

# Jersey Future Hospital Project

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## Outline Business Case

### Appendix 37 – RIBA Stage 1 Overview

**Document Control**

<b>Version</b>	<b>Date Issued</b>	<b>Summary of Changes</b>	<b>Author</b>
V1	24.10.17	Document compilation	T Nicholls





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JERSEY FUTURE HOSPITAL PROJECT

RIBA Stage 1 Overview

Overview of the D300 Project Brief

January 2017

Gleeds Management Services Ltd  
1400 Bristol Parkway North, Newbrick Road, Bristol  
BS34 8YU

QUALITY ASSURANCE

Sign off: Mike Penny

Position: Director

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**VERSION CONTROL**

<b>Version</b>	<b>Date Issued</b>	<b>Summary of Change</b>	<b>Owner's Name</b>
V1	18/01/17	Baseline populated book plan for review	N Aubrey
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## 1 About this document

- 1.1 Given the regulatory framework within which it must be delivered, it will be unsurprising to note that the 'Project Brief' for the project is a substantial document.
- 1.2 The complexity and scale of a hospital development only adds to this by requiring compliance with a broad range of healthcare specific technical requirements.
- 1.3 The need for an overarching summary capturing the essence of what is being proposed is therefore essential in maintaining a clear appreciation of what is to be delivered.
- 1.4 This 'overview' endeavours to meet this need by summarising the key aspects of the 'Project Brief' and the assumptions / presumptions being made within it. Maintaining brevity however means that its detail is necessarily limited and those requiring a more incisive view should refer directly to the Project Brief itself.
- 1.5 Aside from the above, it should be noted that in defining the hospital's requirements the Project Brief will, in all, respect and continue to meet the requirements of 'The Services' as set out within the Contracting Authority's Project Agreement.

## 2 Introduction

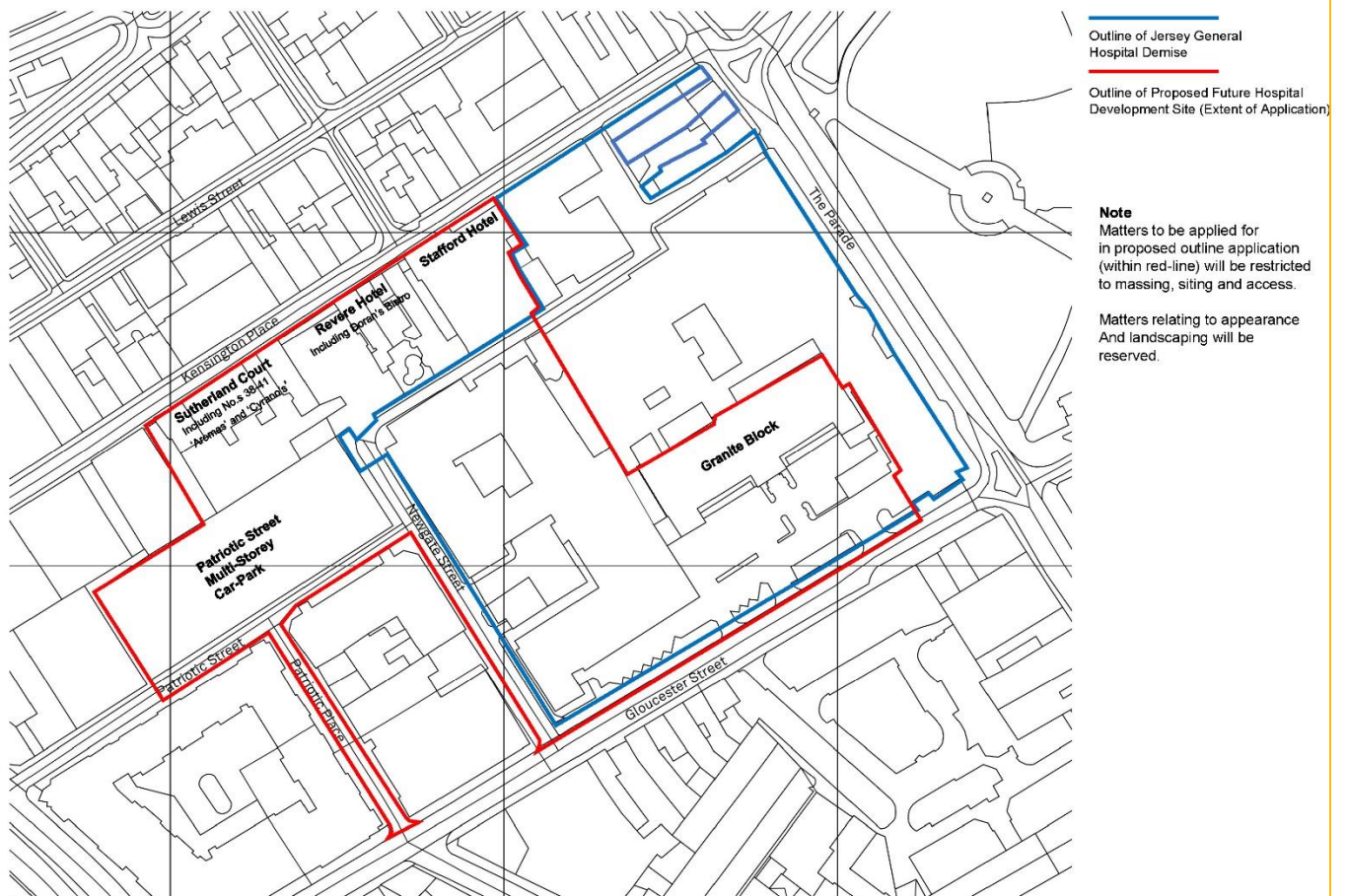
- 2.1 Following its approval by Ministers, a site for the new hospital will be created by clearing a portion of the existing hospital site and augmenting it with key property acquisitions.
- 2.2 This single site approach allows for the main hospital to be constructed in one phase, following relocation and decanting projects to clear Peter Crill and Gwyneth Huelin House. The single phase retains attractiveness to the construction market and allows safe ongoing operation of the existing hospital on the remainder of the Jersey General Hospital site.
- 2.3 On completion of the development the Granite Block will be retained to serve the new build hospital providing accommodation for corporate, admin and training departments.
- 2.4 The residual site retained for future use by the Health and Social Services department; subject to a development control plan created in tandem with the outline planning application for the main hospital site.

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2.5 This is summarised in the Red Line Plan below.



Jersey Future Hospital – Site Plan Indicating Proposed Development Site Not to Scale

- 2.6 These acquisitions will be taken forward by the States of Jersey directly with all subsequent site demolition and clearance being undertaken within this new hospital project.
- 2.7 This increased site footprint will allow a safe, sustainable hospital to be developed that meets the requirements of the Agreement and, the specific conditions for such a development agreed by the Project Board. These will therefore continue to form part of the ongoing Project Brief.



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- 2.8 The Project Brief maintains the core principles agreed within Change Request 25 and supports these principles with clinical engagement, ratification of the Initial Brief and development of design, cost and management proposals in support of these;

i.	That the safe operation of the hospital will be maintained throughout
ii.	That the hospital will be located on the Jersey General Hospital site
iii.	That additional properties on Kensington Place will be acquired
iv.	That the hospital will be operational within 8 years
v.	That the hospital will be delivered at a comparable cost to new build site options
vi.	That some flexibility in Planning Policy will be tested
vii.	Some operational compromise will be accepted to support the spatial constraints
viii.	A high quality new build hospital will be delivered
ix.	That there will be support for the release of adequate on site area
x.	That the hospital will be delivered in one main construction phase

- 2.9 The project to date has been developed to meet the overarching vision set out within P.82/2012 and the strategic objectives defined within the Future Hospital Strategic Brief.
- 2.10 The obligation to continue to meet these expectations will remain throughout the detailed design phase with compliance being tested through the design quality management systems summarised later in this overview.
- 2.11 The main hospital development will be supported by several decentralised services buildings. These have been designed to integrate fully with the design of the new hospital but will be delivered locally to minimise delivery timescales and to economically support the island industry.
- 2.11.1 A new build ambulatory care centre constructed on the site of the former Westaway Court utilised to create permanent accommodation for outpatient departments, temporary accommodation for medical support secretaries and ultimately forming a centre for patients undergoing treatment for long term conditions;
- 2.11.2 A facility for medical records in the Westmount building on Overdale site for store and management of records during the construction of the new hospital and ultimately forming an archive for medical records as the phased adopting of an Electronic Patient Record creates a paper-light solution for the hospital.

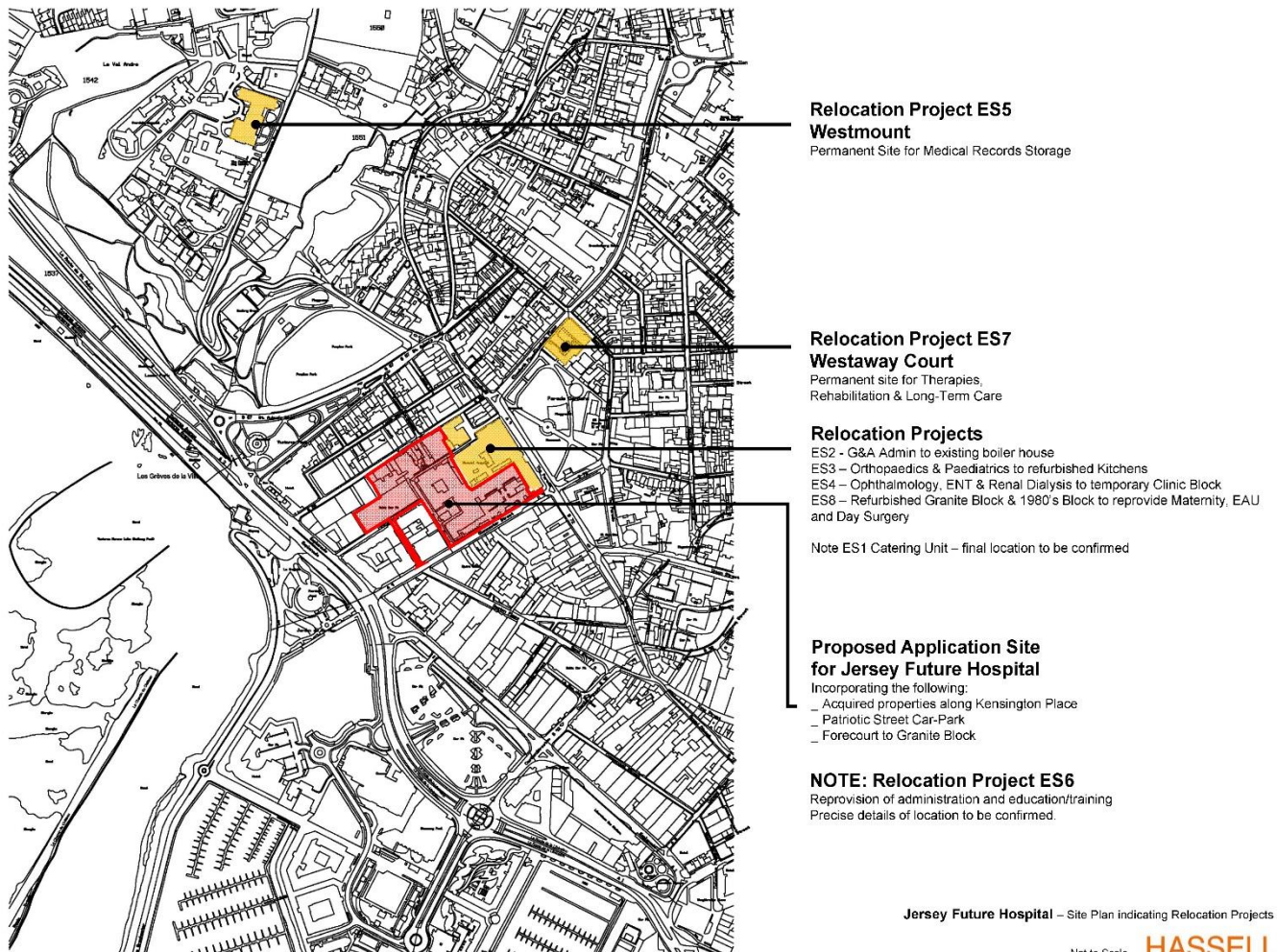
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2.11.3 A Central Production Unit delivering all catering requirements for the current and future hospital located in a leased unit.

2.11.4 Utilisation of Patriotic Street Car-park to create a direct link from patient, visitor and staff parking via bridge links into the new build hospital.



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### 3 Headline Outcomes

	Content
Budget [£M]	£466m based on Q1 2017 inflation index
Target floor area [M <sup>2</sup> ]	47,185m <sup>2</sup> - Project is currently drawn to 51,500m <sup>2</sup> – RIBA stage 1
Construction commencement target	Demolition commences Dec 2018 with construction + 6 months
Construction Period	3 years and 2 months
Target opening dates	<ul style="list-style-type: none"> <li>Westaway Court (Outpatients) - December 2018</li> <li>New acute Hospital - February 2023</li> <li>Granite Block – Corporate, Education &amp; Training - February 2024</li> </ul>
No of floors [Including Ground floor]	8
No of inpatient beds	287 [192 inpatient acute]
No of operating theatres	8 including 1 obstetrics theatre within the Maternity Department and 1 Interventional Radiology Theatre co-located in the Radiology department.
Ward configuration	<ul style="list-style-type: none"> <li>Inpatients – 6 of 32 Bed Acute Inpatient wards a 24 Bed Private Patients ward</li> <li>71 Beds in Specialty Zones / Wards</li> </ul>

### 4 Project Requirements

#### Strategic basis for the design - Acute Services strategy & Operational Policies

- 4.1 The Health and Social Services Department's [HSSD] Acute Service Strategy sets out how the islands healthcare service will be gradually transformed to increase its focus on preventative healthcare.
- 4.2 This is a significant change and recognises that it is helpful and often more effective for patients to receive services in settings most appropriate to their needs.
- 4.3 This inter-relationship between community - based services and the hospital is therefore important as it influences where services are provided and therefore the new hospitals size and functional content.
- 4.4 As such, the Strategy's principles have been central to the new hospitals proposed Operational Polices which set out how the hospital would function and importantly the flow of patients through it.

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- 4.5 The hospital's initial design has been based upon these policies and, in so far as it can be defined at this stage, is considered to reflect a good alignment with the expansion of community-based services anticipated by the Strategy.
- 4.6 The strategy and Operational Policies will continue to be used to inform the detailed design of the hospital and are reflected fully in the development of the Project Brief.

### **Clinical engagement and Functional Briefing**

- 4.7 The current design of the new hospital in terms of the relationship between departments, their general size and functional content are set out in both 1:500 floor plan drawings and an accommodation schedule identifying the rooms to be provided in each case.
- 4.8 These have been arrived at through extensive clinical engagement between the HSSD staff and specialist Health Planners with extensive experience of UK health design standards.
- 4.9 Subsequently at a 1:500 scale of detail, the Project Brief reflects a robust agreement with clinical users over the content of the new hospital and the preferred spatial relationships required between its departments.
- 4.10 The clinical engagement process that enabled this agreement to be reached will be maintained through detailed design phase to define the remaining physical arrangement rooms and their general layout
- 4.11 This process will also provide a robust mechanism through which any emerging functional / departmental association changes can be managed where these are discovered to be required or prove to be beneficial.

### **Hospital Capacity expectations**

- 4.12 Key aspects of the hospital's capacity are defined by the Initial Brief and reflect the terms of the Project Agreement. These were derived from early capacity planning and are considered to remain valid. Further capacity and utilisation modelling will be undertaken in the subsequent phases.
- 4.13 Further work will however, be undertaken during the detailed design phase to ascertain the ongoing effect of demographic and other growth factor changes on these assumptions.
- 4.14 Any adjustment of the hospital content required to reflect these capacity changes will be managed through the clinical engagement process set out above.

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### **The Key Decisions Log**

- 4.15 Preferences and other key decisions confirmed with HSSD during the initial design period have been captured in a Key Decisions Log. This has informed the current hospital's design and will need to continue to do so during the detailed design phase.
- 4.16 Some of the significant assumptions established from the Log's content are set out below:

#### **Key assumptions – clinical and health planning**

- 4.16.1 The function and capacity of the new hospital will continue to be informed by the scale and extent of the services that are developed in the community. Some functional and capacity adjustment of the hospital may therefore be needed during the detailed design phase to reflect final decisions over future community service developments.
- 4.16.2 Theatre capacity, bed numbers and the quantity of consultant examination rooms continue to reflect Health Planner estimates. Whilst these are felt to be robust, they may require marginal adjustment once the analysis of 2014-2015 activity data has been completed and the Interventions Benefits work has been concluded.
- 4.16.3 The functional organisation of the hospital has been confirmed at a 1:500 planning level and the detailed planning of the hospital will be based upon this. Full 1:500 functional plans are included in Appendix 1.
- 4.16.4 Bed capacity and modelling based upon the 2014-2015 data indicates that the best relationship of wards and beds is the 6 wards each of 32 beds, with beds clustered in modules of 4 or 6.
- 4.16.5 Bed Modules will be designed to maximise operational use, with sliding glazed entrance screens to bedrooms, whilst retaining patient privacy and dignity.
- 4.16.6 The 4 or 6 bed modules will include drop in station for the nursing staff and will allow the sub-division of the ward environment to suit differing patient needs.
- 4.16.7 An Obstetrics theatre and Interventional Radiology Theatre will be provided within the respective Maternity and Radiology departments.



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### **Key assumptions - construction and town planning**

- 4.16.8 Stakeholder engagement with the Jersey Planning Department during the development of the Project Brief alongside initial assessment of the project by the Jersey Architecture Committee has been concluded.
- 4.16.9 The size and mass of the building will be significant in the context of St Helier and the form of the building should endeavour to minimise the impact on the residential nature of Kensington Place.
- 4.16.10 The historical setting of the Granite Block should be reinstated following the construction of the Future Hospital
- 4.16.11 The Contracting Authority will undertake to complete leasing of a facility of the Central Production Unit for off-site catering, decant staff in key worker accommodation (in Westaway Court and Gwyneth Huelin), lease of a temporary office facility for Corporate Services, Education and Training and purchase properties on Kensington Place in line with the development programme
- 4.16.12 Provision of an outline Development Control Plan (DCP) to indicate parameters for future treatment of the residual site, which will retain health related functions. Parameters to be fixed in the DCP will include massing and siting only. Matters relating to access, appearance, landscaping will be reserved.
- 4.16.13 Active and passive measures will be deployed by the Construction Partner to limit the impact of noise, dust and vibration on the operating hospital site.
- 4.16.14 An Outline Planning Application will be submitted in May 2017 which will support the Siting, Massing and access with Appearance and Landscaping reserved for the Detailed Planning Application.
- 4.16.15 Modifications to the local road network with junction improvements at Gloucester Street and Patriotic Place (to allow two way use of Patriotic Place) and the pedestrian only use of Newgate Street (with shared surface facilities for Hospital and business delivery access) will be proposed in the Outline Planning Application.

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### **Key assumption - Financial and economic**

- 4.16.16 The 60-year BCIS-based asset lifecycle provision currently included in the capital cost envelope will remain in place. However, following detailed design, the basis for its calculation will be revised to reflect an elemental understanding of the hospitals construction.
- 4.16.17 The costs within the agreed capital budget have been based at Q1 2017 and include provision for inflation over the remainder of the construction period. Inflation movements will need to be managed on a quarterly basis.
- 4.16.18 Utilisation of local island based resources will be maximised where possible within both the design and construction of the Future Hospital.
- 4.16.19 The expenditure profile for the design and construction period is based on the cost plan contained in appendix 2.

### **Functional content and hospital size**

- 4.16.20 The scale and capacity of the new hospital and other campus facilities has been estimated using UK best practice guidance and the Lead Advisors expertise in this field. It includes a targeted reduction of 15% against spatial standards defined within UK Health Building Notes [HBN] and Health Technical Memoranda [HTM] so long as this could be achieved safely and sustainably.
- 4.16.21 The Initial Brief and corresponding responses have been subject to clinical engagement and review with the clinical leadership teams, this engagement will continue during the following stages of the design; Change Management and Value Management principles will be adopted throughout this process. Significant progress has already been made in achieving this reduction largely through the design and clinical engagement completed to date.
- 4.16.22 This process will need to continue through the detailed design phase where more accurate schedules of accommodation and confirmed room sizes will inform any further area reductions that can be safely and sustainably achieved.
- 4.16.23 The completion of capacity planning and Intervention Benefits modelling during detailed design will also assist in this reduction by identifying any over-provision of rooms

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or by identifying practices which, if implemented could lead to rooms no longer being required.

- 4.16.24 The current functional content is summarised below with a more detailed Schedule of Accommodation being included within the individual departmental project Briefs.

<b>RIBA Stage 1 - Brief - Hospital Zone and area (m2) comparison</b>					
<b>Zone</b>	<b>Existing Hospital Total</b>	<b>HPCG / HBN Total</b>	<b>CR025 Target Total</b>	<b>RIBA 1 As Briefed Target</b>	<b>RIBA 1 As Drawn Total</b>
Main entrance	1,000	1,664	1,415	1,589	954
Emergency zone	1,339	2,446	2,079	2,358	2,332
Staff Facilities	-	1,319	1,121	1,180	1,089
In-patient / Integrated Units	6,343	13,762	11,698	12,060	11,538
Women's & Children's	2,180	4,875	4,143	4,072	4,134
Treatment & Diagnosis	2,914	4,171	3,546	3,368	3,378
Radiology	1,162	1,337	1,137	1,525	1,526
Ambulatory Care	3,994	6,226	5,292	5,668	5,770
Clinical Support Facilities	2,395	2,814	2,392	2,768	2,586
Facilities Management	1,000	2,879	2,447	1,984	1,203
<b>Departmental Areas Total</b>	<b>22,328</b>	<b>41,492</b>	<b>35,268</b>	<b>36,572</b>	<b>34,510</b>
Communication		4,149	3,527	3,657	5,820
Plant		6,224	5,290	5,486	5,291
<b>Main Hospital Total</b>		<b>51,865</b>	<b>44,085</b>	<b>45,715</b>	<b>45,621</b>



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### **Intervention benefits approach**

4.16.25 Development work completed to date been supported by a collaborative review of operational practice by the projects advisors, the clients project team and HSSD clinical leadership. This work has examined best practice, innovation and performance benchmarks at other hospitals and used this to identify any areas where operational improvement or service delivery change would be beneficial.

4.16.26 This work will need to continue during the detailed design phase to assist in identifying performance improvement options and in achieving any remaining spatial reduction noted above.

### **Flexibility and future proofing**

4.17 The hospital will adopt a range of flexibility strategies to ensure that, as far as is possible it remains functionally appropriate to the islands future needs.

4.18 Initial flexibility strategies established through the initial 1:500 design process will need to be further developed and tested during detailed design to ensure that they are robust and offer an appropriate level of Value for Money. They include:

4.18.1 Upper floors of ward areas and Private Patient departments can be constructed shell only or safe-guarded for future construction in the design process.

4.18.2 Additional basement area to support Facilities Management, storage and support functions is possible.

4.18.3 Improved utilisation of the Granite Block in redevelopment of its use for Corporate, Admin, Education and Training creating expansion space.

4.18.4 Use of Development Control Plan to deliver future flexibility for use of residual site, existing buildings or extension to new Future Hospital following completion.

4.19 These initial proposals will be further developed during the detailed design phase to ensure that they remain aligned with the overall design of the hospital.

4.20 Capacity planning to be completed will inform flexibility proposals. This will identify the demographic and other growth trends driving the hospitals future activity allowing its size and capacity where practical and cost effective, to reflect an appropriate level of future demand;

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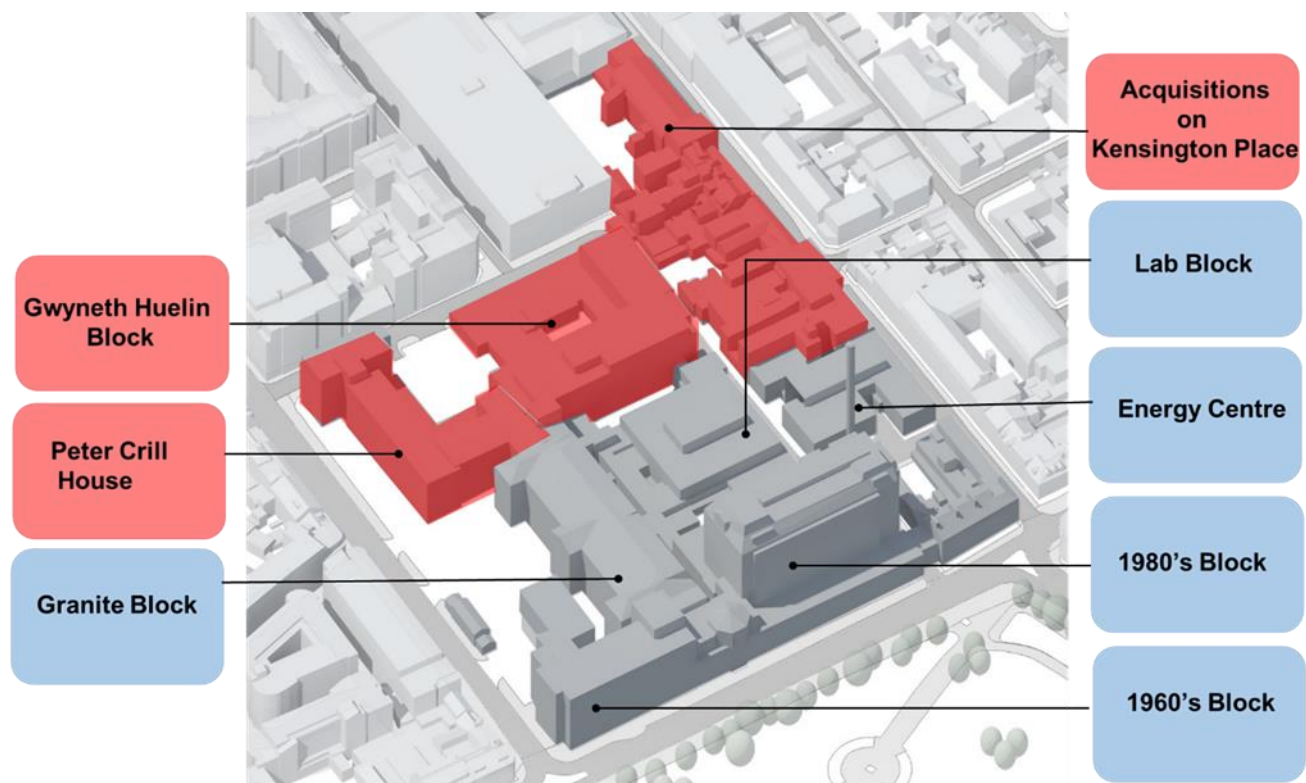
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## 5 Project Delivery

### Creating the Future Hospital campus

- 5.1 In order to create the single site existing facilities must be decanted from within the hospital estate and a series of properties on Kensington Place purchased.
- 5.2 The services within Peter Crill and Gwyneth Huelin will be decanted as follows;
  - 5.2.1 Outpatients – split into 3 locations, Westaway Court for those not requiring a direct clinical link to the hospital, and into a Temporary Clinic Block and New Ground Floor Outpatients Zone (following the relocation of the existing Kitchen) for those departments that require direct main hospital support.
  - 5.2.2 Emergency Assessment Unit and Day of Surgery Unit - moved into rationalised space around Maternity in the Granite and 1980's block.



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5.2.3 Corporate, Admin, Education and Training – largely moved temporarily into a leased office facility in St Helier. Certain Education and Training functions will remain on site for provision of day-to-day support in a seminar room and an auditorium facility will be rented for large scale use requirements. These departments will be subsequently repatriated to a refurbished area in the Granite Block following completion of the Future Hospital Project.

5.2.4 Staff Accommodation – relocated off site into new facilities provided by third party provider.

5.2.5 Medical Secretaries and Consultants Offices – relocated during the construction of the Future Hospital to the top floor of the New Build Westaway Court facility and subsequently repatriated to a refurbished area in the Granite Block following completion of the Future Hospital Project.

5.3 Within the existing hospital these moves have the following knock on effects:

5.3.1 Maternity – rationalisation of the departmental spaces but retention of access to updated Obstetrics Theatre, modernised Specialist Care Baby Unit and improved ensuite facilities.

5.3.2 Medical records – storage and processing relocated to the Westmount centre but retaining a record control and distribution office within the hospital.

5.3.3 Main Kitchen – permanently decanted to a leased facility providing all catering requirements of the existing and future hospital; the retention of storage and distribution facilities on site during temporary and final state will allow for the management of meals from the Central Production Unit.

5.3.4 Facilities and Maintenance areas – consolidated to provide space above workshops for G&A Administration team, extra support space provided in ground floor of St Elmo to create consolidation space for workshops.

5.4 Following the completion of the Future Hospital and services having decanted from the Granite Block this facility will be refurbished to provide the ongoing provision of Corporate, Administration, Education, Training, Consultants and Medical Secretaries.

5.5 In order to maintain the programme the relocations and decanting works are programmed to complete by the end of 2018, this will allow the commencement of demolition on the clear site.

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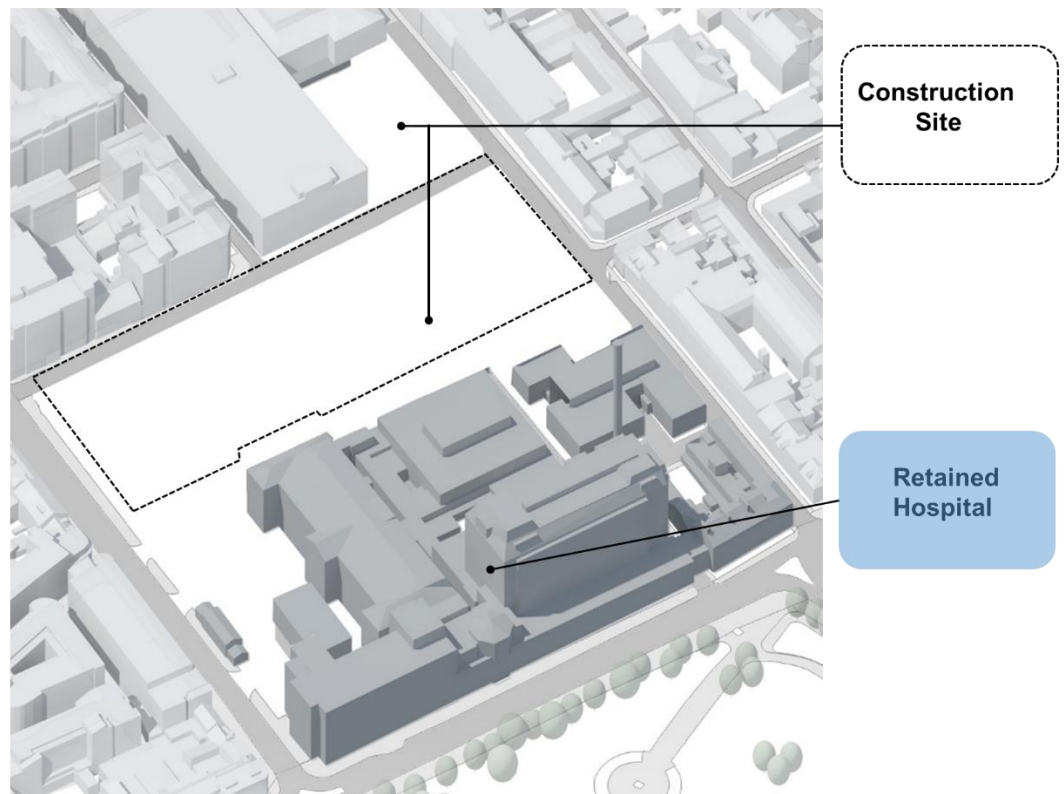
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- 5.6 Prior to demolition a series of protection measures will be undertaken along the adjacent façade to the construction site to minimise the impact of noise, dust and vibration from the works.

*The new hospital is configured by removing facilities from the existing hospital to both temporary and/or permanent locations*

*Existing functions will remain Operational during the construction Of the new hospital*



\_ Jersey General Hospital – Proposed Development Site

- 5.7 Decanted facilities of a temporary nature must remain operational until the completion of the future hospital project and subsequent refurbishment of the Granite Block and will therefore be designed to be fit for purpose for this up to 6 year period.
- 5.8 Once the existing hospital has been decanted the residual site, subject to future planning permissions on the basis of the Development Control Plan, would be available for remodelling, refurbishment or re-use.

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### **Aspiration for each Facility**

- 5.9 The Future Hospital project provides for a New Build replacement for Jersey General Hospital that will be fit for purpose from opening for 60 years, it will have factored in new ways of working, growth and changing demographics and will deliver a modern healing environment.
- 5.10 As part of the campus development the following facilities will be delivered in the end state:
- 5.10.1 Jersey Future Hospital – 46,000m<sup>2</sup> new build facility
  - 5.10.2 Westaway Court – 3,200m<sup>2</sup> new build facility
  - 5.10.3 Granite Block – 3,100m<sup>2</sup> refurbished facility
  - 5.10.4 Central Production Unit (catering) – 1,000m<sup>2</sup> refurbished (leased) facility
- 5.11 In the temporary case to create the vacant site the following facilities will be required:
- 5.11.1 Corporate, Admin, Education and Training offices – 1,800m<sup>2</sup> (leased) facility
  - 5.11.2 Westmount Centre – 1,000m<sup>2</sup> refurbished facility (which could become permanent should EPR process be delayed or paper records require on-going management)

### **The main hospital**

- 5.12 Initial studies that explore the massing and architectural form of the new facility have been carried out to support early engagement with key stakeholders including the Planning Authority and Jersey Architecture Commission (JAC). 3D digital and physical models have been developed to test the scale and mass of the proposals and to allow comparison with the surrounding context. The proposals will continue to be developed in the coming design stages.
- 5.13 The current preferred massing sees a nine storey (including plant) building that has been articulated in response to context and intended use.
- 5.14 The building is simply organised as a plinth (designed to respond to the surrounding scale of development) upon which sits the proposed inpatient wards. The plinth and ward floors are separated by a set-back interstitial plant floor. The wards are arranged in a manner that allows sub-division of the mass into a series of linked blocks.
- 5.15 The scale of development along Kensington Place is also recognised with the proposed accommodation above the plinth set at an angle in order to mitigate its impact.

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- 5.16 Material strategies for the proposed building will be developed in the coming design stages and will result from further studies into context and environmental performance. Initial thoughts suggest the plinth should respond to the quality of the Granite Block with the inpatient ward floors treated in a contrasting way
- 5.17 The association with Patriotic Street car park, both architecturally and physically in terms of utilisation and bridge links is understood within the project and will form part of the Outline Planning Application.

#### **Westaway Court**

- 5.18 A study has been undertaken into the feasibility of refurbishment of the existing Westaway Court building to accommodate the proposed departments that are to be relocated to it and consider flexibility for future departmental changes.
- 5.19 This study considered two options, the first being the refurbishment of the existing buildings with a new build construction element, the second being the demolition of the existing buildings and construction of a new building on the site.
- 5.20 The findings of the study have accepted the new build solution as providing the best provision of services to match the Client department's requirement and provide the States of Jersey with a viable asset on par with the Future Hospital to support the campus development.
- 5.21 The new build Westaway court provides the required mix of facilities, in a modern and welcoming environment to support the concept of providing care to those managing long term illnesses.

#### **Alternate Corporate Services, Admin and Training provision**

- 5.22 In order to create a vacant site for the construction of the Future Hospital Corporate Services, Administration, Education and Training must be decanted from Peter Crill house.
- 5.23 A study has been concluded assessing the viability of refurbishing an existing States



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### Programme and phasing

- 5.24 The following phasing schedules set out the required delivery timeframes for both the new hospital and each of the relocation schemes / refurbishment projects associated with its delivery.
- 5.25 Following the completion of Deliverable 3 and RIBA stage 1 the table below articulates the second stage of programme to achieve approval prior to the summer of 2017.

Stage 2 - Task Name	Start	Finish
<b>Detailed Procurement Strategy (D7)</b>	<b>Mon 30/01/17</b>	<b>Tue 04/04/17</b>
<b>Feasibility Studies (D4)</b>	Thu 12/01/17	Thu 12/01/17
<b>Project Execution Plan (PEP) (D6)</b>	<b>Thu 12/01/17</b>	<b>Wed 08/03/17</b>
<b>Options Appraisal Report (D5)</b>	<b>Thu 12/01/17</b>	<b>Thu 23/03/17</b>
<b>Produce Tender Document (D12)</b>	<b>Wed 05/04/17</b>	<b>Thu 29/06/17</b>
<b>Project Evaluation &amp; Assurance - Procurement (D11)</b>	<b>Fri 30/06/17</b>	<b>Thu 03/08/17</b>
<b>Outline Planning (D9)</b>	<b>Thu 12/01/17</b>	<b>Wed 05/07/17</b>
<b>EIA Chapters (D9)</b>	<b>Thu 12/01/17</b>	<b>Thu 06/07/17</b>
<b>Output Specification (D10)</b>	<b>Fri 07/07/17</b>	<b>Thu 02/11/17</b>
<b>RIBA Stage 2 - Concept Design (D18)</b>	<b>Thu 12/01/17</b>	<b>Wed 28/06/17</b>
Draft OBC (D8)	Thu 12/01/17	Wed 03/05/17
Report & Proposition Debate	Thu 04/05/17	Wed 28/06/17
Approval to Commencement & Detailed Design	Wed 28/06/17	Wed 28/06/17
<b>Package Procurement (D13)</b>	<b>Wed 15/03/17</b>	<b>Tue 31/10/17</b>

- 5.26 The drivers of stage 2 are to provide sufficient certainty and information for the States debate prior to the summer but still retaining the overall programme and delivery mechanism within the Agreement.

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- 5.27 Post the approval of the draft Outline Business Case work will commence to conclude the appointment of the Contracting Partner and prepare for construction works on site.
- 5.28 This includes conclusion of all Relocations projects prior to the decanting and preparation for demolition by the end of 2018.
- 5.29 The full business case, developed in association with the Contractor will be completed, independently assured and submitted for States Assembly for debate in time for its approval prior to commencement of the demolition works.
- 5.30 The table below articulates the key milestones and Agreement activities for Stages 3 and 4;

Stage 3 & 4 - Task Name	Start	Finish
<b>RIBA Stage 3 - Developed Design (D19 &amp; D20)</b>	<b>Thu 29/06/17</b>	<b>Wed 31/01/18</b>
<b>Outline Business Case (OBC) (D8)</b>	<b>Thu 29/06/17</b>	<b>Wed 22/11/17</b>
<b>Detailed Planning Application (D21)</b>	Thu 23/11/17	Wed 25/04/18
<b>Design Management (D22)</b>	Thu 23/11/17	Wed 17/04/19
<b>RIBA Stage 4 - Technical Design (D23)</b>	<b>Thu 01/02/18</b>	<b>Wed 12/09/18</b>
<b>Full Business Case (D14)</b>	<b>Thu 23/11/17</b>	<b>Wed 14/11/18</b>

- 5.31 To conclude the Full Business Case the Detailed Planning Application and reserved matters from the Outline Planning Application will be discharged to ensure cost certainty prior to signing contracts with the Contractor to commence works on site.
- 5.32 The approval of the Full Business Case would mark the transition into the construction phase



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Stage 5+ Task Name	Start	Finish
<b>Pre-Construction Mobilisation (D23)</b>	Thu 25/04/19	Wed 28/08/19
Demolition	Thu 13/09/18	Wed 24/04/19
<b>Construction (D24)</b>	Thu 29/08/19	Wed 21/09/22
<b>Inspection &amp; Testing (D25)</b>	Thu 22/09/22	Wed 16/11/22
<b>Project Evaluation - Readiness for Service (D26)</b>	Thu 17/11/22	Wed 11/01/23
<b>Practical Completion of the Works (D27)</b>	Thu 12/01/23	Wed 01/02/23
<b>Commissioning, fit-out, training and decant (D28)</b>	Thu 02/02/23	Wed 07/06/23
<b>Final Certification &amp; Fully Occupied (D29)</b>	Thu 08/06/23	Wed 14/06/23
Granite Block Refurbishment (D24)	Thu 15/06/23	Wed 06/11/24
<b>Post-Project Evaluation (D30)</b>	Thu 07/11/24	Wed 20/11/24

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### Delivery of the temporary works

- 5.33 A number of discrete but interconnected enabling projects have been identified to allow existing buildings to be vacated and subsequently demolished to provide a cleared site for the construction of a new hospital building. The projects have been identified as **Enabling Schemes** (ES Projects)
- 5.34 Relocation works have been defined as those projects that are required to provide vacant buildings for demolition through the relocation of HSSD departments and functions either to temporary on and off site accommodation or in some cases permanent. These are referred to as **Relocation Projects** (ES Project 1-9)
- 5.35 Those relocations projects with critical path dependencies are summarised below;

Enabling Works - Task Name	Start	Finish
<b>ES 1 Creation of an offsite Catering CPU</b>	<b>Thu 03/11/16</b>	<b>Wed 17/01/18</b>
<b>ES 3 Transfer of Clinics within the Ground floor of JGH</b>	<b>Thu 03/11/16</b>	<b>Wed 19/09/18</b>
<b>ES 4 Construction of a Temporary Clinic Block</b>	<b>Thu 03/11/16</b>	<b>Wed 14/03/18</b>
<b>ES 7 Transfer of Clinics to Westaway Court</b>	<b>Thu 03/11/16</b>	<b>Mon 12/11/18</b>
<b>ES 8 Reorganisation &amp; Refurbishment First Floor Parade, Granite and 1960s wings</b>	<b>Thu 03/11/16</b>	<b>Wed 18/04/18</b>
<b>ES 9 Re-siting of Critical Plant and Systems</b>	<b>Thu 03/11/16</b>	<b>Mon 27/08/18</b>

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5.36 The interdependency of the relocations projects are summarised below in the table below;

	Project	Key Dependencies
ES-1	Creation of an offsite Catering CPU	<ul style="list-style-type: none"> <li>Existing on site facilities to be moved off site to leasehold premises to provide space for ES-3: Transfer of GF clinics</li> </ul>
ES-2	Relocation of Administration Staff within JGH	<ul style="list-style-type: none"> <li>Consolidate on site Engineering facilities or relocate part offsite to release space for ES-2 office accommodation</li> </ul>
ES-3	Transfer of Clinics within the Ground floor of JGH	<ul style="list-style-type: none"> <li>Requires ES-1 to be complete early to allow refurbishment/remodelling works to be undertaken</li> </ul>
ES-4	Construction of a Temporary Clinic Block	<ul style="list-style-type: none"> <li>Planning approval in time for modular temporary building to be designed and procured, shipped and constructed.</li> <li>Decant of existing JGH accommodation in time for enabling and demolition works.</li> <li>Relocation of staff car parking required.</li> </ul>
ES-5	Off Site Transfers of Medical Records	<ul style="list-style-type: none"> <li>Decant of existing Westmount engineers provision to alternative facility</li> <li>Relocation/consolidation of HSSD stores to release required space. Procurement and installation of record storage systems.</li> <li>Decant of existing JGH basement in time for enabling and demolition works.</li> </ul>
ES-6	Relocation of Corporate Functions – Refurbishment	<ul style="list-style-type: none"> <li>Approval of alternative location.</li> <li>Leasehold property to be acquired.</li> <li>Decant of Peter Crill House in time for enabling and demolition works</li> </ul>
ES-7	Transfer of Clinics to Westaway Court	<ul style="list-style-type: none"> <li>Planning approval.</li> <li>Scope of new build and fit out works to be procured and constructed to programme.</li> <li>Decant of existing staff accommodation in time for enabling and demolition works.</li> <li>Alternative provisions for Hydrotherapy to be implemented by HSSD.</li> </ul>
ES-8	Reorganisation & Refurbishment First Floor Parade, Granite and 1960s wings	<ul style="list-style-type: none"> <li>Sequencing and scheduling of fit out/refurbishment works to minimise disruption to operational services.</li> <li>Phased relocation strategy to decant existing JGH accommodation in time for enabling and demolition works.</li> <li>Implementation of new models of care to allow relocated functions to operate within available areas.</li> <li>Allocation of funding from backlog funding for labour suite, SCBU &amp; Obstetrics Theatre</li> </ul>
ES-9	Re-siting of Critical Plant and Systems	<ul style="list-style-type: none"> <li>Planning of works to provide for operational continuity.</li> <li>Plant &amp; equipment to be relocated from affected areas in time for enabling works and demolition.</li> </ul>

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## **Delivery costs**

- 5.37 Project delivery costs has been based on UK best practice cost planning guidance including the NHS 'Hospital Planning and Cost Guide' [HPCG]. A project capital cost envelope of £466m has been confirmed based on the following economic assumptions:
- Inflation estimated at Q1 2017.
  - Value management items incorporated have been supported by the Project Board.
  - Contingency of £36m is ring-fenced outside the project.
- 5.38 An estimate of the profile of this expenditure has been set out within the Project Brief. This will be updated periodically to reflect the emerging outcome of the detailed design process and movements in industry inflation forecasts.
- 5.39 In all cases, controls will be applied to ensure that the project remains within the approved expenditure limits.

## **6 Standards and regulatory Compliance**

### **Design standards**

- 6.1 In accordance with the Project Agreement the hospitals detailed design and its delivery will continue comply with all UK and Island specific regulation.
- 6.2 UK Health Technical Memoranda [HTM], Health Building Notes [HBN] and other health specific guidance will continue to inform the design with specific derogations from this guidance being agreed with the Contracting Authority and Client Department where departures offer safe, sustainable benefits.
- 6.3 Compliance with both regulation and health specific guidance will be monitored by the Lead Advisor and periodically confirmed for the Contracting Authority through the design management process.
- 6.4 There are currently no recorded derogations against this guidance at this point in time.

### **Business Case Development**

- 6.5 The Outline Business Case [OBC] and Full Business Case [FBC] will be developed to fully comply with UK best practice as defined by HM Treasury 'Green Book'.

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- 6.6 The analysis and appraisal processes required to develop these Business Cases will, wherever possible, follow those that had previously been externally assured as part of the Site Appraisal process.
- 6.7 Any deviation from these requirements to reflect States of Jersey regulation or local guidance will be agreed with the Contracting Authority prior to implementation.
- 6.8 External Business Case assurance will continue to ensure compliance with the above and to test the procedural robustness of all that economic and commercial conclusions.

### **OGC Gateway™ review process**

- 6.9 In addition to regular internal review through project team and Project Board, the Contracting Authority will also adopt the OGC Gateway™ Process to review project decision making during detailed design phase.
- 6.10 The Lead Advisor will engage with this process as needed to support the Contracting authority in both its implementation and in the application of its findings.
- 6.11 The timing of Gateway reviews will be developed alongside detailed design programming to ensure that gateway findings support future project and Contracting Authority decision points.

### **External Assurance**

- 6.12 External Project Assurance consistent with that implemented during Site Appraisal will continue through the detailed design period.
- 6.13 This will focus largely on the Business Case development process to verify that practices are consistent with guidance and to provide confidence over all commercial findings.
- 6.14 External assurance activities will be scheduled to coincide with the completion of key Business Case activity and Gateway reviews so that assurance findings reflect a robust view of the projects status.

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## 7 Project Delivery Controls & Quality Management

### Managing Project Risk

- 7.1 Treasury Guidance indicates that projects should be considered in the context of the ‘threats’ and ‘opportunities’ that they present both during delivery and, as a consequence of their implementation.
- 7.2 Treasury Guidance defines these components as:
- 7.2.1 Threats – being the level of exposure that is considered tolerable and justifiable should it be realised. It should compare the cost (financial or otherwise) of constraining the risk with the cost of the exposure should the exposure become a reality; and consider finding an acceptable balance;
  - 7.2.2 Opportunities - This is about identifying and exploiting positive options arising from design or from the way in which risks are managed.
- 7.3 In practical terms, these parameters translate well into ‘risks’ and ‘values’ and in doing so, readily allow the application of generally accepted ranking systems.
- 7.4 The ICA team and the Contracting Authority will manage a shared risk register by updating and review on a weekly, monthly and quarterly basis.
- 7.5 The latest version of the risk register is included in Appendix 3.

### The Design process

- 7.6 Following the RIBA (Royal Institute of British Architects) process provides the client with a consistent method of working and clearly defined gateways at which to assess the completeness and appropriateness of the design.
- 7.6.1 Stage 1 – The Brief – the outcome of this stage is summarised in this report and supporting documents have been submitted to the Contracting Authority and Health and Social Services client for final ratification.
  - 7.6.2 Stage 2 – The Concept Design – is planned to commence following approval of the above and will form 3 fundamental parts; the Outline Planning Permission, the 1-200 drawings

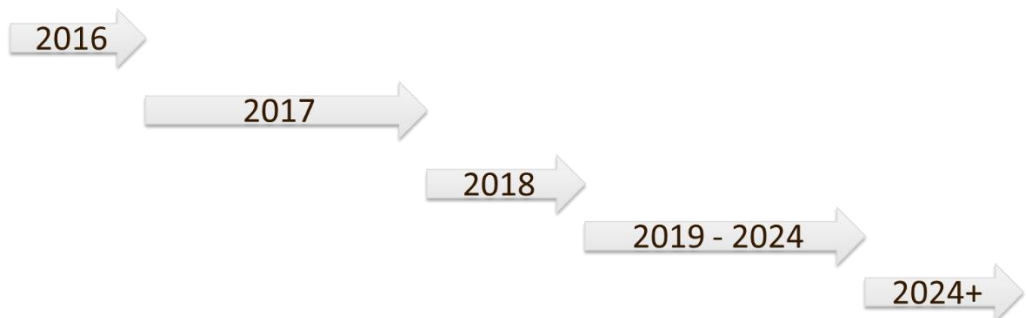
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(showing the detail within each department) and a draft outline business case for States Assembly approval.

- 7.7 Via review at key gateways (at the end of each stage) and ongoing stakeholder involvement the Contracting Authority and Client Department, supported by their independent advisors, will interrogate, review and approve the design and manage the incorporation of change.
- 7.8 At each RIBA gateway an objective independent review of the design quality will be undertaken. This will be undertaken in accordance with best practice from the NHS in the UK to ensure that the findings can be realistically and directly compared.
- 7.9 The diagram below shows a broad overview of the RIBA stages and how they relate to the Jersey Future Hospital programme



**Measuring the quality of the hospitals design**

- 7.10 Design quality will play a critical part in the effectiveness of the project by ensuring that the hospital that in addition to being fit for purpose it provides a valuable and appreciated addition to the townscape.

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- 7.11 Many of the projects Design expectations are set out within the Future Hospital – Strategic Brief. These will need to be refined to reflect the actual facilities being delivered and objectively tested through a formal review process,
- 7.12 The project Brief anticipates that the Contracting Authority will adopt a facilitated process such as that available through Design Quality Indicator [DQI].

#### **Managing expectations and making ‘value’ choices**

- 7.13 Being a complex facility, value-based choices will inevitably need to be made during the detailed design phase to ensure that an appropriate balance is struck between quality and cost.
- 7.14 To assist the Client Department in effecting good choices the Lead Advisor will continue to track value options in a ‘Value Log’.
- 7.15 This will set out the options available and will record the implications and timing associated with each option allowing the Client department to fully appreciate the merits of each option.
- 7.16 A copy of the current Value Management Log is included in the Project Brief and an extract included at Appendix 4.



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## 8 Project Brief Overview Appendices schedule

No.	Content
1	<b>Main Hospital and Westaway Court 1-500 scale drawings</b> (Indicating departmental gross size, adjacencies and building form and massing)
2	<b>Cost plan and supporting documents</b> (Showing the capital costs of the New Build Hospital, associated relocations projects and the predicted Life-Cycle Costs of the overall project)
3	<b>Risk Management Log</b> (Showing current risk assessment of the project risks held by the ICA team)
4	<b>Value Management Log</b> (Showing adopted and potential Value Management options)
5	<b>Reference Material</b> (Version 0.6 of the RIBA Stage 1 Report and associated appendices, to provide the design and context detail alongside detailed versions of the Project Brief)

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## 9 Glossary of Terms

ADB	Activity Data Base Sheets
All-in TPI	All-in Tender Price Index published by BCIS
ASS	Acute Services Strategy
BCIS	Building Cost Information Service of the RICS
BIM	Building Information Modelling
BQ	Bill of Quantities
BRE	Building Research Establishment
BREEAM	Building Research Establishment Environmental Assessment Model
Brief	Feasibility Site Option Appraisal Brief 'FH – 1.6 – Change Order 004 – Variation to Options Appraisal – 20141230'
Capex	Capital expenditure(s)
CDM	Construction Design & Management Regulations 2007
CDU	Clinical Decision Unit
CO004	Change Order 4 – Review of four site options, report presented April 2015
CO018	Change Order 18 – Long list review of additional park sites, report presented August 2015
CO021	Change Order 21 – Review of five site options, including Option E People's Park
COM	The Council of Ministers of the States of Jersey
Contracting Authority	The States of Jersey
CPI	Consumer Price Index
CR004	Change Request 4 - See CO004
CR018	Change Request 18 - See CO018
CR021	Change Request 21 - See CO021
DCAG	Departmental Cost Allowance Guide. Previously published by the UK Department of Health, now superseded by HPCGs.
Department for Infrastructure	Prior to January 2016 formerly TTS, Transport and Technical Services Department of the States of Jersey
DOH	UK Government Department of Health
EAU	Emergency Assessment Unit
EPI	Equipment Price Index
EY	The Contracting Authority's Financial Advisor

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FAE	Functional Area Estimate
FBC	Full Business Case
Financial Advisor	One part of the ICA Team
Financial Direction	The directions issued by the Treasurer of the States of Jersey
GBCI	General Building Cost Index published by the BCIS
GEM	Generic Economic Modelling
GIFA	Gross Internal Floor Area
GMS	Gleeds Management Services
HBN	Health Building Note
HPCG	Healthcare Premises Cost Guide
HSSD	The Health and Social Services Department of the States of Jersey
HTM	Health Technical Memorandum
ICA	The team of Independent Client Advisors
ICT	Information and Communication Technology
IPT	The team comprising of the Client Team, ICA Team and Supply Team
ITT	The Invitation to Tender Document
JFH	Jersey Future Hospital
JGH	Jersey General Hospital
JIFC	Jersey International Finance Centre
KPIs	Key Performance Indicators
LCC	Life Cycle Cost
Legal Advisor	The legal entity that enters into the Contract with the Contracting Authority to provide the legal and commercial advisory and consultancy services. One part of the ICA Team.
LOD	The Law Officer's Department of the States of Jersey
LPA	Local Planning Authority
MEAT	Most Economically Advantageous Tender
MEP	Mechanical, Electrical & Public Health Engineering Services
MIPS	Median Index Pricing Study
MOG	The Ministerial Oversight Group of the States of Jersey
NPV	Net present value
OBC	Outline Business Case
ONS	United Kingdom Office for National Statistics

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OPD	Outpatients Department
Opex	Operating expenditure
Optimism Bias	Empirically determined adjustment to redress the tendency toward overly optimistic project appraisal
Procurement	The process of obtaining a tender
Project	The Future Hospital Project
Project Board	The Board of the Project, assembled quorate
Project Director	The sponsor of the project, who reports to the Chairperson of the Project Board
Project Team	Those operational staff assembled by the Contracting Authority to manage the delivery of the Project
PUBSEC	Public Sector Tender Price Index published by the BCIS
QA	Quality Assurance
QRA	Quantified Risk Analysis
Refined Concept	The Dual Site refined concept Addendum to the Strategic Outline Case, as prepared by WS Atkins October 2013
RICS	Royal Institution of Chartered Surveyors
RPI	Retail Price Index
RPIJ	Retail Price Index Jevons
Supply-Chain Procurement Strategy	The procurement strategy developed by the Contracting Authority (with support from the ICA Team)
SMART	Specific Measurable Achievable Realistic Time Related
SMEs	Small & Medium Enterprises
SOC	Strategic Outline Case, as prepared by WS Atkins May 2013
SOJ	States of Jersey
SOJDC	States of Jersey Development Company
SOJTES	States of Jersey Technical and Environmental Services
SRO	Senior Responsible Owner (the Treasurer of the States of Jersey)
Stakeholders	The organisations or departments of the Contracting Authority that have an interest in the successful delivery of the Services
States Assembly	The elected officials of the States Assembly
States Member	A member of the States Assembly
Strategic Brief	The strategic brief of the project, as contained in the Services Information
Technical Advisor	The Consultant