
**JERSEY FUTURE HOSPITAL
CO004 – SITE OPTION REPORT**

**APPENDIX 25 Design Champion
Report**

QUALITY ASSURANCE

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Position: Director



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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.

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