

Jersey Future Hospital Project

Outline Business Case

Appendix 14 – Site development and building evolution

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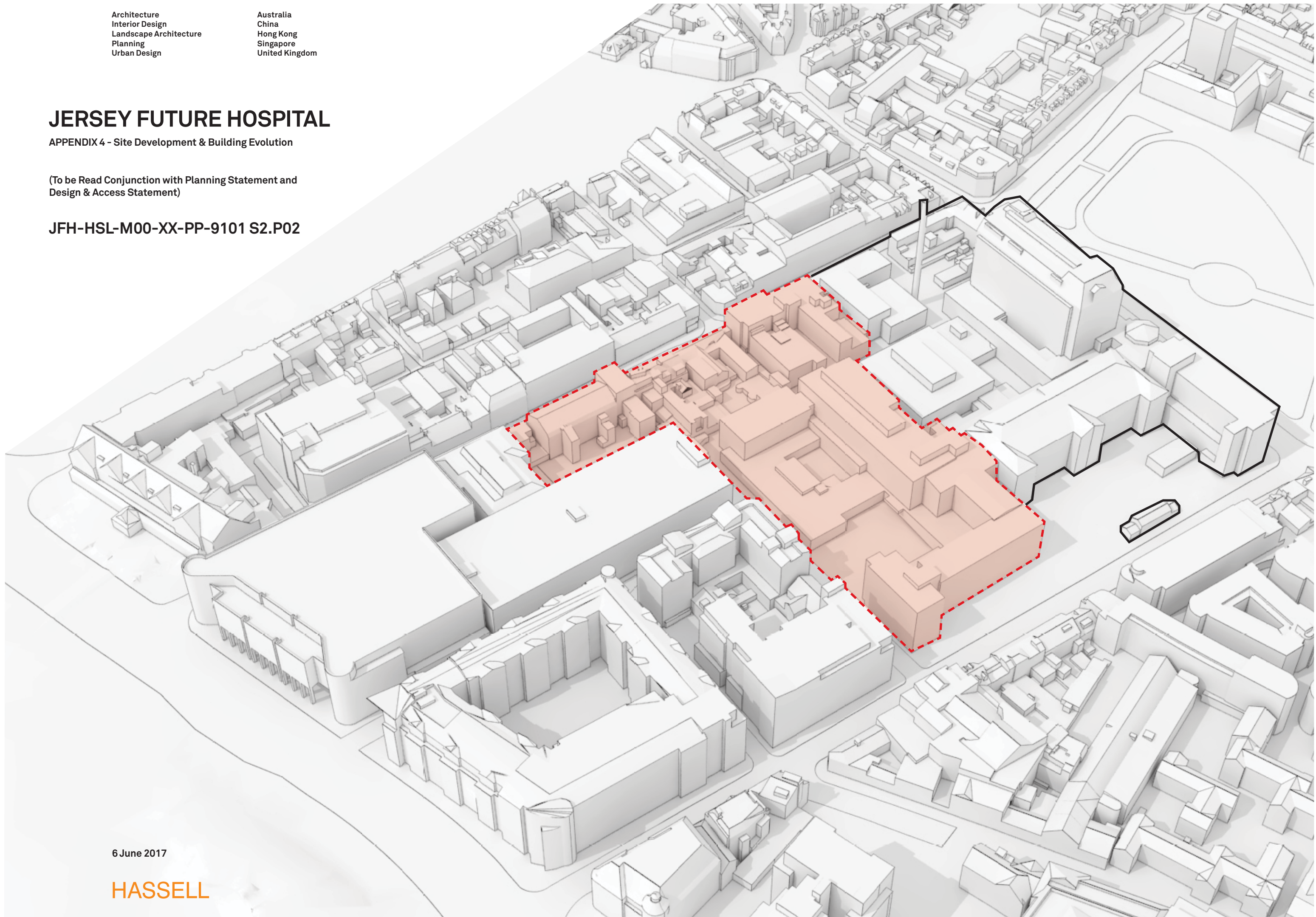
Australia
China
Hong Kong
Singapore
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JERSEY FUTURE HOSPITAL

APPENDIX 4 - Site Development & Building Evolution

(To be Read Conjunction with Planning Statement and
Design & Access Statement)

JFH-HSL-M00-XX-PP-9101 S2.P02



6 June 2017

HASSELL

Front cover image: Jersey Future Hospital,
Jersey, UK

Contact

Kieren Morgan Principal
kmorgan@hassellstudio.com

Jamie Brewster Senior Associate
jbrewster@hassellstudio.com

HASELL
Level 2 Park House, Greyfriars Road
Cardiff, United Kingdom
CF10 3AF
T +44 29 2072 9071
hassellstudio.com
@HASELL_Studio
HASELL Limited
ABN/Company number here

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01

Executive Summary

Page 05

02

Introduction

Page 07
Understanding the Need for a New Hospital.

03

Previous Studies

Page 09
Understanding Prior Consideration of Options.

04

Previous Studies

Page 11
Understanding Previous Jersey General Hospital Proposals.

05

Establishing the Minimum Delivery Expectations

Page 13

06

Understanding the Existing Jersey General Hospital Site

Page 15

07

Creating a Development Site

Page 17
Understanding Hot and Cold Functions.

08

Creating a Development Site

Page 19
Understanding the Proposed Relocation Projects.

09

Developing the Site

Page 21
Understanding the Resulting Development Volume.

10

Final Conclusion & Summary

Page 23



01



02

01 Site Location

02 Jersey General Hospital

Executive Summary

Numerous options regarding site selection and site configuration have been assessed and a formal decision has been taken to re-provide the Jersey General Hospital on the existing site.

Following this, and having considered alternative options for the redevelopment of the existing site, a set of minimum delivery expectations have been introduced relating to programme, cost and the safe continuation of clinical services throughout redevelopment with minimised disruption.

Careful analysis of existing hospital clinical services and consideration of the feasibility of relocating some of these has identified a potential development plot within which a new hospital could be constructed.

Delivery of the clinical services required for the hospital, taking account of demographic growth and anticipated development of healthcare delivery, results in approximately 45000sq.m of new development. Applying this quantum of functional content to the available development site described above results in a minimum mass of development of approximately 20m tall (approximately five storeys).

Further analysis of streetscape, context and the need to introduce adequate daylight and view into the depth of the building has led to the resulting building volume to be articulated with courtyards, set-backs and other manipulations of form which naturally causes the core development volume to expand in height.

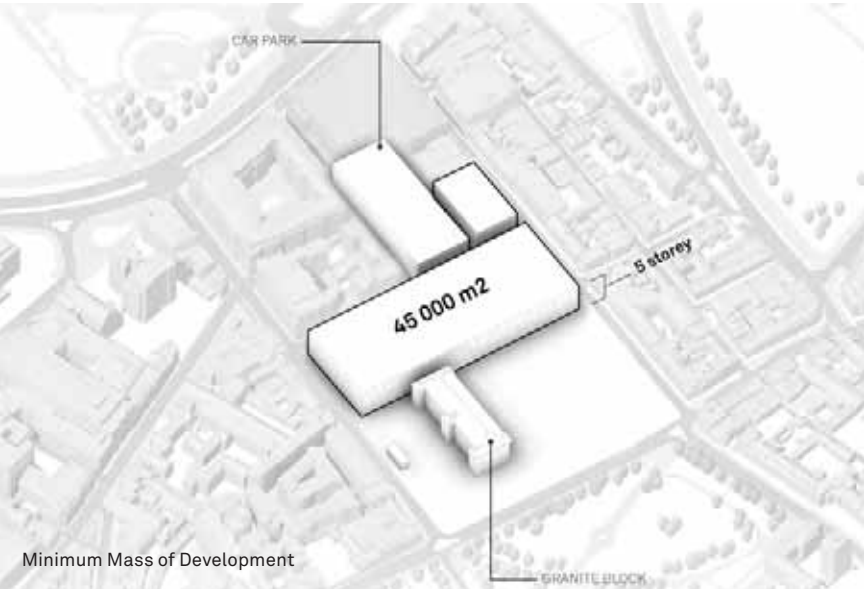
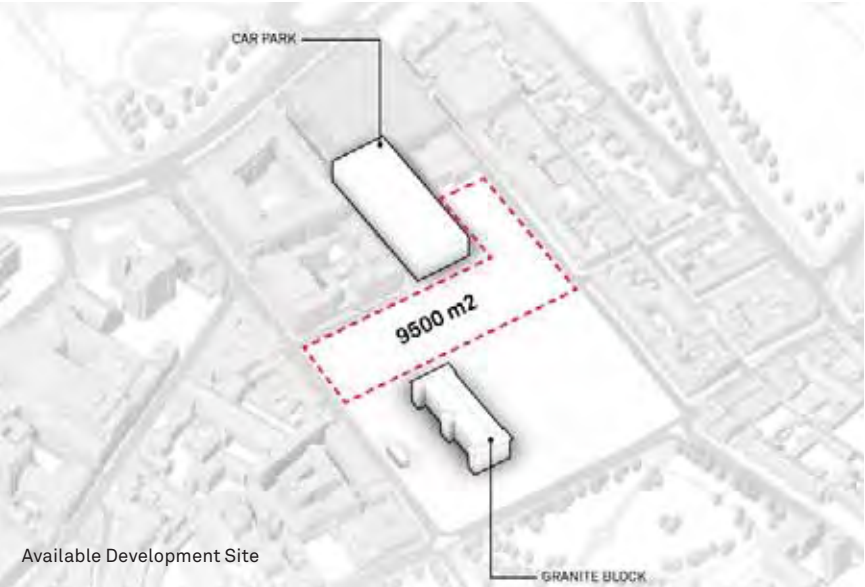
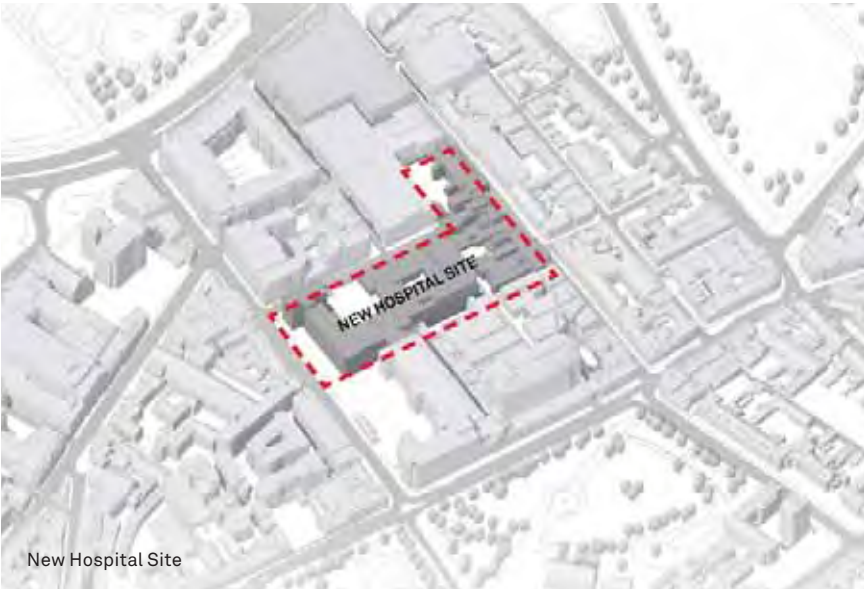
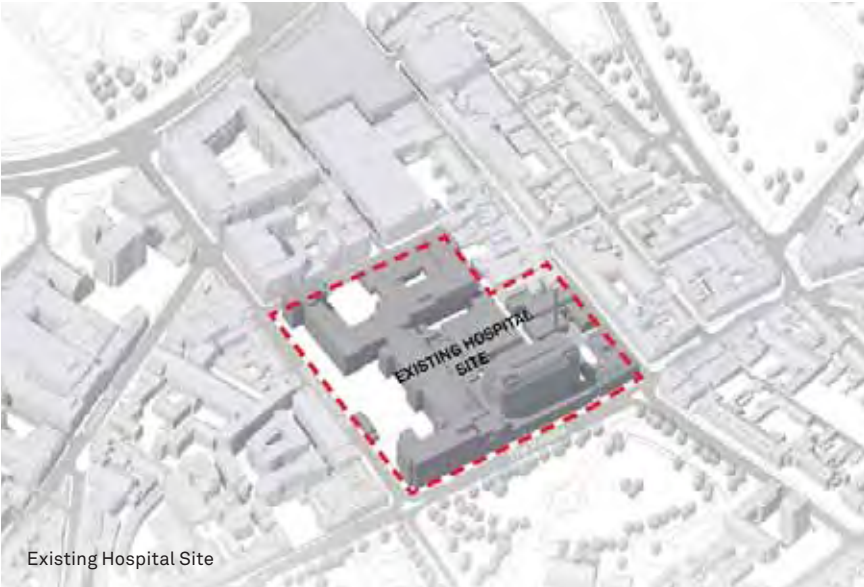
The above results in a proposed development envelope of approximately 43m high (plus a 4m flue zone) x 49 wide x 140m long, which equates to a building of up to 9 storeys linking Gloucester Street and Kensington Place.

Having selected the JGH site as the chosen development site for the new hospital, it is clear that a solution which limits development height to below seven storeys is only possible through a proposal which will exceed the available budget and programme and will involve significant disruption to critical hospital services.

Careful study has concluded that through some relocation of services it is possible to create a development site large enough to deliver the required services in a single phase of demolition and construction, within the required timeframe and with a manageable level of disturbance to the existing hospital.

The resultant strategy delivers a proposal which is required to be organised over nine storeys given the need for functional adjacencies and the articulation of mass and form required of a large building in this location.

Building a new hospital on the site of the Jersey General Hospital is not without challenge, however our analysis of townscape and urban design factors indicates that the proposed building can contribute positively to the St.Helier context. The prospect of building a new hospital in a tight urban context is seen as a great opportunity for the town. The proposed new hospital and the resulting possibilities for the redevelopment of the residual site and improved public realm are hugely exciting propositions.





02 Introduction

Understanding the Need of a New Hospital

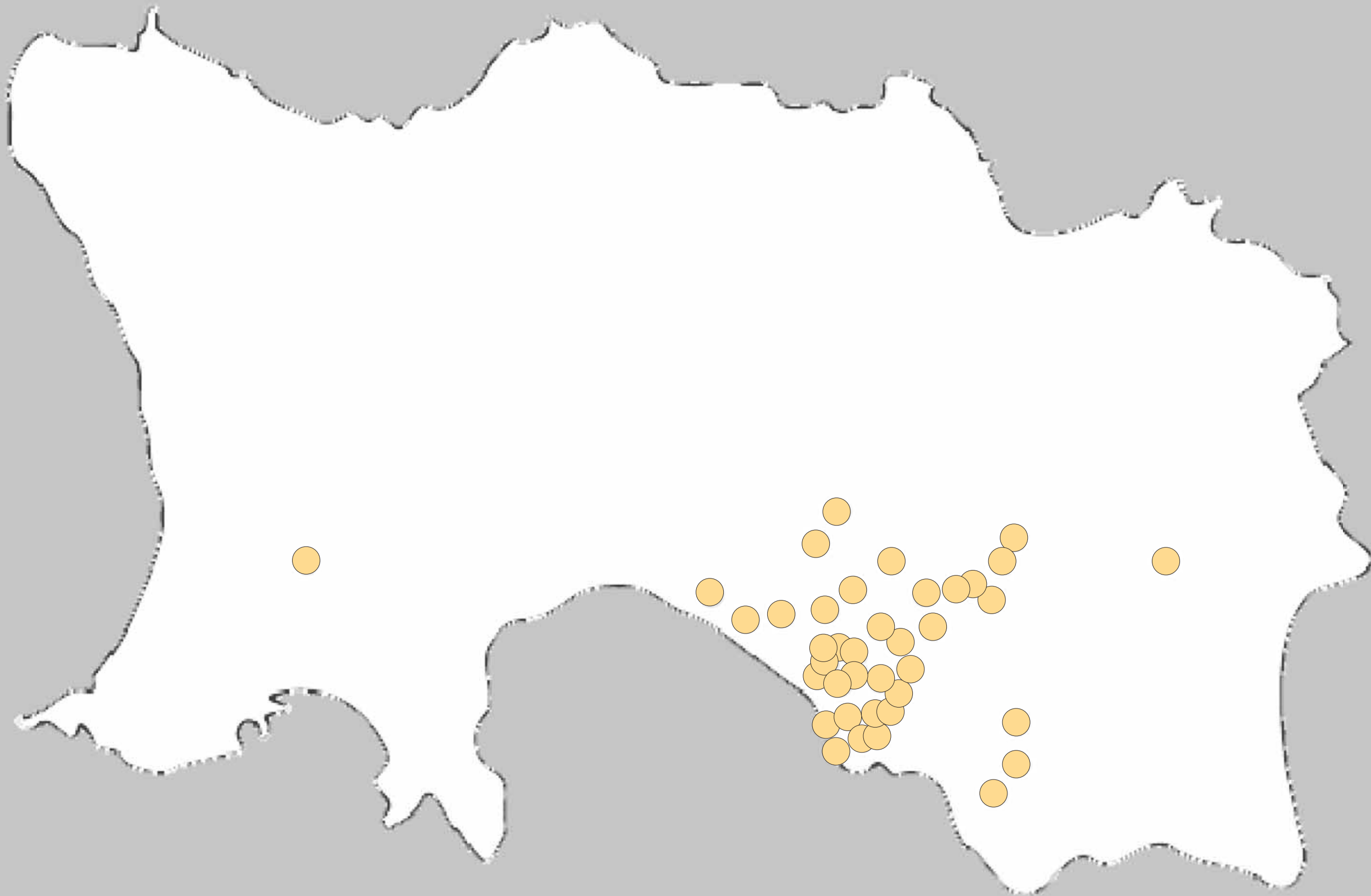
It is well established that the ability for the existing hospital to deliver the services expected of a contemporary healthcare system in a safe, efficient and compliant manner has become challenging. Many of the buildings at the Jersey General Hospital site are deteriorating and require significant ongoing investment to allow minimum standards to be maintained. Facilities are often cramped and poorly co-located and many existing departments do not comply with current healthcare space standards. Many key adjacencies are sub-optimal, resulting in inefficient working methods and a poor patient/visitor experience.

In 2011, a KPMG report concluded that the current hospital was no longer fit for purpose and that a replacement would be required. The Planning Statement submitted with this application contains a detailed summary, with links to relevant publicly-available documents, of the series of reports, assessments and discussions which have informed the decision to develop the existing Jersey General Hospital site.

The need for a new replacement hospital facility is clear and the following narrative seeks to explain how the site for the replacement facility has been selected and how that selection decision has influenced key design parameters for the new building, particularly in relation to development height.



SITES CONSIDERED



03 Previous Studies

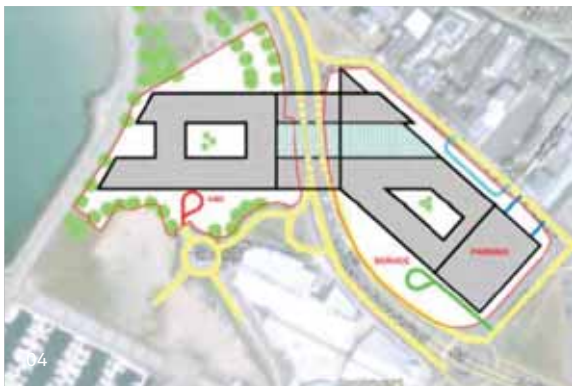
Understanding Prior Consideration of Options

Significant work has been undertaken to select a site for the new hospital. The applicant has carried out extensive studies to explore multiple site location options and configurations, including split-site options. A Spatial Assessment Project study and Strategic Outline Case was undertaken in 2012 by WS Atkins. Multiple sites were considered and these included:

- Jersey General Hospital
- Overdale Hospital
- St. Saviour’s Hospital
- St. Helier Waterfront (Esplanade Car-Park, Zephyrus, Crosslands, Westawater and Les Jardins de La Mer)
- Land at Jersey Airport
- Warwick Farm
- Jersey Gas site, Tunnel Street
- Westmount Quarry
- Samares Nurseries site
- Land at La Grande Route de Mont A L’Abbe

Following this, further work was undertaken in 2015 to refine the site selection process and arrive at a preferred option for development. Sites considered included the existing Jersey General Hospital, Overdale Hospital and St. Helier Waterfront. Detailed consideration was given to ‘single-site’ and ‘split site’ options. Additional studies were also initiated in 2016 to consider further site alternatives such as People’s Park with a range of associated compensatory proposals to address any reduction in public amenity.

- | | | |
|---------------------------|----------------------|-----------------------|
| 01 General Hospital | 06 Warwick Farm | 11 General Hospital B |
| 02 Overdale Hospital | 07 Gas Site | 12 Zephyrus B |
| 03 St. Saviour’s Hospital | 08 Samares Nurseries | |
| 04 Esplanad Car Park | 09 Zephyrus | |
| 05 Aiport Land | 10 La Grande Route | |

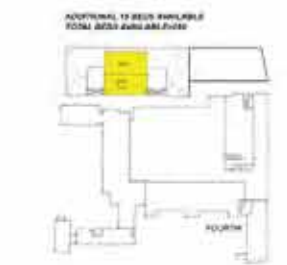
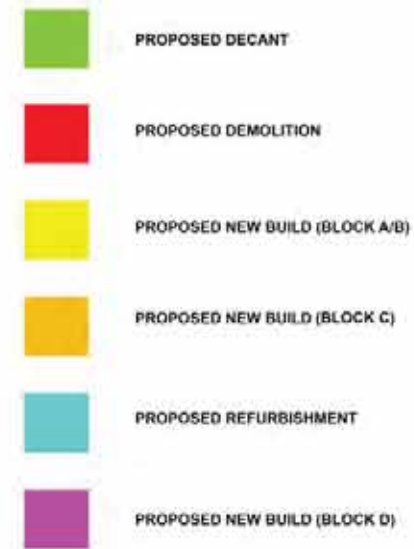


OPTION C

100% SINGLE SITE OPTION

JERSEY GENERAL HOSPITAL SITE

PROPOSED PHASING DIAGRAM

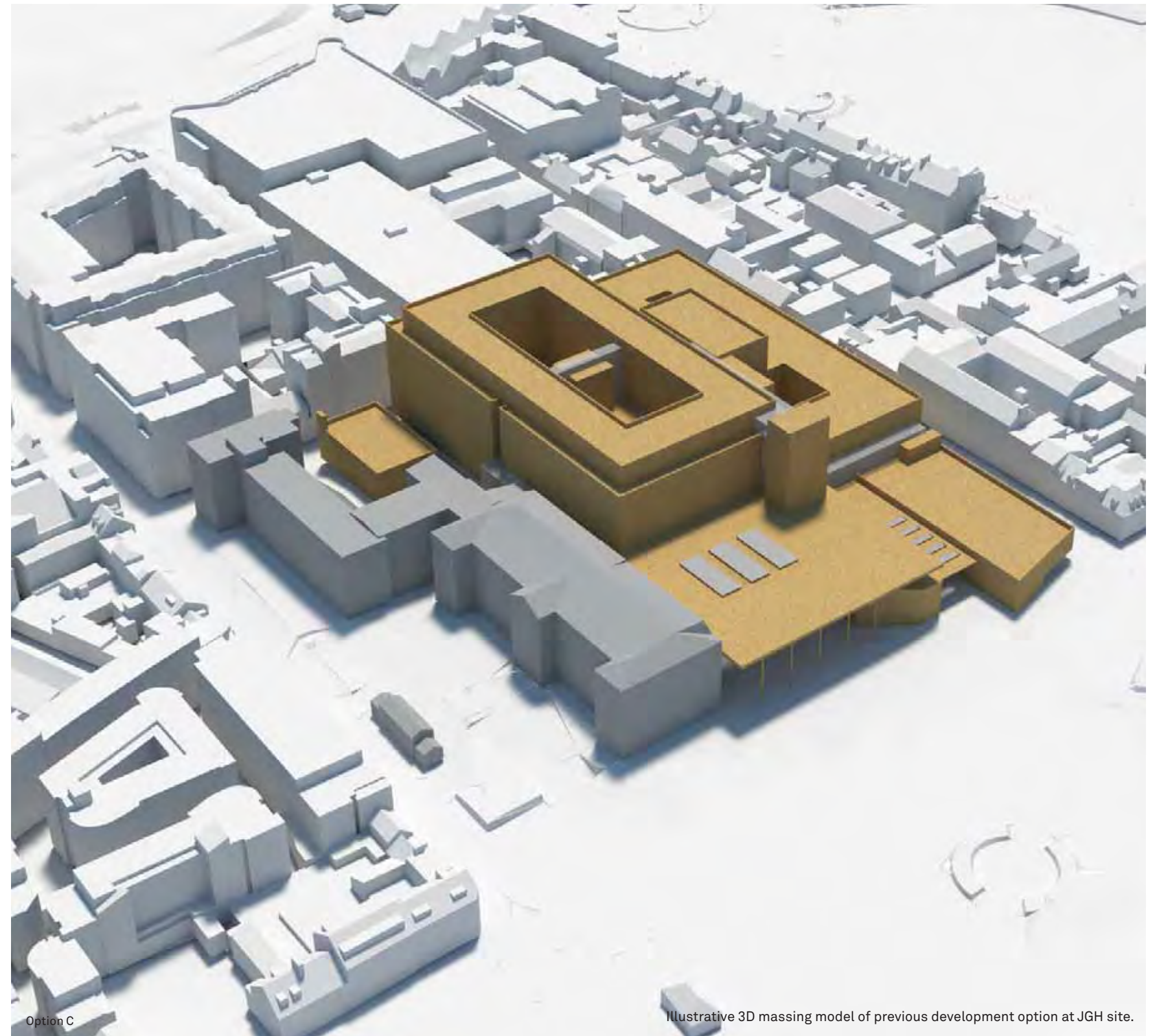


04 Previous Studies

Understanding Previous Jersey General Hospital Site Proposals

Particular consideration of the Jersey General Hospital site within this phase of refined assessment described above is key in understanding the conception of the current proposals. A single site option was prepared which enabled the provision of the Future Hospital whilst retaining Peter Crill House (continuing to provide education, training and administration facilities) and the Granite Block (refurbished as a 'staff-hub'). The exercise considered the entire replacement of the hospital through the phased redevelopment of the existing demise plus adjoining acquired properties along Kensington Place (Edward Place, Stafford and Revere Hotels, 33-40 and 44 Kensington Place). The scheme also attempted to limit development height to constraints established with the planning department in previous studies including the Strategic Outline Case. A seven storey proposal was developed and, whilst useful in demonstrating how critical adjacencies could be achieved in a new facility on the site, a number of disadvantages were evident which prevented the scheme from being chosen as a preferred development option. Some of the primary issues are listed as follows:

- The development was programmed to take in excess of 11 years prior to a fully operational new facility being available.
- The proposal required multiple phases of decant, demolition and construction, as illustrated in the diagrams adjacent, resulting in significant disruption to hospital services as well as high cost.
- Acquisition of adjoining properties was necessary, including some properties with heritage sensitivity such as those on Edward Place.
- The solution required the demolition of heritage assets on Edward Place in order to allow a first phase construction of a new energy centre. Given that these buildings now have a listed status the option to demolish and replace these is not available. In addition, subsequent connection of essential services from the new energy centre to the existing hospital was identified as an extremely challenging proposition, contributing in many ways to the extended programme.
- In attempting to remain within planning development height limits, the entire site was developed with no opportunities for the future development of any residual space or the provision of new public realm. Some provisions for future expansion of clinical services was possible in the scheme but these were limited to some vertical extensions (which were identified as potentially disruptive).



Option C

Illustrative 3D massing model of previous development option at JGH site.

THE MINIMUM DELIVERY EXPECTATIONS

- 1. The safe operation of the hospital will be maintained throughout.**
- 2. The hospital will be located on the Jersey General Hospital site.**
- 3. Additional properties on Kensington Place will be acquired.**
- 4. The hospital will be operational in 7-8 years.**
- 5. The hospital will be delivered at a comparable cost to new-build site options.**
- 6. Some flexibility in Planning Policy will be tested.**
- 7. Some operational compromise will be accepted to support the spatial constraints.**
- 8. A high quality new-build hospital will be delivered.**
- 9. There will be support for release of adequate on site area.**
- 10. The hospital will be delivered in one main construction phase.**

05 Establishing the Minimum Delivery Expectations

Establishing the Minimum Delivery Expectations

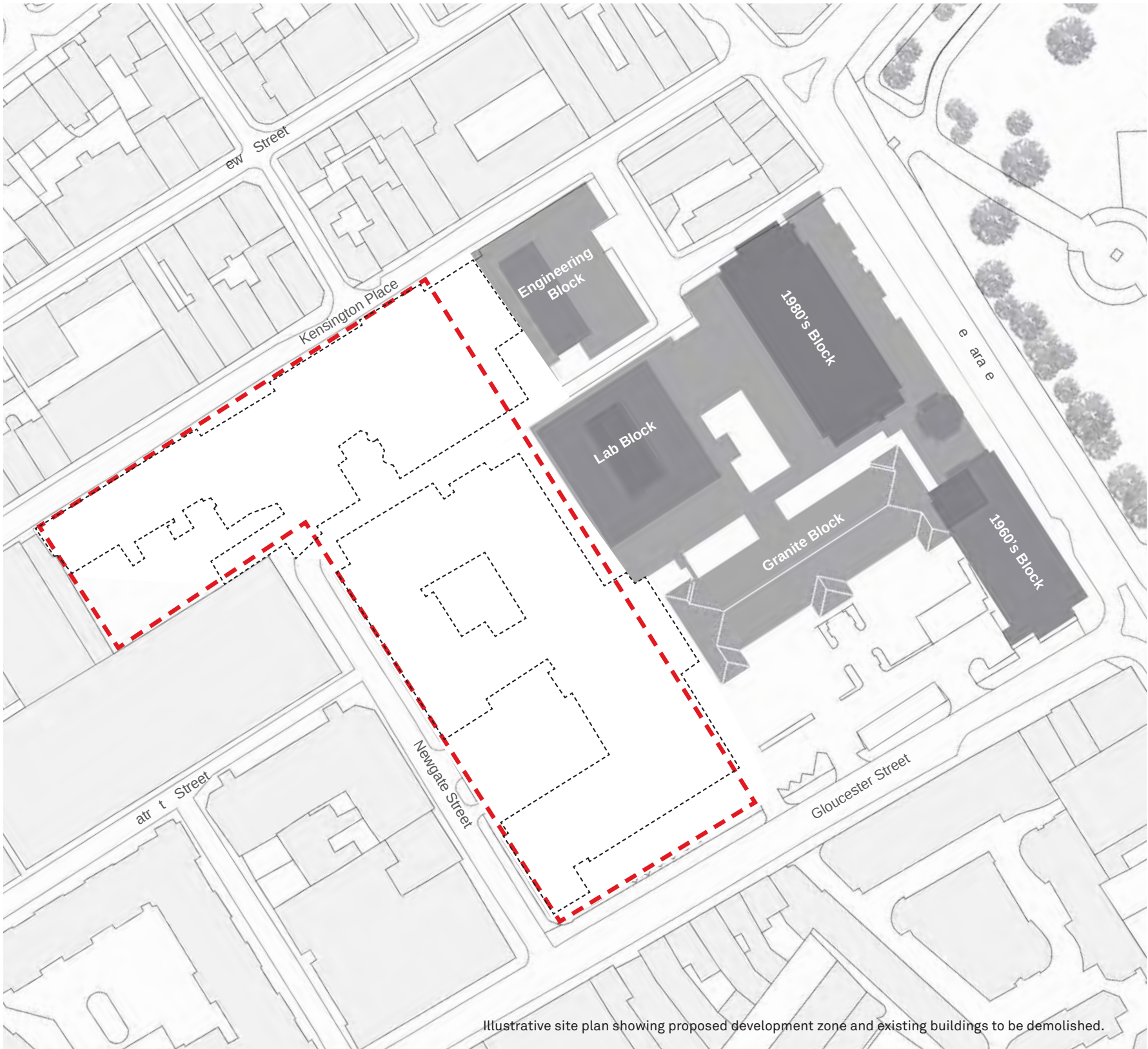
Following the removal of People’s Park from the shortlist of site options, there was a pause to reflect both on the project’s objectives and on how to best develop a consensus regarding the preferred hospital site. During this period, the Project Board sought to look more closely at the possibility of redeveloping the existing site and, specifically, the extent to which project conditions/constraints might need to be modified to support such an approach. A review by the Project Board reaffirmed that redevelopment of the site would be preferred providing key minimum delivery expectations could be met. These are listed adjacent.

The prior option study demonstrated that redevelopment of the Jersey General Hospital site was challenging however, further detailed feasibility work undertaken in 2016 (Change Order CR25 ‘Proof of Concept’ Report) enabled the site to be formally designated by the States of Jersey as the preferred site for the new hospital.

The States Decision was ratified by the Council of Ministers (COM) Debate on 19th October 2016 based on the Proposition to approve in principle the site location for the new hospital to be the existing Jersey General Hospital site. Key issues addressed in the debate included: the vision, the acute services strategy, engagement with states members and the public, funding and staffing.

The following summary was concluded by the COM at the 16th October 2016 States debate:

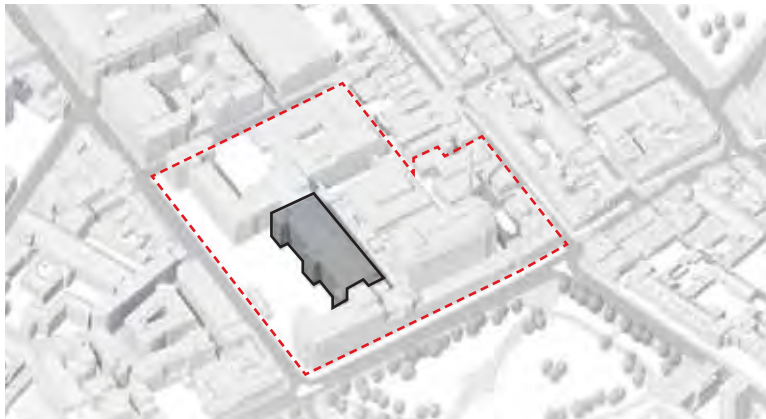
A Future Hospital on the current site reinforces the link between the past and this future. The Future Hospital will look to the future through the design and quality of a new modern building, while echoing the past by re-purposing the original 1860s Hospital building and reinstating into the public realm the space in front of it. No other site provides such a rich platform from which to enable health and social care to contribute to the regeneration of St. Helier. A healthcare campus in the heart of the town will reflect the optimism and resourcefulness that will be needed to meet the healthcare challenges facing our Island.



Illustrative site plan showing proposed development zone and existing buildings to be demolished.

06 Understanding the Existing Jersey General Site

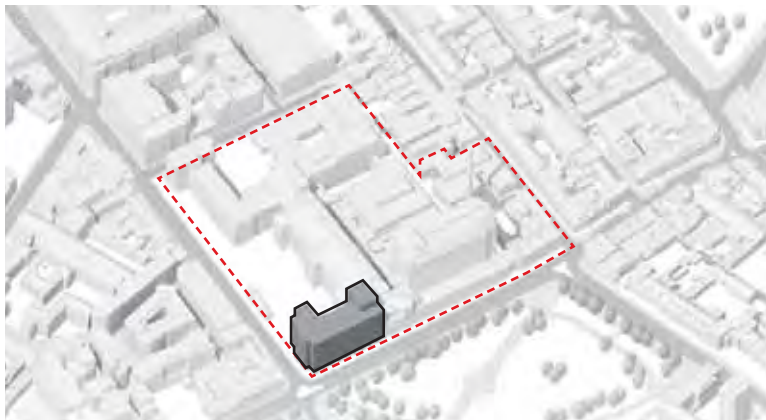
1



01_Granite Block

The Granite Block is a Grade 1 listed building built in approximately 1863. Key departments located in the Granite Block include Radiology, Emergency Assessment Unit, inpatient wards, Endoscopy Suite, Department of Anaesthesia and administration.

2



02_1960s Block

The 1960's wing is a five storey block. It contains the emergency department, some operating theatres, intensive care unit, oncology plus inpatient beds.

3



03_The 1980's Block

The 1980's Block is an eight storey block built in approximately 1987. It contains the hospital main entrance, maternity, some operating theatres and inpatient wards. The main hospital catering facility and restaurant is located at its base (in a wider 'podium' block).

4



04_The Engineering Block

The engineering block was constructed in approximately 1980 and contains critical engineering services (boilers, generators etc.) as well as space for stores, workshops and support staff.

5



05_The Lab Block

The Lab Block is a two storey block built in approximately 1983. It contains mortuary, pathology and pharmacy functions.

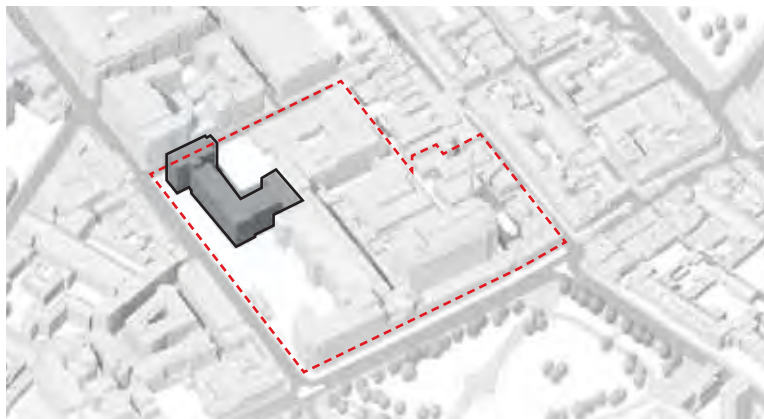
6



06_The Gwyneth Huelin Wing

Built in approximately 1978, the Gwyneth Huelin Wing is a four storey block containing outpatient clinics, ante-natal clinics, physiotherapy, clinical investigations, day surgery, ENT, Audiology, Ophthalmology, Dermatology and Renal Dialysis.

7



07_Peter Crill House

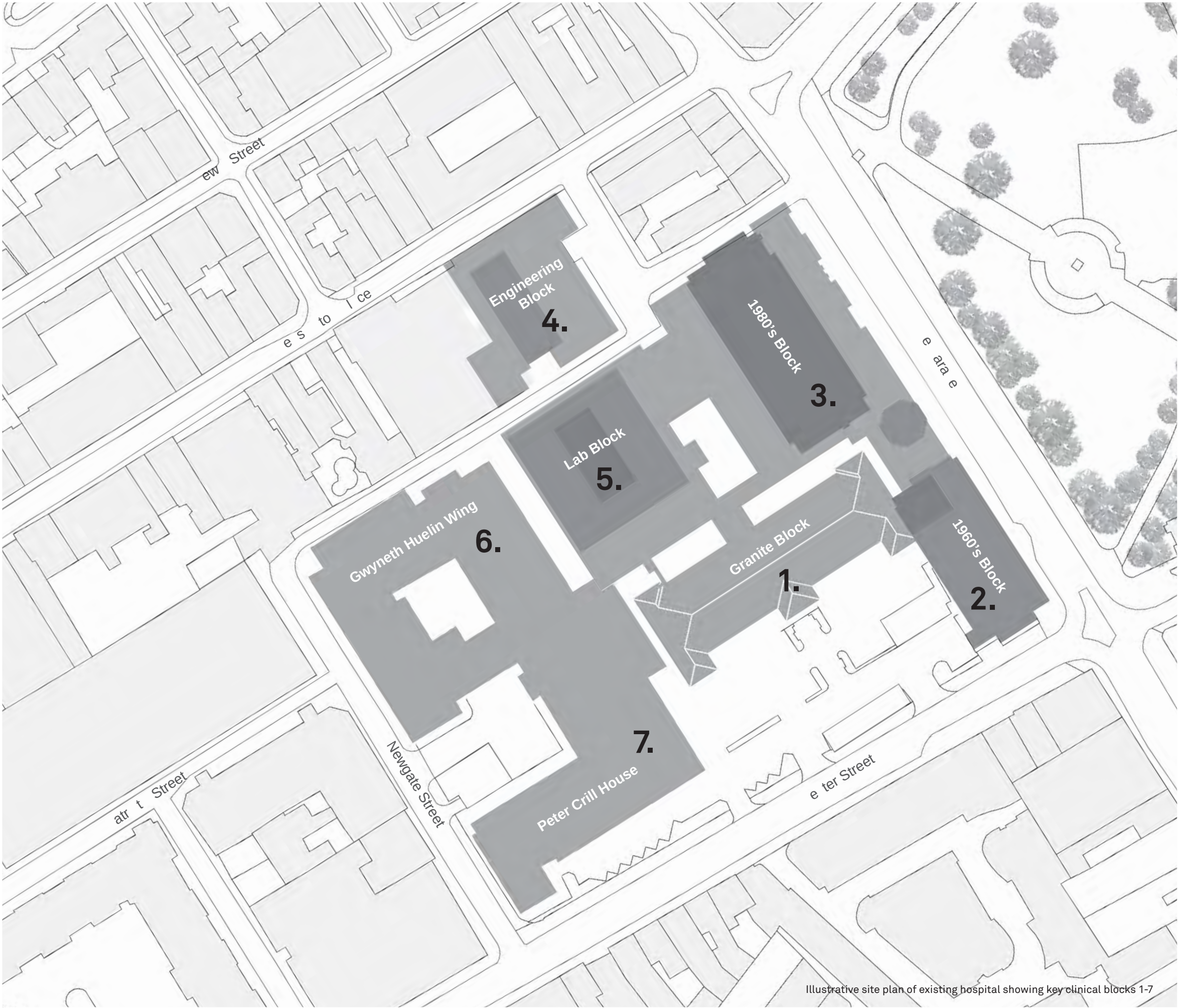
Peter Crill House is a six-storey building constructed in approximately 1949. The block contains education and training facilities as well as office space for medical secretaries, Human Resources, ICT, finance, medical and surgical directorates and corporate administration. It also includes approximately 24 beds for hospital staff.

In summary, the existing Jersey General Hospital site is a densely packed campus containing buildings of varying ages, heights and uses. There is minimal open space which might be considered appropriate for further development and there is no formal Development Control Plan which has directed hospital development.

06 Understanding the Existing
Jersey General Site

Jersey General Hospital

Having selected the existing Jersey General Hospital site as the preferred location for the new hospital, in order to explain the siting and massing of the proposed building it is first necessary to understand how the existing facility is organised. The existing hospital is arranged as a number of blocks each containing distinct clinical functions. These blocks may be described as indicated adjacent.



Illustrative site plan of existing hospital showing key clinical blocks 1-7

1



01_2,3,4 Edward Place

The buildings are Grade 3 listed and not wholly owned by HSSD. For these reasons they are therefore deemed unavailable for redevelopment.

5



05_The Gwyneth Huelin Wing

Gwyneth Huelin Wing contains a range of outpatient clinics, day surgery and renal dialysis. It does not contain critical functions and as such, provided adequate measures for relocation of these services can be addressed, Area 5 is considered available for redevelopment.

2



02_1960's & 1980's Block

The 1980's block contains theatres, maternity and inpatient ward functions. The 1960's block contains emergency, theatres, intensive care and inpatient wards. These buildings contain clinical functions which are critical to the safe operation of the hospital and could not be either relocated or closed. Area 2 is therefore deemed unavailable for redevelopment.

6



06_Peter Crill House

Peter Crill House contains staff residences, education and training and administration facilities and does not contain any clinical functions. Provided adequate measures for relocation of facilities can be implemented, Area 6 is considered available for redevelopment.

3



03_The Granite Block

The Granite Block is a Grade 1 Listed building and contains radiology, emergency assessment unit, inpatient wards and administration. It contains some critical clinical functions which have critical adjacencies with adjoining facilities in the 1960's block. The nature of these critical functions plus the listed status of the building indicates that Area 3 is deemed unavailable for redevelopment.

4



04_The Engineering Block & Lab Block

The engineering block is critical to the operation of the hospital given its role in providing critical systems required for the safe operation of the entire hospital. Whilst it may be argued that services contained within the lab block (pathology, pharmacy, mortuary) could be operated off-site, the lab block also contains a key services distribution bridge which connects critical services from the engineering block to the rest of the hospital. Removal of the lab block would therefore involve major disruption to the operation of the hospital given the importance of the existing services bridge and distribution network it serves. Area 4 is therefore deemed unavailable for redevelopment given the critical natures of the services described above.

07 Creating a Development Site

Understanding Hot and Cold Functions

Having established a detailed understanding of the location of all clinical services on the site it is possible to begin to consider each service in terms of its criticality and potential for possible relocation – i.e. to assess whether a building contains ‘hot’ (critical) or ‘cold’ (non-critical) functions. Note, this assessment also considers some properties outside the hospital demise (such as Edward Place) which have figured in previous option studies referred to above.

Understanding Hot and Cold Functions

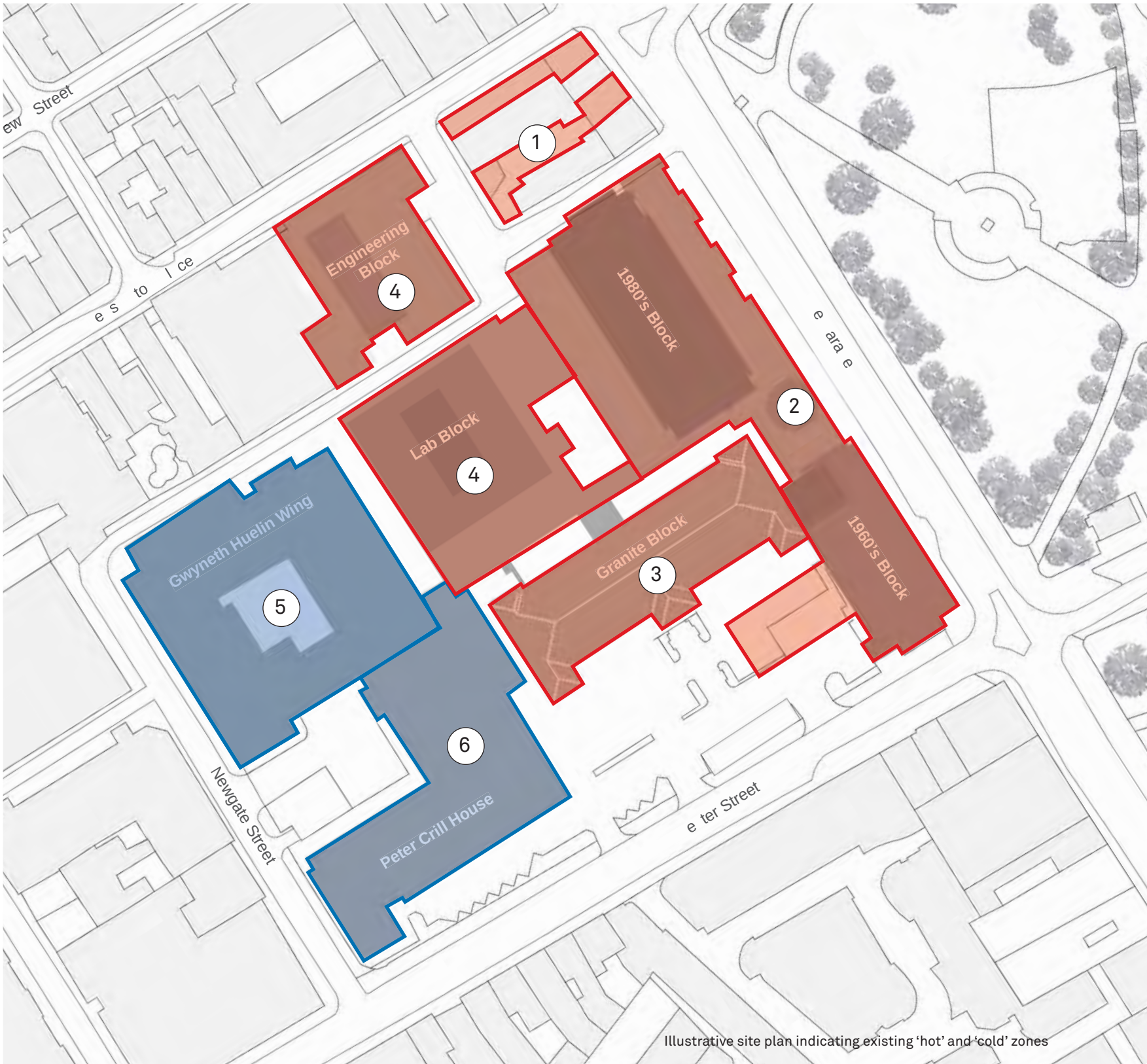
In summary, having determined that Area 5 and 6 have a ‘cold’ status, it is possible, through a carefully planned relocation strategy for services contained in these areas, to create a potential development site of approximately 5970sq.m footprint area.

Early analysis of the resultant building volume using this footprint area indicates that the scheme would be excessively tall and operationally challenging given the reliance on vertical adjacencies. Consideration has therefore been given to the possibility of enlarging the potential development footprint through acquisition of adjacent properties. The acquisition and redevelopment of the site containing the Stafford and Revere Hotels and 33-40, 44 Kensington Place has previously been considered in options assessed in the Strategic Outline Case completed by WS Atkins. This strategy has therefore been reprised in order to obtain a more viable development footprint.

The acquisition of these properties on Kensington Place adds an additional 3970sq.m of footprint area.

The total available development footprint area which results from the above strategies (demolition of Peter Crill House and Gwyneth Huelin Wing and the acquisition of properties on Kensington Place) is approximately 10,000sq.m.

The resultant development site creates a rectangular plot connecting Gloucester Street with Kensington Place (of approximately 8660sq.m), allows the continuation of Newgate Street to connect with Kensington Place and also provides an additional plot (of approximately 1340 sq.m) bounded by Kensington Place, Patriotic Street Multi-Storey Car-Park and Kensington Chambers.



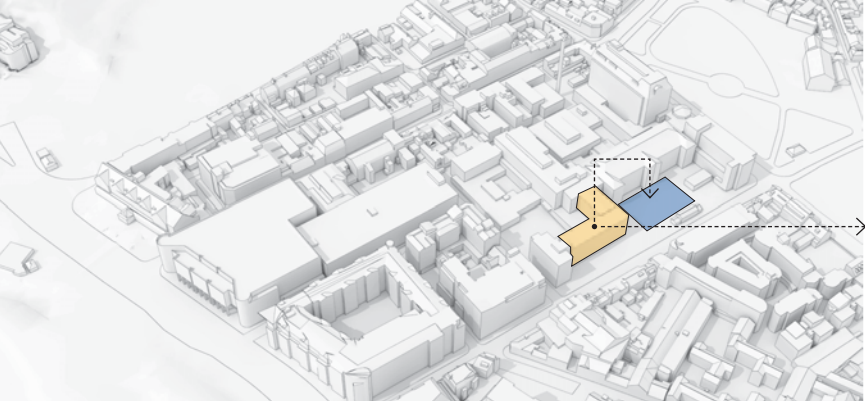
ES05



05_Relocation of Medical Records Services to Westmount

Medical records storage currently located in the basement of Peter Crill House are proposed to be relocated to a vacant basement area in the Westmount Unit at Overdale Hospital.

ES06



06_Relocation of Corporate Administration and Education from Peter Crill House

The majority of existing office and education/training facilities currently in Peter Crill House will be relocated off-site to serviced office accommodation in the locality (precise details to be determined). Some space will be retained on-site, with clinical support accommodation proposed to be relocated to the temporary clinic block described above in ES04.

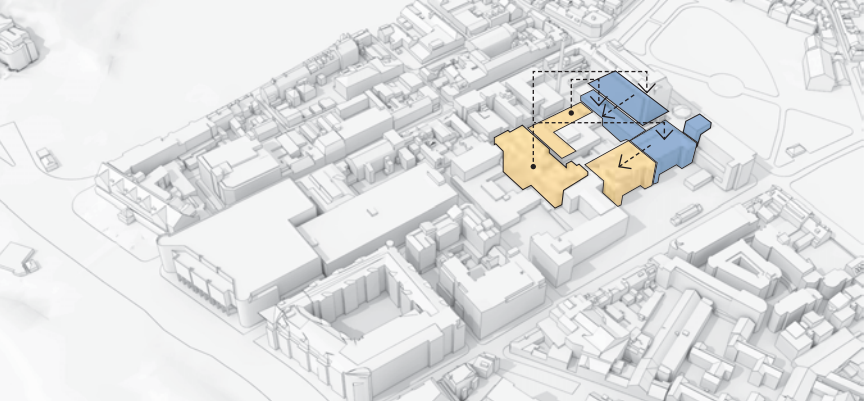
ES07



07_Relocation of Outpatient Clinics to New Ambulatory Care Centre at Westaway Court

Outpatient services currently housed within Gwyneth Huelin Wing and Overdale Hospital (physiotherapy, clinical investigation, podiatry, diabetes, pain management, neurophysiology and general clinics) will be relocated to a new permanent ambulatory care centre built on the site of demolished buildings at Westaway Court.

ES08



08_Relocation of maternity, day of surgery and pathology services

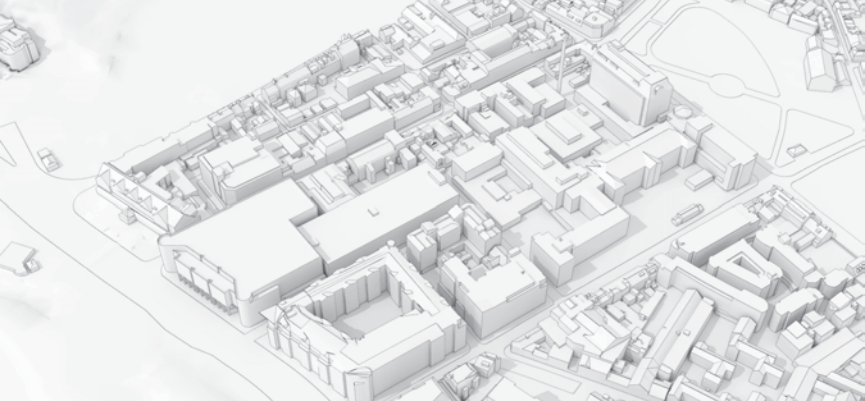
In order to allow the relocation of existing day surgery facilities within Gwyneth Huelin Wing and the repositioning of critical pathology facilities to locations remote from the proposed construction site, a number of refurbishments and extensions within the Granite Block and 1980's Block are proposed.

The first floor of the Granite Block will be refurbished to allow a new Surgical Recovery Unit and Surgical Ward.

The existing maternity department will be refurbished to allow relocation of Gynae inpatients and OPD from Rayner ward. This also involves infilling the existing first floor courtyard plus an extension on the existing roof between pathology and maternity to allow the provision of a new Shared Minor Procedures Suite (relocated Day of Surgery from Gwyneth Huelin Wing).

The proposals also allow for a new-build single storey extension in the space between the 1980's block and the pathology block. As well as accommodating some displaced maternity services referred to above, it will allow the relocation of critical, sensitive pathology laboratory services to a location remote from possible disturbance and disruption from demolition and construction.

ES09

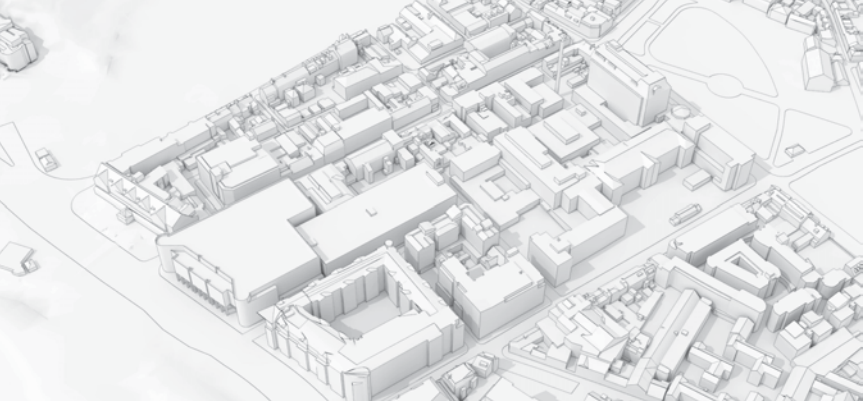


09_Relocation of Existing Plant Facilities

Medical gas storage and manifold facilities will be relocated from its current location adjacent to Patriotic Street Car-Park to space made available by the relocation of ante-natal services to the first floor.

In addition, there are some existing items of plant on the roof of Peter Crill House (isolation room AHU's and exhaust fans) which will need relocating to alternative locations.

ES10



10_Relocation of Staff Residences

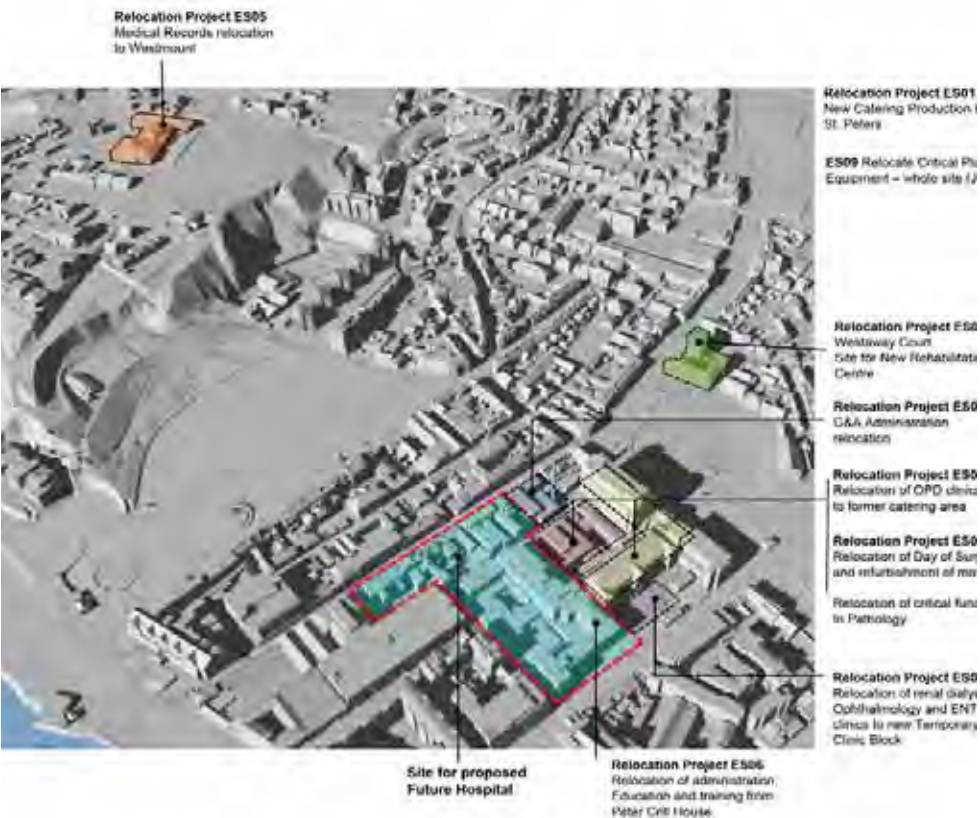
Staff accommodation currently within Peter Crill House will be re-provided off site (in locations to be determined).

In summary, it is possible to relocate all critical and non-critical services which currently reside within the proposed development area. Note, some of these proposals will require planning approval and where this is the case, such approvals will be applied for separately. In addition, the above proposed relocation strategies figure in the assessment of cumulative effects described in the Environmental Assessment and this should be referred to for further commentary.

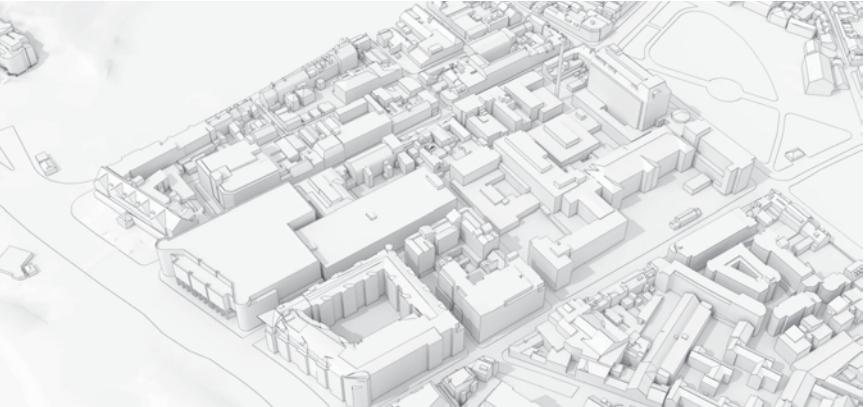
08 Creating a Development Site

Understanding the Proposed Relocation Projects

In order to enable the above development footprint, a series of relocation and enabling projects are necessary to ensure continuation of hospital services during demolition and construction. These are described as follows through reference to each proposed ‘ES’ (Enabling-Scheme) number:



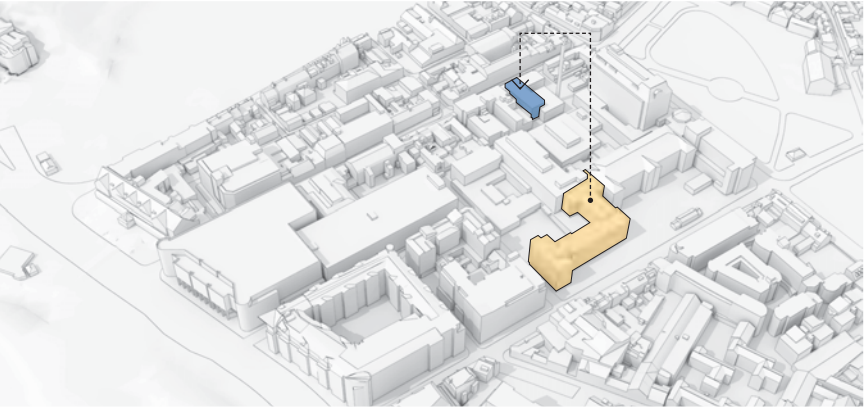
ES01



01_New Catering Production Unit

The main catering facilities at the existing hospital are proposed to be relocated to a new off-site catering production unit at Rue de Pres. The new unit will be a permanent facility for the provision of ‘cook-chill’ and ‘meals-on-wheels’ food services.

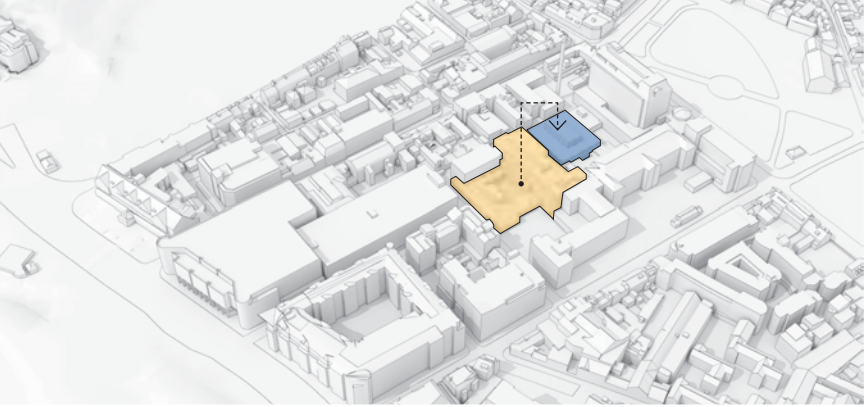
ES02



02_Relocation of G&A Administration

Whilst the majority of administration facilities and offices can be relocated off-site there are some, such as G&A Administration, whose function demand an on-site presence. These offices are currently located in Peter Crill House and are proposed to be relocated to some converted storage/support office space within the existing engineering block.

ES03



03_Relocation of Outpatient Clinics to Refurbished Hospital Catering Zone

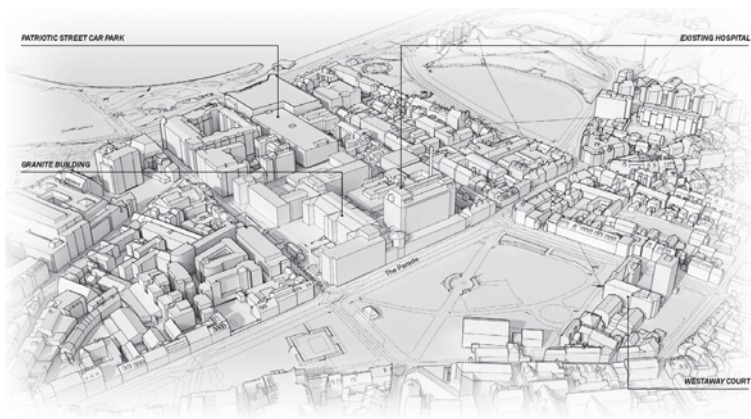
Having relocated catering services to an off-site unit, as described in ES01 above, it is possible to refurbish the resultant floor space as a location for outpatient clinics (orthopaedic and paediatric) which are proposed to transfer from the Gwyneth Huelin Wing. In order to provide the amount of area required for the proposed clinic functions, it is also proposed to infill the existing courtyard with a new-build single storey extension.

ES04



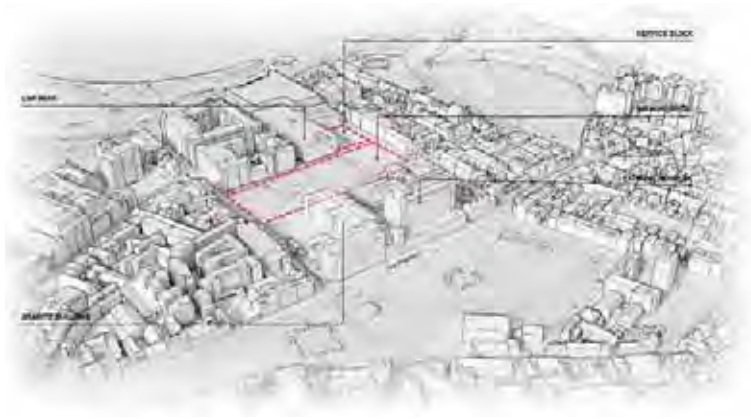
04_New Temporary Clinic Block

The car-park in front of the Granite Block is proposed as a location for a new temporary modular clinic block. The block will contain clinics and services relocated from the Gwyneth Huelin Wing and will include ENT, ophthalmology, Renal Dialysis as well as some office accommodation, as described in ES06 below.



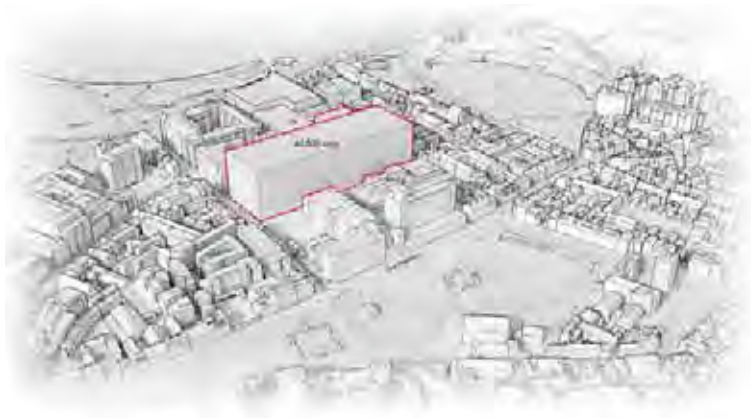
01_Existing Buildings

Existing hospital occupies the area between Gloucester Street, Kensington Place and The Parade.



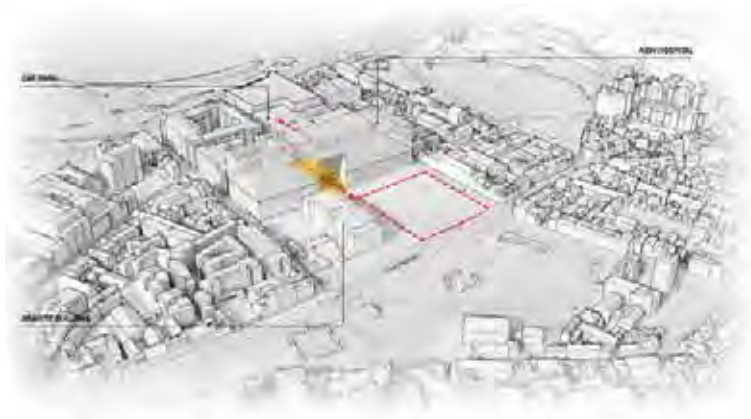
02_The Site

The site for the New Hospital is located to allow the existing hospital to remain operational during demolition and construction.



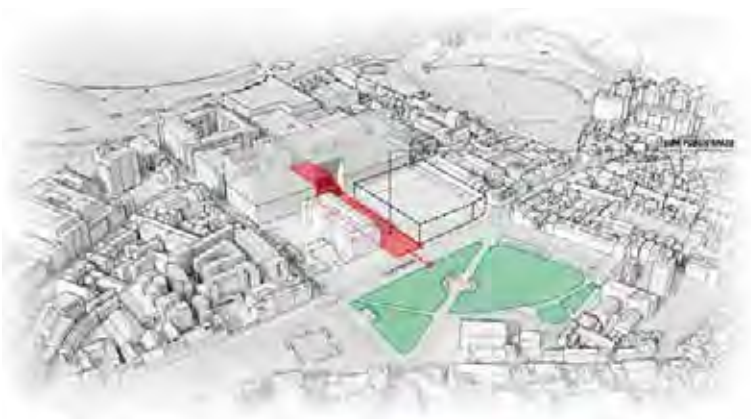
03_Volume

The development volume will be approximately 43 meters high in order to accommodate the required brief.



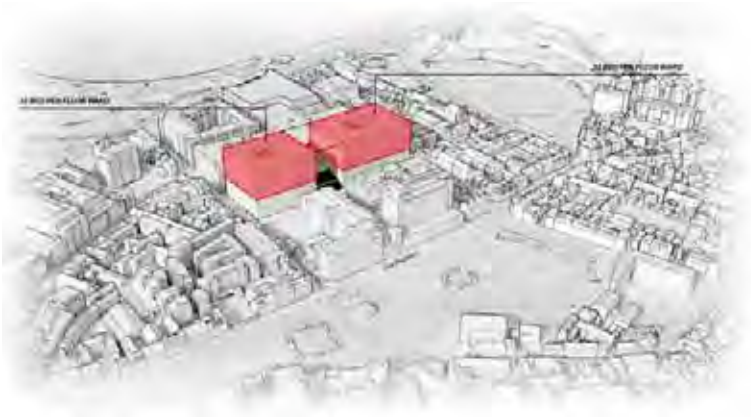
04_Public Room

The main “Public Room” of the hospital is located in the middle of the first floor level. This space connects the main circulation routes between the car park, the new hospital and The Parade.



05_Connecting the Park

The central “Public room” will be the heart of a potential new campus, connecting the new hospital through the park.



06_Articulation

Either side of the new public room the building splits into two 32 bed per floor ward blocks on the upper levels.



07_Articulation

Separation of the plinth and ward blocks through the introduction of setbacks and recess.



08_Articulation

Illustrative image of proposed massing.

08 Creating a Development Site

Understanding the Resulting Development Volume

Having established a possible development site for the new hospital, a simple exercise of extruding the available footprint area to achieve the required amount of new clinical area (circa 45000sq.m) results in a mass approximately 20m tall (approximately five 'hospital' storeys). This would assume a solid block of accommodation completely filling the available site with no articulation and no access to daylight/ventilation at the centre of the plan. Required clinical adjacencies would not be possible in this scenario and no provisions for external amenity space or set-back zones for vehicular drop-offs and entrances would be provided.

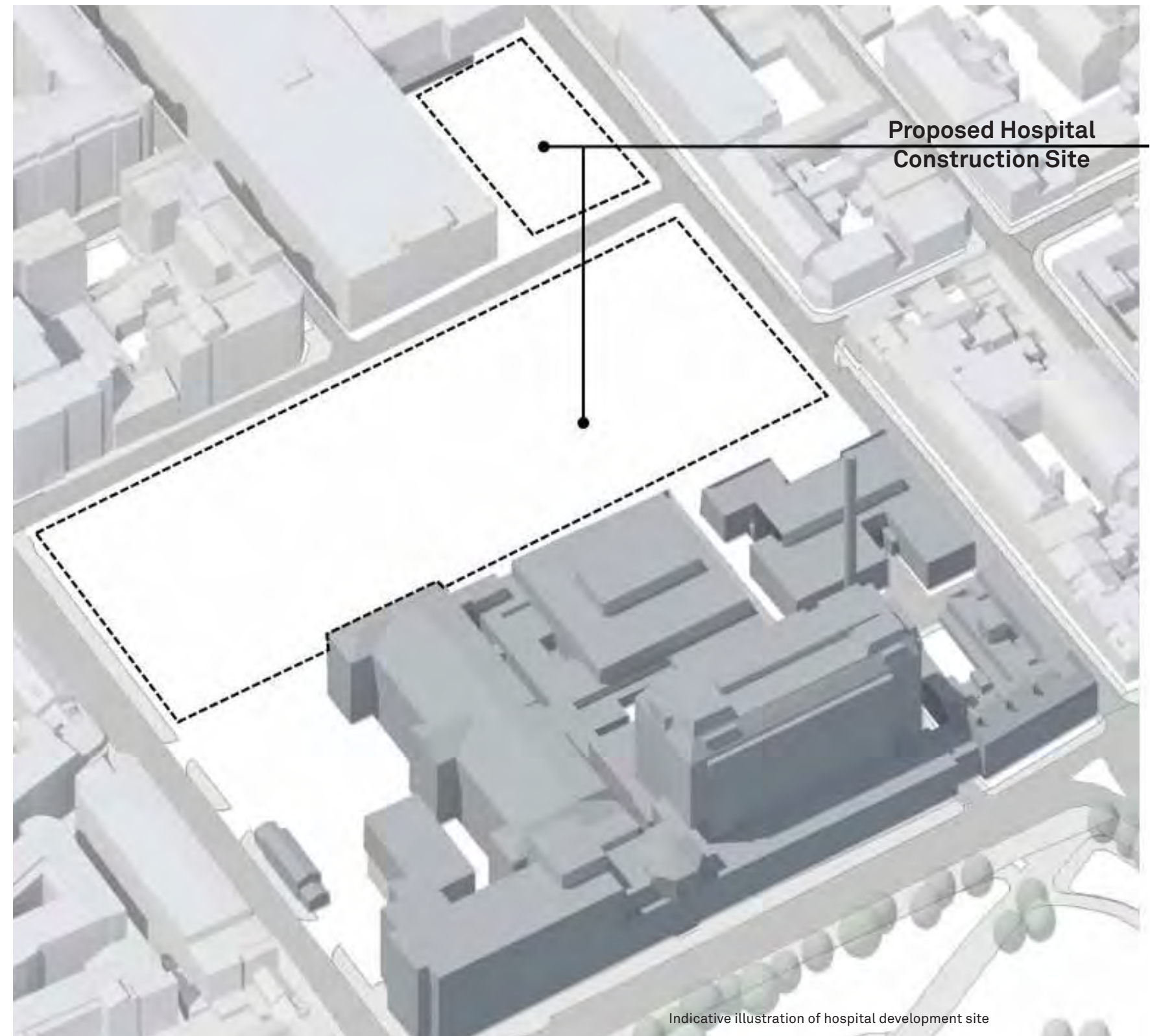
Overlaying a number of key design strategies upon the above development volume begins to inform a resultant building mass and development height from which a set of development parameters can be proposed. These strategies include:

- Vehicular drop-off, entrance and service access strategies, which begin to shape the available ground level footprint area.
- Co-location of clinical departments based on required functional relationships both horizontally and vertically.
- Introduction of a movement strategy, both horizontal and vertical, and location of major organising spaces and devices such as main entrances and public atria.
- Introduction of courtyards and light-wells in order to ensure adequate access to daylight and natural ventilation within the depth of the plan.
- Articulation of external mass and form based on analysis of streetscape and visual impact.

Applying these strategies to the available development footprint area results in a maximum development volume within which the building will sit which is 49m wide and 43m tall (an additional zone 4m high is also proposed within which isolated ventilation and flue stack structures will be located).

The proposed height of the development envelope has been generated having carefully analysed the requirements for structure, services and ceiling heights consistent with recognised healthcare standards. In order to comply with these standards floor-floor dimensions will vary depending on the clinical function within each floor. A number of structural frame solutions have also been considered in determining the proposed development envelope. The proposals are based on the adoption of a concrete frame solution which mitigates against additional height issues that might result from the use of other frame types.

As already mentioned, previous studies have concluded that it is possible to develop the existing site with a lower development height based on a larger footprint area. However in order to achieve this the core project principles referred to above relating to programme, cost and disruption would need to be ignored and exceeded to an unacceptable degree. The current proposals, although taller than those included in previous studies, are deemed as the only means of meeting the requirements of the project principles and offer a viable way to develop a new hospital on the chosen site with minimised disruption and within cost and programme limits.





10 Final Conclusion & Summary

Having selected the JGH site as the chosen development site for the new hospital, it has been shown that a solution which limits development height to below seven storeys is only possible through a proposal which will exceed the available budget and programme and will involve significant disruption to critical hospital services.

Careful study has concluded that through some relocation of services it is possible to create a development site large enough to deliver the required services in a single phase of demolition and construction, within the required timeframe and with a manageable level of disturbance to the existing hospital. The resultant strategy delivers a proposal which is required to be organised over nine storeys given the need for functional adjacencies and the articulation of mass and form required of a large building in this location.

Building a new hospital on the site of the Jersey General Hospital is not without challenge, however our analysis of townscape and urban design factors indicates that the proposed building can contribute positively to the St. Helier context. The prospect of building a new hospital in a tight urban context is seen as a great opportunity for the town. The proposed new hospital and the resulting possibilities for the redevelopment of the residual site and improved public realm are hugely exciting propositions.

The new hospital will be the most important public building on the island. As such it is only right that it will figure prominently in the St Helier townscape. It will be a visible demonstration of the States of Jersey's investment and should be celebrated accordingly.

Australia

Adelaide
HASSELL
Level 1
82 Waymouth Street
Adelaide SA
Australia 5000
T +61 8 8220 5000
E adelaide@hassellstudio.com

Brisbane
HASSELL
36 Warry Street
Fortitude Valley QLD
Australia 4006
T +61 7 3914 4000
E brisbane@hassellstudio.com

Melbourne
HASSELL
61 Little Collins Street
Melbourne VIC
Australia 3000
T +61 3 8102 3000
E melbourne@hassellstudio.com

Perth
HASSELL
Level 1
Commonwealth Bank Building
242 Murray Street
Perth WA
Australia 6000
T +61 8 6477 6000
E perth@hassellstudio.com

Sydney
HASSELL
Level 2
Pier 8/9, 23 Hickson Road
Sydney NSW
Australia 2000
T +61 2 9101 2000
E sydney@hassellstudio.com

China

Beijing
HASSELL
Suite 308-B011 Building A
Beijing Fortune Centre
7 Middle Dong San Huan Road
Chaoyang District
Beijing 100026 China
T +8610 5126 6908
E beijing@hassellstudio.com

Hong Kong
HASSELL
22F, 169 Electric Road
North Point Hong Kong
T +852 2552 9098
E hongkong@hassellstudio.com

Shanghai
HASSELL
12F base 45 Caoxi North Road
Xuhui District
Shanghai 200030 China
T +8621 5467 9333
E shanghai@hassellstudio.com

South East Asia

Singapore
HASSELL
33 Tras Street #02-01
078973 Singapore
T +65 6224 4688
E singapore@hassellstudio.com

United Kingdom

Cardiff
HASSELL
Level 2 Park House
Greyfriars Road
Cardiff CF10 3AF United Kingdom
T +44 29 2072 9071
E cardiff@hassellstudio.com

London
HASSELL
1 Curtain Place
London EC2A 3AN United Kingdom
T +44 20 7490 7669
E london@hassellstudio.com