FINAL REPORT AND RECOMMENDATIONS

THE ST JUDE HOSPITAL RECONSTRUCTION PROJECT

SITUATED AT

AUGIER IN THE QUARTER OF VIEUX FORT, SAINT LUCIA



SUBMITTED TO

OFFICE OF THE PRIME MINISTER

GRAEHAM LOUISY ADMINISTRATIVE BUILDING, WATERFRONT, CASTRIES

SUBMITTED BY

SJHRP REVIEW COMMITTEE

28 OCTOBER, 2021

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Final Report and Recommendations from the SJHRP Review Committee on St Jude Hospital

Contents

1.0 Executive Summary

2.0 Acknowledgments

3.0 Background

4.0 Approach to the Assignment

5.0 St Jude Hospital

6.0 St Jude Hospital Reconstruction Project – Phase 1

7.0 St Jude Hospital Reconstruction Project – Phase 2

8.0 Factors to Consider for the Transition Plan

9.0 St Jude Hospital in Transition - GONS

10.0 Recommendations

11.0 Conclusion

12.0 Appendices

- **A. List of Documents Received from the Client**
- **B. Schedule of Drawings Received from the NAO**
- **C. Schedule of Stakeholder Consultations and Meetings**
- **D. Schedule of Site Photographs Phase 1**
- **E. Schedule of Site Photographs Phase 2**
- **F. Schedule of Drone Images of Phases 1 & 2**
- **G. SJHRP Phase 1 – Site Layout Plan**
- **H. SJHRP Phase 2 – Site Layout Plan**
- **I. SJHRP Phase 3 – Site Layout Plan**
- **J. Statutory Approvals for SJHRP Phase 2**
- **K. Terms of Reference for the Review Committee**
- **L. Glossary of Abbreviations**

Cover: *Photo of the physical demarcation between the Phase 1 and Phase 2 of the construction zones on the St Jude Hospital Reconstruction Project Site*.

1.0 EXECUTIVE SUMMARY

Since the suspension of the St Jude Hospital Reconstruction Project (SJHRP) Phase 1 in late 2016, the St Jude Hospital (SJH) has remained at the centre of a controversy over its completion and its transition out of the George Odlum National Stadium (GONS), where it has operated since 2009.

In pursuit of its mandate of "Putting People First" the Government of Saint Lucia (GOSL) is determined to restore the delivery of affordable and quality healthcare to the residents of the south of the island. The primary objective of the GOSL in the health sector, is to ensure access to quality health care by all citizens and achieve greater equity in the allocation and use of health resources with respect to health care delivery.

This report therefore sets out recommendations for pursuing a focused process for achieving an expedient, cost-effective, sustainable and efficient transition for the Saint Jude Hospital. The report will take into account many of the fundamental historic factors which have informed and transformed the various phases of the SJHRP. The ultimate goal is to create parameters for the SJH to return to its position as a major referral Level 5 General Hospital within the existing system of health care delivery in Saint Lucia, at its landmark location.

The aim of the review exercise is to explore how, in the context of time, cost and scope, all the critical generators can be brought together to ensure that sustainability, innovation and institutional knowledge can be integrated in the continued creation of a conducive therapeutic environment which is dynamic and can respond to changes in the future.

2.0 ACKNOWLEDGEMENTS

The members of the Review Committee wish to thank Hon Philip J. Pierre, Prime Minister of Saint Lucia (PMOSL), and the Cabinet of Ministers for entrusting us with the responsibility of reviewing this most important project at a crucial time in the island national development, when the world is being ravaged by the COVID-19 pandemic.

We want to thank the staff of the Office of the Prime Minister (OPM), in particular the Cabinet Secretary, the Minister in the Ministry of Economic Development – Hon Wayne Girard, and especially the Senior Advisor to the PMOSL, Mr. Michael Willius for their support and assistance during the assignment.

In addition, we acknowledge the many stakeholders who made time to share with our team in the several meetings, site visits, and the documentation, relating to the Project, including but not limited to: the Cabinet of Ministers; officers within the Department of Economic Development; the Office of the National Authorizing Officer (NAO); St Jude Hospital CEO and Management Team; representatives of Fresh Start Construction Ltd; and, many constructional professionals, suppliers and stakeholders who have been involved with the Project between 2009 and present-day.

3.0 BACKGROUND

By Cabinet Conclusion No. 06 of 2021[1], dated August 09th, Cabinet approved the appointment of a committee to review options for the completion and commissioning of St Jude Hospital[2] and to advise Cabinet on the feasibility and requirements for an immediate move and transfer of operations from the George Odlum National Stadium (GONS) to the original St Jude site.

3.1 Name of Committee

According to the Cabinet Conclusion, the committee is referred to as the Review Committee for the St Jude Hospital Reconstruction Project.

3.2 Members of the Committee

The Review Committee comprises six (6) key-experts representing a variety of institutions, sector leaders, and civil society interest groups with technical experience. The members of the Committee includes:

- Francis Chitolie - Civil Engineer, Construction Management, resident of Vieux Fort
- John Peters - Civil Engineer, Construction Management, Construction Law, experience with SJHRP-Phase 1
- Cosmos Andrew - Biomedical Technologist, experience with hospital maintenance.
- Moses Mederick - Construction Management, resident of Vieux Fort.
- Jeremiah Phulchere - Chartered Architect, experience with hospital designs in the UK.
- Mark Hennecart - Chairperson, Project Architect possessing over 20 years' experience within the healthcare sector and experience with the SJH prior to the 2009 fire event.

3.3 Purpose of the Committee

According to the Cabinet Conclusion No. 06 of 2021, the objective of the Committee, is to review options[3] for the completion and commissioning of the St Jude Hospital and to advise the Prime Minister and his Cabinet of Ministers on the feasibility and requirements for an immediate move and transfer of operations from the George Odlum Stadium to the original[4] St Jude Hospital site at Augier in the Quarter of Vieux Fort.

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[1] Cabinet Conclusion No. 06 of 2021

[2] St Jude Hospital Reconstruction Project – Phase 1

[3] a) Examine whether the New Building or a part thereof, can be completed to facilitate the transfer from the GONS;
b) Examine whether any part of the original SJHRP can be completed to facilitate the transfer from the GONS.

[4] For the purpose of the Review, Phase 1 of the SJHRP shall be all the Works undertaken between 2009 and 2016. Phase 2 shall

3.4 Scope of the Assignment

The primary scope of the assignment as outlined in the Terms of Reference[5], includes but is not limited to the following:

A. To review all construction works[6] undertaken or being undertaken in relation to the implementation of the St Jude Hospital Reconstruction Project (SJHRP) and liaise with selected stakeholders and SJH user groups, to determine the status of completion and readiness;
B. To determine optional approaches for the completion and commissioning of the buildings and structures comprising the SJHRP and advise on the requirements and associated timelines for achieving same;
C. To determine the feasibility and requirements for the earliest possible transfer of the hospital operations from the GONS, to the St. Jude Hospital site;
D. To determine and advise on the urgent and critical repairs needed to the Stadium, in order to improve the safe working and operating conditions of the hospital, pending its relocation; and
E. To review and advise on any other areas and or issues (legal, contractual, financial) that may negatively impact the early successful completion of the SJHRP.

3.5 Deliverables

The mandate of the Review Committee is to prepare and submit a report on the findings and recommendations (a roadmap) for the completion, transfer, and operationalization of the health facility within four (4) weeks of the appointment of the Committee. The Committee was officially commissioned on 9th September 2021 on the 12th anniversary of tragic fire hazard.

be the New Works constructed between 2016 and 2021.

[5] Review Committee for the St Jude Hospital Reconstruction Project – Terms of Reference (Appendix 12.10 on page 38 of 40)

[6] Phases 1 & 2

4.0 APPROACH TO THE ASSIGNMENT

4.1 Work Plan

9 Sept Appointment of Committee[7]
10Sept Kick-off Meeting[8]
13-24 Data Collection/Site Visits/Interviews
24 Sept Interim Meeting with PMOSL
4 Oct Submit Inception Report
End-Oct Submit Final Report

4.2 Team Structure

Given that the assignment is three-fold and is invariably spread over three sites, the Committee initially agreed to assemble into three teams (as shown below) to undertake the reporting components of the assignment. However, the workings of the Committee were able to have almost full participation at all meetings and site visits. It was agreed that, if the Committee had been complemented with a medical and quantity surveying professional, both could have served as resource-persons to each team, however it was opined that the Committee would have been able to draw such expertise if required within the Public Sector.

Site No.	Site Name	Site Team
1	Phase 1 – Original Buildings	C Andrew/M Hennecart
2	Phase 2 – New Buildings	J Peters/ Jeremiah Phulchere
3	George Odlum National Stadium	F Chitolie/ Moses Mederick

4.3 Suggested Stakeholder Register

The following is a list of key-persons whom the Committee viewed as possible contacts albeit, time did not permit the engagement of the entire list of persons/groups:

a) SJH Board of Managers
b) SJH CEO and Departmental Heads
c) Ministry of Health (MoH)
d) Chief Medical Officer (CMO)
e) Chief Health Planner
f) Saint Lucia Medical and Dental Association (SLMDA)
g) PS, Dept of Economic Development - Claudius Emmanuel
h) Programme Coordinator, Dept of Economic Development – Edison Henry
i) Current Consultants for SJHRP – Phase 2
j) Former Project Manager for SJHRP-Phase 1
k) Former Lead Consultant for SJHRP-Phase 1
l) Parliamentary Representatives for Vieux Fort North, South and Laborie
m) Vieux Fort Concerned Citizens Coalition for Change (VFCCCC)
n) Former SJH and Maintenance Supervisor - Cuthbert "Cuthy" James
o) Former Chairman of SJH/Spartans Board - Percival McDonald

[7] https://www.facebook.com/1629123210711989/posts/2794580420832923/
[8] https://m.facebook.com/story.php?story_fbid=4338103429577485&id=1041704005884127

4.4 Relevant Documents

Some of the documents relating to the St Jude Hospital Reconstruction Project (SJHRP) which the Review Committee was aware of and requested access to, included, but are not limited to:

SJHRP Phase 1

a) General Arrangement (DCA) Drawings
b) Project Manager's Final Handover Report - Aug2016
c) SJHRP - Technical Audit Interim Report - Jan2017

SJHRP Phase 2

a) Contract documents including (Arch/Eng/MEP General Arrangement Drawings, Specifications)
b) Project Programme/ Implementation Schedule
c) Project Cost Plan
d) Progress Report(s)

4.5 Real-time Aerial Photographic Record

In order to obtain a concise appreciation of the current status of construction of both SJHRP (Phases 1 and 2) project sites, the Review Committee requested and subsequently obtained permission from the Office of the Prime Minister to commission Kessell Marine Services to carry out detailed drone photographic referenced surveys of the entire exterior project site and interior of the buildings. It is conceivable that the drone images shall serve to inform the future decision-making process. Some of these images are included in Appendix F on page 40 of this report.

5.0 ST JUDE HOSPITAL

5.1 History

St Jude Hospital is situated at Augier in the Quarter of Vieux-Fort, in the southern part of the island of Saint Lucia. The hospital was established as a Charity Hospital on the 5th of September 1966 by Mother Irma[9] and the Sisters of the Sorrowful Mother, a Franciscan religious order based in Oshkosh, Wisconsin, USA.

The hospital was established on behalf of the Roman Catholic Church and patient care was provided at no charge. The hospital was staffed primarily by volunteer doctors, technicians and other ancillary staff from the United States and other countries. St Jude Hospital became a model of excellent healthcare and its tradition of volunteerism had continued up to 1992 when the Government of Saint Lucia awarded a management contract to Mercy Medical Centre in Des Moines, Iowa, USA.

5.2 First Attempt to Modernize St Jude Hospital

The records reveal that in 1995, the administration of the St Jude Hospital commissioned ServiceMaster Facility Development Service of Irvin Texas, USA to formulate a Master Plan for upgrading the Hospital. Between the period of 1999 and 2003, Interisland Architects and Planners Ltd on a pro bono basis, worked closely with the then Board of Directors, CEO Roy White and various Heads of Department to implement the recommendations of the 1995 Master Plan.

5.3 St Jude Hospital Act

In 2003 when the St. Jude Hospital Act (No. 7/2003) was instated, it provided for an independent Board of Directors to preside over the management of the hospital. The hospital is also partially subsidized by the Government of Saint Lucia by way of an annual subvention which is used primarily to meet the salaries of its over 400 hospital staff. The Act still affords the hospital the right to charge and obtain patient revenue in order to meet operating costs that are not covered by Governmental subsidies.

[9] Sister Mary Irma Hilger (1917-2003) "Florence Nightingale of Saint Lucia"

5.4 The Role of the St Jude Hospital Board

St. Jude Hospital is a Statutory Body of the Government of Saint Lucia and is administered by a Board of Directors appointed by the Minister for Health. Among the many functions of the Board, the following may be regarded as critical to the operations of the hospital:

- To equip, furnish, maintain, manage, control and operate the Hospital;
- To manage, conduct and supervise the activities of the Hospital;
- To have general supervision of the buildings, premises and grounds of the Hospital;
- To collect all fees payable to the Hospital under this Act;
- To make recommendations to the Minister in respect of any matter directly or indirectly affecting the Hospital or the development of the medical or nursing service therein;
- To organise the Hospital into such divisions as it considers proper for the provision of effective care to patients.
- To borrow money for all or any purpose to finance the repair of buildings, the repair or purchase of equipment and to meet its obligations or fulfil its functions, under this Act.

5.5 Vision for a Regional Hospital Complex (2007-2008)

Between 2007-2008 when the Government of Saint Lucia commissioned the National Vision Plan (NVP), the objective was to formulate a framework for development and a shared vision for the entire island. The NVP was expected to provide the tools for national development within a Plan of Action. In addition, the recommendations contained in the Southern Quadrant Plan, were aimed at creating St Jude Hospital into a Regional Hospital Complex and to develop and improve general healthcare and support services for the medical training schools expected to be attracted to the south of the island.

5.6 The Fire Disaster (2009)

On the morning of 9th September 2009, the St. Jude Hospital was distressed by a fire event[10] which had completely destroyed the surgical ward, paediatrics ward and operating theaters on the upper level of the Central Wing of the already aging facility. The hospital was displaced and eventually evacuated to the GONS where it has remained after 12 years. In addition, most of the services previously offered at the healthcare facility in Augier, before the fire, are still being offered at the GONS, although at an improved level and higher quality.

[10] http://www.stjudehospitalslu.org/

6.0 ST JUDE HOSPITAL RECONSTRUCTION PROJECT – PHASE 1

6.1 St Jude Hospital Redevelopment Project Phase 1 (2010-2016)

In 2010, GOSL in conjunction with the then St Jude Hospital Board, took a policy-decision to reconstruct the hospital, against the backdrop of the need to reinstate the delivery of healthcare services in the south of the island, from a community general hospital. At the time the decision was taken and the SJHRP had commenced and a 6-month project duration was anticipated.

6.2 Project Management

According to the SJHRP Handover Report dated Aug2016, the Department of Economic Development is the government agency responsible for the planning and implementation of this project. A Project Management Unit (PMU) was set up in February 2010. The main responsibilities of the PMU were to facilitate the planning and implementation the SJHRP, oversee the implementation of the works and services to be contracted under this project, and prepare progress reports for the Government of Saint Lucia on the status of the implementation. The PMU also facilitated resource mobilization

6.3 Steering Committee

The SJHRP Handover Report discloses that a Project Steering Committee (PSC) had been set up to oversee the Project. The PSC comprised the following experts[11]:

- Ms. Tracy Polius, (Previously Dr. Reginald Darius, Mr. Isaac Anthony) PS – Dep. of Econ. Dev.
- Ms. Cointha Thomas, (previously Mr. Barnabas Annius, Mr. Felix St. Hill,) PS – Min. of Health
- Ms. Janet Barnard, (previously Mr. John Calixte) Deputy PS - Dep. of Econ. Dev.
- Mr. Lucius Ellevic, (previously Mr. Percival Mc Donald) Chairperson – SJH Board of Directors
- Dr. Chierry Poyotte (deceased), Chief Executive Officer – St. Jude Hospital
- Ms. Xysta Edmunds, (previously Ms. Kerry Joseph) Chief Health Planner – Min. of Health
- Mr. Anthony Philgence, Min. of Health
- Ms. Nicole Jn Jacques, Office of the Budget
- Ms. Nadia Wells, Dep. of Econ. Dev.
- Ms. Shanta King, Project Manager

[11] Extracted from page 8/31 of the SJHRP Project Manager's Handover Report dated Aug2016

6.4 Significant Factors which Impacted SJHRP Phase 1

The Review Committee has noted that the SJHRP was impacted by the following events. However, this report has not endeavoured to elaborate on the level of impact in each case:

- The Impact of Hurricane Tomas (2010);
- The Christmas Eve Trough (2013)
- The General Elections (2016)

6.5 SJHRP – Project Manager's Handover Report Aug2016

The Review Committee requested and subsequently received from the NAO, an electronic copy of the Handover Report for the period ending 14 August 2016, prepared by the Project Manager (Phase 1) for and on behalf of the Government of Saint Lucia

6.6 SJHRP – Halcrow's Handover Report Aug2016

The Review Committee also requested and received from the NAO; an electronic copy of the Consultant's Handover Status Report dated 11th July 2016. It was noted that the 70-page document received from the NAO had not included the appendices. However, the Committee subsequently obtained a copy of the complete 170-page report from Halcrow Group Ltd.

6.7 SJHRP - Technical Audit Interim Report Jan2017

Perhaps, above all else that the Audit Report has recorded, the following assertion represents the most significant recommendation, which has not only failed to avert the abandonment of SJHRP Phase 1 but to inform fundamental design and planning criteria of SJHRP Phase 2...,
"*Consistently, the design and planning of the buildings that make up this facility have been observed to omit adequate spaces for the running, but more importantly accessing of services within the building. In hospitals it is important that building services equipment be accessible for maintenance without compromising the sanitary and functional roles of each unit as much as possible. The issues highlighted are significant in nature;* ***however, we do see a great value present in the works completed to date and believe the project is salvageable and could be converted into a facility that can properly serve the needs of St. Lucia****, as St. Jude Hospital is designated a primary healthcare facility with one of its primary roles to ensure effective acute and referral services in the south of the island with future potential for growth and development. The visual component of the design does little for the potential that the history and nostalgia of the site dictates. More could be done to uplift the image and swell the hearts of all those that have contributed to a facility held in such high esteem by the people of St. Lucia*."[12]

[12] Extract from page 162 of 201 of the SJHRP - Technical Audit Interim Report of Jan2017

7.0 ST JUDE HOSPITAL RECONSTRUCTION PROJECT – PHASE 2

7.1 Overview

According to the SJHRP Status Report dated 29th July 2021 and prepared by the NAO within the Department of Economic Development, Transport and Civil Aviation, "*the St. Jude Hospital Reconstruction Project (SJHRP) is at an advanced stage of completion from the perspective of its Structural Frame and Architectural Elements. However, it is not yet in a state to receive the operations of St. Jude Hospital, currently housed at the George Odlum Stadium.*"[13]

7.2 Period of Reporting

SJHRP Status Report dated 29th July 2021 and prepared by the NAO only covers the period between February 2019 and July 2021.

7.3 Design Criteria

According to the SJHRP Status Report dated 29th July 2021 by the NAO, prior to the commencement of the Site Preparation Works of the SJHRP Phase 2, GOSL took the decision to reconstruct a 90-bed healthcare facility within 9,582 meters (103,140 SF) "*to cater for both inpatient and outpatient services. The SJHRP Phase 2 was expected to include but not limited to featured the construction of:*

a) A New Wing to incorporate all the functions and services of the existing East and Surgical Wings;

b) Integration through retrofitting of some existing buildings to achieve a fully functioning hospital to match the services of a Level 4 facility; and

c) Revision of the internal layout of buildings to be integrated for functional efficacy and compliance to minimum standards."

It is to be noted that in discussions with the Ministry of Health, they indicated that the hospital is a Level 5 Facility and not a Level 4, and this error was perpetuated despite clarification.

[13] SJHRP Status (9-page) Report dated 29th July 2021 prepared and submitted by the Dept of Economic Development

7.4 Status of Completion

The SJHRP Status Report dated 29th July 2021 has not indicate the current state of completion of the SJHRP Phase 2. However, the Review Committee estimates that whereas the structure and external envelope of the three new buildings (West Wing, Dialysis and Physiotherapy) remain between 70%-90% complete, the project as a whole remains less that 30% complete. The Committee disagrees with the assessment as presented in the Status Report, that the SJHRP Phase 2 is now at an advanced stage of completion.

7.5 Functional Areas

The Review Committee has understood from discussions with key stakeholders involved with the SJHRP Phase 2, that the proposed facility promises to occupy a gross functional floor area footprint of approximately 14,865 SM (160,000 SF). In addition to the newly built structures, the proposed Facility incorporates the West Wing (Phase 1) and the Laundry & Maintenance Building (Phase 1).

7.6 Project Costs to Date

According to the SJHRP Status Report dated 29th July 2021 and prepared by the NAO, the cumulative expenditure on the SJHRP Phase 2 from commencement in February 2019 to July 2021, amounts to EC$118.05 million. The Status Report also advises that an amount, EC$89.3 million has been paid to date, and an amount of EC$28.74 million remains outstanding.

The Committee did not agree with the stated current expenditure figure as some of the work activities in the active contracts have not yet been executed. The Contract awarded to Fresh Start in the sum of $ 25,687,898.53 for the Internal Architectural Elements is one of those contracts where a significant amount of work is outstanding.

7.7 St Jude Hospital User-Involvement

The Administration of St Jude Hospital has disclosed that unlike the active involvement it enjoyed and participated in, during the development of designs and the construction of SJHRP Phase 1, there was very limited interface with the Design Team on SJHRP Phase 2. The SJH also reports that it was not until the end of the 1st quarter of 2021 when a Transition Plan was developed for the transfer of the operations of the hospital from the National Stadium, into the Lower Level of the new West Wing of the Phase 2 structure, that the Hospital was engaged in the consultation process.

7.8 Ministry of Health User-Involvement

Ministry of Health senior officials also disclosed to the Review Committee that, whereas at the commencement of the SJHRP Phase 2 in early 2021, a Project Steering Committee (PSC) was constituted to provide policy direction to the Project, the PSC was disbanded after its first meeting. It is conceivable that, owing to the changes made at the administrative level of the Ministry of Health, as a primary stakeholder, the Ministry may not have been privy to any subsequent policy decisions and design considerations, after the submission of an application for Approval-in-Principal (AIP) to the Development Control Authority on 31st January 2021[14].

The Ministry officials confirmed that they did not sign off on the final drawings that were sent to the DCA for approval. Only the conceptual drawings prepared in 2019 were forwarded to the Ministry. The Ministry also advised that based on their analysis, St Jude's should be a 70 bed Level 5 Facility.

7.9 Statutory and DCA Approvals

The Review Committee has not fully determined the status of the Statutory and DCA approvals, in spite of having obtained and assessed correspondence which relate to the process. Appendix Appendix H provides a synopsis of the Committee's findings.

[14] SJHRP phase 2 – DCA Letter of Approval in Principle (AIP) for Concept of Block 1021B 348, ARN# 45/19

8.0 FACTORS TO CONSIDER FOR THE TRANSITION PLAN

8.1 Current Conditions

The SJHRP site consists of a series of unfinished structures developed over a two phased construction period. Each Phase attempted to create a stand-alone hospital. However, the Phase 2 attempted to use some of the buildings in the Phase 1, notably the West Wing, Morgue, Warehouse, Ambulance Building and the Maintenance and Laundry. The decision to abandon the Phase 1 has created duplication of spaces. There are thus two possible approaches in moving out of the completion of St Jude's in the shortest possible time:

A. the pursuit of establishing the hospital on the ground floor of the newly built structure as was being planned, or
B. alternatively, to use the best spaces created on the present facility.

8.2 Establishing the Hospital at the Lower Level of the New west Wing (Phase 2)

The Department of Economic Development has been presented with an estimate of $ 48 Million for the completion of the ground floor. In discussions with the Consultants, they advised that the MEP services for the upper floor will have to be inserted in the ceiling during the development of the ground floor. It thus means that the configuration of the Upper Floor is fixed once these works are completed. It was not clear if the external works such as the carparks, were included in that sum. There was consensus among the Review Committee that these works will take not less than 18 months for completion.

The following issues need to be considered in the selection of the ground floor for establishing the hospital:

A. There is need for confirmation that the external cladding which may contain a combustible material, does meet the NFPA 285 specifications and that the external cladding was signed off by a locally registered structural engineer as required under the contract. The Contractor needs to provide that confirmation before the building can be considered safe for occupation. The GOSL should also not pay for these panels until they are deemed fit for purpose.

B. The configuration of the Upper Floor should be signed off by St Jude's Management/ Ministry of Health, to ensure that it is consistent with the needs of the Health Sector.
C. The Fire Department gave several recommendations after the review of the drawings, confirmation is required that all the recommendations have been considered in the costing, notably the requirement for a fire sprinkler system.
D. St Jude's Management may also want to be informed of the energy consumption of the new building, given that the air conditioning of the entire structure will run 24 hrs. per day.

8.3 Using the Best Spaces Approach

It is estimated that thirty (30) % of Phase 1 was intended to be used with the new buildings. It therefore means that whatever approach is considered, these spaces will be utilized. It therefore comes down to whether it is more cost-effective to complete the remaining 70% of Phase 1 or to finish the ground floor of the new building. This Cost comparison is only required if the panels have been confirmed as fit for purpose, and work can continue on the building.

During the construction of the new building, the Physiotherapy and Dialysis buildings which were constructed in the Phase 1 were demolished. Two new buildings were reconstructed for the similar purpose; however, these were two-storey buildings with the said services on the ground floor and new offices on the upper floor. These buildings should be incorporate into the 'Best Spaces Approach" with the upper floor being repurposed to support the hospital.

8.4 Building Services

To date, the MEP Designs for the new building remain incomplete and unavailable. It means the critical data to inform the construction and project cost remains incomplete and unavailable.

8.5 Site Services

The Committee has been unable to determine how Phase 2 of the SJHRP would be serviced or whether there is an intention to connect to any existing services or infrastructure already built into Phase 1 since before its termination in 2016.

8.6 Spatial Planning

It is evident from discussions the Review Committee has convened with key stakeholders, that the current designs of Phase 2 of the SJHRP, may not have benefited from the involvement of the users at St Jude Hospital with respect to the provision of: Room Data Schedules; Functional Area Schedules; Spatial and Departmental Adjacency Schedules, Equipment Schedules, Etc.

8.7 Service Routes

The Review Committee has understood that a substantial part of the building services within the Phase 2, are to be located within the plenum (ceiling void) of the Lower Level of the West Wing and as such, the building works, including the partitioning, cannot progress because the designs of the services remain incomplete. This therefore means that the Transition Plan is not feasible, as currently envisaged.

8.8 Windows

At the time of the site visit of 21st September 2021, it could not be determined whether any of the windows already incorporated within the external envelope of the building are operable. However, the specifications and product information provided by the Department of Economic Development, suggests that a combination of fixed lights and top-hung operable windows maybe employed in the building.

8.9 Site Planning

It was disclosed that the design of major components of the site services, remains incomplete. The Committee was also advised that the existing infrastructure of SJHRP Phase 1 was significantly damaged during the execution of Phase 2 works. It does not appear that any set-off was pursued by the Government of Saint Lucia for these damages. The extent of this damage needs to be ascertained.

8.10 Procurement Schedules

Although requested, the Committee has not yet received a schedule of the delivery to site of any major building components, building services or furniture, fixtures, and equipment (FF&E) to facilitate the completion of the building works or initiate the commissioning of the buildings.

8.11 The Project Finance

According to the SJHRP – NAO's Project Status Report dated 29th July, 2021 the Project has been funded from three (3) main sources, to date.

A. US$10 million loan from the Export-Import Bank of the Republic of China (ExIm Bank);
B. US$20 million loan from the Export-Import Bank of Republic of China signed in January 2020 (ROCT Loan 2);
C. Local counterpart funds approved for the Project from Annual Estimates from 2018/19 to 2021/22 (GOSL).

8.12 Project Costs Comparison

The Review Committee has deduced from the Project Manager's Handover Report (Aug2016) and the Consultant's Status Report (Jul2016) that the overall expenditure of the SJHRP Phase 1 at August 2016, in the amount of EC$98,451,346.85, could expressed on a pro-rata basis of approximately 60% for construction works and 40% furniture, fixtures and equipment. It is noted that a significant amount of material that were not fixed and down payments for medical equipment are included in the above expenditure.

In that regard, with a gross floor area of 165,000 SF, it can be assumed that SJHRP Phase 1 was executed at a unit rate of EC$358/SF at the stage work ceased. The SJHRP Phase 2 on the other hand with a gross floor area of 154,000 SF is currently at EC$118.05M (contracts awarded) or EC$766/SF. It is to be noted that this is a comparison of new construction in Phase 2 versus reconstruction works in the Phase 1,

8.13 Commissioning Programme

From the discussions the Review Committee has convened with key stakeholders and the review of project documents, it is evident from the financing that was secured and accessible up the August 2016, the level of construction of the SJHRP Phase I, the procurement schedule and the planned delivery of outstanding materials, the availability on island of FF&E and services already paid for in full, the scheduled commission of the Facility by September 2017 was achievable.

Currently, there is no programme for completion of any part of Phase 2 to facilitate the transfer of the operations of SJH from the GONS, into part or all of the Lower Level of Phase 2.

8.14 Kitchen and Laundry Equipment (Phase 1)

The Review Committee has understood, from the Supplier of the Kitchen and Laundry Equipment that, within Phase 1 of the project (2010-2016), up to the time of August 2016 when works on SJHRP Phase 1 were suspended, all Kitchen and Laundry equipment were ordered, imported on island, held in storage, in preparation for installation and commissioning by October 2017.
The Committee has also ascertained from documentation received, that the value of the Kitchen and Laundry Supply Contracts which were awarded in respect of Phase 1 at August 2017 was approximately EC$3.34M. The documents also confirm that the Supplier had handed over all equipment in the period between October 2016 and August 2017.

8.15 Kitchen and Laundry Equipment (Phase 2)

In February 2021, the Supplier was invited to resubmit a quotation for the supply of Kitchen and Laundry equipment for the SJHRP Phase 2, based on a redesign to relocate the entire Kitchen on the lower level of the West Wing (Phase 1), while the Laundry remained in the Laundry & Maintenance (L&M) Building. The Review Committee has been reliably advised that a revised quotation dated February 2021, in the amount of **US$1.4M** (EC$3.8) was submitted to the Department of Economic Development. This matter should be further investigated.

9.0 ST JUDE HOSPITAL IN TRANSITION – GEORGE ODLUM NATIONAL STADIUM

9.1 Immediate Upgrades for Healthcare Provision

The Review Committee has noted that whichever approach is considered, George Odlum National Stadium has to remain operational in its delivery of healthcare for at least the 18-month period under review.

The Committee was asked to look at the major health and safety issues that may affect the operation of the hospital at the Stadium. Discussions were held with the senior management of St Jude's and the following listing was generated:

A. The sealant between the concrete sections on the upper stands, needs replacement, to avoid the inflows of water into rooms below, during heavy rains.
B. The external canopies at present pose a risk due to significant corrosion of the steel members of the space frame
C. The "Olympic Rings attached to the upper level are severely corroded and pose the risk of collapse and injury to pedestrians below. These ought to be removed with urgency.
D. Automatic Transfer Switch (ATS) for one generator required to improve service
E. A review of the Sewer Treatment Plant is necessary.
F. Soft Furniture required in various locations (to be determined by St. Jude's)

It is conceivable that the above list of remedials can be fitted within a budget of EC$1.0 million for short-term interventions.

9.2 Long-term Upgrades for Healthcare Provision

While outside the scope of the Committee, the other issues which must be considered, may include the following:

A. Equipment strengthening will be needed; Namely in the Central Sterilizing Supplies Department (CSSD). A 400L autoclave as a backup sterilizer is required. This equipment will eventually be transferred to the parent facility (new site).
B. Hardcore heavy-duty portable X-RAY machine which will also be transferable is a requirement.

C. Biomedical department should begin the process of listing transferable medical equipment to the new site.

D. The power requirement of plant equipment is needed to influence the sizing of the standby generator.

E. The installation of the oxygen generator plant and associated vacuum, medical air system, now housed in a factory shell in the Vieux Fort Freezone away from the GONS, should have been installed at the SJHRP site and used to feed intensive care unit, operating theatres, recovery room and adjoining medical wards. The installation at the off-site location is however well advanced, with a donation of $ 76,000 by LUCELEC for the electricity supply infrastructure[15] and support from Invest St Lucia..

9.3 Oxygen Generating Plant for SJHRP Phase 1

The Review Committee has not ascertained whether the oxygen generating plant which was purchased under the SJHRP Phase 1, was ever shipped and delivered to island. According to Item #40 (on page 100/170) in the Activities Status Matrix of Halcrow's Handover Status Report dated 11th July 2016, the supply and assemble of the oxygen generating plant was listed as completed and ready for final product inspection, shipment, installation and commissioning of all components in accordance with the manufacturer's specification.

9.4 User Involvement in Decision-Making

The Review Committee has noted the strong posture adopted by the Administration of SJH at the National Stadium, towards the continued general lack of engagement of the staff at the stadium in the forwards plans for the SJHRP Phase 2. This is consistent with the comments on non-engagement which the Committee received from the Ministry of Health

[15] https://www.youtube.com/watch?v=3iPDLbrscgw

10.0 RECOMMENDATIONS

The recommendations are situated within the primary objectives of the work of the Committee as outlined below:

A. To review all construction works[16] undertaken or being undertaken in relation to the implementation of the St Jude Hospital Reconstruction Project (SJHRP) and liaise with selected stakeholders and SJH user groups, to determine the status of completion and readiness; - OBJECTIVE # 1
B. To determine optional approaches for the completion and commissioning of the buildings and structures comprising the SJHRP and advise on the requirements and associated timelines and deliverables; OBJECTIVE # 2
C. To determine the feasibility and requirements for the earliest possible transfer of the hospital operations from the GONS, to the St. Jude Hospital site; OBJECTIVE # 3
D. To determine and advise on the urgent and critical repairs needed to the Stadium, in order to improve the safe working and operating conditions of the hospital, pending its relocation; OBJECTIVE # 4) and
E. To review and advise on any other areas and or issues (legal, contractual, financial) that may negatively impact the early successful completion of the SJHRP. OBJECTIVE # 5.

[16] Phases 1 & 2

10.1 Objective # 1

The Review Committee has reviewed the construction works undertaken over the two Phases and has engaged the various stakeholders as identified in the report and has determined the status of completion and readiness.

The recommendations flowing from this review are as follows;

A. The proposed plan to complete the Ground Floor of the new Building should not be pursued.
B. The completion of the Phase 1 and the incorporation of the new Physiotherapy and Dialysis buildings should be considered as the Transfer Facility.
C. Set up and re-constitute a Project Steering Committee to ensure that the principal stakeholders (Ministry of Health/ St Jude Hospital/ Civil Society) are each afforded an opportunity to contribute to the decision-making process, moving forward

The configuration of the Transfer Facility will be the primary work of the Steering Committee.

10.2 Objective # 2

The Review Committee infers Objective #2 to involve the determination of the optimal approaches for the completion and commissioning of the facility and providing advice on the requirements and associated timelines and deliverables. The implementation of the Project requires the formulation and implementation of a Transition Plan which must be informed by a series of consultations between a Project Management Team, Ministry of Health (Chief Health Planner) and SJH Administration (User Groups including medical, surgical, nursing, ancillary, services).

The recommendations for Objective # 2 are as follows:

A. Engage a Health Planner to collaborate with SJH Administration and the Ministry of Health in the development of Outline Clinical Operational Policy Templates based on acceptable Room Data Sheets, Departmental Adjacency Schedules and Functional Area Schedules. This is critical to the Transition process.

B. The process to ascertain the most pragmatic and expedient way forward for commissioning the SJHRP Transition Facility, and the simultaneous decommissioning of the GONS should commence with a thorough examination of all the following available documentation by the Transition Team(s):

- Review of the relevant Construction Drawings (buildings/services/external works);
- Review all critical Clinical Operational Policy Templates for each Department;
- Review all Room Data Sheets;
- Revisit the Schedule of Accommodation;
- Revisit the Functional Area Schedule;
- Adjacency Schedules (Departmental/Functional Area);
- Contacts for the Health Facility Planner who worked with the Design Team;
- Budgetary Constraints;
- Time Constraints;
- Procurement Schedules

C. Approve an interim budget to facilitate the award of a series of small works contracts to a few contracting outfits to clean-up, sanitize, prepare, and seal off the site and buildings on the upper platform site of the SJHRP Phase 1.

D. Instruct the Main Contractor on the SJHRP Phase 2, via the NAO, within the Department of Economic Development, to complete the installation of the external cladding, seal off the roof parapet wall detail and close-off the new Dialysis and Physiotherapy buildings situated on the upper platform site of the SJHRP Phase 1.

E. Instruct the Main Contractor on the SJHRP Phase 2, via the NAO, within the Department of Economic Development, to complete the installation of the external cladding, seal off the roof parapet wall detail and close-off the new West Wing building situated on the lower platform site of the SJHRP Phase 2. The other active contracts related to Phase 2 should be terminated or variations issued to amend the scope of works.

10.3 Objective # 3

The Review Committee understands Objective #3 to involve the determination of the feasibility and requirements for the earliest possible transfer of the hospital operations from the GONS. Based on discussions with the St. Jude Hospital Management Team, a very transparent perspective was shared on the present frustration of the over 400 members of staff.

It is in this context as well as the expectations of the public and an examination of the scope of works, that the Review Committee believes that the recommendation can take the following approach.

The recommendation is therefore based on the following assumptions.

10.3.1 Assumptions

The state of completion of the Works associated with SJHRP Phase 1, which the Review Committee had observed at the time of the site visit of 21st September 2021, suggests that many of the buildings and functional spaces are more than 75% complete and that the only two areas which still require major work in order to attain Practical Completion include the Central Surgical Wing and the West Wing.

Regardless of the approach adopted, a transition plan must therefore be based on but not limited to any or all of the following assumptions:

a) The GOSL shall be privy to and can terminate or vary all current/ongoing contracts;
b) All construction documentation including project drawings are readily available for review and for reference by others;
c) The SJHRP Phase 1 can attain full-approval from the Development Control Authority;
d) The transfer of the entire operations of SJH at GONS can commence within 18 months;
e) Finance for undertaking and completing all outstanding building works is available;
f) Installation of internal building services including power, lighting, air conditioning, CCTV, surveillance, fire, signage, are approximately 50% completed;
g) Internal partitions within key buildings are light-weight and free-standing;

h) All outstanding doors and windows for the project are deemed to be materials on-site;
i) All outstanding Floor, Wall and Ceiling Finishes are deemed to be materials on-site;
j) All outstanding ironmongery and locksets are deemed to be materials on-site;
k) All outstanding sanitary fixtures for the entire facility are deemed to be materials on-site;
l) Power supply and distribution lines have been installed, tested and commissioned;
m) External plumbing and drainage services including waterlines, hydrants, sewerage systems have all been installed, tested and commissioned;
n) Given that the Review Exercise was conducted towards the end of the 2021 Tropical Atlantic Hurricane Season, it is conceivable that no reconstruction works is likely to commence before end-November 2021 (the end of the Tropical Atlantic Hurricane Season).

10.3.2 Schedule of Functional Spaces Currently Available on Phase 1

It is conceivable the Hospital shall constitute the following available spaces which currently exist on Phase 1. These include, but are not be limited to the following:

a) Chapel (50% complete);
b) East Wing - Lower Level: Out-Patient Departments; Dental Clinic; Eye Clinic; Paediatric Ward; Pharmacy Department. Upper Level: Maternity Wards; Newborn Care Unit; Obstretrics and Gynaecology Department; Staff Lounge and On-Call Facilities; Private Medical Suites and Patient Rooms;
c) Central Wing – Lower Level: Emergency Room; Diagnostic Imaging Department; Laboratory; Central Sterile Supply Department; Public Washroom Facilities. Upper Level: Endoscopy Department; Operating Theatres; Intensive Care Unit;
d) West Wing – Lower Level: Kitchen Departments; Upper Level: Administrative Department.
e) Gift Shop;
f) Ambulance and Monitoring Unit;
g) Physiotherapy Unit (as reconstructed);
h) Dialysis Unit (as reconstructed);
i) Morgue;
j) Warehouse Building – Lower Level: Offices/Storage; Upper Level: Departmental Stores.

k) Laundry and Maintenance Department; Maintenance Workshops; Laundry; and Electrical Rooms.
l) Volunteer Facility;
m) Staff Gymnasium;
n) Facilities Administration Unit.

10.3.3 Transition Plan (18 months)

Given the dire situation which currently exists at the George Odlum National Stadium (GONS), the matter of the completion and the commission of the SJH should be treated as an emergency, and should commence without delay to complete and operationalize the entire Phase 1, to facilitate its occupation and transition from the GONS.

In response therefore, the following milestone periods are proposed:

a) Establish a Project Steering Committee (PSC);
b) Establish teams of User-Groups and Sub-User Groups (UG & SUG);
c) Appoint a Project Design and Management Consulting Team (PDMCT);
d) Convene stakeholder consultations with the PDMCT/ UG/ SUG (medical, surgical, nursing, ancillary, services)/, in conjunction with the Facility Health Planner to determine how the SJH can transition from the GONS into the East Wing seamlessly;
e) Formulate a Transition Plan with Outline Clinical Operational Policy Templates based on acceptable Room Data Sheets, Departmental Adjacency Schedules and Functional Area Schedules, in conjunction with all key stakeholders.
f) Recycle as much of the existing SJHRP Phase 1 works (internal/external) as possible to avert demolition and reconstruction of the Facility.
g) Formulate an Action Plan to inform the Bid Process;
h) Where possible, engage Service Consultants and Sub-Contractors or Suppliers who possess requisite local knowledge and experience with the Healthcare Sector;
i) Formulate a Cost Plan for completing all the outstanding Works that are required to facilitate the relocation of St Jude Hospital in no more than 18 months;

10.3.4 Suggested Programme

Jan 2022 - Jun 2022:

Formulate a Completion Plan for the proposed SJHRP Phase 1 on the assumption that all buildings as shown in Appendix G, are structurally completed and most of the outstanding works are of an internal nature and can be executed even within the next few months before the start of the 2022 Atlantic Hurricane/Rain Season.

Jul2022 - Dec2022:

Implement a Completion Plan with a view to attaining Practical Completion of all outstanding works on buildings situated within the existing Phase 1.

Jan2023 - Jun2023:

Commence the transfer of all critical departments and operations of SJH from the GONS, as soon as is practicable, when the East, Central and West Wings can attain Practical Completion.

Jul2023 - Dec2023:

Undertake the decommissioning of operations of SJH at the GONS.

10.3.5 Estimated Budgets

The Review Committee has not considered or suggested optional budgets for implementation of the Transition Plan.

10.4 Objective # 4

Objective # 4 required the Review Committee to determine the urgent and critical repairs to the place of the National Stadium from where the SJH now operates, in order to improve the safe working and operating conditions of the hospital pending its transfer. The recommended 18-month period for completion informed the determination of these urgent repairs. These are outlined in Section 9.1 above.

10.5 Objective # 5

The Review Committee contends that recommendations under Objective #5 seeking to advise on other areas and issues (including legal, contractual, financial or otherwise) that may negatively impact the early successful completion of the SJHRP, shall be discussed in the Final Report.

In that regard, some of these recommendations may include but shall not limited to the following:

A. For the relevant departments of Government, to determine the status of any liabilities, advance sums for materials and equipment that have not been received, materials ordered and which should be inventory, and failure to exercise duty of care associated with Phases 1 and Phase 2 of the SJHRP, and to advise on appropriate actions to recovery to GOSL and safeguard the attempt to formulate an expedient, cost-effective and contractual approach to financing and implementing any optional transition plan.

B. To determine how the formulation and implementation of a transition plan can seek to:
   - Avert redesigning, redevelopment, minimize destructive investigation works;
   - Reduce the cost associated with re-mobilizing the SJHRP Phase 1;
   - Conduct a detailed as-built assessment of SJHRP buildings;
   - Determine the current status of completion of all buildings within SJHRP Phase1;
   - Develop a budget for the Transition Process;
   - Formulate procurement schedules of furniture, fixtures, services and medical equipment to facilitate the transition and commissioning process;
   - Complete the DCA and Statutory Approval Process[17].

C. To maintain, as best as possible, the integrity of the designs and all the as-built civil works, site services, building works and building services associated SJHRP Phase 1;

D. To develop and approve an interim budget to clean-up, sanitize, prepare and seal off the site and buildings on the upper platform site of the SJHRP Phase 1, in preparation for their handover for construction.

[17] Section 7 - Approval Status (on page 104/170) of Halcrow's Handover Status Report dated 11th July 2016

11.0 CONCLUSION

The Committee has worked well together during this review exercise and, perhaps, could have condensed the process, given that many fundamental issues plaguing the SJHRP have been publicized for more than a decade. Instead, we have collaborated to complete this Final Report not only as representatives of our professions but of the entire Saint Lucian citizenry.

We are happy for the opportunity to serve and we are encouraged by the fact that we were selected to work on such a potentially divisive and controversial project without conflict, but with a common purpose.

Our deliberations also allowed us to recognize that while the time allotted was limited, and the data we received and reviewed was primarily about the construction of the Hospital, we are well aware of the need to also review the corresponding socio-cultural, historic and human factors and the broader impact that they have on the delivery of healthcare, the perception and expectations of end-users and the quality of services necessary for operating the hospital.

We remain confident that the recommendations provided herein, shall remain relevant through the next stage of the Project.

11.1 SIGNATORIES

Respectfully submitted for the consideration of the Prime Minister of Saint Lucia by the members of the Review Committee for the St Jude Hospital Reconstruction Project on this the 28th day of October 2021 as follows:

……..…
Francis Chitolie
Civil Engineer, Construction Management Professional

……
John Peters
Civil Engineer, Construction Management, Construction Law

……
Cosmos Andrew
Biomedical Technologist

……..
Moses Mederick
Construction Management Professional

……..
Jeremiah Phulchere
Chartered Architect

……..
Mark Hennecart (Chair)
Project Architect

12.0 APPENDICES

12.1 Appendix A - List of Referenced Documents

- Cabinet Conclusion No. 06 of 2021
- Review Committee for the St Jude Hospital Reconstruction Project – Press Release
- St. Jude Hospital Act (No. 7/2003)
- National Vision Plan (NVP)
- Southern Quadrant Plan
- SJHRP Project Manager's Handover Report dated Aug2016
- SJHRP Consultant's Handover Report dated Aug-Sept2016
- SJHRP - Technical Audit Interim Report Jan2017
- SJHRP - Hospital Design Brief Outline
- SJHRP – NAO's Project Status Report dated 29th July, 2021

12.2 Appendix B - Schedule of Referenced Drawings Received from NAO

- Preliminary Design AIP Drawings No SLU-1706-A-011-SJH
- Full Set of Drawings for SJHRP – Phase 1
- Full Set of Drawings for SJHRP – Phase 2

12.3 Appendix C - Schedule of Review Committee Stakeholder Consultations and Meetings

- 9 Sept Appointment of Committee[18]
- 10Sept Kick-off Meeting[19] with the Prime Minister
- 21Sept Telephone meeting with Kitchen/Laundry Supplier
- 21Sept Site visit and walk-thru meeting on SJHRP Phases 1 & 2
- 23Sept Meeting with SJH Administration at GONS
- 24Sept Interim Meeting with PMOSL
- 28Sept Meeting with the NAO/ Dept of Economic Development
- 30Sept Telephone discussion with Project Manager – SJHRP Phase 1
- 01Oct Meeting with Ministry of Health
- 01Oct Telephone discussion with Consultant – SJHRP Phase 1
- 04Oct Submit Interim Report
- 13Oct Meeting with Prime Minister and Cabinet of Ministers
- 28Oct Submit Final Report

[18] https://www.facebook.com/1629123210711989/posts/2794580420832923/
[19] https://m.facebook.com/story.php?story_fbid=4338103429577485&id=1041704005884127

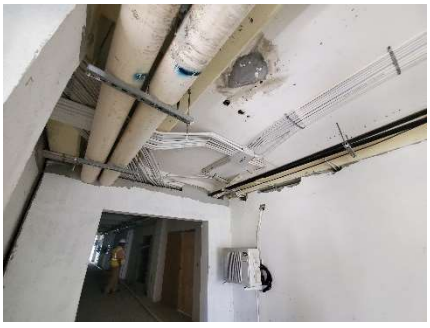
12.4 **Appendix D - Schedule of Photographs -** SJHRP Phase 1














12.5 **Appendix E - Schedule of Photographs -** SJHRP Phase 2














12.6 **Appendix F - Schedule of Photographs –** Drone Images of SJHRP Phases 1 & 2

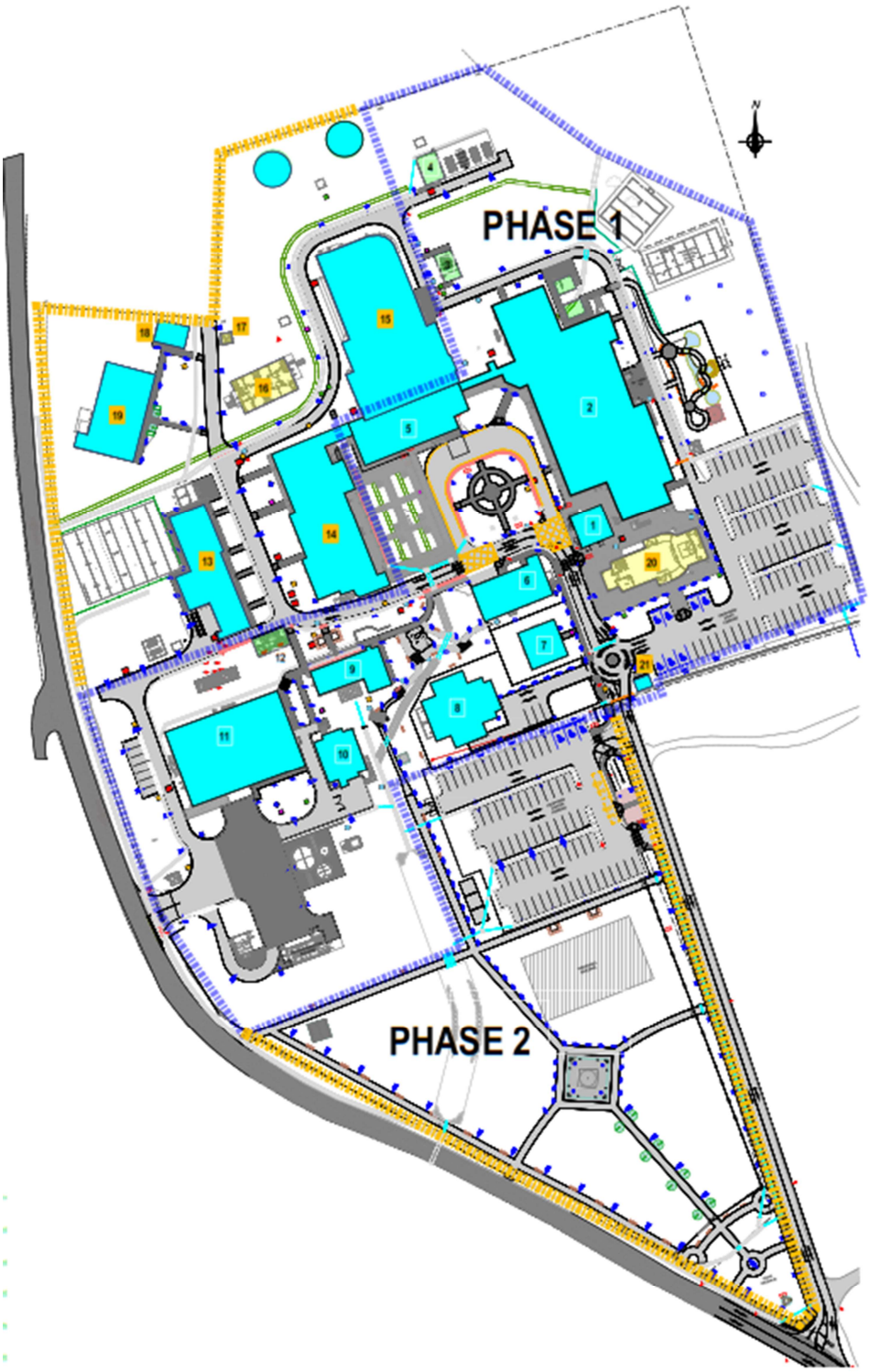








12.7 **Appendix G - SJHRP Phase 1 –** Initial Site Layout Plan[20]



[20] Extracted from Master Plan Base Drawing SJHRP-SP-01 dated 11Sept2014

12.8 **Appendix H - SJHRP Phase 2 –** Existing Site Layout Plan[21]



[21] Source: Extracted from Approval-in-Principle (AIP) Site Plan Drawing No. SLU-1706-A-011-SJH dated JAN2019

12.9 **Appendix I - SJHRP Phase 3 –** Proposed Site Layout Plan[22]



[22] Source: Extracted from Approval-in-Principle (AIP) Site Plan Drawing No. SLU-1706-A-011-SJH dated JAN2019

12.10 **Appendix J –** Review of Statutory Approvals for SJHRP Phase 2

1. DCA Letter to the Lead Consultant dated 20May2020 ARN #592/19
   a) It is unclear whether the DCA's letter referenced an Approval-in-Principle application;
   b) The letter does not clarify the matter of "Warranty for Architectural Designs" stated in the Consultant's letter of Warranty to the Chairman of the DCA, dated 4 May2020;
   c) The DCA's letter does not advise if the Consultant's original terms of engagement was ever submitted or subsequently requested;
   d) The letter is also unclear about the value of indemnity that the DCA was expecting the Consultant's PI Insurance to provide;
   e) The letter has not indicated a deadline by which a copy of the PI cover note should be submitted.

2. DCA Letter to Dept of Economic Development dated 19Jun2019 ARN #592/19
   a) The letter has not clarified if the reference is made to an application for Approval-in-Principle or Approval-in-Detail;
   b) It could not be ascertained if an alternative application was submitted by the Dept of Economic Development;
   c) The DCA's checklist (#2) contained in the letter, references Architectural Certification.

3. DCA Letter to Dept of Economic Development dated 01July2019 ARN #592/19
   a) The letter has not clarified if the DCA granted Approval-in-Principle with conditions, including the requirement for the Architectural Drawings to be certified (second time);

4. DCA Letter to Dept of Economic Development dated 04Nov2019 ARN #592/19
   a) The letter serves as a warning to the Client Ministry that the conditions of approval outlined in the letter of 01Jul2019, remained outstanding;
   b) The letter repeats the request for certified Architectural Drawings (#2);

5. DCA Letter to Dept of Economic Development dated 20Dec2019 ARN #592/19
   a) The letter served as the notice that approval was granted for the demolition of the Dialysis Building and Occupational Therapy Building on SJHRP Phase 1.

6. DCA Letter to Dept of Economic Development dated 23Dec2019 ARN #592/19 served as a reminder that the conditions for approval set out in the letter dated 01Jul2019, were still outstanding including the requirement for the DCA to be indemnified under the Consultant's PI Insurance, critical site planning information, and other supporting statutory approvals including Health, Fire, Traffic Dept, Solid Waste Management Authority, Electrical Inspectorate. It was noted from the attachments to the letter, that ratification was achieved through a process of round-robin approval of members of the DCA Board.

7. DCA Letter to Dept of Economic Development dated 06Jan2020 ARN #592/19 recorded the outcome of a high-level meeting of the DCA with key stakeholders which was convened on 20th Dec 2019. Some of the decisions taken at the time of the meeting and recorded in the letter included:
   a) The requirement for the Consultant to provide the DCA with proof of PI Insurance;
   b) Proof of evidence of statutory approvals;
   c) The decision by the DCA to waive the requirement for architectural certification (by a registered local architect) in lieu of an agreement on the part of the Consultant to accept full liability for the architectural design;
   d) The letter also noted the Consultant's agreement to submit the requirement in (b) above, in packages (presumably because some were not readily available).

8. DCA Letter to Dept of Economic Development dated 17Jun2021 ARN #592/19 serves to acknowledge receipt of a package of information including the following:
   a) 2 No sets of DCA stamped-approved architectural drawings dated 20th Dec 2019.
   b) 1 No set of Traffic Management Plans;
   c) 1 No Set of Engineering drawings;
   d) 3 No. sets of Plumbing and Biomed Gas Drawings;
   e) Public Health Approval drawings;
   f) # No sets of certified Electrical Drawings.
   g) In addition, another request was made for the Consultant to submit PI insurance;

9. Letter of the Dept of Economic Development to the DCA dated 22Jun2021 ARN #592/19 serves to provide among other issues, evidence of the Consultant's PI Insurance Cover Note dated 14May2021 – 14May2022. However, the DCA letter has not confirmed whether the Board accepted the PI Insurance cover note or is the Board was furnished with or perused a copy of the full policy and any endorsement statements

10. DCA Letter to Dept of Economic Development dated 08Jul2021 ARN #592/19 serves to record that **DCA Full Approval was granted to the Project at the DCA Meeting of 7Jul2021** and noted that only two conditions remained outstanding, namely:
    a) Approved Traffic Management Plan.
    b) Amended Site Plan to be consistent with Traffic Management Plan for operations;

11. Copy of the Attendance Register for the DCA Meeting of 20Dec2019 held in the DCA Conference Room. The register records some 24 participants were in attendance at the meeting.

12. Dept of Infrastructure MEMO dated 18th March 2019 served to record that the Traffic Management Plan for the project, was granted approval;

13. DCA Letter to FDL dated 31Jan2919 ARN #45/19 served to advice that the Authority had deferred the application, pending a series of conditions;

14. SLSWMA Letter to the Dept of Economic Development dated 15th February 2021 recorded that the Authority had granted approval to the Solid Waste Management Plan;

15. SLFS Letter to the Dept of Economic Development dated 12th May 2021 advised that whereas Fire Approval was granted to the Main South Wing, Physiotherapy and Dialysis Units, the approval was subject to the following conditions:
    a) Improvement to the means of escape in the Physiotherapy Unit;
    b) All installation must comply with stipulated Fire Safety Codes;
    c) Installation of an automatic sprinkler system throughout the building(s);
    d) General requirement for prescribed fire hydrants and standpipe system;
    e) General requirement for smoke/heat detectors and an integrated fire alarm system;
    f) Portable fire extinguishers, manual activation points, and signage;
    g) Formulation of an Emergency Action Plan for the complex;
    h) Final application and issuance of a Fire Certificate in accordance with Labour Act (2011)

12.11 Appendix K – Terms of Reference for the Review Committee

By Cabinet Conclusion No. 06 of 2021, dated August 09th, Cabinet approved the appointment of a committee to review the options for the completion and commissioning of the St Jude Hospital and to advise Cabinet on the feasibility and requirements for an immediate move and transfer of operations from the George Odlum Stadium to the original St Jude site.

1. **Name of Committee:** Review Committee for the St Jude Hospital Reconstruction Project.
2. **Members of Committee**:
    a) Mark Hennecart - Chairperson
    b) Francis Chitolie
    c) John Peters
    d) Cosmos Andrew
    e) Moses Mederick
    f) Jeremiah Phulchere
3. **Purpose of Committee:** To review options for the completion and commissioning of the St Jude Hospital and to advise Cabinet on the feasibility and requirements for an immediate move and transfer of operations from the George Odlum Stadium to the original St Jude site.
4. **Scope of Work:**
    a) Review all construction works undertaken or being undertaken in relation to the implementation of the St Jude Hospital Reconstruction Project (SJHRP) and determine status of completion and readiness;
    b) Determine options for the completion and commissioning of the buildings/structures comprising the SJHRP and advise on the requirements and associated timelines for achieving same;
    c) Determine the feasibility and requirements for the earliest possible move and transfer of the hospital operations from the George Odlum Stadium, to the St. Jude Hospital site;

d) Determine and advise on the urgent and critical repairs needed to the facility at the stadium, in order to improve the working and operating conditions of the hospital, pending its relocation; and
e) Review and advise on any other areas and or issues that may negatively impact of the early successful completion of the SJHRP.

5. **Deliverables:** Prepare and submit a report on the findings and recommendations (a roadmap) for the completion, transfer and operationalization of the health facility within four (4) weeks of the appointment of the committee.

12.12 Appendix L - Glossary of Terms

- Arch Architectural
- CEO Chief Executive Officer
- CMO Chief Medical Officer
- DCA Development Control Authority
- Eng Engineering
- FF&E Furniture, Fixtures and Equipment
- GONS George Odlum National Stadium
- GOSL Government of Saint Lucia
- MEP Mechanical, Electrical and Plumping
- NAO National Authorizing Officer
- NVP National Vision Plan
- OPM Office of the Prime Minister
- PDMT Project Design and Management Team
- PHD Public Health Department
- PMOSL Prime Minister of Saint Lucia
- PMU Project Management Unit
- SJH St Jude Hospital
- SJHB St Jude Hospital Board
- SJHRP St Jude Hospital Reconstruction Project
- PSC Project Steering Committee
- SQP Southern Quadrant Plan
- TOR Terms of Reference
- UG User Group
- SUB Sub-User Groups
- VFCCCC Vieux Fort Concerned Citizens Coalition for Change