
**JERSEY FUTURE HOSPITAL
CO021 – SITE OPTION REPORT**

**APPENDIX 25 DESIGN CHAMPION
REPORT**

QUALITY ASSURANCE

Sign off: Nigel Aubrey

Position: Director



23 April 2015

Notes Regarding Site options presented to Project Board on 14 April 2015

This digest sets out headline comments on design matters relating to the four options included in the papers submitted to the Project Board on 14 April 2015. More detailed relevant comments can be found in previous report 'Site Selection Appraisals' 10 March 2015. Note that only Options B and D avoid considerable disruption to the operation of the existing General Hospital

As a general note, an impressive amount of work has been carried out by Gleeds in creating these options and a conclusion seems within reach. A good design solution, which would endure as part of Jersey's heritage, depends on a strong design concept and it is at this stage of the project that such a concept should be presented. The schemes listed below are naturally simple, but now is the time to generate enthusiasm and ownership among stakeholders and the public by displaying exciting architecture. The project will blossom as a result.

Option A – Dual Site

Overdale: Good communications and use of site, but parking provision must be discussed with planners. Good preservation of trees and acceptance of site levels

General Hospital: Relationships in the end result seem reasonable, though phasing is not declared in this document and accompanying details show an extended, complex process over a long period of time with substantial disruption, possibly disqualifying this option.

Option B – Full new-build at Overdale

The development of the site shows workable relationships though it is relatively dense and unfortunately forfeits the notable trees. There is no separation of public and clinical traffic. There are good architectural opportunities to be exploited on this site.

Parking is sub-optimal for location and levels and is also short of the provisionally calculated required number, so must be confirmed with Planners. (There could possibly be a sub-surface pedestrian or vehicular link to the hospital to improve the linkage)

Future expansion would depend upon the continuing use of the Westmount Centre, Pines and William Knott buildings.

The site is easily cleared and – apart from Town planning and traffic decisions – could be developed at an early stage with no disruption to the General Hospital

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 9 ½ year programme seem optimistic and unbearable, suggesting disqualification of this option.

Future expansion may be difficult

Option D – Full new-build at the Waterfront

The site development is proportionate and there are excellent architectural opportunities to create a fine addition to St Helier and Jersey. Generally, relationships are good, though again there seems to be no separation of clinical and public traffic. Subject to Town planning, a fast start is possible and there is no disruption to the existing hospital.

Some additional sea defences need to be planned. There will probably be a need to consider costs for car parking on site if it is found that the existing Patriotic Street car park is too far away to provide a reasonable facility.

Future expansion needs further consideration.

Grahame Underwood
Architect
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05 September 2015

Notes Regarding Site Proposals for development of People's Park September 2015

These notes relate to the proposals set out by Gleeds for the development of the new Future Hospital on the people's Park site in St Helier, as shown in the PowerPoint presentation dated 03 September 2015.

In general, it is clear that the site offers opportunities for the development of a fine hospital for Jersey and the architects have responded with an imaginative and appropriate design. The following points may be helpful and they do take into consideration the early stage of the design.

Site Analysis

This is a little difficult to read as the legend numbers do not show. However, reasonable assumptions can be made. It would be useful to show the prevailing SW wind and, bearing in mind the shape and height of the building together with the backdrop of high ground to the North some further study would be prudent.

Also, the possibility of a high-level link to Westmount from the upper floors might be investigated.

Site and Ground Floor plan

The main entrance foyer is well placed and would be an attractive space, with part of it carrying through to the floor above. The women and children's entrance is also well placed though the route to paediatrics is a little awkward.

There are good relationships between Emergency and Radiology and the central court would be a pleasant space though short of sunlight, so might well be benefit from a cover. The café looks a little small and there does not seem to be any other provision for catering in the scheme

Outpatients is rather deep-planned and as it is a department likely to change more than many others in the future it does not show as much flexibility as it might.

Chemotherapy is reasonably placed. An alternative location might be adjacent to Pharmacy (see comments). Renal dialysis has good access and a nice outlook over a garden area, though detail planning might reveal a shortage of window-wall.

Overall the provision of vertical connections is not clear and the single core area might not be enough.

First Floor

Overall, the circulation system does not seem to provide enough separation between clinical and public traffic.

Theatres and Critical Care are well placed and connect well to the ED below.

The current pharmacy Building Note recommends clearly that pharmacy and pathology should not be adjacent and, further that pharmacy should have ground level access. These two departments (especially pathology) are quite heavily serviced and difficult to move in the future. They have little patient involvement and occupy a key space on this floor, which would be better occupied by 'soft' space such as offices to allow for expansion or development of theatres or women's services.

Second Floor

The location of a major plant area above theatres is sensible. Paediatrics can take advantage of roof areas for outdoor activities. The external plant area may be an unwelcome noise source for both the children and the neighbouring flats across the road.

Third, Fourth, Fifth and Sixth Floors

The accommodation is sensibly arranged and the planforms look capable of providing a number of different combinations of patient rooms. Once again, there may not be enough separation between clinical and public traffic.

Basement Level

There will be some challenging vehicle manoeuvring and headroom issues in the service area.

The question of the two energy centres will be a matter for the hospital engineer to comment upon, but it does seem that the arrangement shown provides little more resilience than the traditional duplication of items of plant and equipment. Furthermore, if a flue is required this should be shown on any visualisations as an important element of the townscape. Possibly, it would have to be higher than normal because of the prevailing wind and high ground to the north.

Underground parking is sensibly shown and could easily spread to the SW under the ground floor if necessary and affordable.

Massing Study

The 'face to the town' is interesting and with the two main arms of the building opening onto St. Aubin's Road, it presents a welcoming and attractive façade.

View down Peirson Road

Although impressive, this does not look quite right and the geometry of the image should be checked. Once again, the presence of a flue would be important.

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5 September 2015