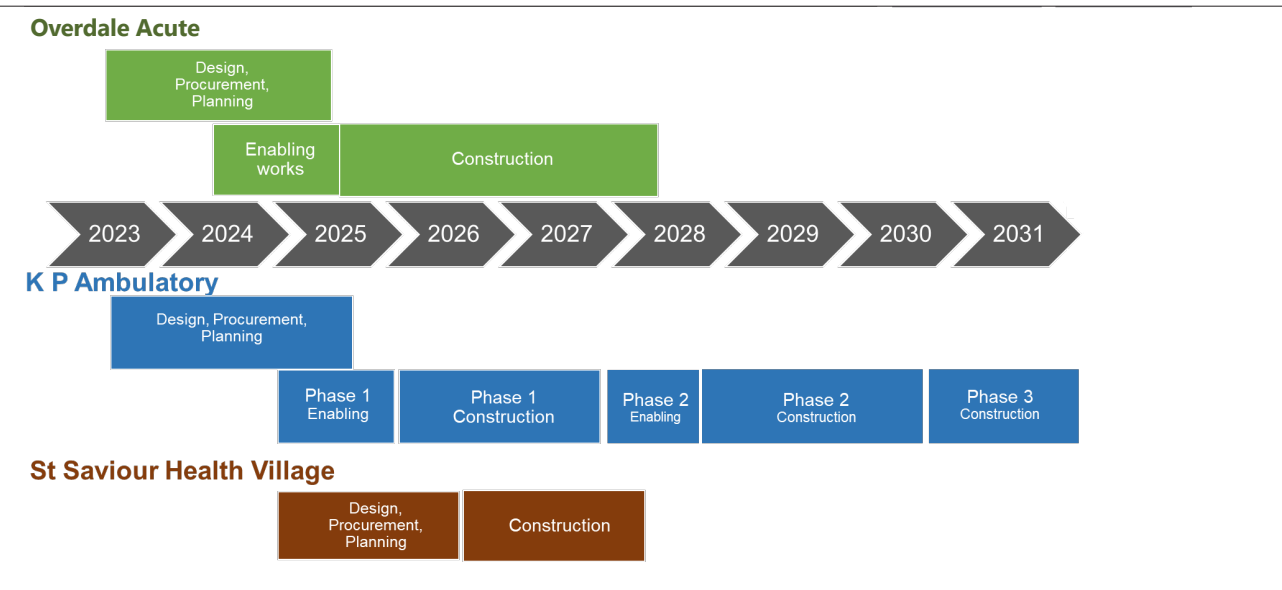
Option B – Overdale Acute, Kensington Place Ambulatory



Option A – Overdale Ambulatory



Option B – Overdale Acute



Construction

The current General Hospital facilities in the St Helier town centre are constrained on all sides creating a tight operating and construction site. The working areas available to the construction team to deliver each phase of works will need to be carefully planned, as space is limited. All proposals for offices, welfare, deliveries and the storage of materials will need to be agreed with HCS clinical and FM teams during RIBA Stage 3 and finalised in advance of the works taking place. Any phased delivery to this site will require the production of a detailed transition plan to ensure that the existing healthcare services (clinical and FM) can continue to be delivered in a safe, efficient and effective manner throughout the various construction periods. The proposals will also need to be discussed and agreed with the local residents, neighbours and surrounding businesses.

The completion of the demolition works to the proposed Overdale site creates a very clean and open construction space with good access and working areas around the site enabling the works to be delivered in a safe and appropriate manner. This option provides plenty of opportunity for the location of project offices, welfare and storage areas. Areas can also be made available for contractor parking and lay down areas for construction deliveries. The fact that healthcare will not be delivered from this location during the construction period simplifies the logistical arrangements. However, consideration should still be given to the adjacent Crematorium and local neighbours in terms of traffic movements, noise, dust and vibration, with disruption kept to a minimum.

Modern Methods of Construction (MMC)

The NHFP team is committed to maximising the use of modern methods of construction throughout the design and delivery of all of the works within this programme. As part of the feasibility study the NHFP team held a series of workshops to develop the high level MMC strategy, this includes Design for Manufacture and Assembly (DfMA) and component-based design solutions. The strategy will focus on standardising as many products, spaces and systems as possible to maximise efficiency of the design and delivery solutions.

The team identified many benefits of MMC, including:

- More robust design and delivery programmes, reducing delivery periods and providing programme certainty
- Reducing the resources required on site to carry out critical path activities
- Reducing risk by taking the products off the critical path
- Improving the quality of the products due to being manufactured in environmentally controlled spaces to pre-agreed standards
- Improving the Health and safety of the project by carrying out the works in a controlled environment
- Improved sustainability by reducing carbon emissions and reducing waste
- Supporting the GoJ Social Value strategy by up skilling the local workforce in MMC methods

Cost

There are a number of elements of cost. Given the comparative nature of the feasibility study, it focuses predominantly on capital cost with some qualitative consideration of lifecycle costs. Capital costs cover:

- Works Cost, including Departmental costs and all external Works and Services
- Digital strategy
- Client Direct Costs
- Design Fees
- Site Acquisitions
- Equipment (Supply Only of Group 2 and Supply & Fix of Group 3)

In addition provisions are made for:

- Contingency
- Optimism Bias
- Tender and Construction Inflation

A range of costs have been calculated for each of the Options, based on a 3-point calculation. The capital cost is currently showing that Option B (Acute at Overdale) will cost less than Option A (Acute at Kensington Place) by circa 6%.