
**JERSEY FUTURE HOSPITAL
CO025 – PROOF OF CONCEPT
SITE OPTION ADDENDUM
APPENDIX 32 DISCOUNTED
VARIANTS**

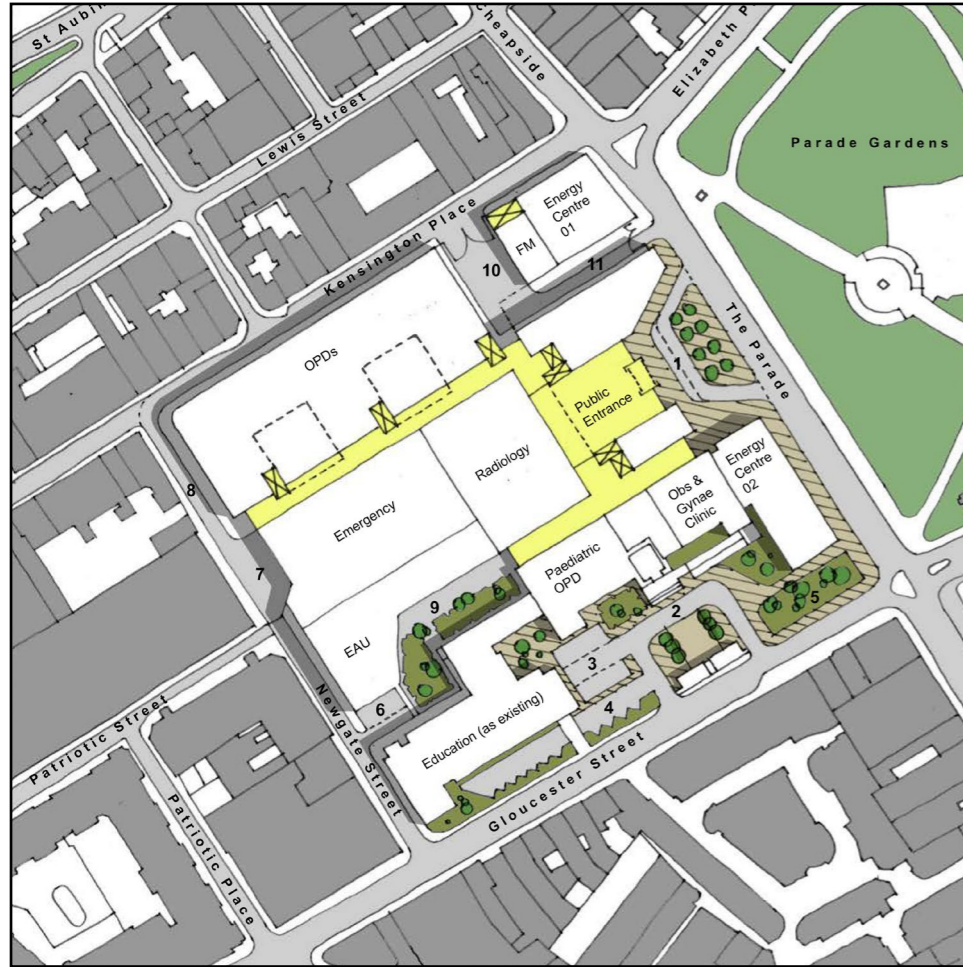
QUALITY ASSURANCE

Sign off: Kieren Morgan

Position: Principal

Option Appraisal

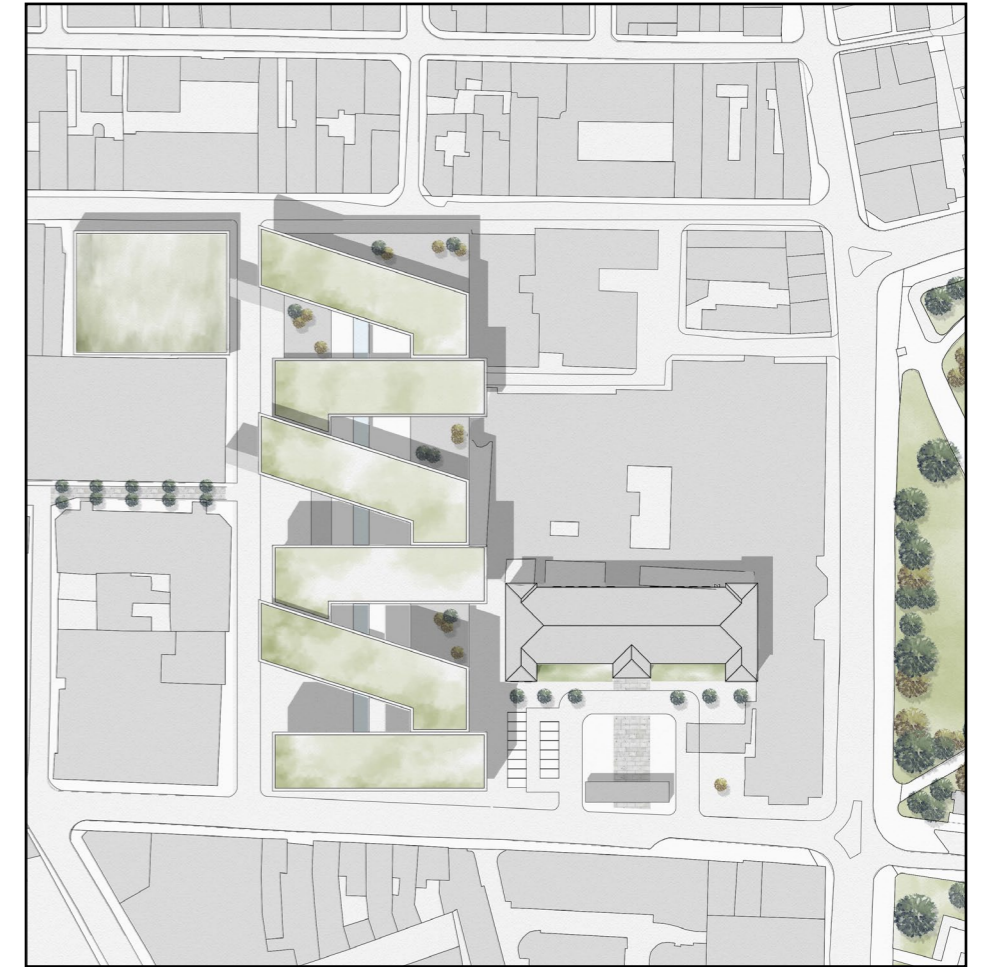
“Option C” Proposal



General Hospital Site Redevelopment (with no site property acquisition)



Single Phase/Single Site (with site property acquisition)



✗ _ 01

- _ Not deliverable in a single phase construction programme
- _ 12 years delivery programme in excess of 8 years target programme
- _ Sub-Optimal adjacencies prior to completion of scheme
- _ Functionality of hospital compromised due to phased development
- _ Multiple phases with high risk of disruption and disturbance to services
- _ Limited expansion opportunity
- _ No development opportunity

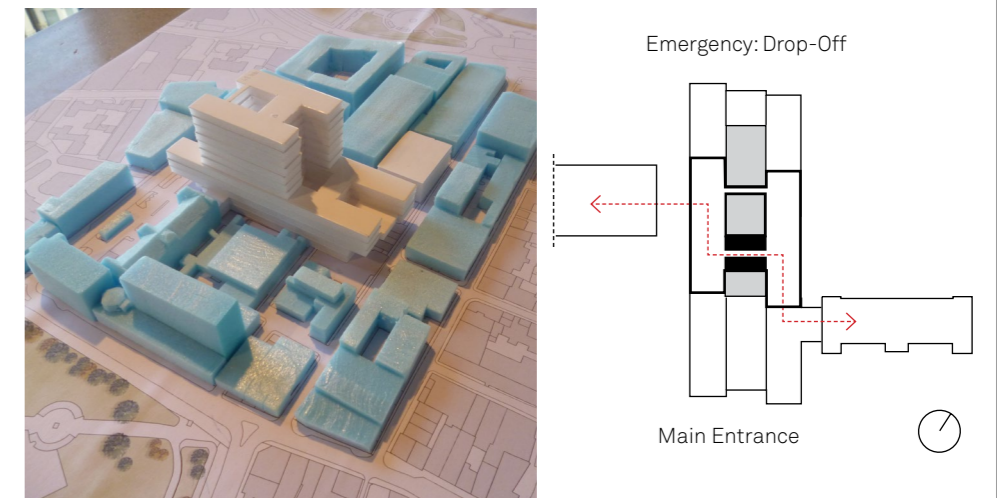
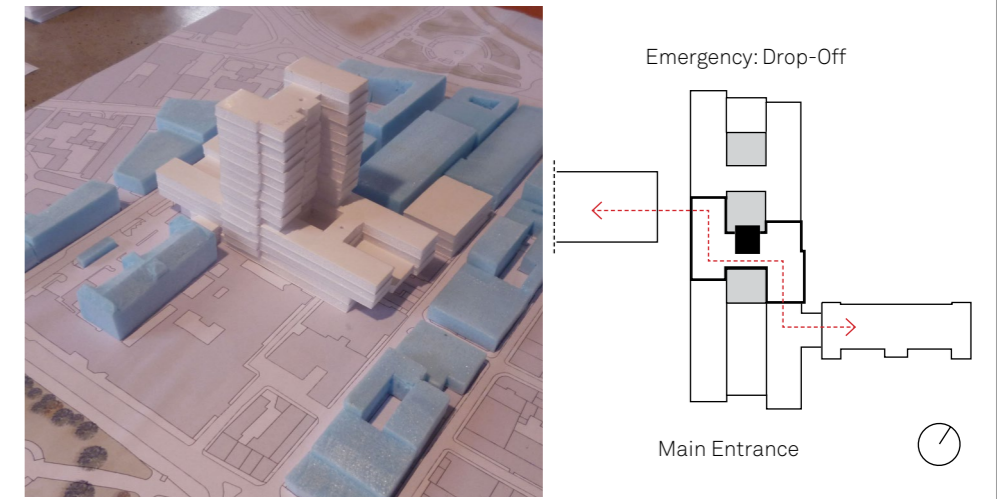
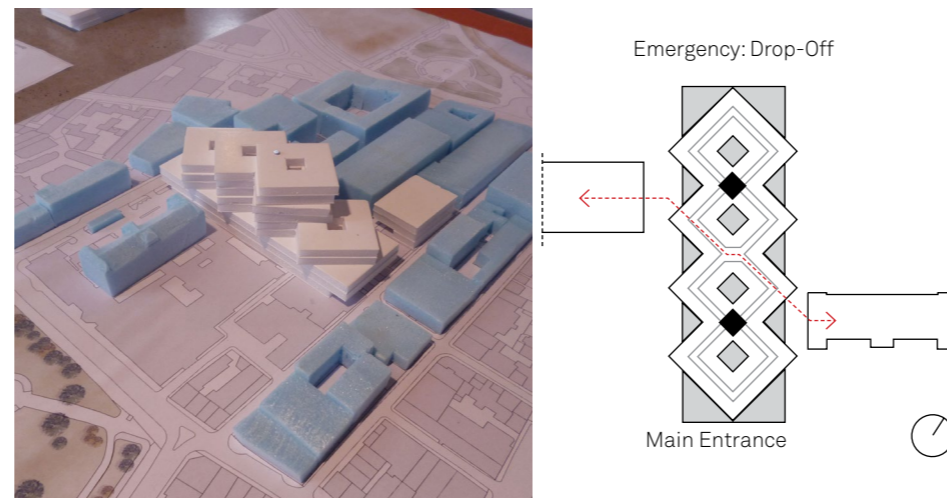
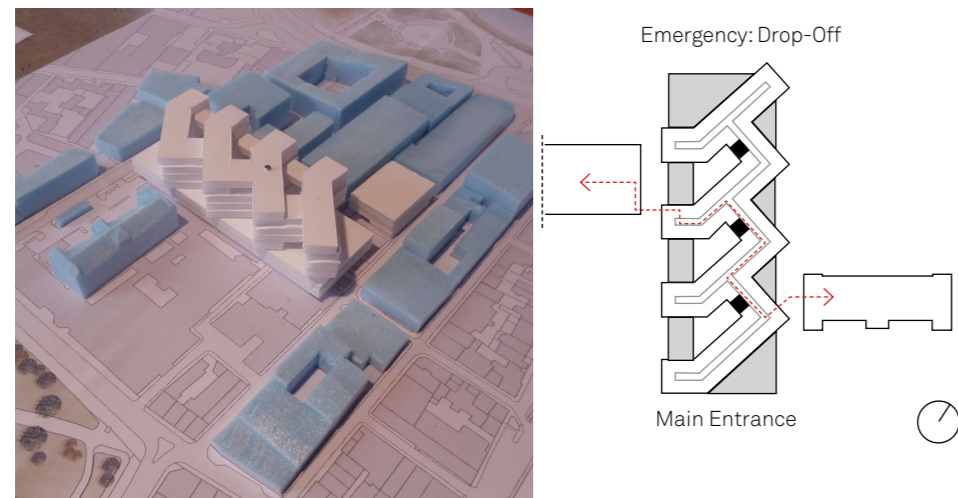
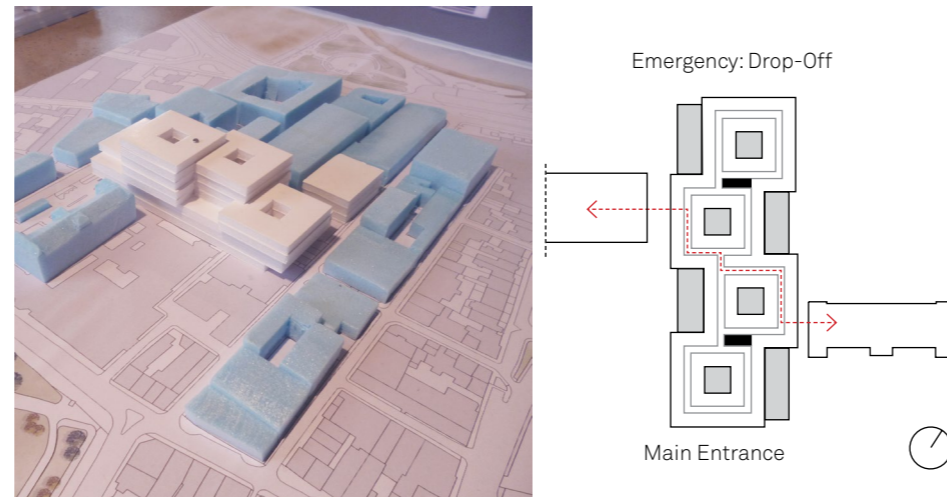
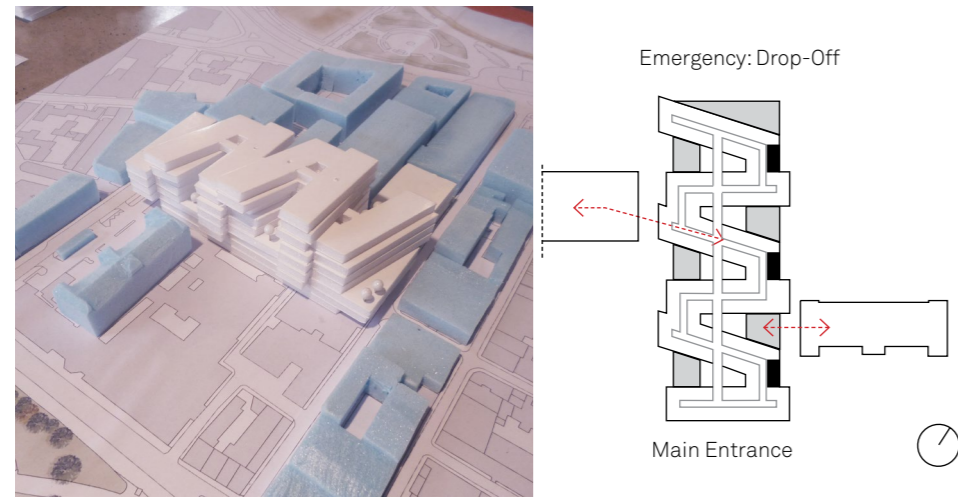
✗ _ 02

- _ Not deliverable in a single phase construction programme
- _ 8 years delivery programme in excess of 8 years target programme
- _ Sub-Optimal adjacencies prior to completion of scheme
- _ Functionality of hospital compromised due to phased development
- _ Multiple phases with high risk of disruption and disturbance to services
- _ Potential expansion opportunity dependent on demolition of 1960's and 80's buildings
- _ Limited development opportunity
- _ Some departments are under-sized to fit

✓ _ 03

- _ One main construction phase only
- _ Operational within 7-8 years
- _ Optimal adjacencies achieved
- _ Improved functionality due to single phase construction programme
- _ Enabling adjacencies projects minimise disturbance and disruption of existing services
- _ Maximises potential for expansion
- _ Maximises development opportunity

Massing Studies + Design Development



✓ _ Compact Model

- _ Multi-storey hospital requires vertical clinical adjacencies
- _ Compact base or podium provides optimal adjacencies for “hot” functions
- _ Compact and stepped ward on upper floors maximises flexibility and efficiency
- _ Efficient staffing model (inpatient wards)
- _ Interconnected wards provide maximum flexibility
- _ Compact form respond to height and character of local context
- _ Compact form is efficient to build and operate
- _ Maximises natural light and use of ventilation
- _ Transfer of inpatients to diagnostic and treatment areas on lower levels
- _ Reduced time and distance travel
- _ Low planning risk

✗ _ Tower & Podium

- _ Multi-storey hospital requires vertical clinical adjacencies
- _ Compact base or podium provides optimal adjacencies for “hot” functions
- _ Ward tower has limited flexibility and efficiency
- _ Inefficient staffing model (inpatient ward)
- _ Tower and podium does not respond sympathetically to local context
- _ Tower is inefficient to build and operate
- _ Maximises natural light but limits use of natural ventilation at upper levels of tower
- _ Tower form creates negative impact on microclimate
- _ Increased time and travel
- _ High planning risk