



Policy Brief

Hospital

Table of Contents

Introduction	1
Summary	1
Hospital services – an overview	2
The policy framework in Jersey	4
History 2011-2021	5
Review by the 2022 Council of Ministers	8
Policy of the 2024 Council of Ministers	12
Further information	17

Introduction

The development of a new hospital for Jersey has been a protracted and costly issue and in itself a subject of political controversy. This brief provides an overview of hospital services in the context of healthcare generally, details the various proposal for a new hospital and summarises the current position. It draws heavily on published reports.

Summary

- Hospital services need to be viewed as part of a comprehensive healthcare system comprising prevention, primary care and secondary care. The balance between the various sectors is an

important policy area. A common view is that there has been an undue concentration on treatment rather than prevention.

- Responsibility for healthcare in Jersey is centralised. This facilitates a joined-up approach, but this is counteracted by a political system which makes decision-taking difficult.
- The States Assembly decided in 2012 that the existing hospital was inadequate and that a new one would be needed within 10 years.
- In 2016 a comprehensive study concluded that People's Park was the best site for new hospital. Strong local opposition led to its rejection as a possible site, with redevelopment of the existing site being preferred. The aim was to start work in 2017 and finish in 2022. However, planning applications for the redevelopment were rejected.
- Following a new site selection process, in 2020 Overdale was selected by the Assembly as the preferred site and expenditure of £805 million was approved. However, there was opposition on planning grounds and also concern about the cost.
- The new Council of Ministers, elected in June 2022, instituted a review. This concluded that the plan for a new hospital at Overdale was no longer affordable or appropriate and it recommended a phased development across two or more sites, including Overdale, Kensington Place and the existing hospital site at Gloucester Street. This was agreed by the States Assembly.
- In November 2025 the Government announced that three major milestones had been achieved: the selection of a preferred developer for the main works delivery partner role, the receipt of the project's planning permit, and the appointment of a local contractor for the development works at the site.

Hospital services – an overview

Hospital services cannot be viewed in isolation but rather need to be seen as a part of a comprehensive healthcare system comprising –

- Prevention to minimise the need for people to require medical treatment subsequently. Examples include vaccinations to prevent subsequent diseases, campaigns to tackle obesity and consumption of alcohol and tobacco, screening programmes to identify problems at an early stage, and encouragement of healthy lifestyles.
- Primary care, which for most people is the first point of contact when they have a concern. Doctors are the most visible part of a primary care system, also acting as gatekeepers for more specialised care. Other providers of primary care include pharmacies, opticians and dentists.

- Secondary care is provided in hospitals and other medical facilities and is usually accessed through a primary care provider. Typical services provided by hospitals comprise -

Emergency	Accident & emergency, trauma Care, ambulance services.
Surgical	Day surgery, intensive care, specialised operations (eg orthopaedic, cardiac).
Diagnostics	Radiology, pathology laboratories (blood tests, biopsies).
Maternity/Paediatrics	Ante/postnatal care, delivery suites, neonatal intensive care.
Outpatient	Specialised clinics (dermatology, ear, nose and throat, physiotherapy) where patients don't stay overnight.
Support Services	Pharmacy, occupational therapy, medical records, and mental health support.

The services can be provided in a single unit or in specialist units.

Services are also categorised as emergency or elective. Emergency services deal with unexpected events such as heart attacks and accidents and need to be provided relatively close to where the events occur. Maternity services also come into this category.

Elective procedures are planned medical treatments, including surgeries, that are not urgent emergencies but are scheduled in advance, like cataract removal, joint replacement, hernia repair and cancer treatment. Many elective procedures are highly specialised and require expensive equipment and facilities. It is not viable for every hospital to provide every service. It is common for people requiring elective procedures to be referred to a specialist centre. This both ensures that patients receive the best treatment and that services are provided efficiently. Jersey has arrangements with a number of specialist centres in England to provide procedures that cannot sensibly be provided on-island.

There are other important elements to a health service, in particular the use of drugs which can both help to prevent subsequent illness and to treat illness.

There is a tendency to look at the various parts of the healthcare system in isolation rather than looking at the system as a whole. There is probably general agreement in many jurisdictions that the emphasis has been more on treatment than on prevention. The evidence indicates substantial savings in public expenditure through prevention and early intervention rather than treatment. There is also scope to consider where the greater use of drugs could result in better outcomes.

The [Annual report of the Director of Public Health 2024](#) has the title “The case for prevention” and includes a comprehensive appendix analysing the cost effectiveness of spending on prevention rather than treatment. Following is an extract -

Prevention is great value for money. Multiple academic papers and reports from governments, think tanks and business cite preventative approaches as being effective, cheaper than treatment, with high average returns on investment. In many cases they are also cost-effective, i.e. they save more money than they cost. Preventing illness is approximately four times cheaper than treating it.

A 2017 systematic review assessed the returns on investment (ROI) of a wide range of preventive interventions. The average (median) ROI for primary prevention was 14.3 to 1. The average ROI for local level interventions was 4.1 (range 0.9 to 19.3) whilst the average ROI for national interventions was 27.2 (range -21.2 to 221). Interventions were also assessed by specialism. When looked at in this way, legislation was found to provide the best ROI, at an average of 46.5 (range 38-55). It's important to note here that return on investment does not equate to money saved. Rather, the figure gives an assessment of the value, in monetary terms, of a range of benefits resulting from the chosen activity.

The Faculty of Public Health (2020) reported that public health (i.e. preventive) interventions funded by the public health grant in England resulted in improvements in health that were about four times cheaper (£3,800) than the equivalent improvement when delivered by NHS treatment services (£13,500).

The Office for Health Economics recently produced a report that summarises and combines much of the academic evidence. The report highlights “the broad societal benefits achievable through a well orchestrated prevention strategy” In other words, public health spending is excellent value for money.

Tackling health issues in a comprehensive way is also complicated because there are different providers and policy-makers. In the UK for example, social care is the responsibility of local authorities while healthcare is the responsibility of the national government. Pharmacies are often regulated with the silo approach rather than being considered part of an overall health service.

The policy framework in Jersey

The points made in the previous section apply in almost all jurisdictions, Jersey being no exception. There is scope for any jurisdiction to learn from

others although in Jersey there can be a view that the Island needs something that is specific to it.

Jersey does have an advantage in that for example a single government has responsibility for most, although not all, aspects of the health service and is therefore able to take a joined-up approach. However, the nature of the Jersey political system makes a joined-up approach on any issue difficult. There is no collective responsibility in the Council of Ministers, there is in effect a new government every four years, or more frequently if there is a change of Chief Minister. Planning policy and practice and the role of parishes can frustrate policies agreed by the Council of Ministers.

These issues have resulted in a protracted process in the development of a new hospital at substantial cost to the Island through abortive expenditure and the maintenance of facilities that are not fit for purpose. There has also been a concentration on building the hospital as an issue in its own right rather than discussion of wider health issues as identified in the first section of this paper.

A significant part of this paper sets out the history at the hospital issue as it is an important case study of the operation of the political system in Jersey.

History 2011-2021

The starting point for the development of a new hospital was in 2010 when the Health and Social Services Department embarked on a review of health and social care in Jersey. This led to a consultation paper [Caring for each other, Caring for ourselves](#) in 2011. This was followed by a further consultation in 2012. The consultation report included the following on the hospital –

There was overall agreement within the consultation that investment is urgently required as current facilities are not fit-for-purpose. Opinion was divided as to whether, for the hospital, this should be a new build or a redevelopment of existing facilities. However, these comments were often linked to concerns about funding.

The substantive policy report [Health and social services – a new way forward](#) was published in September 2012. The report described the then current arrangements as unsustainable and that doing nothing was not an option. The section on the estate said –

The buildings from which services are provided are deteriorating and in many cases are cramped and do not meet modern standards. Space allocation on wards is about half of what would now be expected for the number of beds. The configuration of six-bed bays

is not consistent with the requirements of infection control and does not promote privacy and dignity for patients.

The hospital has developed over many years, and as a result, some Departments are not ideally located. This can lead to inefficiencies in the way care is delivered, for example due to the distance between areas that should work closely together. The hospital requires complete refurbishment and redesign or rebuild in the next decade, and other facilities e.g. Overdale also require refurbishment and upgrading. Some facilities have deteriorated to a point where they have required closure and complete refurbishment e.g. Clinique Pinel.

In the section on the implications of doing nothing the report said –

The **hospital** will quickly cease to be sustainable:

- As emergency or unplanned admissions increase and lengths of stay increase, hospital beds start to become full
- As hospital beds become full, operations will be cancelled more often. Waiting times will increase, and people's health will suffer as their condition worsens whilst they are waiting for surgery
- A model based predominantly on emergency and unplanned care will reduce the attractiveness of a career in health and social services in Jersey. Skilled and experienced staff will start to leave the Island, and it will be even more difficult to recruit replacements. Eventually, some services will become unsustainable because there will not be enough staff to run them
- The wrong balance of planned and unplanned services will mean that some services may have to close because volumes may fall below safe levels (because staff are focusing on unplanned care and so do not have the capacity to provide planned care as well). Jersey residents will then have to travel abroad to receive services
- Closing services may mean that emergencies have to be stabilised and flown off island – subject to flight availability – instead of being treated in our general hospital
- With this scenario, the hospital will eventually cease to be a hospital as we currently know it and will become a “stabilise and send off island” emergency centre with some simple day surgery, outpatients and diagnostics services only.

The report set out the vision for a new hospital –

To deliver a new hospital, built to modern standards, within the next 10 years. The hospital will continue to be integral to the health and social care system and will be supported by that system. The workforce will be skilled, motivated, modernised and supported by IT and a fit-for-purpose estate – with services developed in the right priority order to meet the needs of Islanders.

The States Assembly duly agreed in December 2012 -

To request the Council of Ministers to co-ordinate the necessary steps by all relevant Ministers to bring forward for approval proposals for the priorities for investment in hospital services and detailed plans for a new hospital (either on a new site or a rebuilt and refurbished hospital on the current site), by the end of 2014.

Progress was slow with discussion on whether the right way forward was a two-site or one-site concept. At the same time the cost seemed to be escalating. In February 2016, following an extensive analysis, four site options were announced –

- A new hospital on the existing site (around £600m over 12 years).
- The Waterfront (£450m over six years).
- Overdale (£450m over six years).
- People's Park (£450m over six years).

Although the latter was described as “the best-performing shortlisted option in relation to clinical efficiency”, some St Helier parishioners and the Constable successfully fought to have it removed from the list.

Subsequently, the Health Minister said that the preferred choice was building on the existing site, the cost having fallen to £450 million on the grounds that a taller building was thought to be possible.

In October 2016 the Council of Ministers published [Future hospital: preferred site](#). In December 2016 the States Assembly duly voted –

to approve in principle as the site location for the new General Hospital the current Jersey General Hospital site with an extension along the east side of Kensington Place and other nearby sites

The aim was to start work in 2017 and finish by 2022.

In 2017, the issue of how the hospital would be funded was high on the agenda. The funding proposition, including £400 million of borrowing, was withdrawn but the planning application went ahead. A new funding mechanism was then agreed comprising both borrowing and taking money out of the “rainy day fund”. However, the Planning Minister

rejected the planning application following a report from an independent inspector, which described the proposals as “over-dominant, obtrusive and alien”.

Following further work, a new planning application was made but this was rejected by a new Planning Minister on the grounds of the visual impact on the area, the impact on heritage assets, and “unreasonable” harm caused to people living near the hospital.

The project was then taken back to square one with a new site selection process – and a new name, with the “Future Hospital” project becoming known as “Our Hospital”.

The site selection process, described in the report [Our Hospital – site shortlisting report](#), published in July 2020, involved extensive consultation with islanders, health planning experts and a Citizens’ Panel. A detailed site evaluation report determined that Five Oaks, St Andrew’s Park and Millbrook were not feasible. The estimated construction cost for Overdale was £550 million and People’s Park £524 million.

In November 2020 the States Assembly voted 37-6 for Overdale as the site. In October 2021 it approved expenditure of £805 million and borrowing of £756 million for the project. Construction costs accounted for £550 million of the expenditure.

However, there was opposition to the development of Overdale from local residents and the Parish of St Helier. In the hope of accelerating the project as the end of their term drew near, Ministers decided to split the planning application in two: demolition and construction. However, in February 2022, the Planning Committee decided to refuse permission to demolish 20 buildings on Westmount. The Planning Department then issued a statement that it could not support the proposal.

Review by the 2022 Council of Ministers

The hospital issue was a significant feature in the June 2022 General Election, often in simple “for” or “against” terms. The new Chief Minister, Kristina Moore, had opposed the plans. Her Council of Ministers instituted a review on “whether changes can be made to the hospital project to deliver a more affordable and appropriate alternative”. The results of the [A Review of the Our Hospital Project](#) were announced on 1 November 2022. The press release included –

The review led by the Minister for Infrastructure, Deputy Tom Binet, found the current plan for a new hospital at Overdale is no longer affordable or appropriate within the funding approved by the States Assembly.

It recommended the plan be replaced with a phased development across two or more sites, including Overdale, Kensington Place and the existing hospital site at Gloucester Street.

The review took into consideration evidence from more than 60 key stakeholders and undertook visits to various healthcare facilities in Northern Ireland.

It found the Our Hospital Project is no longer achievable within the £804.5 million funding approved by the last States Assembly, and that it would cost between £70 million and £115 million more under current market conditions.

It found a simple relocation of the current plans to the existing hospital site at Gloucester Street would also be unaffordable and would face significant other challenges, including planning, and risk arising from working within and adjacent to an operational hospital site.

Ministers provided clear direction that construction of new hospital facilities should commence within the current electoral term, and the review did not consider a new site, as this would not have enabled the delivery of a new hospital within the required timescale.

It considered the following options

- A single development of a new hospital at Overdale significantly smaller than the current plans
- A phased development of a significantly smaller hospital at Overdale
- A phased redevelopment of the hospital at its current site
- A phased redevelopment of the hospital at its current Gloucester Street site and on the adjacent Kensington Place site
- A phased development over two or more sites including Overdale, Kensington Place and Gloucester Street

The review found a phased development over two or more sites including Overdale, Kensington Place and Gloucester Street, if required, offered the best opportunity to make the scheme more affordable and appropriate, and to manage the risk of costs rising significantly once the project is underway.

The report noted that it is challenging in the current uncertain financial climate to give precise figures in relation to the extent of saving that can be achieved.

But it identified the following potential savings at today's prices from a phased development over two or more sites:

- Up to £50 million from the reduced need for new road infrastructure and land acquisitions
- Up to £30-60 million from separating the scheme into smaller constituent parts, opening up procurement, including to more local contractors and enabling more competitive bids
- Up to £15-30 million from future digital healthcare services delivery
- Up to £15-30 million from modern methods of construction for some buildings
- Up to £15-20 million from the market value of healthcare sites no longer required

The report noted that a phased development would open procurement to smaller contractors, which would lead to more competitive bids and make it more possible for local contractors to participate, keeping more of the money spent within the Jersey economy.

The review recommended the following schedule:

- Phase 1 – Development at Overdale to be commenced within 24 months with a 36-month programme to completion
- Phase 2A – Development at Kensington Place or Overdale to be commenced within 36 months with a 36-month programme to completion
- Phase 2B - Development at the current hospital site at Gloucester Street to be commenced within 72 months, with a 24-month programme to completion.

The review found that mental health services could be established at a separate standalone location and recommended a review of the requirements to commence immediately, with proposals on site within 36 months and a 24-month construction programme to completion.

The review recognised that the existing Jersey General Hospital must be kept safe whilst the various developments are constructed and noted that additional funding is currently being made available for this in the event that it is required.

On 31 May 2023 the Government issued a [press release](#) announcing that following a feasibility study it intended to proceed with a multi-site project comprising -

- An Acute (Inpatient) facility at Overdale.
- An Ambulatory (Outpatient) facility at Kensington Place.
- A Health Village at St Saviour (with capacity for rehabilitation and long-term care facilities).

The [Government Plan 2024 - 2027](#) included a specific section on the New Healthcare Facilities Project –

The New Healthcare Facilities (NHF) Summary Strategic Outline Case (R.111/2023) and feasibility study (R.112/2023) were presented to the Assembly on 4th July 2023. The documents brought forward describe the Council of Ministers' preferred option to deliver a programme of capital construction works representing a holistic replacement of Jersey's health and care facilities over an eight-year period. The key elements of the planned work include delivery of:

- An acute facility at Overdale.
- Ambulatory facilities at Kensington Place and utilising some of the existing Jersey General Hospital site.
- A Health Village at St Saviours.
- The Enid Quenault Health and Wellbeing Centre at Les Quennevais, utilised on a longer-term basis.

The Council of Ministers has agreed to proceed under a phased approach, to manage financial and economic risk. We know that our current facilities are deteriorating, and failure of our acute services represents the biggest risk to delivery of health and care services, so we intend to replace these in Phase 1.

The phased approach allows costs and risk to be managed by spreading the commitment to spend over a longer period, across multiple projects. It will also provide better opportunities for modern methods of construction and minimise delays in construction due to site size and accessibility.

In addition, this approach will provide a longer timeframe for clinical strategies to be developed for future ambulatory facilities - these services being those most impacted by settings of care and future transformational interventions. This approach also provides increased capacity for future expansion on both acute and ambulatory sites.

We are clear on our commitment to deliver new healthcare facilities and to get the best possible value for Jersey, without delay. We are currently working on the programme, which estimates that the total cost to deliver an acute facility at Overdale and make meaningful progress on development of the future phases covering an

ambulatory facility and Health Village at no more than £710m, including £675m during this Government plan period. However, we need to further develop and refine the proposals to support decision makers and will do so as we progress the designs for the facility. We will have better cost certainty before the end of Q1 2024, which means that this estimate might reduce. The programme team will continuously challenge planning assumptions during design and contracting stages with a view to reducing costs, communicating progress regularly to key stakeholders including Ministers, Scrutiny and States Members.

Policy of the 2024 Council of Ministers

On 16 January 2024 Lyndon Farnham was elected Chief Minister. He indicated that he supported the plan developed by the previous Council of Ministers and appointed the same minister to continue having responsibility it.

The [Common Strategic Policy 2024 -2026](#) of the current Council of Ministers, published in May 2024 set out 13 priorities. They include –

Start building a new hospital at Overdale

Healthcare for Islanders is currently being delivered across a number of aged buildings, that do not support modern practices and present daily challenges to patients and staff.

We will start building our new hospital at Overdale during this term of office and continue to develop longer-term plans for replacing other healthcare facilities, which will include outpatient and day care services, mental health, and therapies provision.

Beginning work on the new hospital is an important step to providing the quality and level of care required by Islanders, delivering a purpose-built medical facility for Health staff, and giving confidence in healthcare for future generations.

The [Budget \(Government Plan\) 2025-2028](#) included a summary of progress on the “New Healthcare Facilities”. It stated that the business case has been further developed for -

- An acute facility at Overdale.
- Meaningful progress on the Ambulatory facilities at Kensington Place and the Health Village.
- Some meanwhile use work on the Ambulatory facilities at Kensington Place and utilising some of the existing Jersey General Hospital site.
- The Enid Quenault Health and Wellbeing Centre at Les Quennevais, utilised on a longer-term basis.

- The delivery and continued use of the St Ewolds facility for rehabilitation services.
- Acquisition of further land and properties necessary to deliver the programme.
- Provision and use of decent facilities.

On costs, the document states –

The total cost to deliver an acute facility at Overdale and make meaningful progress on development of the future phases covering an ambulatory facility and Health Village at no more than £710 million which is in line with the estimates shared in the previous Government Plan.

Estimated costs were £52m in 2024, £73m in 2025, £152m in 2026, £208m in 2027 and £225 million in 2028.

The financing strategy had been reconsidered given increased interest rates, significant construction cost inflation and the increased scale and ambition of the total NHF programme. The Budget proposed that a blended solution be used, with £523 million sourced through borrowing, use of the strategic reserve and possible receipts from the “Pillar Two” (the new tax arrangements for multinational companies) receipts.

The proposal and funding strategy were duly approved by the States Assembly, and the Overdale site received planning permission in February 2025.

The [Budget \(Government Plan\) 2026-2029](#) includes the following section on the New Healthcare Facilities Programme.

The New Healthcare Facilities (NHF) multi-site phased approach has now been advanced and supported by an Outline Business Case produced in summer of 2024 which supported funding of £710 million allocated in Budget 2025 to deliver:

- An acute facility at Overdale.
- Meaningful progress on the Ambulatory facilities at Kensington Place and the Health Village.
- Some meanwhile use work on the Ambulatory facilities at Kensington Place and utilising some of the existing Jersey General Hospital site.
- The Enid Quenault Health and Wellbeing Centre at Les Quennevais, utilised on a longer-term basis.
- The delivery and continued use of the St Ewolds facility for rehabilitation services.

- Acquisition of further land and properties necessary to deliver the programme.
- Provision and use of decant facilities.

Whilst there has been no change in the required funding although the cashflow has been amended to more accurately reflect the Programme delivery dates. The funding strategy remains unchanged, and it set out in the section on 'States Borrowing'.

The Acute Facility now has planning approval and discussions with potential delivery partners are well advanced within the procurement process such that it is anticipated that there will be a signed contract for construction to begin by the end of 2025. Works at Overdale have already been completed to provide a clear site and the second half of 2025 will see further works on site clearance, utility works, site hoardings and excavations. These are important to ensure that the main construction works can begin in earnest.

There is a need to develop the proposals for the ambulatory and mental health aspects of the healthcare services. Work on these has begun and it is anticipated that these will be progressed in 2025 to begin some limited physical works in 2026 within the current total funding envelope of £710 million. No spend or commitments on will be made in excess of the allocations in the outline business case without suitable approval.

There is a robust governance process in place which is designed to ensure compliance with relevant frameworks but allow decision making to be agile as the key dates for the construction of the main Acute Hospital approach.

The planned activities will not create a contractual obligation for future phases of the programme, and this phase of work allows for current healthcare services provided within a hospital setting to continue to be provided.

Work has begun on the scope of the Full Business Case for Phase 1 that will provide further information within the Commercial case on the contractual arrangements with the Main Works Delivery Partner and updating the financial revenue modelling, benefits and the management of the Programme as it moves more firmly into the construction phase. This will be supported by additional information in relation to workforce and transformation, reflecting evolving HCJ clinical and workforce strategies.

On 25 November 2025 the Government issued a press report on progress -

Three major milestones have been achieved towards the Government of Jersey's Common Strategic Priority 'to start building a new hospital at Overdale': the selection of a Preferred Tenderer for the Main Works Delivery Partner role, the receipt of the project's Planning Permit, and the appointment of another local contractor for the Development Works at the site.

Selection of a Preferred Tenderer

Bouygues UK, a subsidiary of Bouygues Construction, has been appointed as the Preferred Tenderer in the procurement process for a Main Works Delivery Partner for the Overdale Acute Hospital. They are an experienced Main Works Contractor who has worked on more than 400 healthcare facilities worldwide and has successfully delivered major hospital projects across the UK and Europe, as well as other infrastructure. Given Jersey's location, they will leverage their UK and French businesses and supply chains to deliver the Acute Hospital.

Bouygues UK will enter into a Professional Services Agreement with the Government of Jersey, working closely with the New Healthcare Facilities Programme, NHFP, team to refine their proposals, confirm their supply chain and price and prepare for the main works in early 2026. The focus will be on ensuring that the Preferred Tenderer can deliver both value for money and a high-quality Acute Hospital for all Islanders. This is all within the budget estimates set out and maintained since the inception of the Programme, published in Government Plans and Budgets.

To secure the best possible Main Works Contract, a Reserved Tenderer has also been confirmed. This ensures commerciality and resilience should it not be possible to agree final contract terms with the Preferred Tenderer. By naming Bouygues UK as the Preferred Tenderer, the Government of Jersey is demonstrating that it is confident that a commercial deal can be agreed.

Meet the Buyer events will be taking place in the coming months to enable Bouygues UK and the NHFP team to advise and inform the local construction industry and supply chain of the potential upcoming opportunities on the project. Details of the events will be shared in due course.

Planning Permit

Following the Planning Committee's approval of the Planning Application for the Acute Hospital in February 2025, the Planning Permit has now been issued. This allows construction of the Acute Hospital and associated infrastructure to proceed in accordance with the submitted proposals.

In line with planning requirements, a Decision Notice has progressed through the standard 28- day period without any third-party appeals. The team will now work to discharge any pre-commencement and commencement planning conditions, including developing further detail on site logistics, anticipated traffic movements and waste management.

Development Works

Ashbe Construction has been awarded the Development Works contract to erect the hoardings and start work on preparing the site ahead of groundworks, alongside local subcontractors and construction professionals.

Other Development Works are already underway or planned including water, electricity and drainage diversions and cut and fill contracts. The conversion of Mulcaster House (the former Jersey Water headquarters), into the main site offices and eventual Facilities Management Hub, is also underway.

Minister for Health and Social Services, Deputy Tom Binet, said: “We are now further along than we have ever been with a hospital scheme. Not only is work continuing at the Overdale site, but the Acute Hospital has also received its Planning Permit, which is critically timed to support the final stages of the procurement process for appointing a Main Works Delivery Partner.

“The selection of Bouygues UK as the Preferred Tenderer follows a year of meticulous work. In the next phase, the New Healthcare Facilities team will work closely with Bouygues UK to secure the best possible commercial outcome for Islanders as we progress the largest of the New Healthcare Facilities projects.

“Our aim is to reach agreement on the Main Works Contract early next year and begin construction of the new Acute Hospital as soon as possible thereafter. All of this progress gives me complete confidence that the conditions are in place for the Acute Hospital to be underway during the term of this Council of Ministers, meeting our Common Strategic Priority commitment.

“Finally, I appreciate that all potential suppliers for the Acute Hospital works will be interested in talking to Bouygues UK and the NHFP team, which is why Meet the Buyer events for our local contractors and suppliers will be taking place. The New Healthcare Facilities Programme has already created opportunities for the local market, and I look forward to these events playing a constructive role in continuing to support it.”

Philippe Bernard, Chair and CEO at Bouygues UK, said: "We are delighted to have been selected as Preferred Tenderer for the Overdale Acute Hospital project and to work alongside the Government of Jersey on this vital development. We look forward to bringing our international healthcare expertise and commitment to excellence to Jersey. Through our support for local employment, working with Island suppliers and businesses, and investing in skills and workforce development, we aim to create long-term benefits that will endure well beyond the construction phase.

"This hospital represents a significant investment in the Island's future, and we are excited to be selected for this final phase of the procurement as the Preferred Tenderer. We look forward to demonstrating how we can deliver lasting social value, long-term benefits for Jersey's people and a world-class healthcare facility for the community."

Further information

The Government website page [Acute hospital at Overdale](#) provides detailed information on the Overdale project.

[Learning from Previous Hospital Projects: A Follow Up Review](#), Comptroller & Auditor General, May 2023.