

Hospital Policy Review Board – Workshop 5

17/09/18 12.30 – 3:00 - 5:00pm

Attendees:	FH team (Part B)
Connetable Christopher Taylor (CT) – Project Board Chair	Kevin Pilley - Policy Director - Strategic Policy, Performance and Population Directorate
Deputy Richard Renouf (RR)	Rob Duhamel – (Former Environment Minister)
Deputy Trevor Pointon (TP)	
Deputy Rowland Huelin (RH)	
Deputy Carina Alves (CA)	
Connetable Richard Buchanan (CRB) - Apologies	
Ralph Buchholz – SoJ Officer Support (RB)	

Part A – Board members only

Item	Minute	Action
A1: Apologies and minutes from last meeting	<p>RH: Amendment to Note B2 is required: Construction mitigation measures, Noise is mentioned, but I am more concerned with vibrations, add Vibrations amendment. I didn't accept the J3 answer, seek contrary evidence. We don't have the luxury and the space to close down and move a ward on the site.</p> <p>RB: at what point do you want to make the minutes/agendas/presentations public. The Board's website is ready to be live.</p> <p>CT: Once these minutes are approved, the minutes, agendas and presentations can be published.</p> <p>RB: We also need to think about the writing of the report as we are running out of time, I can start structuring the report for you. The Board have already agreed on the first part of the scope on the need for a new Hospital and this can be drafted into the report.</p> <p>CT: would like a meeting with an ambulance on site location.</p> <p>RH: What % of staff nurses are on long-term sick leave RH: Can we get Richard Downes to come and meet us; Director of Mental Health. RH: Would like IT data RR: That will take months of work, and have we not got the time. TP: Concerned about the number of beds and how having less beds will impact on the community. If we go for a site that will</p>	<p>RB to circulate report structure to group and start writing up.</p> <p>RB to set up meeting with Peter Gavey from Ambulance service with the Board.</p>

	<p>not be sufficient in the future, we don't know how this will affect care in the community nurses in the future.</p> <p>RB: We can give you a full update and presentation on the actual size of the proposed scheme and the care in the community plans.</p> <p>CT: This is a crucial point on how big the hospital should be, we are 6 years down the line from P82</p> <p>RB: Terms of reference –the states made the decision on evidence that was made at that time and this is what the Board should test.</p> <p>RR: We are going beyond our terms of reference</p> <p>TP: Current site has had to retract due to the planning process</p> <p>RH: My opinion is that only one item has progressed on the primary health strategy, the rest are lagging behind.</p> <p>CT: Original need a foot print of 20,000sqm, current site now its planned as 14,000sqm, I have not seen any evidence of how the footprint has been reduced from the initial footprint.</p> <p>RH: I would like to see the evidence that this work has been done.</p> <p>RB: this was part of the workshops 1 and 2 but we can bring back the specific evidence to the Board.</p>	<p>RB to provide Board with evidence of footprint reduction from 20,000sqm and update on primary health care programme.</p>
<p>A2: Survey review and approval (4insight to attend)</p>	<p>CT: Julian Barber has pulled out and I am not satisfied with the questionnaire being proposed, it has been significantly changed. Concerned at the increase of cost from £950 to £8k</p> <p>RB: JB pulled out due to the scale increase from 800 to 3000 people to be surveyed. The extension of the survey to include to all HSS staff and changes to the questions was agreed at a previous meeting with Board (11/09/18).</p> <p>CT: I don't think it should be going to everybody, just those that are working in the hospital that are important to be surveyed, not everyone that works in health. As the petition has come from those that work in the hospital</p> <p>CT: In the questionnaire having taken further advice, 2.4A which list the other site options and 2.4B which gives reasons for those sites merely act to Muddy the waters and do not give clear direction and obviously it's a decision for the committee, but I will strongly advocate to have them removed.</p>	

	<p>RH: I do think there is a relevance for people that go to the hospital as part of their work, I know we are not extending it to GPs and those that visit the hospital for clinical purposes, parking convenience. I do think it is relevant to them. But we have a time issue</p> <p>CT: I Want a decision today and the survey out tomorrow.</p> <p>4insight: Dorothy: explained the survey structure and how the respondents can take part in the survey. Payroll number is their individual reference number and each person can only complete once. Can access on smart phone, tablet, laptop or PC. Can do cross tabulation, to look at the answers in different ways.</p> <p>RB: Will send the link to the board members for trial</p> <p>CT: Are the groups similar in size?</p> <p>RB: We can provide the breakdown of groups</p> <p>CT: To comply with the petition it is medical people working in the hospital only that is required.</p> <p>Dorothy: We can do the cross analysis and select and add up the groups that work in the hospital.</p> <p>Dorothy: Which parish do you live in – will give extra analysis, for example it will give information on whether where they live influences their choice of site.</p> <p>TP: The majority of people work in the community and not in the hospital and will be selecting on a notion not their experience.</p> <p>Dorothy: We can cut the information to identify the groups and we can pick which data responses to look at and compare the data from those working in the hospital and in the community.</p> <p>CT: The concern is twofold, firstly the petition specifically asked for those working in the hospital.</p> <p>CA: You can pick the data that you want to look at.</p> <p>CT: The very big concern is, it may be evidence that we are looking at and it is the press etc. that twist the figures to what they want to argue, the concern is if you have 2 different results, from those working in the hospital and one from a</p>	
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	<p>global figure of people working in health, which do you report?</p> <p>DP: If they are different, or they might be the same.</p> <p>RH: We need to keep each piece of evidence in isolation.</p> <p>Question from the board. Are Family nursing on the states payroll system? <i>(note: this was followed up after meeting and they are not included in survey)</i></p> <p>Q. Section 2, change from 'plans' to 'latest proposals' for the new hospital.</p> <p>CT: Requested that 'Which location is your FIRST choice for the New Hospital?' is removed.</p> <p>RR: Can we talk about it?</p> <p>CT: It Muddy's the waters, as it splits the votes</p> <p>Board discussion agreed: Add a comment to 'Other site' where they can add their comment</p> <p>Board discussion agreed: Add a 'I don't know' option to site list</p> <p>Board discussion agreed: Change 'First' to 'preference'</p> <p>DP: explained the first 6 are completely randomised when each person clicks on to the survey</p> <p>Board discussion agreed: Change of format to pages, so that it appears on one page</p> <p>Board discussion agreed: Democratic vote on – 2nd choice question 3/2 – in favour to remove the question.</p> <p>Board discussion agreed: Remove States of Jersey logo</p>	
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Part B – With FH team members.

Item		Action
B1: Planning advice on sites– Kevin Pilley (45 mins)	<p><i>Review of planning evaluation of sites – presentation</i></p> <p>KP gave a PowerPoint presentation setting out how the Planning Department had been involved in the evaluation of sites for the Future Hospital.</p> <p>By way of context, Slide 1 set out the role of the planning authority, both as an enabler of community aspirations and needs; and as a regulator, seeking to manage the impact of new development.</p> <p>KP advised that he had been involved in early stages of site evaluation, testing principles of viability and identifying the main planning challenges for each site. Colleagues in Development Control, provided pre-application advice in relation to the short-lists of preferred sites; and dealt with the determination of the planning application; and now the Public Inquiry.</p> <p>KP advised that clearly there was no perfect site for the Future Hospital and all options presented various planning challenges.</p> <p>Slide 2 provided details of the plan-led approach of planning operated in Jersey, which required the Island Plan to be used as the principal material considerations in planning decisions. Development should be in accord with that plan unless there was sufficient justification to depart from it.</p> <p>KP advised that the Minister could depart from the plan but only if there was compelling evidence to do so</p> <p>Slide 3 set out some of the key planning policies in the Island Plan that were of relevance to the Future Hospital project. One of these was the spatial strategy (Policy SP1), which set out the spatial hierarchy for development in the Island (illustrated on slide 4).</p> <p>KP advised that the Island Plan spatial strategy aims generally to protect the coast and the countryside, and seeks to direct the need for development to within the existing built-up area, as defined in the plan.</p> <p>KP: stated that there was also a health-specific policy in the Island Plan (Policy SCO2) (slide 5), which seeks to safeguard the existing health facilities that we have and, if we need new facilities, that they generally should be provided in the grounds of existing health facilities within the health estate or they should be provided within the built-up area.</p>	

	<p>Slides 6, 7 and 8 of the presentation provided a re-cap to the Board of the site assessment process that had been undertaken, involving screening; long-list assessment; and short-list assessment. Details were presented of the criteria used to undertake the assessment.</p> <p>One of these criteria related to the ability of sites to meet the minimum ground floor hospital footprint.</p> <p>RH: Minimum foot print is an odd way of doing it?</p> <p>KP: advised that in the early stages of the project, and before the exact requirements of the new hospital had been determined and specified, the design team used an approximation of what was likely to be required as a functional requirement on the ground floor of a hospital building. A broad estimation was that the minimum ground floor footprint requirement was 20,000 square metres, and this was used as part of the site assessment, to see if sites were able to accommodate a building with a footprint of this scale.</p> <p>RH: Are any of the lists that we are reviewing deemed as outside the built up area?</p> <p>KP: Not all of the sites are within the built-up area. The location of sites, relative to the Island Plan spatial strategy, was assessed and is contained in the Atkins report.</p> <p>CT: Did Gleeds consult you?</p> <p>KP: Yes: they were involved later on in the process when a shorter list of sites was under consideration and they consulted with Development Control for pre-application advice leading up to potential planning applications.</p> <p>The presentation then addressed some of the key planning issues that were relevant to the sites under consideration. The meeting first considered the ‘high-level’ planning assessments undertaken for the St. Saviour’s Hospital and Warwick Farm sites.</p> <p>KP: St Saviours Hospital: whilst this site ‘ticks the box’ because of its built-up area location it does, however, challenge the spatial strategy because of the transport limitations given its relatively remote location.</p> <p>The site also has heritage issues. KP advised that, whilst not listed at the time of the assessment, it was clear that the site was of considerable heritage value on the basis that it is a relatively intact example of a Victorian asylum that has been developed on a site to provide patients with access to open air and exercise. KP</p>	
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	<p>showed a slide setting out the extent of heritage interest, which embraces Queen’s House; the front lawn and drive; and the farm complex to the west, which was an integral part of the hospital facility. The site is now listed at Grade 1.</p> <p>KP: Warwick Farm: KP showed slides to indicate the location of Warwick Farm in the Green Zone, as defined in the Island Plan.</p> <p>He also showed slides to show the location and extent of the site relative to the surrounding countryside. The site is located in the island’s agricultural interior, and the landscape is made up of a mix of suburban development and farms. Whilst some of the agricultural buildings, in the form of modern sheds, are large, the development of a hospital here would represent a massive visual intrusion and would likely have an adverse impact on the character of the area.</p> <p>RH: Q. What is the footprint of the Warwick Farm site?</p> <p>CT: Total site is 22,000 square metres: that’s the whole site and has a footprint of 18,400sqm, and an advantage is sloping to the south and can almost get 2 floors below ground.</p> <p>KP displayed an indicative block plan and section of the development of a potential hospital on this site.</p> <p>RH: What is the height</p> <p>CT: 3 x hospital storeys in height</p> <p>RH: Is there any housing nearby in the immediate area?</p> <p>CT: Yes about a dozen residential houses due north of Motormall and another 4 houses on the cross roads</p> <p>RH: What is the geology, type of ground?</p> <p>CT: Granite and Shale</p> <p>KP: advised that access and parking provision was also a challenge that was presented by this site. Transport arrangements would need to be made for staff and hospital users, including the development of site-specific car parking provision.</p> <p>It was also noted that there was a listed Occupation structure on part of the site.</p> <p>CT: What advice did the ministerial oversight group seek: were they addressed by the planning officers on that site?</p>	
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	<p>KP: The planning assessment of this site, and others, was set out in the Atkins report, which was presented to the MOG. Andy Scate and I were available to the political oversight group to answer any questions that they might have.</p> <p>CT: Why did the site come fifth, when it always came first in other reports, we need the evidence, it isn't clear?</p> <p>RB: This has been presented to the Board at workshop 1 and is in the Atkins report.</p> <p>The meeting then went on to consider the more detailed pre-application planning assessments of short-listed sites including the dual site option (existing hospital and Overdale; Overdale; existing site; Waterfront; and Peoples' Park.</p> <p>Dual site: Existing hospital site and Overdale KP: Overdale was challenging as the site is physically remote from town and poses some difficulties of access being at the top of a hill with poor transport infrastructure.</p> <p>The development of a large hospital building here would be visually intrusive, affecting some of the strategic views into St. Helier, and would also impact on the Green Backdrop Zone, and some protected open space, including parks. There would also be some strongly adverse impact on neighbours, access, bio diversity.</p> <p>Waterfront KP: Waterfront location strongly negative in terms of planning policy. Whilst it fits in terms of the Island Plan spatial strategy, we have an Esplanade Quarter Master Plan, which is approved by the States, and the location of a hospital here challenges the content of the Esplanade Quarter Master Plan., This primarily seeks to deliver office space to support the island's finance industry; along with some residential development and some tourism uses: putting a hospital building here would challenge the existing policy framework.</p> <p>CT: The masterplan was a political agreement, and approved by the States Assembly. What was said in one of the States members' workshops was that planning should be subservient to the needs of health.</p> <p>CT: At what point is that political will taken on board? From what I see it is not in the Island Plan where does that feed in to the decision making?</p> <p>KP: The health needs of the hospital project have been factored into and weighed, alongside the planning considerations, in the Atkins report, as an integral part of the site assessment process.</p>	
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	<p>When it comes to dealing with planning applications for a new hospital, supplementary planning guidance, such as an Esplanade Quarter Master Plan, will need to be taken into account, as a material consideration, by the decision-maker. They can choose to depart from the Island Plan or any supplementary planning guidance, provided that they think there is sufficient justification to do so.</p> <p>RH: What would deem an overwhelming case?</p> <p>KP: That's the key test, i.e. what alternative sites exist to deal with this proposal and what are the merits of each site.</p> <p>CT: The problem I'm having is you are going to be building big office buildings at the waterfront site, but the hospital is a 'no' the public are asking, what's the difference?</p> <p>KP: The difference, aside from the use, is whilst your talking about big buildings being developed at the Waterfront they are not of the scale and mass of the proposed new hospital building, sitting in a very prominent location. The visual impact of a significant singular building, of a visual scale of a different order of magnitude to what is already down there, is a planning challenge. Plus there is also the impact of the loss of existing open space and impact on the public realm</p> <p>RB/KP: Open space is another challenge: the space between buildings and the impact on existing open space, Jardin De La Mer</p> <p>CT: If the Minister is with an Inspector saying it is supposed to be for office space, not health and we are concerned about the location and open space available, and the assembly have agreed it. What is the weight of political opinion over planning?</p> <p>KP: The Atkins report included, as an integral part of its analysis, an assessment of risk for both staff and hospital user for all of the sites under consideration. A weighting has already been attached to the operational health risks for all sites and has been factored in to that report. It may be worth looking at that process?</p> <p>TP: We are actually trying to steer it in that direction in terms of our consideration as what's happened with the current site is the footprint has been reduced and so its capacity has been reduced on the belief that other factors are in place to take up the slack and we don't think they are.</p> <p>RH: Waterfront is a land grab lots of people wanting it for offices, residential and hotels and we are saying health as well. What is the weighting of those four criteria's and important to the island of different uses?</p>	
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	<p>CT: That is a political decision that has been made</p> <p>RH: If there is an option to depart from building on the existing site. What options can be explored?</p> <p>CT: This is part of what the planning need to weigh up those issues but The political will only comes in at the ministerial level at the end.</p> <p>KP: We have assessed all of the sites in an objective, neutral way and identified the issues. None of the sites are without their challenges</p> <p>KP: Peoples' Park: for this site the key challenge is the 'loss of open space' which can be overcome if you can deliver open space elsewhere. Various options were under consideration, such as the potential extension to the Millennium Town Park, before this proposal was withdrawn from consideration.</p> <p>KP: Existing site – listed building grade 1. The planning challenges for this site have been articulated during the planning Public Inquiry process and the Board have access to the Inspector's report.</p> <p>Planning challenges slide – KP finished his presentation by showing a slide prepared by the Future Hospital team summarising, what the FH team believed to be the planning policy challenges for each of the sites under consideration (attached)</p>	
<p>B2: Board to meet Rob Duhamel</p>	<p>Different Ministers working in different directions, can be a challenge. Explains How he became planning Minister, 2011 to finish Freddie Cohen's term of office.</p> <p>Senator Bailhache asked RD to sign up to collective responsibility as part of deal for his support for being Environment Minister and RD support for CM post, RD did not agree to sign up to that.</p> <p>RD: Ian Gorst agreed to nominate RD for Environment Minister And indicated Senator Ozouf would be part of the team, and became Treasury Minister.</p> <p>Mid 2012, Atkins submission to CoM of site reviews with the existing hospital and Warwick farm the top sites. Warwick farm is in the Green Zone and CoM suggested Planning Minister should accept the site even though it was a departure from the Island Plan. RD: Did not agree.</p> <p>RD: was given 3 weeks to look for sites they hadn't seen.</p> <p>RD: Hospital directors were asked whether the new hospital needed to be on a single site or whether multiple sites were preferable. Difficulties in staff recruitment over housing accommodation were highlighted. The longer term was</p>	

	<p>considered. Got down to 3 sites, but the overall position was that any site put forward by the planning minister should be considered as part of a strategic planning brief for a health quarter and a planning zone drawn. RD put forward Westmount health quarter, (removal of the crematorium) possibility of the waterworks moving and taking over states owned accommodation Westmount court and Old St John's Court for keyworker accommodation. People's Park could have underground parking whilst retaining the park above. This was to offer the chance to TTS for park and ride schemes and a town Hoppa bus service.</p> <p>The whole site could also be extended to provide locations for medical tourism if that was the way the island wanted to go in the future.</p> <p>Not readily accepted by the Council of Ministers but nevertheless proposals put to Atkins to be appraised. Assessment questions biased and broadly in favour of the existing site. E.g. Existing Bus services ignored or deemed incapable of future provision and hospital siting needed to be inside the ring road to allow hospital staff to do lunchtime shopping.</p> <p>RD: Suggested that the sensitivity test was biased and needed to be reassessed. It was done and the Westmount quarter rose up the list with an Overdale site.</p> <p>2013: all Ministers had to come up with their Strategic objectives. Treasury minister – to make all issues treasury centric.</p> <p>Treasury department through property holdings needed to take on the hospital project. Treasury would organise the funding through a bond.</p> <p>Treasury minister would be running all projects and oversee any long-term issues and solve on the basis of cost.</p> <p>RD: Raised concerns and complained and subsequently was dropped from the MoG</p> <p>Andy Scate put his concerns of RD not being part of the Monday morning inner CoM strategic planning meetings in writing to the Chief Minister at the time.</p> <p>Population issues were generally ignored– RD asked consultant what size of hospital is required. There was an opportunity to build a smaller hospital, chief exec John Richardson decided that the Treasury Minister was to lead the project with reduced budget.</p> <p>Gleeds 2015 – re-marked the whole project noted that the existing site would not provide a 60 year solution. And that in 12 years we'll be requiring extra beds. Four options tabled as feasible. Overdale, Overdale dual, Gloucester St and Waterfront. Waterfront preferred option just.</p> <p>Early letter from Financial Services Commission in 2013 urging not to go with the waterfront and although dropped political pressure to reconsider.</p> <p>Dual site option was supposed to be a cost saving exercise, but multiple phasing seen as risk.</p> <p>Westmount Health quarter risk assessment was undertaken. Report available Size of the hospital building required : 20,000 Sqm Overdale site offered in excess of 110,000sqm</p> <p>People's park was suggested as a clean site alternative to the waterfront. Political objections ruled out its consideration. Health Minister cancelled States debate and</p>
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	<p>decided not to ask assembly to choose between the two site options still tabled by Gleeds (Overdale and Gloucester St) but determined to press on with Gloucester street only.</p> <p>Q1: Why was the usual strategic planning process not followed and site selection seen to be the major organising principle?</p> <p>Q2: If the proposed Westmount Health Quarter approach with Overdale as the preferred hospital site within it was found to be lacking, why was there no tweaking of the boundary envelope to overcome any perceived shortcomings?</p> <p>CT: To provide presentation from RD 18.10.2012, planning doc to the CoM</p> <p>The Peoples park was to be used for underground parking but still have the green area above for Fairs etc. and public garden use</p> <p>Blue light access for Overdale was mainly by Queens road which was noted as congested, but would also have applied to Warwick Farm. The A&E was to be located on NE part of the Overdale site to take this into account. Alternative access up New St John’s Road could have been considered.</p> <p>RH: Who would be upset (if the People’s Park were to be built on for parking)?</p> <p>RD: No one if it delivered underground parking, park &ride, Hoppa bus service and gave the public a chance to be involved with the refurbishment of the green area above.</p> <p>RD: Key Message is that the Hospital project should have been progressed within in an overall long term strategic planning brief framework and not just on financial cost. As presented to the Planning Inspector, the project could still be reset at the 2015 position with an enlarged planning brief to incorporate the George V homes for an A&E facility and the Val Andre for Hospital build. In addition the land to the west could be zoned for future medical tourism and medical business. There is also the opportunity of adding the Little Sisters of the Poor site as a further A&E site within the general Westmount Health Quarter environs.</p> <p>CT: Thanked RD for his attendance and the meeting concluded</p>
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