

Ignored Advice During Site Selection

The Atkins Report 3rd October 2013

Paragraph 2.2.6: “The impact of not implementing community-based care strategies has a significant effect on the hospital size. If the community strategies approved within P.82/2012 were not to be introduced, the increase in the hospital area requirements for a new hospital would rise by approximately 9,000 m², based on UK standards, and incur an additional cost of approximately £60 million.”

The States has not yet implemented this policy, nor have the implication in terms of space and cost been incorporated within either of the plans for the JFH.

3.2.1. Redevelopment strategies

29. The analytical work carried out during the previous pre-feasibility study had identified and confirmed that the redevelopment of the existing General Hospital site was the preferred location were a whole new hospital required.

Hospital Pre Feasibility Spatial Assessment Project – 14th October 2013

The General Hospital Site

Page 86 and repeated on Page 90, paragraph 5.2: Comment on the suitability of the General Hospital Site:

“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.”

Putting patients and staff second: Page 91, paragraph 9.1:

The remodelling of the existing facility will be undertaken in a series of consecutive phases over a number of years (perhaps 5 to 8). 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.

Gleeds Design Champion Report of April 2015: Page 2

Option C – Full new-build at the General Hospital

The site arrangement is good, with interesting spaces between buildings. The new Main Entrance and drop-off works very well, as does access to the Emergency Department. The location of two energy centres on the main Gloucester street frontage is not ideal.

The massive disruption and difficult, complex phasing makes the 9½-year programme seems optimistic and unbearable, suggesting disqualification of this option. (Note: the revised plans for the JFK that are subject to the second Philip Staddon planning inquiry, are now at least 8 years build time, so the earliest we can expect the completion of the JFY on the Gloucester Street site is January 2026. The Gleeds report of April 2015 was predicting an 11-year build time at a cost of £620 million.)

Future expansion may be difficult

Gleeds Outline Business Case – 26th October 2017

3.37: Without a successful redesign of health and social care as set out in P.82/2012 including the provision of a Future Hospital, off-Island provision will also need to reflect operational responses to the increasing lack of capacity and, in time, capability to meet the acute healthcare needs of Islanders.

This policy has not been implemented by the States

The Auditor General’s Report on the Hospital Development – 23rd November 2017

Decision-making stages

2.1 Effective decision-making requires clarity throughout the process of the decision to be made. For major projects, there are conventionally both pre- feasibility and feasibility stages (see Exhibit 3). The different stages provide clarity for decision makers about the nature of the task in hand. Inherent in the feasibility stage is the possibility that the preferred option from the pre- feasibility stage is rejected and that there is a return to the pre-feasibility stage.

Exhibit 3: Pre-feasibility and feasibility stages

Pre-feasibility stage



- Study to determine, analyse and select between different options

Feasibility stage:



- Testing the preferred option from the pre-feasibility stage to determine whether to advance to construction phase

2.2 As described above, the States adopted a two-stage approach with the pre-feasibility stage identifying a solution based on the existing General Hospital site before moving into feasibility stage. However, during the feasibility stage there were in turn two new preferred options: a dual site development in 2013 and the People's Park in 2015. But there was no return from the feasibility to the pre-feasibility stage.

2.3 I am concerned that the decision making process was confused. Returning to a pre-feasibility stage would have explicitly reflected the point reached in decision-making. It would have helped to increase focus on the task in hand and provided a clear distinction between identifying a preferred site by the application of agreed criteria and testing the validity of that preference.

This took place in the Atkins and Gleeds reports, but was ignored within the political process. Unsurprisingly this report by the Auditor General is still to be answered within that political process.

The MOG and POG

The Ministerial Oversight Group (MOG) and the political Oversight Group (POD) that developed from it were unhelpful within the debate over the location of the JFH over whole period since 2012. Neither had TOR and effectively were a cabal within the government oversight of the JFH project and unaccountable within the States debates, other than to sow positive information regarding their preferred Gloucester Street site for the JFH.

There is no evidence of any discussion of the negative aspects of this site, in particular an understanding, of the historical implications of the development of General Hospital site since 1950; its relevance to the JFH preferred site and the compromises over its development, including the necessity to include Westaway Court as an annex to the JFH. Nor have the implications for existing departments within the General Hospital, let alone any ability to expand the JFH site been discussed within the States, because they were never put forward for debate by the MOG and later the POG. Therefore, two green field sites owned by the States, Warwick Farm and St Saviour's Hospital were never seriously debated as potential sites.

St Saviour's Hospital Site

The site area to the south of the B28 is much larger at approximately 55,983 sq.m, and is of sufficient area to accommodate the new hospital but only if approval is granted to demolish the existing listed Victorian asylum and to develop its front lawn setting. The existing asylum building would not be suitable for conversion into a modern acute hospital facility and, if it remained on the site, its location and that of its associated front lawn, taking up almost half of the available site area, would render the remaining dispersed available area unusable for a development of this type.

Warwick Farm

The site has an overall area of approximately 54,123 m², which would be sufficient to accommodate easily a ground floor footprint in the region of 20,000 m², 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.