

From: Brigadier B J Willing CBE

Gros Etacs
La Grande Route des Sablons
Grouville
Jersey
JE3 9BB

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Telephone: 01534 856673
Mobile: 07797 712481
E-mail: bruce.willing@yahoo.com

Scrutiny
Morier House
Halkett Place
St Helier
JE1 1DD

Dear URE Scrutiny Panel,

Review of the Future Hospital Preferred Access Route to Overdale

Thank you for your opportunity to comment on the specifics described in your URE Hospital Review Panel Press Release dated 4th January 2021.

I write as the recent Chairman of the Friends of Our New Hospital Group, acting now as an expert witness to that Group having been closely involved the Group's representations over the Future Hospital (FH) project, including the two Planning Inquiries and having led the Group since the inception of the Our Hospital (OH) project until 30th November 2020.

Introduction

The OH Project has been and remains shrouded by a lack of public information, covered by four essential Reports and Propositions:

- P114/2020 – 493 pages – The Jersey Care Model (JCM)
- P123/2020 – 300 pages – The Overdale Site Selection
- P128/2020 – 9 pages - Our Hospital Project: Acquisition Of Land At Overdale
- P 167/2020 – 115 pages – The access study into the Overdale site, as required by the acceptance of Amendment 2 to P 114/2020 made by the Connétable of St Helier.

It is for consideration by the Panel that the length and complication of these essential documents is there for the information of those who have the time and energy to read them, or simply there as obfuscation in the knowledge that the politicians voting for these Reports and Propositions will have neither the time, nor the inclination to read them, or if they do, to ignore all but the opening preamble, which again run into many pages:

- P114/2020 – 493 pages – The Jersey Care Model (JCM) – with a single page of preamble followed immediately by 492 pages of report.
- P123/2020 – 300 pages – The Overdale Site Selection– with a preamble of 15 pages.
- P129/2020 – 9 pages (the only exception)

- P 167/2020 – 115 pages - with a preamble of 11 pages.

The JCM

On page 3, paragraph 1.6 of P123/2020 is the statement: *“Therefore, whilst the proposed JCM will inform the development of the functional brief for Our Hospital, it will not define the clinical and non-clinical design requirements.”* That is simply not true. There is no clarity within P114 over what type of hospital the OH will be. Yet, as departments and services close or reduce within the General Hospital (e.g., Samares Ward, physiotherapy, dressings clinic, etc.) it is clear that the central aspiration of the DG HCS is to have an acute, rather than a general hospital. To that end P114 is full of aspirations to reduce services, as shown at Annex A, which was sent to all politicians immediately before the JCM debate on 3rd November 2020.

Perceived Urgency

The urgency perceived or otherwise, of the publication of P167/2020 covering the approach routes to the proposed Overdale Hospital site for the Our Hospital (OH) project is essentially false, as at paragraph 8.3 of P123/2020 Senator Farnham, is allowing six months between the submission of the full planning application “in the autumn of 2021” “with a view to achieving Planning consent in Spring 2022”.

P167/2020

P167 is all about the access to the Overdale site during the demolition and construction years of the OH project. It has little to do with the operational access to the OH once the OH is open, as there has never been issues over access to Overdale, even when it was Jersey’s isolation hospital in the 1960’s and when, subsequently, it became essentially an agency hospital for those services, including the Samares Rehabilitation Ward, that could not be, or no longer be, accommodated within the Gloucester Street General Hospital. Indeed, there is a plan to decant the existing services at Overdale into the empty original Quennevais school, possibly on a permanent basis, as a part of the development of the JCM, thus creating a two-site hospital.

The Panel should call for the OH Clinical Consultant, Professor Ashok Handa, to describe the OH functional brief (yet to be published, having first been promised to be published in “July 2020” by the OH Project team) and his decant plans for Overdale, as a part of its overall investigations of the Overdale accessibility options, as a two-site OH will have implications for the operational traffic flow if and when the OH opens at Overdale.

The P167 Arup report

The accompanying Arup Report to P167 is as detailed as it is vague. It is a desktop exercise with an accompanying set of matrices on pages 113 and 115 that are essentially indecipherable as they are printed in about font 5.

The central issue, that is not addressed directly in P167, is the need to take out the two hairpin bends above the Jersey Bowling Club on Westmount Road and widen the rest of Westmount Road up to the site entrance for the demolition and construction phases of the OH project. Pages 90 to 94 of the Arup report illustrate their proposal – and its fundamental flaw.

However, the Panel should note that in Annex 2 of P129/2020, there appears to be an acknowledgement of the need to change the hairpin bends into a sweeping bend. It is a shame that this proposal was not reflected by Arup in their report accompanying P167/2020.

The easy option is illustrated on pages 85 and 86 of the Arup report, which proposes a route through the King George V (KG V) Homes. If taken a step further, this would allow the construction of a multi-storey car park against the slope to the immediate east of the KG V Home route proposal, thus negating the current proposal to put car parking in the field opposite Samares Ward, immediately overlooking the Dandara development of the quarry site below. This, in turn, would negate any further widening of Westmount Road above Hangman's Hill corner.

The option described by Arup on pages 80 to 89 shows an extension of Westmount Road across the front of the existing housing. There is an existing windy path along the proposed route leading effectively from opposite Hangman's Hill. Building a two-lane road across the edge of a precipice in front of existing housing is simply inconceivable.

Rather than examining the vague nature of the Arup proposals on blurred maps, the panel should use Google Earth, which now has up to date satellite photos of the whole area. The panel will then be able to assess fully the flaws in the Arup thinking, that, as with so much of the OH project, are simply there to support the status quo.

As is utterly predictable in P167, in support of the juggernaut that is the OH project, is that the proposed status quo is the best option. It is not.

I recommend that the Panel calls for Andium Homes, the current owners of the KG V Homes, to discuss the feasibility of re-locating the residents of the KG V Homes, as it is my understanding that these homes, nice as they are, were built following WW1 and are difficult to maintain in the 21st century, let alone to become energy efficient.

Westmount Road

The principal issue confronting Westmount Road are the two bends above the Jersey Bowling Club. The proposed solution is to build a new road through the middle of that club. Again, the Panel should look at Google Earth, rather than the Arup proposal and it is clear that the current plan does not produce the answer, as it leaves in place the second hairpin, bend adjacent to Hangman's Hill. Bringing a new road to the immediate east of the Jersey Bowling Club would eradicate both bends, resulting in a sweeping bend below Hangman's hill and, as essentially a new road, also to include a heated road surface, as the geography of the height of Overdale on its rocky outcrop means it would be prudent to do so in order to guarantee 356 daily access once the OH is open.

If the plan to drive a new road through the Jersey Bowling Club is agreed during the debate on P167 On 9th February 2021, the very least that should happen is that the States should agree to fund the construction of a new Jersey Bowling Club elsewhere in St Helier, as a part of the overall funding of the OH project. Although the Club was founded in 1910, the ground is rented from the Parish of St Helier, which should be directly involved in the provision of a new Jersey Bowling Club.

Meanwhile, and understandably, the residents of Westmount Road and its adjacent off-roads, are very irritated by the clumsy way in which they were not consulted and, as with

the rest of the public consultation over the OH project, that consultation was regarded as a PR exercise, rather than listening and learning exercise. The net result is that it is an increasing probability that residents in the area will challenge the proposed Westmount Road development through the courts, thus delaying the OH project.

The Panel should include representations from these residents within its deliberations, specifically to cover both the residents' concerns and the implications for the OH project, described above.

Specific Responses to the Gathering of Evidence by the Hospital Review Panel

Q 1. Will you be affected by the proposed access route to Overdale? If so, how?

A. No. As explained above, there has never been an operational access issue with Overdale, even when it was an isolation hospital. The access issue is to cover the demolition of the Overdale site and the construction of the OH

Q 2. How do you think the access route will affect the homes, leisure facilities and surrounding areas and the overall impact on the landscape?

A. As described in the sections, above. It is the wrong answer to the access question. Furthermore, it will blight the whole of the Westmount Road residential areas and properties.

Q 3. Do you feel the plans offer easy access using bus, bicycle or walking and take into account appropriate sustainable methods of transport?

A. The question of "sustainable transport" is a political one. The reality is that Overdale sits at the top of a steep scarp. Only the fittest are likely to want to walk up it, cycle up it, or use it for any other form of foot or pedal access. If the States persist in building the OH at Overdale, then there has to be a regular and free, daily, early to late hours, bus service from Liberation Station to Overdale. There is no budget line in P123/2020 for any of the alternatives described in the Arup report accompanying P 167/2020.

Q 4. Do you feel the public were given adequate time to properly consider all the information provided by the States to engage properly in consultation?

A. There has been no effective public consultation over the OH project. The whole required public consultation process has been a PR exercise, including the much lauded 'Citizens Panel', representatives of whom, if necessarily anonymously, should be called to give evidence to this Panel. However, the panel needs to make its own choice of those representatives in order to avoid any chance of them being 'briefed' beforehand.

Q 5. Do you feel that any views of the public (whether minority or majority views) were adequately addressed by the Government of Jersey?

A. Absolutely not. The OH Project is being driven centrally within government, with minimal political understanding, or questioning through a completely compliant POG and C of M, the combination of which then blindly present reports to the States

Assembly, which, apart from a few members on the Scrutiny Panels, accept what is proposed.

Q 6. Was your voice heard?

A. There is no 'voice'. There is not even an OH website, despite one having been promised a year ago. There is no design brief (functional assessment in 'new speak') and therefore no public, let alone clinical, understanding of exactly what will be in the OH.

The Bottom Line

The site selection process was a farce and remains so. How the States Assembly believed it, let alone accepted it without even asking for a site development comparative costing is beyond me. Then, unquestioningly voting for the Overdale and ignoring the bureaucratic rejection of empty sites in States ownership that remain to this day large enough to construct the OH, including future expansion, and remain vacant, not even debating this, is the root cause of the Panel's investigations today and of a process that is, frankly, a scandal, one that will haunt the political process for years to come, once the public of Jersey recognise, through public information such as this Panel's report exactly what has been proposed in their name.

A handwritten signature in black ink, appearing to read 'Bruce Willing', with a horizontal line underneath.

Bruce Willing CBE
Brigadier

Annex A:

States Members - This is What You are Voting for On Tuesday 3rd November*

Service Reductions - This is What will Change in 'Our Hospital':

**All the figures below are taken from the P114/2020 The Jersey Care Model's 493 pages*

Reduced Unscheduled Care:

Reduced ED attendances by 10%

Reduced ED attendances for other reasons age 65+ by 18%

Divert some remaining ED activity to a new UCC. 65% of remaining ED attendances go to the UCC, taken from non-urgent and standard activity

Reduced Scheduled Secondary Care

Reduced hospital admission rates by 17%

Reduced mental health average length of stay to Getting It Right First Time (GIRFT) target of 34.6 days

Reduced bed days by 27%

Reduced length of stay for stranded patients (>7 days) by the equivalent of up to 25 beds
Reduced bed days by 65% for patients over 60 age with a length of stay of more than 7 days (excluding mental health)

Reduced Outpatient Appointments

Reduced physiotherapy outpatients 100% reduction in physiotherapy outpatient activity

Reduced Trauma and Orthopaedics outpatient's activity by 23%

Reduced ENT outpatients Reduce ENT outpatient activity by 12%

Reduced Ophthalmology outpatients' activity by 7%

Reduced Gastroenterology referrals activity by 20%

Reduced Gynaecology outpatients' activity by 32%

Move Community Dental Service outpatients to community dental Practices

Reduced Community Dental Service outpatient activity by 90%, all in age under 12

Reduced Outpatient Follow-up Appointments

Reduced Dermatology follow-up appointments by 12%

Reduced Cardiology follow-up appointments by 32%

Reduced Neurology follow-up appointments by 30%

Reduced General Medicine follow-up appointments by 35%

Reduced Thoracic Medicine follow-up appointments by 50%

Move Podiatry Education outpatients to the community

Reduced Podiatry Education outpatients by 100% (50% of total Podiatry outpatients)

Reduced Social Care

Reduced care home placements to England 3rd quartile

Reduced residential care placements by 50%

Reduced care home placements to England 3rd quartile

Reduced residential care placements by 46%

These reductions in service will fundamentally alter the New Hospital

Can You Justify This Level of Cuts to Your Voters?