

DATE	TIME	VENUE
07 March 2024	6pm-8pm	Government of Jersey Studio

PRESENT		
Deputy Tom Binet	GOJ Minister for Health and Social Services	MHSS
Jessica Hardwick	NHF Programme Director	JH
James Grose	NHF Clinical Advisor	JG
[REDACTED]	NHF Programme Delivery Lead	PDL
[REDACTED]	NHF Engagement Lead	EL
Steve Featherstone	NHF Lead Architect	SF
Neil Mattinson	NHF Landscape & Ecology Lead	NM
Alex Welch	NHF Transport Lead	AW

1	Development Size	Actions
	<p>A resident asked for clarification on the space required at Overdale as the presentation had referred to the development being 2/3 the size of the previous scheme and also 3/4 the size.</p> <p>SF apologised for the mix of references and advised that the numbers have remained constant for Acute Hospital at circa 47,500 square meters. The references relate to different statistics for Our Hospital Project (OHP). SF explained that the New Healthcare Facilities (NHF) development area at Overdale is the rough equivalent of approximately 3/4 of the approved OHP main, central block which included the energy centre. However, in relation to the entire previously granted OHP scheme, which included the multistorey car park, Knowledge and Training Centre, and Mental Health Centre, the NHF development area is approximately 2/3 of the previous combined area.</p>	

2	Location of A&E	Actions
	<p>A resident raised concerns about how individuals who don't qualify for a taxi and who do not have access to a car or funds for a taxi, will reach an A&E department at Overdale.</p> <p>JG explained that the purpose of the Emergency Department is to treat the most acutely unwell who are likely to be arriving in an ambulance. The importance of communicating the distinction to the public on what services will be treated in the Emergency Department at Overdale and the Walk-In Centre at Kensington Place, was agreed. This will include explanations that if you are able to comfortably walk, you're likely not experiencing acute illness requiring emergency care. It is recognised that some judgement by the public will be required and further work will be undertaken to help public understanding and inform these decisions.</p> <p>The resident highlighted that the walk-in centre will be closed overnight resulting in people still having to travel up the hill.</p> <p>JG reiterated that further work would be undertaken to determine the hours of the walk-in centre at Kensington Place to ensure that the vast majority of walk ins will be to that location. It is recognised that there may be a small number of walk ins to</p>	

	<p>the Emergency Department when the Urgent Treatment Centre is closed, but these will be minimised.</p> <p>A resident inquired about the possibility of implementing a rapid transfer service for acutely unwell individuals who wrongly present at the walk-in centre. The team noted that this will be the case.</p> <p>AW added that a bus strategy for transport between the sites is also being developed.</p> <p>A resident of Westmount Road raised concerns about potential noise and light pollution from ambulances at night.</p> <p>A resident living opposite the current Emergency Department on Gloucester Street offered assurance that there are no issues with the sirens at night and the blue light is brief adding that the only sound that can be heard at night is from the reversing beepers.</p> <p>PDL advised that following consultation with the Ambulance service, adequate space has been designed to allow ambulances to manoeuvre in a forward direction only, minimising the need for reversing.</p> <p>JH advised that the team had been working with the Ambulance Service to determine the typical flow of ambulances and from memory, approximately 16 would be travelling to the acute hospital over a 24-hour period. The anticipated flow of ambulance numbers split by day and night would be brought to the next neighbourhood forum.</p> <p>ACTION: Provide average day/night split of ambulance numbers arriving at ED.</p>	JH
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3	Ambulance Routes	Actions
	<p>A resident asked if alternative ambulance routes have been considered for example through the King George 5th apartments.</p> <p>JH explained that this route was previously considered but it was not deemed viable due to the steepness as well ecological impacts. This would have also restricted traffic movements that the current plans do not.</p>	

4	Landscape	Actions
	<p>A resident inquired whether the site would feature fully matured trees at planting or, if not, how long it would take for the trees to reach full maturity.</p> <p>NM explained that trees of various ages will be used, ranging from saplings to advanced nursery stock with the tallest trees at planting standing around 10-12 meters. Saplings will be planted in areas with an existing tree cover with more mature trees planted in the less covered areas.</p> <p>Discussions are ongoing to explore the potential of growing stock locally on Island so that the planting of trees can begin earlier in the timeline as there is a limit to the size that can be accepted on to the ferries.</p>	

	<p>NM advised that as designs progress, sketches and drawings will be shared illustrating tree growth across several years.</p> <p>A resident asked if the current designs were making use of more of the land surrounding the spreading oak tree than the previous scheme.</p> <p>SF agreed to provide a direct overlay of the footprint for Our Hospital Project and the New Healthcare Facilities Programme at the next neighbourhood forum so a comparison can be made.</p> <p>ACTION: Provide site footprint comparison overlay for OHP and NHFP.</p>	<p>SF</p>
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5	Knowledge & Training Centre	Actions
	<p>A resident asked about the location of the knowledge and training centre.</p> <p>JH explained that HCS had agreed that the Knowledge and Education Centre did not need to be adjacent to the Acute Hospital and could be at either main site (i.e. Ambulatory or Acute) or a nearby site. Consequently, since the programme was looking to reduce area and massing at Overdale, the knowledge and training centre does not form part of the Acute Hospital proposals and would likely feature in the Ambulatory hospital instead. However, plans for the Ambulatory site are still to be developed.</p>	

6	Demolition	Actions
	<p>A resident expressed concerns about the size of the rubble heap and its potential to increase as demolition phases progress.</p> <p>PDL agreed to address this with the demolition company and explore spreading the piles to mitigate the issues as demolition progresses and more space becomes available across the site.</p> <p>ACTION: Impacts from rubble heaps to be minimised by having a larger number of smaller piles during demolition.</p>	<p>PDL</p>

7	Parking	Actions
	<p>A resident asked about parking provisions within the Overdale car park for busy Crematorium services to ensure the main road is kept clear.</p> <p>PDL advised that parking within the existing Westmount Centre car park has been made available but agreed to improve the clarity of the signposting.</p> <p>ACTION: Signage for car parking to be improved.</p> <p>MHSS advised that talks are underway to look to relocate the Crematorium however noting that is a separate piece of work to the New Healthcare Facilities Programme.</p> <p>A resident asked if the car parking would be single level. PDL advised that yes, the car parking will be at grade for the new acute hospital.</p>	<p>PDL</p>

	<p>Regarding parking fees, a resident asked if the parking would be free.</p> <p>JH noted that this was a contentious issue, However, it was likely that there would need to be some form of charging as a control and avoid creating a park and ride scheme. The pricing strategy is likely to be similar to other town car parks.</p>	
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8	Compulsory Purchase	Actions
	<p>A resident asked about the possibility of further compulsory purchases.</p> <p>All property in public ownership was acquired through negotiation. MHSS confirmed that it is planned to continue any necessary acquisitions through negotiation.</p> <p>Regarding the properties between the two fields, a resident asked if these would be sold back.</p> <p>JH explained that the assets will be retained through construction for potential uses being such as construction worker or site accommodation. Longer term this could be reviewed but there would also be benefit in the properties being retained for keyworker accommodation.</p> <p>A resident mentioned that one of the properties recently received planning approval for conversion into a children's home.</p> <p>JH advised that the permit has been granted on a temporary basis for meanwhile use.</p>	

9	Remaining Health Estate	Actions
	<p>A resident asked about the future of the current hospital site post service relocation.</p> <p>JH explained that the existing Jersey General Hospital combined with adjacent areas will be redeveloped into the ambulatory hospital. There may be some areas or buildings that can be repurposed to other strategic uses, or disposed, but work so far has been focussed on the new Acute facility.</p> <p>A resident asked about future expansion possibilities 30-40 years from now.</p> <p>SF advised that the primary area for expansion would be within the Ambulatory site. JH added that the healthcare modelling, including bed base is based on an estimated population in 2036.</p>	

10	Suppliers and contractors	Actions
	<p>A resident inquired about the use of a design and build contract.</p> <p>JH clarified that for the Acute Hospital, the Government of Jersey has directly appointed a design team. The team will be engaging with the supply chain and main contractors through RIBA 3 (Spatial Coordination) but it is unlikely that any appointment would come before RIBA Stage 4 (Technical Design). This is to ensure that the proposals are as deliverable as possible.</p>	

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