

**The States of Jersey  
Hospital Pre-Feasibility  
Spatial Assessment Project**

**Jersey General Hospital: Refined Concept  
Addendum to the Strategic Outline Case  
Appendices**

**3<sup>rd</sup> October 2013**

## Notice

This document and its contents have been prepared and are intended solely for States of Jersey's information and use in relation to Pre-feasibility Spatial Assessment.

WS Atkins International Limited assumes no responsibility to any other party in respect of or arising out of or in connection with this document and/or its contents.

This document has 82 pages including the cover.

### Document history

Job number: 5113836			Document ref: Strategic Outline Case			
Revision	Purpose description	Originated	Checked	Reviewed	Authorised	Date
01	Draft	IAS / AV	DB	IST	SD	03.09.13
02	Issue	IAS / AV / JOM	DB	IST	SD	25.09.13
03	Issue	IAS / AV / JOM	DB	IST	SD	03.10.13

## Client sign-off

Client	States of Jersey
Project	Pre-feasibility Spatial Assessment project: Jersey General Hospital
Document title	Refined Concept : Strategic Outline Case
Job no.	5113836
Copy no.	
Document reference	5113836.R4-010

**Title:**

**Print:**

**Sign:**

**Date:**

**Title:**

**Print:**

**Sign:**

**Date:**

**Title:**

**Print:**

**Sign:**

**Date:**

**Title:**

**Print:**

**Sign:**

**Date:**

---

## Contents

<b>Notice .....</b>	<b>2</b>
Document History .....	2
Client Sign-Off .....	3
<b>Appendix 1: Site Information .....</b>	<b>5</b>
<b>Appendix 2: Economic Case.....</b>	<b>27</b>
<b>Appendix 3: Building Plans .....</b>	<b>31</b>
<b>Appendix 4: Phasing .....</b>	<b>51</b>
<b>Appendix 5: Bed Numbers.....</b>	<b>70</b>
<b>Appendix 6: Cost Estimate.....</b>	<b>72</b>
<b>Appendix 7: Revenue Costs .....</b>	<b>74</b>



## Appendix 1: Site Information

1a: Site 1: General Hospital

1b: Site 2: Overdale Hospital

## Appendix 1a: General Hospital Site Information

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<b>Size:</b>	<p>Total floor area (GIFA) of the existing hospital is approximately 38,863m<sup>2</sup>, excluding accommodation which may be included in the block on the corner of Kensington Place and The Parade and the clinics in the buildings on the opposite side of Newgate Street.</p> <p>Site area of existing hospital site: approximately 17,660m<sup>2</sup>;</p> <p>Site area of potential additional corner site: approximately 940m<sup>2</sup></p> <p>Site area of potential additional hotel site: approximately 2,720m<sup>2</sup></p> <p><b>Total potential site area: approximately 21,320m<sup>2</sup></b></p>
<b>Location:</b>	Existing hospital site. In town, close to main roads and other facilities, such as parking.
<b>Topology:</b>	Flat, brownfield site.
<b>Ownership:</b>	States-owned site.
<b>Availability:</b>	Site available, but usage means phased approach will be required.
<b>Usage:</b>	<p>Currently in use as a hospital.</p> <p>Land which might be acquired comprises two hotels, which are believed to be on the market, plus two properties in Edward Place.</p>
<b>Requirements:</b>	Should meet requirements as currently known.
<b>Planning</b>	<p>Accords with Island Plan spatial strategy and healthcare facility policy.</p> <p>Potential heritage issue raised by redevelopment proposals (1860 hospital bldg, gatehouse and setting are Listed) and expansion options (Listed buildings at Edward Place).</p> <p>Site within Area of Archaeological Potential.</p>
<b>Public Acceptability</b>	Likely to be politically and publicly acceptable.
<b>Cost / Value:</b>	Cost of acquisition of additional land.
<b>Information Available:</b>	Drawings of all buildings. Low level information on surveys etc., through Hospital's estates' team.
<b>Other Issues:</b>	

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<b>1.0 Massing and Planning Issues:</b>	
<p>1.1 The site must be considered capable of accommodating the potential capacity requirements for the hospital, including potential future expansion and/or change. Consider:</p> <ul style="list-style-type: none"> <li>• GIFA: c.60,000m<sup>2</sup>;</li> <li>• Preferred GF: c.20,000m<sup>2</sup>;</li> <li>• Expansion potential: (c.5,000m<sup>2</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>• The extended site available on purchase of the adjacent properties will allow a building footprint of approximately 15,800m<sup>2</sup> to be developed. This, if evenly developed, would result in a four-storey building plus roof to attain a GIFA of approximately 60,000m<sup>2</sup>. In reality, it is likely to be generally three to four storeys with a six storey ward block.</li> <li>• Due to the restricted area of the whole site, it will not be possible to provide all the preferred ground floor accommodation at that level. Therefore some compromise on clinical adjacencies will be required where some accommodation will have to be placed on the first floor.</li> <li>• Being a constricted city centre site, enclosed by roads or adjacent properties, there will be limited opportunities to expand the facilities within the boundaries of the site. Consequently, it may be necessary to consider incorporating internal 'shell space' which is not fitted out to facilitate future expansion in critical areas such as imaging and OT. It may be possible to add further floors to some areas if the structure and services' infrastructure is designed in such a way from the outset to facilitate such future construction.</li> </ul>
1.2 The potential site must fit within and not be out of accord with the Island Planning and Spatial Strategy.	Accords with Island Plan spatial strategy and healthcare facility policy.
1.3 The site should not have any planning restrictions associated with it that pose an unacceptable risk to development at this stage	Potential heritage issue raised by redevelopment proposals (1860 hospital bldg, gatehouse and setting are Listed) and expansion options (Listed buildings at Edward Place). Site within Area of Archaeological Potential.
1.4 The site requirement for the total hospital development should be immediately available.	Clearance of adjacent buildings on The Parade required to enable the extension of the existing 1980's building.

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<b>2.0 Transport and Access Issues:</b>	
2.1 The site should afford ease of access to the majority of the island's population.	<p>The site is located within St. Helier and close to approximately 70% of the island's population.</p> <p>The design should incorporate a sustainable transport strategy developed for the scheme in consultation with the Department and stakeholders and aligning with the Department's Sustainable Transport Policy</p>
2.2 The site should allow efficient and effective access by private and commercial (FM) transport. Consider main access routes and junctions within the surrounding areas.	<p>The existing site operates as a hospital and, whilst the surrounding roads are all urban and some restricted in width, the site is located close to the main gyratory road structure which distributes traffic across and round St. Helier. There is good access westwards towards the airport and there are main roads radiating out from St. Helier to all parts of the island.</p> <p>Newgate Street was highlighted as being a Parish road and detailed discussions would be required with the Department and Parish on the potential impacts from the proposed development during the Feasibility Study design phase.</p>
2.3 The site should allow efficient and effective access by public transport to any individual or combination of separated sites proposed for the development. (Consideration of the risk that public transport routes may not be altered sufficiently to accommodate patient demand on any individual site nor between proposed sites).	<p>There are a total of 19 different bus routes around Jersey, all of which leave from Liberation Station bus depot in St Helier, approximately 600m (approximately a 5 to 10 minute walk) from the hospital. There are local bus stops for various routes closer to the hospital.</p> <p>The need for a frequent appropriate means of transport between the General and Overdale Hospitals to be considered given the constraints at Pierson Road, of Westmount Road and intensive use of Tower Road.</p> <p>Noted that the Parish and the Department of Transport and Technical Services had previously discussed a desire to reinstate a hopper service serving the Town and discussions should be held during the feasibility study to review what opportunities for wider public benefits exist.</p>

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<p>2.4 There should be adequate parking facilities available for staff, patients and visitors. Consider:</p> <ul style="list-style-type: none"> <li>Existing car parks for town centre sites;</li> <li>Provision of new / additional parking spaces for out-of-town sites.</li> <li>Reduced parking for split site operation on any individual site to take account of clinical services being provided on any individual site.</li> </ul>	<p>Very limited car parking on site – local to the entrances on Gloucester Street and Newgate Street and in the vicinity of the energy centre.</p> <p>Adjacent multi-storey car park on Patriotic Street with 613 spaces – potential to physically link with the new development.</p> <p>Current Refined Concept proposal is to relocate the majority of Out-patient clinics, Pharmacy and Laboratories from the General Hospital site to Overdale Hospital. This will reduce the patient and staff demand for parking on the General Hospital site.</p>
<p>2.5 The site should allow efficient and effective access by emergency services (ambulances and fire service). Consider routes from depots in St. Helier.</p>	<p>Existing ambulance access into the hospital grounds from Gloucester Street to A&amp;E. The hospital is close to both the ambulance and fire depots.</p> <p>The proposed means of separation of ambulances and pedestrians in Newgate Street would need detailed review as would arrangements potentially to link the hospital with the Patriotic Street Car Park. Noted that removal of out-patients from the General Hospital would reduce demand for that car park in the medium term.</p>

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<p>2.6 The site should allow efficient and effective (ideally separate) access by the following traffic flows:</p> <ul style="list-style-type: none"> <li>• Staff, patients and visitors;</li> <li>• Ambulances to A&amp;E;</li> <li>• FM deliveries and waste removal to/from service yard.</li> </ul>	<ul style="list-style-type: none"> <li>• Problems with a number of different entrances to the existing hospital and hospital grounds on all sides.</li> <li>• The existing pedestrian pelican crossing may be moved to mid-way up The Parade opposite the main and emergency entrances, although easier and safer for pedestrians to cross at junctions;</li> <li>• Further main entrance accessed from Newgate Street with limited local parking on site, but served by the multi-storey car park on Patriotic Street;</li> <li>• Separate ambulance access entrance from Gloucester Street;</li> <li>• Local FM access from both Kensington Place and The Parade – not sufficient space on the site for a dedicated service yard for deliveries and waste removal and turning of large lorries;</li> <li>• Consideration should be given to improve the interface between the surrounding streets, car parks, public realm and the hospital, particularly for pedestrians and car drivers once they have parked;</li> <li>• A review of opportunities for improvements to road circulation around the hospital would be advisable during the Feasibility Study;</li> <li>• There would also be a desire for other public realm benefits that would need to be considered given the intensity of use in the area.</li> </ul>
<b>3.0 Infrastructure and Geography:</b>	
<p>3.1 The site should present minimal risks to its safe and on-going running in terms of the weather and environment. Consider:</p> <ul style="list-style-type: none"> <li>• Exposure / orientation;</li> <li>• Environmental issues.</li> </ul>	<p>Town centre site, but only approximately 400m from the shore. With an eight storey ward block, the upper four storeys and roof are higher than the adjacent buildings and are significantly more exposed to the weather. The prevailing wind direction in Jersey is predominantly from the west, but with winds also from the south and north-east.</p>

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<p>3.2 The site should be capable of supporting key infrastructure for the hospital. Consider:</p> <ul style="list-style-type: none"> <li>• Power (electricity);</li> <li>• Water;</li> <li>• Drainage</li> </ul>	<p><b>Power (Electricity):</b></p> <ul style="list-style-type: none"> <li>• Currently 2 x 11kV supplies in an open ring supply the site with local hospital transformers reducing the voltage as appropriate for local use. This is adequate for the projected demand.</li> <li>• The open ring provides security in supply if one of the 11kV supplies fails.</li> </ul> <p><b>Water:</b></p> <ul style="list-style-type: none"> <li>• Water Infrastructure surrounding the site is good allowing for continued supply in the event of bursts in the area. Some rationalisation of site may be required to provide efficient supply.</li> </ul> <p><b>Drainage:</b></p> <ul style="list-style-type: none"> <li>• Drainage capacity as existing is OK, but will require separation of surface water from foul water drainage so that surface water is removed from the currently combined foul/surface water system. Surface water to be discharged to the surface water system running in Gloucester Street.</li> </ul>
<b>4.0 Clinical and Non-clinical Support:</b>	
<p>4.1 The site should be capable of accommodating or being supported by the full range of clinical and non clinical support functions (Hard and Soft FM, CSSD, Pharmacy, Med Records etc.)</p>	<p>Currently, CSSD, Stores and Laundry are located remotely on a site at Five Oaks.</p>



## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<b>5.0 Clinical Care and Patient Related Issues:</b>	
5.1 The site should allow for the optimisation of clinical adjacencies and functionality (refer also to item 1.1 above).	Due to the restricted area of the whole site, it will not be possible to provide all the preferred ground floor accommodation at that level. Therefore some compromise on clinical adjacencies will be required where some accommodation will have to be placed on the first floor.
5.2 The site should allow for the future hospital to be flexible in its future design and construction and allow for future proofing of services as part of a clear, sustainable, forward masterplanning strategy (refer also to item 1.1 above).	Being a constricted city centre site, enclosed by roads or adjacent properties, there will be limited opportunities to expand the facilities within the boundaries of the site. Consequently, it may be necessary to consider incorporating internal 'shell space' which is not fitted out to facilitate future expansion in critical areas such as imaging and OT. It may be possible to add further floors to some areas if the structure and services' infrastructure is designed in such a way from the outset to facilitate such future construction.
5.3 The hospital should be capable of accommodating key functional content, based on, but not wedded to current UK room scheduling guidance and current best practice	Depending on the outcome of the functional content review and the extent of the existing accommodation which is retained after the transitional plans have been executed, there may be some existing areas which are retained which do not meet current UK room scheduling guidance.
5.4 Quality of patient environment including views and social spaces	As the hospital is contained within a constricted town centre site, there are limited opportunities for patient outlooks over landscaped areas, other than from the north eastern elevation of the hospital across The Parade to the Parade Gardens. With the redevelopment of the existing facilities, there is an opportunity to clear the centre of the site and create a large social open space which could be designed with hard and soft landscaping to create improved outlooks from the surrounding buildings. Similarly any perimeter open space, such as setting-down areas outside the main entrance could be treated as public realm spaces with appropriate hard and soft landscape.
5.5 Convenience of access for friends, family and visitors and access to town facilities.	As noted above, the existing hospital is located centrally within St. Helier in close proximity of approximately 70% of the island's population and close to main arterial roads converging on St. Helier with good public transport access from all parts of Jersey. Also close to commercial area with shops, banks and restaurants close by.

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<b>6.0 Staffing and Support:</b>	
6.1 The effect of the site on staff recruitment and retention at the time of transition	The remodelling of the existing facility will be undertaken in a series of consecutive phases over 10 years. During this time there will always be construction work being undertaken somewhere on the site. Consequently, there will be periods when there will be disruption to normal clinical services which may affect the retention and recruitment of staff.
6.2 The ongoing effect of the site on staff recruitment and retention (access, convenience, travel etc.)	Once, however, the remodelling of the facility is completed, the hospital will provide modern, larger accommodation meeting current standards with improved clinical and social facilities which should offer greater opportunities to attract and retain staff.
6.3 Staff, patient and visitor security relating to location and out-of-hours safety	This is a town centre site close to business and social areas and, as a result, its security should benefit from general activity and policing in the area. However, the Parade Gardens can attract an anti-social element.
<b>7.0 Construction and Buildability:</b>	
7.1 Ease of construction logistics including site clearance and levels, contamination, additional site specific measures.	The hospital will have to be remodelled in a phased, progressive redevelopment process; first partially demolishing area(s) to clear space to construct new replacement facilities, to allow subsequent decanting of other areas which can then be demolished to allow new construction, and so on. This will require careful programming to ensure continuity of clinical services and to minimise disruption to these services.
7.2 Access to site for construction vehicles, deliveries and waste removal.	The hospital is situated on a constricted, town centre site and will present all the issues normally associated with developing such a constricted urban site, such as restricted delivery and waste removal times with adjacent narrow and, at times, congested roads.
7.3 Protection of existing services and avoidance of disruption during the build process.	During the demolition and construction periods, particular care and constant monitoring will be required to ensure there are no infection control issues and to reduce the impact of noise and vibration on sensitive clinical services and equipment.

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Information and Assessment

<b>1 The existing Hospital site (possibly with additional areas purchased):</b>	
<b>Item:</b>	<b>Response:</b>
<b>8.0 Fire and Rescue:</b>	
8.1 The design of the replacement facilities should accord with technical and healthcare guidance and regulations and have the support of the Jersey Fire and Rescue Service.	<p>Initial Pre-Feasibility consultations have been carried out with the Jersey Fire and Rescue Service and the following issues were raised for further consideration as detailed design develops:</p> <ul style="list-style-type: none"> <li>• Fire compartmentalisation of the existing General Hospital site was poor and the proposal gave opportunity for significant improvements, including in refurbished areas;</li> <li>• Intensification of use over the years had been of concern to the Fire Service. The application of modern building and fire standards would be important;</li> <li>• The employment and involvement of a dedicated Fire Engineer from the Feasibility Study design stage was considered essential;</li> <li>• The evacuation strategy for the hospital at each stage of phased development would be very important. Good communication with the Fire Service had taken place on previous smaller phased developments and this was essential going forwards;</li> <li>• Sprinklers would be almost certainly a requirement throughout due to the type of fire fighting equipment available on island and modern conditions;</li> <li>• There would not be any objection in principle to the development of an atrium provided that all other fire safety measures were appropriately introduced;</li> <li>• Early addressing of the fire alarm and evacuation issues within the 1980's block would be essential.</li> <li>• Noted that storage for health uses had been a problem identified in some areas of the hospital – adequate storage and good safety policies should be adopted;</li> <li>• Adequate circulation space was also needed to ensure safe fire evacuation from all areas.</li> </ul>

## Appendix 1b: Overdale Hospital Site Information

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

2 Overdale Hospital	
Item:	Response:
Size:	63,150sqm
Location:	Existing health site, slightly out of town and positioned on a hill above the town.
Topology:	Site includes a significant valley area and is positioned in a prominent place above the town
Ownership:	States-owned site, currently used by Health and Social Services
Availability:	Site available, but current usage will need to be considered.
Usage:	Currently in use for a range of health functions, including a rehabilitation centre, the William Knot day hospital, the Willows day centre, the child development centre and administration buildings. Consideration would need to be given to the relocation of these buildings as part of the project. Some consideration has been given to consolidating other Health functions (i.e. such as those at St Saviour's Hospital) on this site, though no firm plans exist.
Requirements:	Accommodating the area requirements on the site could mean a large development high above the town. This may prove problematic in planning terms.
Planning	Accords with Island Plan spatial strategy and healthcare facility policy. Visual prominence of site and landscape impact of a large building would be key planning issue: Overdale site is within the Green Backdrop Zone, and the valley (Le Val Andre) is Protected Open Space. Local transport infrastructure and access may be an issue
Public Acceptability	Could be politically acceptable.
Cost / Value:	The relocation of the existing functions could be required.
Information Available:	Drawings of all buildings. Low level information on surveys etc. -through Hospital's estates team.
Other Issues:	<b><i>This site should be considered with sites 23 and 24, which are located opposite.</i></b>

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
<b>1.0 Massing and Planning Issues:</b>	
<p>1.1 The site must be considered capable of accommodating the potential capacity requirements for the hospital, including potential future expansion and/or change. Consider:</p> <ul style="list-style-type: none"> <li>• GIFA: c.60,000m<sup>2</sup>;</li> <li>• Preferred GF: c.20,000m<sup>2</sup>;</li> <li>• Expansion potential: (c.5,000m<sup>2</sup>)</li> </ul>	<p>The site has an overall area of approximately 63,150m<sup>2</sup> which will easily accommodate a ground floor footprint in the region of 20,000m<sup>2</sup> along with associated FM service buildings and service yards, surface car parks and setting-down areas, whilst leaving open spaces for public realm and general landscaping and the potential for future expansion. The site slopes down to a significant valley to the west.</p>
1.2 The potential site must fit within and not be out of accord with the Island Planning and Spatial Strategy.	It is an existing healthcare site, although not an acute facility on the scale envisaged, but accords with the Island Plan spatial strategy. The displacement of the existing healthcare facilities will need to be accounted for in the transitional planning of this project.
1.3 The site should not have any planning restrictions associated with it that pose an unacceptable risk to development at this stage	Visual prominence of site and landscape impact of a large building would be a key planning issue, (Overdale site is within the Green Backdrop Zone, and the valley (Le Val Andre) is Protected Open Space) but considerate design and setting the building into the slope should assist in reducing the visual impact of the hospital.
1.4 The site requirement for the total hospital development should be immediately available.	Relocation of existing facilities required.
<b>2.0 Transport and Access Issues:</b>	

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
2.1 The site should afford ease of access to the majority of the island's population.	<p>Although the site is located not far from the existing hospital and, therefore within relatively easy reach of approximately 70% of the island's population, it is located to the west of the centre of St. Helier at the top of a hill, which may present difficulties for pedestrians and approximately 2km from the central bus depot at Liberation Station.</p> <p>The design should incorporate a sustainable transport strategy developed for the scheme in consultation with the Transport and Technical Services Department and stakeholders and aligning with the Department's Sustainable Transport Policy.</p>
2.2 The site should allow efficient and effective access by private and commercial (FM) transport. Consider main access routes and junctions within the surrounding areas.	<ul style="list-style-type: none"> <li>• Although close to the dual carriageway main road which leads west out of St. Helier, road access to the area of the site is by way of narrower suburban roads, one of which, Westmount Road, climbs by twists and turns from the centre of St. Helier up on to the escarpment ridge. These roads will be more difficult for larger heavy goods vehicles making deliveries and removing waste from the new hospital.</li> <li>• Westmount Road was highlighted as being a Parish road and detailed discussions would be required with the Transport and Technical Services Department and Parish on the potential impacts from the proposed development during the Feasibility Study design phase.</li> <li>• The need for a frequent appropriate means of transport between the hospitals to be considered given the constraints at Pierson Road, of Westmount Road and the intensive use of Tower Road.</li> <li>• The Parish had previously expressed a desire to reinstate a hopper service serving the Town and discussions should be held during the feasibility study to review what opportunities for wider public benefits exist.</li> <li>• The lower part of Westmount Road is restricted and although there are limited opportunities for improvements this would need to be reviewed with the Parish together with junction at Tower Road.</li> </ul>

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
2.3 The site should allow efficient and effective access by public transport (consideration of the risk that public transport routes may not be altered sufficiently to accommodate patient demand on any individual site).	<ul style="list-style-type: none"> <li>At present the site is only served by the number 19 bus service route, which is a very localised route from the centre of St. Helier. Most bus travellers coming in from other parts of St. Helier, or outlying areas of Jersey would require to take a bus into Liberation Station and change there to the number 19 bus service.</li> <li>The number 19 service would require to increase its capacity and frequency of service and it is unlikely that it would be possible to get double-decker buses there by way of Westmount Road.</li> <li>A proper assessment will be required to ascertain the cost of such services based on required frequency, likely proportion of free passes used, tolerable level of charging to the public, and likely level of revenue earning usage.</li> <li>The existing bus stop at Overdale may need revision as part of the scheme including potential pedestrian improvements.</li> <li>Recognition that the current parking arrangements for the crematorium were inadequate and required regular attendance of Parish officials to control traffic disruption.</li> </ul>
2.4 There should be adequate parking facilities available for staff, patients and visitors. Consider: <ul style="list-style-type: none"> <li>Existing car parks for town centre sites;</li> <li>Provision of new / additional parking spaces for out-of-town sites;</li> <li>Reduced parking for split site operation on any individual site to take account of clinical services being provided on any individual site.</li> </ul>	<ul style="list-style-type: none"> <li>There are no public car parks in the vicinity of the site, but the site is large enough to accommodate either surface car parks and/or basement car parks taking advantage of the sloping site – dependent on final layout between 286 and 338 parking spaces could be provided on site.</li> <li>An assessment would have to be made to establish the additional levels of demand for parking at Overdale, again based on possible and likely switching of trips to car from current bus or walk etc, to decide on car park size.</li> <li>Mitigation that could be considered would be more direct and clearly signed walking routes from Cheapside via Old St Johns Road and Park Heights if such a route could be made available.</li> <li>Assessment may need to be taken by States of Jersey regarding the capacity of adjoining roads and junctions leading to the Overdale site.</li> <li>Westmount Road is a Parish Road; consequently the Parish will require to be consulted on any proposed development at Overdale and any highway improvements that may be deemed necessary.</li> </ul>
2.5 The site should allow efficient and effective access by emergency services (ambulances and fire service). Consider routes from depots in St. Helier.	The site is close to the existing ambulance and fire services' depots. Although the direct route from these depots is by way of Westmount Road, because this road is narrow, twisty and fairly steep, the fire service will access this site from the more major Queens Road and come back to the site from the north – slightly longer, but easier to navigate.



## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
<p>2.6 The site should allow efficient and effective (ideally separate) access by the following traffic flows:</p> <ul style="list-style-type: none"> <li>• Staff, patients and visitors;</li> <li>• Ambulances to A&amp;E;</li> <li>• FM deliveries and waste removal to/from service yard.</li> </ul>	<p>The Overdale site, as currently in operation, is not at all well laid out for pedestrians, with parking squeezed in wherever possible. The use of all the areas around the buildings proposed to be re-assessed and walking routes and segregation between vehicles and pedestrians properly established.</p> <p>There would also be a desire for other public realm benefits that would need to be considered given the intensity of use in the area.</p>
<b>3.0 Infrastructure and Geography:</b>	
<p>3.1 The site should present minimal risks to its safe and on-going running in terms of the weather and environment. Consider:</p> <ul style="list-style-type: none"> <li>• Exposure / orientation;</li> <li>• Environmental issues.</li> </ul>	<p>The site is exposed to the prevailing westerly winds and this will need to be taken into account in the construction specifications and detailing.</p> <p>The valley (Le Val Andre) is a protected open space (situated on the western perimeter of the site).</p>

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

2 Overdale Hospital	
Item:	Response:
<p>3.2 The site should be capable of supporting key infrastructure for the hospital. Consider:</p> <ul style="list-style-type: none"> <li>• Power (electricity);</li> <li>• Water;</li> <li>• Drainage</li> </ul>	<p><b>Power (Electricity):</b></p> <ul style="list-style-type: none"> <li>• Supplied from a 1960s sub-station in the area of sites 10 (Warwick Farm) and 22 (Field1219) which is near to the limit of its capacity.</li> <li>• There are 11kV circuits in Westmount Road which have spare capacity, and are fed from our Queens Road Primary.</li> <li>• Jersey Electricity are considering providing a new 90000 / 11000 Primary sub-station in the South West of St Helier to alleviate the existing Queens Road and Esplanade Primary sub-stations.</li> <li>• 800kVA sub-station on site which, from maximum demand figures, appears to be loaded in the order of 20 to 30% capacity, leaving a potential of 560 – 640kVA. This sub-station has available a number of spare 400 volt LV cable ways.</li> <li>• The existing Overdale site has three main supplies fed from the 800kV sub-station consisting of a three phase 300 Amp, a three phase 200 Amp and three phase 60 amp supply, which are located in the Customers switch room near the substation.</li> </ul> <p><b>Water:</b></p> <ul style="list-style-type: none"> <li>• Water Infrastructure redundancy surrounding the site is limited for high-pressure supplies. Lower pressure supplies are available in large quantity from Westmount Tanks although new pipework would be needed to bring this to site and booster pumps and break tank would be needed to provide sufficient pressure.</li> </ul> <p><b>Drainage:</b></p> <ul style="list-style-type: none"> <li>• Drainage capacity as existing is OK, but currently runs eventually into a combined foul/surface water system which would have to be separated if any major redevelopment of the Overdale site is considered.</li> <li>• Foul water: any proposed facility on the existing Overdale site can drain to the existing foul connection to the west of the site.</li> <li>• Surface water: on-site disposal via soak-aways or some other SUDS system (or water re-use) would be far and away the best way of disposing of surface water. There is an existing SW sewer further to the west which could be used but this has limited capacity and, in any event, discharges to a combined sewer further downstream which again, would not be permitted for the new development. If this SW sewer were to be utilised, on-site attenuation would be required to limit flows from the site, and an off-site extension would be required to re-direct the discharge from the combined sewer to a new outfall to discharge to sea, via a crossing of the main dual carriageway that runs along the south coast.</li> </ul>

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
<b>4.0 Clinical and Non-clinical Support:</b>	
4.1 The site should be capable of accommodating or being supported by the full range of clinical and non clinical support functions (Hard and Soft FM, CSSD, Pharmacy, Med Records etc.)	The site is large enough to accommodate not only the upgraded reprovision of the existing hospital services but also, if necessary, the relocation of the support CSSD, Stores and Laundry which are currently located remotely on a site at Five Oaks.
<b>5.0 Clinical Care and Patient Related Issues:</b>	
5.1 The site should allow for the optimisation of clinical adjacencies and functionality (refer also to item 1.1 above).	The site is large enough to accommodate the 20,000 square metres of preferred ground floor services but, due to the slope of the site down to Le Val Andre to the west, the topography may limit the size of individual floors.
5.2 The site should allow for the future hospital to be flexible in its future design and construction and allow for future proofing of services as part of a clear, sustainable, forward masterplanning strategy (refer also to item 1.1 above).	The site is large enough to accommodate future expansion provision, say of 10%, of the gross floor area (approximately 6,000m <sup>2</sup> ).
5.3 The hospital should be capable of accommodating key functional content, based on, but not wedded to current UK room scheduling guidance and current best practice	The site is large enough to design and construct a hospital to accommodate the required key functional content and to current space standards.

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
5.4 Quality of patient environment including views and social spaces	The site is located in a suburban, semi-rural setting with a good outlook from the east, to the south to the west, with closer views over a wooded valley to the west and more distant views to the coast.
5.5 Convenience of access for friends, family and visitors and access to town facilities.	The site is still close to the centre of St. Helier but off the main circulation and bus routes. For those who live and work close enough to walk to the existing hospital, pedestrian access to this uphill site will be more challenging, with the likelihood that more people will perhaps travel there by car. There is very limited, if not any, access to shops and other commercial facilities locally.
<b>6.0 Staffing and Support:</b>	
6.1 The effect of the site on staff recruitment and retention at the time of transition	<p>The existing acute hospital can remain operational with little to disruption the existing staff and clinical services, other than any short term upgrades which may be necessary to implement in the immediate future, whilst the new hospital is constructed on this alternative site.</p> <p>The new hospital on this site would be further from the centre of town and its commercial and social amenities and to the main bus station at Liberty Station for public transport, and is situated on the top of a hill. It is likely that staff are going to resist an element of change and perhaps feel that the location of this site is not so attractive for quick local shopping and social activities.</p>
6.2 The ongoing effect of the site on staff recruitment and retention (access, convenience, travel etc.)	This site may not prove to be so convenient for staff who live in the centre of St. Helier and currently walk to work and this may be the source of some dissatisfaction but, for those who drive to work, it should make little difference as long as there is adequate parking provision. Once, however, the new facility is completed, the hospital will provide modern, larger accommodation meeting current standards with improved clinical and social facilities which should offer greater opportunities to attract and retain staff.
6.3 Staff, patient and visitor security relating to location and out-of-hours safety	The site is more isolated than the existing town centre site, although it is adjacent to residential areas. 'Secure by Design' principles should be incorporated into the design proposals to minimise security issues of access and car park security.

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
<b>7.0 Construction and Buildability:</b>	
7.1 Ease of construction logistics including site clearance and levels, contamination, additional site specific measures	Alternative existing or new-build accommodation will have to be found for the existing health facilities on the site. Once these services have been decanted, the site will be cleared for demolition and the unrestricted construction of the new hospital.
7.2 Access to site for construction vehicles, deliveries and waste removal	The only issue which is likely to cause concern is the winding Westmount Road climbing up from the centre of St. Helier, which may cause difficulty for some larger construction and delivery vehicles, although there are alternative access routes.
7.3 Protection of existing services and avoidance of disruption during the build process	The existing acute hospital can remain operational with little to disruption to the existing staff and clinical services, other than any short term upgrades which may be necessary to implement in the immediate future, whilst the new hospital is constructed on this alternative site.

## States of Jersey Hospital Pre-Feasibility Spatial Assessment Project: Site Assessment and Information

<b>2 Overdale Hospital</b>	
<b>Item:</b>	<b>Response:</b>
<b>8.0 Fire and Rescue:</b>	
8.1 The design of the replacement facilities should accord with technical and healthcare guidance and regulations and have the support of the Jersey Fire and Rescue Service.	<p>Initial Pre-Feasibility consultations have been carried out with the Jersey Fire and Rescue Service and the following issues were raised for further consideration as detailed design develops:</p> <ul style="list-style-type: none"> <li>• Fire emergency access would almost certainly be via Queens Road and therefore appropriate road access would be needed.</li> <li>• Recognition that the current parking arrangements for the crematorium were inadequate and caused traffic obstructions which should ideally be addressed given the increased intensity of use proposed.</li> <li>• The renal dialysis department would require detailed consideration. (Noted a single storey building is now proposed).</li> <li>• Sprinklers would be almost certainly a requirement throughout due to the type of fire fighting equipment available on island and modern conditions.</li> <li>• The employment and involvement of a dedicated Fire Engineer from the Feasibility Study design stage would be beneficial;</li> <li>• Noted that storage for health uses had been a problem identified in some areas of the hospital – adequate storage and good safety policies should be adopted;</li> <li>• Adequate circulation space was also needed to ensure safe fire evacuation from all areas.</li> </ul>

## Appendix 2: Schedule of Accommodation

Clinical and Support Service		Existing	Guidance	Proposed	Jersey General Hospital:	Overdale Hospital:	Totals		Notes
Zone	Department	Estimated Existing Departmental Area (sq.m.)	NHS Guidance Scheduled Departmental Area (sq.m.)	Reduced Departmental Target Area (sq.m.)	Total Proposed Area (As drawn)	Total Proposed Area (As drawn)	Total Area Provided (As drawn)	Area Difference: (Proposed As Drawn - Target)	
Main Entrance facilities									
	Reception		800	680	462	149	611	-69	
	Retail		100	85	0	0	0	-85	
	Health records management		200	170	700	0	700	530	
Main Entrance totals			1100	935	1162	149	1311	376	
Emergency zone					0	0	0		
	Emergency department	783	1236	1051	2411	0	2411	1360	
	Minor Injuries Unit	116			0	0	0	0	Included in Emergency Department above
	Assessment/Clinical Decision Unit		630	536	0	0	0	-536	
	GP consult area		120	102	0	0	0	-102	
	Acute Receiving Ward	440			0	0	0	0	Area and bed numbers included in the Inpatient bed model
Emergency zone totals		1339	1986	1688	2411	0	2411	723	
In-patient and Integrated Units					0	0	0	0	
	In-patient beds - adult acute general public	5843	13160	11186	12178	0	12178	992	
	In-patient beds - adult acute general private		1260	1071	0	0	0	-1071	Area of proposed private in-patient beds included in general adult acute in-patient beds in the row above.
	Critical Care	500	900	765	786	0	786	21	
	In-patient beds - mental health	-			0	0	0	0	
In-patient and I.U. totals		6343	15320	13022	12964	0	12964	-58	
	Women's Unit - Obstetric In-patient beds	1378	1008	857	0	0	0	-857	
	Women's Unit - Labour suite		876	745	2368	0	2368	1623	The proposed area includes all the Women's and Neonatal areas.
	Neonatal unit		392	333	0	0	0	-333	
	Women's Unit - ANC, EPS, U/S, day		160	504	428	0	0	-428	
	Paediatric unit - inpatients	482	1008	857	874	0	874	17	
	Paediatric unit - outpatient & day case	160			0	0	0	0	
Women and Paediatric totals		2180	3788	3220	3242	0	3242	22	
Treatment and Diagnosis							0		
	Operating theatres - inpatient	1120	3493	2969	2694	0	2694	-275	Target area includes integrated in-patient/day and obstetric theatres - day and obstetric theatres included in their own departments.
	Operating theatres - day	1794			0	0	0	0	
Operating Theatre totals		2914	3493	2969	2694	0	2694	-275	
	Imaging department - radiodiagnostic	1162	1155	982	1099	149	1248	266	
	Imaging department - CT				0	0	0	0	
	Imaging department - MRI				0	0	0	0	
	Imaging department - ultrasound				0	0	0	-327	
	Imaging department - nuclear medicine		385	327	0	0	0	0	
Diagnosis (Imaging) totals		1162	1540	1309	1099	149	1248	-61	



Clinical and Support Service		Existing	Guidance	Proposed	Jersey General Hospital:	Overdale Hospital:	Totals		Notes
Zone	Department	Estimated Existing Departmental Area (sq.m.)	NHS Guidance Scheduled Departmental Area (sq.m.)	Reduced Departmental Target Area (sq.m.)	Total Proposed Area (As drawn)	Total Proposed Area (As drawn)	Total Area Provided (As drawn)	Area Difference: (Proposed As Drawn - Target)	
Ambulatory Care									
	Outpatients - general	783	2904	2468	685	1705	2390	-78	Includes Medical Day / PIU and Clinical Investigations.
	Outpatients - gynae	118			0	0	0	0	
	Outpatients - dermatology	303			0	0	0	0	
	Outpatients - ophthalmology / ENT	1062			0	0	0	0	
	Day Surgery	-	775	659	742	0	742	83	
	endoscopy unit	440	1050	893	901	0	901	9	
	Medical day/ PIU	40	0	0	0	0	0	0	Area allowance of 224sq.m. (less 15% to reach Target area) included in Out-Patients' area above.
	cardiac cath labs				0	0	0	0	
	Clinical (incl cardiac) investigations	279	0	0	0	0	0	0	Area allowance of 553sq.m. (less 15% to reach Target area) included in Out-Patients' area above.
	oncology - chemotherapy	487	700	595	626	0	626	31	
	oncology - radiotherapy			1172	0	1179	1179	7	
	Renal Dialysis	480	762	648	0	600	600	-48	Provided in a separate combined Renal and Diabetes building at Overdale
	Neurophysiology				0	0	0	0	
	Rehabilitation	1000	1121	953	0	945	945	-8	
Ambulatory Care totals		4994	7312	7387	2954	4429	7383	-4	
Support Facilities - Clinical									
	mortuary and PM facilities		354	301	278	0	278	-23	
	laboratories		1597	1357	316	1350	1666	309	Provided in a separate Laboratories' building at Overdale
	blood transfusion facilities		150	128	107	0	107	-21	
	pharmacy		914	777	555	631	1186	409	
	Support (Clinical) totals	2395	3015	2563	1256	1981	3237	674	

Clinical and Support Service		Existing	Guidance	Proposed	Jersey General Hospital:	Overdale Hospital:	Totals		Notes
Zone	Department	Estimated Existing Departmental Area (sq.m.)	NHS Guidance Scheduled Departmental Area (sq.m.)	Reduced Departmental Target Area (sq.m.)	Total Proposed Area (As drawn)	Total Proposed Area (As drawn)	Total Area Provided (As drawn)	Area Difference: (Proposed As Drawn - Target)	
Administration and Staff Facilities									
	offices - clinical and admin		2000	1700	2370	962	3332	1632	
	ICT		400	340	0	135	135	-205	
	Staff changing		350	298	156	100	256	-42	
Administration / Staff totals		0	2750	2338	2526	1197	3723	1386	
Academic									
	education and teaching centre	1034	1300	1105	1247	165	1412	307	
	research facilities - library etc				0	0	0	0	
	research facilities - laboratories				0	0	0	0	
Academic totals		1034	1300	1105	1247	165	1412	307	
FM Support Facilities - non-clinical									
	Allowance for planning new hospital.		3000	2550	0	0	0	-2550	
	Kitchen and staff dining				494	0	494	494	
	materials management - deliveries				566	500	1066	1066	
	materials management - stores				0	0	0	0	
	materials management - waste etc				0	0	0	0	
	Linen management				0	0	0	0	
	Laundry				0	0	0	0	
	Sterile services, instrument re-processing				0	0	0	0	
	Cleaning & portering				0	0	0	0	
	Technical and maintenance				1541	0	1541	1541	
	offices - building management				0	175	175	175	
	Staff accommodation				915	0	915	915	
	Chapel				142	0	142	142	
	Radio Lions				38	0	38	38	
	X-Ray store				60	0	60	60	
	Energy centre(s)		600	510	0	249	249	-261	
FM Support totals		0	3600	3060	3756	924	4680	1620	
Total Net area of briefed departments (sq.m.)		22362	45204	39595	35311	8994	44305	4710	
		current estimated area excl comms/ plant							
		31090							
	Atrium				1534	0	1534	1534	
	Streets - not in departments		5877	4995	2166	0	2166	-3711	
	FM routes		1808	1537	0	0	0	-1808	
	Stairs and Lifts (mid-rise)		1808	1537	4129	1352	5481	3673	
	Service risers		904	768	0	0	0	-904	
	enclosed Plant rooms		6781	5764	1071	0	1071	-5710	
	Car Park				376	0	376	376	
	Storage				264	0	264	264	
	CIRCULATION AND ENCLOSED				0	0	0	0	
					0	0	0	0	
	Plant areas				2070	0	2070	2070	
	OPEN PLANT AREA				0	0	0	0	
					0	0	0	0	
	CLINICAL AREAS				0	0	0	0	
	CIRCULATION AND ENCLOSED				0	0	0	0	
	OPEN PLANT AREA				0	0	0	0	
					0	0	0	0	
	COMMS AND PLANT (Not included elsewhere)	7773			0	0	0	0	
Sub-Total		7773	17178	14601	11610	1352	12962	-4216	
Total built area, sq.m.		38,863	62,382	54,196	46,921	10,346	57,267	3,071	

## Appendix 3: Building Plans

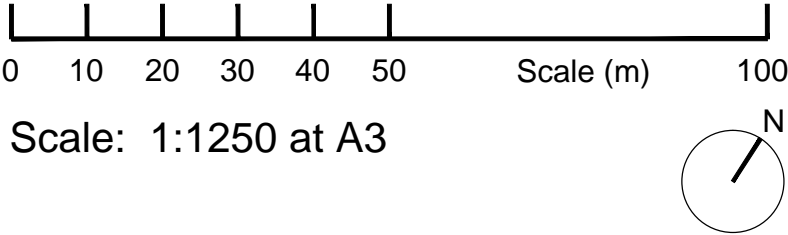
3a: Jersey General Hospital

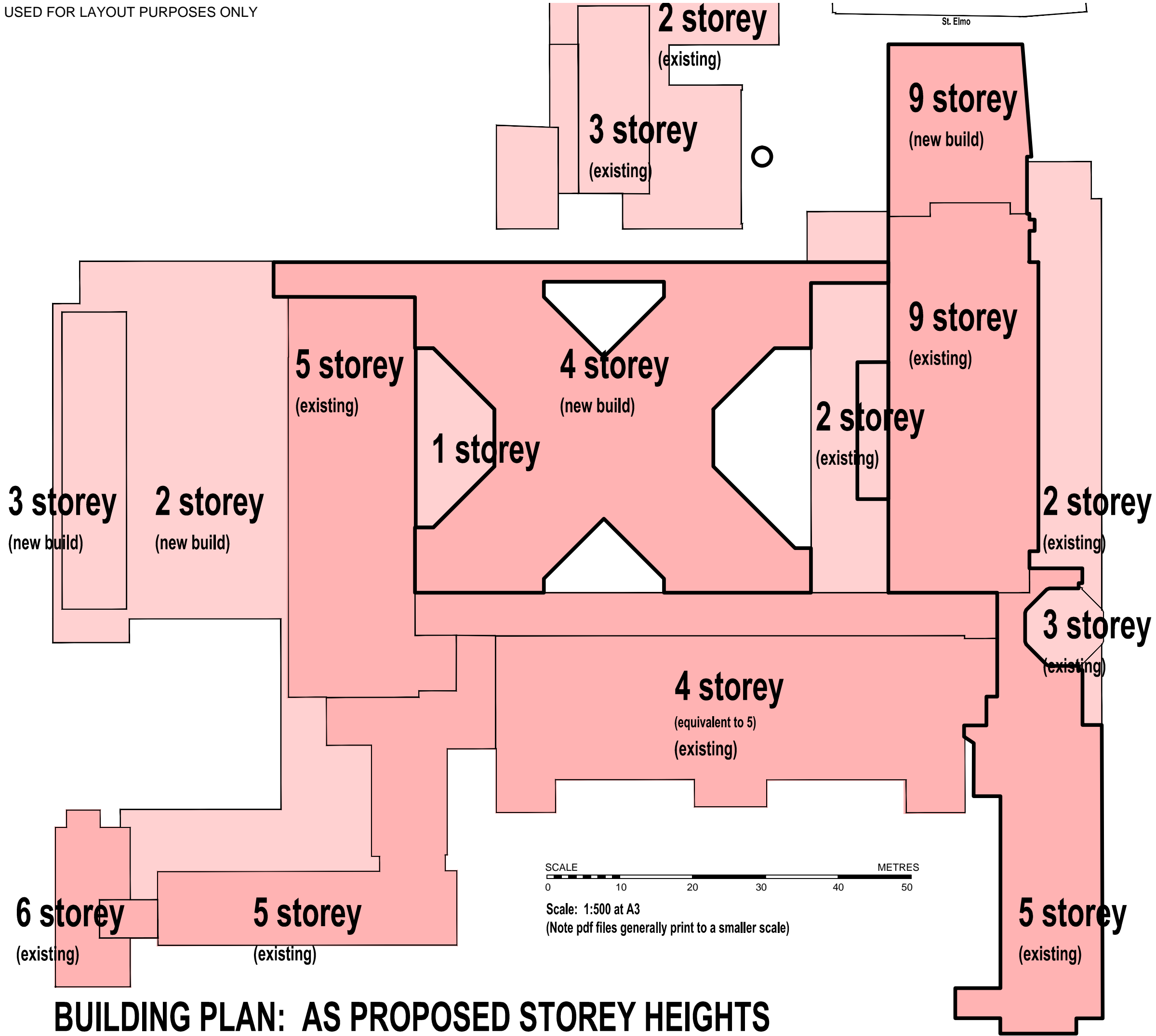
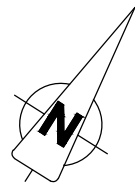
3b: Overdale Hospital

## Appendix 3a: Jersey General Hospital Building Plans

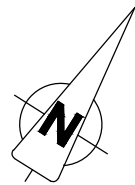


General Hospital - Refined Concept - Option 5 - Site Plan





**BUILDING PLAN: AS PROPOSED STOREY HEIGHTS**



EXISTING AREA



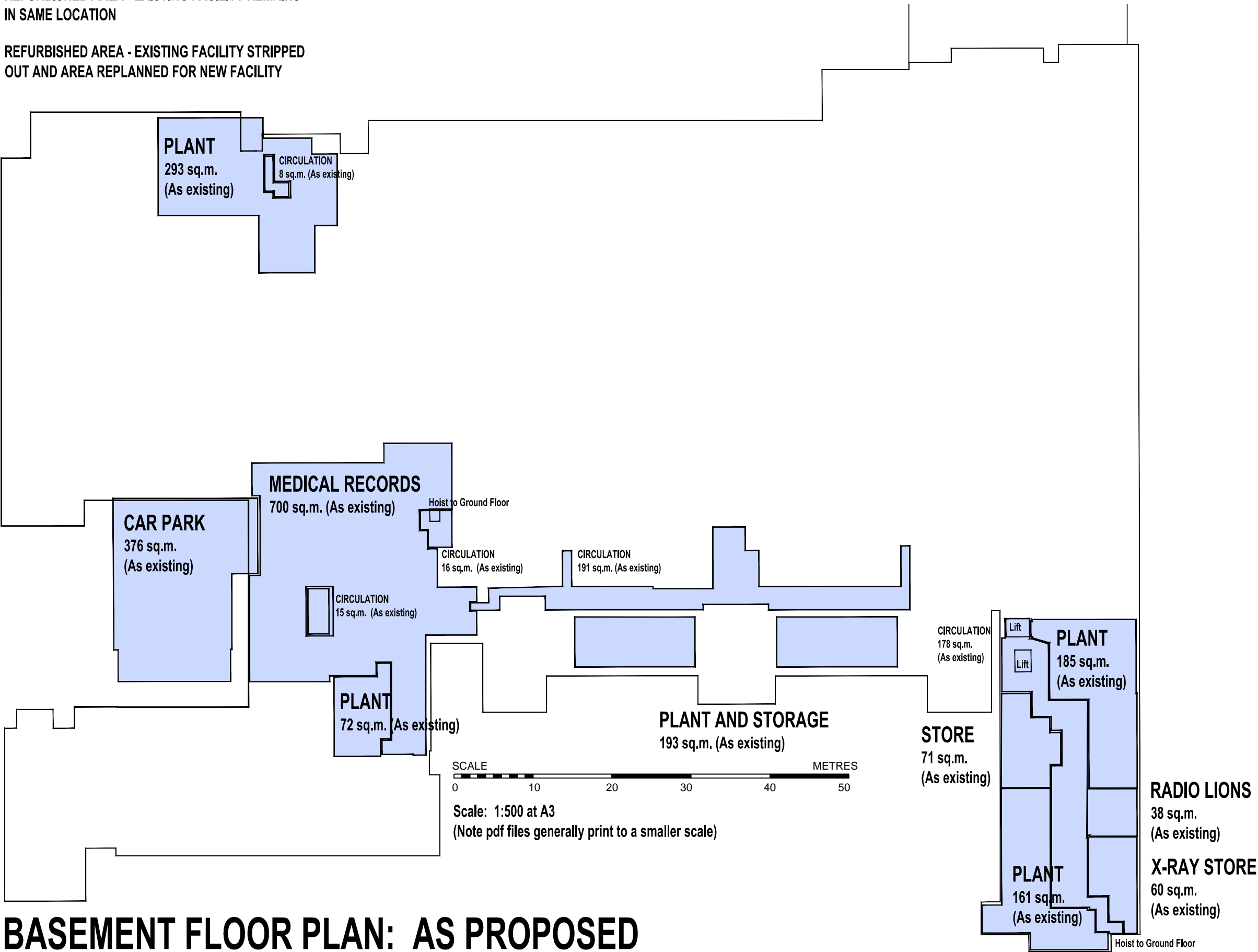
NEW- BUILD AREA



REFURBISHED AREA - EXISTING FACILITY REMAINS  
IN SAME LOCATION

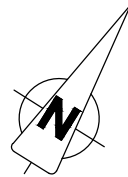






REFURBISHED AREA - EXISTING FACILITY STRIPPED  
OUT AND AREA REPLANNED FOR NEW FACILITY

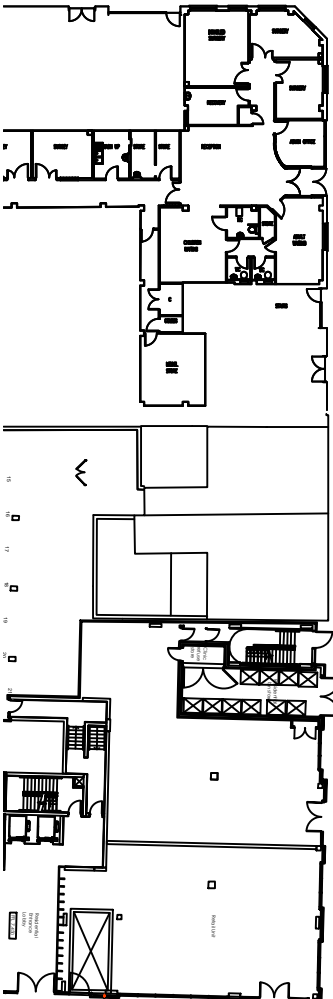
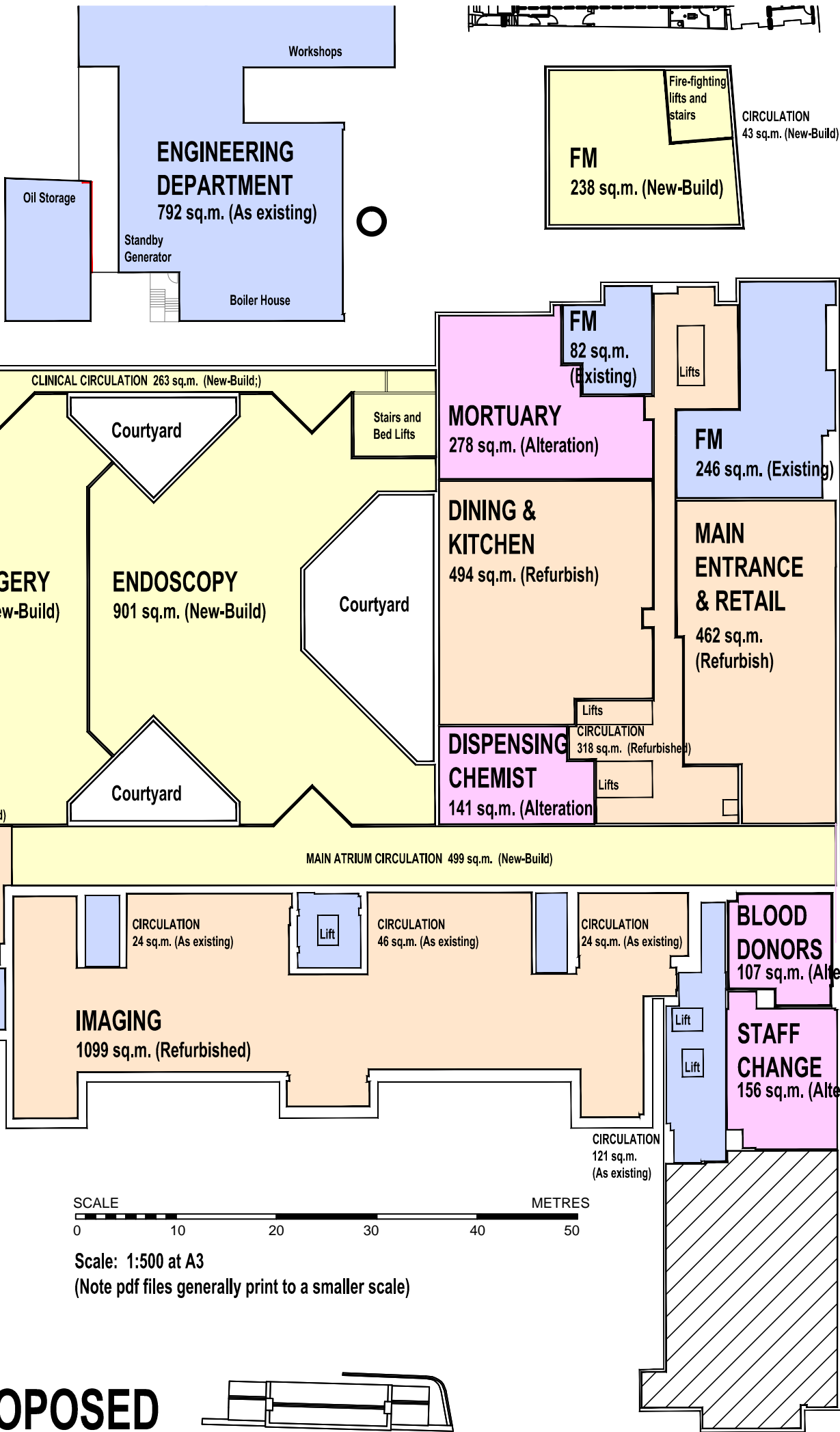


**BASEMENT FLOOR PLAN: AS PROPOSED**

THIS DRAWING TO BE USED FOR LAYOUT PURPOSES ONLY



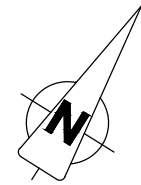
-  **EXISTING AREA**
-  **NEW- BUILD AREA**
-  **REFURBISHED AREA - EXISTING FACILITY REMAINS IN SAME LOCATION**
-  **REFURBISHED AREA - EXISTING FACILITY STRIPPED OUT AND AREA REPLANNED FOR NEW FACILITY**



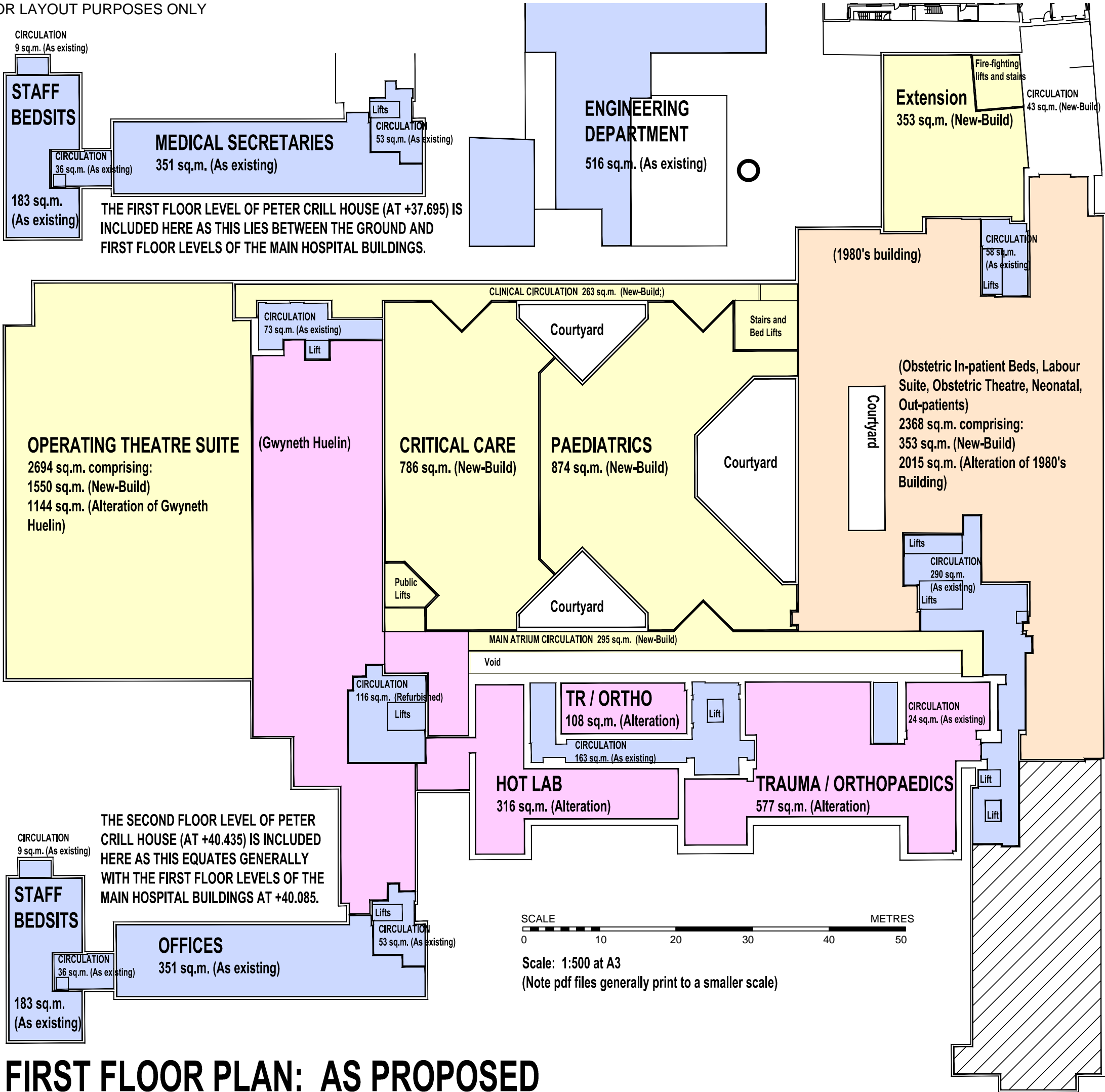
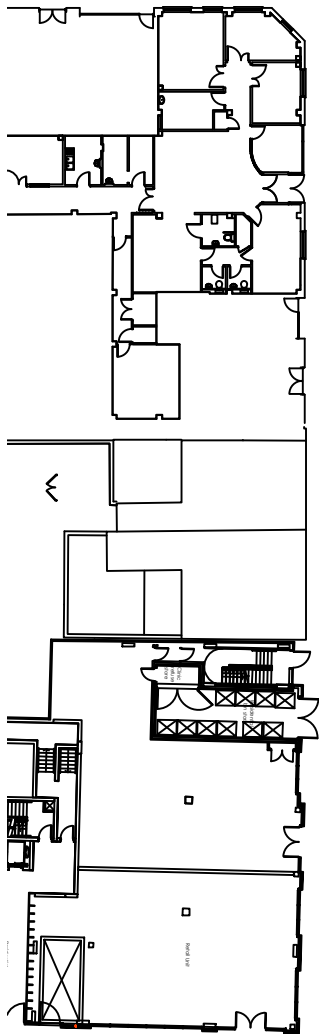
**GROUND FLOOR PLAN: AS PROPOSED**

SCALE 0 10 20 30 40 50 METRES  
Scale: 1:500 at A3  
(Note pdf files generally print to a smaller scale)



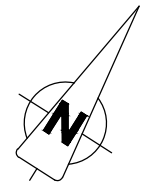


- EXISTING AREA
- NEW- BUILD AREA
- REFURBISHED AREA - EXISTING FACILITY
- REFURBISHED AREA - NEW FACILITY

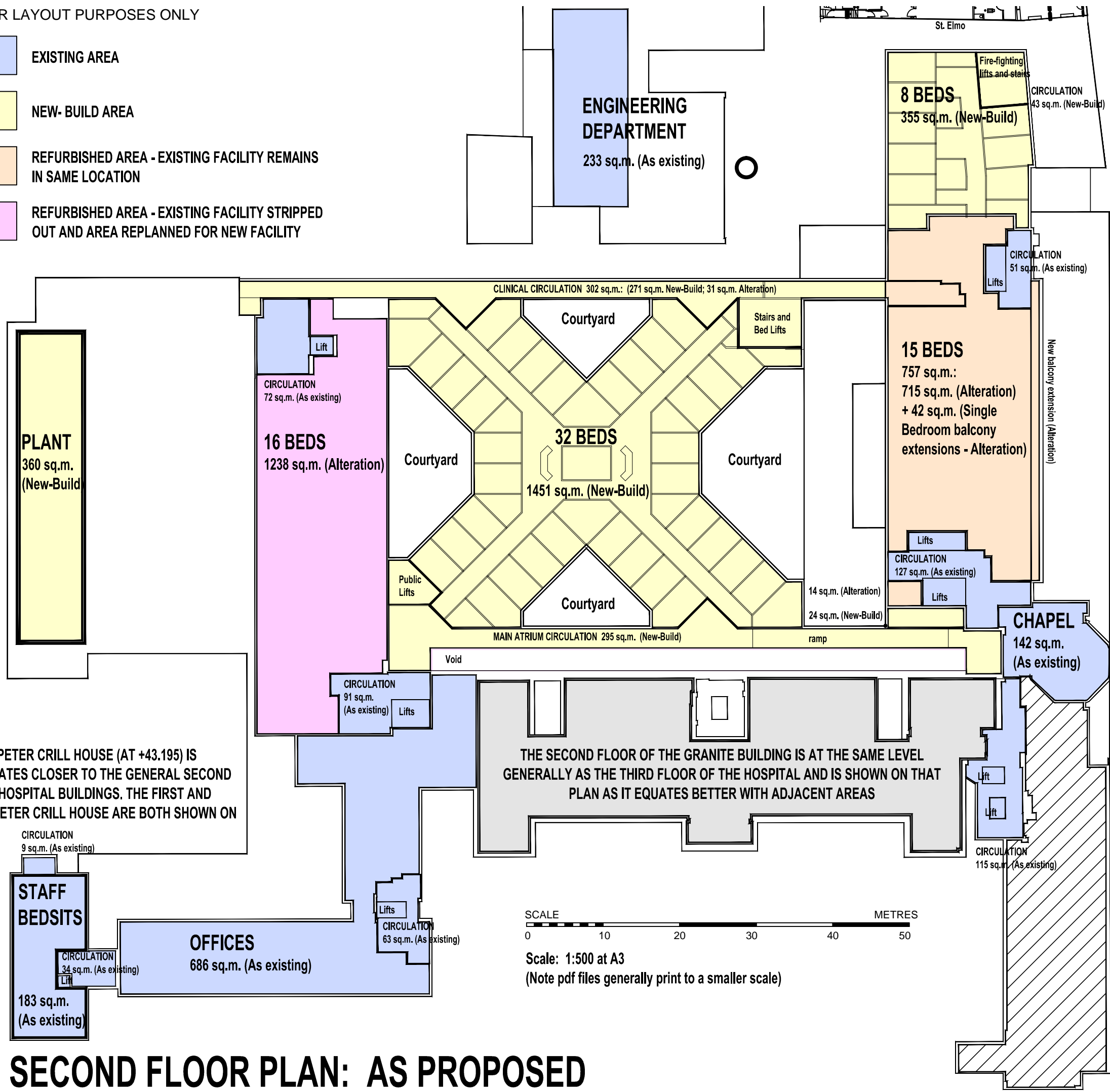


Scale: 1:500 at A3  
(Note pdf files generally print to a smaller scale)

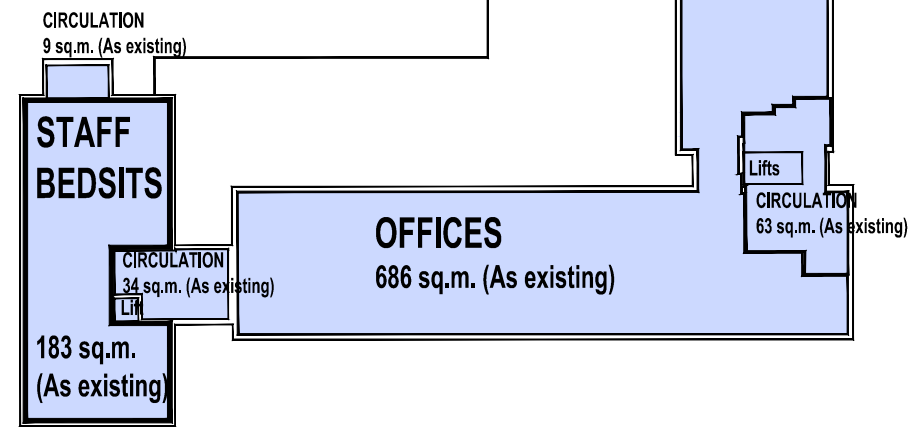
FIRST FLOOR PLAN: AS PROPOSED



- EXISTING AREA
- NEW- BUILD AREA
- REFURBISHED AREA - EXISTING FACILITY REMAINS IN SAME LOCATION
- REFURBISHED AREA - EXISTING FACILITY STRIPPED OUT AND AREA REPLANNED FOR NEW FACILITY

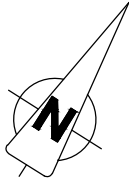


THE THIRD FLOOR LEVEL OF PETER CRILL HOUSE (AT +43.195) IS INCLUDED HERE AS THIS RELATES CLOSER TO THE GENERAL SECOND FLOOR LEVELS OF THE MAIN HOSPITAL BUILDINGS. THE FIRST AND SECOND FLOOR LEVELS OF PETER CRILL HOUSE ARE BOTH SHOWN ON THE FIRST FLOOR PLAN.

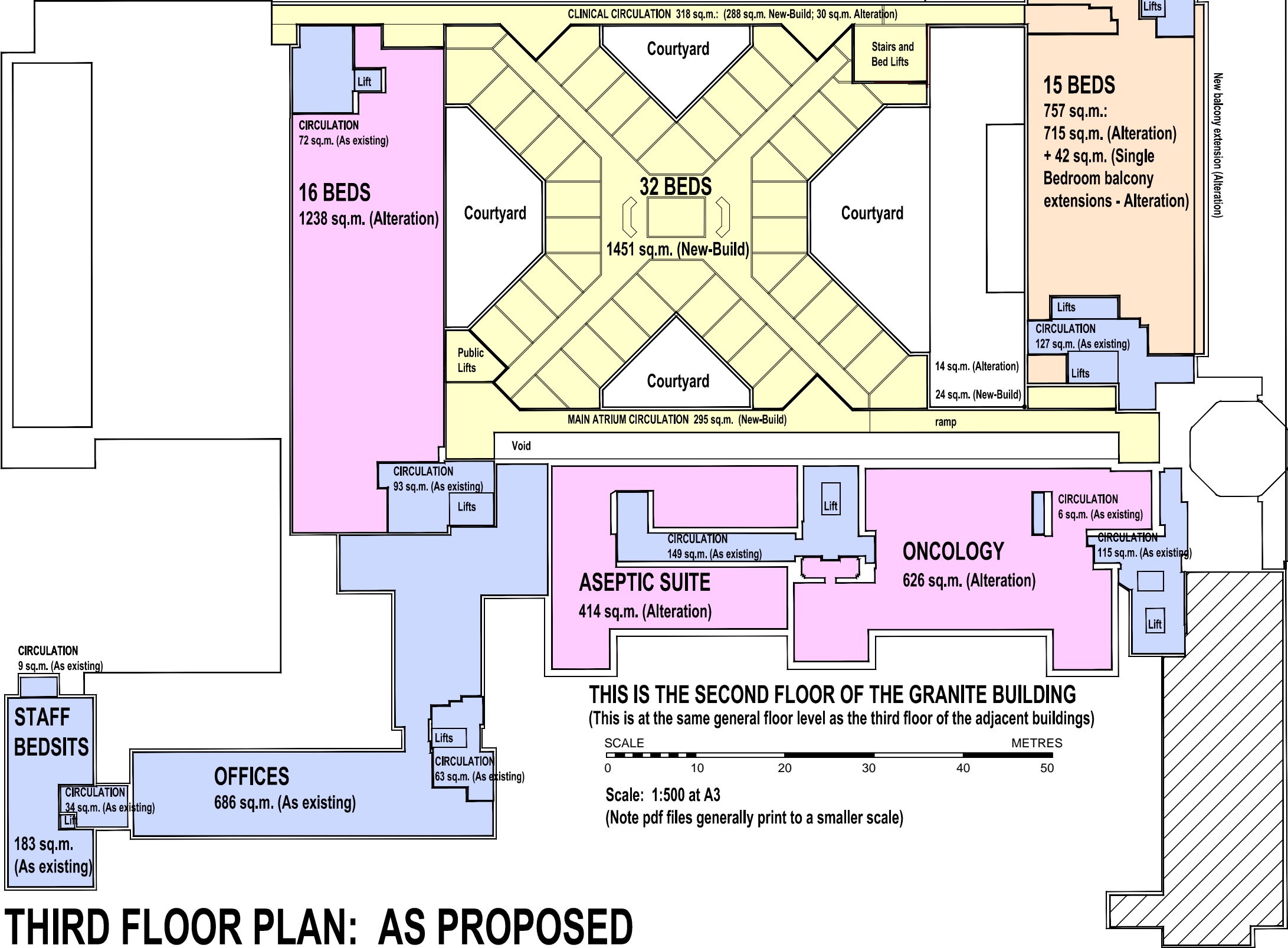


SCALE 0 10 20 30 40 50 METRES  
Scale: 1:500 at A3  
(Note pdf files generally print to a smaller scale)

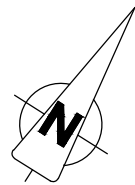
# SECOND FLOOR PLAN: AS PROPOSED



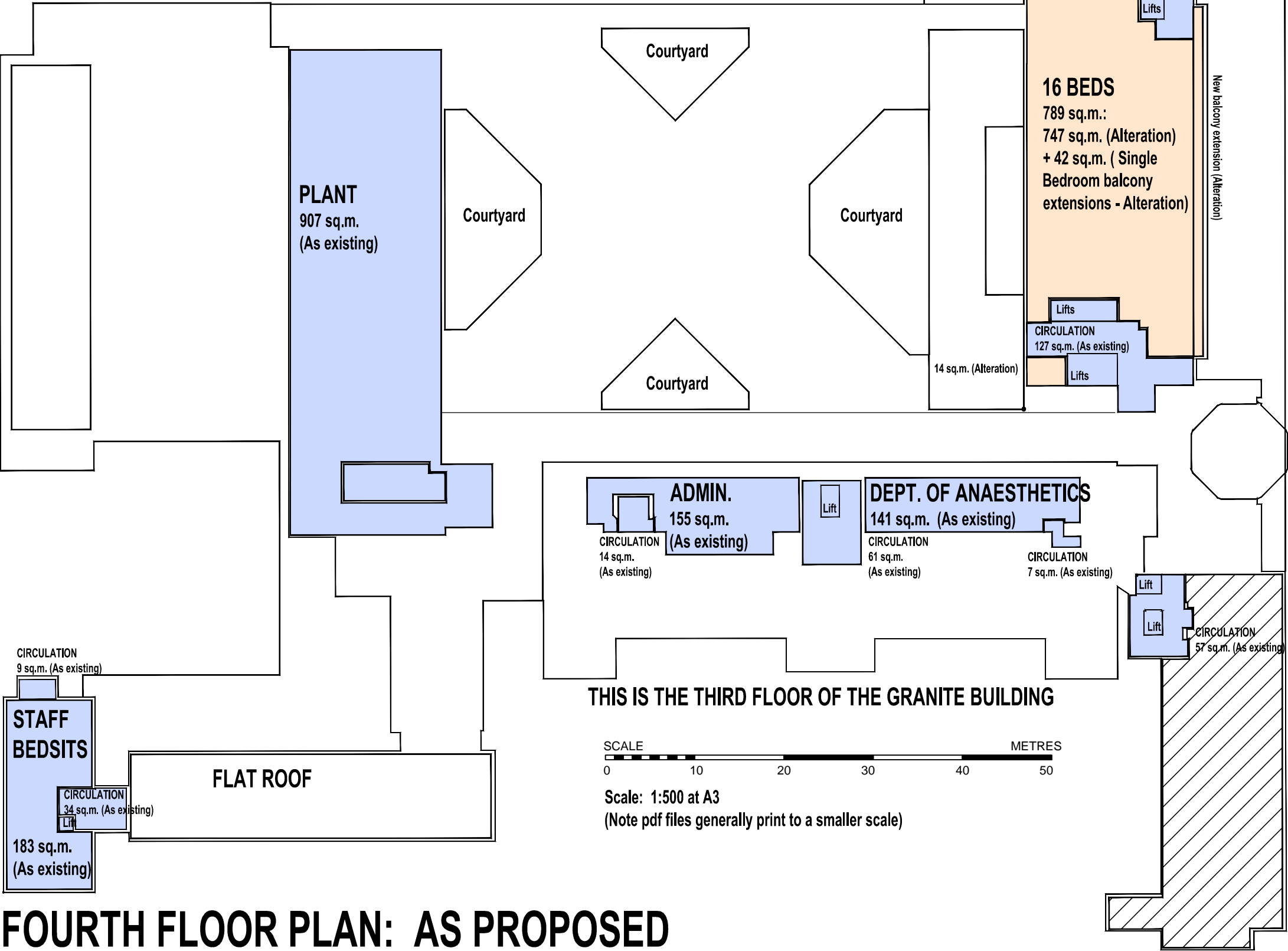
- EXISTING AREA
- NEW- BUILD AREA
- REFURBISHED AREA - EXISTING FACILITY REMAINS IN SAME LOCATION
- REFURBISHED AREA - EXISTING FACILITY STRIPPED OUT AND AREA REPLANNED FOR NEW FACILITY



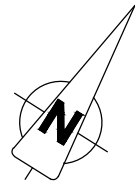
THIRD FLOOR PLAN: AS PROPOSED



- EXISTING AREA
- NEW- BUILD AREA
- REFURBISHED AREA - EXISTING FACILITY REMAINS IN SAME LOCATION
- REFURBISHED AREA - EXISTING FACILITY STRIPPED OUT AND AREA REPLANNED FOR NEW FACILITY



**FOURTH FLOOR PLAN: AS PROPOSED**



EXISTING AREA



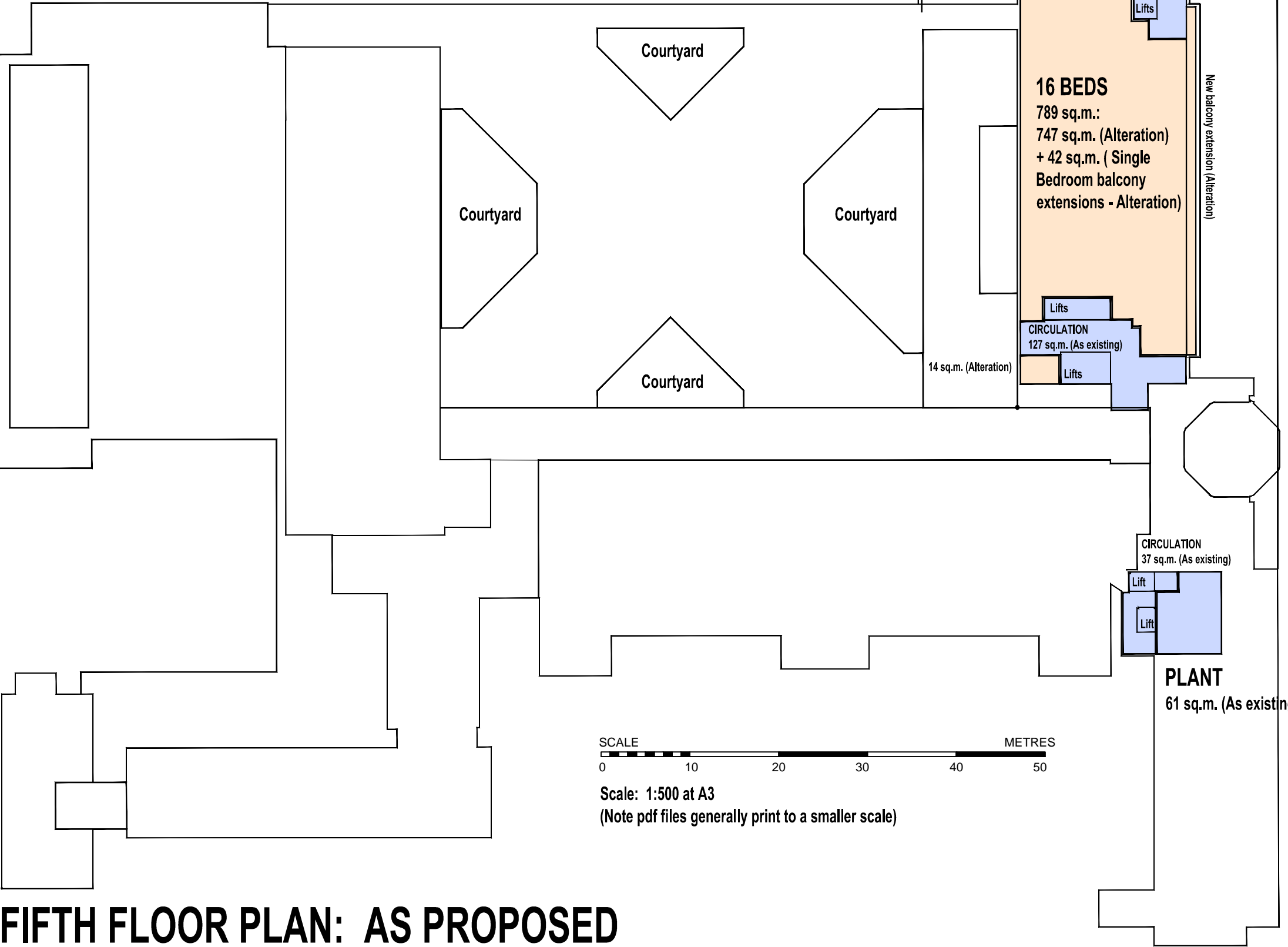
NEW- BUILD AREA



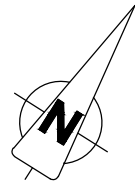
REFURBISHED AREA - EXISTING FACILITY REMAINS  
IN SAME LOCATION



REFURBISHED AREA - EXISTING FACILITY STRIPPED  
OUT AND AREA REPLANNED FOR NEW FACILITY



FIFTH FLOOR PLAN: AS PROPOSED



EXISTING AREA



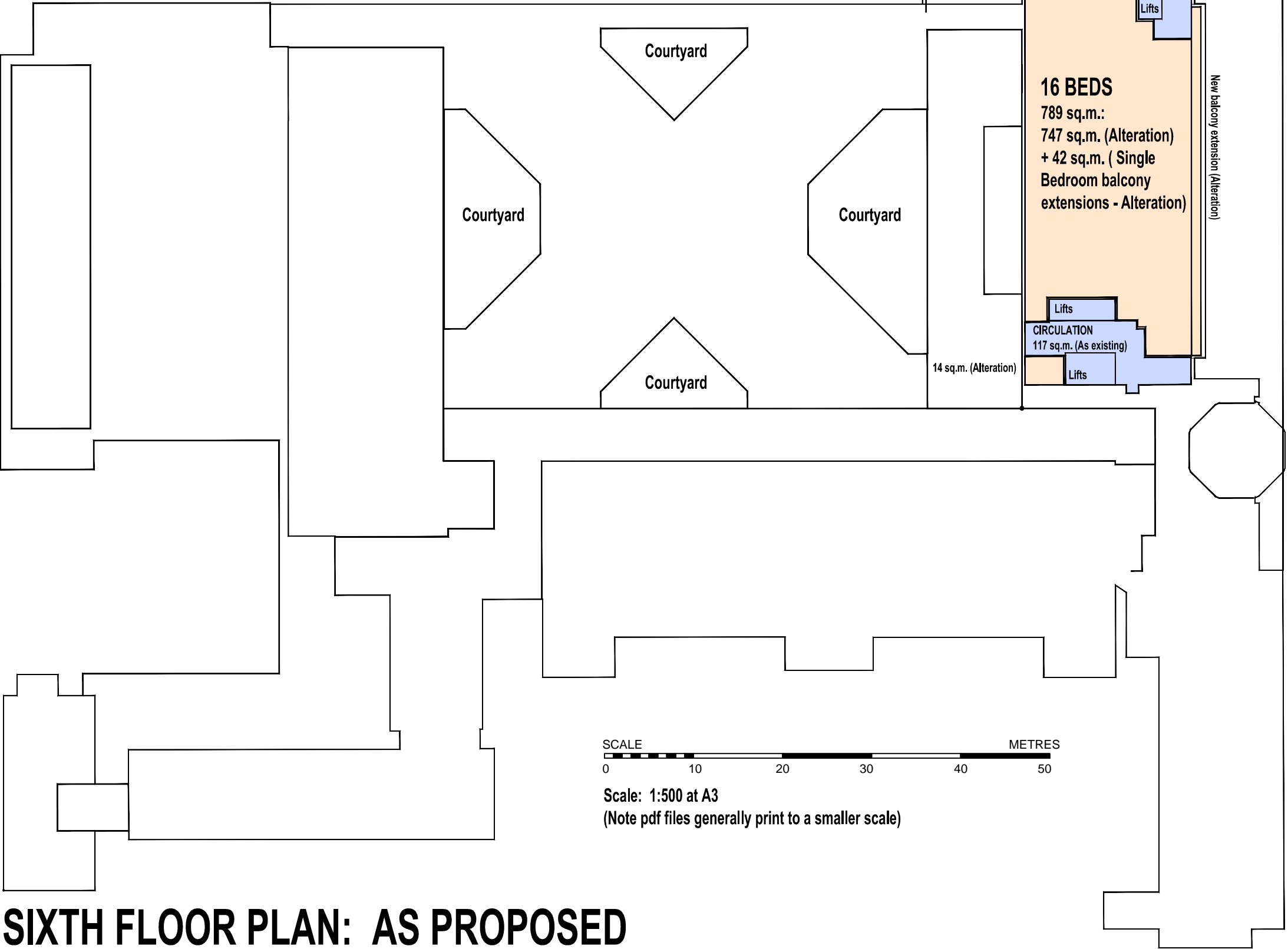
NEW- BUILD AREA



REFURBISHED AREA - EXISTING FACILITY REMAINS  
IN SAME LOCATION



REFURBISHED AREA - EXISTING FACILITY STRIPPED  
OUT AND AREA REPLANNED FOR NEW FACILITY



SIXTH FLOOR PLAN: AS PROPOSED

**EXISTING AREA**

NEW- BUILD AREA

**REFURBISHED AREA - EXISTING FACILITY REMAINS  
IN SAME LOCATION**

**REFURBISHED AREA - EXISTING FACILITY STRIPPED OUT AND AREA REPLANNED FOR NEW FACILITY**

St Elmo

**355 sq.m. (New-Build)**

CIRCULATION  
43 sq.m. (New-Build)

## Courtyard

## Courtyard

## Courtyard

14 sq.m. (Alteration)

789 sq.m.:  
747 sq.m. (Alteration)  
+ 42 sq.m. ( Single  
Bedroom balcony  
extensions - Alteration)

**CIRCULATION**  
51 s.m. (As existing)

**New balcony extension (Alteration)**

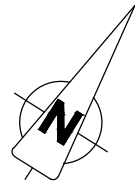
### Lifts

**CIRCULATION**  
117 sq.m. (As existing)

## Lifts

(Note pdf files generally print to a smaller scale)

## SEVENTH FLOOR PLAN: AS PROPOSED



EXISTING AREA



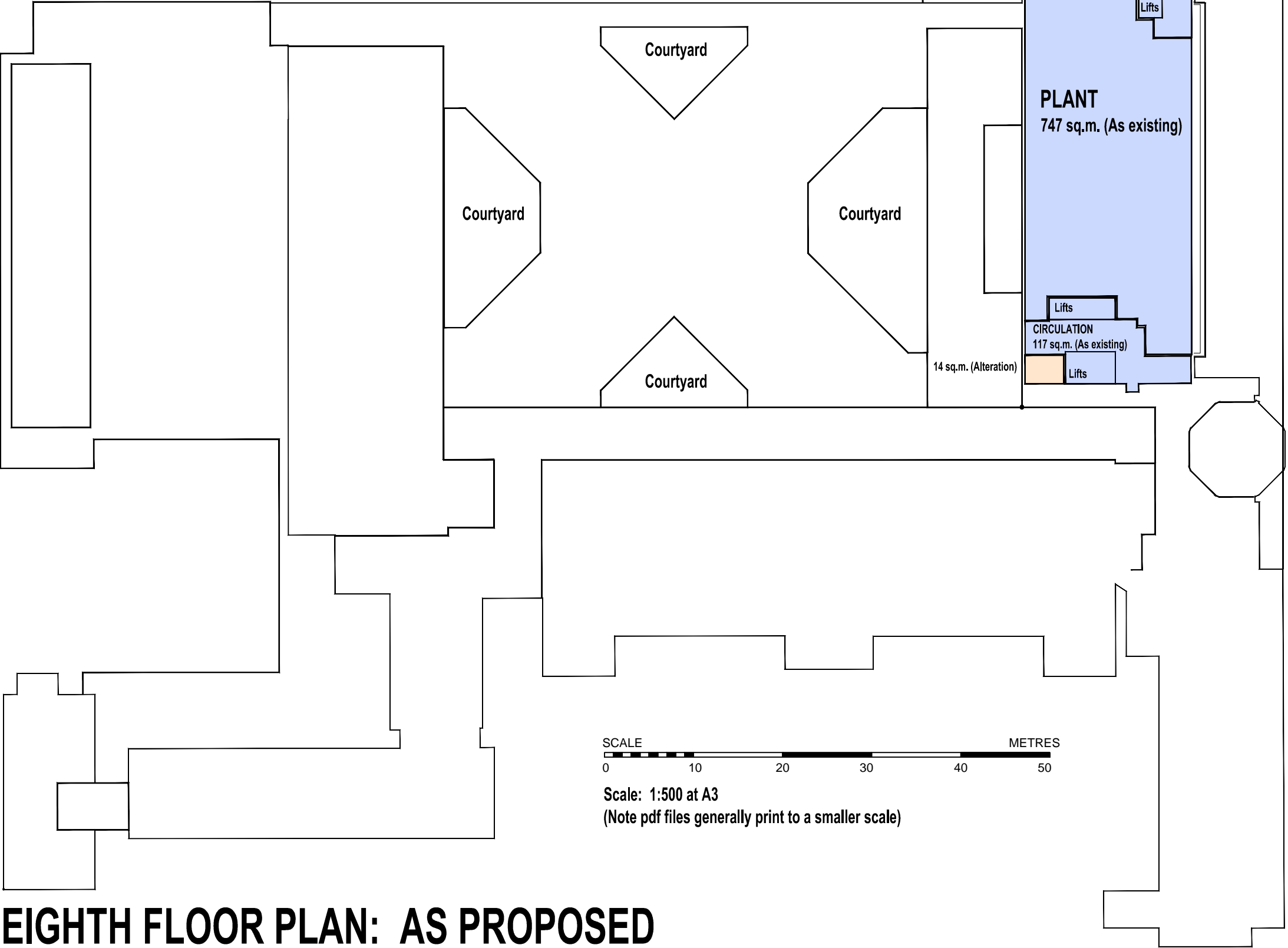
NEW- BUILD AREA



REFURBISHED AREA - EXISTING FACILITY REMAINS  
IN SAME LOCATION



REFURBISHED AREA - EXISTING FACILITY STRIPPED  
OUT AND AREA REPLANNED FOR NEW FACILITY



**EIGHTH FLOOR PLAN: AS PROPOSED**



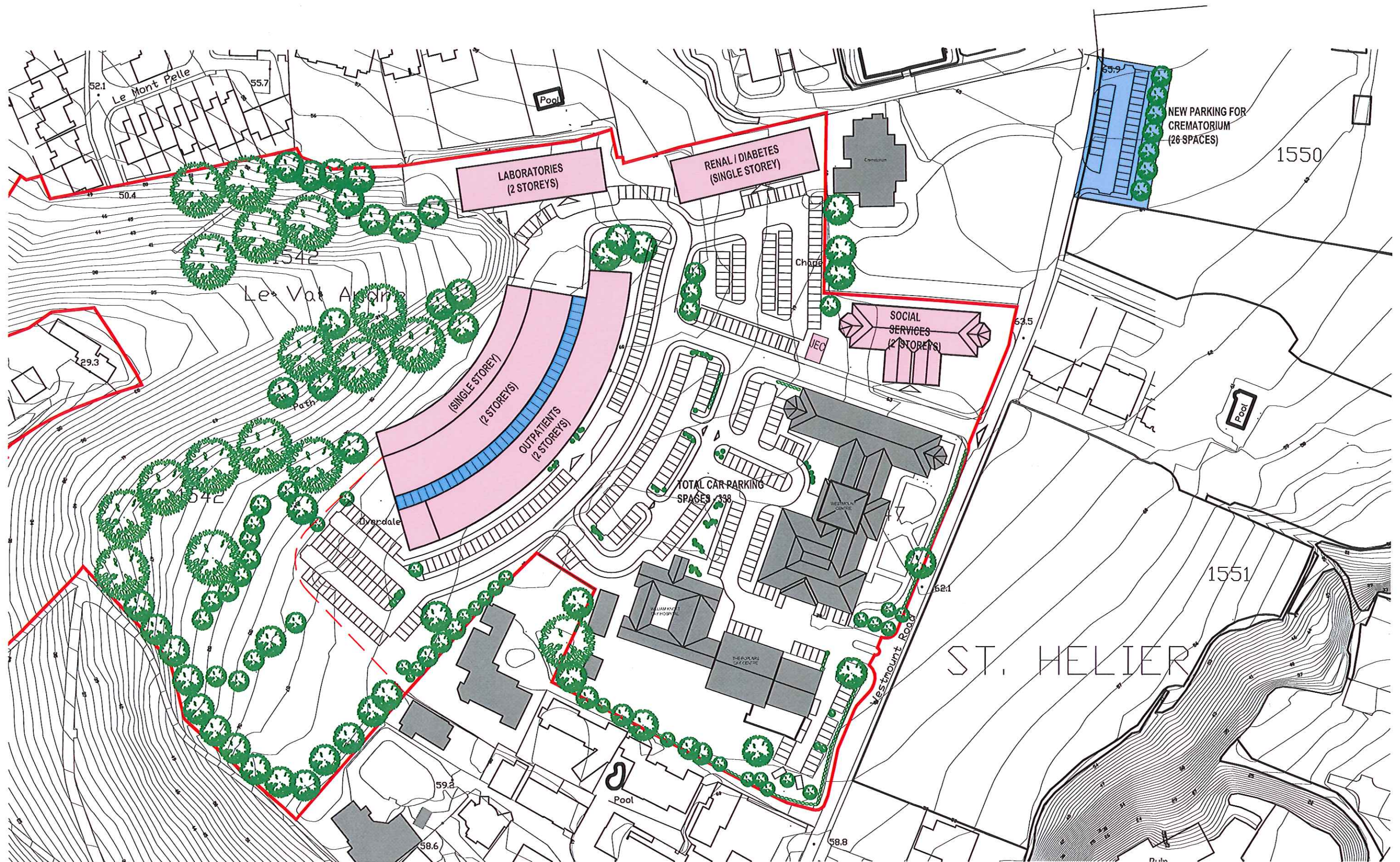
## Appendix 3b: Overdale Hospital Site Information





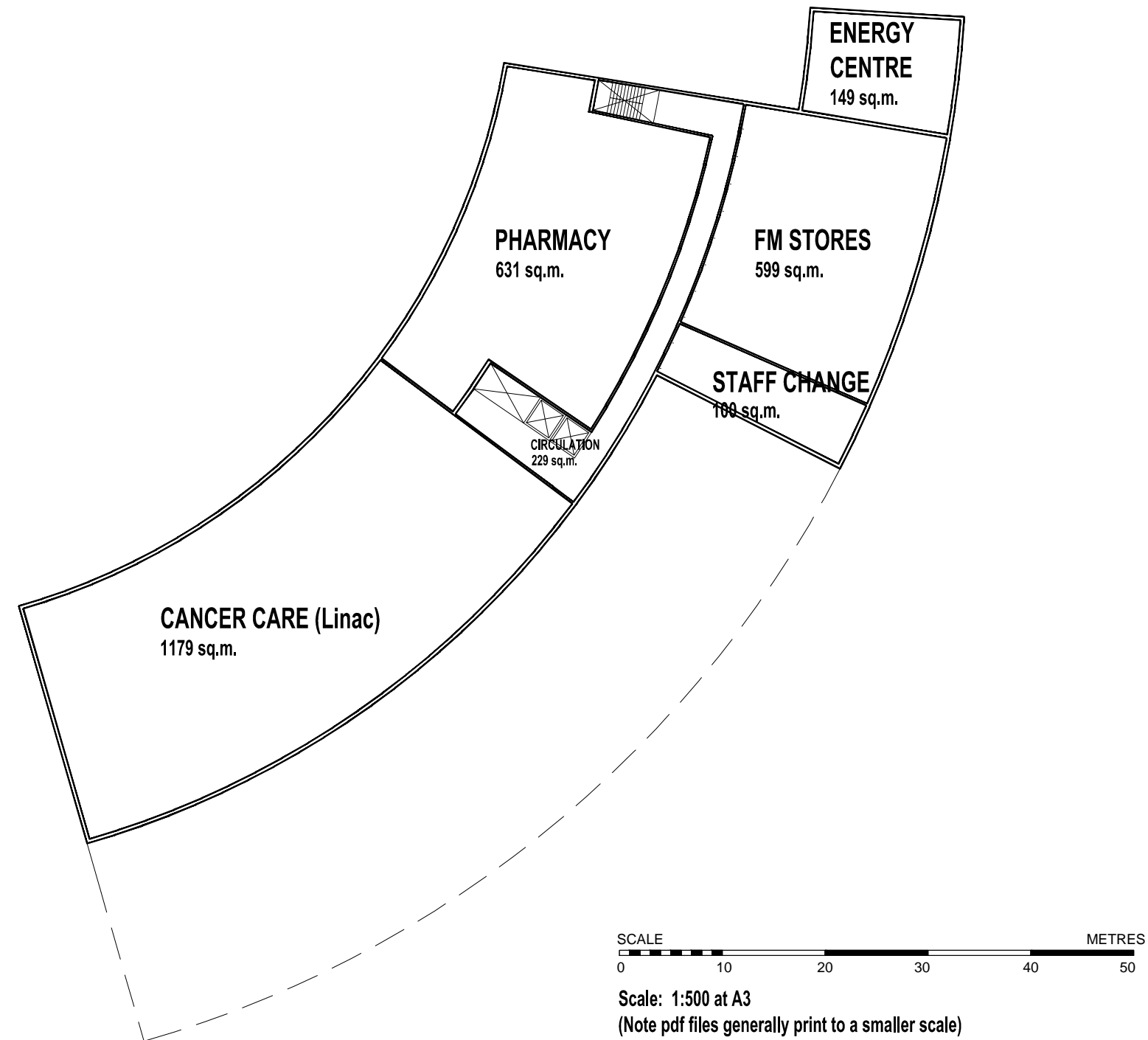
**OVERDALE HOSPITAL: AMBULATORY CARE DEVELOPMENT:  
SITE PLAN - OPTION 3 - TEMPORARY PAIN / DIABETES CLINIC**



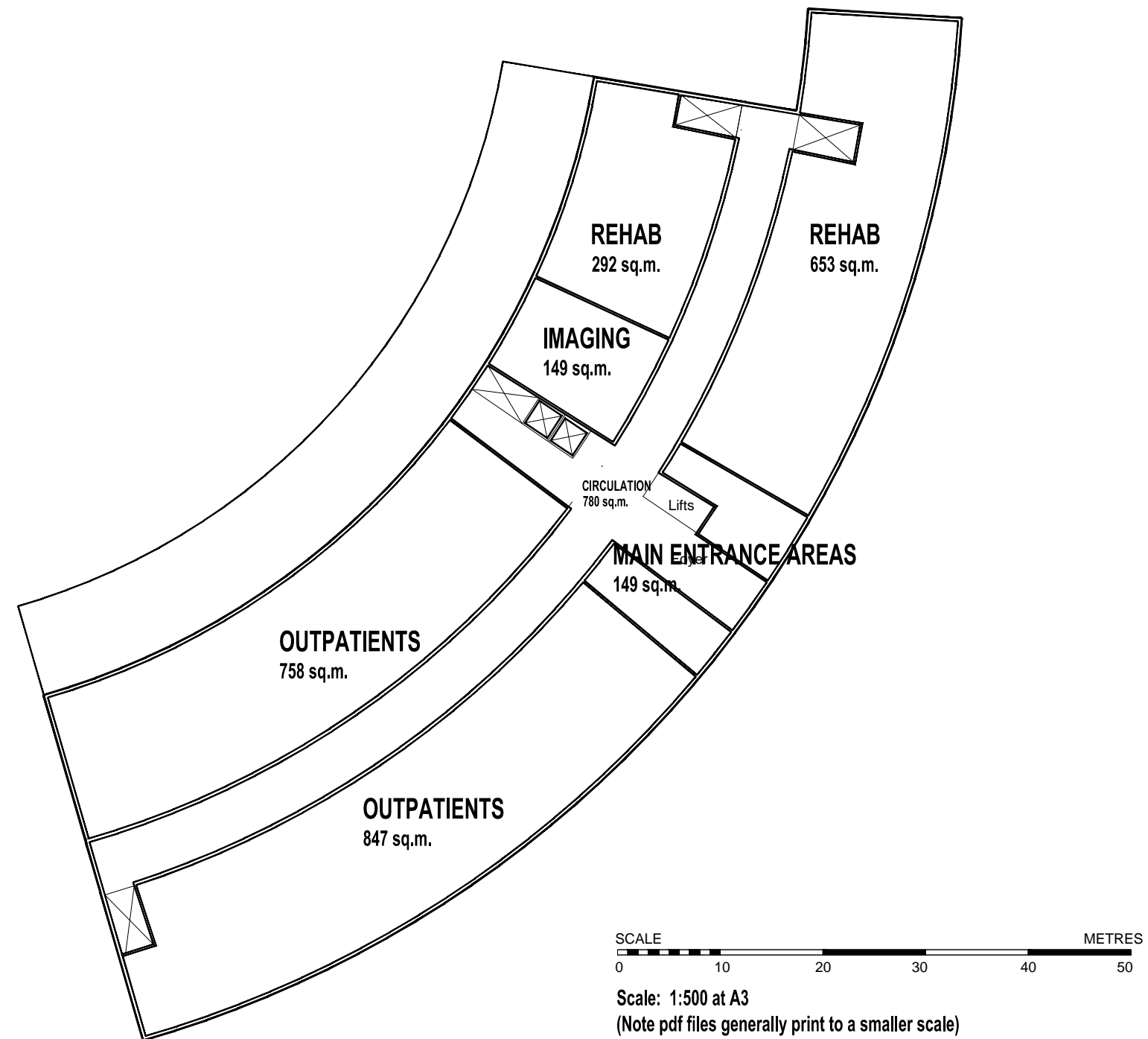


**OVERDALE HOSPITAL: AMBULATORY CARE DEVELOPMENT: SITE PLAN - OPTION 3**

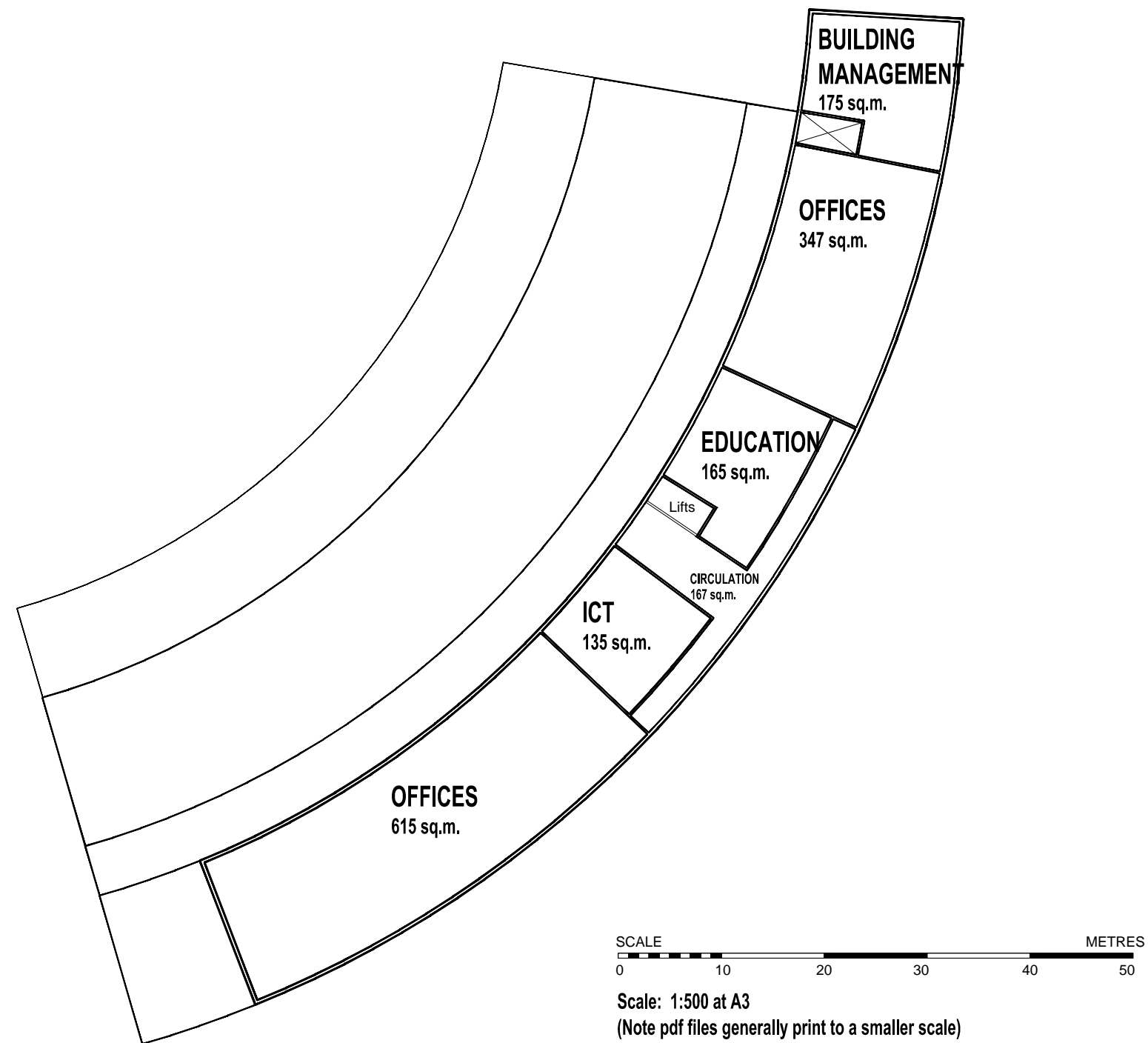




## OVERDALE HOSPITAL: OUTPATIENTS' BUILDING LEVEL 1 (+55.0): FLOOR PLAN



## OVERDALE HOSPITAL: OUTPATIENTS' BUILDING LEVEL 2 (+60.0): FLOOR PLAN

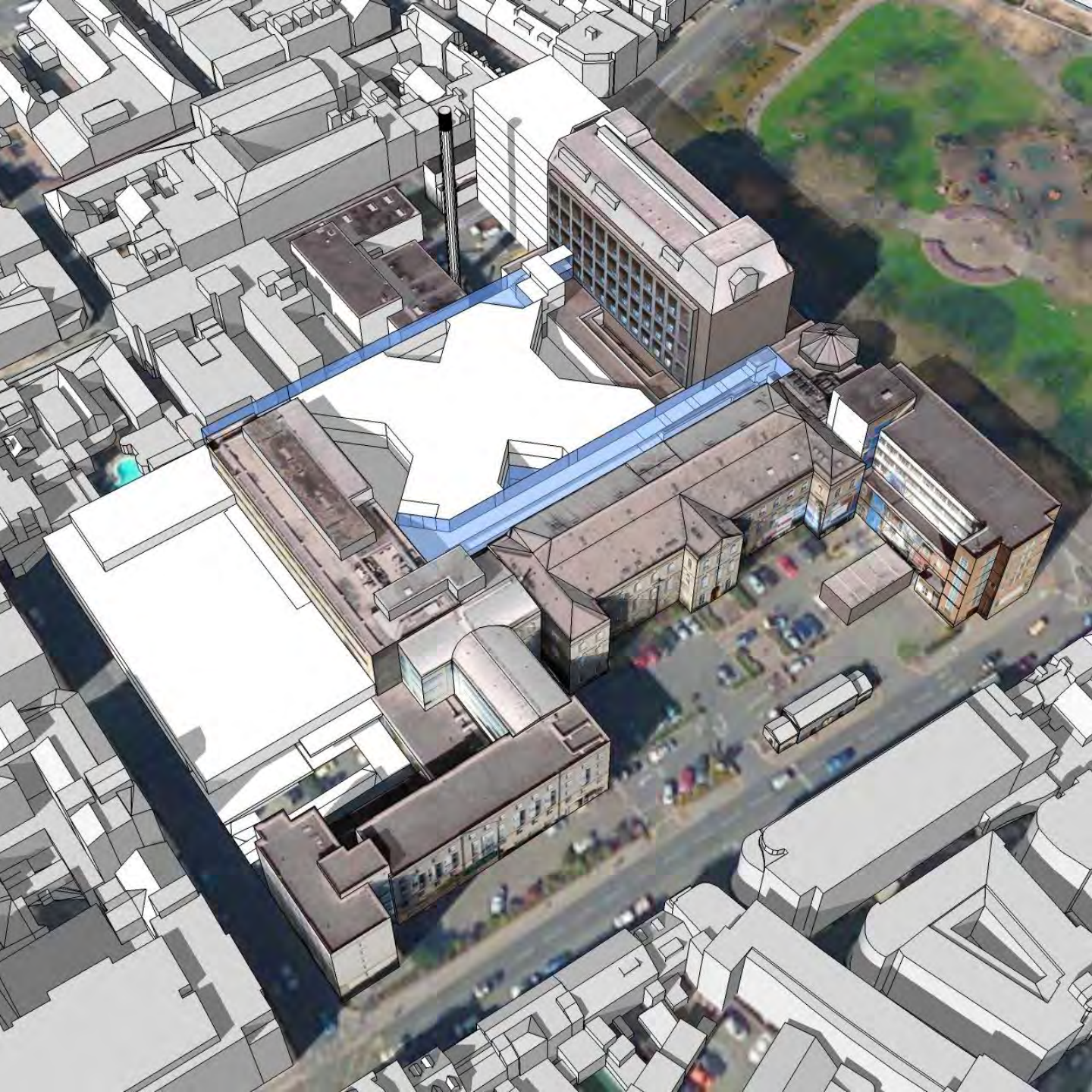


## OVERDALE HOSPITAL: OUTPATIENTS' BUILDING LEVEL 3 (+64.0): FLOOR PLAN

## Appendix 4: Phasing

**PHASING**



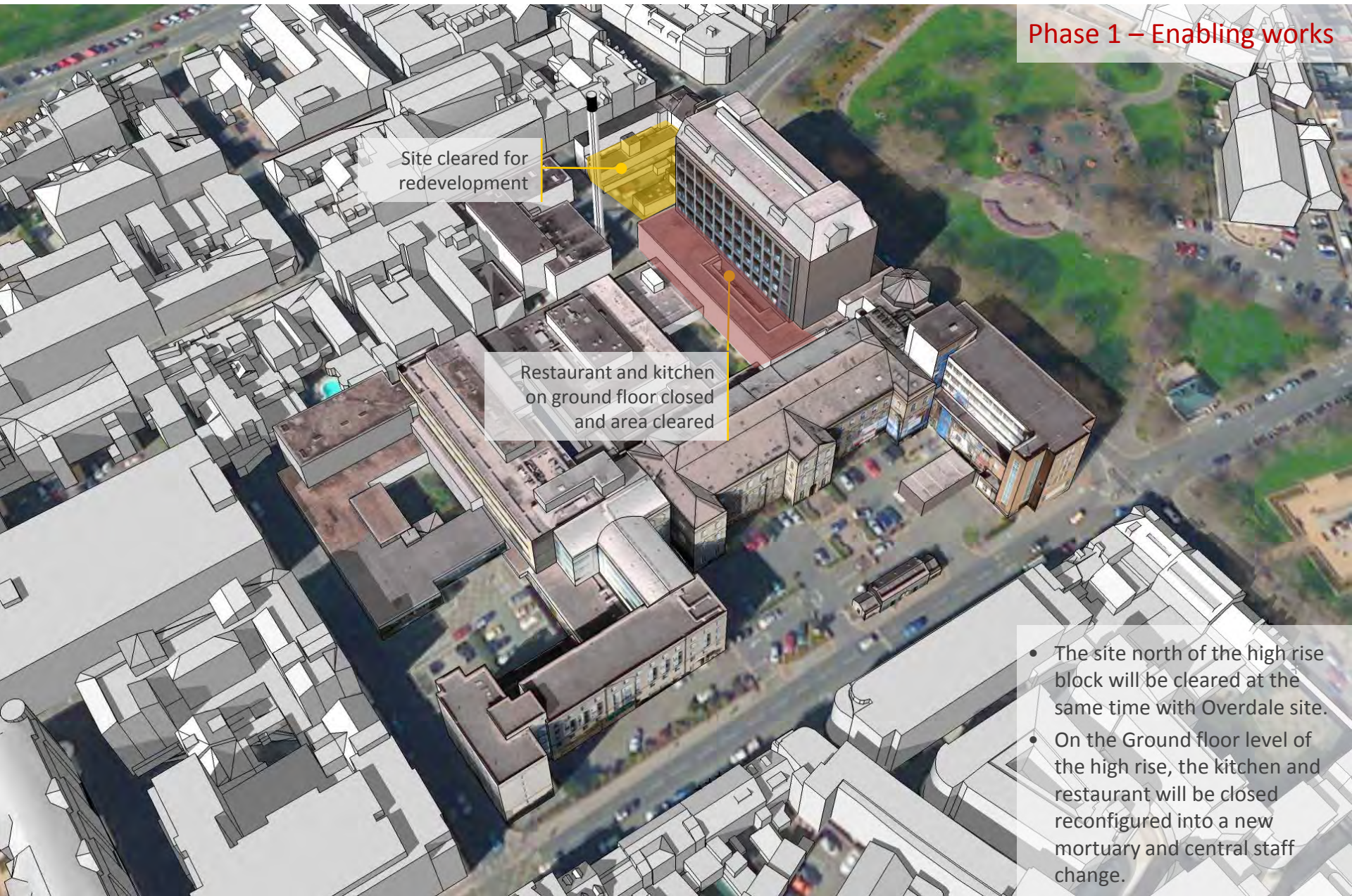


## **Jersey General Hospital Redevelopment**

September 2013



## Phasing – Main Hospital Site





## Phasing – Main Hospital Site

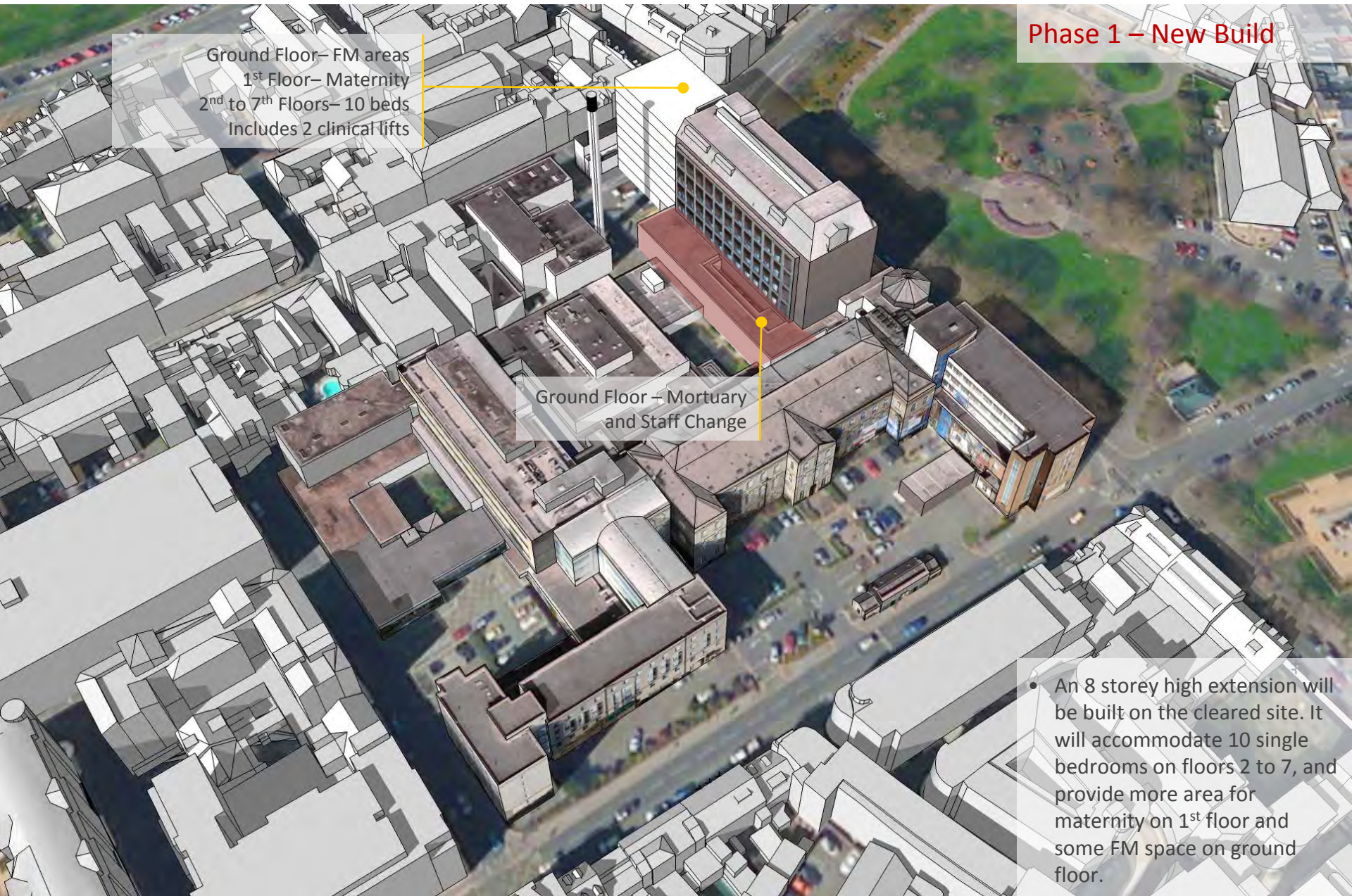
### Phase 1 – Enabling works



- The site north of the high rise block will be cleared at the same time with Overdale site.
- On the Ground floor level of the high rise, the kitchen and restaurant will be closed reconfigured into a new mortuary and central staff change.

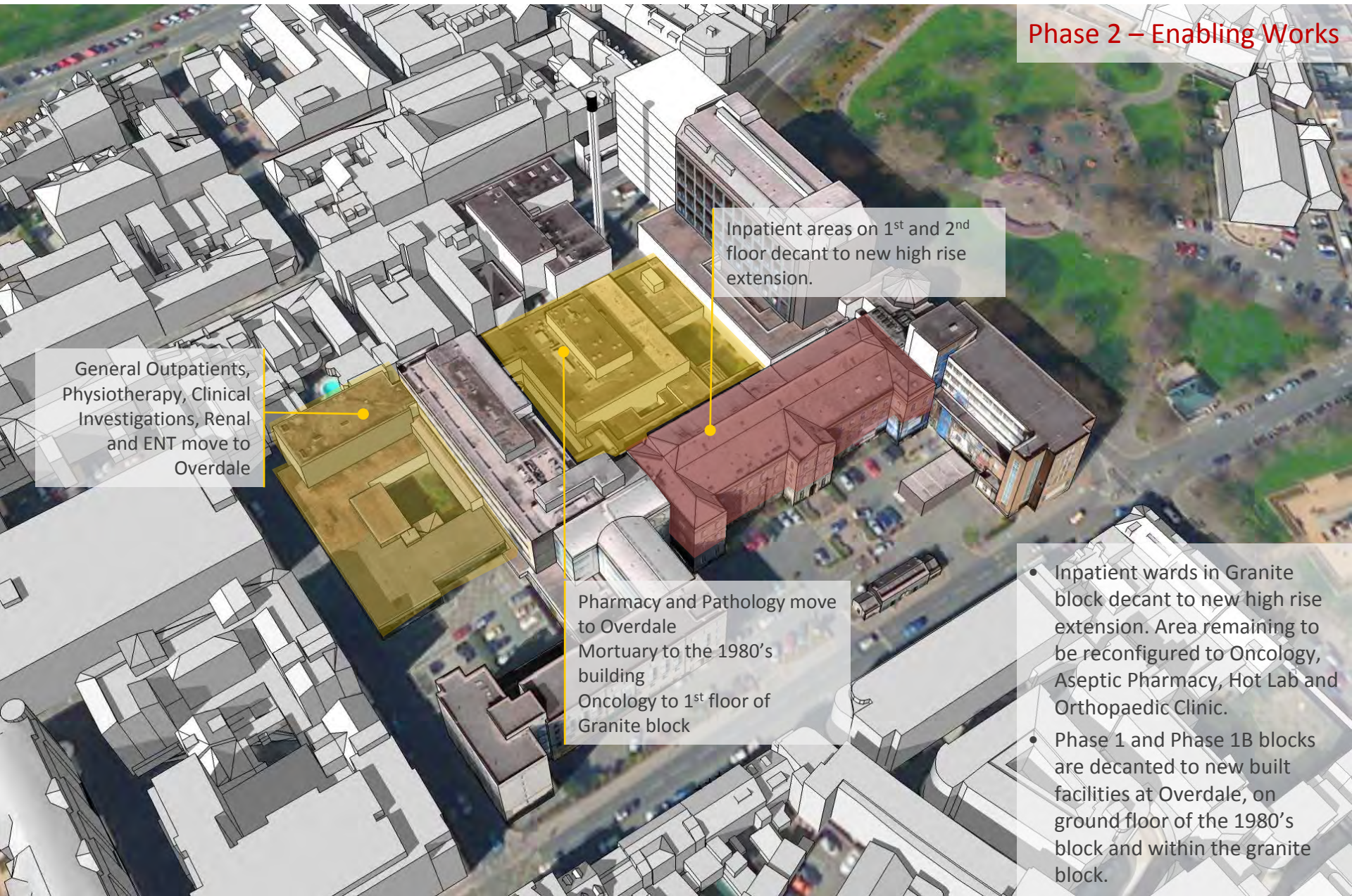


## Phasing – Main Hospital Site



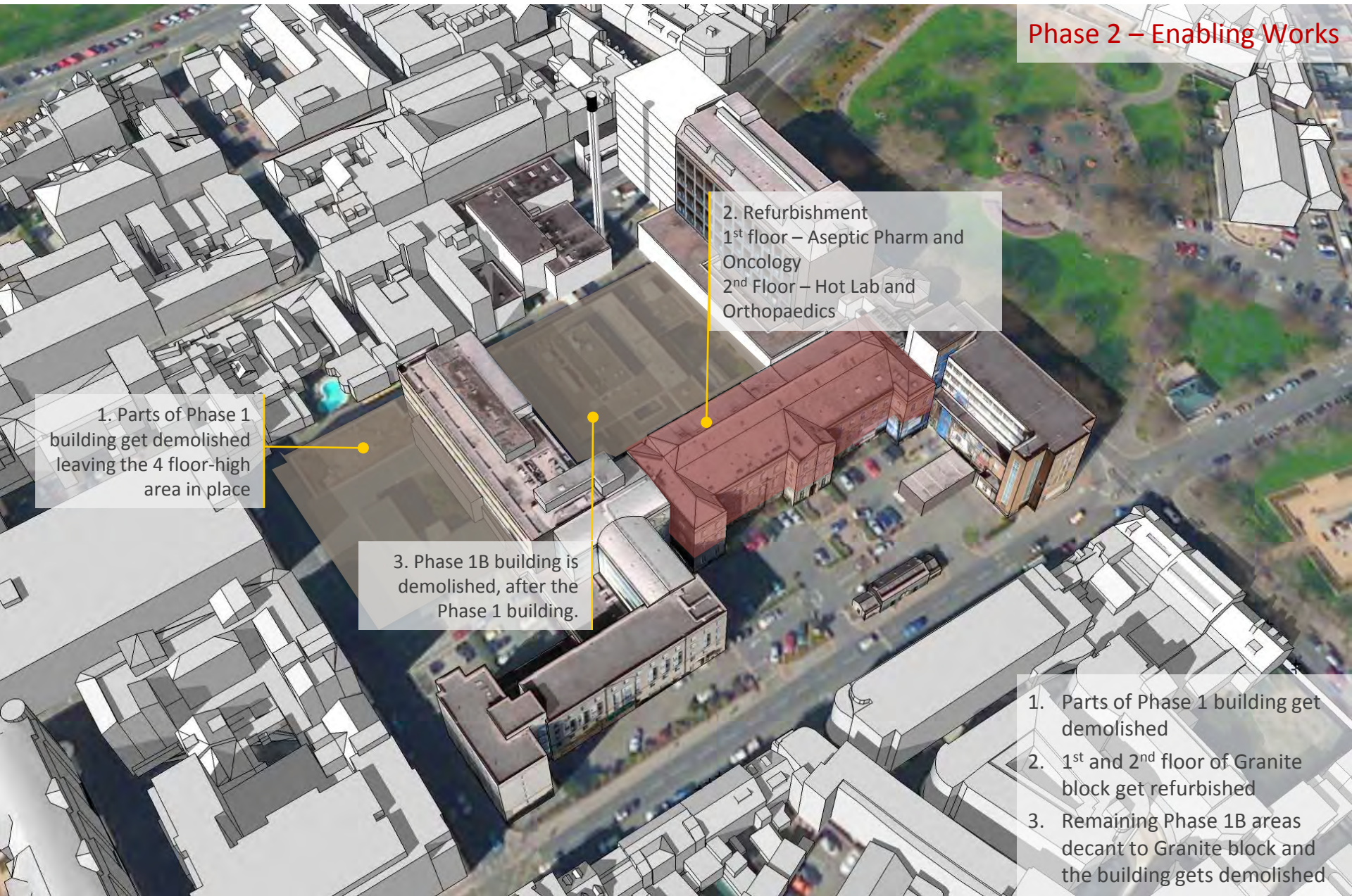


## Phasing – Main Hospital Site



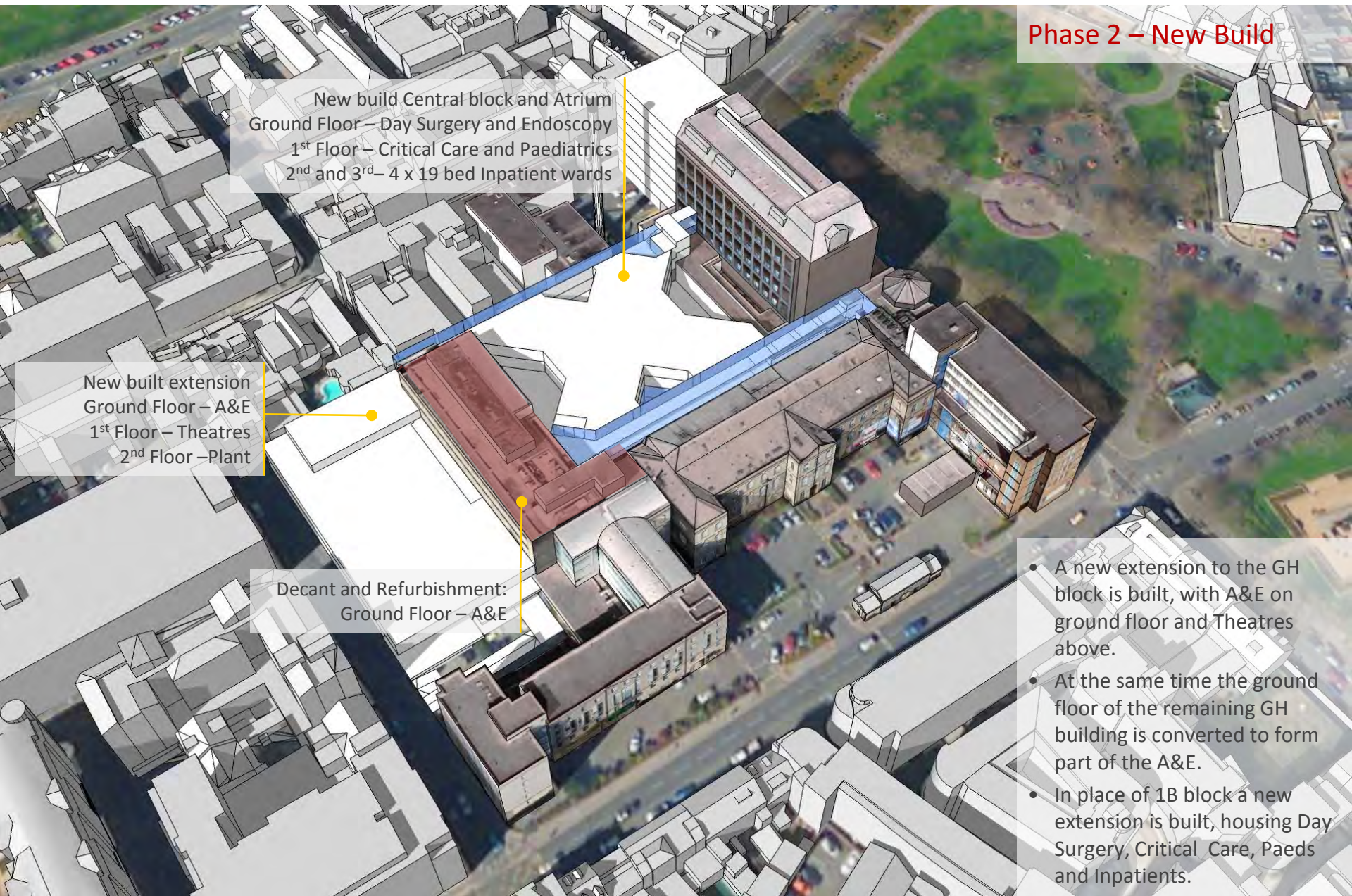


## Phasing – Main Hospital Site





## Phasing – Main Hospital Site



### Phase 2 – New Build

New build Central block and Atrium  
Ground Floor – Day Surgery and Endoscopy  
1<sup>st</sup> Floor – Critical Care and Paediatrics  
2<sup>nd</sup> and 3<sup>rd</sup> – 4 x 19 bed Inpatient wards

New built extension  
Ground Floor – A&E  
1<sup>st</sup> Floor – Theatres  
2<sup>nd</sup> Floor – Plant

Decant and Refurbishment:  
Ground Floor – A&E

- A new extension to the GH block is built, with A&E on ground floor and Theatres above.
- At the same time the ground floor of the remaining GH building is converted to form part of the A&E.
- In place of 1B block a new extension is built, housing Day Surgery, Critical Care, Paeds and Inpatients.



## Phasing – Main Hospital Site

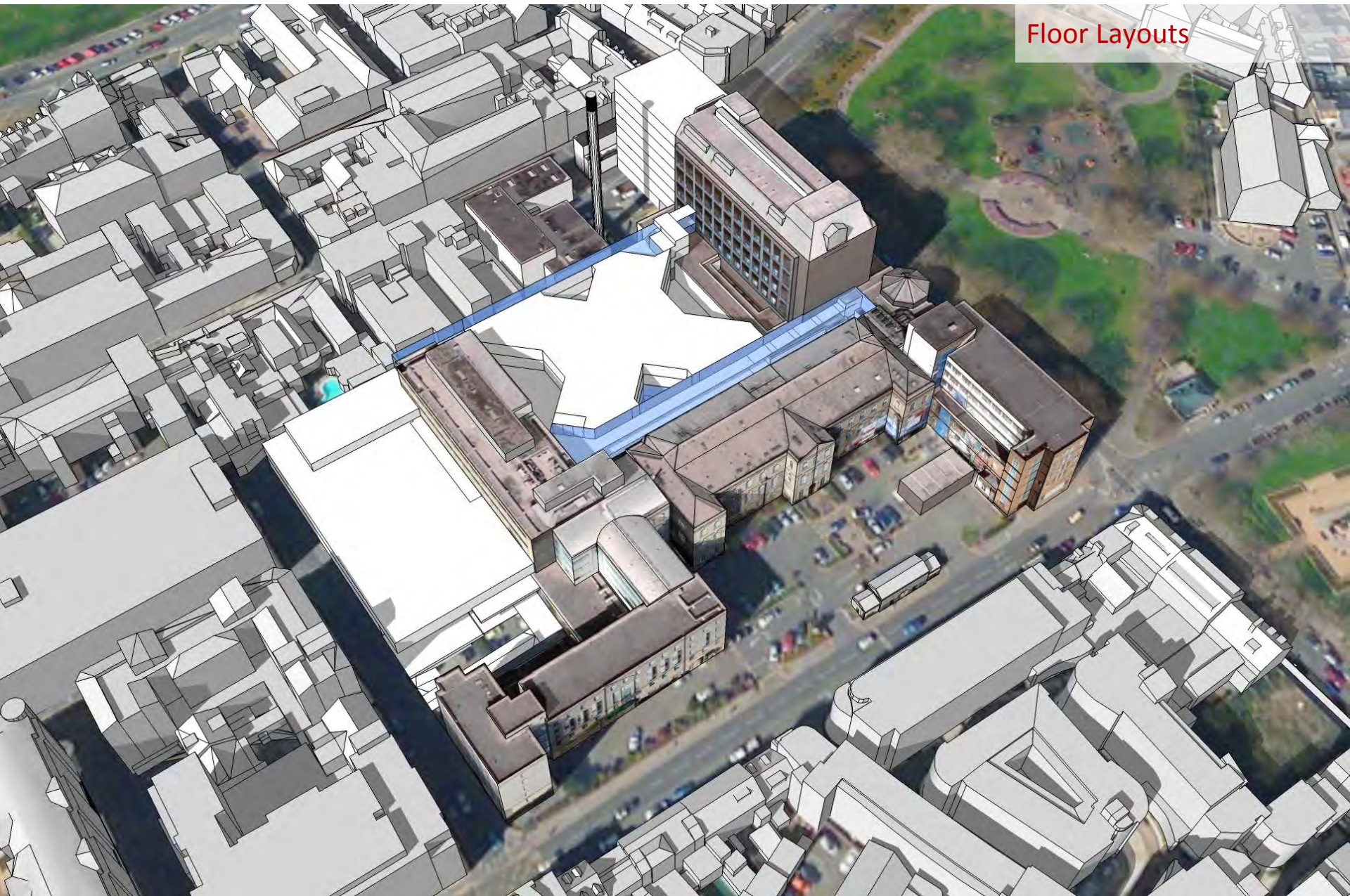
### Phase 3 – Refurbishment

Top down refurbishment of  
all levels  
2<sup>nd</sup> to 7<sup>th</sup> floor – Inpatient  
~18 beds each  
1<sup>st</sup> Floor – Maternity

Decant and Refurbishment:  
1<sup>st</sup> Floor – Theatres  
2<sup>nd</sup> Floor – 16 bed Inpatient Ward  
3<sup>rd</sup> Floor – 16 bed Inpatient Ward

- Remaining existing area will be refurbished to bring Inpatient areas to modern standards and single bed configuration.
- Maternity will also be refurbished in this phase.

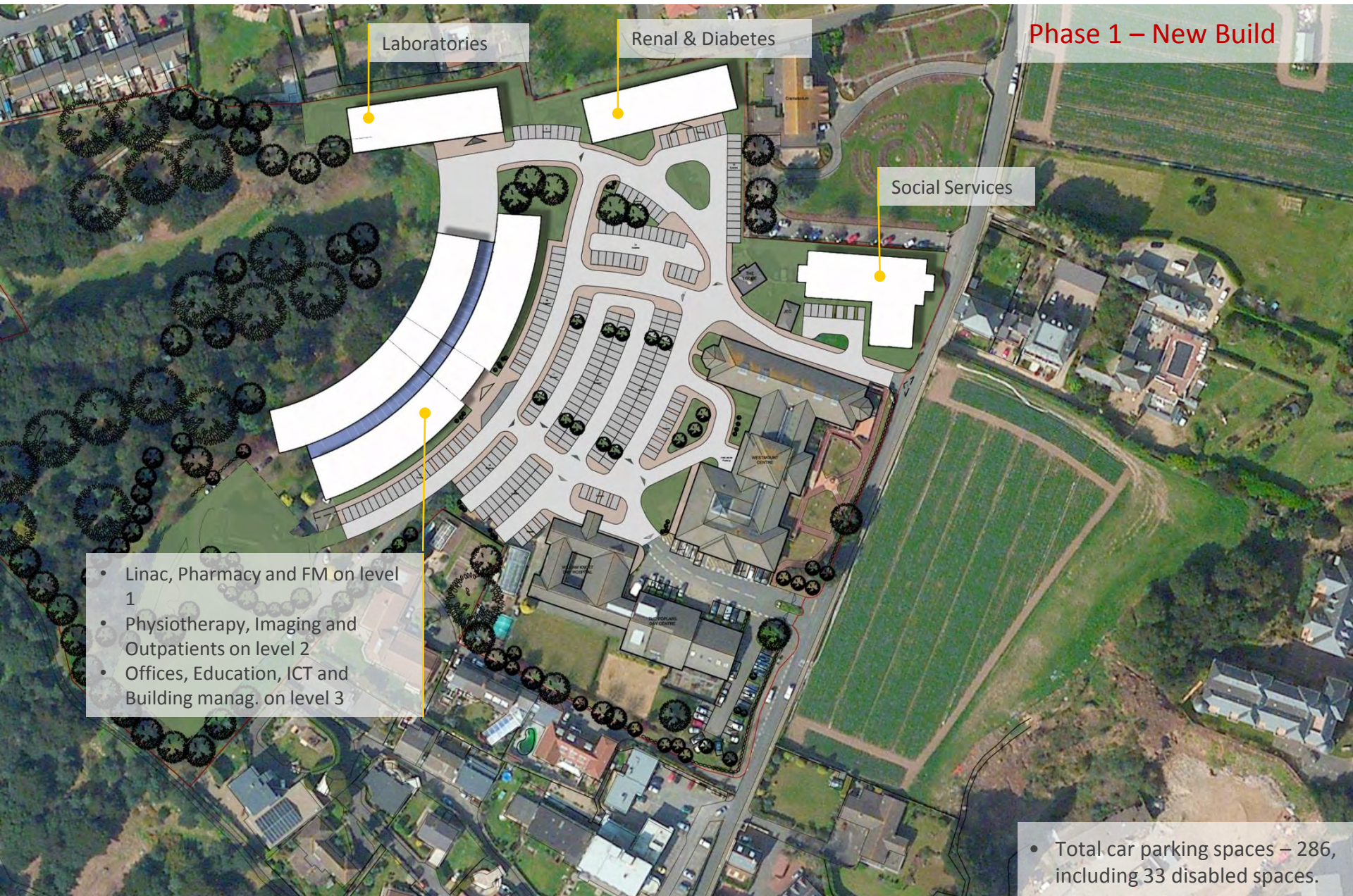




**PHASING**



## Phasing – Main Hospital Site





## Phasing – Overdale Site

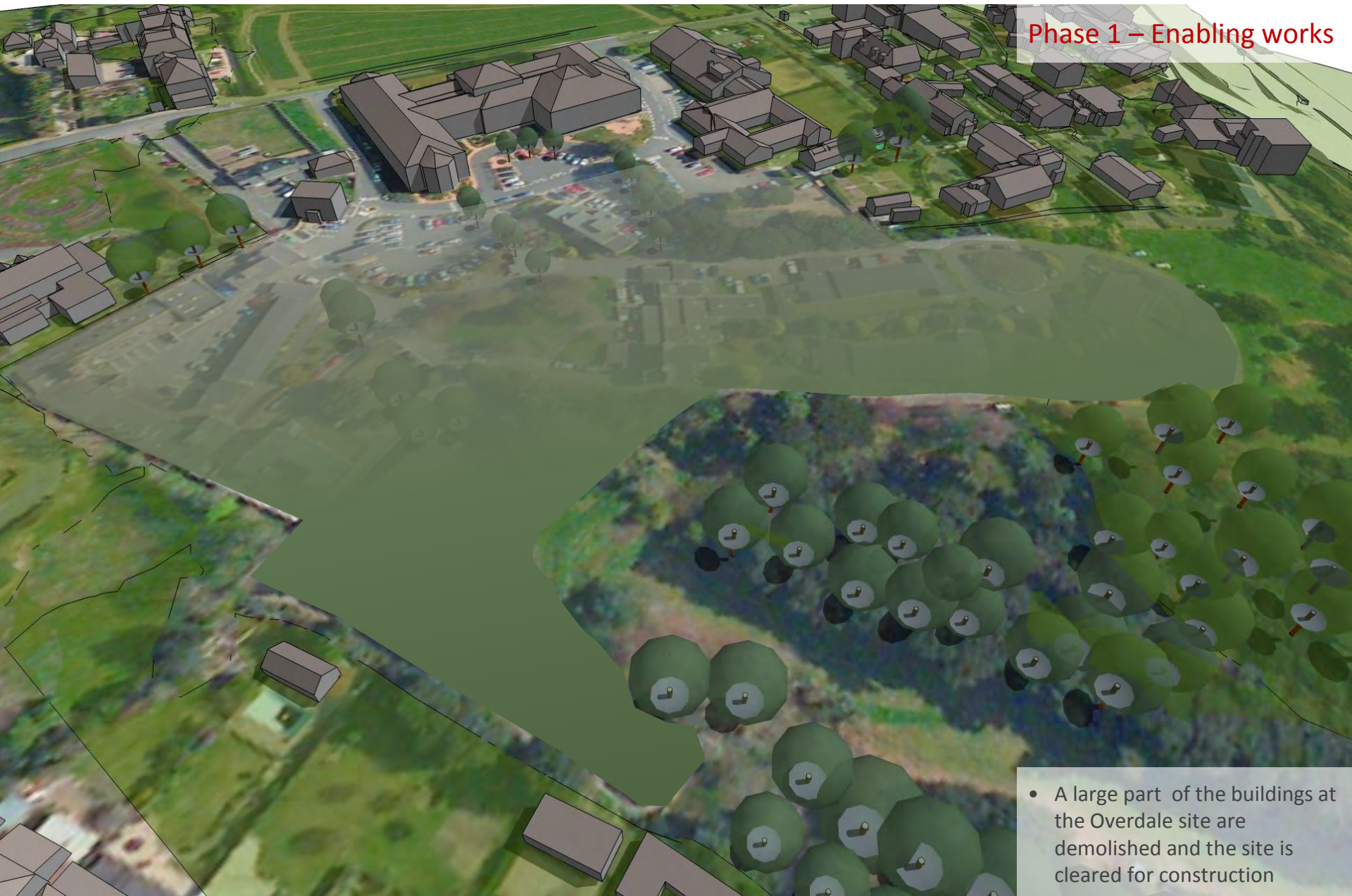


Phase 1 – Enabling works

- A large part of the buildings at the Overdale site are demolished and the site is cleared for construction



## Phasing – Overdale site

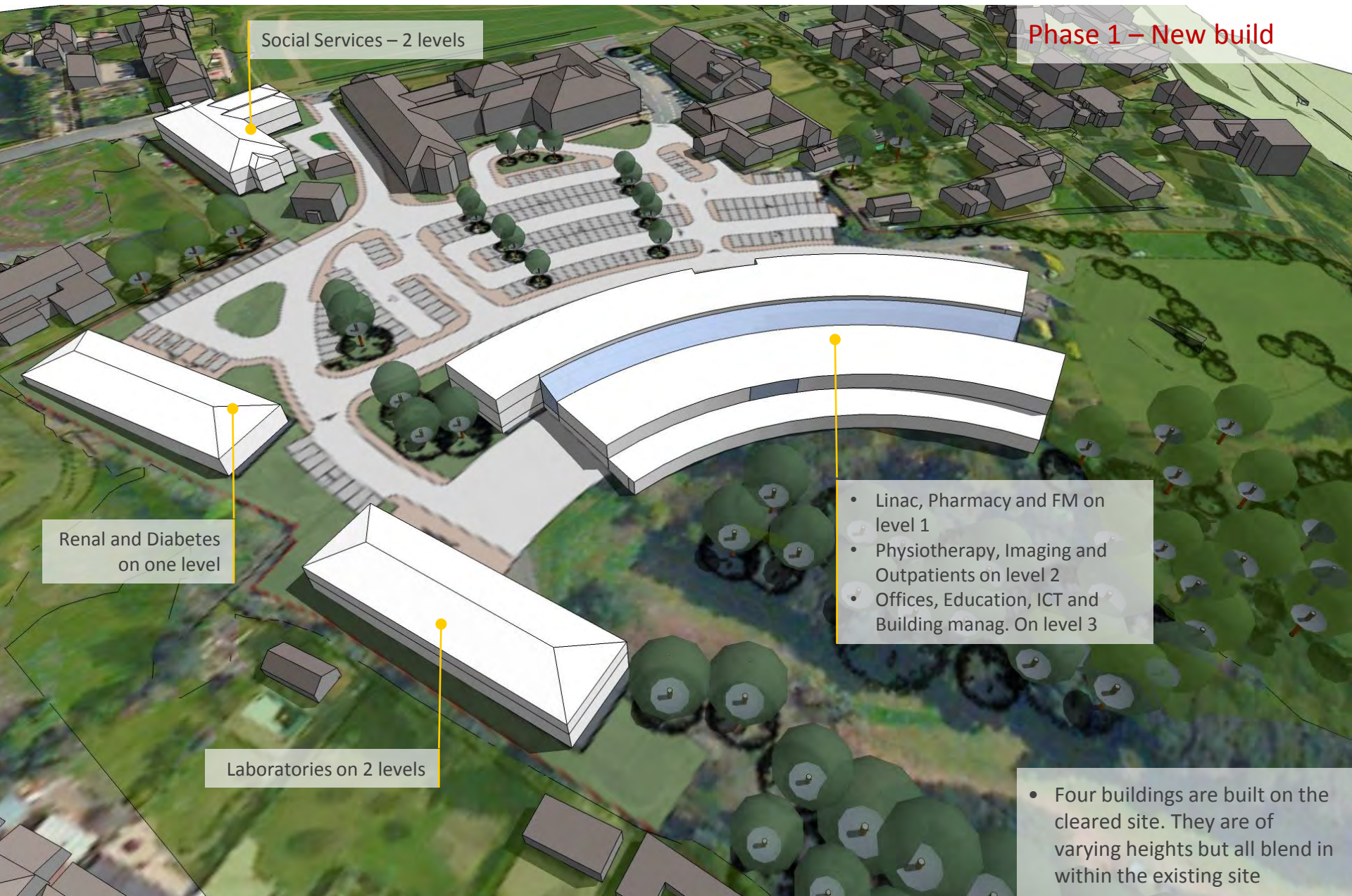


Phase 1 – Enabling works

- A large part of the buildings at the Overdale site are demolished and the site is cleared for construction

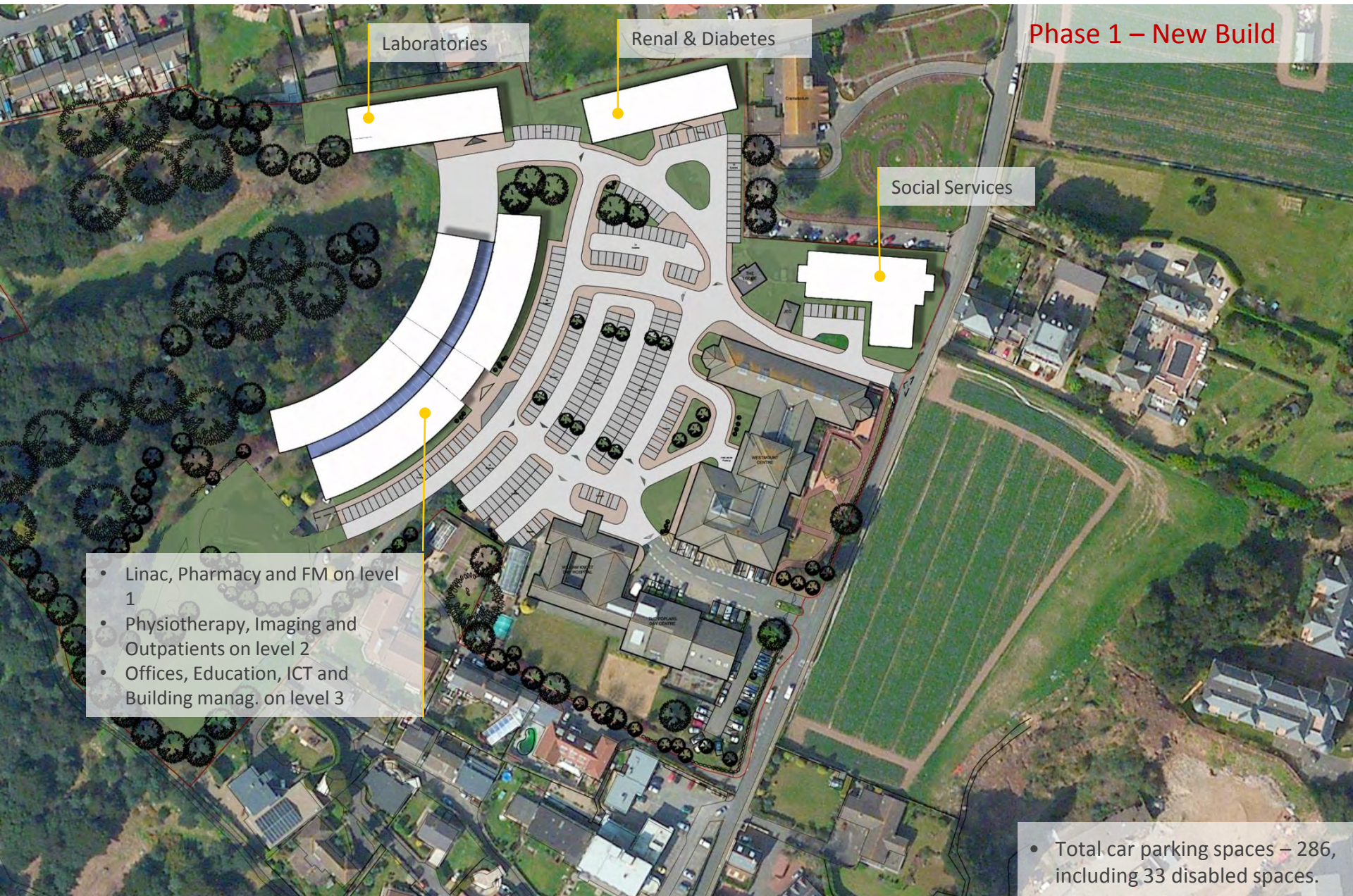


## Phasing – Overdale site

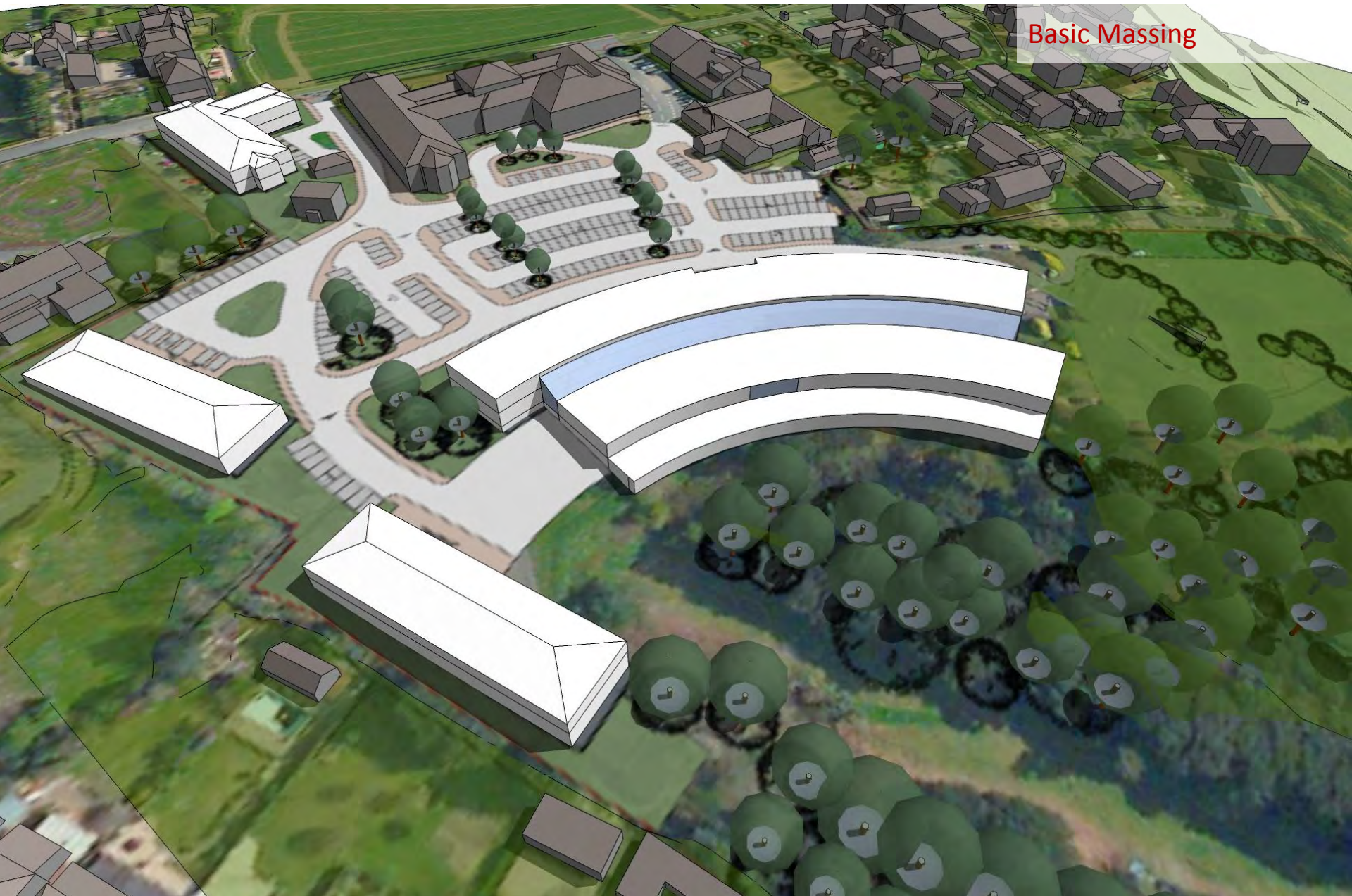




## Phasing – Main Hospital Site



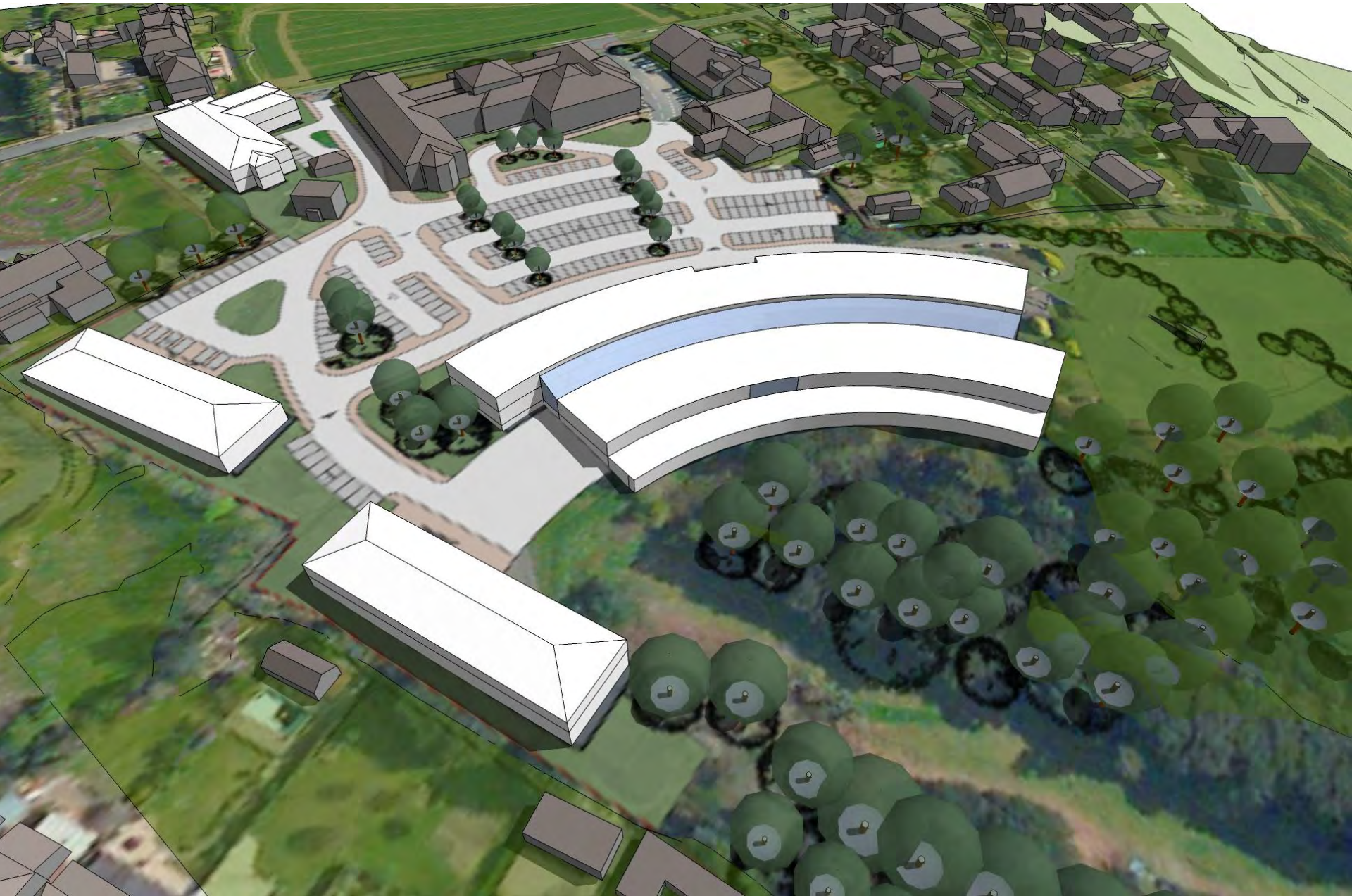




Basic Massing



## Floor Layouts – Overdale Site



## Appendix 5: Bed Numbers

This chart is based upon the phasing programme for the redevelopment works identified in the Cost Estimate report dated 6th September 2013.

Construction Duration (Months)	2014				2015				2016				2017				2018				2019				2020				2021				2022				2023				2024				2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4								
Jersey General Hospital																																																
Phase 4: Jersey General Hospital Ward Extension and Enabling Works																																																
Phase 5: Jersey General Hospital New Build Works																																																
Phase 6: Jersey General Hospital Existing Hospital Fit-out																																																
	Current												PHASE 4				PHASE 5				PHASE 6						FINAL NUMBERS																					
																					1st	2nd	3rd	4th	5th	6/7th																						
1980's Building																																																
Seventh Floor	14												14				22	22				22	22	22	22	22	22	22																				
Sixth Floor	14												14				22	22				22	22	22	22	22	22	22																				
Fifth Floor	28												28				36	36				36	36	36	37	8	24	24																				
Fourth Floor	28												28				36	36				36	36	36	8	24	24	24																				
Third Floor	28												28				36	36				36	36	8	24	24	24	24																				
Second Floor	26												26				34	34				34	8	24	24	24	24	24																				
First Floor (Obstetrics)	26												26				34	26				26	29	29	29	29	29	29																				
First Floor (Neonatal)	8												8				8	8				8	8	8	8	8	8	8																				
1980's Sub-Total	172												172				228	220				220	197	185	174	161	177	177																				
1960's Wing																																																
Fourth Floor (Paediatrics)	15												15				15	15				0	0	0	0	0	0	0																				
Second Floor (Critical Care)	9												9				9	9				0	0	0	0	0	0	0																				
1960's Sub-Totals	24												24				24	24				0	0	0	0	0	0	0																				
Granite Building																																																
Second Floor	17												17				17	17				0	0	0	0	0	0	0																				
First Floor	32												32				32	32				0	0	0	0	0	0	0																				
Granite Building Sub-Totals	49												49				49	49				0	0	0	0	0	0	0																				
Refurbished Gwyneth Huelin Wing																																																
Third Floor	0												0				0	0				16	16	16	16	16	16	16																				
Second Floor	0												0				0	0				16	16	16	16	16	16	16																				
Refurbished Gwyneth Huelin Sub-Totals	0												0				0	0				32	32	32	32	32	32	32																				
New X-Block																																																
Third Floor	0												0				0	0				32	32	32	32	32	32	32																				
Second Floor	0												0				0	0				32	32	32	32	32	32	32																				
First Floor (Paediatrics)	0												0				0	0				13	13	13	13	13	13	13																				
First Floor (Critical Care)	0												0				0	0				12	12	12	12	12	12	12																				
New X-Block Sub-Totals	0												0				0	0				89	89	89	89	89	89	89																				
TOTAL BED NUMBERS AVAILABLE	245												245				301	293				341	318	306	295	282	298	298																				
TOTAL BED NUMBER REQUIRED (Based on Demographic trends and the full implementation of the care in the community strategy)	230				234				239				243				247				253				258				263				269				276				282				296 Required at Year 2040			
DIFFERENCE IN BED NUMBERS	15				11				6				2				54				40				35				30				49				19				16							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4								
	2014				2015				2016				2017				2018				2019				2020				2021				2022				2023				2024				2025			

## Appendix 6: Cost Estimate

6a: Capital Cost Estimate

6b: 10-Year Maintenance Plan

(These appendices omitted due to  
commercial confidentiality)

Appendix 6a, Cost Estimate and Appendix 6b, 10-Year Maintenance Plan, omitted due to commercial confidentiality.

## Appendix 7: Revenue Costs

7a: Quantum of Cost

7b: NPV Calculations

## Appendix 7a: Quantum of Costs



Summary of the Acute Hospital Quantum of Cost - Revised Scope - Two Site Scheme  
EXCLUDES INFLATION

Service/Category	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Adult Inpatients	14,863	15,028	15,191	15,357	14,910	14,863	14,816	14,643	14,611	14,576	14,541	14,745	14,710	14,913	15,126
Paediatrics	2,715	2,725	2,732	2,728	2,731	2,726	2,726	2,728	2,728	2,729	2,731	2,732	2,733	2,734	2,735
Women's	4,427	4,531	4,634	4,753	4,879	4,875	4,869	4,863	4,863	4,864	4,865	4,866	4,867	4,868	4,875
Day Cases	1,514	1,528	1,541	1,555	1,569	2,044	2,063	2,082	2,102	2,121	2,140	2,158	2,177	2,196	2,214
Theatres (IP)	10,209	10,306	10,399	10,498	10,596	10,701	10,807	10,907	11,016	11,123	11,230	11,337	11,445	11,552	11,653
Clinical Support	16,014	16,200	16,383	16,569	16,737	16,952	17,167	17,375	17,607	17,836	18,065	18,293	18,522	18,750	18,988
Ambulatory Care	13,854	13,944	14,035	14,134	14,232	14,334	14,446	14,555	14,677	14,776	14,875	14,975	15,074	15,174	15,249
Emergency Dept	8,909	8,701	8,458	8,502	8,542	8,585	8,627	8,669	8,716	8,764	8,813	8,862	8,911	8,959	9,010
<i>Sub- Total</i>	72,505	72,964	73,372	74,095	74,195	75,080	75,521	75,822	76,319	76,789	77,259	77,968	78,438	79,147	79,849
Indirect Costs	21,673	21,725	21,724	22,779	23,008	23,356	23,760	24,030	24,431	24,459	24,370	24,385	24,461	24,537	24,616
UK Contracts	11,077	11,216	11,352	11,492	11,618	11,779	11,941	12,096	12,270	12,442	12,613	12,784	12,955	13,127	13,305
<b>TOTAL</b>	<b>105,255</b>	<b>105,905</b>	<b>106,448</b>	<b>108,366</b>	<b>108,821</b>	<b>110,215</b>	<b>111,222</b>	<b>111,949</b>	<b>113,021</b>	<b>113,690</b>	<b>114,242</b>	<b>115,138</b>	<b>115,854</b>	<b>116,811</b>	<b>117,770</b>

Additional / Specific Financial Flows as a consequence of redevelopment

Additional Lifecycle costs for buildings and equipment	0	0	0	0	9	340	340	340	564	694	971	1,111	1,285	1,450	1,472
Reduction in existing Lifecycle and Maintenance Costs	0	0	0	0	-321	-642	-962	-1,283	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604
Additional portering costs - based on additional area adjusted for efficiency of design	0	0	7	13	47	71	81	109	119	127	150	159	160	161	161
Additional cleaning and domestics costs, based on additional area adjusted for efficiency of design	0	0	22	42	152	230	260	350	384	407	484	513	515	517	517
Additional heat light and power costs, based on additional area adjusted for efficiency of design	0	0	20	39	139	209	237	318	349	371	440	467	469	471	471
Additional ward nursing costs based on increased bed numbers and single room layouts	0	0	0	0	597	836	1,075	1,433	1,672	1,911	2,149	2,149	2,388	2,388	2,388

High level estimate of additional costs associated with separation of clinical and support activities across two sites

	0	0	0	0	0	709	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419
<b>GRAND TOTAL</b>	<b>105,255</b>	<b>105,905</b>	<b>106,496</b>	<b>108,460</b>	<b>109,444</b>	<b>111,970</b>	<b>113,671</b>	<b>114,634</b>	<b>115,924</b>	<b>117,015</b>	<b>118,252</b>	<b>119,352</b>	<b>120,487</b>	<b>121,613</b>	<b>122,594</b>

Service/Category	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042
Adult Inpatients	15,338	15,550	15,762	15,974	16,157	16,341	16,524	16,708	16,891	17,075	17,258	17,442	17,625	17,809	17,992
Paediatrics	2,736	2,738	2,739	2,740	2,743	2,747	2,750	2,754	2,757	2,760	2,764	2,767	2,771	2,774	2,778
Women's	4,881	4,887	4,894	4,900	4,910	4,920	4,929	4,939	4,949	4,958	4,968	4,978	4,988	4,997	5,007
Day Cases	2,231	2,249	2,266	2,284	2,297	2,311	2,325	2,339	2,353	2,367	2,380	2,394	2,408	2,422	2,436
Theatres (IP)	11,754	11,855	11,956	12,057	12,141	12,225	12,308	12,392	12,476	12,560	12,643	12,727	12,811	12,895	12,978
Clinical Support	19,226	19,464	19,702	19,940	20,146	20,352	20,558	20,764	20,969	21,175	21,381	21,587	21,793	21,999	22,204
Ambulatory Care	15,324	15,399	15,473	15,548	15,593	15,638	15,683	15,728	15,773	15,817	15,862	15,907	15,952	15,997	16,042
Emergency Dept	9,061	9,111	9,162	9,213	9,262	9,311	9,359	9,408	9,457	9,506	9,555	9,604	9,653	9,702	9,751
<i>Sub- Total</i>	80,551	81,252	81,954	82,656	83,250	83,844	84,437	85,031	85,625	86,219	86,813	87,407	88,001	88,594	89,188
Indirect Costs	24,696	24,776	24,855	24,935	25,002	25,070	25,137	25,205	25,272	25,339	25,407	25,474	25,542	25,609	25,676
UK Contracts	13,483	13,661	13,840	14,018	14,172	14,326	14,481	14,635	14,789	14,943	15,098	15,252	15,406	15,560	15,715
<b>TOTAL</b>	<b>118,730</b>	<b>119,689</b>	<b>120,649</b>	<b>121,609</b>	<b>122,424</b>	<b>123,240</b>	<b>124,055</b>	<b>124,871</b>	<b>125,686</b>	<b>126,502</b>	<b>127,317</b>	<b>128,133</b>	<b>128,948</b>	<b>129,764</b>	<b>130,579</b>

Additional / Specific Financial Flows as a consequence of redevelopment

Additional Lifecycle costs for buildings and equipment	1,848	1,831	2,027	2,256	2,263	2,534	2,427	2,653	3,125	3,301	3,500	3,600	3,460	3,566	3,511
Reduction in existing Lifecycle and Maintenance Costs	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604	-1,604
Additional portering costs - based on additional area adjusted for efficiency of design	161	161	161	161	161	161	161	161	161	161	161	161	161	161	161
Additional cleaning and domestics costs, based on additional area adjusted for efficiency of design	517	517	517	517	517	517	517	517	517	517	517	517	517	517	517
Additional heat light and power costs, based on additional area adjusted for efficiency of design	471	471	471	471	471	471	471	471	471	471	471	471	471	471	471
Additional ward nursing costs based on increased bed numbers and single room layouts	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388

High level estimate of additional costs associated with separation of clinical and support activities across two sites

	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419	1,419
<b>GRAND TOTAL</b>	<b>123,930</b>	<b>124,873</b>	<b>126,028</b>	<b>127,217</b>	<b>128,039</b>	<b>129,126</b>	<b>129,835</b>	<b>130,876</b>	<b>132,163</b>	<b>133,155</b>	<b>134,169</b>	<b>135,085</b>	<b>135,761</b>	<b>136,681</b>	<b>137,442</b>

Summary of the Acute Hospital Quantum of Cost - Revised Scope - Two Site Scheme  
INCLUDES INFLATION

Service/Category	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Adult Inpatients	14,863	15,404	15,960	16,538	16,441	16,792	17,151	17,363	17,751	18,196	18,623	19,355	19,756	20,476	21,349
Paediatrics	2,715	2,793	2,870	2,938	3,015	3,084	3,161	3,243	3,324	3,413	3,502	3,591	3,680	3,769	3,870
Women's	4,427	4,645	4,868	5,119	5,386	5,516	5,646	5,781	5,925	6,082	6,239	6,396	6,554	6,711	6,897
Day Cases	1,514	1,566	1,619	1,674	1,731	2,313	2,393	2,474	2,561	2,654	2,747	2,841	2,934	3,027	3,134
Theatres (IP)	10,209	10,563	10,925	11,305	11,696	12,107	12,532	12,965	13,422	13,922	14,423	14,923	15,424	15,924	16,501
Clinical Support	16,014	16,605	17,212	17,843	18,475	19,180	19,909	20,654	21,453	22,332	23,211	24,090	24,969	25,848	26,898
Ambulatory Care	13,854	14,293	14,746	15,221	15,709	16,217	16,753	17,301	17,882	18,489	19,096	19,703	20,310	20,917	21,584
Emergency Dept	8,909	8,918	8,887	9,155	9,428	9,713	10,005	10,305	10,619	10,966	11,312	11,658	12,004	12,351	12,754
<i>Sub-Total</i>	72,505	74,788	77,086	79,793	81,881	84,923	87,550	90,086	92,937	96,053	99,154	102,558	105,631	109,023	112,987
Indirect Costs	21,673	22,268	22,822	24,528	25,387	26,411	27,538	28,541	29,741	30,568	31,237	32,034	32,910	33,785	34,799
UK Contracts	11,077	11,496	11,927	12,376	12,824	13,327	13,847	14,379	14,950	15,579	16,208	16,837	17,466	18,095	18,849
<b>TOTAL</b>	<b>105,255</b>	<b>108,552</b>	<b>111,836</b>	<b>116,696</b>	<b>120,092</b>	<b>124,661</b>	<b>128,935</b>	<b>133,006</b>	<b>137,628</b>	<b>142,201</b>	<b>146,599</b>	<b>151,429</b>	<b>156,007</b>	<b>160,903</b>	<b>166,635</b>

Additional / Specific Financial Flows as a consequence of redevelopment

Additional Lifecycle costs for buildings and equipment	0	0	0	0	10	395	404	415	705	889	1,274	1,494	1,771	2,049	2,132
Reduction in existing Lifecycle and Maintenance Costs	0	0	0	0	-363	-744	-1,144	-1,563	-2,003	-2,053	-2,105	-2,157	-2,211	-2,266	-2,323
Additional portering costs - based on additional area adjusted for efficiency of design	0	0	7	15	53	83	96	132	149	162	197	214	221	227	233
Additional cleaning and domestics costs, based on additional area adjusted for efficiency of design	0	0	23	47	172	267	309	426	479	521	635	690	710	731	749
Additional heat light and power costs, based on additional area adjusted for efficiency of design	0	0	21	43	157	243	281	388	436	475	578	628	647	666	682
Additional ward nursing costs based on increased bed numbers and single room layouts	0	0	0	0	676	969	1,277	1,746	2,088	2,446	2,820	2,891	3,292	3,374	3,459

High level estimate of additional costs associated with separation of clinical and support activities across two sites

GRAND TOTAL	105,255	108,552	111,887	116,800	120,797	126,695	131,847	136,278	141,254	146,456	151,859	157,098	162,393	167,688	173,621
-------------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------

Service/Category	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042
Adult Inpatients	22,220	23,089	23,956	24,821	25,875	26,926	27,975	29,022	30,066	31,107	32,146	33,181	34,214	35,070	35,946
Paediatrics	3,971	4,072	4,172	4,273	4,398	4,523	4,648	4,773	4,897	5,022	5,147	5,272	5,397	5,532	5,670
Women's	7,083	7,270	7,456	7,642	7,873	8,103	8,333	8,564	8,794	9,024	9,254	9,485	9,715	9,958	10,207
Day Cases	3,241	3,348	3,455	3,562	3,687	3,812	3,938	4,063	4,189	4,314	4,440	4,565	4,691	4,808	4,928
Theatres (IP)	17,077	17,653	18,229	18,805	19,488	20,171	20,854	21,538	22,221	22,904	23,587	24,270	24,953	25,577	26,216
Clinical Support	27,948	28,999	30,049	31,100	32,361	33,622	34,883	36,143	37,404	38,665	39,926	41,187	42,448	43,509	44,597
Ambulatory Care	22,250	22,917	23,584	24,250	25,008	25,766	26,524	27,282	28,040	28,798	29,555	30,313	31,071	31,848	32,644
Emergency Dept	13,158	13,561	13,965	14,369	14,861	15,354	15,847	16,339	16,832	17,325	17,817	18,310	18,803	19,273	19,755
<i>Sub-Total</i>	116,949	120,909	124,866	128,822	133,551	138,277	143,001	147,723	152,442	157,158	161,872	166,583	171,291	175,574	179,963
Indirect Costs	35,812	36,824	37,835	38,845	40,055	41,265	42,473	43,679	44,885	46,089	47,292	48,494	49,694	50,936	52,210
UK Contracts	19,602	20,356	21,110	21,863	22,768	23,673	24,578	25,483	26,388	27,293	28,198	29,103	30,008	30,758	31,527
<b>TOTAL</b>	<b>172,363</b>	<b>178,089</b>	<b>183,811</b>	<b>189,530</b>	<b>196,374</b>	<b>203,215</b>	<b>210,052</b>	<b>216,885</b>	<b>223,715</b>	<b>230,541</b>	<b>237,362</b>	<b>244,180</b>	<b>250,993</b>	<b>257,268</b>	<b>263,699</b>

Additional / Specific Financial Flows as a consequence of redevelopment

Additional Lifecycle costs for buildings and equipment	2,743	2,786	3,161	3,607	3,708	4,257	4,179	4,681	5,652	6,121	6,651	7,012	6,909	7,297	7,364
Reduction in existing Lifecycle and Maintenance Costs	-2,381	-2,441	-2,502	-2,564	-2,628	-2,694	-2,761	-2,830	-2,901	-2,974	-3,048	-3,124	-3,202	-3,282	-3,364
Additional portering costs - based on additional area adjusted for efficiency of design	239	245	251	257	263	270	277	284	291	298	305	313	321	329	337
Additional cleaning and domestics costs, based on additional area adjusted for efficiency of design	768	787	807	827	848	869	891	913	936	959	983	1,008	1,033	1,059	1,085
Additional heat light and power costs, based on additional area adjusted for efficiency of design	699	717	735	753	772	791	811	831	852	873	895	917	940	964	988
Additional ward nursing costs based on increased bed numbers and single room layouts	3,545	3,634	3,725	3,818	3,913	4,011	4,111	4,214	4,320	4,428	4,538	4,652	4,768	4,887	5,009

High level estimate of additional costs associated with separation of clinical and support activities across two sites

GRAND TOTAL	180,083	185,976	192,201	198,496	205,575	213,102	220,002	227,482	235,430	242,876	250,383	257,721	264,594	271,424	278,095
-------------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------	---------

## Appendix 7b: NPV Calculations

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
		Total	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Capitalised Construction Costs		0																
Capital and on costs		191,748	0	7,981	7,753	40,682	28,828	11,135	33,180	12,708	8,690	28,312	10,915	850	715			
		0																
Fees		23,535	2,000	3,744	2,260	3,019	2,997	2,305	2,305	2,305	867	867	867	0	0			
		0																
Equipment Costs		14,712	0	0	0	150	5,805	0	0	3,921	1,612	1,612	1,612	0	0			
Sub Total		229,995	2,000	11,726	10,013	43,851	37,630	13,440	35,484	18,934	11,168	30,790	13,393	850	715	0	0	0
Costs/Opportunity Costs of Land Acquisition																		
Purchase of Land		850	100	0	750													
Income from land disposal		0																
Opportunity cost of land utilised		0																
		0																
Revenue Costs Associated with Capital Construction		0																
Profile2	projected lifecycle costs groups 1 and 2 included	35,868						0	0	0	38	222	270	444	609	631	1,007	990
	projected lifecycle costs additional groups 3 and 4	20,653	0	0	0	9	340	340	340	564	656	749	841	841	841	841	841	841
		0																
Revenue Costs associated with redeveloped hospital		0																
Additional portering costs - based on additional area adjusted for efficiency of design		4,097	0	7	13	47	71	81	109	119	127	150	159	160	161	161	161	161
Additional cleaning and domestics costs, based on additional area adjusted for efficiency of design		13,188	0	22	42	152	230	260	350	384	407	484	513	515	517	517	517	517
Additional heat light and power costs, based on additional area adjusted for efficiency of design		12,008	0	20	39	139	209	237	318	349	371	440	467	469	471	471	471	471
Additional ward nursing costs based on increased bed numbers and single room layouts		59,585	0	0	0	597	836	1,075	1,433	1,672	1,911	2,149	2,149	2,388	2,388	2,388	2,388	2,388
High level estimate of additional costs associated with separation of clinical and support activities across two sites		37,603					709	1419	1419	1419	1419	1419	1419	1419	1419	1419	1419	1419
		0																
Removal of existing building maintenance costs		-25,309				-195	-389	-584	-779	-973	-973	-973	-973	-973	-973	-973	-973	-973
Removal of existing plant maintenance costs		-16,394				-126	-252	-378	-504	-631	-631	-631	-631	-631	-631	-631	-631	-631
		0																
Cash Flows excluding inflation		372,143	2,100	11,774	10,857	44,474	39,384	15,889	38,170	21,838	14,493	34,800	17,608	5,483	5,517	4,824	5,200	5,183
		372143																
Inflationary adjustment		2.50%	1.00	1.03	1.05	1.08	1.10	1.13	1.16	1.19	1.22	1.25	1.28	1.31	1.34	1.38	1.41	1.45
Cssh Flows including inflation		493,853	2,100	12,068	11,407	47,894	43,473	17,977	44,265	25,958	17,658	43,460	22,539	7,194	7,420	6,650	7,348	7,507
Year number			0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Cost of Capital																		
real discount rate			3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
inflation adjustment			2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
nominal discount rate			6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
Present Value																		
Using Nominal Discount Rate		268,351	2,100	11,375	10,135	40,113	34,321	13,378	31,051	17,164	11,006	25,534	12,482	3,756	3,651	3,085	3,212	3,094
Cumulative capital spend			0	7,981	15,734	56,416	85,244	96,379	129,559	142,267	150,957	179,269	190,183	191,033	191,748	191,748	191,748	191,748
% Area change assumptions			0.0%	4.2%	8.2%	29.4%	44.5%	50.3%	67.6%	74.2%	78.7%	93.5%	99.2%	99.6%	100.0%	100.0%	100.0%	100.0%
% bed change assumptions (eestimated rate of conversion of beds to single rooms)						25%	35%	45%	60%	70%	80%	90%	90%	100%	100%	100%	100%	100%
Cumulative equipment costs			0	0	0	150	5,955	5,955	5,955	9,876	11,488	13,100	14,712	14,712	14,712	14,712	14,712	14,712
Estimate % of equipment costs that are group 3 and 4			40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Average replacement of group 3 and 4 equipment (years)			7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7





# ATKINS

200 Broomielaw  
Glasgow G1 4RU

Tel: 0141 220 2000

Fax: 0141 220 2001

