

**Friends of Our New Hospital**

**Proof of Evidence Submission**  
**to the Planning Inspector on the Our Hospital**  
**Full Planning Application P2021/1670**  
**Island Plan 2011 as Revised in 2014**

**25 February 2022**

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**Section 1 - Introduction**

The Friends of Our New Hospital is a non-profit lobbying group providing an independent source of information, commentary, and advice on Island Health Care and the 'Our Hospital' (OH) project, acting as a public scrutiny group. As such we fully support the requirement for a new General hospital built in the right location, in the right time, at an affordable cost, providing the best level and skills of service and accessible for all.

This 'Proof of Evidence' complements the 'Statement of Case' we submitted to the Planning Inspector on 20 January 2022. As requested, we are providing a Summary of our 'Proof of Evidence' separately. The comments in both documents are based on the Draft Bridging Island Plan 2021 lodged au Greffe on 19<sup>th</sup> April 2021 and due to be debated by the States of Jersey for passing into law the week beginning 14<sup>th</sup> March 2022.

With the Planning Inquiry due to start on 4th April 2022, it is entirely possible that the debate on the Draft Bridging Island Plan 2021 will not be finished by the start of the Planning Inquiry, given that, at the date of this submission, over 80 amendments to the proposition have been lodged. The Planning Inspector's Terms of Reference state that the Inquiry may only consider P2021-1670 under the terms of the Bridging Island Plan. If the Plan has not been passed, it is our view that the Inquiry must be postponed or take place under the existing law, the Island Plan 2011, as amended in 2014. The deadline for Proof of Evidence submissions is 27th February and the Planning Inspector will appreciate that we, and others, have submitted our Proof of Evidence based on the Island Plan 2011.

**1.1. The Vision and Purpose of The Bridging Island Plan**

The Island Plan 2011 "*... promotes the sustainable development of land and buildings to maintain and enhance Jersey as a special place, which faces future challenges; values and protects its environment and unique island identity; and acts with confidence to provide the homes, employment and infrastructure that sustain community and family life.*"

It is centred on three simple, but linked, concepts:

- Countryside protection.
- Wise use of resources.
- Urban regeneration.

It is instructive to review the amendments to the Island Plan 2011, published as a short, five-page document in 2014<sup>1</sup> that focussed on these concepts in a very constructive and simple way. Clearly this approach is missing from the Draft Bridging Island Plan 2021, which is equally clearly focussed in Volumes Two and Three (described in the body of the document as Chapters) in justifying the building the 'Our Hospital'<sup>2</sup> (OH) project in its medical campus on top of the Overdale scarp.

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<sup>1</sup> <https://www.gov.je/PlanningBuilding/LawsRegs/IslandPlan/InterimReview1/Pages/revised2011islandPlan.aspx>

<sup>2</sup> The name given to the project in the Chief Minister's letter of 3<sup>rd</sup> May 2019 outlining the project

On the assumption that the Draft Bridging Island Plan 2021 is agreed by the States Assembly in March 2022 this submission deals with the clashes between it and the Full Planning Application under the Draft Bridging Island Plan 2021, in chronological order. It refers to the Island Plan 2011 (IP 2011) where appropriate. The pieces in *italics* are quotations taken from the two Island Plans under comment, with the priority given to the Draft Island Bridging Plan 2021.

## Section 2 - Overarching Issues

There are three overarching issues that affect both this project, the Full Planning Application, and its accompanying Inquiry:

- The site selection process
- Policy CI-3 in the Draft Bridging Island Plan 2021
- The Jersey Care Model (JCM)

### 2.1. The Site Selection Process

Political scrutiny of the site selection process was ineffective, as it failed to reveal the contradictions in the process that led to the selection of Overdale as the site for the OH. The Government published several documents and commentaries on the site selection process<sup>3</sup>. Of special note are the Site Selection Paper<sup>4</sup> and The Kit of Parts.<sup>5</sup> There is also reference to the role of the Citizens' Panel, which determined some of the criteria for the site selection.

The public assumption was that the Panel decided on the shortlist of sites. Nothing could be further from the truth. Their sole responsibility was to help derive the set of criteria for the OH site.

The site selection was carried out by five civil servants none of whom were from Jersey, with only one having lived in Jersey for more than three years:

- The Director General, Health and Community Services, Caroline Landon
- Clinical Director, Our Hospital project, Professor Ashok Handa
- Our Hospital Interim Project Director, Richard Bannister
- The Chief of Staff, Catherine Madden
- The Director of Natural Environment, Willie Peggie

The initial site selection process for a new hospital had been carried out by WS Atkins in 2012 and 2013, following on from the KPMG analysis of the requirement for a new hospital in 2011 and was published in their paper of 24<sup>th</sup> April 2013. This work was repeated by Gleeds Management Services and published in their report of 12<sup>th</sup> October 2016. In neither case were the consultants given a formal assessment of the size of the required new hospital. However, WS Atkins estimated that the building would be in the order of 64,000m<sup>2</sup>.

Four years later in 2020, considering the change of the UK NHS building regulations for new hospitals, the OH was eventually calculated as requiring an area of 75,000m<sup>2</sup>.

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<sup>3</sup> <http://www.gov.je/Health/OurHospital/Pages/SiteSuggestion.aspx>

<sup>4</sup> <https://www.gov.je/SiteCollectionDocuments/Planning%20and%20building/Our%20Hospital%20Site%20Shortlist%20Report%20JULY%202020.pdf>

<sup>5</sup> <https://www.gov.je/SiteCollectionDocuments/Planning%20and%20building/ID%20Our%20Hospital%20Kit%20of%20Parts%20report%2020200722%20CB.pdf>

It appears that no measurement of the Overdale site was made to see if it could accommodate a building of this size before its selection as the preferred site was announced. This led directly to the subsequent requirement of the need to expand the Overdale site through the compulsory purchase of fields H1150 and H1151, plus the entire Westmount Terrace of 11 dwellings, three dwellings in the private road leading off Westmount Road plus associated smaller pieces of property in the same road, the Jersey Water offices, and a Grade 2 listed granite house, coming to a total unexpected additional cost in the order of £30 million. This was followed by the recognition of the need to widen Westmount Road and divert it across Field H 1150 and through where Westmount Terrace had been, to accommodate the OH building, at an estimated cost of £15 million.

Despite being in States of Jersey ownership, neither St Saviour's Hospital nor Warwick Farm were included in the site selection process for reasons set out in the matrix on page 4 of the site selection paper<sup>6</sup>.

However, both sites were included in a presentation from officers on 7<sup>th</sup> August 2018 to the Hospital Policy Development Board which contained the following assessment of the planning challenges of various possible sites -

## Planning challenges



How different sites compare against Island Plan policies					
Planning Policies	Overdale Hospital	Waterfront	Warwick Farm	St Saviour's Hospital	New proposal
Concentrate development in St Helier	NO	YES	NO	NO	YES
Respects the natural and historic environment including listed buildings	NO	NO	NO	NO	YES
Reduces the use of the car	NO	YES	NO	NO	YES
Limits impact on neighbours and highways	NO	NO	NO	NO	YES
Respects skylines views and vistas – the townscape	NO	NO	NO	NO	YES
Protects the Green Zone	n/a	n/a	NO	n/a	n/a
Delivers St Helier Waterfront	n/a	NO	n/a	n/a	n/a
Tall buildings	NO	tbc	NO	NO	YES

It should be noted that the Overdale site did not at this stage include Fields H1550 or H 1151. Even so the analysis provided by officers, of Warwick Farm is flawed, specifically:

- A. Warwick Farm is in the Parish of St Helier.
- B. There is a natural environment; there are no listed buildings on the site
- C. There are very few neighbours, consisting of two dwellings, both on the periphery of the site.
- D. It does not interfere with the townscape

<sup>6</sup><https://www.gov.je/SiteCollectionDocuments/Planning%20and%20building/Our%20Hospital%20Site%20Shortlist%20Report%20JULY%202020.pdf>

- E. It is not in the green zone. It is a redundant brick factory that was used for glass houses, now effectively demolished
- F. There are no tall buildings on the site. There is an old vehicle workshop currently being used to process hemp.

The site has a willing seller of the three fields to the immediate north of Warwick Farm (resulting in a site area of more than 80,000 m<sup>2</sup>). They have written to the Chief Minister offering the sale of the additional land, should these fields be required.

## **2.2. Policy CI3 – Our Hospital and Associated Sites and Infrastructure**

Policy CI3 is a ‘carpet bag’ policy incorporating aspirations and commitments designed to deliver the OH building on the Overdale site and effectively overriding the remainder of the inconvenient policies in the Draft Bridging Island Plan 2021.

*“Proposals for the development of the new hospital within the designated ‘Our Hospital’ development site will be afforded the highest level of priority and will be supported where:*

- 1. The proposal is not considered to cause serious, unacceptable, harm to the character and amenity of the wider area or neighbouring uses;*
- 2. It has been demonstrated that the proposed development represents the best design option relative to the needs of the hospital and the land available, and*
- 3. The proposal includes details of all necessary mitigation and/or compensatory measures that are required to manage the impact of the development, as far as is reasonably practicable.*

*Proposals for the alternative use of land designated as a part of the ‘Our Hospital’ development site will not be supported.*

*Proposals for the associated infrastructure and relocation of existing services, where these are necessary to enable the delivery of the hospital but will be outside the site approved by the States Assembly, may be considered as enabling and linked development and their delivery secured by planning obligation agreement, as appropriate and necessary.”*

Effectively CI3 is a spoiling policy to accommodate the building of the OH on the Overdale scarp. As such it is a blatant misuse of legislation without regard to public opinion, or the previous Island Plan of 2011, and is found on page 231 of a 366-page Draft Island Plan document, far distant from the normal interest of States members. Unsurprisingly it has not caused much comment and is why we have placed it in the first part of our submission.

In our opinion it is nothing short of malpractice and possibly leaves the findings of the Planning Inspector open to Judicial Review.

## **2.3 The Jersey Care Model (JCM)**

Overbearing the design of the OH is the Jersey Care Model (JCM) whose principal purpose is to save money. Put simply, it is an experiment with the people of Jersey’s health, with the aim of delivering care “closer to home”. It is a system that has been tried in the NHS and largely rejected because it is too expensive as, not only does it lead to a poorer patient experience, but also to an overall dilution of care due to the need to deploy nurses and consultants away from the hospital to deliver it.

The JCM has had a huge effect on the design and capacity of the OH, in particular the number of beds. This and other issues with the design are covered in **Section 4 – Other Issues**.

### **Section 3 - Issues with Island Plan Strategy and Policies**

The Island Plan seeks to protect Jersey's unique identity and culture, its history, and the vital differences that Jersey has demonstrated throughout its history, both from the United Kingdom and France. Key to this is Policy SP 4.

#### **3.1. The Island Plan 2021-2030 Strategic Issues and Options - Section 4.1 Planning for St Helier<sup>7</sup>**

*"The future development of St Helier is critical to the success of the island on many levels. It is important that we plan for it to meet the needs and demands of those who live and work in, and those who visit the town. Getting this right is key to ensuring that we can meet the needs of our economy, to create and sustain a place where people want to live, work and visit, and ensure that St Helier is somewhere which offers a distinctive urban experience."*

*"St Helier has a complex and rich urban environment with strong landmarks and iconic features. It is largely a compact and legible town with a strong retail and business core role. It also has a special architectural, distinctive, and historic character giving a strong sense of place. Making St Helier an attractive place to live is a key for the town's future success. "*

Somehow, this strategic issue seems to have been missed in the preparation of the Full Planning Application for the OH. The current design, bulk, and height of the OH building do not complement the overall design and character of St Helier in any way.

### **Chapter 1 – Introduction and Strategic Proposals (SP)**

#### **1. Policy SP 3 – Place Making:**

The policy, in the context of the OH planning application, states:

*"All development must reflect and enhance the unique character and function of the place where it is located. New development must contribute to the creation of aesthetically pleasing, safe and durable places that positively influence community health and wellbeing outcomes, and will be supported where:*

- *It is responsive to its context to ensure the maintenance and enhancement of identity, character, and the sense of place.*
- *It is environmentally responsible and sustainable through optimisation of resource efficiency.*
- *It enhances and optimises the provision of green infrastructure by integrating existing and incorporating new natural features into a multifunctional green network that supports the quality of place.*
- *It achieves the highest standards of accessible and inclusive design, is well connected, and creates successful and comfortable public and private spaces, active frontages, streets, and links for all, that work as social spaces, supporting wellbeing and healthy living, and enabling successful integration into a place.*

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<sup>7</sup> The Island Plan 2021 – 2030 Strategic Issues and Options page 61

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- *It makes provision for all modes of transport in a way that prioritises and supports active travel choices, and where such provision is well-integrated into the development.*
  - *It is appropriate relative to the capacity of the local community and social infrastructure; and it supports and enables the provision of new or enhanced*

The OH building cannot be described as reflecting and enhancing the unique character and function of the place where it is located. With the need for extensive compulsory purchases of both land and properties, it cannot be said to be “*environmentally responsible and sustainable through optimisation of resource efficiency*” either.

## **2. Policy SP 4 – Protecting and Promoting Island Identity<sup>8</sup>:**

Policy SP 4 (and Policy GD 7 in the Island Plan 2011) covers the protection of Jersey’s built heritage and the Island landscapes. The external elevations of the proposed hospital building fail to harmonise with the existing built environment of the Island. It has neither a relationship, nor resonance with the Island’s heritage and is an overbearing structure on one of the highest hills in Jersey and conflicts with the overall beauty of the Island. The OH Planning Application fails to do this, as illustrated in the policy, below:

*“The protection and promotion of the island’s identity will be given a high priority by ensuring that:*

- *All development should protect or improve the historic environment. Any development that affects a listed building and/or place, or conservation area, and their settings, will need to protect or improve the site or area and its setting, in accordance with its significance.*
- *All development should respect the landscape, seascape, or townscape character of the area in which it is proposed to be located and make a positive contribution to the local character and distinctiveness of a place.*
- *The provision of public art, through the development process, is sought.*
- *Existing cultural infrastructure is protected, and the enhancement of its provision supported.*
- *The provision of new or enhanced cultural facilities to support and grow the island’s cultural and creative industries, and to support the island’s cultural diversity, is encouraged.*

*And;*

- *Economic development, which serves to strengthen and contribute positively to Jersey’s local and international identity, will be supported.*

This is reinforced on page 120 of the Draft Island Bridging Plan, which states:

*“Islanders value the historic environment as part of their own cultural heritage and in linking the story of Jersey to that of the wider world. It gives distinctiveness, meaning and quality to the places in which we live, providing a sense of continuity and a source of identity, contributing to*

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<sup>8</sup> Page 43 Draft Island Bridging Plan Policy SP 4

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*islanders' wellbeing. It is also a social and economic asset and a resource for learning and enjoyment and one that should be sustained for the benefit of present and future generations".<sup>9</sup>*

The existing Westmount Road accessing Overdale Hospital from the southwestern perimeter of St Helier is rich in both beauty and history. The proposed destruction of this road will not only destroy the rural tranquillity of this welcome interruption from the urban sprawl of St Helier, but also the loss of a 'green lung' close to the commercial centre of the Island. The plan for 184 replacement trees fails to compensate for the tree loss along St Aubin's Road, from West Park to the foot of and up Westmount Road.

The Friends suggested a simple solution that would not require the remodelling of the middle of Westmount Road by using ambulance-controlled traffic lights, making the constricted section of the road one-way when an ambulance was negotiating that sector of the road. The lights could be changed by the driver of the ambulance thus negating the constriction. A similar system is currently operated on the lights at the bottom of Gloucester Street serving the existing hospital. This suggestion was rejected by the POG without any counter argument supporting the proposal, or otherwise.

The parking spaces along the east side of Peoples Park offer overnight parking for small commercial vehicles and are not being replaced, thus contributing to more congested on-road parking in the west of the Town.

Any important civic building should impose itself and make a mark on its era by being representative of its time. This building fails at every level. It is therefore disappointing that the revisions to the Island Plan 2011 in 2014, set out in the extract below, are not reflected in the Draft Island Plan 2021:

***"Skyline, Views and Vistas***

*1.19 Jersey has a rich and varied landscape and townscape; its topography enables spectacular views of natural settings and buildings which are valued by local people and visitors alike and which are part of its character and identity. New development can have a significant visual impact upon the Island's important skylines, views and vistas, and it is vitally important that consideration is given to the widest visual impact of development proposals in order to protect and manage change to these important aspects of the Island's character appropriately.*

*1.20 New development can affect skylines, views, and vistas in two ways by:*

- Obscuring, in part or in whole, an important view or vista;*
- Detracting from the quality of a landscape or townscape setting, or the setting of a landmark building, structure or landscape feature that comprises all or part of an important skyline, vista or view.*

*1.21 The following perspectives are of particular importance:*

- Views of the countryside and coastline from within the Built-up Area, and particularly from the town centre of St Helier and along the Built-up Area of the south and east coast.*
- Views of the St. Helier skyline, particularly from strategic approaches to the town, on land and sea.*

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<sup>9</sup> Draft Island Bridging Plan page 120



- *Views along and from the coastline and sea, particularly from the Island's enclosed beaches and bays.*
- *The skyline of inland escarpments and valley slopes.*
- *Views across open countryside, particularly to and from the inland ridges of the central plateau separating the Island's main valleys.*
- *Views into and from within conservation areas.*
- *The setting of listed buildings.*
- *Views of landmark buildings"*

If this guidance from the Revised Island Plan of 2014 was not carried forward into the Draft Bridging Island Plan 2021 in order to avoid interfering with the building of a very large hospital on the Overdale scarp (which will dominate the south of the island) it is to be requested that this is recognised and commented on by the Independent Planning Inspector.

### **3. Policy SP 5 – Protecting and Improving the Natural Environment:**

The Strategic Framework, Policy SP 5, Protecting and Promoting the Island Identity<sup>10</sup> requires emphasis be placed on “protecting and promoting the island identity” within this preamble:

*“Our identity is also expressed through our language, art and cultural activity and it is important that the Island Plan protects and supports the maintenance and enhancement of the associated cultural infrastructure, in terms of the buildings, venues and performance spaces, which are required to support this aspect of island life.”*

The full planning application for the OH breaches three central points of this policy:

*“The protection and promotion of the island’s identity will be given a high priority by ensuring that:*

*All development should protect or improve the historic environment. Any development that affects a listed building and/or place, or conservation area, and their settings, will need to protect or improve the site or area and its setting, in accordance with its significance.*

*All development should respect the landscape, seascape or townscape character of the area in which it is proposed to be located and make a positive contribution to the local character and distinctiveness of a place.”*

Although Policy SP 4 sets out to address these differences, this application fails to meet the requirement below:

*“Islanders value the historic environment as part of their own cultural heritage and in linking the story of Jersey to that of the wider world. It gives distinctiveness, meaning and quality to the places in which we live, providing a sense of continuity and a source of identity, contributing to islanders’ wellbeing. It is also a social and economic asset and a resource for learning and enjoyment and one that should be sustained for the benefit of present and future generations”.<sup>11</sup>*

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<sup>10</sup> Page 43 Draft Island Bridging Plan Policy SP 4

<sup>11</sup> Draft Island Bridging Plan page 120

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## Chapter 2 – Places (PL)

### 1. Policy PL 1 – Development in Town (Town Character and Heritage Assets (IP 2011))

*“Development within the Town must have regard to and consider how it will respond to the Plan for Town and will be supported where it makes a positive contribution to the strategic concepts of the Plan for the Town to help deliver a sustainable future for the Town and the Island.*

The IP 2011 is much more explicit:

*“**Protecting and enhancing the Town environment:** it is important to identify, recognise and protect the qualities and value that the Town of St Helier already possesses. The existing historic and architectural character of the Town, reflecting its historical and cultural development, is the essence of the place and is a critical resource if St Helier is to be regenerated in a manner which is relevant to Jersey and which reflects, protects, and promotes our unique Island identity. This does not just relate to the Town's buildings, but also includes the streets, spaces, squares and parks which make up the public realm network of the Town”*

Placing a very large building on the Overdale scarp will dominate the west side of the Town to the detriment of the overall look of St Helier, which lies in a re-entrant between Overdale and the Fort Regent scarps. Placing a building on Overdale that is over 105 feet high (32 metres) and 328 feet wide (100 metres) and 656 feet long (200 metres) is never going to sit well within this policy.

## Chapter 3 – General Developments (GD)

### 1. Policy GD 1 – Managing the Health and Wellbeing Impact of New Development

*All development proposals must be considered in relation to the potential health, wellbeing, and wider amenity impacts, and will be supported where:*

1. *The development will not unreasonably harm the amenities of occupants and neighbouring uses, including those of nearby residents and, in particular, will not:*
  - a. *Create a sense of overbearing or oppressive enclosure*
  - b. *Unreasonably affect the level of privacy of buildings and land that owners and occupiers might expect to enjoy, etc.*

Unquestionably, the OH building will dominate and overbear the crematorium, its war memorial and garden of remembrance. It will also have an overbearing effect on the residents of Ocean Apartments, the housing developments behind, and to the south of the site.

### 2. Policy GD 5<sup>12</sup> Policy GD5 – Demolition and Replacement of Buildings

Policy GD 5 of the Draft Island Bridging Plan unquestionably clashes with the requirements of this policy:

*“The demolition and replacement of a building or part of a building will only be supported where it is demonstrated that:*

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<sup>12</sup> Page 87 Draft Island Bridging Plan Policy GD 5 Reference to replacement of buildings

1. *it is not appropriate in sustainability terms, and/or economically viable, to repair or refurbish it; and*

2. *the proposed replacement building, or part of a building represents a more sustainable use of land having regard to the density of existing and proposed development, overall carbon impact, waste generation, and the use and performance of materials and services. Applications for the demolition and replacement of buildings, or part of a building, must be accompanied by sufficient information which demonstrates that the likely environmental or sustainability benefits of the proposed development outweigh the retention of the existing Building.”*

Demolition Planning Applications: There are two separate planning applications for demolitions associated with the Overdale site:

- A. P/2021/1398 the demolition of buildings on the Overdale site that was taken by the standing Planning Committee, made up of politicians on 3<sup>rd</sup> February 2022
- B. P/2021/1670 the demolition of the houses, properties and fields compulsorily purchased to enlarge the Overdale site to accommodate the OH buildings included in the OH Planning Application, subject approval by the independent planning inquiry, to be taken by the Planning Inspector, Mr. Philip Staddon, commencing on 4<sup>th</sup> April 2022.

The rationale behind these two separate planning applications is that the OH project team wanted permission for the Overdale site to be cleared in advance of the main OH planning application to achieve concurrent activity in the very tight OH build schedule.

These buildings, the Sir William Knott Centre, Samarés Ward, the Poplars Day Centre, and the Eva Watson and Diabetic Centre are relatively new. They are providing basic services to the community. However, not all the services delivered in them are currently provided in the Our Hospital design, as shown in the RIBA 3 drawings. This and the public protest before the Planning Committee on 3<sup>rd</sup> February that demolishing buildings that had asbestos in them was unsafe while the other, new, modern buildings were still in use and likely to remain in use until alternative accommodation had been completed in the refurbishment of the empty, surplus Les Quennevais School, led to the Planning Committee deferring planning permission, which meant that there was no approved site available on which to construct the OH at Overdale, or anywhere else on the island.<sup>13</sup> Clearly, this was an issue for the progress of the main OH planning application and the build schedule.

At the pre-planning inquiry meeting in the St Paul’s Centre on Friday 18<sup>th</sup> February Mr Staddon questioned the Department of Infrastructure, Housing and Environment (IHE), Temple (the consultants who prepared the OH Planning application at the request of IHE) and Planning agreed a statement of “common ground” that the drafting of a statement of changes and conditions could be appended to the Application in the event that the OH planning application is approved. This effectively ran a cart and horses through the existing planning law and has set a precedent that anyone finding that they had forgotten to put in a very important feature into their planning application can now cite this decision as a precedent and have it added to their application, whereas, before, it would have

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<sup>13</sup> The Full Planning Application P 2021/1670 states: “Construct new hospital and associated buildings including mental health centre, energy centre, knowledge centre, multi storey car park, surface level parking and landscaping. Demolish existing buildings, not covered by application P/2021/1398 to include La Chapelle de St. Luc, Thorpe Cottage, Briez Izel, 1 Castle View, 5 Castle View, 1 Hillcrest, part of driveway, raised planter and strip of land at entrance to Hill Crest and Castle View, Mont Martin Cottage and two outbuildings, L’Amyerie, 1 – 3 Westmount Terrace, Berkeley Rise, Westmount House, Folly Field, part of the garden of Camden, and Jersey Bowling Club. Reconfigure and landscape Westmount Road, including People’s Park, Lower Park, Westmount Gardens and Victoria Park, including changes to the playground and Pétanque Courts in conjunction with associated alterations to the highway network.” It does not include the Overdale site, specifically or otherwise

required a separate and new planning application with that application going to the bottom of the list of planning applications.

It is most regrettable that this precedent has been set in the contest of the OH project and coupled with the new planning regulation CI3 in the Draft Bridging Island Plan, commented on in Section 2.2, above, and in Section 4, gives the impression to the public that the formal OH planning application is irrelevant if new rules can be made, and others broken to facilitate the OH project.

Replacement of Buildings: The demolition of the Sir William Knott Centre, Samarés Ward, the Poplars Day Centre, and the Eva Watson and Diabetic Centre as modern in-use building with many years of use ahead of them is directly against the requirements of Policy GD 5. That not all the services currently provided in them are to be in the OH when it is finished in 2026 means that, according to the health minister, “they will be provided elsewhere in the community”.

### **3. Sustainability**

The Draft Island Bridging Plan 2021 correctly places much emphasis on sustainability. The decision to demolish these structures flies in the face of this Island Plan. The proposed demolition of modern, functioning buildings on the Overdale site is directly linked to the construction the new hospital and can only take place once alternative locations are found for the services provided at Les Quennevais. If the Planning Application is rejected, then the buildings must remain. If it is successful, then, as a part of the plan, the Minister of Health must state both where and how the missing departments and services post Les Quennevais are to be located, as a condition of that planning application.

### **4. The Environment**

Note should be made of the environmental implications of the demolition of these buildings, their move between Overdale and Les Quennevais, their return to Overdale and the replacement of the departments and services to be re-located outside the envelope of the Overdale medical campus. Without this, the government’s environmental credentials will be called into question.

### **5. Rehabilitation**

Meanwhile, the rehabilitation services are to be restored into Samares Ward, provided the requirements of the successful P115/2021 prevail. That Report and Proposition called for a stand-alone interim rehabilitation centre, outside of the General Hospital and for a separate, new Samares Ward to be constructed on the Overdale medical campus and is explained in more detail in Section 4, Other Issues. This requirement should be noted by the Planning Inspector in his formal report.

### **6. Policy GD 6 – Design Quality**

Policy GD 6 is clear in its aim - the protection of Jersey’s built heritage and the Island landscapes through the eight principles, below:

*“A high quality of design that conserves, protects and contributes positively to the distinctiveness of the built environment, landscape and wider setting will be sought in all developments, in accord with the principles of good design. Development will be supported where it can be demonstrated that the design successfully addresses the following key principles:*

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1. *The relationship of the development to existing buildings, settlement form and distinctive characteristics of a place having regard to the layout, form and scale (height, massing, density) of the development.*
  2. *The use of materials, details, colours, finishes, signs and illumination relative to the character and identity of the area; and its townscape or landscape setting; its impact upon neighbouring uses, including land and buildings and the public realm.*
  3. *Its integration into the existing area with safe links to local spaces and places, the achievement of the highest standards of accessible and inclusive design; and the need to make provision for safe access, movement and parking, where relevant, by all modes, giving priority to active travel and promoting the use of low emission vehicles.*
  4. *The need to design out crime, and the fear of crime, and to facilitate personal and public safety and security in accordance with the principles of safety by design.*
  5. *The protection and enhancement of green infrastructure, as an integral element of design.*
  6. *The operation of the development in practice and how people will access and use it on a day-to-day basis, both now and in future, having regard to its servicing and maintenance; and*
  7. *The sustainable use of resources including land, natural, water, energy and materials with storage, waste, servicing, and provision of utilities integrated into the design”.*

The appearance of the Our Hospital fails at every level when judged against design quality, as it does not acknowledge the rich cultural history of architecture in Jersey. The external elevations of the building fail to harmonize with the existing built environment of the Island. It has neither a relationship, nor resonance with the Island’s heritage and, as an overbearing structure on one of the highest hills in Jersey, clashes with the overall beauty and skyline of the Island. It also fails to acknowledge the rich cultural history of architecture in Jersey.

To deal with the initial widespread public criticism of the overall height the building has been reduced. However, and partly because of the amendments from the initial conceptual drawings, the design of the Our Hospital building is now both uninteresting and dull, failing at every level to reflect the intrinsic and unique culture of Jersey.

#### **7. Policy GD 7 – Tall Buildings<sup>14</sup>**

Policy GD 7 is clear in its aim - the protection of Jersey’s built heritage and the Island landscapes. The external elevations of the building fail to harmonise with the existing built environment of the Island. It has neither a relationship nor resonance with the Island’s heritage and is an overbearing structure on one of the highest hills in Jersey, which conflicts with the overall beauty of the Island.

As shown in the designs accompanying the RIBA 3 documents, the proposed building is a nominal 29.540 metres high, excluding parapets, lift housings and staircase housings, giving a total height of 32 metres or 105 feet.

Constructing a building of this height on the top of a prominent and historically important hill is an unacceptable breach of the Planning Law and the overall requirement for design simplicity.

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<sup>14</sup> Page 59 Draft Island Bridging Plan Policy GD 6 Design Quality

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## 8. Policy GD 8 (BE 3 in the IP 2011) The Green Backdrop Zone

Policies GD 5 and GD 8 mutually support the preservation of views and vistas on the island. The proposed development also conflicts with Policy GD 9, The Green Backdrop Zone, covering the massing and siting of the proposed Our Hospital building.

1. *“Within the green background zone proposal for extension or replacement of existing buildings will be supported where:*
  - a. *It does not involve the loss of a previously developed site.*
  - b. *It does not unacceptably increase the visual prominence of the development and is well related to existing development*
  - c. *It appropriate in scale, design material and colour and is designed to minimise light pollution and is not floodlit.*
  - d. *Existing green infrastructure is retained, and new additional tree planting and landscaping is provided to support the integration of existing and new development into the landscape and*
  - e. *It does not contribute to erosion of gaps between built-up areas.*
2. *The development of detached buildings or other forms of new development within the Green Backdrop Zone will not be supported except where:*
  - a. *It does not result in the loss of green infrastructure, or adversely affect the landscape character of the Green Backdrop Zone, or*
  - b. *The overall benefit to the community of the proposal demonstrably outweighs the harm”*

## 9. Policy GD 9 – Skyline, Views and Vistas

The full planning application for the Our Hospital at Overdale fails to comply with the limitations and conditions set out under section GD 9 of the Draft Bridging Island Plan (and policy GD 5 of the Island Plan 2011, as Revised in 2014). The scale, massing, and siting of the proposed building dominates the immediate skyline, not only from the coast, but also from the west of St Helier, which will be dominated by the scale of the building. Therefore, this full planning application is in direct conflict with the present Island Plan 2011 revised 2014. It also fails to comply with both the spirit and the wording of Policy SP 6 that comments on the dependence of the car for transport.

## Chapter 4 – Historic Environment (HE)

### 1. Policy HE 1 – Protecting Listed Buildings and Places, and Their Settings

Policy HE 1 covers the historical significance of areas and buildings in Jersey that, due to their historical significance, should not be destroyed, within the context of this policy:

*“Proposals that could affect a listed building, or place, or its setting, must protect its special interest.*

*All proposals should seek to improve the significance of listed buildings and places.*

*Proposals for the re-use of listed buildings and places with compatible uses, which secure the long-term protection of their special interest, including the protection of their setting, will be supported.*

*Proposals that could affect a listed building or place, or its setting, but which do not protect or improve its special interest or protect its setting, will not be supported unless, and regarding the comparative significance of the listed building or place, or its setting, and the impact of proposed development on that significance:*

- a. the changes are demonstrably necessary either to meet an overriding public policy objective or need; and*
- b. there is no reasonably practicable alternative means of delivering those proposals without harm to the heritage values of the listed building or place, or their settings.*
- c. and*
- d. that harm has been avoided, mitigated and reduced as far as reasonably practicable.*
- e. or*
- f. it has been demonstrated that the predicted public benefit outweighs the harm to the special interest of the building or place in its setting. Where exceptionally, approval is given to demolish or substantially alter a listed building or place, a programme of recording and analysis, and archaeological excavation where relevant, will be required as part of the implementation of the scheme, together with publication of that record to an appropriate standard in the Historic Environment Record;*
- g. Applications for proposals affecting listed buildings and places must be supported by sufficient information and detail to enable the likely impact of proposals to be considered, understood, and evaluated. Where this is not the case, applications will not be supported.*

## **2. Hangman's Hill:**

The proposed extensive remodelling of Hangman's Hill where the Militia of Jersey was mustered before defeating a French invasion at the Battle of Jersey in the Royal Square on 7<sup>th</sup> January 1781, an event of great significance to the people of Jersey, is covered by Policy HE1. Later this area was set aside for public executions on Westmount, hence its name, Hangman's Hill, and will effectively be lost being replaced by a plaque. This area is an intrinsic part of Jersey's history and to lose them would be an act of historic vandalism.

### **Section 4 - Other Issues**

There are other issues affecting the design of the OH covered by the Full Planning Application and the RIBA 3 plans, specifically:

- The Jersey Care Model (JCM)
- Bed numbers
- Missing Departments.
- The design of patient rooms
- Nurses and Junior Doctor Working and Rest Areas
- Rehabilitation
- Fire Safety
- Catering



## 1. The Jersey Care Model

Jersey is a small island, of nine by five miles with a population of circa 108,000. The Jersey General Hospital is the only hospital on the island. Primary care is mainly provided by GPs', all of whom are private businesses and therefore very different to the UK NHS. The hospital principally provides secondary care, with some primary care mostly through the Emergency Department and some outpatient clinics, plus some tertiary care. UK NHS hospitals provide tertiary care in specialist areas such as oncology and cardiology, which can be very disruptive to patients but which is largely accepted and appreciated as tertiary care is delivered in UK NHS centres of excellence and delivers value for money when considering the cost of trying to build and maintain the necessary additional medical facilities, the clinicians and staff to run them and keep up to date with developing technology in these specialist areas.

Jersey needs the best care it can afford. What it does not need is a new hospital based on an experimental system of care.

There is the ongoing mystery surrounding the JCM and its development between now and 2025. In the autumn of 2019, there was a set of twelve identical public presentations in Parish Halls setting out the aspirations for the JCM – together with a promise by the Director General of Health and Community Services (DGHCS), Ms Caroline Landon, of more public consultation. Since then, despite reminders and requests, even promises – nothing.

Today the answer to the “who knows what the JCM is” question is, “a very few people”, as there is literally no information about the JCM in the OH Functional Brief, other than that the JCM ‘experiment’ has determined the size of the OH and the number of beds in it. (See below)

Since the DGHCS presentations just over two years ago and with no update or consultation since, the JCM postulates that there will be less need for outpatient clinics in the new hospital, thus saving space and staff, who will be able to deliver treatments in the community – “closer to home”. This concept is flawed. It is also a denial of the physical reality that all roads in Jersey lead to St Helier. GPs happily visit patients on this small island and those needing further medical care or aftercare are provided for by the Family Nursing and Home Care (FNHC) charity that is subsidised with funds from HCS and, where necessary, can easily access the hospital directly, or by using public transport, as indicated in the OH Functional Brief and in the OH Full Planning application. Later in the recovery cycle, these patients can step down, as now, to their GP's.

Equally, the claim repeated by the Health Minister<sup>15</sup> of the JCM costing £679 million over the next 15 years to 2036 with a forecast saving of £874 million in expenditure growth, compared to what would be spent if no changes were made to the health care system, is patent nonsense. Given the appearance of a the covid 19 pandemic and its effect of States expenditure, it is difficult to project beyond the end of the Island Strategic Plan in 2024, let alone looking into a crystal ball extending to 2036. Nevertheless, States members accepted that figure without question, let alone understanding the implications.

States members also accepted that the JCM is giving Jersey an Acute, not a General Hospital on the false premise that Primary Care will increase its coverage, seemingly without additional funding, or resources (unless the GP practices self-fund them). As a gesture, HCS gave the Primary Care Board (PCB) (the overarching body representing island GPs') £1 million at the end of 2021 to run the GP Out

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<sup>15</sup> In the Bailiwick Express on 29<sup>th</sup> September 12020 and repeated since by the medical director since.



of Hours service, telling the Council of Ministers that a portion of it, £250,000, was for “investment into practices”. This has not provided any funds to assist the cost of delivering primary care, nor has it resolved the requirement to reduce the patient cost of a doctor’s appointment to 50%, which is supposed to be funded through the Health Insurance Fund (HIF), which itself is funded by 2% of individuals Social Security Fund payments. This hypothecated tax has not been kept to the full 50% patient subsidy requirement since 2012.

This fundamental failure to grasp this requirement led directly to the failure of ‘Caring for Yourself, Caring for Others’ in 2012 and ‘Moving Healthcare Closer to Home’ in 2015. It is difficult to see the JCM surviving as a strategy unless there is a recognition of the need to fund primary care properly. To do so will cost a lot of money and calls into question the promise that the JCM will reduce health spending over the next 15 years.

In the meantime, the JCM has directly and adversely affected the design of the OH. In deciding to build on top of a scarp and keep the height down, with the design based on the untested JCM, there is a high risk that it will not be big enough now and certainly not in the future, given the demographics of the island, with an expanding, elderly population. The OH will not be able to absorb more services which will undoubtedly be needed to serve this demographic, or advances in medicine and improvements in technology/diagnostics. The site is blocked- in with no room for expansion, other than to the east of Field H 5511 in a small separate facility.

## **2. Bed Numbers**

### **A. Background**

Jersey’s government certainly had lots of advice on bed numbers, having spent £23.7 million on consultants in support of the Future Hospital project. It had good advice from KPMG in 2011, WS Atkins in 2012 and 2013 and from Gleeds Management Services in 2017, as a part of the Future Hospital business plan. The advice was consistent. It said that we needed 300 beds in our new hospital. The reality is well short of that figure despite an ageing demographic and a projected lifespan of the OH of “40 to 50 years”.

It is easy to forget that, in 1947, the General Hospital was the granite building facing Gloucester Street. Forty years later, in 1987, the General Hospital had expanded to what we have today, plus what we have at Overdale and at Clinique Pinel in St Saviour. Now we are planning for a brand-new hospital with fewer beds than are currently in the General Hospital on a site with little or no room for expansion.

### **B. Why More Beds?**

Apart from the independent advice the States received over bed numbers, it is a fact that our medical technology and treatments are extending our lifetimes. The older you get, the more likely it is that you will require hospitalisation. These realities are not going to go away just because we think we can get it better by being “closer to home”. It will not and we need to learn to live with that reality, particularly those in health management. Equally, with an ageing demographic and a population of 108,000<sup>16</sup>, it is important to look internationally:

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<sup>16</sup> This is the ‘best guess’ figure, as the Jersey census of 2021 is yet to be published. Given the effect of covid 19 and Brexit that figure could well be slightly lower, but the population projection is for continued growth, a necessary ‘evil’ if Jersey’s tax base is to be maintained in its competitive environment as an offshore fiduciary and legal services economy.

Countries	Life Expectancy <sup>17</sup>
Japan	83.7
Germany	81.0
Austria	81.5
Switzerland	83.4
Luxembourg	82.0
Poland	77.5
France	82.4
United Kingdom	81.2
Mexico	76.7
Jersey	78.0*

\*As of September 2019, people in Jersey lived 11 years longer than they did in the 1960's<sup>18</sup>

### C. Bed Number Comparison Between the General Hospital and Our Hospital

Bed Type	General Hospital 2021		Our Hospital 2026	
	Day Beds	Night Beds	Day Beds	Night Beds
Medical Elective Beds			4	16
Regular Day Beds	5		15	
Surgical	22	60	11	37
Obstetrics		17	3	14
Critical Care				
Labour & Delivery		4	6	
Paediatrics		10	4	12
Adult Emergency (medical)		67	2	43
Adult Emergency (Surgical)			3	24
Private Patients		16		30
Critical Care		7		10
EAU		22		20
SCUBU		5		10
Adult Mental Health		40		30
Renal (Chairs)	18		16	
Oncology (Chairs)	10		11	
Samares Ward (1) *		27		12+
Endoscopy (Rooms)	2		3	
UTC (Trolleys)		3	9	
Totals	57	208	87	206
Ratio per 1,000 Population		2.9		2.1

Given that the requirement for 300 beds was the consistent advice from four independent consultants, the effect of the JCM on that figure is clearly apparent in the table below<sup>19</sup>

<sup>17</sup> WHO data for both men and women, published in May 2016

<sup>18</sup> Source States Mortality Report for 2018, published in the JEP on 27<sup>th</sup> September 2019

<sup>19</sup> Source: Appendix 2 of the OH Functional Brief published on 8<sup>th</sup> February 2021

\*Dependent on P115/2021 being implemented, having been agreed by the States Assembly on 19<sup>th</sup> January 2022

#### D. OH Beds and Chairs Summary

Total Overnight Beds	187	176
Total Day Beds	27	48
Private Patient Beds	16	30
Total Beds	230	254
Mental Health Beds	40	30
SCUBU Beds	8	10
Renal Chairs	18	18
Oncology Chairs	10	11

This gives a ratio in the General Hospital of 2.9 beds (including maternity, and private patient beds, but excluding mental health beds) per thousand people in Jersey and of 2.1 beds per thousand population in the OH. So, let us look at the same countries that we used when looking at age demographics how does Jersey compare, internationally?

#### E. Other Countries Bed Numbers<sup>20</sup>

Country	Beds per 1,000 people
Japan	13.05
Germany	8.00
Austria	7.37
Switzerland	4.53
Luxembourg	4.66
Poland	6.62
France	5.98
United Kingdom	2.54
Mexico	1.38
Jersey Proposed for the OH	2.1

#### F. Bed Summary

Thus, we are now, as the public who pays for government projects and services through their taxes, left with the development of our new hospital at Overdale, with fewer beds than in every developed country except Mexico and seemingly no recognition of demographics.

In the meantime, the Planning Inspector should acknowledge the above statistics and their implications for the OH design at RIBA 3, recognising that there is no room for expansion of the OH building, as currently designed for its Overdale location.

### 3. Missing Departments in the OH

The following Departments and Services are missing from the OH RIBA 3 Document<sup>21</sup>

<sup>20</sup> [https://en.wikipedia.org/wiki/List\\_of\\_countries\\_by\\_hospital\\_beds](https://en.wikipedia.org/wiki/List_of_countries_by_hospital_beds)

<sup>21</sup> Appendix 2 to the OHH Functional Brief published on 8<sup>th</sup> February 2021

Serial	Service/Department	Yes	No	Remarks
(a)	(b)	(c)	(d)	(e)
1	Rehabilitation Ward			There is to be a 12 bed facility, as a direct replacement for rehabilitation in the Plemont medical Ward. There is no replacement for Samares Ward, although P.115/2021 was agreed by the States and calls for a new Samares Ward on the Overdale Medical Campus
2	Neurology and Neurosciences		X	
3	Speech and Language Therapy		X	
4.	Physiotherapy		X	Not as a separate department with its own facilities. The gyms are very small, i.e., the same size as a ward bedroom
5.	Hydrotherapy Pool		X	
6.	Occupational Therapy		X	Not as a separate department with its own facilities. Where will occupation therapy and the equipment be?
7.	Dietetics		X	
8.	Diabetes Clinic		X	
9.	Ophthalmology	X		
10.	Dentistry		X	Operations only. The service, such as it is, to remain in Patriotic Street. Nowhere in the new hospital for the Oral Surgeon.
11.	Schools Dental Service		X	To be privatised. Funding is unclear. The service must remain for those who need it.
12.	Rheumatology Service		X	
13.	The Memory Clinic		X	
14,	The Pain Clinic		X	

The health minister promises to say where these missing department and services will be when the OH opens in 2026. However, not replacing them within the OH building, or on the OH Medical Campus breaches Policy GD 5 of the Draft Bridging Island Plan 2021.

It is to be hoped that when the States Assembly debates the Draft Bridging Island Plan in the week beginning Monday 14<sup>th</sup> March 2022 they will insist that the missing departments and services locations are identified before the plans are approved, despite the aspiration of the JCM that they will be covered by private practices, or within the Primary Care service, or a combination of the two,.

#### 4. The Design of Patient Rooms

Although the plans accompanying the full planning application for the OH are at the RIBA 3 stage unless the design is changed there will be issues with patient safety. With the displayed angle of the door into the ensuite facility it is doubtful that there is room for beds to be changed over as the entrance is too small, particularly for bariatric beds and the turn angle into the room is too acute. Although individual rooms are to be fitted with built-in overhead hoists from bedhead to bathroom, there seems to be little room for the use of mobile patient hoists, should this be necessary.

## **5. Nurses and Junior Doctor Working and Rest Areas**

With most beds located in serried rows on Floor 3, there are very few indicated working stations for the doctors and nurses, let alone rest areas. It is recognised that there is a separate nurse changing building as a part of the Education Centre, but that is not an answer to the need for nurses to have rest and working areas in the wards, particularly during the night and weekends when staffing numbers are lower.

The hospital aspires to continue as a teaching hospital with junior doctors coming to Jersey under the auspices of the Southampton General Hospital for work experience. These young doctors need on-ward working areas, consulting rooms (as do the consultants) and rooms where they can rest and take short sleeping breaks.

## **6. Patient Rehabilitation and Step-down Facilities**

The issue of rehabilitation has been touched on in the section on bed numbers in the OH. Until P115/2021 was agreed by the States Assembly on 19<sup>th</sup> January 2022, rehabilitation, particularly of patients recovering from strokes, other the brain and serious injuries was being carried out in a converted part of Plemont medical ward. P115 requires the state-of-the-art specialist rehabilitation unit in Samares Ward at Overdale to be reopened for rehabilitation patients not later than 1<sup>st</sup> March 2022. Unfortunately, there was a fudge in the Proposition accompanying P115 with the insertion of the words “or a suitable alternative”, which the health minister took as a let-out to allow Plemont Ward to continue to be used or perhaps Sorel and Rozel private patient wards to be converted for rehabilitation use.

In an article in the Bailiwick Express on 8<sup>th</sup> February 2022 the Health Minister attempted to explain why rehabilitation should not return to the state-of-the-art rehabilitation centre in Samares Ward, closed as the initial part of the Covid 19 pandemic reaction in March 2020, but should remain in the General Hospital and that the current arrangements in Plemont Ward were perfectly acceptable. In the same article the medical director referred to the availability of the hydro pool in the General Hospital as a bonus to that rehabilitation provision, forgetting that there is no hydro pool in the OH, let alone formal physiotherapy or occupational therapy departments. Instead, those two services are scheduled to float around the OH with no recognisable base or support facilities, other than three ‘mini gyms’ in the medical wards. Whether Samares Ward reopens, as required by P115 on 1<sup>st</sup> March 2022 remains to be seen, as of the date of this proof of evidence.

P115 also calls for Samares rehabilitation Ward to be re-provided as a stand-alone rehabilitation facility for the period between the demolition of Samares Ward in 2023 and the opening of the OH at the end of 2026. Its third requirement is for a new Samares rehabilitation Ward to be constructed on the Overdale medical campus, separate from the main OH building, in which it was planned to have 12 rehabilitation beds scattered among the medical beds, together with three mini gyms to aid rehabilitation. It is unclear whether the current diktat that the maximum time a patient can spend on rehabilitation in the hospital is 13 weeks, a policy that is fundamentally against best rehabilitation practice as carried out in the 12 UK NHS rehabilitation units, and the military rehabilitation unit in Nottingham and the planned UK National rehabilitation unit under construction and co-located with the military facility.

The Planning Inspector is requested to cover this issue as a part of his examination of the plans for the OH and his recommendation of their suitability, or otherwise.

## 7. Fire Safety

The RIBA 3 plans show the mechanical, electric and gas rooms on Floor2, directly beneath the medical wards. There is no indication of fire doors or fire prevention measures in the plans, but it is expected that these will be in the RIBA 4 plans, to be published later in 2022. Nevertheless, it is unusual to see plant rooms buried within a building, given the implied hazards and noise such facilities create. The Planning Inspector is invited to comment on this in his report.

## 8. Catering

The offloading area for kitchen appears to be about 50 metres from the OH kitchens. Equally, no service doors are shown on the RIBA 3 plans.

## 9. A Helicopter Emergency Pad

For inexplicable reasons, despite its position on the Overdale scarp, there is no provision for a helicopter pad, which is a remarkable omission in a 21<sup>st</sup> century brand new hospital.

## Section 5 - Conclusions

Somehow, the fundamental requirement of any Island Plan: “to protect Jersey’s unique identity and culture, its history, and the vital differences that Jersey has demonstrated throughout its history” seems to have been forgotten in the rush to bring the OH into being before the general election on 22<sup>nd</sup> June 2022, presumably due to the existing government’s fear that all their work on the OH project could be undone by an incoming government of different persuasion. Consequently, short cuts, dressed up as ‘public consultation’ led directly to a fundamentally flawed choice of Overdale as the site location for the OH.

This situation was further clouded by the aspirations of the yet to be implemented JCM, seemingly under the impression that its existence is written in stone, despite similar schemes in 2012 and 2015 in Jersey having foundered on closer examination, which simply has not happened in the case of the JCM because of a complete lack of the promised public consultation, let alone information on its form, delivery, staffing and cost.

The result is a compromised hospital designed to deliver a UK NHS model of care in an acute, rather as now, a general hospital. To achieve this political scrutiny, particularly any form of cost benefit analysis, has been absent throughout with the Council of Ministers content to leave political control to a Political Oversight Group (POG) which seems to have accepted unquestionably and collectively all they were told at their meetings.

To cement this situation with the aim of achieving compromised success, the Island Plan has been re-written because, presumably, it was recognised that placing a 32 metre high, 100 metre wide and 200 metre long building on top of the Overdale scarp, overlooking and dominating the west of St Helier would not get past the requirements of the Island Plan 2011, as amended in 2014 (currently the island’s only legal planning regulation) nor the Draft Bridging Island Plan 2021 without a separate policy, CI3, that would effectively annul the ‘difficult’ regulations in the Island Plan, particularly those covering:

1. Place Making – SP 3
2. The Island Identity – SP 4

3. The Natural Environment – SP 5
4. The Town Character – PL 1
5. The Health and Wellbeing Impacts of New Developments – GD 1
6. Demolition and Replacement of Buildings – GD5
7. Design – GD 6
8. Tall Buildings – GD 7
9. The Green Background Zone – GD 8
10. Skyline, Views and Vistas – GD 9
11. Places of Historical Interest – HE1

Meanwhile, the failure of the Planning Committee on 3<sup>rd</sup> February 2022 to approve the demolition of the Overdale site means that, as there is no specific request to demolish the Overdale site in the Full Planning Application, the Independent Planning Inquiry cannot approve the planning application, as there is no empty site, or permission to demolish it, to allow the OH to be built on the Overdale site, unless the decision taken at the pre-inquiry briefing on 18<sup>th</sup> February 2022 is allowed to stand, despite the planning precedent it establishes. Given his previous experience of assisting the Planning Department, it is inconceivable that the Planning Inspector can accept the Full Planning Application for the construction of the 'Our Hospital' project.

There must be a 'Plan B', for an existing level site, within St Helier, which can offer an alternative and which can maintain the progress of the project to meet its timetable. No blame can be attached to the OH Project Team, which has been following government guidance and plans throughout, however frustrating that must have been. In the event of a failure to approve the OH Full Planning application, a 'Plan B' could become an urgent requirement if the very tight schedule for the construction of the Our Hospital is to be met.

Peter C Funk  
Interim Chair  
Friends of Our New Hospital

25 February 2022

The Friends Steering Group

John Baker, Graham Bisson, Ann Esterson, Peter Funk (Interim Chair), Andy Howell,  
David Pirouet, Stephen Regal, Tamara Vanmegglen, Mary Venturini, Bruce Willing CBE



### Al Thomas's week



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