

What is the current situation with the planned new hospital?

Jersey's States agreed to build a hospital on the existing site in December 2016. They also agreed the budget and the funding for a new hospital for Jersey.

The current plans ask for permission to build a broad hospital across the current site, Kensington Place and Westaway Court. These were submitted in April 2018 and are awaiting a report following a public inquiry by an independent planning inspector. He will make recommendations to the Minister for the Environment who will make the final decision. Work on the hospital project is continuing alongside a Hospital Policy Development Board assurance review of the current site to ensure the choice made is sound and based on evidence.

Why do we need a new hospital?

Provision of a safe, sustainable and affordable health care system and hospital facilities is essential to address Jersey's ageing population and increasing demand.

The current General Hospital has served the Island well, but it's no longer fit for purpose. We want to provide a modern standard of care in the coming years and deliver a planned change in health care which will support Islanders living longer.

Almost every area of the current hospital fails to meet modern health standards. Other factors include:

- Flexibility - attempts to upgrade our current General Hospital would fall short of the standards that can be achieved in a new-built hospital
- Disruption - some equipment in our current hospital is failing, leading to more breakdowns and risk of serious disruption to patient care
- Current overcrowding - our current hospital is short of space, has little storage and is hard to keep clean and free of infection
- Changing standards - healthcare is changing fast and a 21st century hospital has different requirements to meet new challenges and a modern model for healthcare
- Ageing society - we need to be prepared for a larger number of older patients with more complex illnesses

- Community partnership - we need to focus on patients that need to be treated in hospital and support more care in the community
- Attracting staff - a modern hospital is needed to attract staff

Read more how Jersey's hospital services will look in the future in the [Acute Service Strategy](#), developed by Health and Community Services (HCS).

What happens if the current plans are delayed?

Any substantial delay will have an impact on current health provision at the General Hospital and costs. The Island would have to spend money on new temporary buildings to increase the hospital's capacity, new operating theatres, and new replacement equipment which it may not be possible to move to the new hospital. More patients than at present would have to be sent to the UK for treatment.

According to the Hospital project's professional advisors, Gleeds, any delay that puts back the start date (January 2019) could cost up to an additional £1m a month due to inflation. That's because the budget includes likely inflation costs for the next six years but not beyond that. The budget is based on an expectation that the project would start in 2019 and finish in 2026.

As with a domestic extension, if you get a quote for your plans, expecting to begin next month, and in fact, you end up starting in six months, normal inflation will have an impact on your costs because the people doing the work will be factoring in the inflation rises into the cost of their goods and service.

The cost wouldn't be incurred now, but would put upward pressure on the overall cost of the hospital project.

What will happen if the current plans aren't approved?

- The project would be delayed by up to four years and a new hospital unlikely to be delivered until 2028
- Hospital areas or functions currently under significant pressure such as in-patient wards, infrastructure such as plumbing, and infection control and prevention would need an interim solution
- The availability and cost of funding the project through a bond could be negatively impacted after Brexit
- The project would be likely to lose the current contractor
- The delay period would bridge the next elected States Assembly which may request further site evaluations/amendments

What are the recent amendments to the current plans?

Minor revisions to the current plans were published in July 2018. This followed comments and discussions with many people and organisations including neighbours, hospital staff, officers at Growth, Housing and Environment and the Jersey Architecture Commission.

The main changes include:

- Reducing the planned height of Block B which is directly behind the existing Granite Block, so that when viewed from Gloucester Street the bulk of the new building will be far less visible. You can find out more about this by looking at the Revised Design Principles and the revised Parameter Plans.
- Reducing the planned height of Westaway Court to limit the impact of the building on its surroundings and particularly reducing its height on Savile Street.

There have been other amendments submitted relating to how the main building will be accessed but these changes are localised around the site.

When will a 3D /virtual and/or model be available?

3D illustrations of the scheme will be available very soon.

The new hospital

Where will departments be in the new hospital building?

Under the current scheme Westaway Court will be operational by 2021 and house the following outpatient departments:

- Cardiology
- Clinical investigations
- Physiotherapy
- Respiratory
- Pain clinic
- Diabetes

Building A, along Kensington Street, will be operational by 2022 and will house the following departments:

- Day surgery
- Endoscopy

- Orthopaedics and general outpatients
- Ear nose and throat
- Ophthalmology
- Pharmacy
- Pathology
- Renal
- Audiology

While building Block B, the hospital will deliver services from the existing Parade and 1960s blocks, the Granite Block, the new Block A, and Westaway Court.

Building B will be erected on the site of the current Gwyneth Huelin Wing, Peter Crill House and the Laboratory Block. It links seamlessly to Block A, and will also be operational by 2025. It will house the following departments:

- Accident and emergency
- Women's and children's
- Critical care departments
- Main theatres
- Radiology
- Inpatient wards

When Block B is completed, all clinical services will be delivered from Block A, Block B and the new Westaway Court.

The final stage of the project - up to 2026 - will be to:

- Decommission the existing hospital
- Demolish the existing 1980s block on the Parade to create a new main entrance
- Refurbish the Granite Block as offices
- Demolish the 1960s Block
- Landscape the area around the Granite Block to create a public space

Parking arrangements at the new hospital

Patriotic Street car park is being expanded in plans for the new hospital. There will be a redistribution of parking spaces so that hospital patients and visitors will find it easier to park.

There will be direct access to the new hospital from Patriotic Street car park.

There will be drop off zones outside the front entrance to the new hospital, and outside Westaway Court.

Will the planned new hospital be big enough?

Yes, it's designed to be able to expand according to predicted need and to provide services to 2065. Beyond that it's difficult to plan because of changes in technology.

Will the new hospital have enough beds?

Current plans include an additional 50 beds - a fifth more than the current hospital. The future demand for beds has been carefully modelled against the changing needs of the island population as it gets older.

The number of beds is only one part of the equation for the hospital's capacity to meet demand: it's also about how quickly patients are treated so they can go home, and about ensuring that vulnerable patients can be moved into community care. Hospital beds should only be used for patients that need to be in hospital.

Current plans also include 24 beds in a private patient ward. In an emergency, these can be brought in to general hospital use.

Will people still need to travel off island for certain scans and medical procedures when the new hospital is built?

Yes, some treatments will always need to be provided off-Island (heart surgery, neurosurgery, complex cancer surgery, complex children's surgery and so on). We only undertake surgery in the Island where it is safe and affordable to do so. The cost of setting up specialist services in Jersey, the relatively small number of patients and the consequent inability to recruit and retain specialist clinical staff means we can't treat all conditions.

As we are not part of the NHS, it treats us like any overseas service and can charge up to 50 per cent more than it charges for UK patients. This does not represent good value for money.

Finally many treatments that could be provided off-island are not suitable simply because many elderly patients find it practically difficult to make the necessary journeys. There is a risk therefore that they might choose not to access treatments if they were only provided off-island.

Why does the hospital need to be so big?

The hospital needs to be as big as needed to be safe. A general hospital contains a minimum range of services to function safely. For example, if a hospital has an accident and emergency department it also then needs to be supported by an x-ray department, CT and MRI to be safe.

Patients arriving by ambulance following a car crash may need surgery to stop bleeding or stabilise fractures. Women in labour may need emergency caesarean sections to save their lives and that of their baby so operating theatres are needed.

Why do we need a large hospital if Health and Community Services is planning to provide more services in the community?

Without more services provided in the community the hospital would need to be much bigger than the one currently planned. The size and safety of the hospital relies on the partnership between hospital and community services. Clinically complex services will be provided in the new hospital. More services will need also to be provided outside the hospital. It is not one or the other.

Why can't we have a smaller emergency hospital like Guernsey or share hospital services?

The current hospital plans are based on retaining and where possible, improving our current standard of emergency care.

Jersey's emergency department has about 40,000 attendances each year. Emergency care is provided 24/7 by hospital consultants not GPs. This is possible because of the larger population in Jersey and our ability to attract top quality medical staff who are able to provide treatments that the people of Guernsey have to travel to the UK for. Government is looking to share some hospital services in the years ahead. There are opportunities to do so (for example in relation to the recruitment of some scarce medical staff, opportunities presented by telemedicine and so on). There are however challenges in that Jersey and Guernsey have different health and social care legislation and governance processes.

Why can't we refurbish the existing hospital?

Health and Community Services has looked very closely at the possibility of refurbishing the General Hospital but there are such fundamental shortcomings in the current hospital that there is a limit to how beneficial it would be to spend money on it. For example, converting existing wards to provide more single rooms would lead to the loss of so many beds that the

hospital would not be able to function safely. Other disadvantages include:

- Refurbishing a hospital while operating it at the same time creates significant clinical risk (dust, noise, vibration, asbestos removal, infection risk and so on) - certainly more than constructing a new building nearby.
- The hospital runs 24 hours a day, seven days a week. It is risky to turn off parts of the hospital.
- It takes much longer (over 10 years) as it would need to be done in phases so it is more expensive to refurbish a hospital over a prolonged period.
- Refurbishing some parts of the hospital will not enable us to meet modern standards. For example, it would not be possible to refurbish the Parade Block to modern standards with more single rooms because the building columns would be in the wrong place.
- A refurbishment would involve moving the departments around the site while the work was going on. It would mean Jersey would spend a large amount of money without the benefit of starting from scratch and designing it to new, modern health standards.
- Refurbishment is much less attractive to the firms who have experience building hospitals and who therefore either charge more to build (to account for the added risk) or do not bid for the work in the first place.

Why is the catering unit being moved out of the hospital?

The kitchen facility at the General Hospital has evolved in a piecemeal way over a long period and requires constant maintenance to ensure high standards of hygiene and cleanliness.

The move to a purpose-built site in St Peter means the new unit will be able to continue to provide 1,500 to 2,000 meals per day for a range of services across Health and Community Services such as Overdale, Sandybrook and Meals On Wheels, and it will have capacity to expand to meet the needs of the ageing population in the future.

When the new hospital is completed, patients will be able to order their meals electronically in a way that will help more patients and provide a more effective service.

The over-arching aim is to deliver safe, appetising, nutritious, cost-effective and appealing food from the new location at St Peter.

What will be the height of the new hospital?

The highest point will be 34 metres - lower than the current Parade block which houses the existing inpatient wards.

The environment

Why does the planned new hospital need such a big footprint?

The ground floor of modern hospitals needs to contain a number of departments to maximise patient safety. For example, the emergency department is always on the ground floor. This then needs supporting by x-ray, CT and MRI imaging facilities.

You also need a reception area and corridors needed for patients, staff and visitors to get around.

What impact would flooding in the area have on the new hospital?

The project team has considered the risk of flooding to south-west Gloucester Street. This is set out in the [Flood Risk Assessment and Flood Modelling Report](#) as part of the planning application. In summary, in extreme weather, modelling indicates that the only area that could be affected would be the hospital building on the corner of Gloucester Street and Newgate Street.

The construction and design of the building, and of healthcare services more widely, will take account of this careful and comprehensive analysis. As with all elements of the new Hospital project, in the event of flooding, our designers are certain that patient and staff safety won't be compromised.

What is the geology of the local neighbourhood?

From the available geological mapping, the Jersey General Hospital site is underlain with superficial deposits of Blown Sands. This overlies alluvium comprising of organic silts and clays, often with lenses and layers of coarser grained material, especially towards the base. The solid bedrock geology underlying the site comprises the Jersey Shale Formation (JSh) across most of the site, comprised of mudstone, sandstone and grit. Outcrops of the St Johns Road Andesite (JA) of the St Saviour's Andesitic Formation is anticipated beneath the superficial deposits across the far north-western corner of the site.

What influence does this geology have on the transmission of vibration in the neighbourhood?

Vibration transmission is, to a small extent, influenced by the geology, but the greater influence on the reduction of vibration with distance is geometric attenuation i.e. the spreading of the vibration energy over an increasingly large wave front as the vibration propagates away from the source.

The predictions (published at a previous neighbourhood forum) are based on empirical data obtained on a variety of sites with different geology. They are therefore likely to include ground conditions sufficiently representative of the conditions at the hospital site to ensure that the predictions are valid. In particular, given the small distances between the works and the surrounding buildings, any effect on the predicted vibration (due to attenuation due to geological conditions) would be negligible.

Financial information

How much is the planned new hospital estimated to cost?

The project budget for a full service general hospital is £466m. This includes:

- Carrying out a comprehensive assessment of a number of sites on the shortlist which is industry-standard best practice in large capital projects
- Buying the required land
- All related relocation work
- Building the hospital
- Enabling works
- Road improvements
- Refurbishing the granite building
- Demolishing the 1960s and 1980s buildings
- The cost of renting accommodation for health care workers until 2020
- Professional fees
- Building one additional deck on the car park
- Contingency costs

It also includes expected price increases for the next six years.

How is Jersey going to pay for the new hospital?

It's made up of:

- £168m rainy day fund
- £23m savings
- £275m borrowings

Why are hospitals cheaper to build elsewhere?

Three questions must be considered when comparing costs with other hospitals:

1. What type of hospital is being built? Does it provide the same services we have in Jersey? Jersey is planning a hospital that has a full range of general hospital services for an ageing population until 2065. Many UK towns do not have such a mix of services. A larger jurisdiction might split services between two or three hospitals and ask patients to travel further for certain specialisms.
2. Where is it being built? Building on an island is generally more expensive than building on a larger land mass.
3. When is it being built? This project is based on opening a new hospital in 2025 and the costs include project and build costs, and estimated inflation costs for the next six years. A comparable hospital that has already opened will have been built at the lower prices that applied at the time.

It's also worth noting that building costs in Jersey are conservatively estimated to be 24 per cent higher than the UK.

Detailed cost assessments have been carried out on the new hospital budget to standard guidelines, overseen by experts who have costed many new hospitals. See the assurance review of costings here: <https://www.futurehospital.je/concerto-report-published-1-october-2018/>

How much money has been spent on planning and designing the hospital to date?

Building a hospital is a major and complex project with a number of smaller projects that have to be delivered in a co-ordinated manner. Since the project was approved, the following work has been carried out:

- Detailed planning for relocation work that will enable construction to start on the preferred location
- Design work on the new hospital
- Detailed studies into the transport and environmental impacts of the project
- Extensive engagement with stakeholders and potential contractors
- Development of the planning application
- Preparation and completion of the Outline Business Case
- Development of service plans and an Acute Service Strategy
- Detailed studies on the capacity needed in the new hospital

The total expenditure to date is £34.9 (to September 2018), Of this, £25.6m is from the original overall new hospital budget of £466 million.

£9.3m was for work connected to earlier schemes, including the Overdale site. Before the current site was chosen, changes and improvements were made to a range of health care functions and facilities as part of the wider hospital site selection process and funded as part of the Future Hospital project. Examples include:

- Relocation of some services based at Overdale to Eagle House
- Improvements to Eva Wilson building at Overdale
- Improvements to William-Knott Poplars building
- Asbestos removal at Overdale

Some money from a different budget was also allocated to fund a backlog of maintenance work to keep the current hospital facilities in a decent condition while plans for a new hospital were progressed.

What assurance is there about the selection process and costings? Has anyone independent looked at this?

The selection process and costings have been independently assessed and assured by, among others, two Scrutiny panels, and Scrutiny's independent advisors,

Concerto<<https://www.futurehospital.ie/wp-content/uploads/2018/10/180503-Future-Hospital-Assurance-Report-FINAL-v1.0-Issued.pdf>>. This is all a matter of public record and the information is available on the Future Hospital website at www.futurehospital.ie and [the Scrutiny website at https://statesassembly.gov.ie/scrutiny/Pages/default.aspx](https://statesassembly.gov.ie/scrutiny/Pages/default.aspx).

What properties does the States need to buy for the new hospital?

The following properties need to be acquired:

- Stafford Hotel
- Revere Hotel
- Sutherland Court
- 44 Kensington Place (acquired in two parts on 15/12/2017 and 23/02/2018)

The total area of these properties (i.e. footprint) is identified as 4,028 square metres, but will be confirmed as the individual properties are acquired. The cost of acquiring these properties will be contained within the overall approved £466 million project budget. £10.5 million has been allocated within this budget amount for these acquisitions.

Further information is available on p78 of the Outline Business Case which is in Appendix B

(electronic page number 128) of 2017/P107

<https://statesassembly.gov.je/assemblypropositions/2017/p.107-2017.pdf>

How will the acquisition of properties in Kensington Place work?

Our first step is always to make contact with all the owners and occupiers of the properties to explain the project and understand any concerns they may have and how we may improve the scheme for them.

We have taken professional advice on the value of acquiring the additional properties in Kensington Place. This will then be the subject of a private negotiation between the owners and the States of Jersey.

It is not our intention to use compulsory purchase unless absolutely necessary but these powers may be enacted if a fair value cannot be agreed. We will continue to work with the owners over the coming months to try to ensure these negotiations are settled to give certainty to them and their occupiers so that they can plan for the future.

What properties have been acquired to date and what is the cost of these purchases?

On 23 February 2018 the States bought 44 Kensington Place (Aroma's Restaurant) with a maisonette flat above it. The flat was acquired by the Public on 15 December 2017 for £380,000. The commercial unit was acquired on 23 February 2018 for £425,000.

Contracts for the purchase of land are kept in the Public Registry. The Public Registry may be searched by anybody for free during office hours at the Judicial Greffe, Royal Court House, Royal Square, St Helier, or at Jersey Archive, Clarence Road.

Public Registry

<https://www.gov.je/Government/NonexecLegal/JudicialGreffe/Sections/PublicRegistry/Pages/RegistryServices.aspx>

Property Holdings is in discussions with the owners of the other properties identified for acquisition in the outline business case <<https://www.futurehospital.je/wp-content/uploads/2016/11/OBC-Final-Issue.pdf>>, specifically the Stafford and Revere Hotels and Sutherland Court.

Where is the funding coming from for property purchases for this project?

Funding for the properties currently acquired came from the Consolidated Fund as part of the 2014 Budget allocation to the Future Hospital Project. Future acquisitions will be contained within the overall £466 million budget.

What are the ongoing weekly costs being incurred by the project management team and others?

The spend on the project varies week-by-week so it is not possible to provide a figure that represents weekly 'ongoing cost'. Costs include consultants and advisors fees, enabling works, and project overheads, all of which will be contained within the overall allocated budget of £466 million.

How much money would need to be spent on the existing hospital to keep it safe?

There is a backlog maintenance programme of approximately £65m worth of work. Doing the minimum required would not make the hospital fit for future healthcare and is considerably more expensive than the current scheme over the proposed life of the hospital. You can read more about this in the [outline business case](#).

Has the running cost of a planned new hospital been taken fully into account?

Yes, both the cost of building the hospital (the capital cost) and of running it (the revenue cost) have been examined in the [outline business case](#).

Jersey's annual health budget is more than £200m. A new hospital will save on annual running costs. Based on the forecast demand for services, building the current scheme will save more than £13bn over the next 60 years.

Why doesn't Jersey have a private hospital or privatise some services to reduce the cost?

There is not enough private work in Jersey to build a bespoke private hospital. There is an opportunity to build on our current private services. Advisors say that private medical treatment in partnership with public provision is the best model for Jersey and will enable the Island to offer a range of choices for all Island residents - some who might choose private care and others who do not.

Health and Community Services is committed to providing the best value for the services it offers. Where the independent sector offers better value (for example in the provision of out of hospital services for patients who would otherwise need to be in hospital, some support services and so on) such possibilities will always be explored.

Construction

What early and enabling works have been carried out?

- Survey of the condition of hospital drains

- Water monitoring - ground investigation boreholes have been drilled and monitoring wells installed. The boreholes have provided information on the ground and rock conditions for the design of the future hospital. In the next few weeks, water levels will be monitored in the wells and water and gas samples will be taken for analysis.
- St Elmo - 2-4 Kensington Place. Soft strip ahead of decision on planning application requesting permission to demolish the former staff accommodation and construct an electricity sub-station to replace the existing oil-fired boilers for the General Hospital and benefit surrounding properties.
- Purpose-built catering unit at St Peter's technical park. The existing kitchen at the General Hospital is old needs replacing with a purpose-built facility. The work will take 34 weeks and is expected to finish in January 2019.

Will construction work be carried out in the same building that patients are being treated in?

No.

How much noise and dust will be generated?

The constructors will be using all available modern techniques to minimise the impact of noise and dust.

Some of these techniques include equipment that deconstructs buildings in a moderate way will be used to crush walls and floors which reduces both noise and dust.

Damping methods can be used to contain the dust and the whole buildings site will be 'wrapped' to shield the surrounding area from the majority of dust.

How will construction work affect people living and working nearby or in the current hospital and how it be managed and minimised?

Large projects are built in busy urban areas on a regular basis. Great Ormond Street Hospital, Royal London, and St Bart's have all been redeveloped in London without significant disruption. However, it is not possible to construct buildings of this size without some disturbance.

This project will use similar comprehensive traffic and transport, noise and dust monitoring and mitigation to those used on large urban projects in the UK to ensure traffic keeps flowing, and people's everyday arrangements are disturbed as little as possible.

Construction disruption will be reduced through the use of modern techniques for limiting dust and noise. The project will use some preassembled modules, and carry out crushing and recycling off site.

Disruption and risks will be communicated and managed effectively by working together with

hospital and other healthcare staff, technical experts with substantial experience of developing hospitals, and wider stakeholders.

How will people be able to get in touch out of hours if they have concerns about construction disruption?

Living and working next to a large building site will be difficult at times and the project team will do everything it can to reduce noise and disruption. There will be an agreed procedure for neighbours to contact the site liaison and it will include a 24-hour hotline for reporting any issues.

If the planning inspector approves the outline planning application, one of the conditions of approval will be that the project team will have to develop and get approval for a Deconstruction/Construction Environmental Plan (D/CEMP) which sets out what you can expect from the contractors. The local community will have input to this plan early on and agreed measures will be included in the plan to ensure minimal disruption.

Noise monitoring, careful traffic management, and the appointment of someone to take calls and respond to concerns will also help.

Many properties in Kensington Place are historic properties. How will builders safeguard these during construction?

The project team has looked at the risk to property in the area as part of the planning process for the project. The predictions of likely vibrations from nearby construction work are based on extensive work that's been done using a wide range of real-life examples and which is set out in British Standard (BS5228 Part 2 2014) <<http://bailey.persona-pi.com/Public-Inquiries/A465-English/14%20-%20Noise%20and%20Vibration/14.2.4%20-%20BSI%20BS5228-2-2009%20Code%20of%20Practice%20for%20Noise%20and%20Vibration%20Part%202.pdf>> and other published guidance and information. Our studies concluded that the potential risk of structural damage is considered to be very low.

What building condition reports will be completed as part of the project and by whom?

External building condition surveys will be carried out at a number of properties around the hospital area. Where it is considered necessary, and subject to agreement with each individual premises owner, we will also carry out internal surveys. All condition surveys will be made available to the resident / premises owner once completed. A Jersey-based Royal Institution of Chartered Surveyors (RICS) accredited surveying company is being commissioned to carry out the surveys.

What monitoring, recording and reporting will be carried out?

The Future Hospital team is currently finalising the monitoring strategy for the construction works. The project team will work with a specialist in this area who will visit the site to help develop the strategy. We will share the proposals with stakeholders as soon as they are available and before the monitoring strategy is put in place. The monitoring strategy is likely to include provisions for acoustic, vibration and air quality monitoring.

What will be the procedure for reporting and recording damage/complaints/disturbance?

If someone believes damage has occurred to their property or they have a complaint due to contractor disturbance, they should report it to the project's community liaison manager. This person will be appointed before any major construction work begins. The community liaison manager or their designate will be contactable at all times.

Will there be a procedure for issuing a 'stop work' order?

If a member of the public is concerned about an activity being carried out by any contractor they should contact the community liaison manager or their designate. The community liaison manager will assess the issue and, if necessary, contact the project construction team and instruct them to stop working.

Will the States pay any compensation for business interruption and loss of peaceable enjoyment?

No. We appreciate that living and working next to a large building site will be difficult at times and the project team will do what it can to reduce noise and disruption. But it's not in the wider public interest to give money to individuals inconvenienced by the provision of public services and infrastructure.

If the planning inspector approves the outline planning application, one of the conditions of approval will be that the project team will have to develop and get approval for a Deconstruction/Construction Environmental Plan (D/CEMP) which sets out what you can expect from the contractors. The local community will have input to this plan early on and agreed measures will be included in the plan to ensure minimal disruption.

Noise monitoring, careful traffic management, and the appointment of someone to take calls and respond to concerns will also help.

What are the insurance arrangements to cover project-related damage caused to properties in the neighbourhood?

In the event of construction-related damage, liability will be apportioned by the loss adjusters appointed by the insurers providing cover under the contract.

How is liability for construction-related damage apportioned?

In the event of construction-related damage, liability will be apportioned by the loss adjusters appointed by the insurers providing cover under the contract.

What is J3?

J3 is the pre-construction advisors on the Future Hospital project. It is a joint venture of three companies: Sir Robert McAlpine, FES and Garenne. The first two are large UK companies with significant experience constructing hospitals. Garenne is the parent company of a local building and civil engineering contractor with experience of significant schemes on the island.

J3 has been employed by the States of Jersey under a professional services contract (rather than to deliver the main building works) to provide advice to the design team on construction sequencing and methods and programme.

Pre-construction advice is the norm on large projects to reduce risk and improve out-turn costs. The appointment was made following a tender process on the Jersey procurement portal.

Traffic

How will traffic around Kensington Place and Street be affected by construction?

There are three main ways traffic on Kensington Place and Kensington Street will be affected by the hospital construction plans:

- Changes to various junctions so construction vehicles can come and go more easily
 - This work will be completed before any of the construction work begins
- The demolition of properties on Kensington Place
- Constructing the energy centre at St Elmo and Building A.

It's estimated that at the busiest period, during construction of the hospital basement, there could be up to 84 vehicle movements a day. This will affect residents of Kensington Place, but the contractor will be working to reduce the impact of traffic, by, for example limiting speeds, scheduling vehicle movements, etc.

Will there be road closures?

Yes, for a temporary period when builders are demolishing properties in or near Kensington Place.

Even if there is a road closure during working hours, it's hoped to be able to maintain a lane width for emergency access and access to premises. The project team is also looking at whether traffic may be allowed to access Kensington Place out of working hours.

Any road closures would only be needed for reasons of health and safety - as is usual with many construction projects in Jersey, whether public or private.

We recognise that traffic changes may be disruptive to the residents of Lewis Street - for this reason, any diversion will be kept to an absolute minimum and we will give plenty of warning.

You can see the assessment of the environmental effects of demolition and construction traffic in the [Environmental Impact Statements](#) in the Outline Planning Application, available on the planning portal.

How will access to Kensington Place/Street be affected? How will householders, workers and customers still be able to get to and from the area?

Access to businesses and residences on Kensington Place and Kensington Street during site working hours will be arranged through the contractor. The project team is currently developing the proposals for site hoardings, but it is hoped that a laneway of Kensington Place will be open outside of site working hours.

Is pedestrian traffic likely to increase in Kensington Place when the hospital is finished?

It's not expected to increase because:

- The planned new hospital is on the same site as the existing general hospital
- There is no direct pedestrian access into Block A of the new hospital from Kensington Place
- There will be pedestrian access into the hospital from an extended Newgate Street

Some footpaths on Kensington Place next to the hospital will be widened, but under the outline plans submitted, the hospital won't be pulled back from the edge of the existing footway. The building parameter fronts the edge of the footpath on Kensington Place.

Community

What are your contact details?

Email futurehospital@gov.je

Phone +441534 447862

Website futurehospital@gov.je

Many of the current buildings in Kensington Place contain external lighting. How do plans for the part of the new hospital building on Kensington Place ensure the area remains well-lit and safe?

The Future Hospital team has consulted the highways and street lighting sections of Growth, Housing and Environment. Any existing street lighting removed as part of the Future Hospital works will be replaced and in addition, we plan to design a new and improved lighting scheme for the street.

Will there be additional noise from sirens if ambulances are rerouted during construction?

Ambulances will continue on their existing routes until the new emergency department is open in 2025. When the new hospital is operating some ambulances will approach from Kensington Place and the change isn't expected to have a significant impact on noise levels from sirens. See more about this in [Paragraph 6.112 \(page 6-32\) of the Environmental Impact Statement](#).

How are you informing people about progress?

An important aspect of developing plans for a new general hospital for Jersey has been to develop a direct relationship with different groups of Islanders who want information and an opportunity to be involved in and influence the project. This includes hospital staff, people living and working near the hospital, neighbourhood business owners, hospital users, and the wider public.

We publish regular updates on our website and in a monthly newsletter. We also provide information on our [Future Hospital Facebook](#) page and in a display in the main hospital entrance. There is a monthly meeting for neighbours / businesses to attend and staff are kept informed with e-bulletins and in their team meetings. Presentations and notes from the forums are published on gov.je.

Engagement in 2018 has built on the strong involvement with stakeholders over the lifetime of the project, which has involved hundreds of events, meetings and drop-ins at the hospital and in the community. These ranged from attendance at informal car boot sales, community

group meetings and fetes, to formal staff presentations. The project team also regularly engages stakeholders through States of Jersey social media platforms and through displays and leaflets about the scheme in public buildings.

How do you let hospital staff know about progress?

The Future Hospital team has a number of regular meetings with staff, including a monthly meeting with senior clinicians. Each Monday, staff are sent an e-bulletin with updates on general Health and Community Service news, and this includes updates on the new hospital. We also run drop-ins for staff.

Since the start of the year more than 50 meetings have been held with clinical staff to determine their needs concerning the clinical design of the new hospital.

The site

What are the advantages of building a new hospital in St Helier on the current site, Westaway Court and Kensington Place?

The current site came out as the best for patient and staff access, planning and political considerations, visual impact, parking and transport, and crucially, patient safety and wellbeing. Specifically:

- People live and work in and around town
- Most calls for an ambulance come from the town area
- The road network and bus routes converge on St Helier
- Approximately 30 per cent of staff, patients and visitors walk to hospital
- There is an existing car park
- The required utilities - electricity, water, gas - already exist
- This is a significant investment in the regeneration of St Helier and will provide public facilities in the area

41 sites across Jersey were considered for a new hospital. See this work at <https://www.futurehospital.je/selection-process/>.

Would another site, away from an existing hospital, be quicker, cheaper and easier to build?

The hospital is costed on a price per square metre and it is therefore the size of the hospital, not its location, which determines the budget.

You can't lift and shift the design for one site to another site. Hospitals built elsewhere would have similar behind-the-scenes work before the visible building starts. Having a 'clear' site

does not mean that these earlier phases can be skipped. Any building project has to complete the same process as has been necessary for the current site, as outlined above. In terms of cost, an estimated £10m worth of work on the current preferred site is transferrable to a new preferred site.

What are the implications if another site was chosen?

To get to where we are currently:

- The States Assembly would have to agree a proposition for a new feasibility study on another site and instruct a professional team.
- New plans and a programme of works would need to be drawn up that would take account of planning policy and clinical design.
- The States Assembly would need to approve the site, outline business case and funding.
- An outline planning application and public inquiry would need to be completed, followed by tendering and procurement for goods and services.
- The Scrutiny and approvals process would need to be repeated.

Has the States entered into any kind of agreement with a third party to sell St Saviour's Hospital?

No.

Why was the St Saviour's Hospital site rejected? Is there still the option to revisit that site?

St Saviour's hospital was considered in 2012. It was not shortlisted for a number of reasons:

- The location, as it stands, would not cope with the demands of a general hospital. It would need a huge investment in electricity and water supply, roads and drainage.
- The junction at Five Oaks would need to be analysed to see if it could cope with the extra traffic - up to 200,000 vehicle movements per year. Upgrades may be required.
- Most islanders live and work in and around St Helier, so most emergencies happen there.
- 30 per cent of people who use the current hospital (patients, visitors and staff) walk to it. They would need transport. A shuttle bus might help, but many people would choose to drive. A 500-space car park would be needed which would be largely unused at weekends.
- The building and grounds are listed so the area available to build on is much smaller than it seems. Queen's Farm next door is also listed.

- Hospital staff are concerned about the safety of patients in an emergency as it would take an extra nine minutes in a 'blue light' ambulance to get there from the centre of St Helier. For people having a heart attack or a stroke every minute counts.

Why was Warwick Farm ruled out?

This site is in the Green Zone where development is severely restricted. A third of hospital users walk to their appointment, so many people would need public transport or would make extra car journeys. It would require a large car park, and upgraded roads, sewers, electrical, and water supplies.

Why was the Waterfront ruled out?

The Waterfront was considered in April 2015. Building the hospital there would have a negative impact on the rest of the Waterfront developments, which are intended to generate income for the Island. It would also breach the Island Plan.

In addition, a planning inspector has said that the scale of the building required would not be acceptable because of the impact on its surroundings.

Why wasn't the People's Park chosen to build a new hospital?

People's Park was a strong site, for technical reasons, when compared on a 'like for like' basis with other options. However, in February 2016 there wasn't enough political support to continue with a planned public consultation.