

# STATES OF JERSEY



## OUR HOSPITAL SITE SELECTION: OVERDALE

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Lodged au Greffe on 6th October 2020  
by the Council of Ministers

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STATES GREFFE

## **PROPOSITION**

**THE STATES are asked to decide whether they are of opinion –**

To approve Overdale as the preferred site for Jersey's new Hospital, which is to be delivered within the boundaries illustrated on the plan in Appendix 1 to the report accompanying this proposition.

COUNCIL OF MINISTERS

# REPORT

## Introduction

Jersey needs a new hospital. However, in an Island nine miles by five with Jersey's specific geographical character, there are few suitable sites large enough to accommodate a new hospital. Our planning framework, highways networks and Island infrastructure are such that on many sites a new hospital cannot be delivered without significant additional cost and delay, if even at all.

The Our Hospital Project has therefore sought to identify the most appropriate sites that have the greatest likelihood of delivering within the timeframe set out in R.54/2019 *New Hospital Project: Next Steps*. This report outlined the ambition to design and deliver a completed hospital in a similar timescale to that of the previous scheme by the end of 2026.

A thorough site selection process was developed and applied to the most comprehensive long list of potential sites possible. This long list of sites has then been evaluated according to a set of clinical and technical criteria developed and agreed by clinicians, health and care professionals, a Citizens' Panel of Islanders and technical advisers.

As the Assembly will be aware, this process ultimately resulted in a final shortlist of two sites: Overdale and People's Park.

This report serves as an introduction to the extensive and objective body of evidence in Appendices 2 and 3. This report includes the following sections:

- Section 1: Health and Care Policies and Our Shared Vision
- Section 2: The Strategic Case for Our Hospital - why 'doing nothing' is not an option
- Section 3: How Clinical and Public Engagement led the Site Selection Process
- Section 4: The 5-Step Site Selection Process
- Section 5: Proposed Site Boundaries
- Section 6: Financial Implications
- Section 7: Recommendation from Our Hospital Political Oversight Group and Council of Ministers
- Section 8: Next Steps in the process
- Section 9: Conclusion

## Section 1. Health and Care Policies and Our Shared Vision

1.1 Our shared vision is of a modern, fit for purpose hospital which meets the current and future needs of patients, clinicians and healthcare staff and visitors. It is a vision of a hospital where clinical adjacencies have been thoroughly thought through based on the experience and expertise of the clinicians and healthcare staff who will work in Our Hospital.

1.2 P.82/2012, *Health and Social Services: a new way forward (P.82/2012)* recognised the need for Jersey's health care model to evolve in order to meet the challenges of demand, cost and quality in our evolving Island community. The Assembly voted 41 in favour of adopting P.82/2012 with just one vote against. In approving P.82/2012, the Assembly recognised the need for a new hospital to support the anticipated new ways of working. The Assembly recognised that Jersey's system of healthcare focussed on an over reliance of bed-based care within institutional care settings ranging from hospital to residential and nursing care and that instead more community care, delivered in community settings, closer to or in Islanders' homes was more appropriate. At the same time the Assembly recognised the benefits of utilising the skills of different practitioners by moving to a model that delivers that care by a wider range of clinicians and health professionals. P.82/2012 also recognised the anticipated changes to Jersey's demographic due to our aging population, and the necessary shifts in health and care delivery that will be needed to prepare.

1.3 Clinical and professional leadership teams across Health and Community Services (HCS) continue to agree that the model of health care delivery in Jersey needs to change. The Jersey Care Model (JCM) has been developed, which represents the next iteration of a strategic care model for Jersey. The JCM is due for debate by the Assembly in early November 2020.

1.4 The world of health and care does not stand still. New treatments, drugs and equipment will be developed and in response the strategic direction of health and care models of delivery will continue to evolve and will set the context for future policies that may be adopted by the Assembly. Therefore, Our Hospital cannot be firmly set in one strategic context or another. Rather it must offer a delivery space from which the care provided can be flexible and continue to evolve along with predicted changes to the models of care and the demographic profile of Islanders.

1.5 To meet evolving models of health and care delivery and the needs of Islanders as treatments and technologies continue to progress, Our Hospital will be designed in a flexible way to enable clinical and non-clinical areas to be adaptable with the ability to change in layout and use, where appropriate. Examples of this flexibility could include clinical areas that can be repurposed quickly – for example, to enable an appropriate response to future public health crises such as Covid-19 – or administrative areas that can be converted into clinical areas because the building infrastructure allows for gases, etc to be built into walls and partitions.

1.6 The layout of Our Hospital will be primarily driven by the need to co-locate some services to deliver clinical adjacencies - for example, the need for an Emergency Department on the ground floor adjacent to diagnostic services with ready access to theatres. The much smaller element of design will be informed by the model of care delivery, but different delivery model options could be accommodated by different layout opportunities within a flexible site and space. Therefore, whilst the proposed JCM will inform the development of the functional brief for Our Hospital, it will not define the clinical and non-clinical design requirements.

1.7 Our shared vision is of a hospital which integrates physical and mental health care services. A hospital that is contemporary, innovative in design and complements the natural and built-up environment in which it is set. A hospital that can attract the very best clinicians and healthcare staff to work in Jersey, who can bring with them excellent ways of working to contribute to positive health and wellbeing outcomes for generations of Islanders.

## **Section 2. The Strategic Case for Our Hospital – why ‘doing nothing’ is not an option**

2.1 The case for a new hospital has been well-made and accepted by successive States Assemblies over the past decade, yet collectively Jersey has not delivered. Eight years of discussion, debate and costly delay.

2.2 The current hospital is tired and deteriorating. It does not support modern ways of working, efficient patient experience or modern health care models. As the estate continues to deteriorate, it will be harder to attract highly skilled clinicians to our Island. In time, these factors will mean that the offering available to support the health and wellbeing outcomes of Islanders will also deteriorate.

2.3 The current Jersey General Hospital was built in a different era of care. It was not built to accommodate the evolution of health and care delivery due to advancements in technology and practice and changes to our Island’s demographic profile. It lacks the possibility of expansion and flexibility of design required to develop to accommodate future needs and healthcare advancements.

2.4 The current hospital estate comprises a disparate collection of buildings developed over a long time, some dating back further than the 1960s, to different health policies, operational practices and construction standards. As a result of piecemeal development, there are significant challenges regarding patient flow and clinical adjacencies that do not support the most efficient and effective medical practice. Clinical and healthcare staff will attest to the challenging configuration of services and the condition of the buildings – they are delivering the best outcomes they can, despite their challenging and deteriorating environment.

2.5 A 6 facet survey, carried out in 2015 and updated in 2016, assessed the condition of the general hospital estate against 6 criteria with the following results:

- **physical condition** – all buildings were rated C: operational but major repair or replacement will be needed soon, that is, within three years for building elements and one year for engineering elements.
- **functional suitability** – only Peter Crill House and the Gate House – which are both administrative, non-clinical areas were rated B: satisfactory, minor change needed. All other areas achieved either C: not satisfactory, major change needed or D: unacceptable in its present condition.

- **space utilisation** – the majority of areas were rated F: Fully used - A satisfactory level of utilisation. with the Granite Block, Pathology/Pharmacy/Kitchen and Engineering rated O: Overcrowded, overloaded and facilities generally overstretched. No facilities were rated as empty or underused
- **quality** – only the Gate House achieved a rating of B: a facility requiring general maintenance investment only. The majority achieved C: a less than acceptable facility requiring capital investment, with the Pathology/Pharmacy/Kitchen and Engineering achieving D: a very poor facility requiring significant capital investment or replacement.
- **fire, health and safety requirements**– All areas achieved ratings of either B: building where action will be required in the current plan period to comply with relevant guidance and statutory requirements or C: building with known contravention of one or more standards which falls short of B.
- **environmental management** – energy performance is an important factor in determining the overall efficiency of the building and most areas achieved a C rating with the Gate House and Engineering block achieving the lowest rating of D.

2.6 Since 2016, HCS has supported a rolling maintenance programme to keep the current hospital operational. Four years on, in April 2020, a review was undertaken of the necessary maintenance and associated costs required over the coming years to ensure the safe operational running of the current hospital estate as well as the replacement of critical equipment. This identified a comprehensive maintenance and capital equipment replacement programme required to uphold the safe functioning of the hospital, projected to 2033. All of the works identified are classed as essential with the spend identified through the condition surveys as plant or materials reach their natural life end.

2.7 The ability to manage the extent of required maintenance presents risks to the continuity of service delivery and patient experience. The position is not ideal. Furthermore, it is likely that some of these costs could be considered abortive costs if a new hospital is delivered in parallel with any necessary backlog maintenance investment on the current estate.

2.8 Our Hospital being operational early would avoid some elements of backlog maintenance, reduce abortive costs and improve patient experience and quality of services. As a result of the analysis undertaken by HCS the conclusion is that there is an effective tipping point around 2026, where the cost of maintenance escalates even more sharply and could be avoided. The cumulative cost at this point is estimated to be £51.6m.

2.9 In summary, doing nothing is not an option. However, Jersey has a real opportunity to have a best-in-class healthcare facility in Our Hospital: the objective technical assessments conducted by the Our Hospital Design and Delivery Partner conclude that Overdale could accommodate an outstanding hospital for our island jurisdiction. These technical assessments are can be found in in Appendix 3 to this report.

## **Section 3. How Clinical and Public Engagement Informed Site Selection**

### **Clinical engagement**

3.1 The Report – R.54/2019 – set out the ambition of a clinically-led process to design and deliver Our Hospital. The Our Hospital Clinical Director has undertaken an extensive programme of engagement with clinicians and healthcare professionals to develop the initial vision into guiding principles. These principles informed the clinical criteria for site selection purposes and continue to inform the brief for Our Hospital.

3.2 These guiding principles included proposals for the services that would be delivered from a main hospital site and take into account critical clinical adjacencies. The guiding principles have informed the development of an initial draft functional brief and ‘kit of parts’ footprint, which describes which hospital services need to be situated on the ground floor of Our Hospital.

3.3 The kit of parts informed the site shortlisting process by using the minimum footprint size (including 15% growth potential for future-proofing the design) to determine which sites on the long list could accommodate the ground floor requirements.

3.4 The draft functional brief and clinical adjacencies have informed initial block and stack analyses, which are illustrated in Appendix 3. These analyses suggest that Overdale could accommodate a world-class hospital.

3.5 Led by the Our Hospital Clinical Director, the draft functional brief continues to be developed by clinicians and professionals and will be finalised by the end of 2020. The final functional brief will be a key document that will inform the design of the new hospital, undertaken by the Design and Delivery Partner.

### **Public Engagement**

3.6 All Islanders have been invited to play a part in informing the site selection process. A Call for Sites was made in December 2019, to ensure that all possible locations for Jersey's new hospital were considered. Islanders were invited to suggest sites where they thought the building could be located. Suggestions made by members of the public were added to those sites considered during previous iterations of the project. This allowed the long list of sites to take into account as many sites as possible.

3.7 All Islanders were also invited to apply to be a part of Our Hospital Panel of Citizens, which has been established to consider, develop and endorse the criteria that have been used for both site shortlisting and assessments on the shortlist of sites. The Citizens' Panel were supported by clinicians, health professionals and technical advisers in developing the site selection criteria.

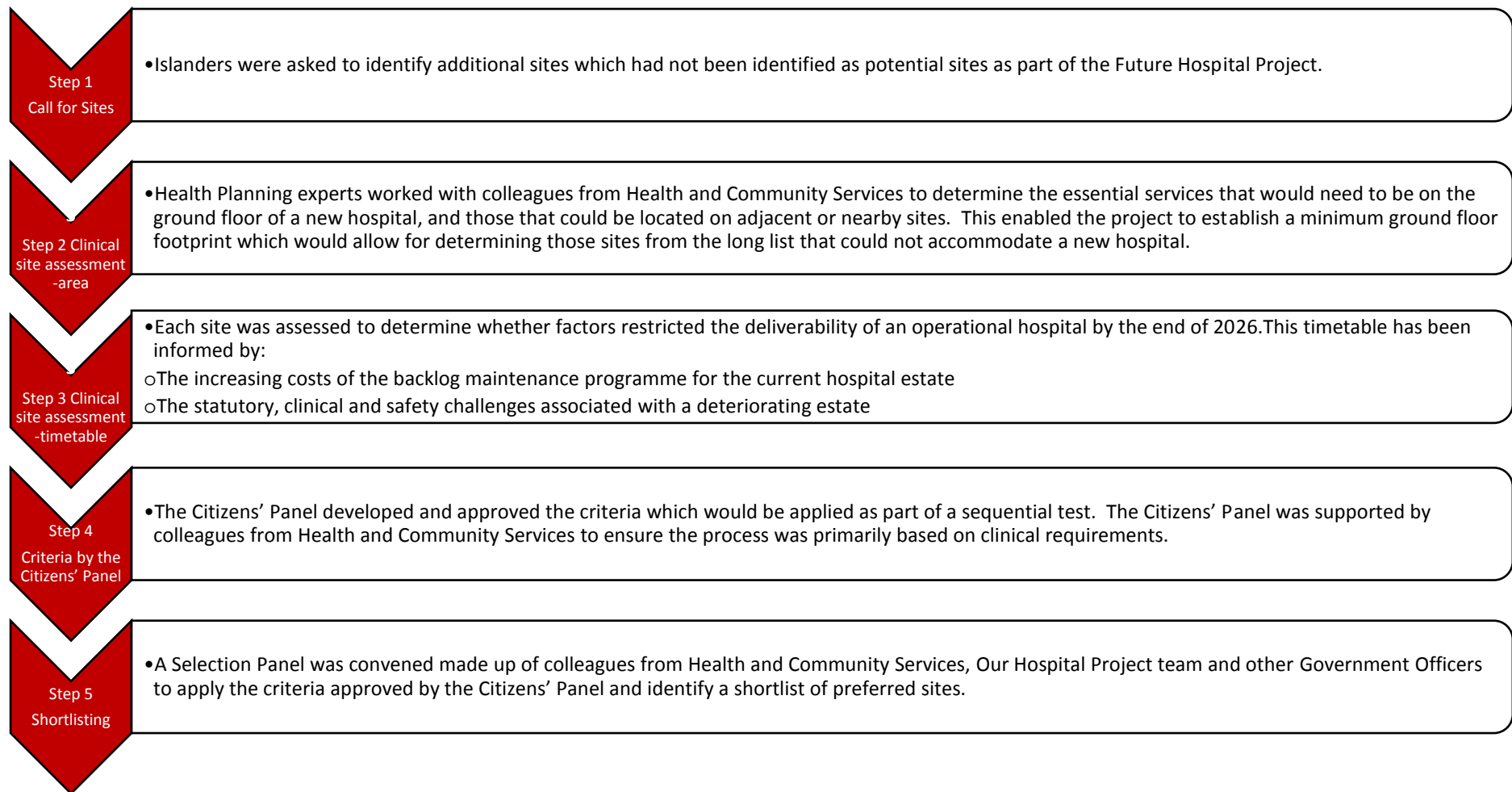
3.8 The involvement of the Citizens' Panel and wider engagement with Islanders is anticipated to continue throughout the project.

## **Section 4: The 5-Step Site Selection Process**

4.1 The site selection process has been thorough and objective. It has been applied to every site suggested, as previous iterations of the project were criticised for removing sites without explanation. The Our Hospital Political Oversight Group (**POG**) and the Council of Ministers (**COM**) have provided the project team and technical advisors with robust challenge to ensure that the process has been thorough, independent, objective and applied consistently. In this way, they have ensured that there has been no political involvement in the site shortlisting process – which was a criticism of previous iterations of the project – to reduce a long list of sites from 82 to a final shortlist of 2 sites. The criticisms were reflected in both the Hospital Policy Development Board and the Comptroller and Auditor General’s reviews.

4.2 The site shortlisting process comprised five steps, that are summarised in the diagram below which shows how the process for identifying a long list of sites and appraising these to determine a short list of preferred sites has involved both Islander engagement and technical input from clinicians and experts. Further details on each step of the process can be found at Appendix 2 to this report.





4.4 As the Assembly will be aware, five sites were shortlisted following this process:

- Fields to the North of Five Oaks
- Millbrook Playing Fields and fields to the North
- Overdale and nearby fields
- People's Park
- St Andrew's Park, First Tower

4.5 Once the shortlist was approved by POG and supported by COM, detailed feasibility studies were undertaken to further assess each shortlisted site's challenges and opportunities. The Citizens' Panel has continued to be engaged in the site selection process by assisting the Design and Delivery Partner to further develop their initial shortlisting criteria to inform the site technical assessments and evaluations. These site evaluations soon established that three of the shortlisted sites were not worth evaluating further as they presented significant challenges to deliverability within the critical timeframe. These reasons are detailed in Appendix 3.

4.6 These assessments and evaluations have all been delivered objectively by highly experienced and reputable advisers. They concluded that the most deliverable sites for a world-class hospital in Jersey are Overdale and People's Park. Further detailed information to support this can be found in both Appendices to this report.

4.7 The process has confirmed that Overdale has the potential to deliver a world-class hospital that meets the project's objectives, including timeframe.

## **Section 5: Proposed Site Area**

5.1 The plan, Appendix 1 shows the boundaries of the land required for the site of the Our Hospital. The final design will be informed by the functional brief that is being led by HCS clinicians and professionals. It will be developed and included in the Outline Business Case which will be considered by the Assembly during Summer 2021.

5.2 In order to deliver Our Hospital on the Overdale site, land acquisition and highways and access improvements will be necessary. Options for these improvements are outlined in Appendix 3.

## **Section 6: Financial Implications**

6.1 The total estimated costs for the OH proposal are at the Strategic Outline Case stage and thus are subject to potential change as the project develops an Outline Business Case to refine the detail and increase cost certainty over the next six to eight months. The analysis below identifies the current estimated costs by category and also shows a comparator between Overdale and People's Park.

6.2 The Government of Jersey has negotiated a maximum build cost of £550m for Overdale.

**Table 1**

<b>Design and Delivery Partner (DDP) Costs</b>	<b>Overdale</b>	<b>People's Park</b>	<b>Comparator</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Construction of the Hospital	412.2	397.7	14.5
Furniture Fixtures & Equipment plus Decant Fees	55.3	55.3	-
Delivery Partner Contingency	14.7	14.7	-
Site-specific Costs	38.7	26.8	11.9
Pre-Construction Services Agreement	29.2	29.2	-
<b>Total Costs – Delivery Partner</b>	<b>550.0</b>	<b>523.7</b>	<b>26.3*</b>

\*Total is corrected for rounding.

6.3 Each site on the final shortlist has been assessed using a desk-top exercise to evaluate site-specific costs. These costs include additional costs over and above those contained in the capital cost allowance outlined in Table 1 above. The site-specific costs for Overdale and People's Park contain a variety of cost categories including items such as drainage, new site access, off site highways and junction upgrades, site preparation, basements and other related matters.

6.4 The Government of Jersey has also prepared an outline for other site-related costs, including site acquisition, relocation of the health care services already in situation, and optimism bias and client contingency in accordance with HM Treasury guidance and good practice for major capital projects. Optimism bias and client contingency are risk-assessed calculations that will provide the Government of Jersey with appropriate protection as it develops and implements the project.

6.5 Non-site-specific costs are anticipated for decant, demolition, project development, advice and management for works to decommission the current general hospital.

6.6 The total of these additional site-specific and non-site-specific costs are estimated to be £254m for Overdale and £220m for People's Park. This breakdown of anticipated cost is set out below in Table 2. It should be noted that the costs outlined below may be partially offset by operational savings realised (to be determined -TBD) – these savings will be assessed as part of the Outline Business Case.

**Table 2**

<b>Other Costs</b>	<b>Overdale</b>	<b>People's Park</b>	<b>Comparator</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Site Acquisition/Re Provision*	25.3	12.7	12.6
Re-provision of Park	-	23.1**	(23.1)
Re location of services	5.0	-	5.0
Existing Site Opportunity Costs of Re-provision*	-	5.0	(5.0)
Optimism Bias / Client Contingency	174.3	129.9	44.4
Decant and migration (existing hospital)	3.1	3.1	-
Demolition of existing hospital	7	7	-
GoJ Team Costs	11.3	11.3	-
External advisor costs	28.5	28.5	-
Savings TBD	TBD	TBD	-
<b>Total</b>	<b>254.5</b>	<b>220.6</b>	<b>33.9</b>

\* The £25.3m of Site Acquisition Costs for Overdale includes the £16.6m in land and properties costs that will be required as a minimum to progress the scheme. The balance of this number could be required to acquire other land in the future as the scheme design progresses.

\*\* This £23.1m is the estimated figure for the re-provision of the green space for the entire area of People's Park. No such compensation will be required for the Overdale site.

6.7 However, it must be stressed that these figures remain outline costs, that will continue to be refined as the detailed design of Our Hospital progresses. An Outline Business Case will be developed during Summer 2021, which will provide much greater cost certainty and will support a future Proposition on the financing of Our Hospital.

6.8 As can be seen the financial implications of both sites have been prepared and have identified a maximum estimated total of £60m more for Overdale. This differential is largely driven by the greater complexity associated with the Overdale site including for example, but not limited to, additional anticipated highways works, demolitions and relocations, topography, programme and planning.

6.9 Both the POG and the COM considered that over its lifetime, the impact that a new integrated health and care facility at Overdale would have on positive health and wellbeing outcomes for Islanders outweighed the difference in estimated costs.

## **Section 7: Recommendation from Our Hospital Political Oversight Group and Council of Ministers**

7.1 The detailed technical assessments appended seek to present an objective summary of the short-shortlisted sites performance against the agreed criteria. The technical assessments explore a complex situation where there is no ideal site for Our Hospital. However, the technical assessments concluded that Overdale would deliver a world-class hospital in the anticipated timeline and within the affordability limits outlined above.

7.2 In reaching the judgement that Overdale should be brought forward as the preferred site for Our Hospital, POG and the COM have extensively deliberated the opportunities and risks involved with each site. In reaching this conclusion, they have considered that:

- Overdale would provide the better integrated hospital design that could support generations of Islanders. The Overdale site is of sufficient size that it can accommodate all clinical services for Our Hospital, including mental health, on one site. The site provides sufficient scope to allow for flexibility in design and to respond to the need for expansion in the future. Furthermore, this single site solution will also reduce operational running and logistics costs.
- Overdale could deliver Our Hospital in the anticipated project timescale
- Overdale offers a better option in terms of flexibility of design and futureproofing
- Access challenges, which are duly noted, can be overcome and provide opportunities to improve the road network to support wider health and wellbeing activity
- Whilst a more complex land assembly programme would be required, the impact of acquisition of private property and human impact to nearby residents is relatively limited
- The difference in cost of a new hospital at Overdale when compared to People's Park will be outweighed by its contribution to the long-term health and care outcomes of Islanders over its lifetime
- Overdale is a more deliverable scheme, given the significant political challenges due to an existing States decision that the new General Hospital should not be located at People's Park or Victoria Park

## **Section 8: Next Steps**

8.1 Should Overdale be agreed as the preferred site by the Assembly, work can begin to relocate services currently delivered from the site and to assemble the land necessary to deliver Our Hospital.

8.2 A planning application will be drafted for the necessary highway and demolition works and this will be submitted before the planning application for Our Hospital.

8.3 The Our Hospital design and delivery programme is ambitious, yet achievable. The programme is detailed and complex. However, there are a number of significant milestones:

- Development of the final functional brief by our Island's clinicians and health professionals which will be published in late 2020;
- A Proposition outlining the financing strategy, will be brought to the States for debate in mid-2021, supported by the Outline Business Case;
- A detailed design and planning application for Our Hospital will be prepared for Autumn 2021 with a view to achieving Planning consent in Spring 2022;
- A start on the preferred site in late Spring 2022, in line with the timeline outlined in the Report R.54/2019
- The completion of construction in late 2025; and
- The clinical commissioning and decant of clinical services, which will enable Our Hospital to care for its first patients in 2026.

8.4 The project will also continue to engage with clinicians, health professionals, the Assembly, the Citizens' Panel, and all Islanders throughout the lifetime of the project.

## **Section 9: Conclusion**

9.1 The project must continue to reach its milestones in order to deliver Our Hospital for all Islanders. Jersey needs a new hospital that provides an outstanding healing environment and can attract the best staff to provide the best standards of care to Islanders and to contribute to positive health and wellbeing outcomes for generations to come.

9.2 There must be no further delay.

9.3 Members are asked to reflect upon Jersey's existing hospital estate and the significant risks in further delay or revisiting sites that have been discounted (and do not have a body of evidence that support them). Members are requested to consider:

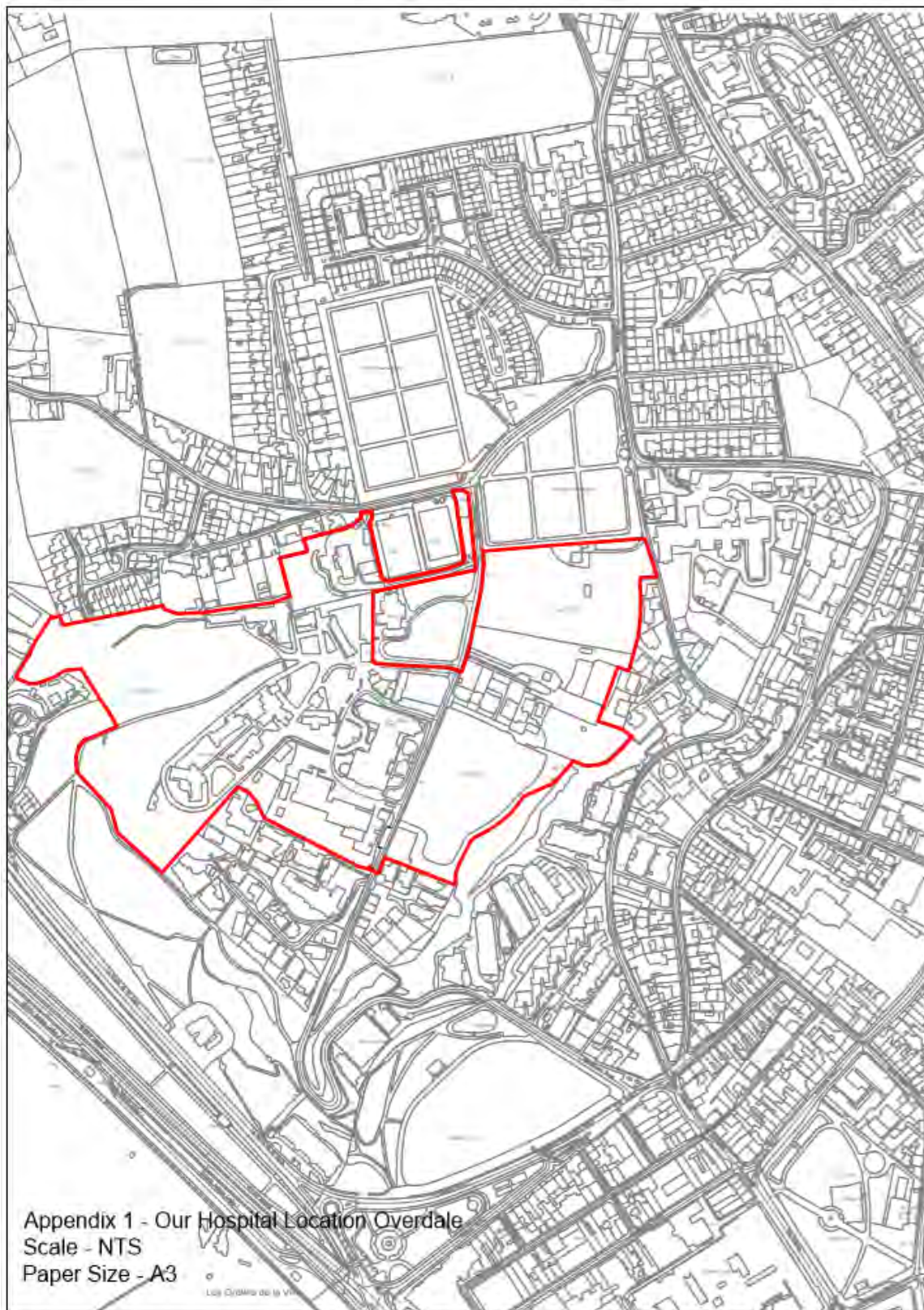
- The increasing costs to maintain the current hospital estate;
- The cost of further delay - delivery team costs would continue and there would be a significant inflationary effect over the lifetime of the project;
- The reputational damage in the hospital design and construction market that Jersey would experience – a reputation that has already been impacted by previous iterations of the project, and;
- In this context, in the event of project failure, whether Jersey would be able to attract a world-class Design and Delivery Partner for this or other major capital build projects.

9.4 This Report and Proposition presents the Assembly with a unique opportunity to deliver a hospital project which has the support of our health service, Islanders and other key stakeholders.

9.5 Taking into account all of the clinical, locational, environmental and economic and social impacts of the new hospital on our final two sites, the Our Hospital Political Oversight Group and the Council of Ministers were in no doubt that Overdale was the best option and would deliver an exemplary hospital, future-proofed for future generations of islanders.

9.6 If approved, Overdale Hospital will be set in an elevated, peaceful location and natural environment with incredible sea views, and offering individual recovery rooms alongside state-of-the-art and flexible medical facilities – the patient experience will be second to none – meaning we will be able to attract the very best in healthcare professionals providing the highest standards of care.

## Appendix 1 – Boundary of Proposed Hospital Site



**Appendix 2 – Our Hospital Site Selection Report (separate document)**

**Appendix 3 – Our Hospital Site Evaluation Report (separate document)**





# Site Shortlisting Report

July 2020

## SITE SHORTLISTING REPORT

### Purpose

This report outlines:

- the approved methodology to establish a long list of potential sites for a new hospital for Jersey and identify a shortlist of sites
- the steps that have been taken to agree criteria that would be applied to this long list of sites, including clinical and community involvement
- the shortlisting process and outcome of the shortlisting process
- how the project's Design and Development Partner, ROK FCC, will appraise the shortlist of sites with a view to identifying a preferred site

### Introduction

P82/2012 – Health and Social Services: A New Way Forward set out the strategic direction for changes to the way health and care is delivered in Jersey and identified the need for a new hospital, to support Islanders' health outcomes as part of a shift towards more care in the community and people's homes. This approach has been reaffirmed during the development of the Jersey Care Model (**JCM**) by Health and Community Services (**HCS**), which was published in draft form in autumn 2019.

Since 2012, previous iterations of the project have resulted in unsuccessful planning applications have highlighted the challenges in identifying a site that could deliver a new hospital. It is reasonable to assert that no ideal site for a new hospital for Jersey has been identified, and that given the nature of the Island's geography, each site has its unique set of challenges. These challenges have meant that the preferred site has continued to be the subject of political and public debate since 2012. It will therefore be critical to communicate with Islanders to support them to understand the process for identifying a shortlist of sites and the rationale upon which sites have been discounted.

### Site shortlisting methodology

The Chief Minister's report, *New Hospital Project: Next Steps* (R.54/2019) set out an approach to the Our Hospital project that would:

- Establish the agreed relevant clinical requirements of the new Hospital
- Use the outcome of the relevant clinical requirements to scope the size and shape of a new Hospital to inform the consideration of potential locations
- Involve a thorough process of Island and stakeholder communication and engagement, alongside technical assessments of deliverability identify a shortlist of sites for further consideration to allow a preferred site to be identified

To this end, the process for identifying a long list of sites and appraising these to determine a short of preferred sites has involved both Islander engagement and technical input from clinicians and experts.

A concept was developed and approved of a sequential test for site shortlisting, which would screen out less suitable sites from a long list of sites on a pass/fail basis according to a prioritised series of criteria that would be developed by a Citizens' Panel. It was agreed that the sequential test criteria would be framed in question-form and scored in line with HM Treasury Green Book Guidance, which provides for the following assessments<sup>1</sup>:

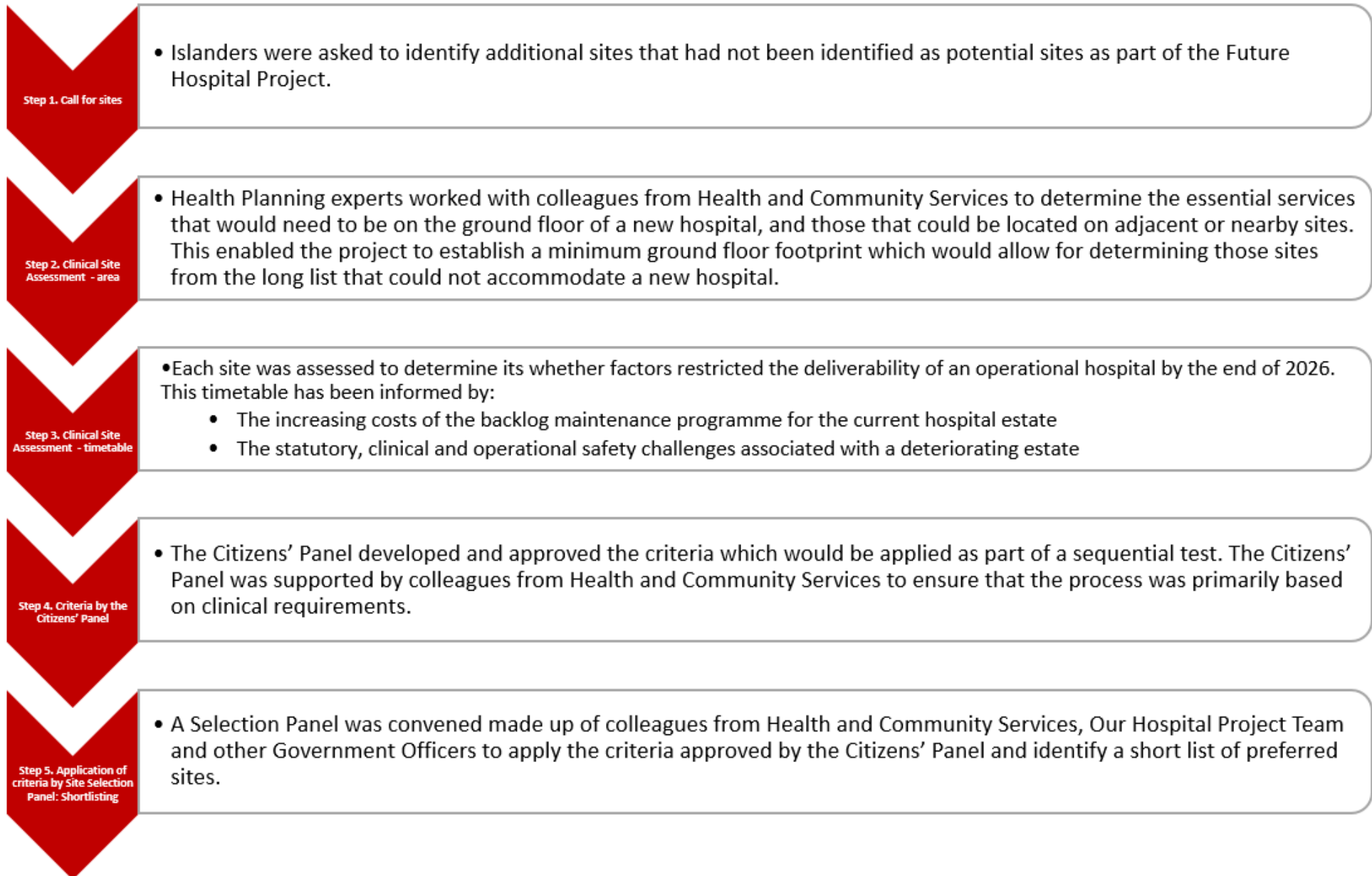
- Yes (site passes the question/criterion/test)
- No (site fails the question/criterion/test, and does not pass to the next question for appraisal)
- Maybe (site passes the question/criterion/test with a compromise or mitigation)

This methodology means that sites that do not meet the criteria are discounted and are not considered against the next criteria, with a view to reducing the initial longlist to an increasingly shorter list of sites.

An illustration of the process follows overleaf, and each step is treated in further detail on the following pages.

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<sup>1</sup> HM Treasury - The Green Book: Central government guidance on appraisal and evaluation, P58 – long-list appraisal  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/685903/The\\_Green\\_Book.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Green_Book.pdf)



## Step 1 - Call for sites

In December 2019, to ensure that all possible locations for Jersey's new hospital were considered, Islanders were invited to suggest sites where they thought the building could be located. Suggestions made by members of the public were added to those sites considered during previous iterations project. This allowed the long list of sites to take into account as many sites as possible. To maintain the integrity of the process, all sites that were suggested for inclusion on the long list were put through the site shortlisting process.

This resulted in a total of 82 distinct sites as potential locations for the Hospital. In some cases, suggestions were made by Islanders that were different permutations of the same site. The long list of sites is attached in *Appendix 1 – List of Sites*. At the time of the call for sites it was made clear that the minimum required size or 'footprint' of the new hospital was the first criteria that would rule in – or rule out – a site, as suitable.

## Step 2 - Clinical criteria for site assessment – site area

HCS colleagues and the Our Hospital project's Clinical Director reviewed the necessary clinical adjacencies and floor areas required for each clinical service to be delivered in the new hospital, as part of the development of the draft functional brief.

The work was informed by best practice in hospitals in other jurisdictions and established the clinical services that would need to be located on the ground floor of any hospital to best deliver clinical care. The draft ground floor brief allows for flexibility and some expansion within a new hospital site. In addition to clinical areas, the draft ground floor brief includes:

- **Areas for internal circulation and service space**
- **External areas** necessary to serve the Hospital, such as ambulance drop off and patient drop-off / pick up
- **A hospital service yard** to enable deliveries and for outdoor storage of things such as medical gases and refuse bins. The service yard needs to be immediately accessible to the Hospital building
- **Essential services** associated with the Hospital that could be located on the same site as the main building or could be located nearby. These services were agreed as being the administration, knowledge (learning) centre and other non-clinical support services
- **Car parking** - the previous project relied on existing car parking capacity to serve the proposed Hospital. A town centre location allows for a greater range of options for transport, such as buses and walking and therefore any location away from the town centre would likely result in additional road traffic (both public and private) and the need for new and greater parking capacity. It has been estimated that c800 car parking spaces would be required for a site away from the town centre. This provision was assumed to be made over two levels

In considering the ground floor arrangements along with the services critical to be located in the main hospital building and other support services that did not necessarily have to be co-located with the main clinical floorspace, HCS colleagues and MJ Medical Health Planners established two options that could achieve the required hospital:

- **Option 1** – main site and directly adjacent ancillary site that could accommodate all support services.
- **Option 2** – main site with basement to accommodate essential support services with a smaller, separate facility to house non-essential support services within 15 minutes' walking distance. HCS clinicians and professionals agreed that this option would be acceptable, as it did not split the delivery of clinical services over more than one site.

MJ Medical Health Planners, HCS colleagues and the project's Clinical Director established that the minimum footprint areas of the new hospital for each Option were:

**Option 1** - main site ground floor arrangement that would be supported by separate site facility alongside the main building, housing appropriate clinical and support services with. This ancillary site would be directly adjacent or up to 50m away and would provide non-clinical essential support services.

- Essential ground floor hospital area requirement (including external circulation areas) = **23,243m<sup>2</sup>**
- Adjacent site = **8,504m<sup>2</sup>**
- Car parking – 800 spaces over 2 x floors = **9,219m<sup>2</sup> or existing parking capacity**

**Option 2** – main site, including basement that could support the functioning of the hospital. This allows the total ground floor area to be marginally smaller than Option 1 and enables essential support services to be co-located within the new hospital building without the need to increase the building's height to incorporate an interstitial service floor. Option 2 retains the need for a separate facility alongside or close to the main building, but this site could be further away – clinicians are agreed that some services could be up to 15 minutes' walk from the main building.

- Essential ground floor hospital area requirement (including external circulation areas) = **22,890m<sup>2</sup>**
- Nearby site = **3,590m<sup>2</sup>**
- Car parking – 800 spaces over 2 x floors = **9,219m<sup>2</sup> or existing parking capacity**

In some circumstances, more than one nearby ancillary site could be available for development. So, some sites that pass the initial size test will be articulated as '*XXXXXXX and nearby site*' as there may be more than one combination of main and support site.

A third option, Option 3, was developed, that would be a variant of Option 2 (main site with basement and a nearby ancillary site) to explore how the clinical and support uses could be disaggregated in alternative ways to enable a greater number of sites to be considered. Option 3 would displace mental health facilities, theatre sterile supply unit, engineering and

estates functions to the nearby site no more than 15 minutes' drive from the main site. Of course, the inter-relationship of clinical uses, their adjacencies and the various respective support services is vital in a hospital and there is limited flexibility in moving many of them apart.

Initial discussions with HCS clinicians and health professionals suggested that this option was not clinically palatable, and it was considered to be too much of a dilution of the ambitions of the JCM with respect to co-locating the mental health service within the main hospital site. Option 3 was not explored further.

The work to establish a minimum floor / site area has been undertaken for the purposes of site shortlisting and does not represent a brief for the final design. A final design brief will be developed for the preferred site, once identified and approved.

#### ***How the test was applied:***

The long list of potential sites was mapped, and the area of each site was assessed. In the first instance this assessment considered total area and did not include an assessment of developable land on each site. Features such as a site's topography and existing uses could all have an impact on suitability and these assessments would be made later in the process.

#### ***What was the outcome?***

The application of the minimum site requirements reduced the list of sites under consideration from **82 to 39**.

The assessment of sites against Options 1 and 2 are set out in *Appendix 2 – Notes on Assessment of Sites*.

#### **Step 3 - Clinical criteria for site assessment – timetable**

Earlier in the year the Our Hospital Political Oversight Group were provided with information that outlined:

- The increasing costs of the planned backlog maintenance programme for the current hospital estate
- The statutory, clinical and operational safety challenges associated with a deteriorating estate

On this basis, it was agreed that Our Hospital should be operational by the end of 2026, which was noted as a tipping point when costs to keep the existing facilities operational would rise significantly.

#### ***How the test was applied:***

Therefore, the next stage of the sequential test was designed to discount those sites that could not be delivered by 2026. Factors that were considered as part of the deliverability criterion were:

- **Ownership:**
  - sites that are currently vacant and available for construction in early 2022 were deemed to meet the criteria
  - if ownership was outside Government control and if purchase by Government would require them to secure Planning consent and relocate an existing use, it was judged that the criteria would not be met
  - sites in mixed ownerships or with complex existing uses or covenants, including existing health uses, that cannot be relocated, that were identified and discounted
  - where ownership was outside Government control but could be purchased without a need to relocate an existing use, it was judged that the criteria possibly could be met
- **Availability of developable land:** sites that did not offer sufficient developable land to accommodate a new hospital - as opposed to overall site area regardless of topography - were removed from consideration

### ***What was the outcome?***

The application of the deliverability requirement reduced the list of sites under consideration from **39 to 17**.

The criteria for considering sites for the Hospital is attached in *Appendix 3 – Citizens’ Panel Assessment Criteria*.

*Appendix 4 – Application of Citizens’ Panel Criteria – Outcome Matrix* includes, in the left-hand column, all the sites that met both size and timetable criteria.

### **Step 4 - Criteria by the Citizens’ Panel**

Following an Island wide invitation for applications, a Citizens’ Panel was formed using an anonymised selection process involving those applicants who met the selection criteria. It was overseen by former Social Security Minister Francis Le Gresley and care was taken to ensure that the panel was reflective of the make-up of the Island’s population, as per advice received from Statistics Jersey.

During February and March 2020, the Our Hospital Citizens’ Panel convened on four occasions to support the Our Hospital project by formulating the criteria that they considered should form the basis of a sequential test, which would help narrow down the long list of sites – which had been nominated by the public – to a short list.

Supported by an independent facilitator from the UK, the Our Hospital Citizens’ Panel met independently of the Our Hospital Project Team and used their original Terms of Reference as



a starting point for discussions alongside the draft Our Hospital Supplementary Planning Guidance Advice Note, which was published in February 2020 by the Minister for the Environment. Whilst the Draft SPG was not adopted policy at the time, it was reasonable to consider the suggested advice as a template for the issues around the Our Hospital project.

After some familiarisation sessions, the Citizens' Panel worked together with the facilitator to establish the criteria they thought were important in determining the site for the Hospital. In a session after the workshop their criteria were crystalized into a priority sequenced list and approved by the Citizens' Panel.

### **Step 5 - Application of criteria by Site Selection Panel: shortlisting**

A shortlisting panel was convened to ratify the initial assessments conducted in steps 1-3 and apply the selection criteria developed and agreed by the Citizens' Panel in step 4. The Panel consisted of:

- Director General, Health and Community Services
- Clinical Director, Our Hospital project
- Our Hospital Interim Project Director
- Chief of Staff
- Director of Natural Environment

The Panel were supported by technical advisors covering:

- Jersey Government Highways and Infrastructure
- Jersey Government Town Planning
- Hospital planning, architecture, and design

The Site Selection Panel considered the assessment of sites that could accommodate the minimum size for a hospital ground floor, that was undertaken by expert MJ Medical Health Planners and had been endorsed by HCS Associate Medical Directors. The Site Selection Panel ratified the initial assessment of sites.

The Site Selection Panel considered the assessment of ownership and availability of sites regarding deliverability by 2026. It is important to note that the availability of sites and whether it enables the project timeline was also a criterion agreed by the Citizens' Panel. The Site Selection Panel agreed a reduced list of sites that could not be delivered by 2026, which were discounted from the long list.

### ***How the test was applied:***

The Site Selection Panel then considered the remaining 17 sites and tested each against the sequential test criteria that had been developed and agreed by the Citizens' Panel. Those criteria that were deemed more important by the Citizens' Panel were applied first, with subsequent criteria applied in accordance with the critical sequence agreed by the Citizens' Panel. It should be noted that the Site Selection Panel considered some criteria to be less definitive. For example, the Citizens' Panel criteria asked if the site was a greenfield or

brownfield development in that sequence. The Panel agreed that the former should not rule out consideration of the latter. The Site Selection Panel considered that these criteria should be fully explored as part of the technical assessment process, along with the criterion 'potential impact on heritage assets'. The appraisal of sites was undertaken as follows:

- Any site that did not meet the criteria (*HM Treasury – NO*). For the purposes of the shortlisting matrix, these determinations were highlighted in red.
- Any site that did (*HM Treasury - YES*) or could possibly (*HM Treasury - MAYBE*) meet the criteria, moved to the next test. For the purposes of the shortlisting matrix, these determinations were highlighted in green or amber respectively.

### ***What was the outcome?***

The application by the Site Selection Panel of the sequential test - that had been developed by the Citizens' Panel - reduced the list of sites under consideration from **17 to 5**. Those shortlisted sites are:

- Fields to the North of Five Oaks
- Millbrook Playing Fields and fields to the north
- Overdale + nearby fields
- People's Park + additional nearby site
- St Andrew's Park, First Tower

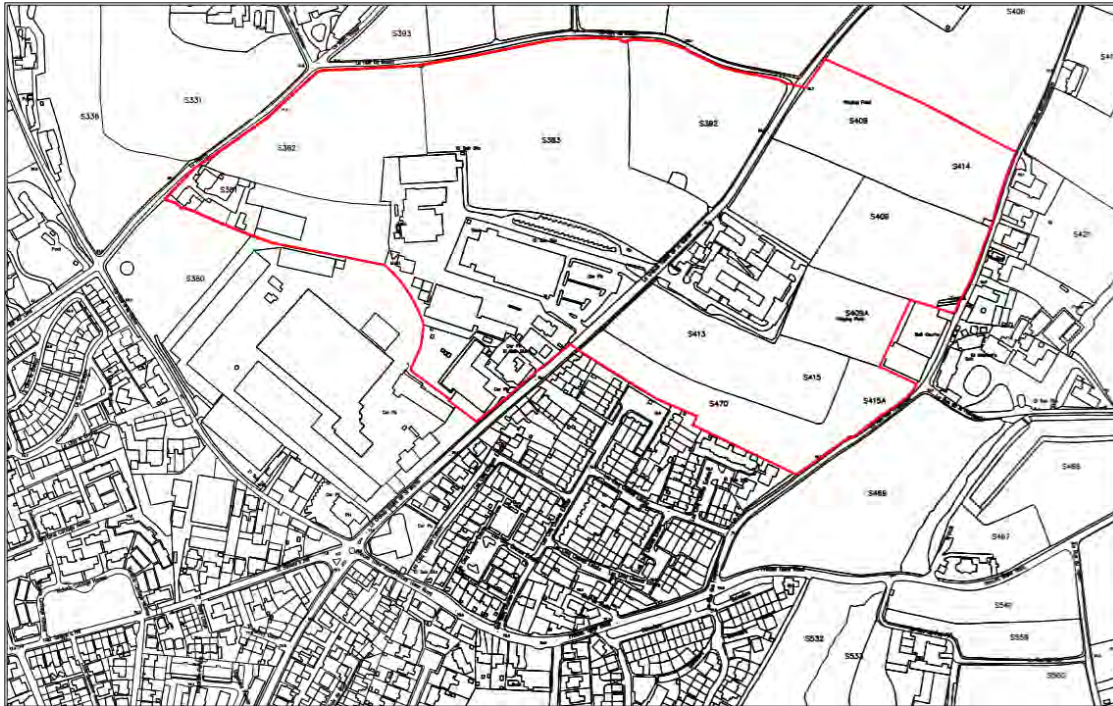
The output of the Site Selection Panel meeting is an appraisal matrix of all the sites large enough and that would be available in the timescale. The matrix is attached in *Appendix 4 – Application of Citizens' Panel Criteria – Outcome Matrix*.

### Shortlist of sites

After applying the defined criteria, five sites emerged as most able to meet the need.

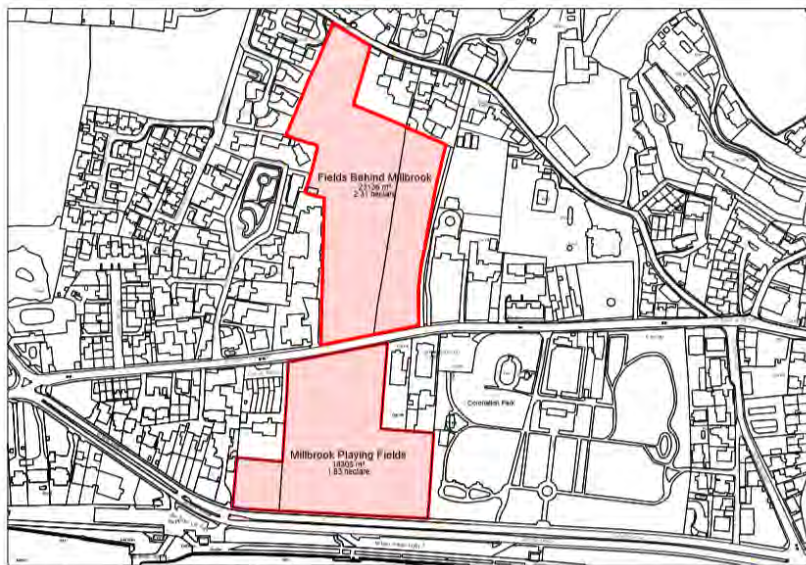
- **Fields to the North of Five Oaks**

Could accommodate Option 1 or Option 2. Car parking would need to be provided



- **Millbrook Paying Fields and fields to the north**

May be able to accommodate Option1 or Option 2. Car parking would have to be provided



- **Overdale + nearby fields**

Could accommodate Option 1 and Option 2, subject to sufficient developable land being identified. Car parking would have to be provided



Overdale and fields



Possible developable area

- **People's Park + additional nearby site** (tbc)

Could accommodate Option 2. An additional nearby site within the town could accommodate the required support facilities. Car parking could be provided by existing capacity.



- **St Andrew's Park, First Tower**

Could accommodate Option 1 or 2. Car parking would have to be provided.



### Identifying the preferred site – what happens next

As detailed in the opening paragraphs of this report, it is reasonable to assert that there is no ideal site for a new hospital for Jersey, and that each shortlisted site will have its unique set of opportunities and challenges.

The next steps in the process to identify a single preferred site will involve detailed feasibility studies (both desk-based and on-site technical assessments) and impact assessments, which will be undertaken by the Design and Delivery Partner, ROK FCC. These assessments will include:

- An assessment of the site to accommodate the area and content requirements of the new hospital
- Consideration against Planning policies including the Our Hospital Supplementary Planning Guidance (SPG)
- An assessment of impacts including, but not limited to economic impact, visual impact, transport impact, etc.

During this process it may become apparent that a site does not meet requirements and will not be identified as the preferred site. Sites will therefore be assessed in stages to avoid wasted time spent on undeliverable sites. The stages will broadly be:

1. **Site acquisition and community involvement** (end July 2020) - an island-wide engagement on the shortlist of sites and Citizens' Panel engagement to establish the

criteria for the assessment of the sites. This will allow progressive judgements to be made, comparing the potential benefits of a site against any harm that may occur. This stage will also involve an assessment and investigation into the ownerships of each site and the likelihood they can be acquired unencumbered by Government as the site for the hospital by the start of 2022.

2. **On-site technical assessments** (mid-August 2020) - the infrastructure characteristics of sites will be considered, including utilities (water, electricity and sewerage). Servicing and accessing the site will be a key consideration in its suitability for the new hospital. It will also impact on the amount of land that is necessary.
3. **Impact assessment** (end August) - impact of a new hospital on the site and its surroundings. This will include considering the internal design of the hospital and the scale and massing of a new building that will result from the design. The subsequent impacts on the landscape and townscape of the building and its operation and in addition the character of the area and neighbours can then be assessed as well as impact on the local economy.
4. **Consult and engage** (mid-September 2020) - sharing the detailed assessments with Planning and the Jersey Architecture Commission and the Citizens' Panel in the context of the criteria previously established.
5. **Report** (end September 2020) - report the outcomes of the assessments to the Political Oversight Group and then Council of Ministers to establish the preferred site

Further discussion of the constituent parts of this process is set out below.

### Site acquisition

None of the sites are currently within full ownership of Government of Jersey. A detailed assessment will be necessary to:

- **Appraise the opportunity** to assemble the constituent parts of the site
- **Develop a site assembly strategy** to indicate how and when each site could be secured if required.

### Community involvement

Following the publication of the site shortlist, Islanders will be asked for thoughts and comments on the suggested sites. At the same time, the Citizens' Panel will be requested to support the development of criteria that should be used to assess the sites to establish the preferred site.

A Statement of Community Involvement (**The Statement**) will be developed that provides details about how Islanders will be consulted throughout the design process for Our Hospital. This will consider:

- What groups will be consulted
- How they will be consulted

- When they will be consulted

The Statement will reflect the principles of consultation arrangements for Nationally Significant Infrastructure Projects (known as NSIPs) in England and Wales as administered by the respective Planning Inspectorates for those jurisdictions.

The principles of NSIPs reflect an iterative process which has evolved by learning lessons from previous experience consultation and engagement:

- A robust, well publicised and engaging process of public and stakeholder consultation and agreed mechanisms for political reporting
- A responsive design process informed by valued contributions from the local community and stakeholders
- Clear drawings, the use of jargon-free text and the publication of concise consultation reports.

This will all help to accelerate understandings and to combat misinformation and poorly informed adverse campaigning.

### **On-site technical assessments**

A detailed assessment of site constraints will be undertaken, which will consider factors such as drainage and incoming services - electricity and water.

- Technical appraisals will be undertaken for each site to investigate:
- Structural considerations
- Ground conditions based on desktop assessments
- Potential vibration sources in the local area

Mechanical, electrical, and public health strategies will be developed and used to inform early block and stack layouts for each site. These strategies will be used to inform decision considerations and detailed strategies will be developed for a preferred site, once identified.

Stakeholder will be engaged to identify sustainability objectives. Sustainability targets will be discussed and BREEAM (Building Research Establishment Environmental Assessment Method), credits reviewed as a delivery team.

During the test-fit process, engineering strategies will be developed to inform site planning and space allowances within buildings. These strategies will be developed to be robust, whilst flexible, to allow engineering strategies to be agreed progressively through the early design stages enough to inform site selection. Each site will also be further tested against the potential for future expansion to accommodate planned or unforeseen growth.

### **Impact assessment - clinical narrative**

Clinical spatial needs will be evaluated, developed, and consulted upon sufficiently to define the physical areas, adjacencies, and operational flows within the hospital.

Working with the clinical leads, each site or combined sites will be tested for their ability to accommodate the clinical brief. This exercise will also allow the clinicians to ensure the proposals are clinically led, ensuring the optimum delivery of the brief and alignment to the JCM.

The potential of each site such as its environmental setting and relationship to the natural environment, will be further assessed to identify its potential to enhance a salutogenic design approach, supporting wellness and a healing environment.

### **Impact assessment - building form and context analysis**

The clinical outputs will then be used to develop outline plans (test-fits) and building forms for each site, sufficient to inform the massing, scale, and height of the proposals.

In parallel, a townscape and urban design analysis of the existing physical context for each of the sites will further influence the arrangement of built form and demonstrate how well the proposals contribute to place-making, character and potential regeneration opportunities.

A critical view analysis will be conducted to assess the impact of built form on each site. Critical views will be pre-agreed with Growth, Housing and Environment Planning function and include long distance strategic views, impacting on Jersey's natural and built heritage as well as local views impacting on the immediate vicinity.

A transport, vehicular access and movement analysis will identify how well each site can be accessed by public and private transport, as well as operationally, including 'blue light' emergency access and facilities management / servicing arrangements. This will identify concerns in relation to potential conflicts and capacities within the existing highway network and consider local network impacts and the ability to get to and from the site. In the instance of nearby support site options, this will include how well the sites are logistically connected to each other. The studies will further assess the potential of each site to accommodate car parking requirements, externally or within car parking structures.

These studies will be shared with the Jersey Architecture Commission to involve them in the journey of the project from the initial site selection process.



### **Impact assessment - planning policy**

Each site will be reviewed against the *Our Hospital Supplementary Planning Guidance: Advice Note, May 2020*, especially the 'site assessment considerations' considering the planning and non-planning advantages and disadvantages of each site. This will be extended to assess the degree to which each site is supported by relevant planning policy guidance as a whole, including the current Island Plan and the Review of the Island Plan which will proceed in some form or other. In particular, the evaluation will assess the degree to which the sites are otherwise sustainable, whether in accordance with policy or taking account of any other material considerations. Close liaison with Planning will be programmed to ensure that the team is fully apprised of key requirements as well as any emerging policy.

### **Environmental impact assessment (EIA)**

Environmental constraints plans will be developed for each site. Early consultation with the statutory and other stakeholders will be undertaken, with the understanding that suitability for planning approval is of the utmost importance for the success of the scheme. These early constraints considerations will include input from the following specialisms: air quality, transport, ground conditions, socioeconomic, health, climate change, water and flooding, noise and vibration, wind, lighting pollution, ecology / natural environment, and heritage.

To meet the overall programme needs and inform the EIA, early critical site surveys (ecology / highways) for each of the sites will commence as soon as suitable. Specification of surveys will also be undertaken during this time to allow prompt procurement at an appropriate time on an approach agreed with the Planning Transport Policy team. Topographical surveys will also be procured for each site to allow the test-fit drawings and 3-D modelling to be progressed.

### **Deliverability**

A high-level assessment will be made of the relative cost profile for each of the sites, considering their area, form, and specific characteristics. This will be further informed by an assessment of timelines for the deliverability of each option and supported by a comprehensive risk-assessment, identifying key issues of consideration for each site or combination of sites.

### **Report**

The rich information assimilated through the above process will be used to develop a comprehensive and holistic appraisal of the shortlist of sites. This will then enable the project team to recommend a preferred site for consideration by the Political Oversight Group and the Council of Ministers. Subject to these approvals, a Proposition will be lodged with the States Greffe around the beginning of October 2020, with a supporting Report that will outline the detailed deliberations.

**Appendices**

- 1 List of Sites
- 2 Notes on Assessment of Sites
- 3 Citizens' Panel Criteria
- 4 Application of Citizens' Panel Criteria – Outcome Matrix

## Appendix 1: List of Sites

- 1 B&Q plus Powerhouse
- 2 Bagot Road Field
- 3 CineWorld + Aqua Splash
- 4 CLM plus Lempiere Court
- 5 Commercial Buildings
- 6 D'Hautree
- 7 FB Fields
- 8 Field North of Union Inn
- 9 Field opposite St Saviour's School
- 10 Fields at Junction La Rue de la Retraite & Le Boulivot de Bas
- 11 Fields opposite Rondels Farm Shop
- 12 Former B&Q Site
- 13 Former Pontins Site
- 14 Fort Regent + South Hill
- 15 Fort Regent
- 16a General Hospital
- 16b General Hospital plus Cyril Le Marquand
- 16c General Hospital plus properties on Kensington Place plus Westaway Court
- 17 Government House
- 18 Greenfields - Five Oaks
- 19a Jardins de la Mer Car Park
- 19b La Fregate plus Jardins de la Mer Car Park & Cine World
- 20 La Collette
- 21 La Fregate Reclamation
- 22 La Motte Street
- 23a Millbrook Playing Fields
- 23b Fields Behind Millbrook Playing Fields
- 23c Fields Behind & Millbrook Playing Fields
- 24 New North Quay + Old Harbour
- 25 Normans Site - Five Oaks
- 26 Normans Site + JT + JEP + Health + Fields - Five Oaks
- 27 Old Harbour Reclamation
- 28 Old JEP plus Health Sites - Five Oaks
- 29 Old JEP plus Le Geyt Centre + Health Sites - Five Oaks
- 30 Old JEP Site - Five Oaks
- 31 Old Les Quennevais School
- 32 Overdale plus Fields 1550 & 1551
- 33 Overdale plus West Park
- 34 Overdale plus Westmount Escarpment
- 35a Overdale
- 35b Overdale including George V Cottages

- 36 Parade Gardens plus General Hospital
- 37a Parade Gardens
- 37b Parade Gardens plus Westaway Court & Maison Le Pape
- 38 Parish of St Helier Parks Department
- 39 People's Park
- 40 Pier Road Car Park
- 41 Randell's + Parade Gardens
- 42 Remaining IFC Site
- 43a Fire Station + Old Police HQ + No 46 + Rouge Bouillon
- 43b Fire Station + Old Police HQ
- 44 Scare Coeur Building Site
- 45 Springfield Stadium
- 46 St Clements Golf Club
- 47 St John's Manor
- 48a St Saviour's Hospital
- 48b St Saviour's Hospital plus Clinique Pinel
- 48c St Saviour's Hospital plus Clinique Pinel & Rosewood
- 49 Swimming Pool plus Glacis Field
- 50 Tamba Park
- 51 The Limes
- 52 Warwick Farm
- 53 West Hill
- 54 West Park
- 55 Overdale Hospital Including Crematorium
- 56 Field H1550 Westmount
- 57 Field H1551 Westmount
- 58 Bellozanne Valley
- 59 Dual Site - General Hospital plus Overdale
- 60 Elizabeth Harbour
- 61 Field 1219, La Grande Route de Mont a L'abbe
- 62 Field behind B&Q
- 63 Field adjacent to St Saviours Church
- 64 Fields off Highview Lane
- 65 Fields off La Grande Route de St Jean
- 66 Fields South of Airport
- 67 Fields to North of Five Oaks
- 68 Former Ann Street Brewery
- 69 Former Jersey College for Girls
- 70 Grainville Playing Field
- 71 Grainville School
- 72 Jersey Gas Site Tunnell Street
- 73 Le Masurier's Land Bath Street
- 74 Longueville Nurseries

- 75 Samares Nurseries
- 76 Snow Hill Car Park
- 77 St Andrew's Park
- 78 Summerland plus Ambulance
- 79 Waterfront - Zephyrus + Les Jardins De Ka Mer
- 80 Westaway Court
- 81 Westmount Quarry
- 82 South Hill

## Appendix 2: Notes on Assessment of Sites

This is an assessment of the 82 suggested sites against the footprint requirements of the new hospital and the existing uses on the site that would need to be relocated to create a development site					
		Main Site Area m <sup>2</sup>	Adjacent Site Area m <sup>2</sup>	Nearby site?	
1	B&Q plus Powerhouse	26,161	0		The site is not large enough to accommodate any Option
2	Bagot Road Field	11,658	0		The site is not large enough to accommodate any Option
3	CineWorld + Aqua Splash	15,662	0	Yes	The site is not large enough to accommodate any Option
4	CLM plus Lempierre Court	1,414	1,323		The site is not large enough to accommodate any Option
5	Commercial Buildings	15,077	0	Yes	The site is not large enough to accommodate any Option
6	D'Hautree	13,154	0		The site is not large enough to accommodate any Option
7	FB Fields	74,050	0		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
8	Field North Of Union Inn	23,228	0		The site is not large enough to accommodate any Option
9	Field Opposite St Saviour's School	89,416	0	Yes	Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the

					building on the character of the area would be harmful
10	Fields at Junction La Rue de la Retraite & Le Boulivot de Bas	42,278	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
11	Fields Opp Rondels FarmShop	60,045	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
12	Former B&Q Site	14,219	0		The site is not large enough to accommodate any Option
13	Former Pontins Site	39,865	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
14	Fort Regent + South Hill	88,735	30,478	yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
15	Fort Regent	88,735	0	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved

16a	General Hospital	18,370	0	Yes	The site is not large enough to accommodate any Option
16b	General Hospital plus Cyril Le Marquand	18,370	2,049	Yes	The site is not large enough to accommodate any Option
16c	General Hospital + Kensington Place and Westaway Court	22,544	2,268	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
17	Government House	44,270	0		The developable area is limited and could not accommodate any Option
18	Greenfields - Five Oaks	8,670	0	Yes	The site is not large enough to accommodate any Option
19a	Jardins de la Mer Car Park	14,008	0	Yes	The site is not large enough to accommodate any Option
19b	La Fregate plus Jardins de la Mer Car Park & Cine World	23,074	8,176	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
20	La Collette	151,090	0		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
21	La Fregate Reclamation	14,726	0	Yes	The site is not large enough to accommodate any Option
22	La Motte Street	3,745	0		The site is not large enough to accommodate any Option



23a	Millbrook Playing Fields	18,305	0	Yes	The site is not large enough to accommodate any Option
23b	Fields Behind Millbrook Playing Fields	23,136	0	Yes	The site is not large enough to accommodate any Option
23c	Fields Behind & Millbrook Playing Fields	23,136	18,305		Site is on the Shortlist for further consideration
24	New North Quay + Old Harbour	39,430	0	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
25	Normans Site - Five Oaks	37,253	0	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
26	Normans Site + JT +JEP + Health + Fields - Five Oaks	141,811	0	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
27	Old Harbour Reclamation	20,601	0	Yes	The site is not large enough to accommodate any Option
28	Old JEP plus Health Sites - Five Oaks	46,195	0	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
29	Old JEP plus Le Geyt Centre + Health Sites - Five Oaks	46,195	5,671	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be

					relocated and the project timeline could not be achieved
30	Old JEP Site - Five Oaks	8,559	0	Yes	The site is not large enough to accommodate any Option
31	Old Les Quennevais School	13,854	0		The site is not large enough to accommodate any Option
32	Overdale plus Fields 1550 & 1551	68,133	29,216		Site is on the Shortlist for further consideration
33	Overdale plus West Park	91,825	0	Yes	The developable area is limited and could not accommodate any Option
34	Overdale plus Westmount Escarpment	63,817	9,117	Yes	The developable area is limited and could not accommodate any Option
35a	Overdale	62,016	0	Yes	The developable area is limited and could not accommodate any Option
35b	Overdale including George V Cottages	68,131	0	Yes	The developable area is limited and could not accommodate any Option
36	Parade Gardens plus General Hospital	18,330	12,719	Yes	The site is not large enough to accommodate any Option
37a	Parade Gardens	15,063	0	Yes	The site is not large enough to accommodate any Option
37b	Parade Gardens plus Westaway Court & Maison Le Pape	16,051	0	Yes	The site is not large enough to accommodate any Option
38	Parish of St Helier Parks Department	16,608	0		The site is not large enough to accommodate any Option
39	People's Park	22,784	0	Yes	Site is on the Shortlist for further consideration
40	Pier Road Car Park	7,948	0	Yes	The site is not large enough to accommodate any Option
41	Randells + Parade Gardens	7,629	7,401	Yes	The site is not large enough to accommodate any Option

42	Remaining IFC Site	14,985	0	Yes	The site is not large enough to accommodate any Option
43a	Fire Station + Old Police HQ + No 46 + Rouge Bouillon	15,425	0	Yes	The site is not large enough to accommodate any Option
43b	Fire Station + Old Police HQ	7,083	0		The site is not large enough to accommodate any Option
44	Sacre Coeur Building Site	4,670	0	Yes	The site is not large enough to accommodate any Option
45	Springfield Stadium	20,768	0		The site is not large enough to accommodate any Option
46	St Clements Golf Club	108,977	55,222		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
47	St John's Manor	240,890	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
48a	St Saviour's Hospital	34,609	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful and there would be a loss of a significant heritage asset
48b	St Saviour's Hospital plus Clinique Pinel	34,609	8,155		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project

					timeline could not be achieved
48c	St Saviour's Hospital plus Clinique Pinel & Rosewood	34,609	17,330		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
49	Swimming Pool plus Glacis Field	12,794	0	Yes	The site is not large enough to accommodate any Option
50	Tamba Park	66,009	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
51	The Limes	3,124	0		The site is not large enough to accommodate any Option
52	Warwick Farm	25,398	26,643		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
53	West Hill	53,943	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
54	West Park	29,787	0	Yes	The site is not large enough to accommodate any Option
55	Overdale Hospital Including Crem	74,436	0		The site is large enough to accommodate one or both of the Options but existing

					uses would have to be relocated and the project timeline could not be achieved
56	Field H1550 Westmount	16,500	0	Yes	The site is not large enough to accommodate any Option
57	Field H1551 Westmount	12,712	0	Yes	The site is not large enough to accommodate any Option
58	Bellozanne Valley	102,940	4,111		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
59	Dual Site - General Hospital plus Overdale	68,131	18,370	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
60	Elizabeth Harbour	71,276	0	Yes	The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
61	Field 1219, La Grande Route de Mont a L'abbe	25,490	0		The site is not large enough to accommodate any Option
62	Field behind B&Q	10,660	0	Yes	The site is not large enough to accommodate any Option
63	Field adjacent to St Saviours Church	23,870	0		The site is not large enough to accommodate any Option
64	Fields off Highview Lane	54,230	49,143	Yes	Considered by the Site Selection Panel but in difficult and unsustainable

					location. The impact of the building on the character of the area would be harmful
65	Fields off La Grande Route de St Jean	13,044	12,922		The site is not large enough to accommodate any Option
66	Fields South of Airport	50,284	0		Considered by the Site Selection Panel but in difficult and unsustainable location. The impact of the building on the character of the area would be harmful
67	Fields to North of Five Oaks	55,465	41,949	Yes	Site is on the Shortlist for further consideration
68	Former Ann Street Brewery	5,137	0		The site is not large enough to accommodate any Option
69	Former Jersey College for Girls	27,957	0		The site is not large enough to accommodate any Option
70	Grainville Playing Field	44,557	0		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
71	Grainville School	53,296	0		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
72	Jersey Gas Site Tunnell Street	9,050	0		The site is not large enough to accommodate any Option
73	Le Masurier's Land Bath Street	4,717	0	Yes	The site is not large enough to accommodate any Option

74	Longueville Nurseries	8,469	0		The site is not large enough to accommodate any Option
75	Samares Nurseries	40,814	0		The site is large enough to accommodate one or both of the Options but existing uses would have to be relocated and the project timeline could not be achieved
76	Snow Hill Car Park	5,249	0	Yes	The site is not large enough to accommodate any Option
77	St Andrew's Park	36,708	0		Site is on the Shortlist for further consideration
78	Summerland plus Ambulance	11,115	0		The site is not large enough to accommodate any Option
79	Waterfront - Zephyrus + Les Jardins De Ka Mer	19,476	0	Yes	The site is not large enough to accommodate any Option
80	Westaway Court	2,248	0	Yes	The site is not large enough to accommodate any Option
81	Westmount Quarry	16,741	0		The site is not large enough to accommodate any Option
82	South Hill	30,910	0	Yes	The site is not large enough to accommodate any Option

### Appendix 3: Citizens' Panel Criteria

#### SITE SELECTION CRITERIA AS AGREED BY OUR HOSPITAL CITIZENS' PANEL

1. Is the site large enough to accommodate all the required clinical and support services including staff and service (access) facilities?
2. Does the site provide the ability for expansion? Will the site be able to deliver the hospital in the project timeline?
3. Does the highway network, locally and strategically, have the capacity to access and serve the hospital? Can the site be well served by public transport?
4. Will the site allow / encourage the sustainable use of resources?
5. Is the utilities infrastructure sufficient?
6. Will the site impact current healthcare services?
7. Is there sufficient space around the hospital building to enhance and support patients, staff and visitors?
8. Is the site in a quiet location?
9. Is there enough dedicated car parking and is it suitable?
10. Is the site directly below the flight path to the airport?
11. Is the site in the Built-Up Area?
12. Is the site on brownfield (previously developed) land?
13. Is the site a greenfield site?
14. Can the site be accessed from various directions?
15. Can the site be accessed by dedicated cycle routes?
16. Can any public facility or amenity that is lost be compensated for?
17. Is there a risk of pollution or contaminated land?
18. Will there be a detrimental impact on the local population during the operation of the hospital?
19. Will there be a detrimental impact on the local population during construction of the hospital?
20. Will the site allow a building that will fit in with the built character of the area?
21. Will the historic environment / assets be lost or harmed?



22. Will development of the site harm important views?

## Appendix 4: Application of Citizens' Panel Criteria – Outcome Matrix (UPDATED – 12 August 2020)

OH Site Selection following JCM Review Outcome Matrix Assessment of sites large enough for Option 1 or Option 2 and potentially available in timeline  <b>This table is an updated version of the one first published with this report as a formatting error was identified. The outcomes remain unchanged.</b>	Will the site be able to deliver the hospital in the project timeline?	Does the highway network, locally and strategically, have the capacity to access and serve the hospital?	Can the site be well served by public transport?	Will the site allow / encourage the sustainable use of resources?	Is the utilities infrastructure sufficient?	Will the site impact current healthcare services?	Is there sufficient space around the hospital building to enhance and support patients staff and visitors?	Is the site in a quiet location?	Is there enough dedicated car parking and is it suitable?	Is the site directly below the flight path to the airport?	Is the site in the Built Up Area?	Is the site on brownfield (previously developed) land?	Is the site a greenfield site?	Can the site be accessed from various directions?	Can the site be accessed by dedicated cycle routes?	Can any public facility or amenity that is lost be compensated for?	Is there a risk of pollution or contaminated land?	Will there be a detrimental impact on the local population during the operation of the hospital?	Will there be a detrimental impact on the local population during construction of the hospital?	Will the site allow a building that will fit in with the built character of the area?	Will the historic environment / assets be lost or harmed?	Will development of the site harm important views?
Field Opposite St Saviour's School OPTION 1 & OPTION 2	Magbe	No	Yes	No	Magbe	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No
Fields at Junction La Rue de la Retraite & Le Boulivot de Bas OPTION 1 & OPTION 2	Yes	No	No	No	No	No	Magbe	Yes	Yes	Magbe	No	No	Yes	Magbe	No	Yes	No	Yes	Yes	No	Magbe	Yes
Fields Opp Rondels FarmShop OPTION 1 & OPTION 2	Magbe	Yes	Yes	No	Magbe	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Magbe	Yes	Yes	No	No	Yes
Former Pontins Site OPTION 1 & OPTION 2	Magbe	No	No	No	No	No	Magbe	Yes	Yes	No	No	No	Yes	No	No	No	Magbe	Yes	Yes	No	Magbe	Yes
Fields Behind & Millbrook Playing Fields OPTION 1 & OPTION 2	Magbe	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Overdale plus Fields 1550 & 1551 OPTION 1 & OPTION 2	Magbe	Magbe	Magbe	Magbe	Yes	Magbe	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No	Magbe	Yes
Peoples Park OPTION 2	Magbe	Yes	Yes	Yes	Yes	No	Magbe	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	No	Magbe	Yes	Yes	Magbe
St Clements Golf Club OPTION 1 & OPTION 2	Magbe	Magbe	Yes	No	Magbe	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Magbe	No	No	Yes	No	Magbe	Magbe
St John's Manor OPTION 1 & OPTION 2	Magbe	No	Magbe	No	No	No	Yes	Yes	Yes	No	No	Magbe	Magbe	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
St Saviour's Hospital Option 2	Yes	No	No	No	No	No	Yes	Yes	Yes	Magbe	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes
Tamba Park OPTION 1 & OPTION 2	Magbe	No	Magbe	No	No	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Magbe
Warwick Farm OPTION 1 & OPTION 2	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	Yes	Magbe	Yes	Yes	Yes	Yes	Yes	Yes	No	Magbe	Yes
West Hill OPTION 1 & OPTION 2	Magbe	No	No	No	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No	No	Magbe
Fields off Highview Lane OPTION 1 & OPTION 2	Magbe	Magbe	No	No	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No	No	Magbe
Fields South of Airport OPTION 1 & OPTION 2	No	Magbe	Yes	No	Yes	No	Yes	No	Yes	No	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Fields to North of Five Oaks OPTION 1 & OPTION 2	Magbe	Magbe	Magbe	Magbe	Magbe	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No
St Andrew's Park OPTION 2	Magbe	Yes	Yes	Yes	Yes	No	Magbe	Yes	Magbe	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes

### Appendix 4: Application of Citizens' Panel Criteria – Outcome Matrix

Since the shortlisting Outcome Matrix was first published in the report a formatting error in the spreadsheet has been identified. The highlighted answers below contained the word 'no' instead of 'yes', however, they were colour-coded green correctly and therefore the shortlisting outcomes remained unchanged.

APPENDIX IV OH Site Selection following JCM Review Outcome Matrix Assessment of sites large enough for Option 1 or Option 2 and potentially available in timeline	Is the site large enough to accommodate all the required clinical and support services including staff and service (access) facilities?	Does the site provide the ability for expansion?	Will the site be able to deliver the hospital in the project timeline?	Does the highway network, locally and strategically, have the capacity to access and serve the hospital?	Can the site be well served by public transport?	Will the site allow / encourage the sustainable use of resources?	Is the utilities infrastructure sufficient?	Will the site impact current healthcare services?	Is there sufficient space around the hospital building to enhance and support patients staff and visitors?	Is the site in a quiet location?	Is there enough dedicated car parking and is it suitable?	Is the site directly below the flight path to the airport?	Is the site in the Built Up Area?	Is the site on brownfield (previously developed) land?	Is the site a greenfield site?	Can the site be accessed from various directions?	Can the site be accessed by dedicated cycle routes?	Can any public facility or amenity that is lost be compensated for?	Is there a risk of pollution or contaminated land?	Will there be a detrimental impact on the local population during the operation of the hospital?	Will there be a detrimental impact on the local population during construction of the hospital?	Will the site allow a building that will fit in with the built character of the area?	Will the historic environment / assets be lost or harmed?	Will development of the site harm important views?
Field Opposite St Saviour's School OPTION 1 & OPTION 2	Yes	Yes	Maybe	No	Yes	No	Maybe	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	no	No
Fields at Junction La Rue de la Retraite & Le Boulivot de Bas OPTION 1 & OPTION 2	Yes	Yes	Yes	No	No	No	No	No	Maybe	Yes	Yes	Maybe	No	No	Yes	Maybe	No	Yes	No	Yes	Yes	No	Maybe	Yes
Fields Opp Rondels FarmShop OPTION 1 & OPTION 2	Yes	Yes	Maybe	Yes	Yes	No	Maybe	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Maybe	Yes	Yes	No	no	Yes
Former Pontins Site OPTION 1 & OPTION 2	Yes	Yes	Maybe	No	No	No	No	No	Maybe	Yes	Yes	No	No	No	Yes	No	No	No	Maybe	Yes	Yes	No	Maybe	Yes
Fields Behind & Millbrook Playing Fields OPTION 1 & OPTION 2	Yes	Yes	Maybe	Yes	Yes	Yes	Yes	No	Yes	yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Overdale plus Fields 1550 & 1551 OPTION 1 & OPTION 2	Yes	Yes	Maybe	Maybe	Maybe	Maybe	Yes	Maybe	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No	Maybe	Yes
Peoples Park OPTION 2	Maybe	Maybe	Maybe	Yes	Yes	Yes	Yes	No	Maybe	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	No	Maybe	Yes	Yes	Maybe
St Clements Golf Club OPTION 1 & OPTION 2	Yes	Yes	Maybe	Maybe	Yes	No	Maybe	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	maybe	No	No	Yes	No	Maybe	Maybe
St John's Manor OPTION 1 & OPTION 2	Yes	Yes	Maybe	No	Maybe	No	No	No	Yes	Yes	Yes	No	No	Maybe	Maybe	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
St Saviour's Hospital Option 2	Maybe	Maybe	Yes	No	No	No	No	No	No	No	No	Maybe	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes
Tamba Park OPTION 1 & OPTION 2	Yes	Yes	Maybe	No	Maybe	no	No	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	yes	Yes	Yes	No	no	Maybe
Warwick Farm OPTION 1 & OPTION 2	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	Yes	Maybe	Yes	Yes	Yes	yes	Yes	Yes	No	Maybe	Yes
West Hill OPTION 1 & OPTION 2	Yes	Yes	Maybe	No	No	No	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No	no	Maybe
Fields off Highview Lane OPTION 1 & OPTION 2	Yes	Yes	Maybe	Maybe	No	No	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No	no	Maybe
Fields South of Airport OPTION 1 & OPTION 2	Yes	Yes	No	Maybe	Yes	No	Yes	No	Yes	No	Yes	No	no	No	Yes	Yes	Yes	no	No	Yes	Yes	Yes	no	No
Fields to North of Five Oaks OPTION 1 & OPTION 2	Yes	Yes	Maybe	Maybe	Maybe	Maybe	Maybe	No	Yes	Yes	Yes	No	no	No	Yes	Yes	No	Yes	No	Yes	Yes	No	no	No
St Andrew's Park OPTION 2	Maybe	Yes	Maybe	Yes	Yes	Yes	Yes	No	Maybe	yes	Maybe	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes



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# Site Evaluation Report

October 2020





Millbrook

St Andrew's Park

Overdale

People's Park

St Helier

Five Oaks

## Executive Summary

### 1. Introduction

- 1.1 Purpose of Final Report
- 1.2 Report structure
- 1.3 Our Hospital Project

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- 2.1 Scope of study
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- 2.3 Assessment criteria
- 2.4 General Overview of the Five Sites
- 2.5 Hurdle 1 Findings
- 2.6 Hurdle 1 Outcomes

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- 4.4 Site Description, Opportunities and Constraints
- 4.5 Land Ownership and Acquisition
- 4.6 Planning: Performance against the Island Plan
- 4.7 Construction and Logistics
- 4.8 Timeline
- 4.9 Heritage
- 4.10 Landscape / Ecology
- 4.11 Visual Impact
- 4.12 Other Environmental Impact Analysis Aspects
- 4.13 Socio-Economics
- 4.14 Cost

### 5. Planning Balance

### 6. Summary of Assessment

This Site Evaluation Report marks the completion of the comparative technical assessments, started on 13th July, undertaken to inform the decision for determining the site for the location of Jersey's new hospital.

It follows a previous site selection study undertaken by the Government of Jersey (GoJ) in identifying and assessing a long list of eighty-two sites, resulting in the final selection of five sites to be carried forward for more detailed consideration. The results of this earlier study were published in the Our Hospital Site Selection Report (SSR) in July 2020. The study initially reviewed the size of the sites to determine which could accommodate the minimum required ground floor area of the hospital, as defined by the Draft Functional Brief. This reduced the original longlist down to seventeen possible sites. To inform the next stage, a Citizens' Panel was formed, consisting of a cross-section of members of the public, to assist in the identification of the criteria to be used in the shortlisting process, along with clinical criteria defined by the Our Hospital Project Team. The sites were RAG rated (a recognised 'Red, Amber, Green' industry method for assessing performance) against the criteria which resulted in shortlisting of the following five sites:

- Five Oaks
- Millbrook
- Overdale
- People's Park
- St Andrew's Park

To measure the outcomes of the technical assessments of these five sites, a methodology has been developed which identifies a set of thirty-five criteria, grouped under four key classifications:

- Clinical
- Locational
- Environmental
- Economic & Social

These classifications are derived from a review of comparable international site selection studies for major public infrastructure projects. Within these classifications, the criteria have again been developed in consultation with the Citizens' Panel, senior clinicians as well as the Our Hospital team, to ensure continuity and consensus. The study also considers feedback received from an online Governmental questionnaire asking the public to identify their choice of site(s) and their supporting reasons and criteria for doing so.

All five shortlisted sites have been assessed equally until a site was no longer considered viable. A two-stage process has been introduced where specific criteria would be considered at the mid-point of the study, to determine which sites, if any, could no longer be considered feasible given the clinical objectives and the constraints of each site. Again, a RAG rating has been used to assess the performance of the sites.

A number of technical studies were carried out in July and August to inform the mid-point decision. This included:

- Land Ownership and Acquisition (by a local Real Estate Agent commissioned directly by Government)
- Access and Highways
- Context studies including Landscape, Ecology and Heritage
- Planning Policy

Parallel with the latter part of this stage, an intense clinical engagement programme, involving some forty-eight clinical user consultations also commenced. For the purpose of the mid-point stage, the outputs of this engagement were not relevant to the criteria being assessed, which were sufficiently robust and conclusive in determining which sites could not meet the determining criteria.

The sites which were deselected at this stage were deemed no longer feasible in relation to the clinically driven timeline and other factors, especially access and planning policy relating to the Island Plan. The conclusions of this stage based upon the technical assessments, determined that Five Oaks, Millbrook and St Andrew's Park were no longer feasible options. The sites recommended to be capable of delivering a hospital to the current brief and to be considered in further detail were:

- Overdale
- People's Park

These two sites have been evaluated in greater detail to assess the comparative advantages and disadvantages of each. In particular, the outputs of the clinical engagement consultations have been used to determine how well each site might influence or constrain the planning and design of the Our Hospital Project.

The following headings provide a summary of the critical technical reviews that have been undertaken within the second stage of this study, culminating in the final assessments. Other less influencing technical background work is included in the report too.

## Clinical

The clinical requirement is the pivotal factor for the Our Hospital Project. This need is defined in the Draft Functional Brief. Throughout August and September, extensive clinical engagement has taken place, culminating in some forty-eight meetings with clinical user groups. The engagement has focussed on two main workstreams, the advancement of the Final Functional Brief and the development of 'block and stack' diagrams to test and illustrate how a site might accommodate the brief and to identify any issues arising.

Initially, an abstract block and stack arrangement was agreed with the clinicians to agree optimum relationships. This 'model' was then applied to Overdale and People's Park. A number of options were developed and evaluated. As a consequence, in order to create a better hospital, it was considered appropriate to seek to extend the size of each site; at Overdale, to better resolve access and create a horizontal expansion zone and at People's Park, to better respond to the qualitative aspects of the brief, such as the introduction of courtyards and improved daylight, as well as a more efficient and rational circulation solution.

In conclusion, the block and stack options for each site clearly demonstrate the potential for both sites to create a world-class, flexible and future-proofed hospital for the Island. In the Summary of Assessments Section 8.0, both sites can be seen to perform almost equally well against the clinical criteria.

## Access and Transport

Both Overdale and People's Park sites have been reviewed in the context of the criteria and developing clinical brief.

The Overdale site presents challenges with regards to transport and access. The surrounding topography may discourage some to travel to the site by foot or cycle and significant infrastructure works could be required to provide a dedicated cycle route from the existing Jersey Cycle Network. Existing bus connectivity is also presently poor and ongoing investment is likely to be required to support a frequent shuttle bus service or extension of an existing service. Locating the OHP at Overdale is also anticipated to result in the need for junction mitigation schemes at several locations on the local highway network including impacts on People's Park.

In comparison, People's Park is better served by existing sustainable transport infrastructure including frequent bus services. The existing pedestrian link to and through Patriotic Street car park would however benefit from improvements and may require significant change to the network. Whilst there are limited traffic impact associated with locating the OHP at People's Park, highway realignment works have been identified to increase the developable area of the site. This highway scheme does however present an opportunity to enhance the existing sustainable transport infrastructure provision near the site.

In terms of impact on the capacity of the strategic network both sites perform well in that the majority of journeys to either site would in part have already been made for a trip to the General Hospital. At this stage, and subject to more detailed assessment, mitigation would only be required for localised improvements.

## Land Ownership and Acquisition

At Overdale, the main site is in the ownership of the Government of Jersey (GoJ). In addition, up to nineteen parcels of land have been identified as being of potential interest, fourteen of which are residential dwellings which creates additional risk in terms of delivery within the required timescale. A number of the parcels are sensitive, such as Jersey Water's HQ, Jersey Bowling Club and fourteen residential owners, including King George V Cottage Homes. The agricultural fields are less contentious. Assuming the GoJ's preferred acquisition strategy is by negotiation, the project timescale is at risk as the owners may be unlikely to have enough time to find alternative premises.

The land at People's Park is held in one ownership, the Parish of St Helier. There are covenants in place, albeit these do not appear to be particularly contentious. All the sites do not involve residential dwellings, albeit there is no doubt the development on the park will be contentious.

In both cases, compulsory purchase may be required, should negotiations fail, or to resolve ownership uncertainties, protect the timetable and ensure fair valuation of the land. Although compulsory purchase is relatively straightforward in Jersey, much depends on the extent to which any challenge may prevent or delay the development and the consequential risk of this.

In summary, both sites will present challenges in relation to their acquisition, with those at Overdale being more significant.



## Construction Logic

The Our Hospital Project would be described in construction terminology as a 'Major Project'. Having now taken the site selection from eighty-two to two sites, the sites have been tested and examined with respect to their suitability to deliver a large-scale complex building.

Whilst in the Construction Report each site is looked at in detail, there are a number of principles that must be factored when constructing any new building, particularly with regard to the length of construction duration of the Our Hospital Project.

Both the sites present different logistical challenges due to location, site boundary, topography and existing neighbours. The Overdale site would require significant road and civil engineering upgrades to Westmont Road to ensure there was sufficient access for large plant and equipment to allow the main hospital construction process to begin. This places an early focus on the construction sequence and programme. To ensure this timeline is met, the option has been considered to submit separate planning applications for the demolition and roadworks required for this site. This will allow these activities to commence earlier ensuring no delay to the main hospital works programmed to start in 2022. With the access to Overdale completed, the site itself provides a large working area for the construction process. There is sufficient space for the building works and the more temporary requirements of the constructor's welfare and office set up. There is space for temporary onsite parking for the workforce. There is no doubt that Overdale offers the opportunity for onsite holding and fabrication yard which in turn brings security of material availability. It should also be noted that whilst there are residents close the boundary of the site, this is not considered an urban environment. Whilst control measures will be in place to manage the impact of any noise, dust or vibration, the space afforded at Overdale makes this process easier than perhaps a site in a more congested urban environment. The main hospital build programme can be achieved on the Overdale site as detailed in the construction program.

The People's Park site is located close to existing road infrastructure suitable to service the site for construction traffic. Due to the site being in a more confined area in relation to the footprint of the new hospital, there is a requirement to divert St Aubin's Road, which runs through the new hospital grounds. A separate planning application is proposed to allow the new roads to be completed ahead of the hospital construction works commencing, to ensure there is access for pedestrians and road users around the proposed new site. These road works will also facilitate the construction traffic access and the safe control of each delivery during the lifecycle of the build program and

ultimately the access to the new hospital. There are a number of residential, commercial and hotel properties which are close to the site but this will not impact the construction process. The possible impact of noise, dust and vibration will be managed and mitigated. Logistics and laydown area are not as abundant on this site and as such, off-site storage and offices may have to be used. However, an on-site location has been identified for the welfare and site setup subject to this being acceptable. The main hospital construction programme can be achieved on the People's Park site.

It is recognised that the programme to achieve the opening of the hospital in 2026 has a challenging timeline but note that both sites can be delivered within the current programme requirements.

## Timeline

The outline site development programmes produced for both site options of the Our Hospital Project, can be delivered by the end of 2025, enabling the hospital to commence clinical commissioning and the delivery of treatment to patients in 2026.

Due to the size and scale of the project, the programme across the design / planning / procurement / mobilisation period are tight on timescale and any possible contingency. The construction and commissioning stages as set out on the delivery programme also present very little opportunity for slippage but have a built-in time risk allowance associated with such a build programme. It should however be on the forefront of all Stakeholders minds that to deliver the project on either site on the current programme there is no margin for any delays on any part of each process.

The current site selection process is to be agreed and advised by mid-point of November 2020 when the States of Jersey will debate the location of the proposed Our Hospital Project. The selection of a single site will kickstart the commencement of the site-specific design development phase of works leading to the submission of a full planning application in September 2021.

Planning permission is due to be determined following a public inquiry in March 2022. During this planning period the Delivery Partner will finalise the construction methodologies and market test and agree the target cost for the construction works before their appointment to design and build the project in March 2022. The planned commencement of works on the hospital site is planned for July 2022 with completion of the construction work by the end of 2025.

The Overdale option identifies the following programme challenges, which will be closely monitored and effectively managed:

- The acquisition of land to accommodate for the new hospital healthcare facilities.
- Separate planning applications to de-risk the programme for demolition and new Westmount road works
- The decanting of the current Westmount Centre and William Knott healthcare facilities on the current Overdale site and Bowling club on Westmount Road (it should be noted that Overdale passed the timeline hurdle during site shortlisting because confirmations were received during discussions with current service providers that they could be displaced without impacting the project programme)
- To de-risk the main hospital construction works programme and the on-site start date of 2nd quarter of 2020, we propose carrying out the construction of the new Westmount Road in advance of the hospital construction. In doing so we will have completed the road before the start on the main hospital construction, which will allow suitable access for the volume and size of construction traffic which will be required to facilitate the building process on this site. This road improvement scheme will be incorporated into the final roads improvement strategy to enable its suitability for ambulances/ blue light, patient and visitors traveling to the new hospital

Whilst the People's Park site identifies the following programme challenges, these will be closely monitored and managed effectively:

- The acquisition of land to accommodate for the new hospital healthcare facilities, along with land to enable the re-alignment of the main access routes of St Aubin's Road and Pierson Road
- Separate planning application to de-risk the programme for road alterations on St Aubin's Rd roundabout and Pierson Road
- The re-alignment and development of the A1 and St Aubin's Road roundabout and St Aubin's Road and Pierson Road
- The re-provision of the People's Park and Victoria Park
- The re-location of the Queen Victoria statue currently located in Victoria Park

With all of the Stakeholders delivering on the dates as set out within the programme period will allow a detailed solution to be developed and the follow-on activities delivered which in turn will ensure the Hospital build programme and certainty of delivery on either site.

## Planning

A high-level planning policy appraisal has concluded that, in some respects, both sites would conflict with policies in the Revised 2011 Island Plan. Overdale conflicts with a greater number of policy designations than People's Park. Based on the information currently available, the future development of either site would be inconsistent with the Plan and therefore, sufficient justification for granting planning permission would need to be made.

In considering whether sufficient justification exists for approving an application, the decision maker would undertake a balancing exercise, in the public interest, where the significant public benefits of a new hospital are weighed against the anticipated adverse effects of the development during its construction and once it becomes operational. We judge that subject to a sensitive approach to the design and the provision of suitable replacement open space to compensate for the loss of People's Park and Victoria Park, the case for sufficient justification is likely to be stronger for the People's Park site, due to its location and policies of relevance, in comparison with Overdale.

## Heritage

In relation to Heritage, Overdale would require the demolition of a Grade 3 listed building and the loss of its illustrative and associative heritage value to the heritage of Jersey. In addition, off-site works associated with improved vehicular access would intrude into the settings of listed spaces and the setting of listed structures. The hospital will be conspicuous on the skyline in longer views from St Helier, St Aubin's Bay and St Aubin to the west. The impact of this on the appreciation of the Island's historic places and views, in the context of both planning policy and public opinion will be informed by the evolution of the massing and design of the buildings and the adoption of agreed Accurate Visual Representations.

The redevelopment of People's and Victoria Parks would entail the loss of these historic public parks, contrary to Policy in the Island Plan. While the amenity value of the parks may be reprovided elsewhere, their associative and communal heritage value would be lost. The introduction of a new public use at People's Park however, through the Our Hospital Project, might be considered an appropriate alternative use of the site that in the long term could reinforce the communal heritage value of this public amenity space.

Redevelopment of the parks would intrude into the historic settings of listed houses, primarily along Peirson Road and Westmount Road. This would cause some harm to their associative and illustrative heritage value, already limited by later development in the surrounding area. The aesthetic heritage value of the main facades of many of the buildings, and close views of them would however not be affected and there is an opportunity to create a higher quality of public realm along Peirson Road.

# Executive Summary

The historic prospect of the seafront and promenade in this part of St Helier is already compromised by the undistinguished outlines and facades of the four-storey Grand Jersey hotel and the six/seven-storey West Park apartment building. Commercial seafront buildings to the east of the hotel are of varying quality and uneven consistency. The parks cannot be appreciated as other than a gap between these buildings in long views, and redevelopment would offer the opportunity to create a public building of quality within the backdrop of the sweep of Victoria Avenue.

## Visual Impact

To assess the visual impact of the proposed development on both sites Zone of Theoretical Visibility studies have been generated, and these studies have then been tested during site visits. The studies use three-dimensional computer modelling of the existing terrain and proposed building massing to show where a new hospital would theoretically be visible from in the surrounding area. However, areas shown as having potential visibility may have visibility of a new hospital screened by local features such as buildings, trees, hedgerows or embankments that are not included within the computer model. They have found that a hospital at Overdale would be more visible in the surrounding area than People's Park. A hospital on Overdale would be seen from all directions within a one-kilometre radius, with a few localised areas near the site to the south, north-east and north-west, where views of the building would be hidden by the topography. Beyond a one-kilometre radius visibility of the hospital would be more varied, with topography hiding the hospital from view in some areas, for example to the south-west of Fort Regent. As People's Park is at a lower elevation, with ground rising to the north-west of the site, then a hospital building would be hidden from view in this direction, with visibility to the south and east from St Helier and also visibility to the north-west along the coast.

In conclusion, the views towards a hospital development at Overdale would have an impact on views from the south and south west coastline and from Fort Regent. The building would clearly break the skyline of higher ground above West Park, which becomes ever more prominent moving west towards St Aubin. A hospital development at People's Park, whilst substantial, would be surrounded by buildings of a similar scale and urban form when seen from the coastline. At the same time, the massing of the building will need to be mindful of the setting of the nearby listed buildings to its immediate east and north.

## Ecology

Ecology surveys were commenced on all five shortlisted sites to understand the existing habitat and to identify any protected species. The surveys have found that Overdale has areas of ecological value with mature woodland and meadow in the valley and slopes to the West of the site. The central flatter area of the site, where the existing buildings are located, and the agricultural fields, are of lower ecological value. With amenity grass, parkland trees and species poor woodland to the north-west slope of the site, People's Park has been found to have lower ecological value than Overdale. However, this does not mean that a potential development would have a greater impact on the ecology of Overdale than People's Park. This is because People's Park is a smaller site and so the development would have to take up more of the site, whereas at Overdale more of the existing woodland could be retained to the west.

## Landscape

The landscape of each site has been assessed according to a range of criteria to understand the impact of a potential development. These include physical attributes such as topography, tree cover, and land use, and also statutory and planning designations such as protected open spaces, and public rights of way. This assessment has found that the sites are constrained in different ways and therefore have different impacts on the landscape. Overdale has more challenging topography with steep slopes on all sides from the central flatter area, which presents challenges in terms of both construction and access. People's Park is flatter and more accessible but is more constrained by the land use surrounding the site, with for example a number of listed buildings directly to the north and east.

## Costs

The table identifies the cost breakdown for each potential site and confirms that either location can deliver the Our Hospital Project within the £550 million cost envelope. In summary, it identifies a delivery cost difference of circa £26.3 million in favour of People's Park. There is also a difference in other costs such as land acquisition but these are reported separately and directly by Government of Jersey.

Cost Categories	Capital Estimate (£m)	Capital Estimate (£m)
Site	Overdale	People's Park
Size	66,947m2	66,947m2
Capital Cost	412,419,651	397,912,009
FFE / Equipment	55,000,000	55,000,000
Contingency	14,712,244	14,712,244
<b>Capital Costs sub total</b>	<b>482,131,895</b>	<b>467,624,253</b>
Site Specific Costs	38,661,500	26,823,750
PCSA	29,206,605	29,206,605
<b>Total Cost - Delivery Partner Costs</b>	<b>550,000,000</b>	<b>523,654,608</b>

## Summary of Assessments

The conclusions of each of the assessments described above are summarised in graphic form in the final section of the report. In summary, against each of the four classifications, the findings are:

### Clinical

- Both sites have the potential to create a high quality, future-proofed and flexible world-class hospital
- Both sites perform well against the clinical criteria
- Each site has the natural assets to promote wellbeing and healthcare
- Overdale has better expansion potential and more space to facilitate the planning of the hospital, whilst People's Park can still deliver a well-planned hospital, integrated into the town centre with good connections to the Island

On balance, neither site significantly outperforms the other whilst recognising that Overdale has more site area to facilitate the planning of the hospital.

### Locational

- Both sites require upgrades to the existing highways network, however, Overdale requires extensive work to improve vehicular access to the site
- Good vehicular access to Overdale can be delivered with significant engineering upgrade work
- People's Park is better placed to enable pedestrian and cycling access

Overdale poses a greater challenge in relation to the policies of the Island Plan

On balance, there is a clear advantage of People's Park over Overdale in relation to vehicular access and whilst this can be rectified, the costs will be substantial. The relationship to People's Park with the town centre is excellent and consequentially enjoys good pedestrian access. As Overdale requires two fields outside the built area, People's Park has less challenges to overcome in relation to the Island Plan.

### Environmental

- As a major development, the Our Hospital Project will have significant negative environmental impacts on both sites, although most can be successfully mitigated
- Both sites have natural assets to exploit in relation to wellbeing, although Overdale's relationship to the natural environment is a strong feature of the site
- Whilst the local views at Overdale can be addressed, the wider, strategic views will be more difficult to resolve, especially from the south-west and from Fort Regent

In summary, both sites will equally need to mitigate against the negative environmental impacts of a major new hospital. The natural benefits of Overdale will also result in the loss of some trees and impacts on ecology, although this should be manageable with the appropriate mitigation measures. At the same time, People's Park will see the loss of most of its parkland. As concerning, will be the strategic views towards Overdale; People's Park is better suited to accommodate a large-scale building within the town centre.

### Economic & Social

- The loss of amenity space, i.e. the Parks, at People's Park, is a significant concern and an appropriate, alternative proposition will be required
- Costs associated with upgrading of vehicular access to Overdale is considerable
- Existing homes will need to be acquired at Overdale to enable road widening and site extension

In summary, both sites require upgrades to the existing highways network. However, Overdale requires extensive and more costly engineering works to improve vehicular access to the site. People's Park is much better placed to enable pedestrian and cycling access. The loss of existing residential properties at Overdale will be a cause for concern. Overdale also poses a greater challenge in relation to the policies of the Island Plan

This report provides the necessary technical assessments from which a number of conclusions have been derived. As stated in the Summary of Assessments, 'an overall assessment presented in this manner can only serve to enlighten the evaluation process rather than to lead to a conclusive recommendation in this report. Ultimately, the various positives and negatives of each criteria need to be weighed within the context of, 'which site is best able to deliver the Our Hospital project to serve future generations of Islanders and to meet the clinical vision of the project', and the Chief Ministers mandate 'to deliver a Hospital project that has the wide support of our health service, stakeholders and Islanders, bringing people together in thus common endeavour, instead of perpetuating disagreement.' taking into account the very real and pragmatic concerns of affordability, deliverability and timeline. For some, certain criteria will carry more significance than others, but there is unlikely to be consensus on this.

As stated, whichever site is selected, both have the qualities able to deliver a world-class hospital, a building of public merit and a project to celebrate in Jersey.'

# 1.0 Introduction

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## 1.1 Purpose of Final Report

This document concludes the work commenced on 13 July 2020 by RoKFCC JV to undertake an assessment of each of the five sites identified in the 'Our Hospital Site Shortlisting Report' (SSR), published in July 2020, by the Government of Jersey (GoJ).

This Report describes the evaluation process and outcomes which led to the initial reduction of shortlisted sites from five to two, announced on 4th September 2020, to allow more detailed assessments of the sites still under consideration.

*There is no specific recommendation regarding a single site, rather a series of conclusions, based upon the technical response of each to a comprehensive set of criteria as agreed by the Citizens' Panel and Our Hospital Project Team.*

*This Site Evaluation Report provides details of the relevant technical studies and evaluations that will help inform the States Assembly debate in November 2020, leading to a decision on the preferred site.*

## 1.2 Report Structure

The Stakeholder engagement undertaken during this study is described in Section 3.0, and covers statutory and non-statutory consultations. This section also presents an overview of the key themes arising from public feedback resulting from an online questionnaire published on the GoJ website.

The main body of the report in Section 4.0 describes the technical assessments undertaken to inform the selection process leading to the reduction of sites from five to two and thereafter, the comparison between the final two sites.

The 'planning balance' case is presented in Section 5.0 to assess the proposals for each of the two sites against relevant planning policies.

Finally, a Summary of Assessment of each of the sites is presented in Section 6.0 in a manner which graphically illustrates the performance of each site against the agreed criteria and in comparison with each other, and in terms of positive, neutral or negative impacts.

## 1.3 Our Hospital Project

The key objectives of the Our Hospital Project are:

- To provide high quality, efficient and effective care for all patients and service users that is timely, accessible and delivers the best possible experience for patients, service users, visitors and staff
- To deliver integration of physical and mental health care and services, including co-location of an Acute Hospital and Mental Health Services
- To deliver a healthcare estate, including an Acute Hospital that is safe, compliant, flexible and the right size for the future delivery of clinical and other services, and enables service transformation
- To deliver a new hospital that ensures the financial sustainability of the health economy
- To deliver a new hospital that contributes to building a thriving community and well-being of staff and patients, with positive socio-economic and environmental impacts

## 2.0 Scope and Methodology

### 2.1 Scope of Study

Following the publication of the Our Hospital Site Shortlisting Report (SSR) in July 2020, the Site Evaluation Study commenced on 13th July 2020. All relevant information, including the SSR, Draft Functional Brief and associated documents were issued to the RokFCC Project Team on 17 July 2020.

This Report will be considered by the Political Oversight Group (POG) and the Council of Ministers (CoM) A Proposition will be lodged with the States Greffe around the beginning of October, leading to the detailed deliberation and debate by the States Assembly in November 2020.

The overall Our Hospital Project programme is driven by the clinical need for the hospital to be open by 2026. To enable this, construction will need to commence by 2022. This objective drives the requirement to submit a Full Planning Application by September 2021, allowing a period for a Public Inquiry and subsequent determination of the application in the spring of 2022.

This report is concerned with the five sites previously selected and identified in the SSR. The work undertaken prior to this is used as the basis for the commencement of this study. It was clear at the time of the SSR that Jersey did not have a perfect site to enable the construction of the new hospital within the timetable and therefore all sites require compromise. It is important to recognise also that the scope of this study does not extend into Concept Design. As such, all drawings are developed sufficiently to inform the evaluation of the sites in comparison with others, the objective of this study.

The study makes no recommendations, other than that presented to deselect three of the sites at the end of Hurdle 1 (see Section 2.2), enabling the detailed assessment of the remaining two sites to be undertaken and to maintain the timetable referred to above.

### 2.2 Methodology

The SSR described the process that would be undertaken to identify a preferred site based upon a series of technical assessments to be undertaken by the Delivery Partner, RokFCC JV. These included:

- An assessment of the site to accommodate the area and content requirements of the new hospital
- Consideration against relevant planning policies within the Island Plan and guidance within the Our Hospital Supplementary Planning Guidance (SPG)
- An assessment of impacts including, but not limited to environmental, economic, visual access and transport, cost and timeline.

The SSR recognised that during this process it may become apparent that an identified site will be unable to meet requirements and would no longer be considered in the site evaluation process. Sites would therefore be assessed in two stages to avoid wasted time and resources on undeliverable sites. The concept of 'Hurdle 1' and 'Hurdle 2' was introduced to formally enable this process and was informed by the following principles:

- All sites are to be equally assessed unless it became apparent they were unable to meet the project requirements
- Where a site is initially assessed to be unviable, the further evaluation of that site will cease (Hurdle 1)
- Evaluation of the remaining sites will continue with more detailed assessment of the criteria to conclusion (Hurdle 2)
- The Final Report will report on all five shortlisted sites, whilst accepting that some of the sites may have been dismissed at Hurdle 1
- There is no restriction on the number of sites that may pass through to Hurdle 2.

### 2.3 Assessment Criteria

The criteria developed for the SSR was derived from a combination of inputs from the Citizens' Panel and the Site Selection Panel who assessed the sites. This study uses the output from the SSR work as the foundation for developing a more detailed framework for further testing each of the five shortlisted sites.

An analysis of the public feedback survey from the GoJ website was undertaken to ensure that the criteria was comprehensive. The findings of this confirmed the initial criteria listing and the results of this and the Hurdle 1 outcome were further reported back to the Citizens' Panel on 2 September for information.

The result of this process is illustrated in the following tables. Table 1 illustrates how the 4 general classifications were applied to the previously agreed criteria.

Table 2 illustrates the proposed criteria to be applied to the Site Evaluation Stage, indicating those assessed at Hurdle 1 and/or Hurdle 2. Criteria highlighted in block colour represent original criteria adopted or developed for the SSR evaluation stage.

At Hurdle 1, a RAG (Red/Amber/Green) rating method, a recognised industry method for assessing performance, was applied to assess the performance of the five selected sites. Those sites scoring poorly and not considered feasible were removed from further consideration and the shortlist was cut from five to two sites.

Hurdle 1 criteria was then carried over to Hurdle 2 to be developed in more detail against each of the two sites still under consideration. The technical evaluation was able to facilitate a direct comparison of each site against the other. This is presented in 'dashboard' format to communicate the relative positive, neutral or negative impacts of each site in relation to the Our Hospital Project.

For the Hurdle 2 assessment, a 'swingometer' or 'dial' is used to illustrate the positive, neutral or negative impact of the response to each criteria against each site. The sensitivity of the dial is based upon quantitative data or the professional opinion of the Project Team. Each site is assessed independently and then the two sites are compared directly with each other, based upon their individual performance against the criteria. It is important to recognise that the evaluation takes no account of the 'weighting' of one criteria against another in the Hurdle 2 assessment.

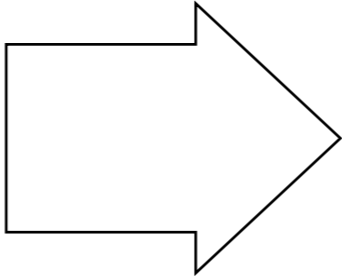
## 2.3 Assessment Criteria

The criteria developed for the Site Selection Report (SSR) was developed in the following way:

- Firstly, a review of international best practice was undertaken identifying similar studies or academic studies, which have focussed on developing criteria for evaluating site selection
- Derived from this, four Key Criteria classifications were established from best practice; Clinical, Locational, Environmental and Economic & Social
- These classifications were applied to the existing criteria already developed in the SSR, resulting in four groups of questions to be taken forward
- Some of the originally-worded criteria were developed for clarity and to suit more detailed evaluation
- At the same time, the Project Team identified additional criteria to be applied, which would be assessed by the technical assessments at this stage
- The outputs of this process were presented to the Citizens' Panel on 28 July for comment, clarification, addition and agreement.

The result of this process is illustrated in the following tables. Table 1 (opposite) illustrates how the four general classifications were applied to the previously agreed criteria.

**Table 1: SSR Criteria with four classifications.**

Site Shortlisting	Selection Criteria
  <b>CLINICAL</b>  <b>LOCATIONAL</b>  <b>ENVIRONMENTAL</b>  <b>ECONOMIC &amp; SOCIAL</b>	1 Is the site large enough to accommodate all the required clinical and support services including staff and service (access) facilities?
	2 Does the site provide the ability for expansion?
	3 Will the site be able to deliver the hospital in the project timeline?
	4 Does the highway network, locally and strategically, have the capacity to access and serve the hospital?
	5 Can the site be well served by public transport?
	6 Will the site allow/encourage the sustainable use of resources?
	7 Is the utilities infrastructure sufficient?
	8 Will the site impact current healthcare services?
	9 Is there sufficient space around the hospital building to enhance and support patients staff and visitors?
	10 Is the site in a quiet location?
	11 Is there enough dedicated car parking and is it suitable?
	12 Is the site directly below the flight path to the airport?
	13 Is the site in the Built Up Area?
	14 Is the site on brownfield (previously developed) land?
	15 Is the site a greenfield site?
	16 Can the site be accessed from various directions?
	17 Can the site be accessed by dedicated cycle routes?
	18 Can any public facility or amenity that is lost be compensated for?
	19 Is there a risk of pollution or contaminated land?
	20 Will there be a detrimental impact on the local population during the operation of the hospital?
	21 Will there be a detrimental impact on the local population during construction of the hospital?
	22 Will the site allow a building that will fit in with the built character of the area?
	23 Will the historic environment/assets be lost or harmed?
	24 Will development of the site harm important views?

## 2.3 Assessment Criteria

Table 2 (following) illustrates the proposed criteria to be applied to the Site Evaluation Stage, indicating those being assessed at Hurdle 1 and/or Hurdle 2. Criteria highlighted in block colour represent original SSR criteria adopted or developed for the evaluation stage.

No attempt is made to determine the value or importance on one criteria over another. However, there is an acknowledgment that the timeline required to enable the hospital to open in 2026 is paramount to meet clinical needs.

**Table 2 - Assessment Criteria**

Key Criteria	Secondary Criteria	Site Selection Report Hurdle 1	Site Selection Report Hurdle 2	
<b>1 CLINICAL</b>	Is the site large enough to support all of the required clinical and ancillary functions OR permit adjacent or nearby sites to support the main hospital site?		*	
	Does the site permit adequate space for future expansion?		*	
	Will the acquisition of the site(s) meet the hospital delivery programme?	*	*	
	Will the site impact current healthcare services and can these be reprovided to meet the programme needs?		*	
	Does the site configuration (shape, form and size) have the potential to facilitate a design strategy supporting wellbeing and healthcare (e.g. avoidance of deep plans, quality internal / external spaces)?		*	
	Is there enough dedicated car parking and is it suitable?		*	
	Does the site have sufficient space to enable a flexible clinical plan?		*	
	Does the site permit the adequate segregation of external and internal movement flows (visitors / patients / staff / FM)?		*	
	Will any restrictions on the site impact on viable clinical floor heights and clinical relationships?		*	
	Is the site strategically located to serve its clinical function?		*	
	<b>2 LOCATIONAL</b>	Does the highway network, locally and strategically, have the capacity to access and serve the hospital?	*	*
Is the site served well by public transport?		*	*	
Will the site require additional infrastructure (utilities) to support the development?		*	*	
Can the site be accessed by dedicated cycle routes?		*	*	
Is the site served by a secondary access route in the event of disruption to the primary access route?		*	*	
Can the site be safely accessed by foot within a 15-20 minute walk of homes/businesses and including key transport hubs?		*	*	
Does the site have a choice of good existing retail and related services within a 10 minutes walking distance?		*	*	
Can the impact on the scale and form of the hospital be satisfactorily resolved?			*	
Performance against the Strategic Policies of the Island Plan?		*	*	
<b>3 ENVIRONMENTAL</b>		Will the site support the sustainable use of resources?		*
		Are there likely to be heritage impacts that would require significant mitigation?		*
	Will the development impact important strategic and / or local views?		*	
	Is there a risk of polluted or contaminated land?		*	
	Is the detrimental impact of the construction or operation of the hospital acceptable in relation to: a) Noise? b) Air Quality? c)Traffic?		*	
	Would the local character of the area be able to accommodate a large scale hospital building?		*	
	Is the site subject to flooding?		*	
	What is the ecological impact?		*	
	Is the immediate environment of the site supportive of health recovery?		*	
	Performance against the Strategic Policies of the Island Plan?	*	*	
	<b>4 ECONOMIC &amp; SOCIAL</b>	Does the site lead to a loss of amenity space and if so, can this be acceptably replaced?	*	*
Will the development in this location generate overall economic benefit to the Island, separate from that specifically resulting from enhanced clinical service provision?		*	*	
Is the relative cost and time required of acquiring the land, including access improvement, acceptable?		*	*	
Will the acquisition of the site(s) require CPO powers?		*	*	
Is the level of costs for engineering / infrastructure improvements significant?		*	*	
Is the level of social cost from any displacement as a result of acquisition acceptable?			*	
Will the development lead to a loss of homes / businesses as a result of acquisition?			*	
Performance against the Strategic Policies of the Island Plan?		*	*	

## 2.4 General Overview of the Five Sites

### Five Oaks

The Five Oaks Site lies either side of La Grande Route de St Martin in the Parish of St Saviour. It is set at the northern extent of the Five Oaks Built-up Area. The site consists of a small industrial estate to the south, which includes commercial warehouses, retail units and a small care home. The Greenfields Children's Centre and low numbers of scattered residential units are also located within the site boundary. The remainder of the site is made up of grazing and agricultural fields with mature treeline and hedgerow boundaries.

Identified as one of the highest risk ratings in relation to acquisition, the site is under multiple ownership with residents and tenants across the site, which will pose significant and potentially insurmountable challenges to the overall delivery programme. In turn, the development of the site for highways improvements will require a number of land acquisitions, the loss of homes and businesses and highways improvements to provide access to the hospital in an area that is already impacted by a large number of schools.

Dolmens are also present on the northern section of the site, which will hamper development and cause potential delay to the timeline.

### Millbrook

The Millbrook site lies either side of St Aubin's Road in the Parish of St Lawrence. The site is surrounded by clusters of residential properties to the north and west. Coronation Park, consisting of amenity grassland, scattered trees and ornamental planting, lies adjacent to the east and Victoria Avenue forms the southern boundary of the site.

The fields behind Millbrook are used for arable farming and there is a mature native tree line along the eastern boundary. Millbrook playing fields consist of amenity grassland and are currently the site of the Jersey General Hospital Nightingale Wing.

The site acquisition report notes that Millbrook is also a difficult site to pursue given the multiple ownerships, covenants and occupiers of all the sites, which significantly increases the risk of delay and the inability to meet the hospital programme for completion. Millbrook will further pose a significant test being outside a built-up area and performing poorly against the Island Plan's strategic locational policies.

A further issue is that the site is bounded by residential properties that will impose a significant set-back to the building line of the hospital on the western boundary and greatly reduce the useable area of the site. In addition, the site area of the southern section of the site is too small to house the main clinical functions of the hospital. As such, this site, between the A1 and A2, would likely be used to provide car parking only.

### Overdale

The Overdale Site lies either side of Westmount Road in the Parish of St Helier. It is set at the western extent of St Helier Built-Up Area boundary. The western part of the site (to the west of Westmount Road) consists of the existing Overdale Hospital complex. The southern and western edge of this site transitions into coniferous parkland. To the east of the road, the site consists of two agricultural fields with hedgerow boundaries. There are two buildings set within the fields which may be residential or agricultural.

Service providers have confirmed that these services can be delivered elsewhere within the necessary timeframe.

The majority of the site, but not all, is in the highest priority location for development within the Island Plan with potential to integrate with St Helier, albeit recognising the significant issue of topography in relation to access to St Helier town centre. However, the impact on the Green Zone in relation to the two fields to the east will also need to be considered.

The issues to resolve in relation to Overdale include access, which is currently unsuitable for hospital development and will require major highway upgrading and new measures to resolve. The site also faces significant tests in relation to a proportion being outside of the built-up area and in part, being the Green Zone as well as protected open space. Visual impact from the south and south west will also be a considering factor.

The extended site will require further acquisition, including the site of the listed Thorpe Cottage and western part of the Jersey Water land to the north of Overdale. The rationale for this is discussed in more detail in Section 4.0.

### People's Park

The People's Park site is set on the western edge of the core retail centre and town centre in St Helier. West Park, an area of parkland and woodland, lies 220m to the northwest.

The site consists of a large area of open amenity grassland and backs onto a small woodland copse, which is largely species-poor coniferous and evergreen, with a small children's play area to the north. A scattered treeline forms the south and east boundaries of the site.

The site is in single ownership, although objection has previously been raised to the development of People's Park. At the same time, the site has excellent access for both vehicular and pedestrian traffic and is firmly within the highest priority location in relation to existing development within St Helier, thereby having full compliance with the existing Island Plan. However, it is highly likely that the loss of this social amenity will need to be mitigated, although, it should be noted that there is a nearby park at Les Jardins de la Mer, the beach and there may be opportunities for mitigation from future developments in St Helier.

People's Park may also benefit from existing 'off-site' assets within the town centre, such as existing car parks, which will be required to support the development of the hospital on this site.

The extended site for People's Park will further require the acquisition of Victoria Park and the car park south of the site, immediately east of the West Park apartment building. The rationale for this is discussed in more detail in Section 4.0.

### St Andrew's Park

St Andrew's Park site lies to the north of La Route de St Aubin, within the residential area of First Tower, St Helier. The landscape immediately to the south, east and west of the site comprises of residential housing and shops, with associated gardens and hard standing. A cluster of agricultural fields, with tree and hedge-lined boundaries exist to the north east.

The park is characterised by amenity grassland, with ornamental planting beds and significant numbers of mature native trees, which are of high value, particularly given the urban situation of the site.

The site is firmly ruled out by the site acquisition report as being undeliverable within the requisite timeframe. Further, the re-provision of this important social amenity is not possible within the physical constraints of the existing community and neighbourhood. The presence of a Dolmen also has the potential to seriously impact on the timeline for delivering a hospital on this site.



## 2.5 Hurdle 1 Findings

The workstreams leading to Hurdle 1 led to a series of conclusions regarding the suitability of each of the five sites to accommodate the Our Hospital development. The documentation of these workstreams is included within Section 4.0 of this report and summarised below.

At the outset, it was recognised that all five sites have specific challenges that need to be considered and assessed. For some sites these were severalfold and, in combination, seriously constrained the ability of the site to satisfactorily respond to the hospital brief and therefore their suitability to accommodate the Our Hospital development. Within this context, the conclusions were as follows:

### Land Ownership and Acquisition

Undertaken by a local real estate agent, the report undertook an options appraisal and site acquisition feasibility study with specific emphasis on assessing the risk in being able to deliver a site within the required timeframe.

The results, assessed in a RAG rating, indicated that two sites, Overdale and People's Park, were the only sites recommended to be pursued to Hurdle 2 and, as a result, three sites were deselected.

St Andrew's Park was ruled out, requiring a special law to develop the site, rendering deliverability within the overall timescale not possible. Time and the attendant risk of either complex multiple acquisitions or compulsory purchase was also considered of serious concern in relation to Five Oaks and Millbrook.

The recommendations in the report carried significant weight, given the essential need to secure the site to comply with the project timescale, which enables work to continue.

### Planning Policy

None of the sites benefit from unqualified policy support from the Revised 2011 Island Plan, which is the principal framework setting out policies for development. In considering the strategy of the Plan, all sites would need mitigation against planning policy. When considering the Plan as a whole, some perform better against it than others. In applying the strategy of the Revised 2011 Island Plan, though not the only consideration, it is noted that only People's Park and the majority of Overdale are within the highest priority location i.e. the Built-up Area of St Helier, so that they integrate with and make efficient use of resources within the town.

St Andrew's Park is within the Built-up Area (but outside the Town of St Helier) as is part of Five Oaks. Millbrook is outside of both and performs poorly against strategic locational policies of the Island Plan.

### Economic and Social Impacts

Overall, the economic impacts of the shortlisted sites are likely to have marginal impacts to the Jersey economy as a whole, as well as to the economy of the St Helier bowl, which is the primary focus driver for the Island economy.

Economic activity will largely be favourable to sites which are close to the existing Jersey General Hospital site and the established supply chain in St Helier. All sites are within the travel-to-work area for the majority of Islanders and given housing market constraints, the majority of the existing workforce are unlikely to move home address as a result of alternative siting. The economic impacts of all siting options are expected to be relatively small when compared to the overall size of the St Helier economy.

Some sites do have greater socio-economic impacts, in terms of transport and access, on certain parts of the community and locations, and this needs to be considered alongside the net economic impact. Some sites also involve loss of amenity space and displacement impacts from construction, which need to be considered as well. Within this context the front runners from the shortlist in economic terms are Overdale and People's Park, subject to the incorporation of mitigation measures for the loss of amenity for People's Park and accessibility improvements for Overdale. These accessibility improvements will however require the displacement of residents from their homes and have a consequent social impact. Further, there is mitigation to the loss of amenity at People's Park given the proximity of the beach, Jardins de la Mer and opportunities that may arise from forthcoming developments.

### Initial Physical Context (Townscape, Ecology, Landscape)

The work carried out in evaluating the townscape, landscape, ecology, and visual impact of the five sites has been a combination of desktop studies and a number of site visits. The desktop studies have involved a review of all existing data available for the sites, which includes planning policy, such as The Island Plan and Supplementary Planning Guidance (SPG).

As part of this work, the topography of each site has also been reviewed and slope analysis carried out to gain an understanding of any access and construction constraints related to the gradient of the sites.

The site visits were used to confirm the information collated and analysis carried out during the desktop study, to gain a better understanding of each site, and to review and validate the potential visual impact of the development from the views suggested by Jersey Planning.

The assessment for each site was carried out and mapped under these headings:

- Opportunities and constraints
- Access and topography
- Land use and building height
- Statutory and planning designations
- Landscape and ecology

Ecology surveys commenced on all five sites and continued until sites were deselected following the Hurdle 1 determination. Ecology surveys on the remaining shortlisted sites will continue until a decision on the selected site is determined in November 2020, at which time the surveys will continue on the single site through to summer 2021.

The work undertaken for the SSR previously concluded that each of the five selected sites should be capable of accommodating the minimum ground floor footprint required for essential clinical services.

In general, the analysis showed that the Millbrook site will result in developable areas, which will significantly constrain the clinical and operational performance of the hospital, as a result of setbacks to existing residential development along its western and northern edges and the relative size of the southern site, which alone is too small to accommodate the clinical functions of the hospital. Any connections between the northern and southern sites could only be at basement or above ground levels, rendering inefficient and sub-par clinical connectivity, particularly in relation to ground floor clinical requirements. The southern site would therefore only be used to provide car parking serviced by the A2.

At the same time, the quality of St Andrew's Park as an important community social amenity with little or no prospect of being re-provided is also concerning. Whilst this is also true of People's Park, there is a strong possibility that this can be successfully mitigated with an appropriate amenity being re-provided within St Helier. Further, the presence of the Dolmen within the site is a significant constraint on development within St Andrew's Park.

The publication of the Jersey Integrated Landscape and Seascape Character Assessment (May 2020) is also concerned with the impact of new development along the built coastal frontage outside of the town centre. This places significant risk on both Millbrook and St Andrew's Park in terms of harmful visual impact as a result of the scale and massing of the development. This will also be of concern in relation to development at Overdale and, to a lesser extent, at People's Park.

The site(s) at Five Oaks are of sufficient size to deliver the hospital development. Whilst constrained in part by the presence of Dolmen, the site would be flexible enough to avoid any negative impact on the heritage site. It should be noted, however, that Five Oaks is on high ground and will be viewed from long distances, causing concern regarding its visual impact on the environment.

Both the Overdale and People's Park sites are designated within the built-up area of St Helier. However, Overdale also includes two fields to the east which are in the Green Zone and will need to be carefully considered. At the same time, the site currently houses healthcare uses (both active and derelict) and its topography may accommodate lower-level development, thus reducing, but not removing, any potential visual impact, especially in relation to views from the coastline to the south and south-west. Whilst any development at People's Park will be clearly visible from the coastline, the site is arguably within the visual parameters of the urban development 'envelope' of St Helier, defined by the seven-storey West Park apartment block at the western edge west of the town. The Jersey Integrated Landscape and Seascape Character Assessment (May 2020) states that 'the firm settlement edge of St Helier should be retained. Development should be avoided in prominent locations on the escarpment and where it would breach the skyline.'

# 2.5 Hurdle 1 Findings

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## Access and Highways

Following an initial review of the five sites from a transport perspective all five require an element of acquisition. It is anticipated that both the St Andrew's Park and Five Oaks sites would require significant land acquisition to facilitate highway improvements to provide safe access, align with accessibility standards and best practice. The Overdale site would also require significant civil engineering works to provide a suitable access, alongside ongoing travel planning measures such as a shuttle bus. The Millbrook Playing Fields and People's Park sites would likely require less works to deliver a scheme that aligns with accessibility standards and best practice. However, the location of Millbrook Playing Fields will significantly reduce the opportunity for journeys to be made by foot from those working or living nearby. In summary, People's Park is the most favourable site in transport and access terms.

## Utilities

Requirements associated with utilities and drainage indicate that all sites will require extensive upgrades to the existing network for a number of the services to support the new hospital. The sites were assessed equally with each other for the purposes of the Hurdle 1 assessment.

## 2.6 Hurdle 1 Outcomes

Following on from the assessments outlined above and detailed in Section 4.0, the study reviewed the outcomes of those criteria defined for the interim (Hurdle 1) evaluation (ref Section 2.4).

The assessment of these employing a RAG rating was as follows:

Hurdle 1 Criteria	Five Oaks	Millbrook	Overdale	People's Park	St Andrew's Park
Will the acquisition of the site(s) meet the hospital delivery programme?	Red	Red	Green	Green	Red
Will the acquisition of the site(s) require CPO powers?	Red	Red	Yellow	Red	Red
Is the relative cost and time required of acquiring the land, including access improvement, acceptable?	Red	Red	Yellow	Green	Red
Performance against the Strategic Policies of the Island Plan?	Yellow	Red	Green	Green	Yellow
Does the site lead to a loss of amenity space and if so, can this be acceptably replaced?	Green	Red	Yellow	Yellow	Red
Does the highway network, locally and strategically, have the capacity to access and serve the hospital?	Red	Green	Yellow	Green	Red
Is the site served well by public transport?	Yellow	Green	Red	Green	Green
Can the site be accessed by dedicated cycle routes?	Red	Green	Yellow	Green	Yellow
Is the site served by a secondary access route in the event of disruption to the primary access route?	Yellow	Green	Yellow	Yellow	Yellow
Can the site be safely accessed by foot within a 15-20 minute walk of homes/businesses and including key transport hubs?	Red	Red	Yellow	Green	Red
Does the site have a choice of good existing retail and related services within a 10 minutes walking distance?	Yellow	Yellow	Yellow	Green	Yellow
Will the development in this location generate overall economic benefit to the Island, separate from that specifically resulting from enhanced clinical service provision	Red	Red	Yellow	Yellow	Red
Will the site require additional infrastructure (utilities) to support the development?	Yellow	Yellow	Yellow	Yellow	Yellow
Is the level of costs for engineering / infrastructure improvements significant?	Yellow	Yellow	Red	Yellow	Yellow

The outcomes of the application of the assessment criteria and RAG rating described above and, suggested that only two sites, Overdale and People's Park, have the potential to be able to deliver the Our Hospital development as currently defined.

**It is recognised that no single site excels in all criteria. However, it is also recognised that both sites have the potential to create an outstanding hospital and a major contribution to the built environment for the Island.**

It was therefore recommended that the continued evaluation (Hurdle 2) focused on the potential development of these two sites only and that Five Oaks, Millbrook and St Andrew's Park be excluded from further evaluation. The following sections of this report focus on the detailed evaluation of the two remaining shortlisted sites.

## 3.0 Stakeholder Engagement

The role of Stakeholders is critical to the ultimate success of all major public projects. In relation to Our Hospital Project, there are numerous Stakeholders, statutory, non-statutory and Islanders, to be engaged in this process. These range from public authorities, as well as advisory groups who provide independent, expert advice on major and sensitive developments, such as the Jersey Architecture Commission. Importantly, the view of Islanders has been recognised in the establishment of the Citizens' Panel, who have been engaged throughout the site selection process in establishing the criteria for determining where the new hospital should be built.

Most importantly, the project is driven by the clinical needs of the Island and a series of detailed user consultations have been undertaken to inform the development of the block and stack test-fit diagrams and the overall vision, content and form of the development.

Stakeholder consultation also demonstrates openness and transparency in the whole process so as to encourage confidence in the planning and design of the hospital.

This section describes progress to date for each of the stakeholder groups.

The process going forward into Concept Design will continue to play an important role in the evolution of the project.

### 3.1 Clinical Engagement

Within the Site Selection stage of the Our Hospital development programme there are currently two main stakeholder engagement streams; the Hospital Clinical Brief, reflecting the how the hospital must function in the future, providing flexibility to accommodate change in future care models the current and emerging context of the Jersey Care Model, and the Site Selection strategy. Both streams included meeting with key clinical and operational stakeholder groups clustered into hospital functional service teams.

Meetings were delivered in two rounds for each stream during August and early September, with time in between each round for the design team to process and action each user request. This enabled the design team to engage with more than 120 clinical and other professional staff in more than forty-eight workshops and presentations.

To launch the project, two additional high-level meetings have been completed to present both the strategy for key Clinical Stakeholder engagement and the process to deliver the site(s) evaluation report and final Hospital Functional Brief. These presentations were delivered within the Clinical and Operational Client Group (COCG) and Medical Staffing Committee. Visioneering workshops are also undertaken to consider 'what kind of place' the hospital might be, whichever site is selected, in relation to architectural, interior design and landscape elements, to inform the beginning of Concept Design.

Subsequent to the shortlisting from five sites to two, the outputs from the clinical engagement programme enabled the development of the clinical 1:500 'block and stack' studies. These drawings have been tested against each of the two sites under consideration in Hurdle 2 and further informed by the opportunities and constraints and physical analysis undertaken during this study. The block and stack drawings have in turn informed the initial evaluation of the visual impact of each proposal in relation to its context and strategic views. Whilst the design will undoubtedly develop and refine during Concept and Scheme Design, the form of the development arising from these studies is sufficient to understand and evaluate the likely impacts of each scheme on its environment. It is important to understand that the block and stack diagrams do not represent a design concept for the hospital, rather they are an evaluation tool for understanding how well a clinical brief can be accommodated within each site (test-fit), identifying potential issues, opportunities and constraints. At Concept Design, several block and stack options will be developed to align with the emerging architectural strategy for the selected site.

Separately, a 'Healthcare Survey' of opinion relating to preferred sites by healthcare staff resulted in 94 people registering their vote, indicating 125 'Yes' votes for their preferred site(s) (note: people could vote for more than one preferred site). Whilst these results are in themselves interesting, the evaluation of the suggested criteria is equally important, relevant and showed the following:

- Access
  - Proximity to existing services
  - Parking
- b) The factors and criteria identified are adequately covered in the four Key Classifications, as agreed with the Citizens' Panel and Our Hospital Project Team in deriving the logic and framework for the site evaluation to date.

The responses in relation to preferred sites were as follows:

- Five Oaks 16.0%
- Millbrook 9.6%
- Overdale 29.6%
- People's Park 43.2%
- St Andrew's Park 1.6%

### 3.2 Planning

During this period, a number of meetings have taken place with Jersey Planning Department. The initial meeting was an introductory session presenting the delivery partner, site selection programme and the process of the overall delivery timetable. The Our Hospital Project Team requested that specific strategic viewpoints for assessing the visual impact of each site be specified by the Authority. This was subsequently provided and is included elsewhere within this report.

The second meeting focused on comments by planning officers on each of the shortlisted sites. General points of note included:

- Importance of trees on the sites
- Inter-visibility between land and sea to be considered ref: Jersey Integrated Landscape and Seascape Character Assessment
- Reference previous landscape and invasive species survey work
- Any loss of agricultural land to be considered
- Assessment of loss of open space and how the loss might be mitigated
- Impact on townscape.

Planning officers visited each of the selected sites and had the following comments:

- Five Oaks - The telephone mast to the west of the site is highly visible at some distance given topography, suggesting that development would be highly visible at some distance to other places in the Island
- St Andrew's Park - Very large flat expanse. It is important to note the proximity of the listed church to the east. The impact on any archaeological features (the Dolmen at St Andrew's Park and Five Oaks) also needs to be carefully considered
- Overdale - Part of the site appears to be in a dip/valley and a large proportion of the site is already developed. It is also relatively well screened.

## 3.0 Stakeholder Engagement

### Planning Policy (1):

- Officers confirmed that in their view, all material considerations as referenced in law must be planning related material considerations and that while the public interest test was a factor in the Minister's consideration, this would normally also be planning based
- Policy SP1 - confirmed that this policy carried great weight but that it would not necessarily be overriding of other policies when considering the Plan as a whole
- Policy SP3 - Officers said this hadn't particularly featured in the last two applications as the site was at the top of the spatial hierarchy so there was no need for a sequential process to take place, but the Inspector did reference it in his report
- The Green Backdrop Zones are of great public interest across the Island. In previous cases the Inspectors have found the policy to be mature and sound and due attention needs to be paid.

### Setting / Townscape and Heritage

- Officers referred to the Keppel Tower Case, where the Inspector followed case law: you cannot trade-off the impact of a listed building/heritage asset. Each individual heritage asset has to be assessed
- There are currently no Conservation Areas in Jersey as no legislative power to make them is yet in force but they are being considered as part of the new Island Plan. There is a possibility therefore that Conservation Areas may become material within the lifetime of the project.

### New Island Plan

- Expected to be in draft form by March 2021 so will likely be a material consideration for this application
- Officers also confirmed that the evidence base to the Plan will be published in due course and that a recent survey of open space was carried out and could be shared.

Those observations and issues helped inform the Hurdle 1 site assessment. As part of the Hurdle 2 assessment, further meetings have taken place with the Jersey Planning Department to discuss the two shortlisted sites in the context of themes set out in this report. They have provided further opinion in site specific observations, planning policy and matters including but not limited to townscape, heritage, ecology, and transport. General points of note are:

- Officers agreed with the team that the most significant matters (but not the only matters) facing Overdale are visual impact, transport and access, the relationship of the site and its boundaries to the Green Zone and Protected Open space designations and the effect development would have on important trees. In so far as People's Park is concerned, the most significant issues are the impact of a development on Heritage and open space and
- Officers emphasised the need to consider impact of any proposals on trees of importance.

### Planning Policy (2)

Specific policies within the Island Plan were discussed and officers indicated that in their view:

- The development of People's Park would not comply with policy HE1 on Heritage and it will be necessary justify why a scheme is otherwise acceptable
- Where there is a retail/commercial element within the hospital (the team explained that this would be minimal and for the purposes of hospital staff and visitors only), it should aim to be below the threshold (500 sqm) by which it would be considered 'major' for the purposes of policy SP3
- The meaning of skyline, strategic views, important vistas and setting of landmarks within policy GD5 is not explicitly defined within the plan and so would need to be considered on a site by site basis – while the policy otherwise distinguishes listed buildings, this would need consideration
- In so far as Net Gain is concerned, this is still in its relative infancy and is an opportunity for the scheme.

### New Island Plan

- It was confirmed that the new Plan is a bridging plan for the period 2021-2024
- Arup has also separately and independently been appointed as Island Plan Strategic Partner. The role is as a sole appointee providing technical, management and capacity support to the Government of Jersey in undertaking their Island Plan Review. This is a long term appointment that will assist GoJ throughout the process from evidence through drafting and political briefings to examination in public.

We are not aware that there is any technical conflict between the ideas presented and the wider Island Plan.

A further meeting was held with the Regulation team to discuss the means by which separate planning applications could be made for early works in the form of access roads, to assist in the programme for delivery. In both cases i.e., should either site be selected, it was agreed that a case would need to be made in support of the works given their implementation would be for a hospital that would be yet to receive planning permission and therefore, relevant planning issues which apply to the main scheme (the hospital and roads) would still apply.

In relation to Overdale, it was discussed that:

- Improvements to the highway would principally be for its realignment along Westmount Road, which would allow for an earlier start of about 6 months on highway improvements in advance of the hospital being granted planning permission;

In relation to People's Park:

- Improvements to the highway would principally be to St Aubin's / Pierson Road and at the A1/A2 junction. Similarly, this would allow for an earlier start on such improvements with equivalent benefits to the overall programme.

A further application for the demolition of the existing buildings at Overdale (should Overdale be the preferred site) was discussed to effect similar programme benefits. No initial significant issues were identified with making such a planning application in advance of developing the hospital and because it was unlikely that those buildings will otherwise be put back into use.

## 3.3 Other Statutory Consultations

A list of consultations undertaken to inform the site evaluation process is detailed below.

### Incoming utilities

Service providers have been consulted for the following utilities:

- Electricity
- Gas
- Water
- Drainage

### Environmental

The appropriate authorities, including Environmental Health, have been consulted on environmental matters including:

- Air quality
- Climate change
- Ground conditions
- Noise and vibration
- Socio-economic
- Waste
- Water resources and flooding
- Wind

### Transport

To inform the transport appraisal, the following parties were consulted:

- Highways maintenance
- Buses and public transport
- Ambulance service

### Fire Service

The Fire Service has been consulted.

## 3.0 Stakeholder Engagement

### 3.4 Public

The announcement of the five shortlisted sites on 13th July expectedly created a significant reaction and discussion point across the Island. The announcement was followed up by a leaflet drop pointing towards the official GoJ Our Hospital page on Gov.je, which included a Feedback Survey for enabling the public to identify their preferred site(s) and provide opinion for the criteria and reasons for their choice.

The 'Consultation Feedback Survey' presents an overview and analysis of public comment on the supporting reasons and criteria for their preferred choice of site(s) and indicates:

a) The top three most important factors ranked by the number of 'mentions' in the responses were:

- Access
- Loss of green amenity/public open space/parks
- Existing ownership including healthcare uses

b) The factors and criteria identified are adequately covered in the four Key Classifications, as agreed with the Citizens' Panel and Our Hospital team in deriving the logic and framework for the site assessment.

Of interest, the results from the Feedback Survey shows that 614 people registered their vote, indicating 766 'Yes' votes for their preferred site(s) (note: people could vote for more than one preferred site). The responses were:

Five Oaks	11.4%
Millbrook	8.3%
Overdale	54.1%
People's Park	24.0%
St Andrew's Park	2.2%

An announcement of the two sites to be progressed towards Hurdle 2 evaluation was published by the GoJ on 2nd September.

The public engagement strategy going forward is currently being developed with the Our Hospital team. Prior to the final determination of the preferred site, this is planned to be in the form of a digital public exhibition, due primarily to ongoing uncertainty around Covid-19. All of the five shortlisted sites will be included with the evaluation process, key characteristics/criteria and next steps.

### 3.5 Citizens' Panel

In March 2020, the Our Hospital Citizens' Panel convened to assist in the initial site selection process by formulating criteria that they considered should form the basis of selecting an appropriate site for the hospital. The Panel met independently of the Project Team and their work was assisted by an independent facilitator. After some familiarisation sessions the Citizens' Panel workshopped with the facilitator to establish the criteria they thought were important in determining the site for the Hospital. In a session after the workshop the Citizens' Panel's criteria were crystalized into a priority sequenced list approved by the Citizens' Panel.

The Our Hospital Citizens' Panel was originally established to support the development of the criteria that would form the basis of a sequential test to narrow down the long list of 82 sites to the short list of five sites published in the SSR. The Project Team are committed to ensuring that the Citizens' Panel remit is extended to assist in a) any further development of the assessment criteria and b), the ongoing design process following the selection of the preferred site. This is important to ensure continuity and to ensure that public opinion is sought at each stage of the project.

The first meeting/workshop to review and consider the developed evaluation criteria for the shortlisted considered the headings of the four Key Classifications (Clinical, Locational, Environmental and Economic & Social), the criteria were developed as illustrated in Table 2. The Panel asked for minor clarification, amendment and addition to the criteria discussed, which was subsequently incorporated.

The intention has been to ensure that the Citizens' Panel remain fully briefed during the development of the study and able to comment in relation to how the agreed criteria are interpreted. The development of the Citizens' Panel role beyond this stage will be defined in agreement with the Our Hospital Project Team. It is however, imperative to maintain the Panel as a working group able to contribute to the evolving design criteria as the project moves from site evaluation to Concept Design and beyond.

A further meeting was held to provide an update on the outcome of the Hurdle 1 assessment – reducing the shortlist from five to two sites, and to report on feedback and analysis from the public questionnaire published via the GoJ website. The members of the Panel in attendance at that meeting appreciated the reasons for the Hurdle 1 outcome, understood the rationale for making this determination and welcomed the validation of the criteria previously established for this study from the public commentaries.

### 3.6 Jersey Architecture Commission

A meeting was held with the Jersey Architecture Commission (JAC) to introduce the delivery partner and to present the overall programme/process and the initial contextual analysis of each of the five selected sites. Following the earlier meeting with the Citizens' Panel, the evaluation criteria were also presented to generally indicate the factors the team would be addressing to assess each of the sites.

Generally, the JAC welcomed their early involvement and an understanding of the status of the project. A number of key issues were discussed, specifically relating to the:

- Need to derive an aspirational brief for the hospital
- Aim for the project to follow best practice in sustainability for hospitals
- Impact of COVID-19 on the overall project cost/design
- Future of the existing hospital site
- Hospital expansion strategy
- Public consultation
- Multi-site options
- Green transport hospital policies
- Mitigation measures for lost public open space
- Importance of Legacy and Social Value that the project will bring
- Recognition that the project will be of a very large scale, befitting of a significant public building.

It was agreed that it would be beneficial to meet again towards the end of the study to provide an update on progress towards the selected site. Thereafter, regular meetings will be programmed as the project moves from site selection to design.

In August, the JAC issued its headings for future engagement meetings, as follows:

- **Context** – site history; topography; townscape (Heritage) and landscape environs; land uses; hinterland capacity (for ancillary functions and support providers) site sections into surroundings; views in and out; ripple effects. Scale and bulk impact of the generic and site bespoke footprints. How do these inform the concept?
- **Connectivity** – site access modes, capacities and systems (Traffic Impact Assessments); blue light routes; parking provision; construction and future delivery systems; links to support and health campus sites. Is the arrival and internal wayfinding attractive to all users?

- **Community** – end user involvement and designers' responses; Citizens Panel input; ripple effect on nearby sites; Compensation sites study; amenity spaces; well principles initiatives. How does the institution integrate with the community?
- **Climate** – carbon reduction strategies in construction and operation; biophilic design responses; water conservation; shade & shelter to reduce overheating; embodied energy; green & blue landscape strategies; roofscape potential. Is the building itself an educator?
- **Character** – integration of scale and bulk; bespoke responses to context; memorable spaces and places; landscape and public art; materials and colour; unintimidating. Is it one institution or a campus? What is Jersey about the design and its civic presence?
- **Change** – How can the designs for the buildings anticipate future changes in health care delivery over their lifetime?
- **Cost/Value Legacy** – site abnormalities and trade-offs; basements; redundant sites' re-uses; replacement public amenity spaces. What spin-off benefits for the population are anticipated?

A timetable with JAC will be agreed to ensure the timely engagement of consultations in relation to these headings to inform the overall design intent of the project, leading towards a full planning application in September 2021.

The Planning Department has noted that the Jersey Architecture Commission may become a statutory body in the future.

## 3.0 Stakeholder Engagement

### 3.7 Overview of Key Themes

#### Public

It is reasonable to conclude that 'Access' and the 'Loss of green amenity/public open space/parks' are of concern to the public. At the same time, the identification of 'Ownership including existing healthcare uses' also emerges as a significant factor in the consideration of site selection.

The dominant themes that may be derived from the public responses are:

**Access:** Most people rightly recognise that access is a critical influencer of where the hospital should be located. This includes access for cars, cycling and walking as well as for emergency vehicles (ambulances). Perhaps less clear is the degree to which each transport mode is of greater concern than another. Generally, the perception of 'ease of access' varies where, for example, the same site may be regarded as either 'excellent' or 'disastrous', depending on the responder. What is important, however, is the weight given to the need for good access.

The inclusion of other factors, 'Proximity to existing services', 'Parking' and 'Strategic Island location' also point towards this same overriding concern.

#### **Loss of green amenity/public open space/parks:**

Understandably, there is an emotional and concern regarding the loss of any park or green space within the environment. The importance of this to the community is restated as being a principle to be protected. Most of the comments are generic to all three 'park' sites, although there are many instances of specific concerns over individually identified parks. The parks are perceived as an important part of the Island's environment to be protected at and their loss is seen as having a negative social impact on the community.

The message therefore is a preference to a) not build on parks or for some, where necessary, b) mitigate the loss by the provision of a new park.

#### **Ownership including reference to existing hospital uses:**

Often overlapping with the point that Overdale has existing healthcare facilities, as well as being (predominantly) in GoJ ownership, the reasoning behind this factor seems to be related to a number of considerations including cost and deliverability.

At the same time, understandably, there is a difficulty in how people envisage the form of development on Overdale on a relatively complex site in terms of shape, topography and scale. There is also some confusion regarding the level of ecological impact that any significant development would pose.

**Sustainability:** This is mostly expressed in relation to the relationship to the Town Centre, the use of existing resources, reduced access and environmental issues whilst occasionally noting genuine concerns regarding the impact of Climate Change. This is further reinforced by criteria such as 'Proximity to existing services', 'Access', 'Ecology' and 'Flooding' where a number of disparate factors each impact on sustainability objectives. It is reasonable to conclude therefore that sustainability is recognised as a key factor in the determination of the preferred site, albeit expressed under a variety of headings.

**Generally:** Perhaps surprisingly, there are a number of factors that appear low on the list which, in their own right, would normally be considered significant from a planning perspective in the consideration of any development proposal. These include 'Loss of homes or businesses' and 'Staff environment'.

'Staff environment' was hardly recognised as an issue, although this may be explained as not necessarily being perceived as a 'site selection' factor, rather as a design factor. Of more concern was the opportunity that some sites offered in creating a 'Healing Environment' for patients. It is not unusual for the public to think 'patients' before 'staff' in their concerns for wellbeing when discussing the hospital environment (bar recent Covid-19 sentiments).

'Heritage' was almost universally related to the need to protect the Dolmen on the relevant sites, rather than heritage in relation to the historic built environment, which was hardly mentioned. Whilst 'Visual Impact' was certainly identified as a concern, it is a little surprising that this was not more heavily mentioned as a key factor in determining the site. There was also little consensus regarding which sites might be acceptable in terms of visual impact, again probably due to the absence of any development modelling.

The issue of 'Cost/Affordability' and 'Deliverability' was concerned in part with the need to 'just get on with it' and 'stop wasting money' as well as a genuine concern to want to support sites which facilitate cost effective solutions that are 'ready to go'.

Finally, there are several responses which allude to sites deselected in the previous site selection process. While these are heartfelt commentaries, they provide no further rationale or substantial opinion for further reviewing those sites.

#### Healthcare Workers

Whilst 'Access' again is the dominant factor affecting site selection, this is supported by 'Proximity to existing services' and 'Parking' as the next most frequently quoted criteria. Given that the responders are healthcare workers, this is perhaps unsurprising. However, this is tempered by the lack of mention of 'Staff environment', perhaps again, as this is seen as a factor of design rather than site selection.

A significant influencer is the location of the existing hospital, as staff are familiar with and organised for the logistics of working in the town centre and the likely preference to avoid change.

Whilst 'Loss of green amenity/public open space/parks' was specifically cited as less of a specific issue, there were 18 responses that called for the existing hospital site to be redeveloped as a park alongside the regeneration of Parade Gardens, which again supports a concern for ensuring the provision of good quality open spaces in the community.

The analysis of both the public and healthcare feedback surveys confirmed that the established site selection criteria was comprehensive and validated.

## 4.0 Detailed Technical Assessment

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### 4.1 Introduction

This section provides a summary of the detailed technical assessments that were undertaken to inform both the Hurdle 1 and 2 criteria as described in Section 2.0 of the report.

Each of the technical subjects is first introduced and then followed by the assessments which informed the evaluation of the five sites for Hurdle 1 and the subsequent detailed assessment and comparison of the remaining two sites for the Hurdle 2 stage. Embodied within each subject is a reference to the Key Criteria as defined in Section 2.0 of this report.

A Summary of Assessments in Section 6.0 draws the conclusions of this evaluation together to enable an overall view of the conclusions to be explained.

In the development of the Hurdle 2 studies, it has become apparent that both of the remaining sites would greatly benefit from the consideration of additional site area. In respect of Overdale, this is to resolve access issues and to provide area for horizontal expansion. In respect of People's Park, this is deemed necessary to enable the clinical 'block and stack' to function flexibly and efficiently and to deliver the qualitative aspirations of the clinicians. The expansion of these sites therefore was a direct consequence of the need to satisfy the clinical vision and overall objectives of the Draft Functional Brief and offer the potential to create a world-class hospital.

In terminology, the expanded sites are still referred to as 'Overdale' and 'People's Park' in their generic form. Diagrams 1 and 2 illustrate differences between the 'original' and 'proposed' site boundaries, but remain subject to change as detailed design progresses.



## 4.2 Clinical Block and Stack (Overdale)

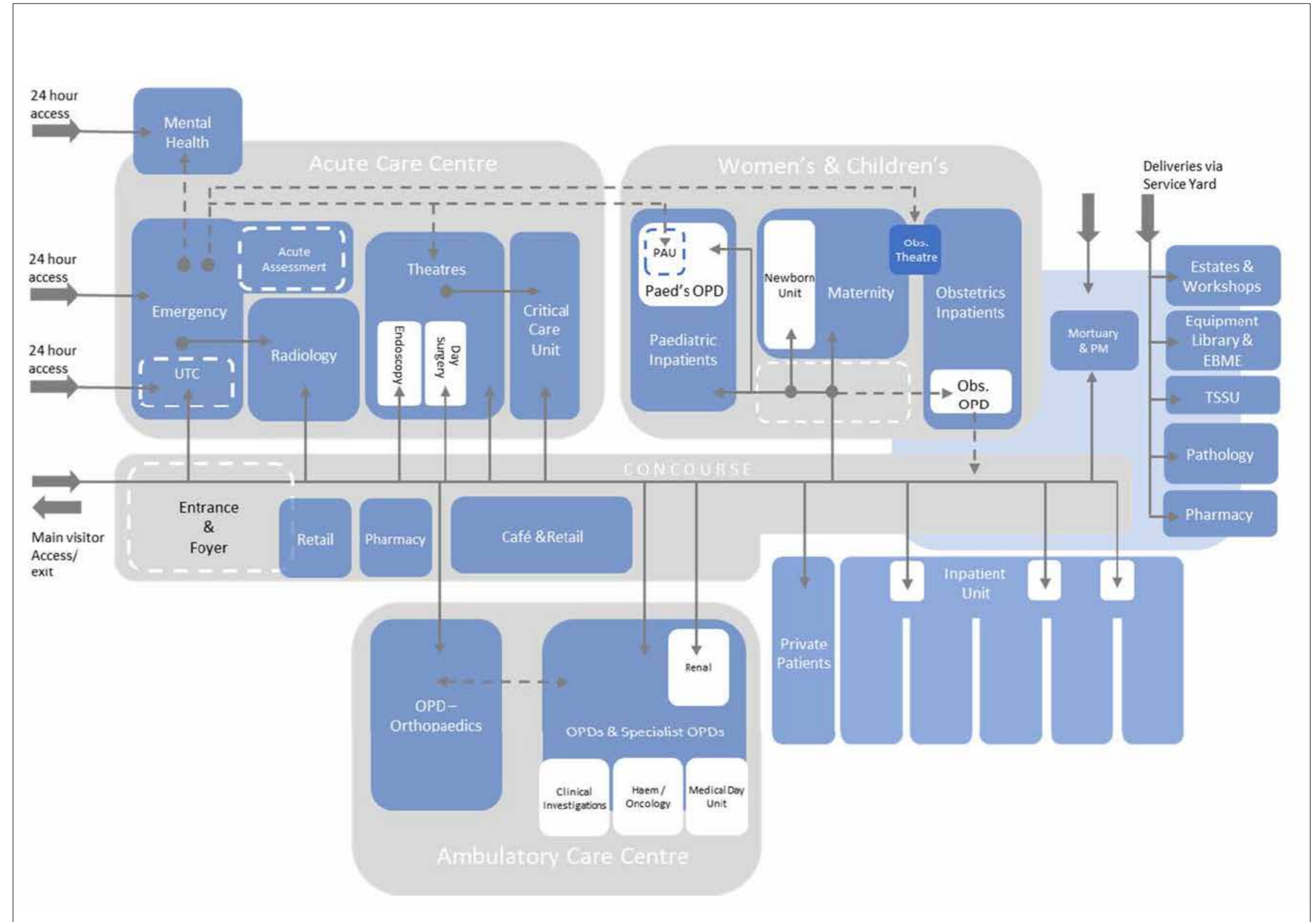
### Introduction

The following pages present the clinical 'block and stack' diagrams developed during extensive engagement meetings and workshops held during August and September with the Our Hospital clinical user groups. These meetings (More than 50) facilitated both the completion of the Detailed Clinical Functional Brief and Clinical Design.

A road map developed within the Draft Functional Brief gave an overview of how the different hospital departments should be located in regard to patient, staff and support services flows specifically for Our Hospital. Using this departmental mapping diagram (Diagram 1) as the basis for the clinical user group workshops, the different site options were tested with regards to clinical suitability, to ensure the functionality of the hospital. These 'block and stacks' were developed to ensure all the departments had the optimum vertical or horizontal adjacencies, enabling the vision of a hospital with five key functional zones; Acute Care Centre, Women's and Children's Centre, Ambulatory Care Centre, Inpatient Wards and Support Services.

With the clinicians and support service teams, an optimum 'block and stack' was developed to enable the testing of both the Overdale and People's Park sites.

Whole Hospital Adjacencies and flows (Diagram 1)





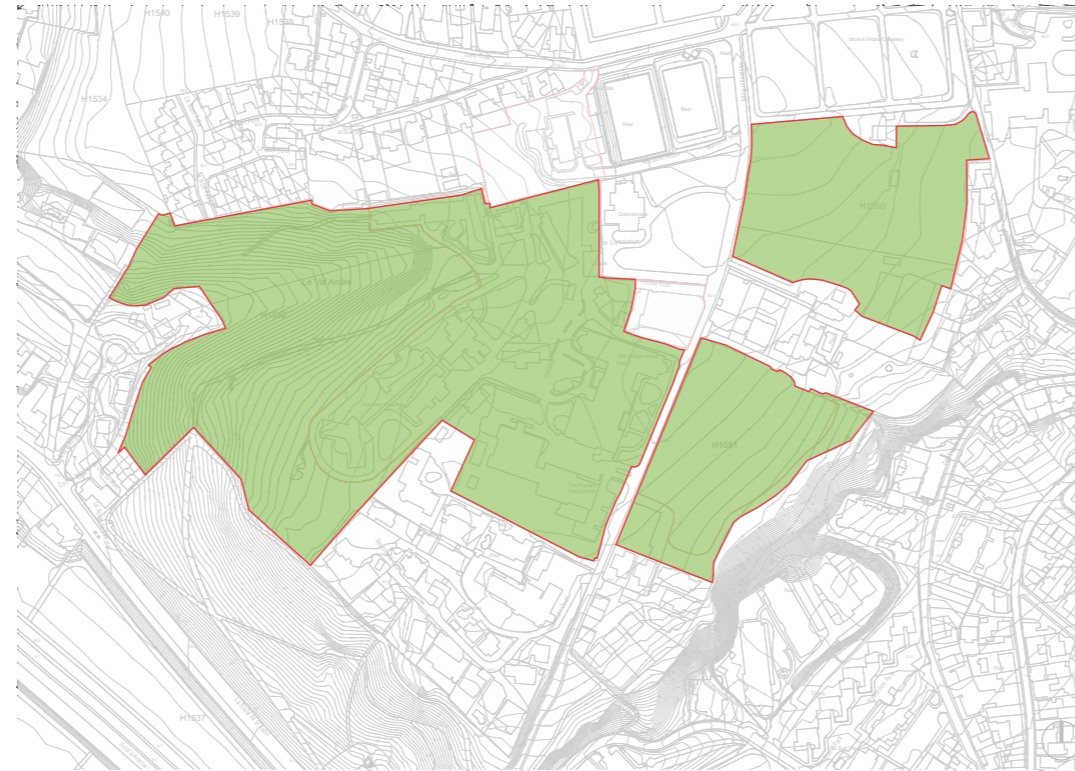
## 4.2 Clinical Block and Stack (Overdale)

### Site Review

In relation to the Overdale site (Diagram 1), the evolution of these studies led to the need to consider extending the site (Diagram 2) to include 2 additional parcels of land, including the listed Thorpe Cottage (A) and the western section of the Jersey Water land (B) (excluding the tanks). Whilst the original site could meet the base area requirement of the Draft Functional Brief, it was strongly felt that the enlarged site would deliver a better hospital solution, enabling a clearly defined horizontal expansion strategy and an improved resolution of access points from Westmount Road.

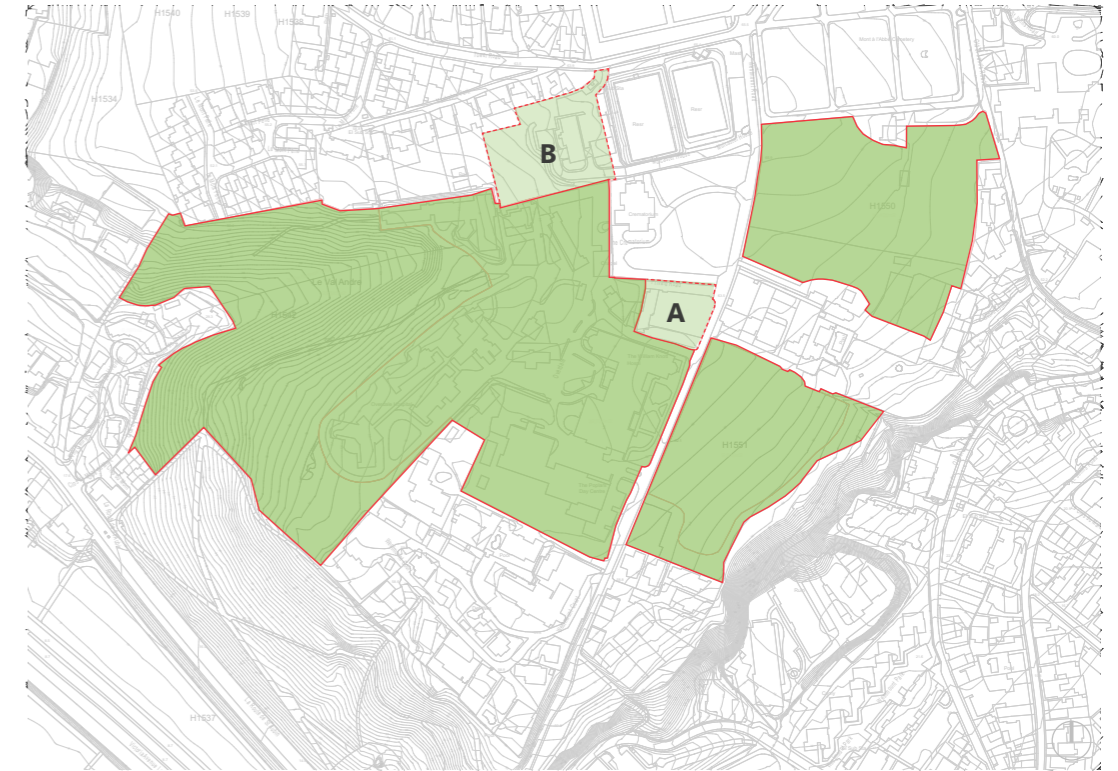
Whilst not intended as architectural solutions, the block and stack diagrams point towards a potential strategy for the site, recognising that the location of the inpatient accommodation is best located to the west, benefitting from the relationship to the natural landscape and views beyond. At the same time, it is recognised that a number of mature and important trees are located within the site. The positioning of the ward blocks therefore enables a degree of flexibility, at the design stage, in seeking to retain important landscape elements and trees wherever possible, including the screening of the adjacent crematorium.

In relation to the likely impact of the scale and mass of locating the hospital at Overdale, the block and stack strategy seeks to arrange the building to minimise the number of floors (compared to People's Park) employing a horizontal planning strategy that takes advantage of the spread of the site. Nevertheless, at Concept Design stage, concerns regarding the visual impact of the scheme will undoubtedly influence the final form and arrangement of the building. At the same time, the orientation of the inpatient wings will be tested to provide opportunities for 'mixed mode' ventilation to benefit from the prevailing wind direction in mid seasons.



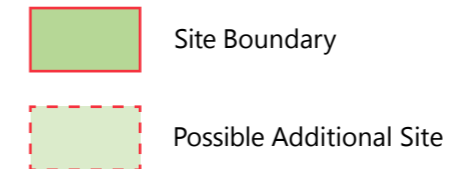
Original Site (Diagram 1)

**KEY**



Proposed Extended Site (Diagram 2)

**KEY**



## 4.2 Clinical Block and Stack (Overdale)

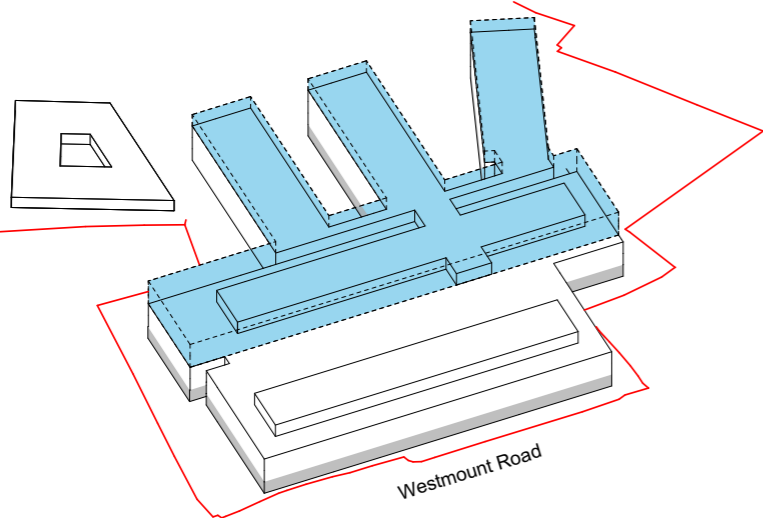
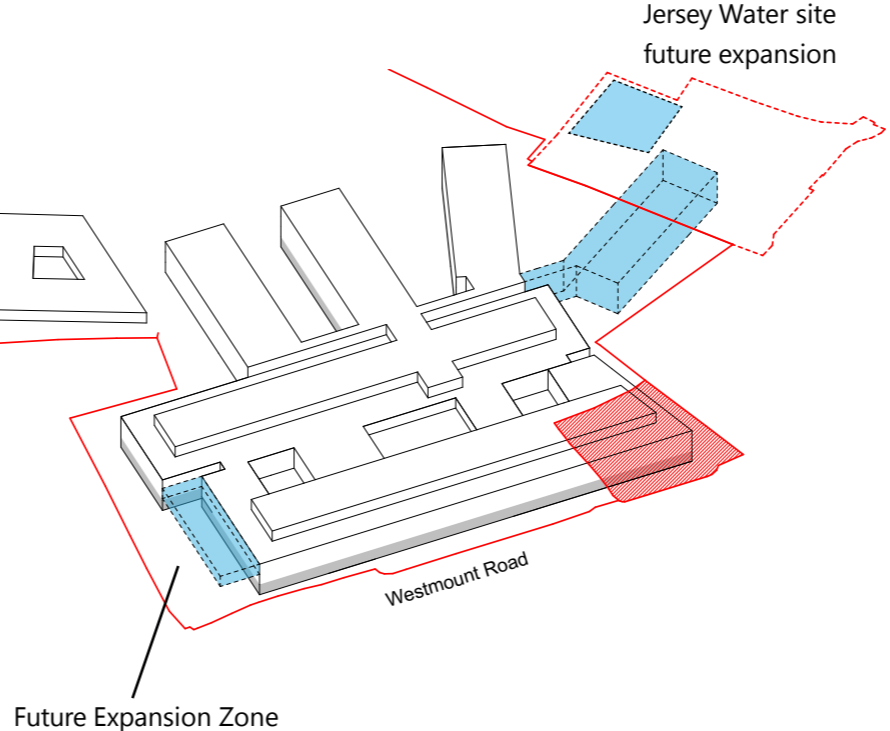
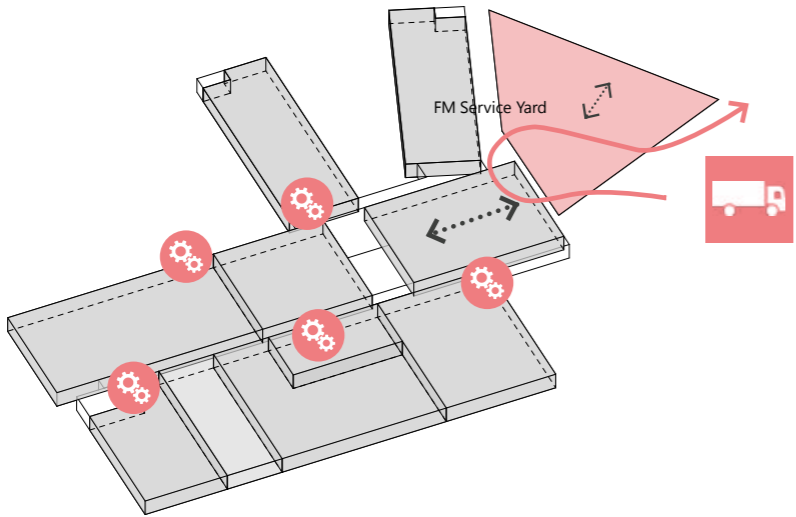
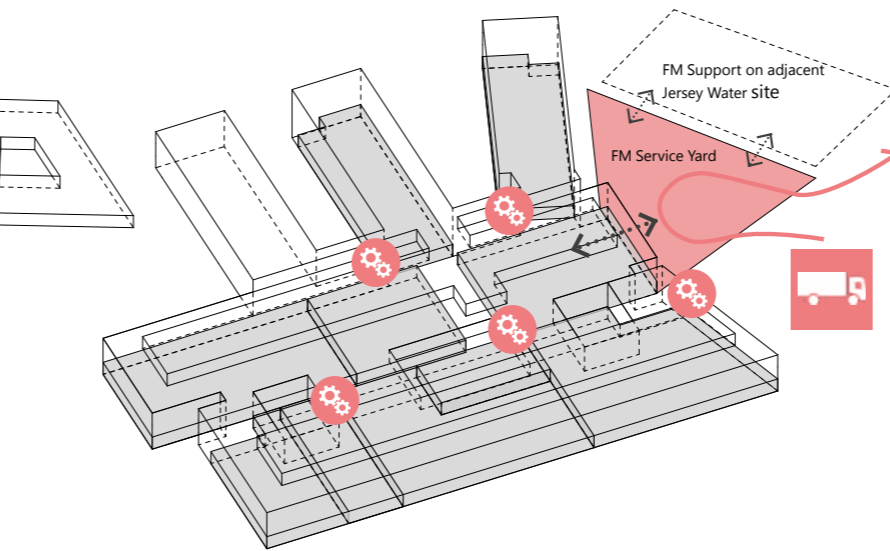
- Emergency Department
- Mental Health
- Wards
- Acute
- Public Entrance
- Diagnostic & Radiology
- Outpatients Department

### Extended Site Validation - Block & Stack

	Original Site:	Extended Site	COMMENT
Site Constraints:			<p><b>Original Site</b> Due to the site constraints and configuration of the site boundary there is limited opportunity to develop any courtyards within the Outpatients block to the front of the building.</p> <p><b>Extended Site</b> The additional area affords the potential to enhance the therapeutic environment by puncturing the building mass with courtyard (1), providing a more salutogenic environment, through a connection to nature for patients and staff in the various clinics. This is continued onto the upper levels and gives the opportunity for daylight into the deeper plan departments and extend the supply of natural daylight to the lower levels.</p> <p>The extended site also opens opportunities for future expansion (2).</p> <p>The ward accommodation has less restrictions and can optimise natural daylight by opening up views out across the hillside to the west.</p>
Access Strategies:			<p>The departmental adjacencies are such that the entrances and access points can be segregated appropriately to suit the needs of the facility.</p> <p>Approaching the Overdale hospital site from the centre of St Helier, on Westmount Road, ambulances are directed off the road layout as quickly as possible to enable direct access to the Emergency department. The activities of the Ambulance drop off again can be carried out discretely away from the general public.</p> <p>The Outpatient department, and mental health unit can also be afforded their own dedicated entrance away from the main public entrance</p> <p>The block containing Knowledge Centre, Staff Training and Wellbeing and Administration will have a dedicated entrance as they are located on the opposite side of the road, field H1550.</p>

## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: Option Comparison

	Original Site:	Extended Site	COMMENT
Future Expansion:			<p>There is sufficient room on the Overdale site to enable expansion zones to be accommodated. These are shown in principle in the diagram</p> <p>Future expansion of the facility may be horizontal or vertical, subject to the clinical need. However, building on top of accommodation may remove therapeutic rooftop courtyards if it was felt inappropriate to expand the facility horizontally. This level of flexibility would need to be designed into the structure and foundations with the resultant cost and visual impact.</p> <p>Two additional parcels of land have also been highlighted as available and are included within this study assessment. This additional land could provide future expansion space for the hospital.</p>
FM / Plant Strategies:			<p>FM service yard is provided at a lower level to the side of the building, tucked discreetly away from the various public entrances. The activities of the service yard will be carefully screened from any patient accommodation, and as it is on a lower level this can be more easily achieved.</p> <p>The arrangement of the FM facilitates in the basement also affords a degree of cover to delivery and waste areas in order that FM activities can take place protected from inclement weather.</p>

## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: Extended Site

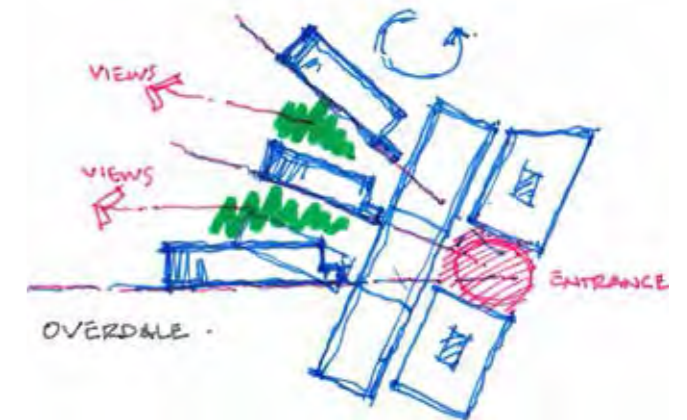
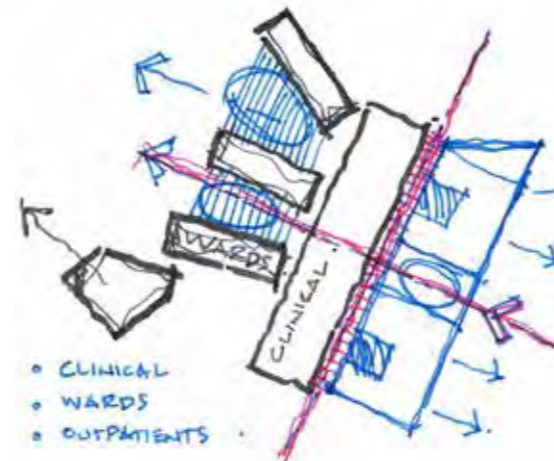
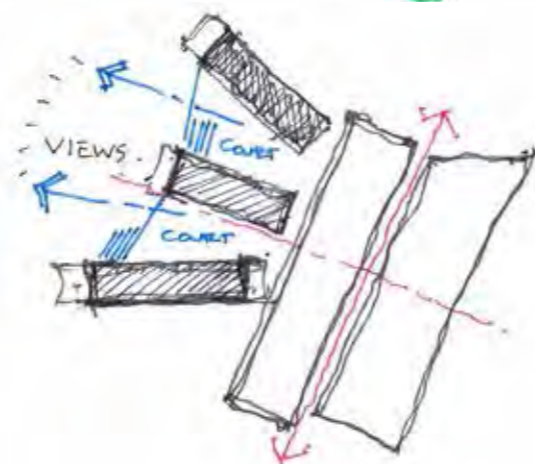
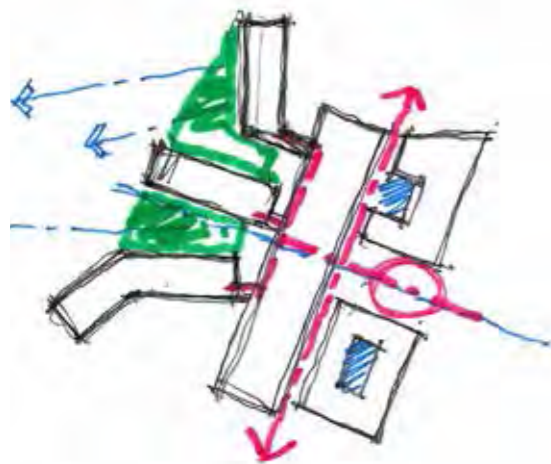


#### Concept Diagrams

A larger site area at Overdale would allow the opportunity to introduce lightwells and courtyards into the deep plan. Consequently, the organising strategy for the enlarged site still locates the wards to the rear of the site, adjacent to, and overlooking the trees and with long views out to the south-west. This would also perhaps allow the opportunity for inpatients to access the green space directly outside the wards to aid recuperation.

The Outpatient accommodation is placed to the front of the site to provide an active frontage to Westmount Road, and facilitate views out across the fields to the east and to St Helier. The remaining Clinical accommodation is then centrally located to serve both the front and rear of the site, and to minimise any blank facades on the main elevations.

The layout at ground floor allows for clear separate entrances to the main hospital, Outpatients Department, and Emergency Department, and separate vehicular access to the Emergency Department and Service Yard at the rear.



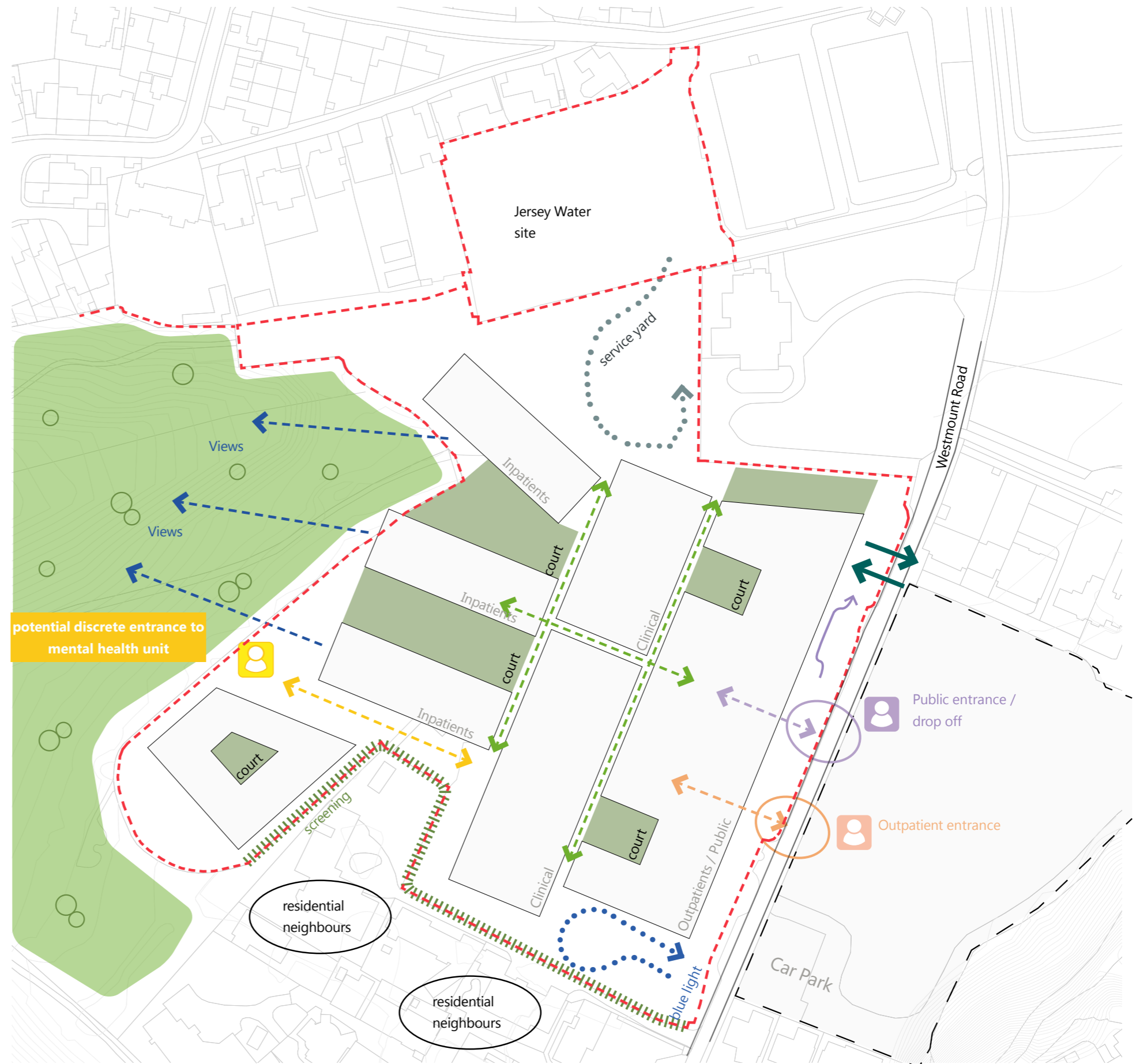
## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: Extended Site

#### Key Circulation Routes

This diagram highlights the key circulation routes both on to the site and within the hospital building.

-  site boundary
-  blue light / Ambulance
-  residential
-  natural landscape / protected open space
-  department entrances
-  department drop off



## 4.2 Clinical Block and Stack (Overdale)

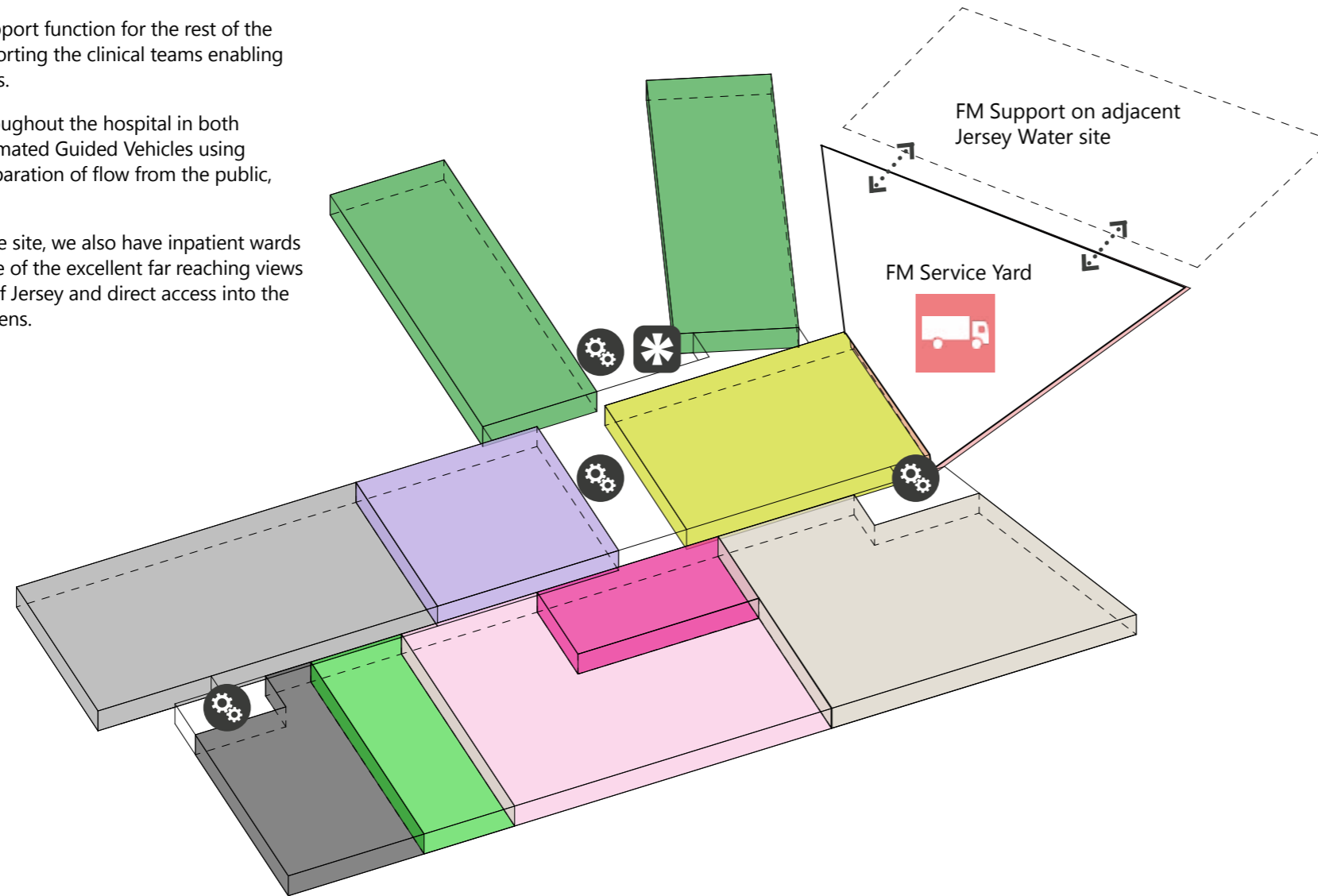
### Block & Stack: Extended Site

Basement: Level L-01

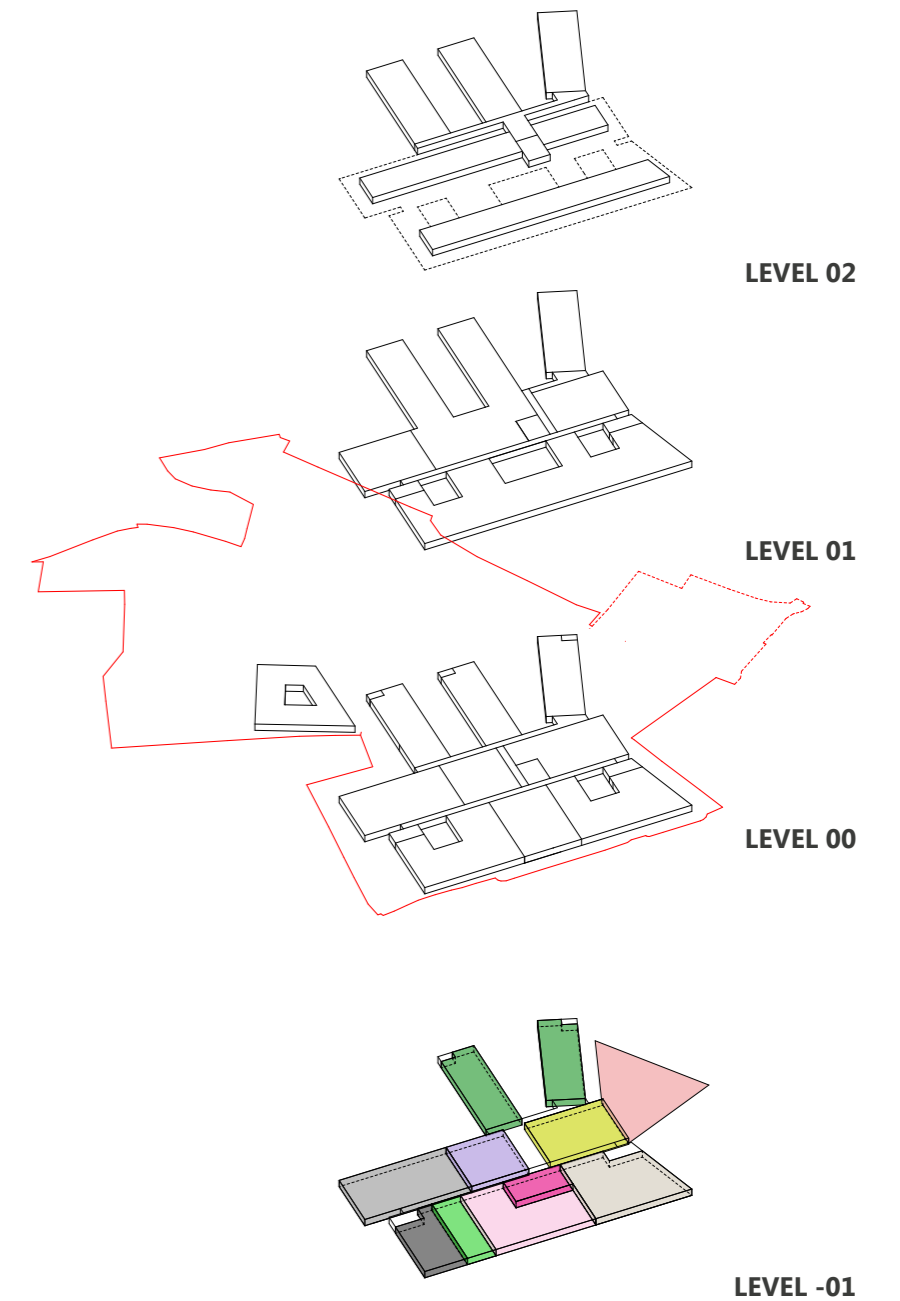
The basement acts as the support function for the rest of the hospital, supplying and supporting the clinical teams enabling them to care for their patients.

These supplies will travel throughout the hospital in both manually operated and Automated Guided Vehicles using dedicated lifts, ensuring a separation of flow from the public, patients and clinical staff.

Due to the topography of the site, we also have inpatient wards on this level taking advantage of the excellent far reaching views across the south west coast of Jersey and direct access into the surrounding landscapes gardens.



FLOOR KEY:



KEY

Plant	TSSU	Access
Mortuary & PM	Pharmacy	Public Core
Inpatient Wards	Pathology	Clinical Core
Kitchen		FM Core
Engineering / Estates & Stores		Courtyard
Equipment / Workshop		



## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: Extended Site

Ground Floor: Level 00

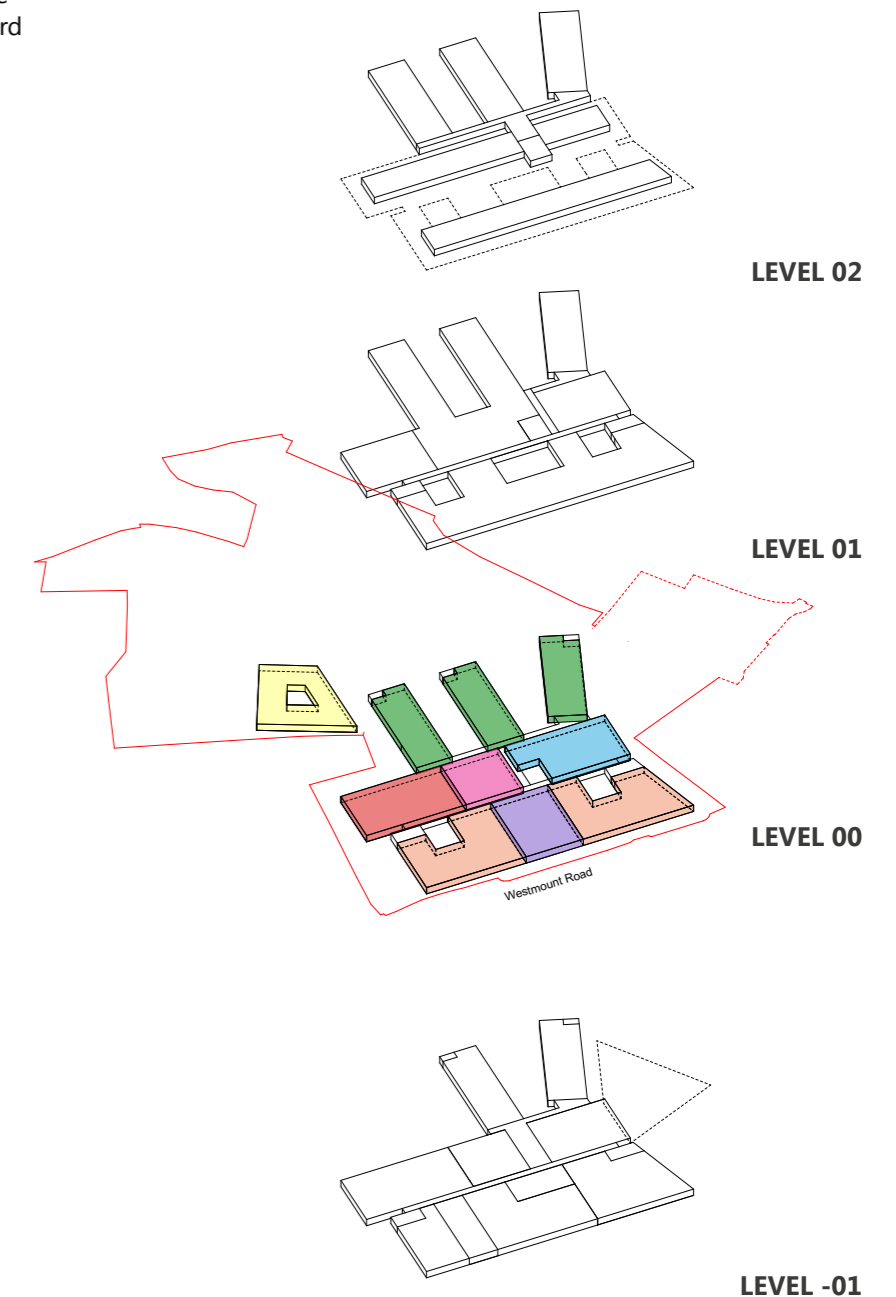
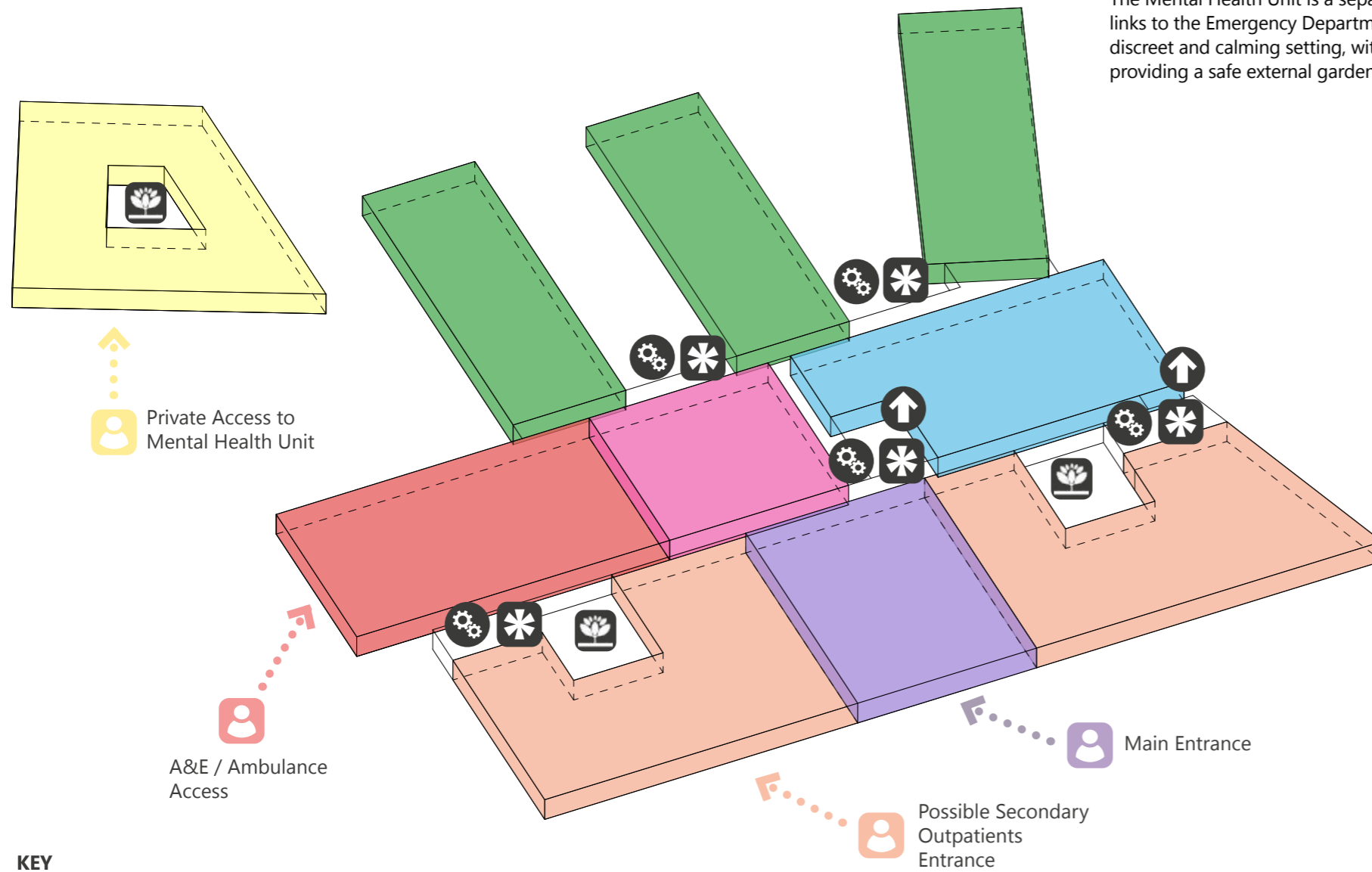
The ground floor provides the key public access via both the Main Entrance and Secondary Outpatient Entrance.

This floor contains the Ambulatory Care Centre, with Outpatients supported by the Diagnostics and Radiology Department.

A dedicated entrance for the public to the Emergency Department (ED/A&E), with drop off parking is provided. The Ambulances arriving under Blue Light also have a dedicated and screened entrance to the Emergency Department, for patient privacy and dignity.

The Mental Health Unit is a separate building with direct links to the Emergency Department, providing a more discreet and calming setting, with an internal courtyard providing a safe external garden for patients to relax.

FLOOR KEY:



KEY

- Emergency Department
- Acute
- Diagnostic & Radiology
- Mental Health
- Public Entrance
- Outpatients Department

- Access
- Public Core
- Clinical Core
- FM Core
- Courtyard

## 4.2 Clinical Block and Stack (Overdale)

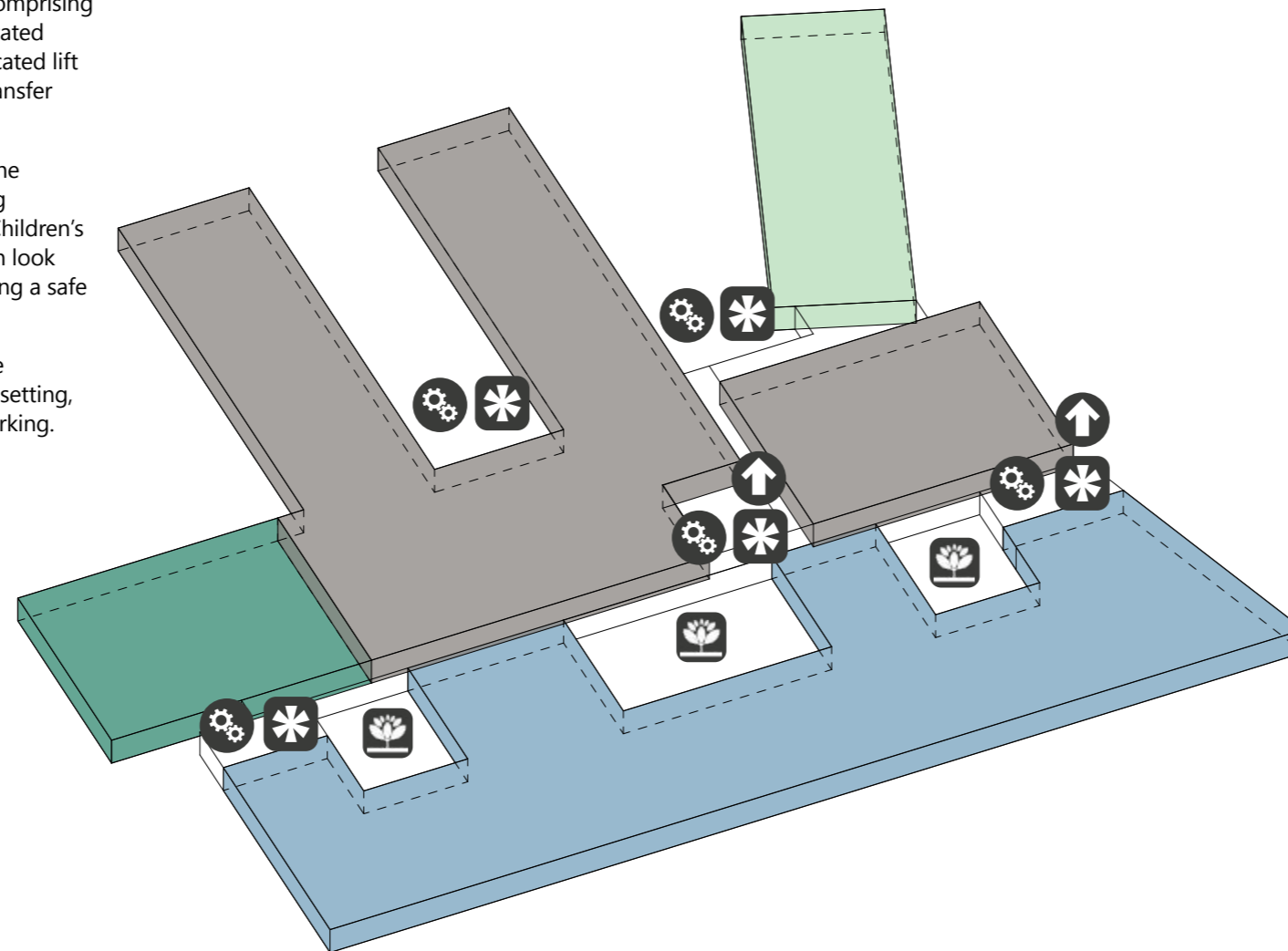
### Block & Stack: Extended Site

First Floor: Level L01

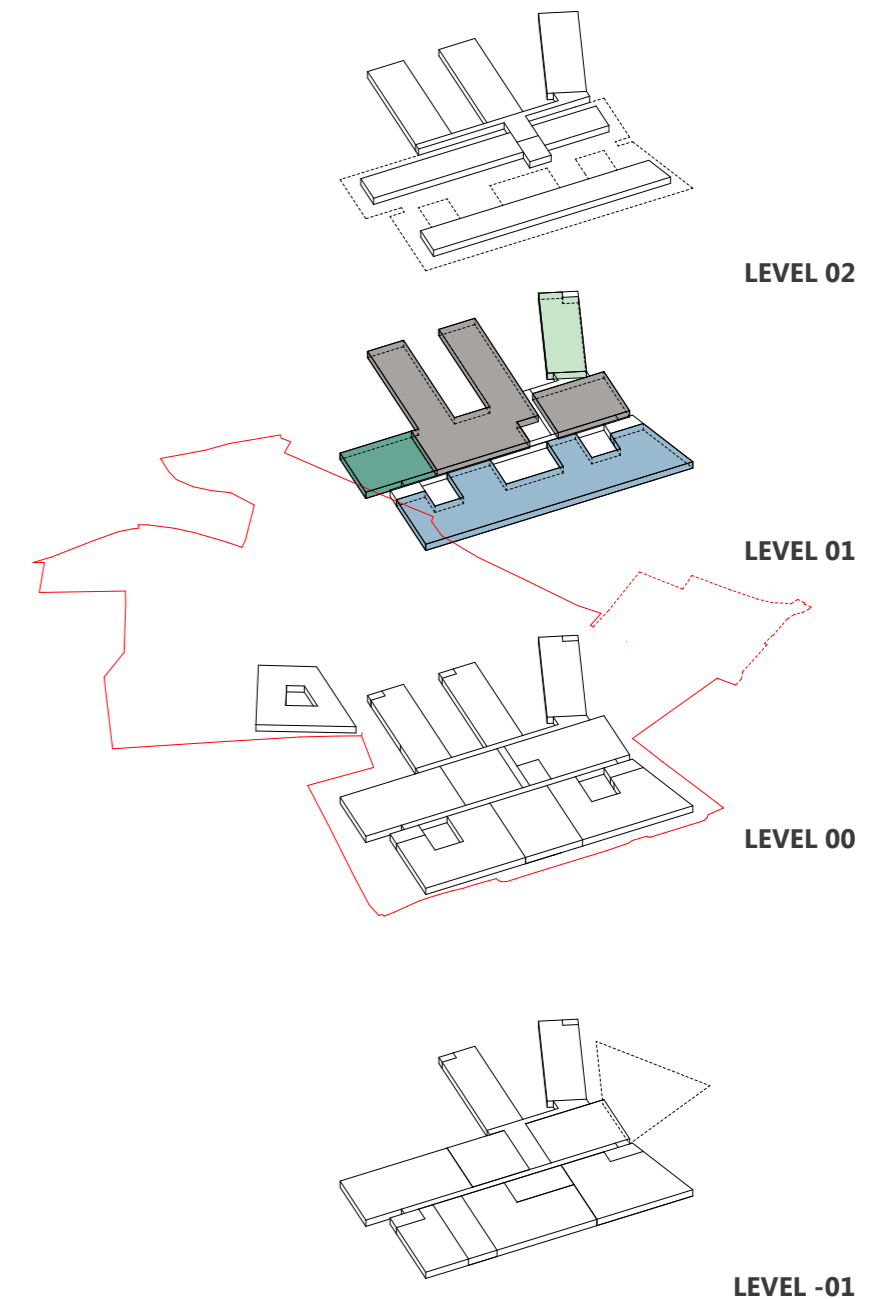
The First Floor provides the remaining Acute facilities comprising of the Theatre Suite and Critical Care unit. These are located directly above the Emergency Department, with a dedicated lift between the floors for patients requiring emergency transfer between the departments.

Towards the back of the hospital, taking advantage of the excellent views of the south west coast and surrounding environment and new courtyards is the Women's and Children's Centre. This 'village' within the hospital will have its own look and feel appropriate for its patients and visitors, including a safe and secure environment.

The Renal Unit located on the first floor, will provide the outpatient dialysis service in a tranquil and therapeutic setting, with direct access from its own entrance and patient parking.



FLOOR KEY:



KEY

- Theatre Suite
- Critical Care Unit
- Renal
- Women + Childrens Department

- Access
- Public Core
- Clinical Core
- FM Core
- Courtyard

## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: Extended Site

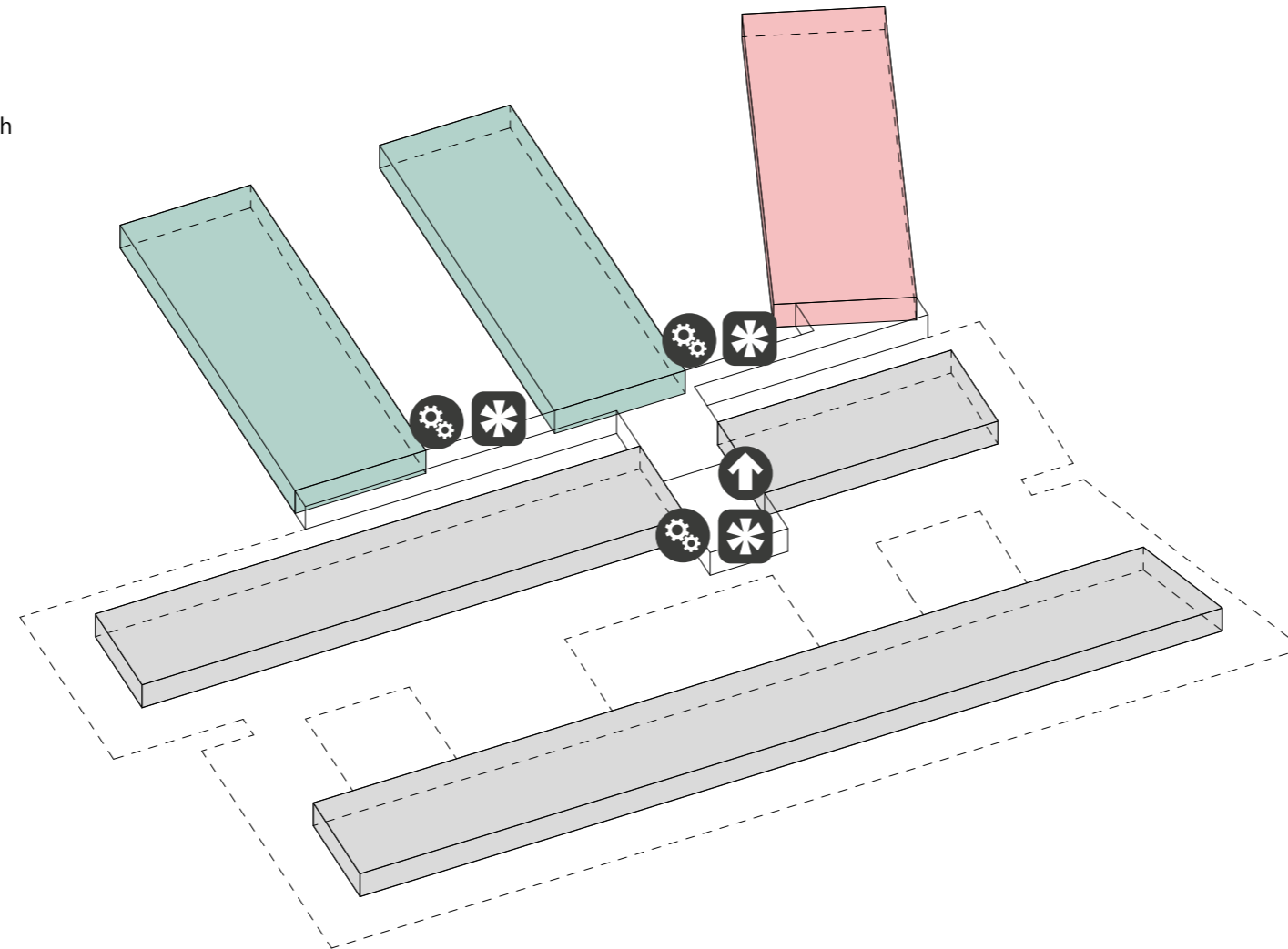
Second Floor: Level 02

The second floor provides the final floor of inpatient accommodation, the Private Unit.

This top floor location provides both seclusion from the main hospital and excellent views across the south west coast of Jersey.

Whilst enabling the hospital to generate a revenue from private patients, this unit can also provide a dedicated and separate functioning unit within a hospital's pandemic operational state.

The Chemotherapy Department within the Oncology Unit is also located on the top floor. This enables the patients to be segregated from the main Out Patient Department, giving a quieter and more relaxed environment for their treatment.

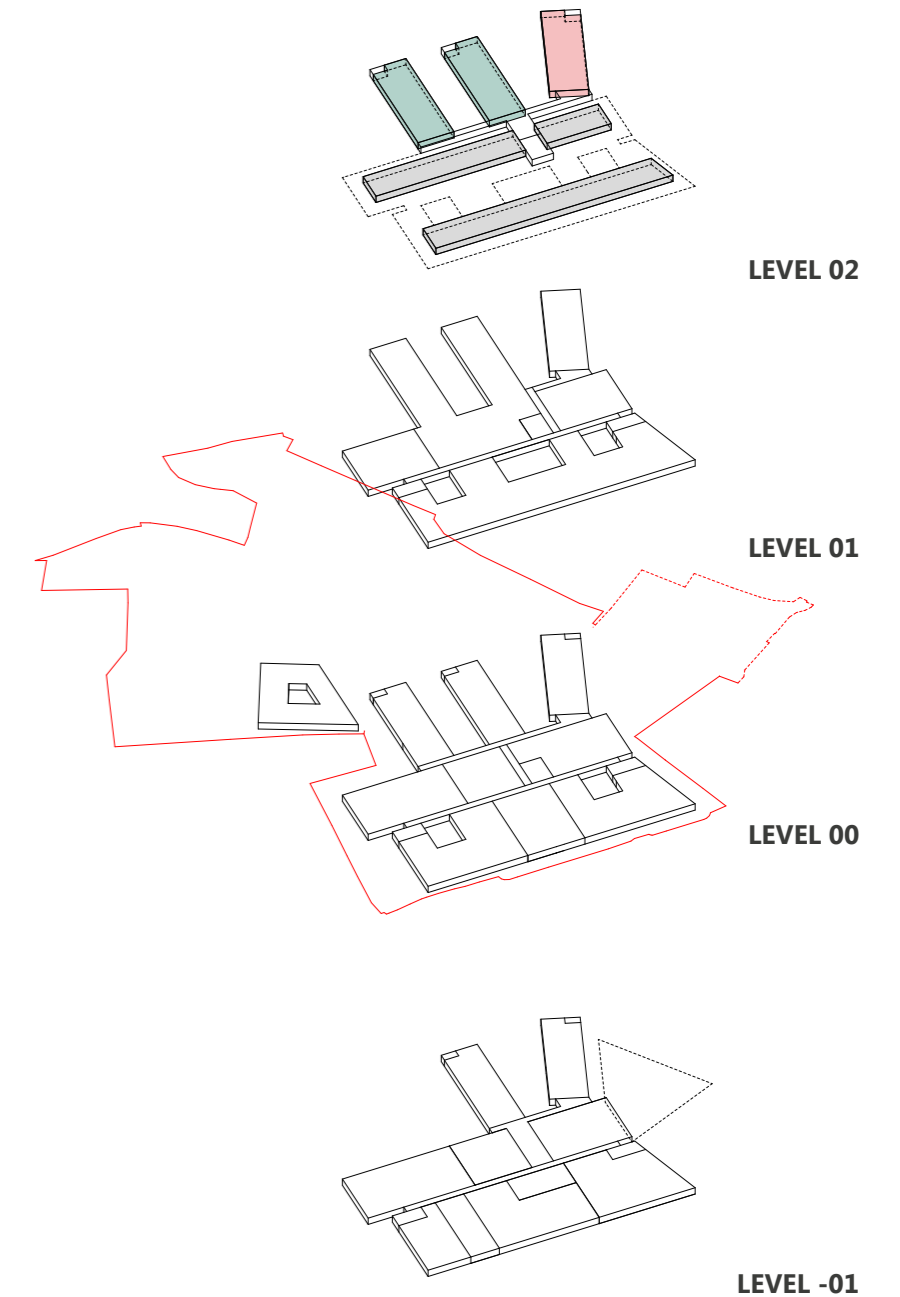


#### KEY

- Plant / Theatre Plant
- Private Unit
- Oncology

- H Access
- ↑ Public Core
- ✦ Clinical Core
- ⚙ FM Core
- 🌸 Courtyard

#### FLOOR KEY:



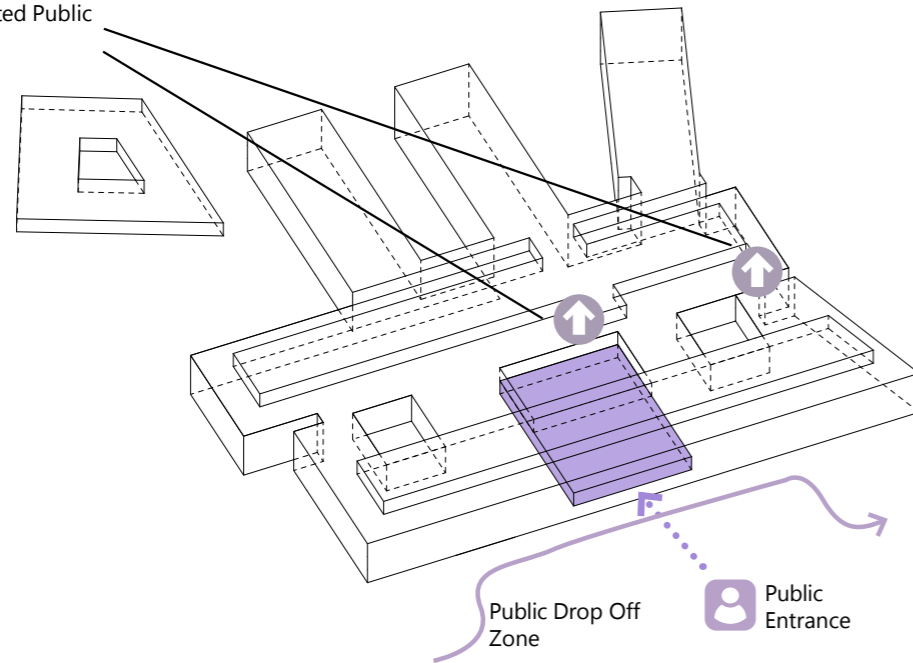
## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: Extended Site

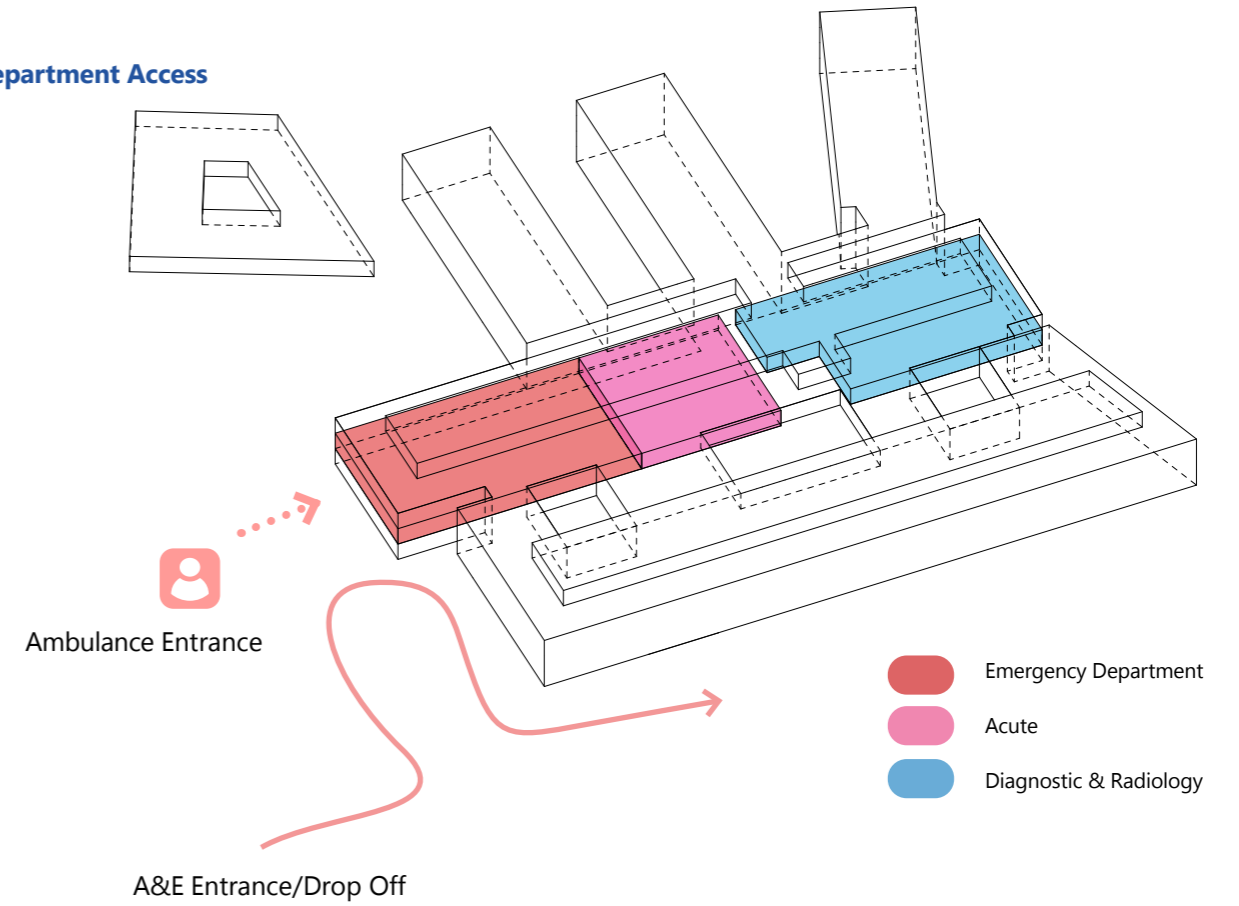
Access & Servicing Strategies

#### Main Entrance & Public Access

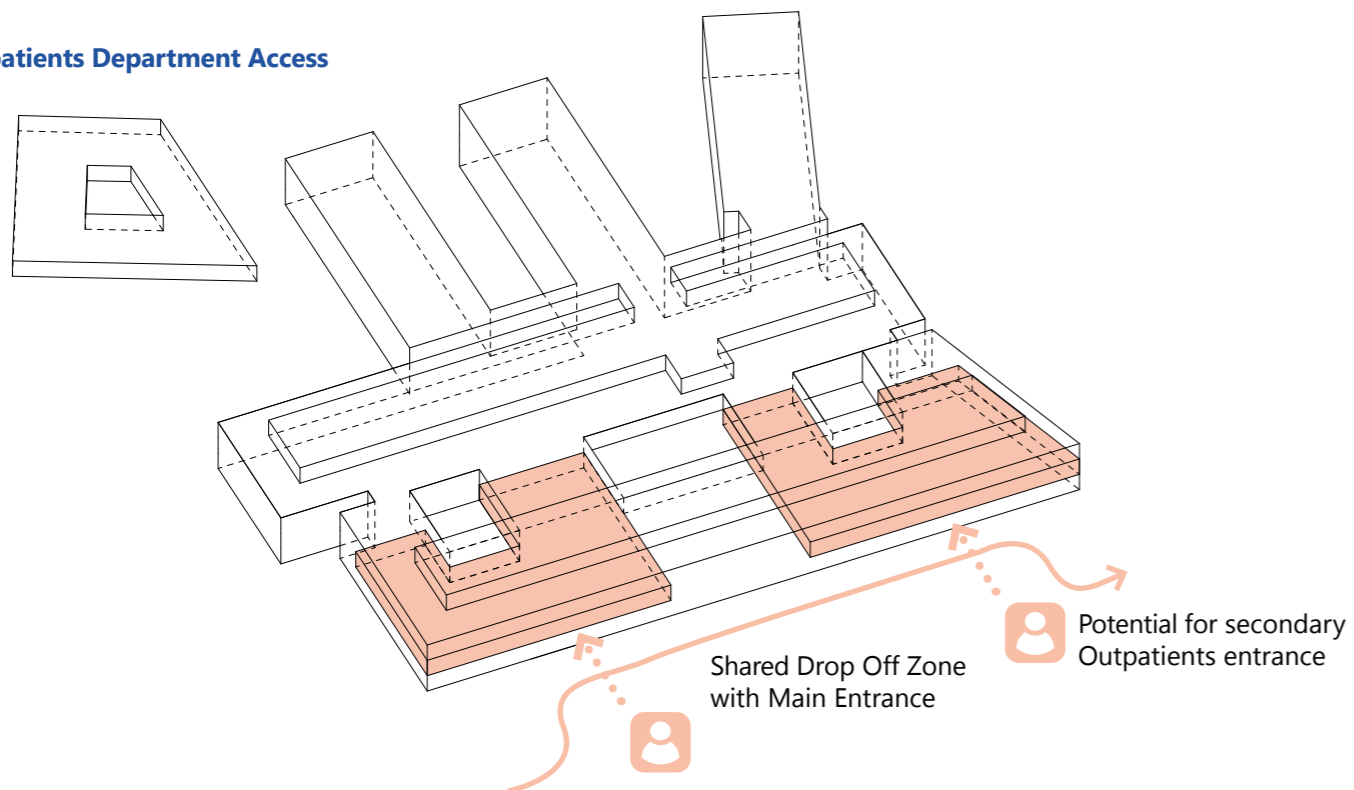
Dedicated Public Lifts



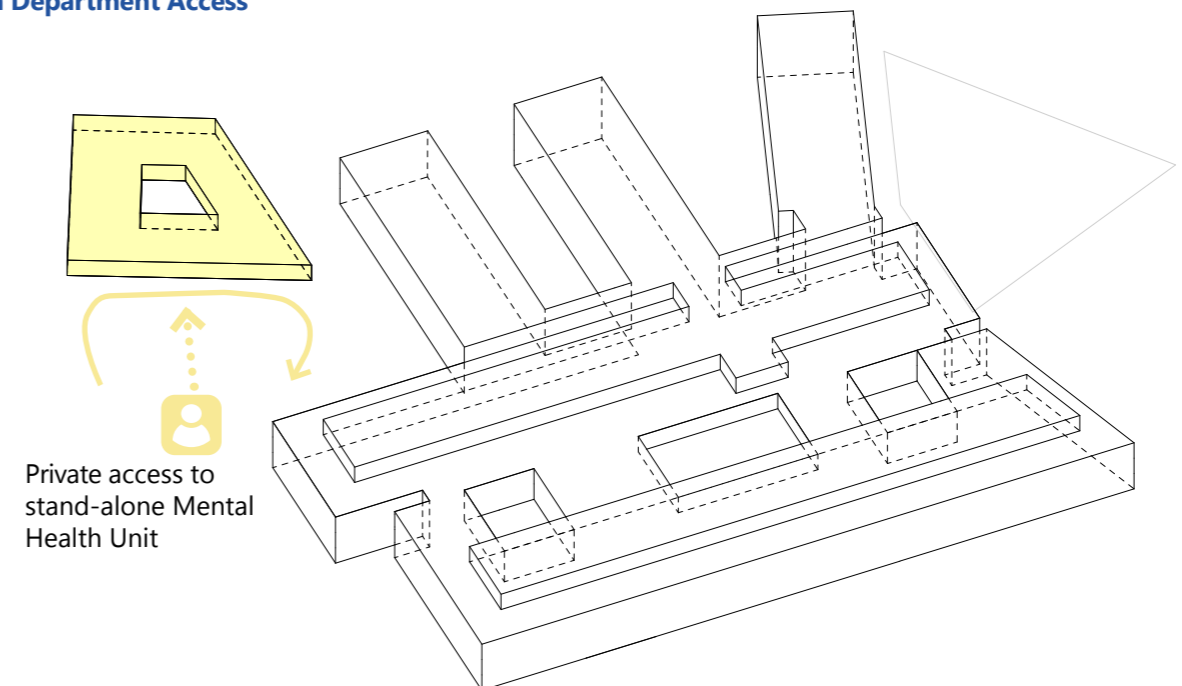
#### Emergency Department Access



#### Outpatients Department Access



#### Mental Health Department Access

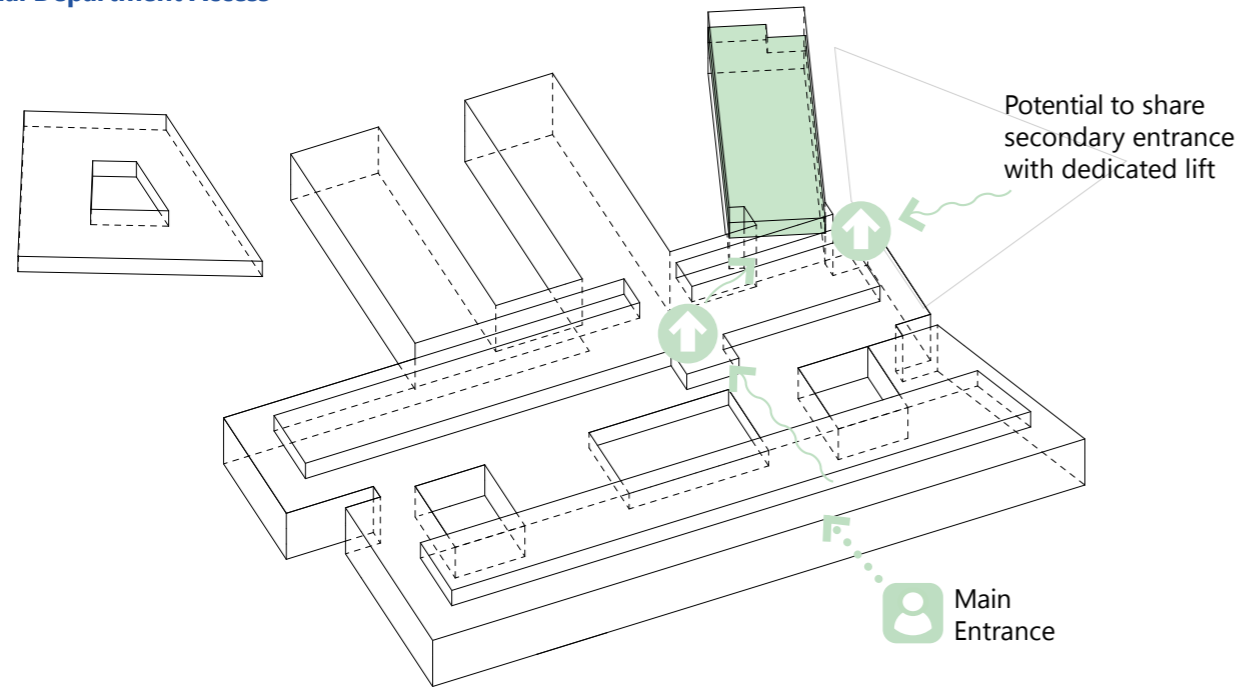


## 4.2 Clinical Block and Stack (Overdale)

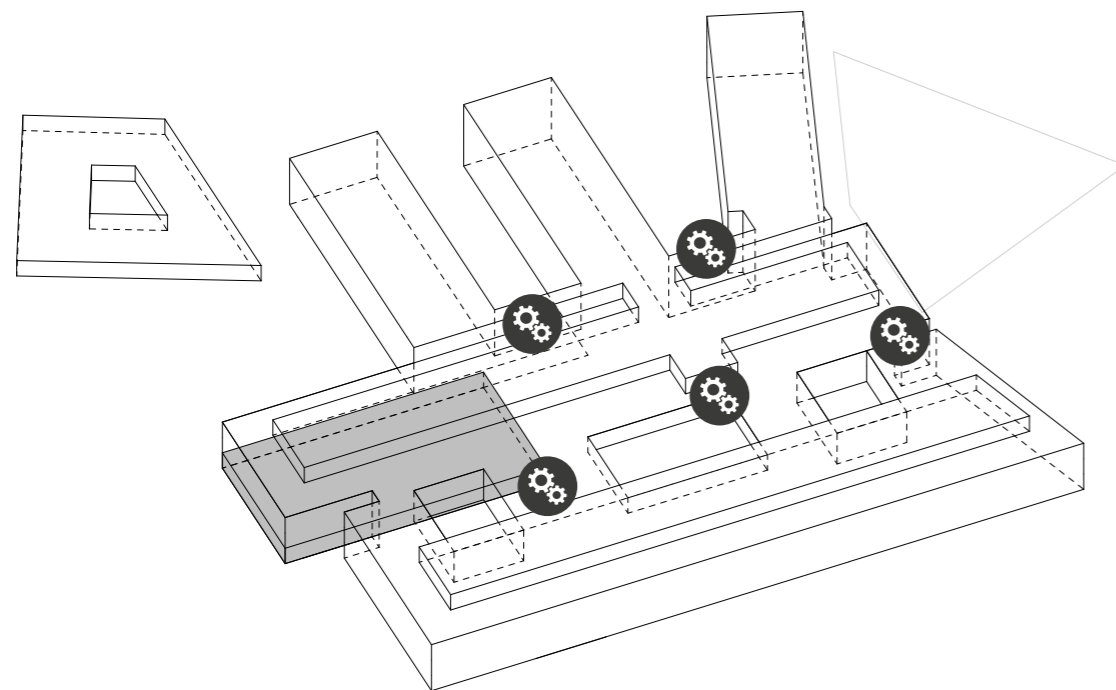
### Block & Stack: Extended Site

Access & Servicing Strategies

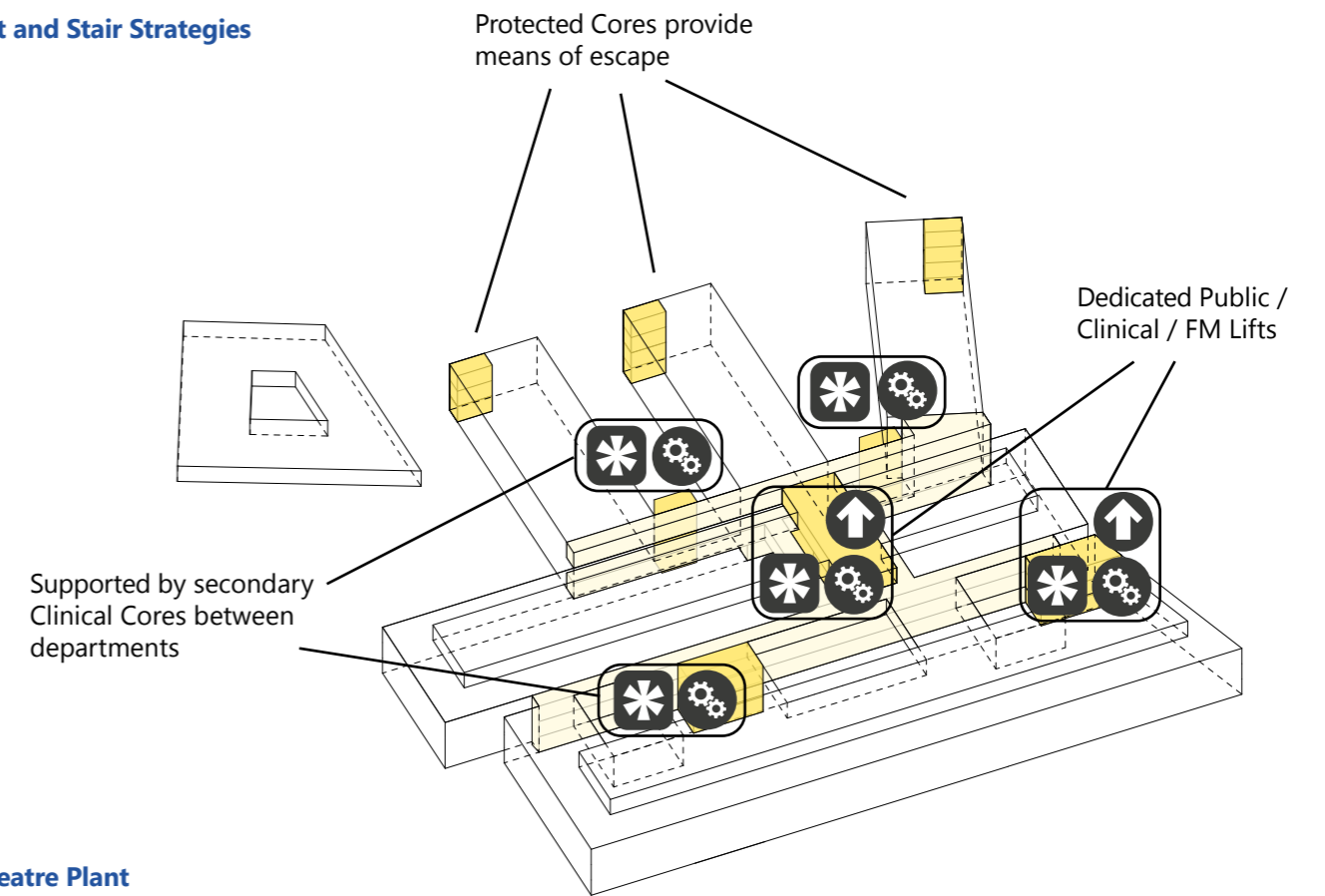
#### Renal Department Access



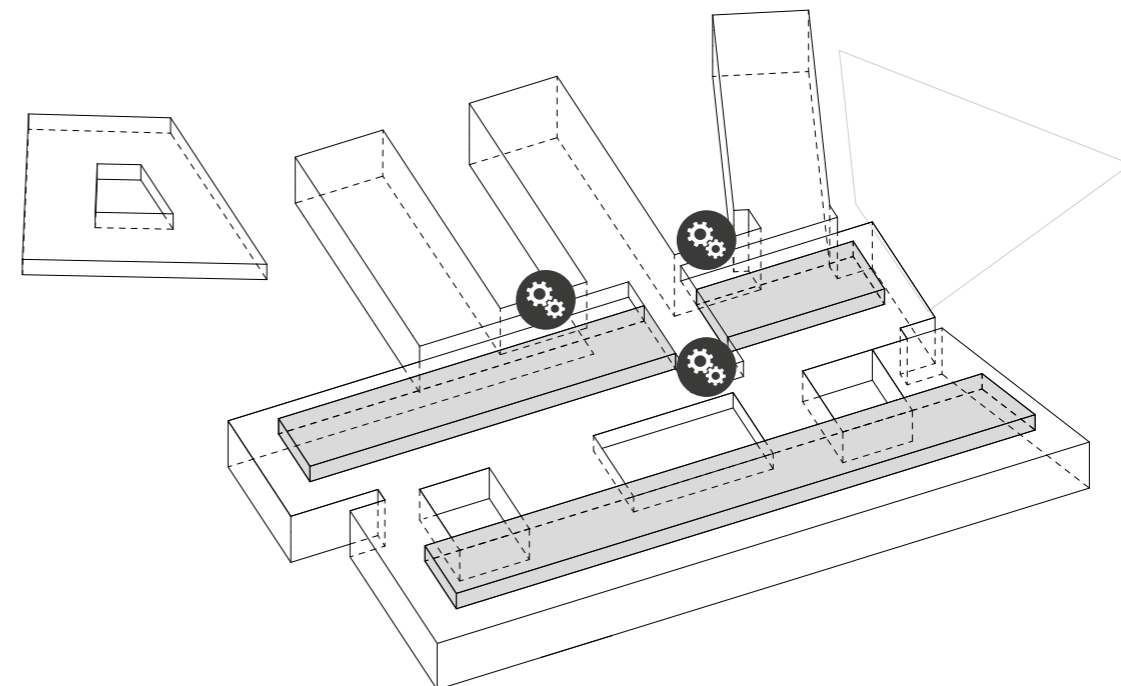
#### Basement Plant



#### Lift and Stair Strategies



#### Theatre Plant

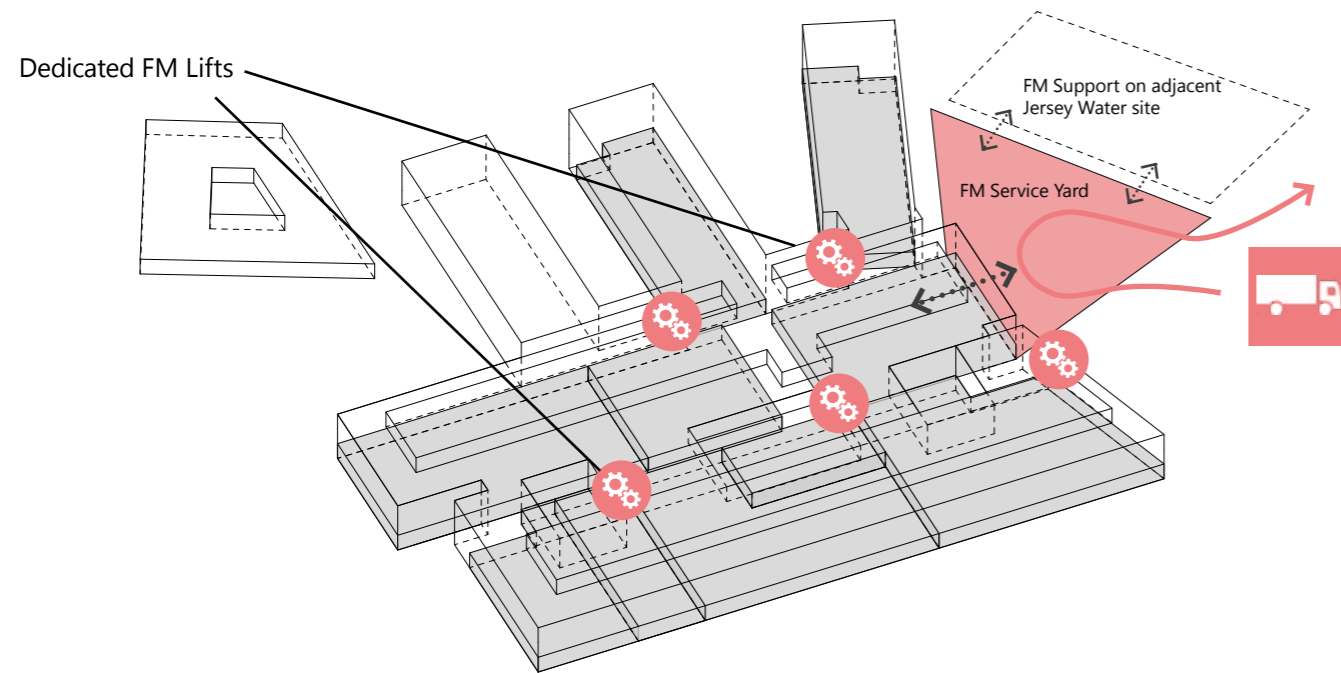


## 4.2 Clinical Block and Stack (Overdale)

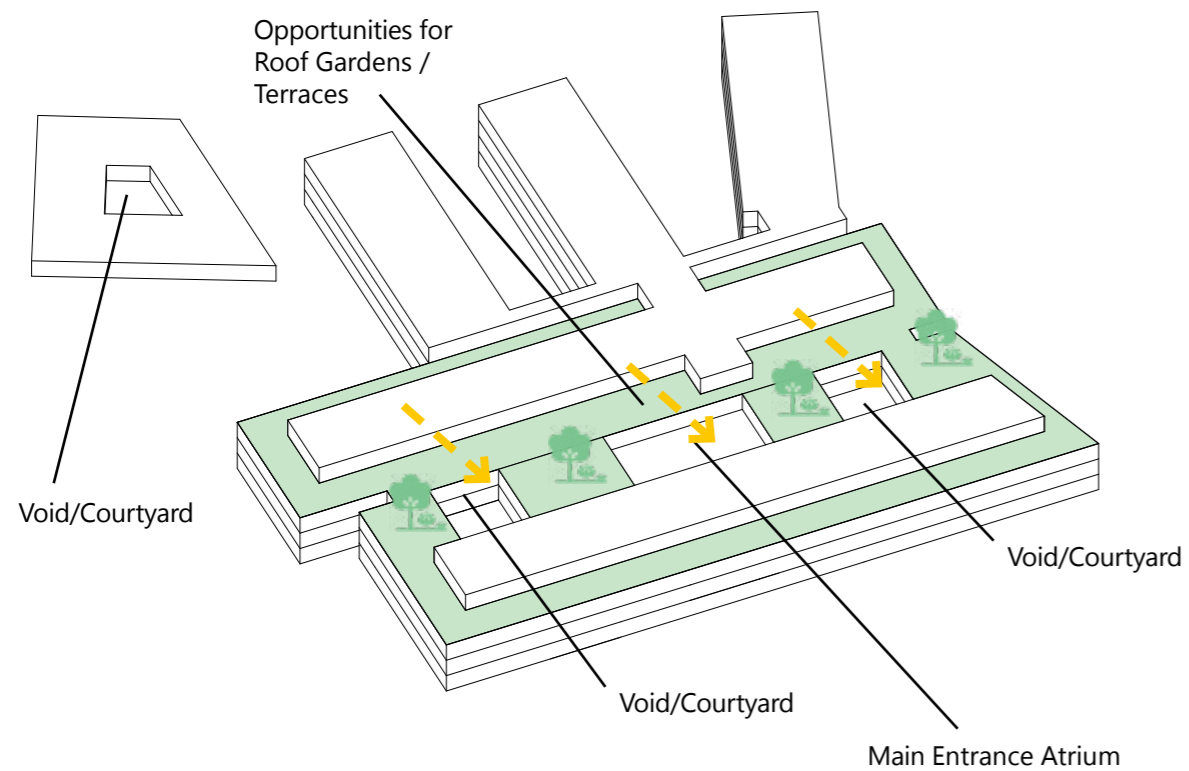
### Block & Stack: Extended Site

Access & Servicing Strategies

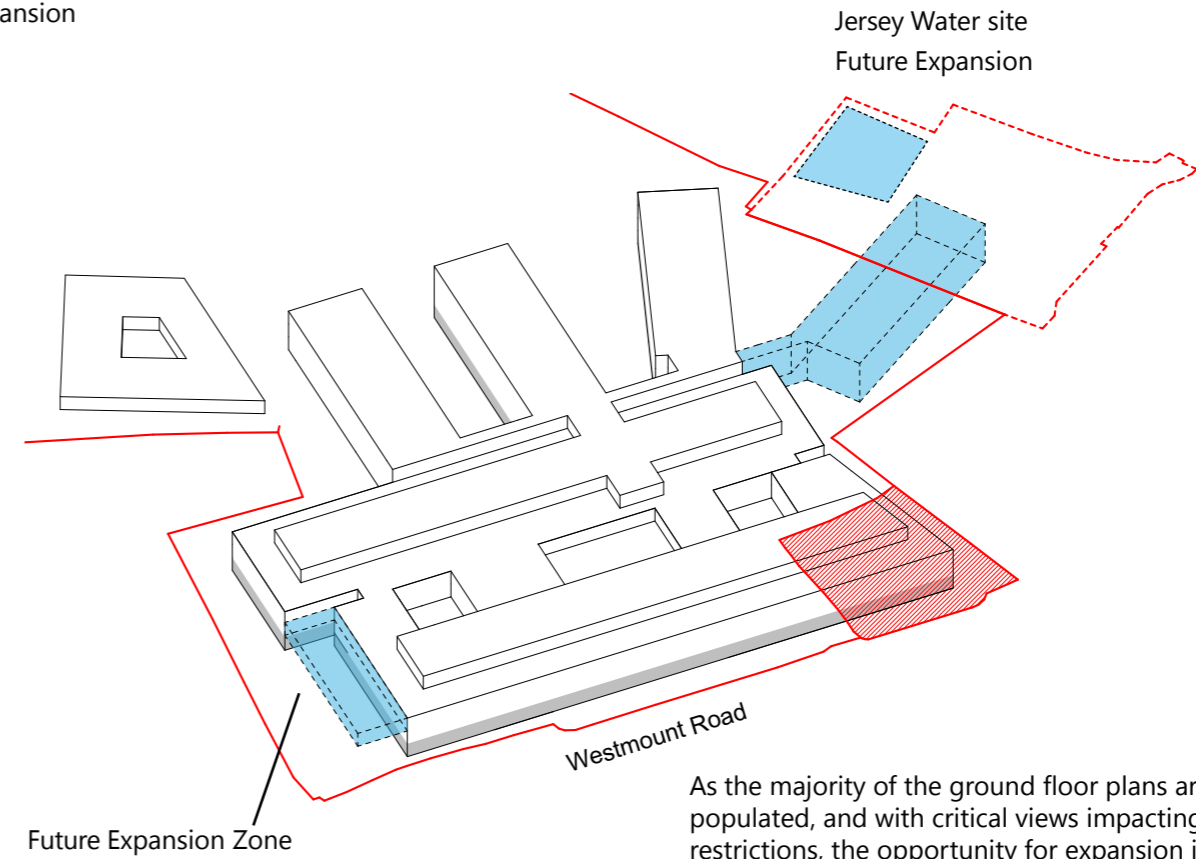
FM Access



Public Realm Opportunities



Future Expansion



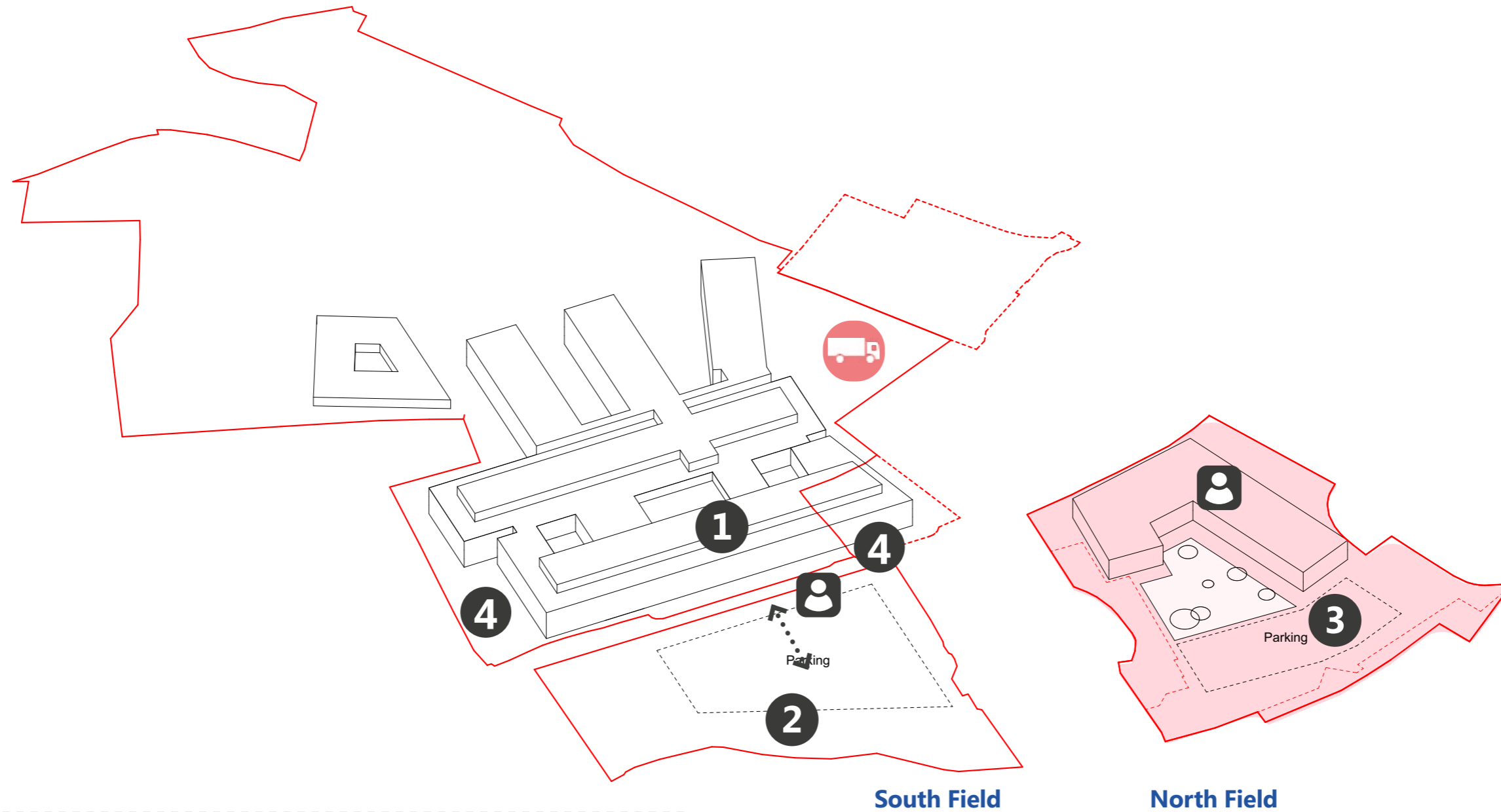
As the majority of the ground floor plans are heavily populated, and with critical views impacting height restrictions, the opportunity for expansion is restricted to limited areas

Opportunities for enhanced public realm are limited as the majority of the lower / podium levels are required to accommodate department areas.



## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: North Field + South Field

#### Ancillary Accommodation + Parking



#### KEY

-  Access
-  Service Yard
- 1** Main Hospital Site
- 2** South Field (550 Parking Spaces)
- 3** North Field (Ancillary Accommodation / 100 Parking Spaces)
- 4** Drop Off

## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: North Field 1550

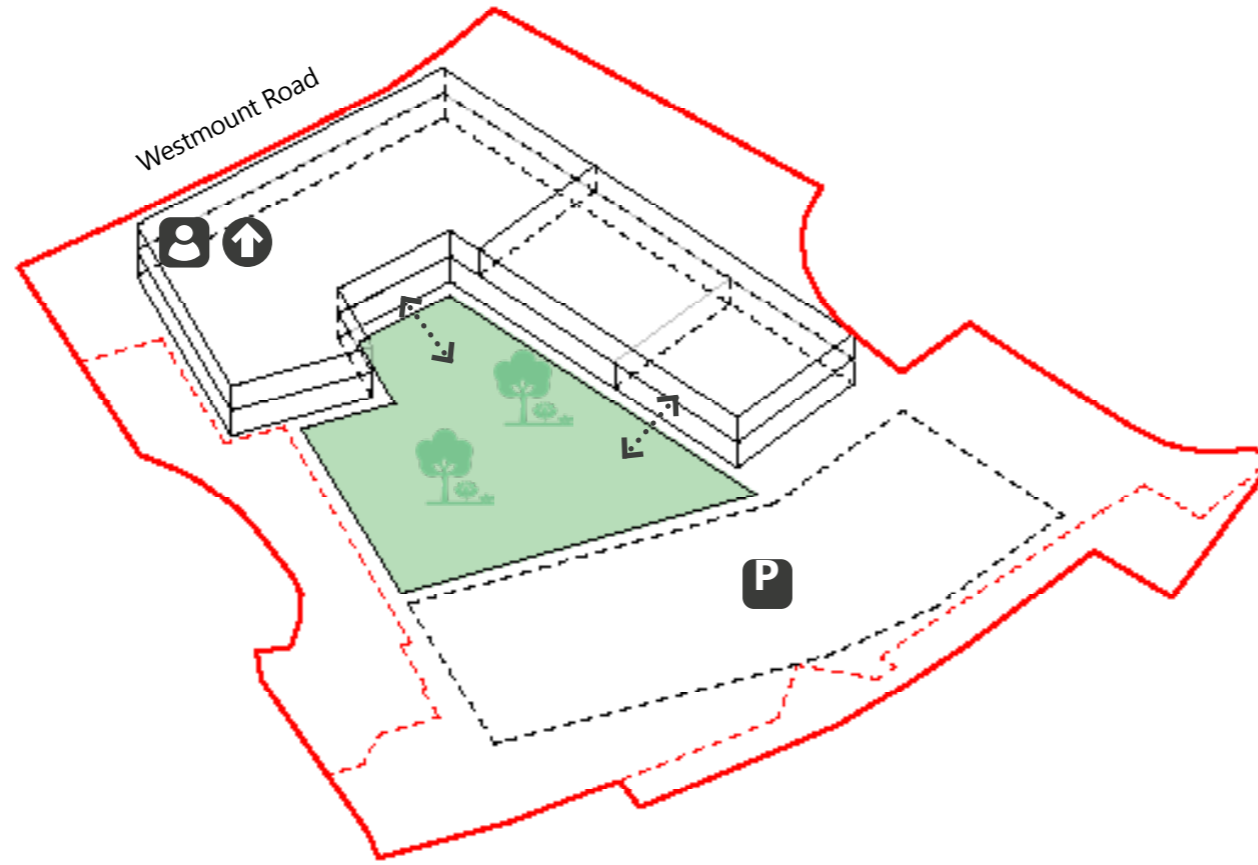
#### Ancillary Accommodation

Located less than five minutes' walk from the main hospital site, the north field will provide the setting for the Knowledge and Learning Centre, Staff Wellbeing centre, and the hospitals administration services, with its own 100 space carpark for staff.






Its main entrance will be situated on the corner closest to the main hospital site, to ensure the minimum transfer time between buildings as possible.

This setting enables these functions to be delivered in a more conducive environment away from the daily activity within the main hospital, whilst still being close to the hospitals main entrance.

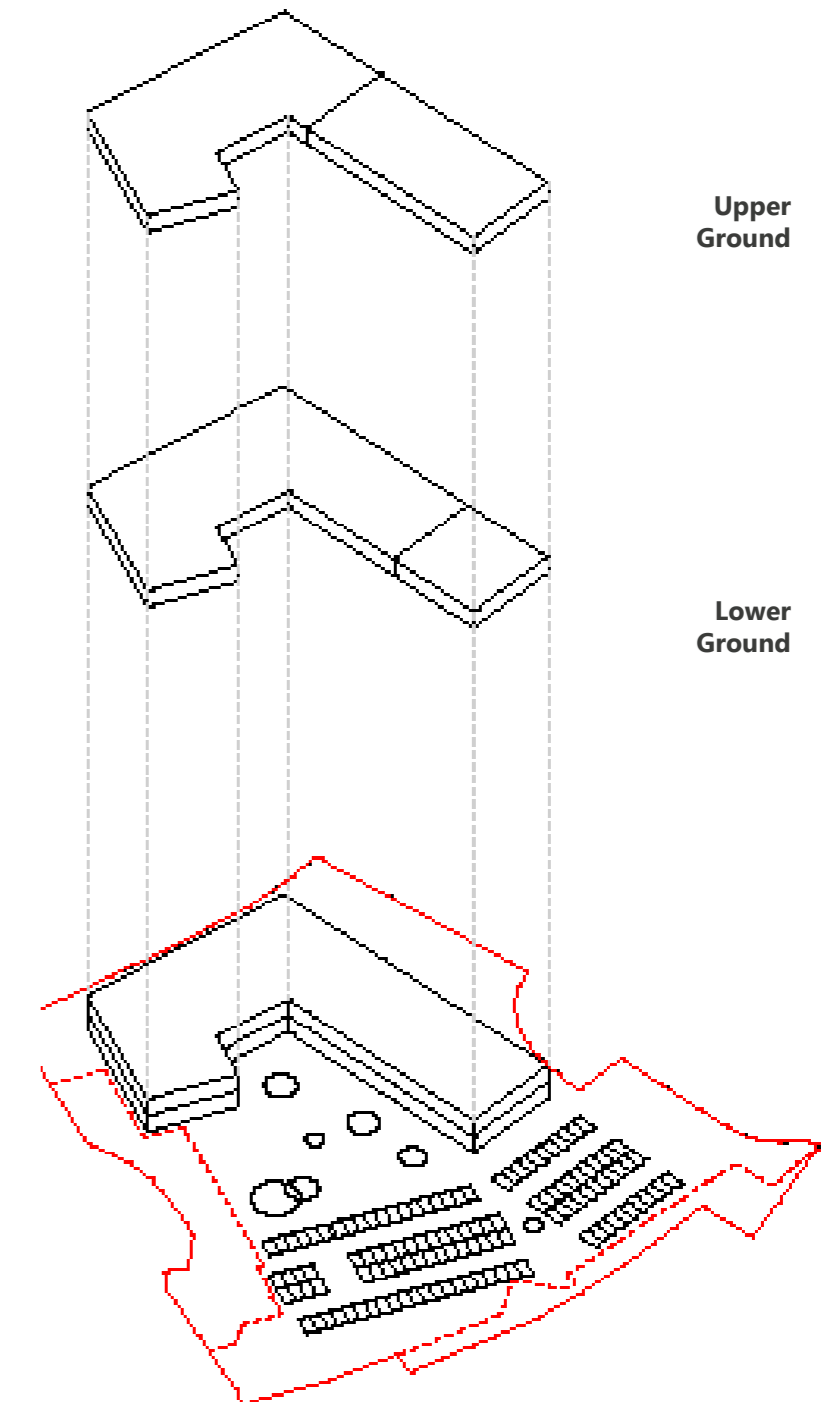
The design of this two-storey building will have to respond to the nature of its setting with both the cemetery and crematorium as neighbours. The elevation onto Westmount Road and directly opposite the crematorium will be a single storey frontage, with a lower ground floor due to the topography of the site



#### KEY

-  Access
-  Public Core
-  Parking
-  Site Boundary
-  Site Constraints

#### KEY





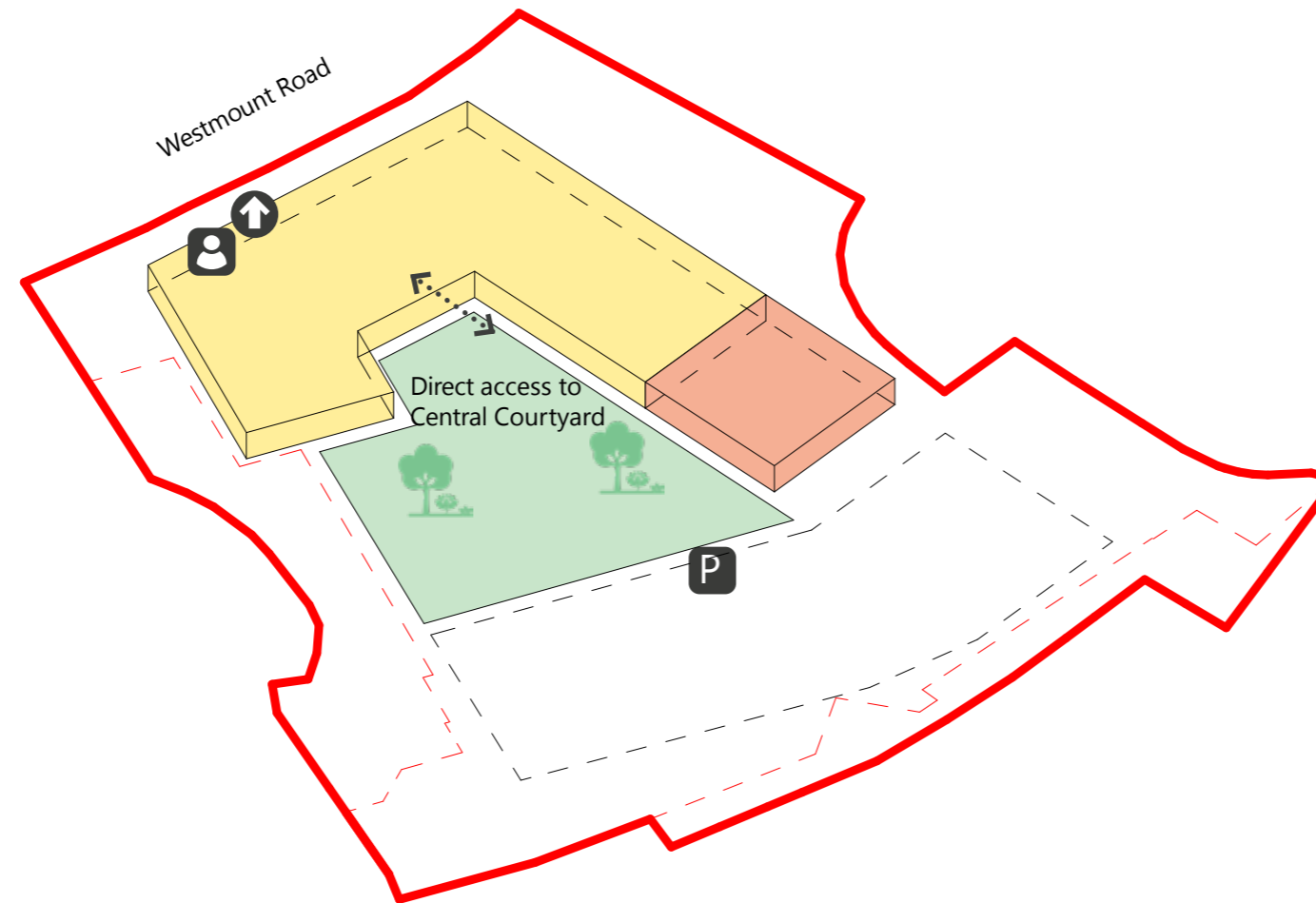
## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: North Field 1550







#### Ancillary Accommodation




Lower ground floor

The lower ground floor of the Ancillary building is dedicated to the main administrative offices for the hospital and the Staff Wellbeing centre, both with direct access and views to the landscaped central courtyard.

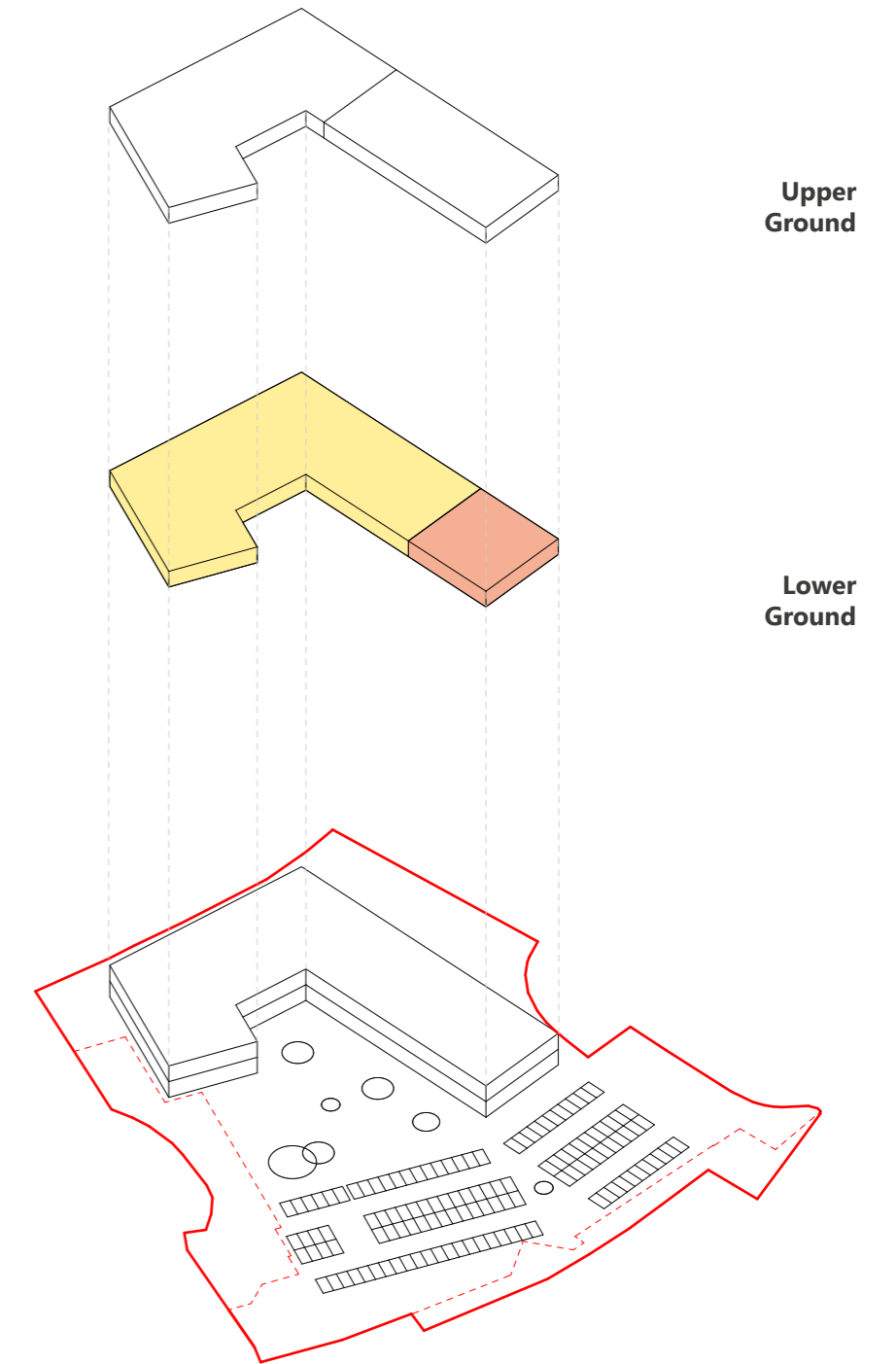


#### KEY

-  Site Boundary
-  Site Constraints
-  Knowledge and Learning Centre
-  Staff Wellbeing
-  Admin / Offices
-  Shared Green Space

-  Access
-  Public Core
-  Parking

#### KEY



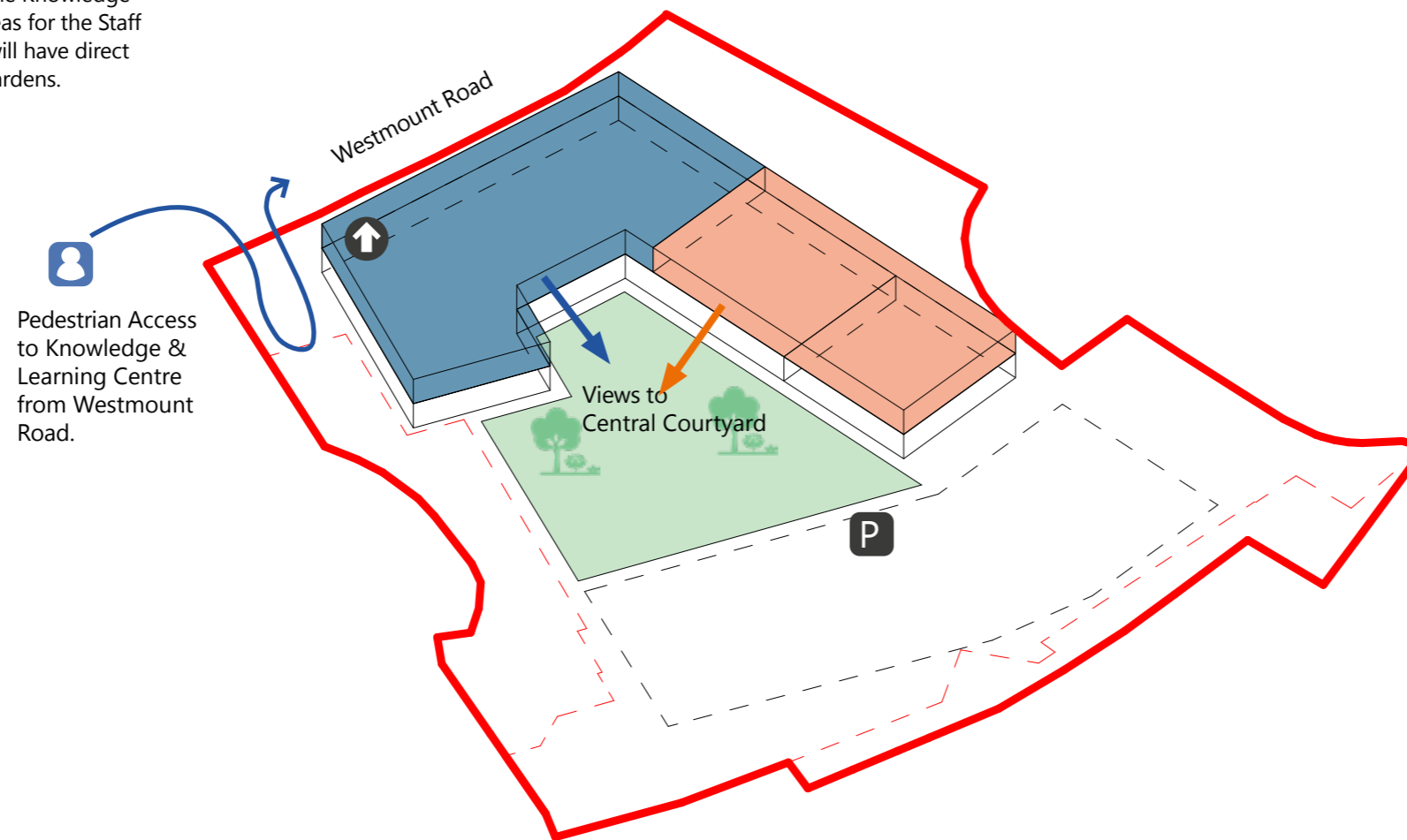
## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: North Field 1550

#### Ancillary Accommodation

Knowledge and Learning Centre: Level L00

The Ground Floor will provide both the Knowledge and Learning Centre with support areas for the Staff Wellbeing centre. Both these areas will have direct access and links to the landscaped gardens.

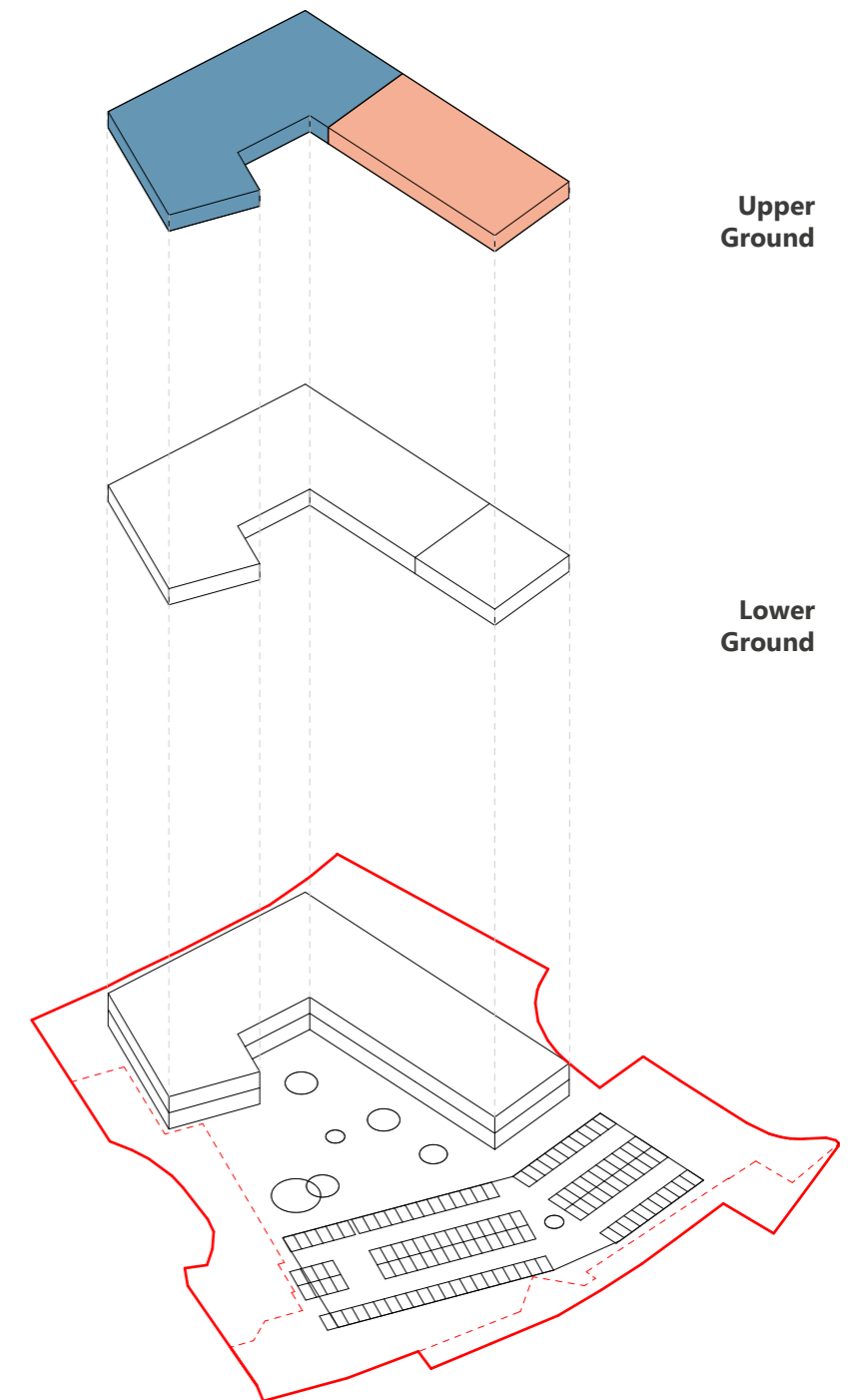


#### KEY

- Site Boundary
- Site Constraints
- Knowledge and Learning Centre
- Staff Wellbeing
- Admin / Offices
- Shared Green Space

- Access
- Public Core
- Parking

#### KEY



## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: North Field 1550

#### Ancillary Accommodation

##### Expansion Strategy

Diagram 1 shows the possible future expansion strategy of the building if required, completing the quadrant and generating an enclosed private courtyard garden and possible function space.

The building section outlined in Diagram 2, shows the site topography and it's dropping off towards Old St John's Road. This offers the opportunity to provide a very low-level building whilst still delivering the required accommodation.

Diagram 1

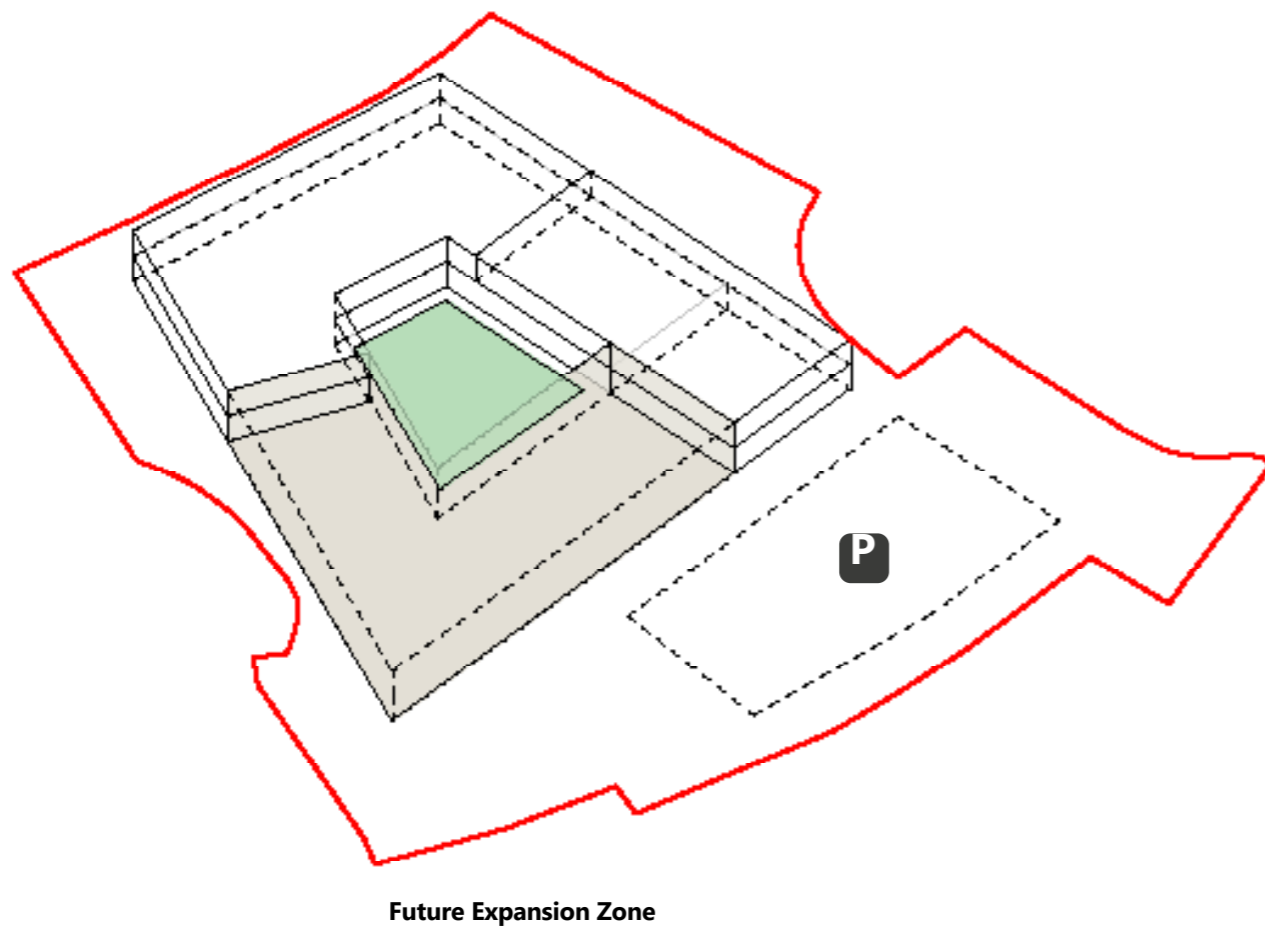
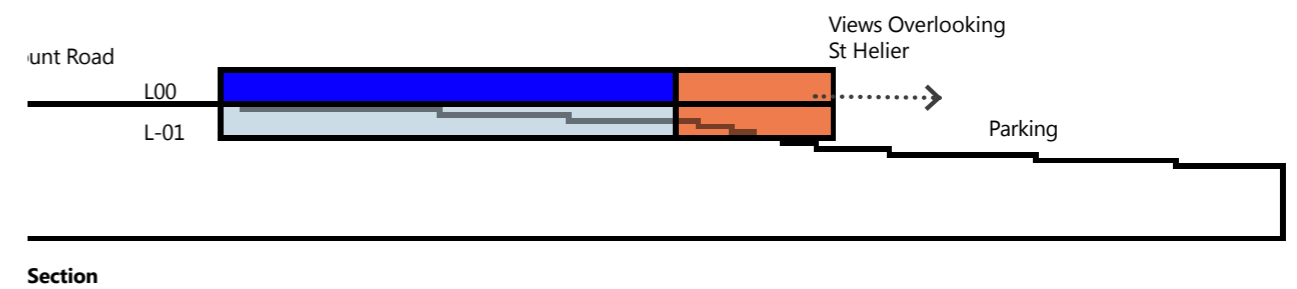


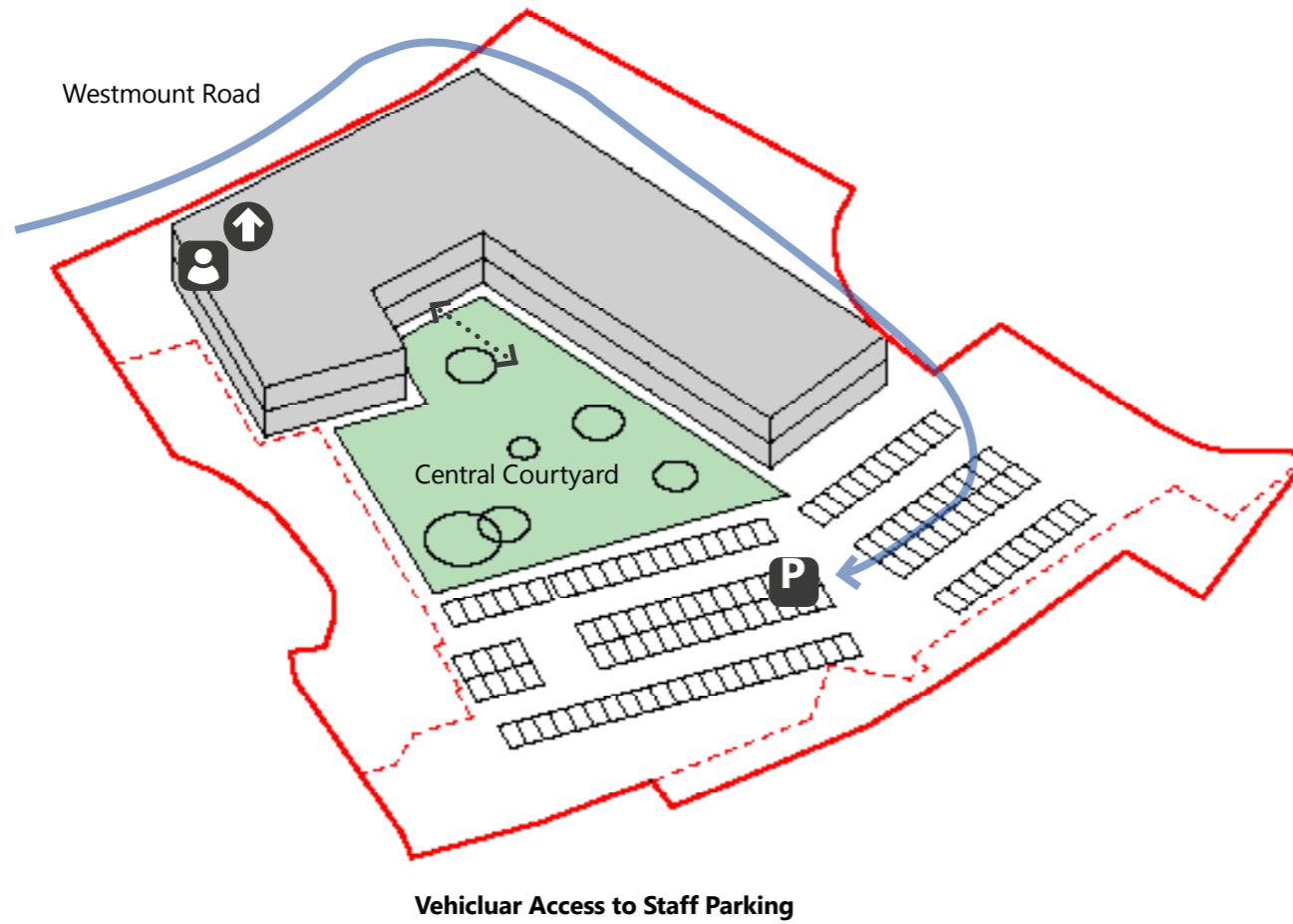
Diagram 2





## 4.2 Clinical Block and Stack (Overdale)




### Block & Stack: North Field 1550

#### Ancillary Accommodation

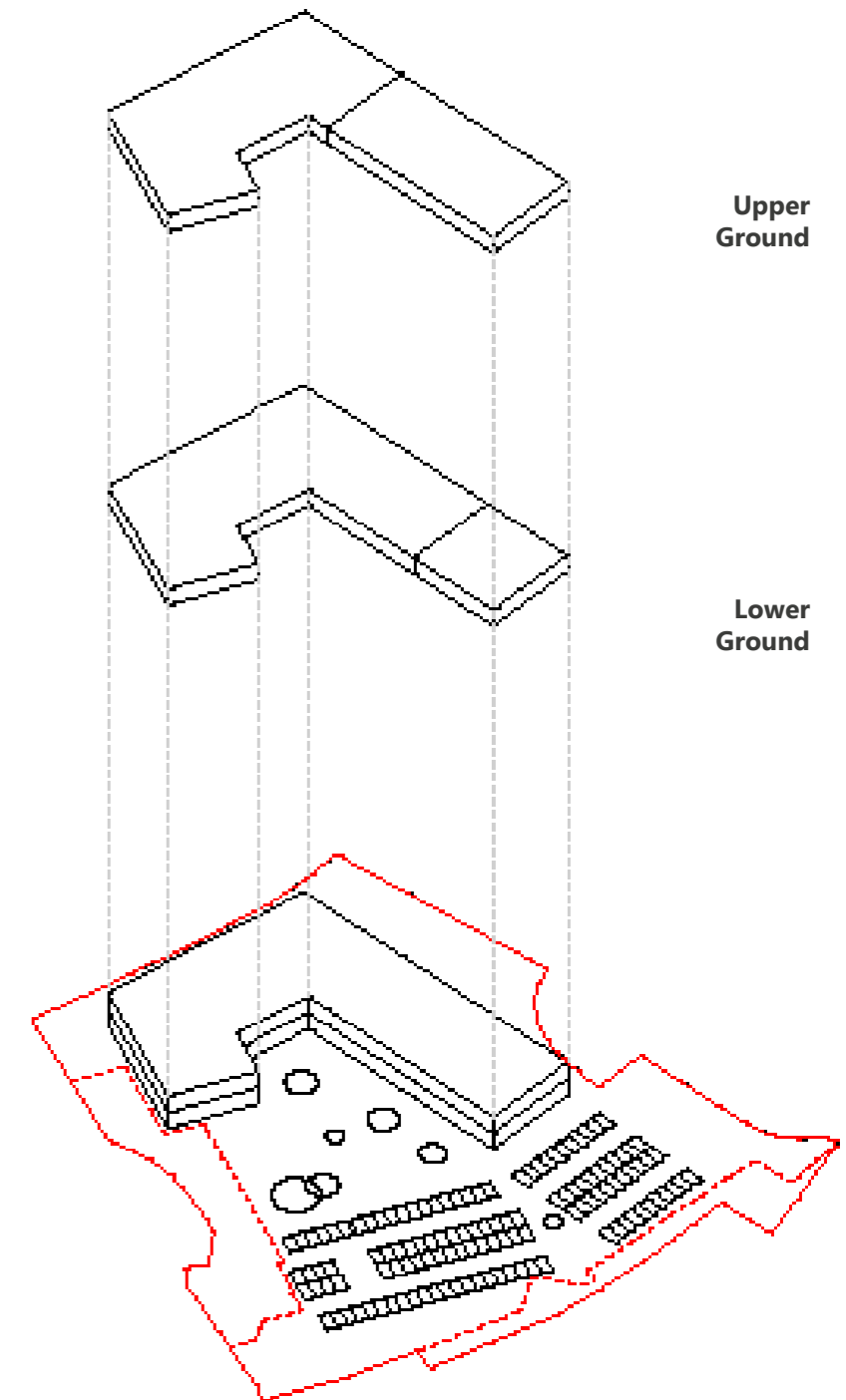


#### KEY

-  Ancillary Accommodation
-  Shared Green Space

-  Access
-  Public Core
-  Parking

#### KEY



## 4.2 Clinical Block and Stack (Overdale)

### Block & Stack: South Field 1551

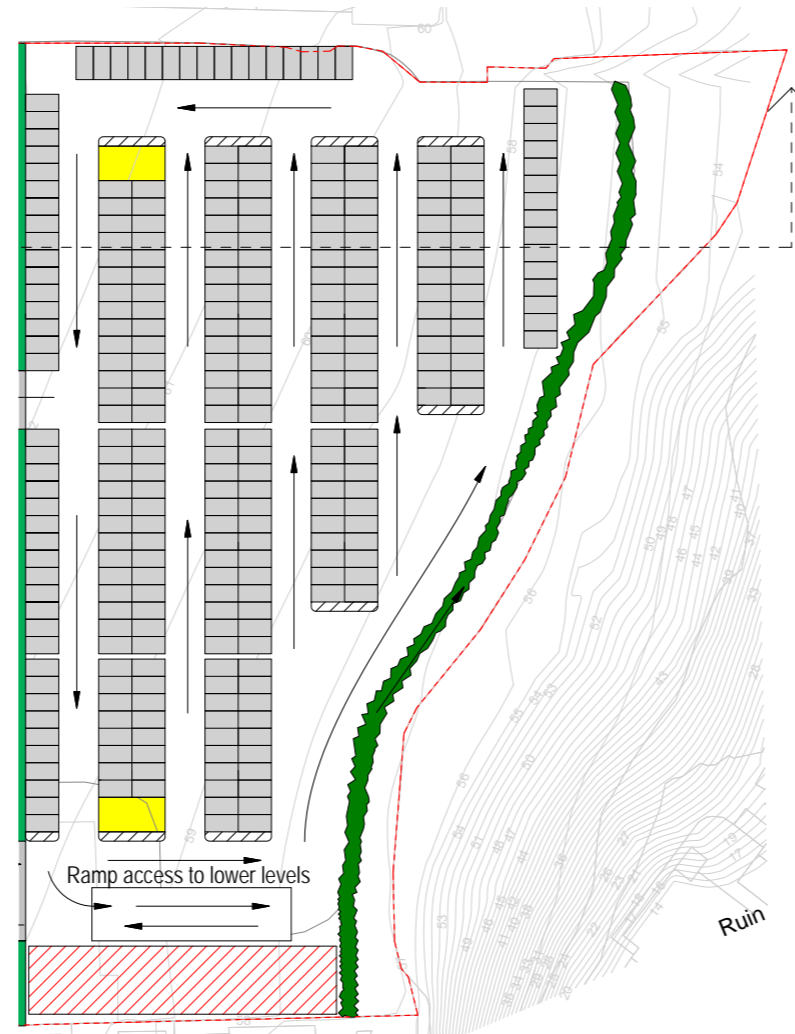
#### Parking Provision (Opposite Main Entrance)

The location of the site is not within 5-10 minutes walking distance of the main streets of St Helier and cycling will be restricted to a relative few. This will result in increased vehicular movement to the area, and significant parking will be required to support the hospital.

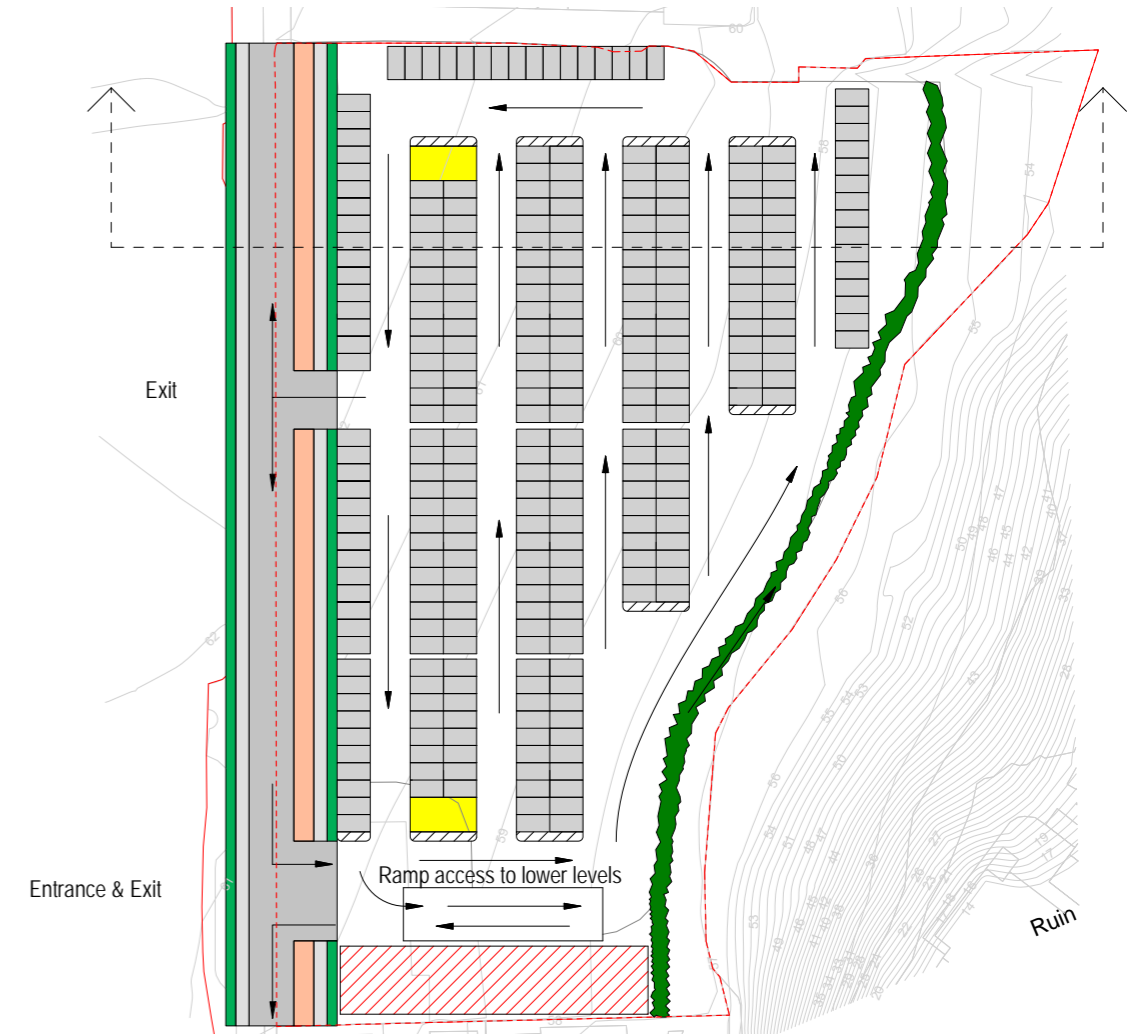
A limited amount of dedicated car parking can be provided adjacent to the building, directly associated with various entrances and separate drop-off requirements. However, the bulk of the car parking will be provided on the South field (field H1551) opposite the main hospital building with the potential for an underground link below Westmount Road. An impact analysis will be required to review the form of any parking provision from critical viewpoints within the surrounding area given the field's protective designation. The satisfactory resolution of this may constrain the total number of spaces able to be provided. An initial indicative layout is shown which provides approximately 275 spaces per level across two levels.

The opportunity for supplementary parking may also be provided on the North field (H1550), adjacent to the staff wellbeing centre, knowledge centre, and administration support, which is less than five minutes' walk from the main hospital site.

Alternative options have been reviewed to ensure that Blue Light traffic is taken off the main road as efficiently as possible, with its own dedicated drop-off and parking, entirely segregated from the FM access to the service yard and the Main Entrance.



Lower Level Plan



Upper Level Plan

#### KEY

- Parking Bays (approx. 300 per level)
- Circulation Core
- Landscape / Screening



## 4.2 Clinical Block and Stack

The following describes how Overdale performs against the agreed clinical evaluation criteria.

### **Is the site large enough to support all the required clinical and ancillary functions OR permit adjacent or nearby sites to support the main hospital?**

Following clinical stakeholder engagement, it was agreed that the following ancillary departments do not have to form part of the main clinical block and can be provided on one of the adjacent sites within a 5-10 minute walking distance to the main building.

- Staff Wellbeing Centre
- Knowledge Centre
- Administration Support.

The initial redline boundary of the Overdale site can accommodate SSR Option 2 where most of the departments can be provided on the main building site by the inclusion of a significant basement.

Most departments which have been requested to be at ground floor can be provided at that level. However, there are certain departments where it might be problematic to accommodate at ground level due to the constraints of the site. It is possible however to relocate some departments to a more appropriate area of the building, without compromising the clinical functionality, and this will be developed with the stakeholders as part of the next stage.

To provide the accommodation briefed will require a building of two and three storeys (plus plant and basement) with the basement level cut into the hillside and ward accommodation stepping down the hillside, with long views out to the west. This will reduce the impact of the building mass from the coastline to the south. Ground floor access will be directly taken off Westmount Road with wards located at the same level and above and below this level.

The topography of the site is such that, when viewed from Westmount Road, the building can be limited to two storeys (plus setback areas of rooftop plant) with the FM department and Service Yard accessed at a lower level away from the main entrance level and areas of public realm onto Westmount Road.

Ancillary departments will be located to the northern field (H1550) and car parking to the site (H1551) immediately east of the main hospital site.

### **Does the site permit adequate space for future expansion?**

There is sufficient room on the Overdale site to enable expansion zones to be accommodated.

Future expansion of the facility may be horizontal or vertical, subject to the clinical need. However, building on top of accommodation may remove therapeutic rooftop courtyards if it was felt inappropriate to expand the facility horizontally. This level of flexibility would need to be designed into the structure and foundations with the resultant cost impact.

Two additional parcels of land have also been highlighted as potentially available and are included within this study assessment. This additional land could provide future expansion space for the hospital.

### **Will the site impact current healthcare services and can these be reprovided to meet the programme needs?**

The project will require that the whole site is cleared of existing building structures, both occupied and derelict. The Overdale site currently houses accommodation for Health and Community Services (HCS) and the Children Young People Education and Skills (CYPES), which can be reprovided elsewhere within the required timeframe. The service providers, HCS and CYPES have confirmed that they can be displaced to other facilities within the required timeframe.

### **Does the site configuration (shape, form and size) have the potential to facilitate a design strategy supporting wellbeing and healthcare (e.g. avoidance of deep plans, quality internal / external spaces)?**

Overdale is bounded by a green valley and slopes and a natural environment enabling a salutogenic design response. The nature and topography of the site enables the building to cascade down the hillside to the west, providing therapeutic long views out to mature woodland from most of the ward accommodation.

The more highly serviced clinical department can take advantage of a deep plan, centrally located within the building, whilst all areas of the building can be punctuated by courtyards and light shafts to enhance the therapeutic environment. External courtyards are provided at lower ground level for external access.

The upper levels can optimise natural daylight and views by the introduction of courtyards, and link bridges between departments, and potentially include the provision of therapeutic roof top gardens.

The site also would allow the provision of a secluded and safe garden for mental health patients.

The presence of a crematorium adjacent to the site is, however, of concern and may be considered as having a negative impact on the patient environment. The ability to minimise this impact will need to be considered in greater detail at concept design.

Further, the building will result in the loss of existing trees although every attempt will be made to minimise this during Concept Design.

### **Is there enough dedicated car parking and is it suitable?**

A limited amount of dedicated car parking can be provided adjacent to the building, directly associated with various entrances and separate drop-off requirements. The bulk of the car parking can be provided on field H1551 opposite the main hospital building with the potential for an underground link below Westmount Road. An impact analysis will be required to review the form of any parking provision from critical viewpoints within the surrounding area given the field's protective designation. The satisfactory resolution of this matter may constrain the total number of spaces able to be provided.

Parking may also be provided on the field H1550, adjacent to the Staff Wellbeing Centre, Knowledge Centre, Administration Support, which is less than 5 minutes' walk from the main hospital site.

Alternative options have been reviewed to ensure that Blue Light traffic is taken off the main road as efficiently as possible, with its own dedicated drop-off and parking, entirely segregated from the FM access to the service yard and the Main Entrance.

### **Does the site have sufficient space to enable a flexible clinical plan?**

The provision of generic accommodation would enable the service to flex within the building. There is sufficient site area to enable this to be accommodated in an efficient and rational way. As noted above, expansion of the facility on this site is also possible in various arrangements.

However, the spread arrangement of the buildings on the site, to minimise height, creates the need for multiple vertical cores to deal with the sloping site, which without careful design

may make wayfinding more complex. This will need further consideration should the site be selected.

### **Does the site permit the adequate segregation of external and internal movement flows (visitors / patients / staff / Facilities Management (FM))?**

The building's floorplate can be configured to enable segregated routes for Blue Light Emergency vehicles, FM services, Main Entrance and Outpatient Clinics, and this can continue within the building.

### **Will any restrictions on the site impact on the viable clinical floor heights and clinical relationships?**

Due to the physical context of the buildings surrounding the site being predominantly domestic, the building massing has been restricted to 2 storeys of clinical building (plus rooftop plant set back) from Westmount Road.

Through offsite provision of non-clinical support departments and the inclusion of the basement, the facility can be restricted to 3 storeys overall and enabling connections to the mature landscape and minimising its visual impact from the coastal south.

However, the arrangement of the wards with horizontal connections to the clinical block to the east means that the ward floor to floor heights are unnecessarily higher than required being 5m as opposed to 4.5m. This is not restrictive but will have a marginal impact on costs. Visual impact assessments have also been carried out due to the visibility and prominence of the site above St Helier.

The plant strategy can be simplified as the plant can be located more locally to departments.

## 4.2 Clinical Block and Stack

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### **Is the site strategically located to serve its clinical function?**

Although the site is within the developed area of St Helier, due to its elevated topography and currently constrained access, the road network to Overdale will need to be significantly upgraded to accommodate increased traffic to the hospital. Once this is achieved, strategic access to the site will be significantly improved.

The location of the site is not however within 5-10 minutes walking distance of the main streets of St Helier and cycling will be restricted to a relative few. This will result in increased vehicular movement to the area, and significant parking will be required to support the hospital.

Public Transport to the site will need to be enhanced to address sustainability targets and travel plans.

## 4.2 Clinical Block and Stack (People's Park)

The following describes how People's Park performs against the agreed evaluation criteria.

### **Is the site large enough to support all of the required clinical and ancillary functions OR permit adjacent or nearby sites to support the main hospital?**

Following stakeholder engagement, it was agreed that the following departments do not have to form part of the main clinical block and can be provided on one of the adjacent sites within a 5-10 minute walking distance to the main building.

- Staff Wellbeing Centre
- Knowledge Centre
- Administration Support.

During the evolution of the 'block and stack' diagrams for People's Park, it became apparent that this site option, whilst achievable, was sub-optimal in terms of delivering a high quality, flexible clinical solution and healthcare vision. Further work in relation to site acquisitions revealed that Victoria Park and the Inn on the Park car park could also be considered. Additional site areas were subsequently identified for development incorporating Victoria Park and the car park immediately to the south of People's Park and north of the A1 roundabout. This adjacent land enables reconfiguration of the surrounding road layout, releasing significant additional area to be provided for the main hospital site.

The extended red line boundary of People's Park site provides enough area to accommodate SSR Option 2 where the majority of the departments could be provided on the main building site by the inclusion of a basement.

As a result of this expanded footprint, to provide the accommodation briefed would involve a building of 4 storeys (excluding plant) above ground plus a significant basement. However, this also brings the benefit of further provision of drop off, accessible /short term parking, flexibility, expansion, improved environment (including courtyards and light shafts) and the opportunity for a significantly improved public realm.

It is intended that support services will be located at Peter Crill.

### **Does the site permit adequate space for future expansion?**

Future expansion of the facility would involve building on top of accommodation which in turn would remove therapeutic rooftop courtyards as there is no adjacent land to be able to expand the facility horizontally. This flexibility would need to be designed into the structure and foundations and additional marginal cost.

However, the expanded site will potentially enable this to be accommodated in a more rational way than the restricted site. Whilst the expanded site provides for the provision of good courtyard spaces, this should not be regarded as future expansion space.

### **Will the site impact current healthcare services and can these be reprovided to meet the programme needs?**

The proposed site is a green parkland site and does not currently include any healthcare facilities so there is no requirement to re-provide.

However, it should be noted that further accommodation adjacent to the site will be required to house the administrative functions of the hospital.

### **Does the site configuration (shape, form and size) have the potential to facilitate a design strategy supporting wellbeing and healthcare (eg avoidance of deep plans, quality internal / external spaces).**

The site has a wonderful aspect towards the south / southwest and St Aubin's bay. The nature and topography of the site however will involve a deep plan podium building at ground and first floor to house the more highly serviced clinical departments. These departments can be positioned to the rear of the building overlooking the steep embankment and mature trees, as this would provide natural daylight but not necessarily views in, affording privacy to patients.

Whilst the nature and topography of the site and clinical requirements will involve deep plan for the Emergency Department, Theatres etc, the additional area enables a courtyard typology and therapeutic spaces to be distributed throughout the building. Daylight penetration into the lower levels, including basement is possible utilising courtyards and light shafts.

Highly serviced clinical departments, departments may still be positioned to the rear of the building overlooking the steep embankment and mature trees, as this would provide natural daylight into the departments but not necessarily views in/out, affording privacy to patients.

The levels above can optimise natural daylight and views by the introduction of courtyards and the provision of therapeutic rooftop garden terraces where appropriate. At the same time, there is sufficient flexibility in the expanded site to 'craft' the inpatient wards and other areas to maximise the benefit of coastal and other key views.

The additional area also affords the opportunity to develop a boulevard along Peirson Road stepping the building mass back from the historic properties opposite and may in some way mitigate for the loss of the amenity as well as providing a more pleasing public realm and aspect for the hospital

Overlooking into clinical space from surrounding residential properties needs to be managed to the north and east and south west corner.

### **Is there enough dedicated car parking and is it suitable.**

Dedicated parking and drop off points for Emergency Vehicles, Maternity patients, Renal, and Oncology patients and Outpatient clinics can be provided on the site.

However, the additional area of land released for the development, increases the size of these local drop offs and accessible parking which can be provided directly adjacent to the site.

The remainder of hospital parking would be provided within existing town centre car parks which are less than 10 minutes' walk from the site. This is the arrangement for most people using the current hospital facility. However, the need to provide onsite disability parking spaces will need addressing at Concept Design stage to resolve satisfactorily.

### **Does the site have sufficient space to enable a flexible clinical plan?**

The provision of generic accommodation would enable the service to flex within the building. The expanded site provides the opportunity to create a clear and rational strategy for internal flexibility. However, the ability to expand horizontally limits this flexibility to a degree.



## 4.2 Clinical Block and Stack (People's Park)

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### **Does the site permit the adequate segregation of external and internal movement flows (visitors / patients / staff / FM)?**

The building's floorplate can be configured to enable segregated routes for Blue Light Emergency vehicles, FM services, Main Entrance and Outpatient Clinics.

The constraints of the site will only enable provision of drop-off points for Emergency Vehicles, Maternity patients, Renal, and Oncology patients and Accessible spaces. However, as noted above, the need to provide onsite disability parking spaces will need addressing at Concept Design stage to resolve satisfactorily.

The compact site will provide for reduced internal travel distances and is supported by ability to create efficient circulation routes, both horizontally and vertically. Further, the regular form of the plan and circulation strategy will facilitate a clear wayfinding strategy.

### **Will any restrictions on the site impact on the viable clinical floor heights and clinical relationships?**

Through the provision of non-clinical support departments and stores within a basement the facility can be restricted to 4 storeys (plus plant) above ground, which is in keeping with overall building heights within the context of a town centre development.

Careful consideration will be needed to ensure that the upper body (primarily inpatient wards) of the building is configured to reduce its impact on adjacent developments and to avoid overlooking into the hospital. At the same time, it is recognised that there are a number of lower adjacent historic buildings along Peirson Road which will require that the building is sensitive to the scale of this urban edge.

### **Is the site strategically located to serve its clinical function?**

Located within walking distance of the main streets of St Helier, the site is served by the public transport network, so is strategically well placed to serve its clinical function, and sustainable travel plan.

## 4.2 Clinical Block and Stack (People's Park)

### People's Park extended site

In relation to the People's Park site (Diagram 1), the evolution of these studies led to the need to consider extending the site (Diagram 2) to include additional parcels of land, including the listed Victoria Park and the car park to the south of the site, immediately east of West Park apartments. Whilst the original site could meet the base area requirement of the Draft Functional Brief, it was strongly felt that the enlarged site would deliver a better hospital solution, to meet the aspirational brief of ensuring natural light and courtyards penetrate the whole hospital, to resolve restricted access arrangements and to create a clearly defined planning strategy, including the increase of public realm.

Whilst not intended as architectural solutions, the block and stack diagrams point towards a potential strategy for the site, recognising that there will be a number of contextual factors which will require the massing to be developed to respect overlooking, scale critical views, particularly in relation to the higher elements of the building and sensitivity to adjacent listed buildings, especially on Pierson Road.

The block and stack studies demonstrate that the resultant mass of building will create a hospital which is 'urban' in character, given its scale in this location. However, the project also provides a great opportunity to create much improved public realm particularly along Peirson Street and the seafront. There is also opportunity to ensure that the building is 'permeable' and recognises historic pedestrian movement through its north/south axis from Westmount Road to the south. The development of the massing and orientation of the inpatient floors during Concept Design should also recognise the fantastic seafront aspect to the south of the site and to Elizabeth Castle. At the same time, the orientation of the inpatient wings will be tested to provide opportunities for 'mixed mode' ventilation to benefit from the prevailing wind direction in mid-seasons.

Diagram 1 - Original Site

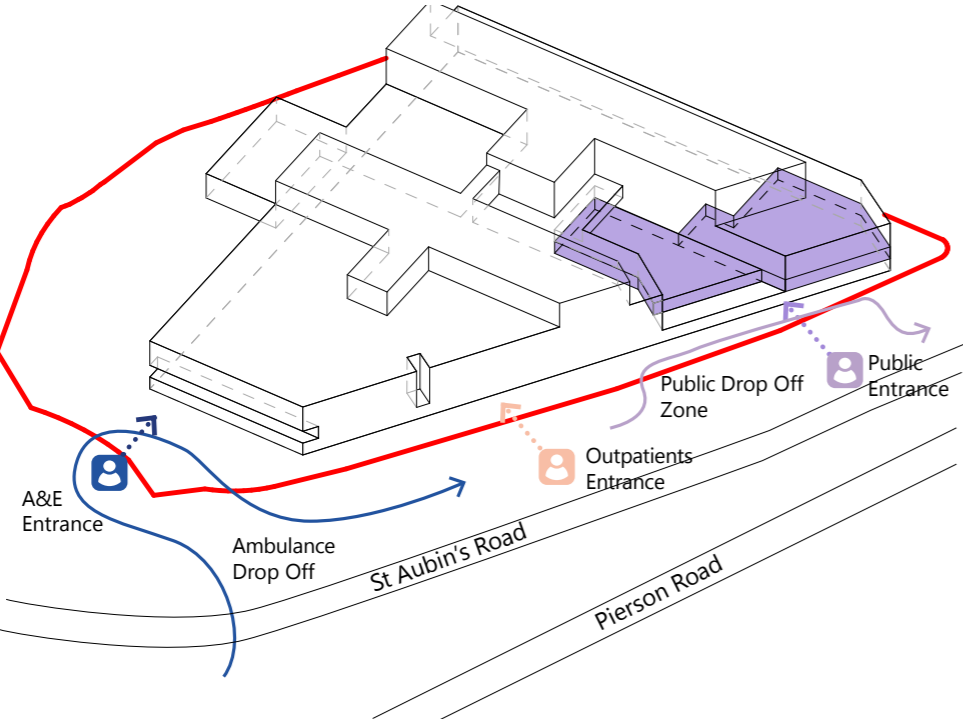
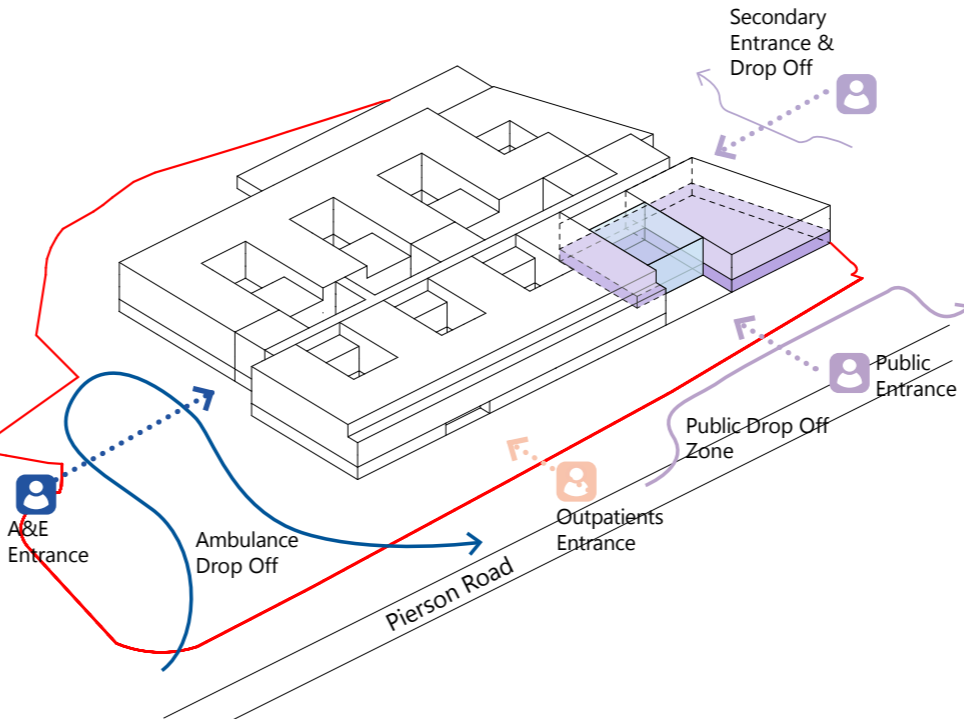
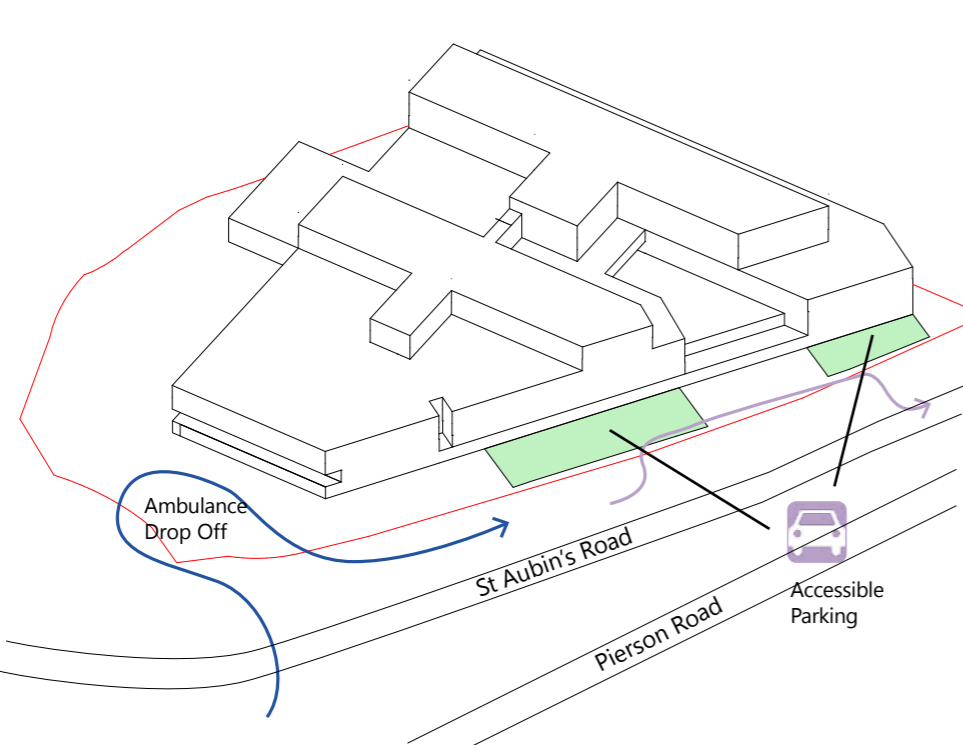
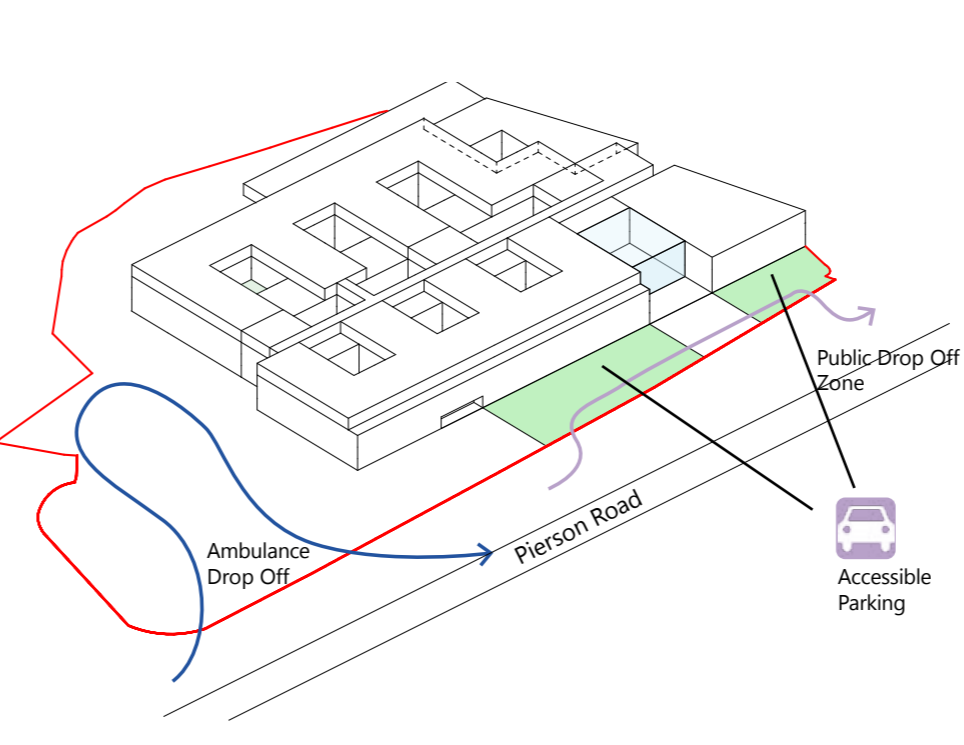


Diagram 2 - Extended Site



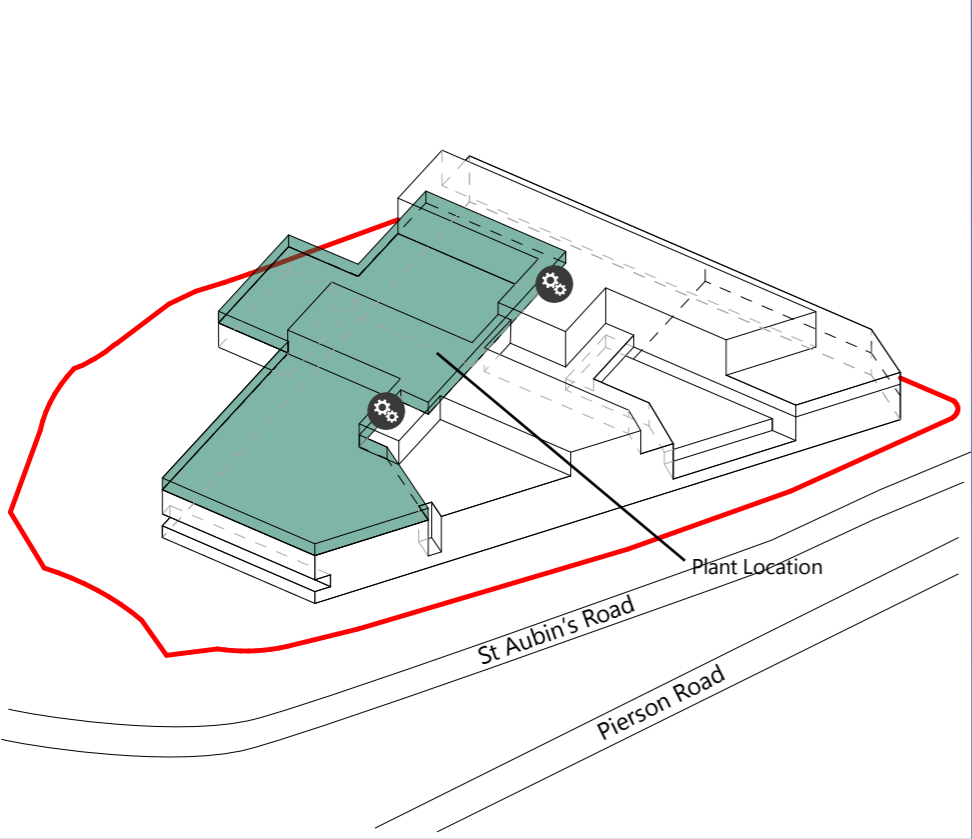
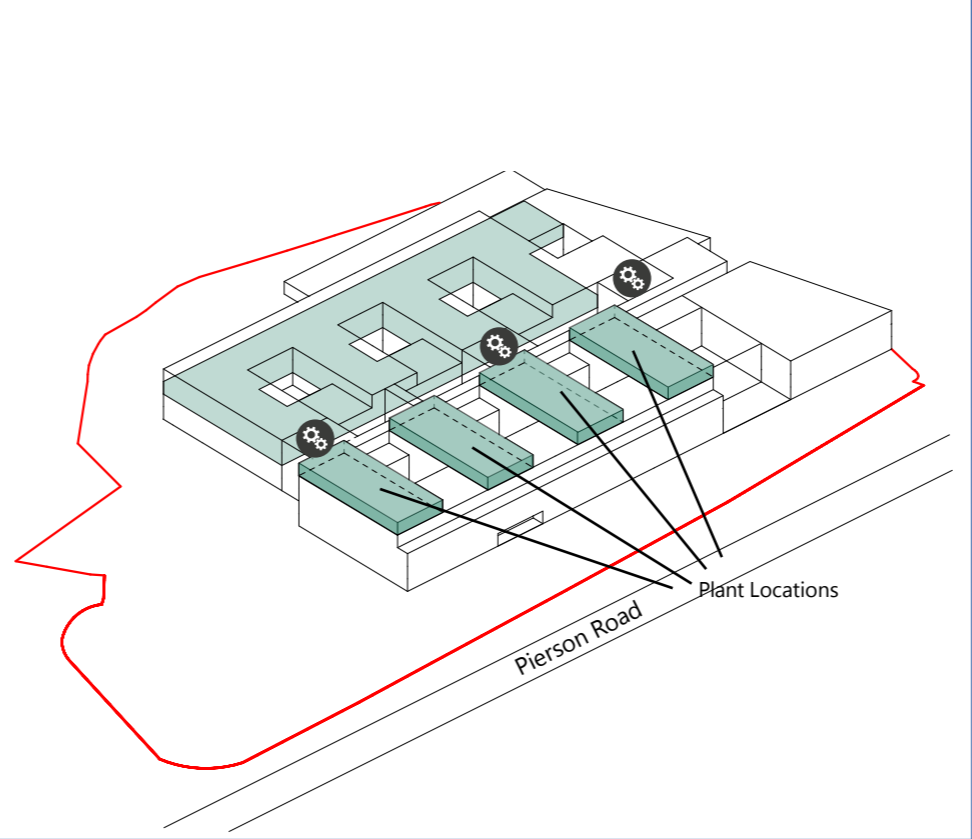
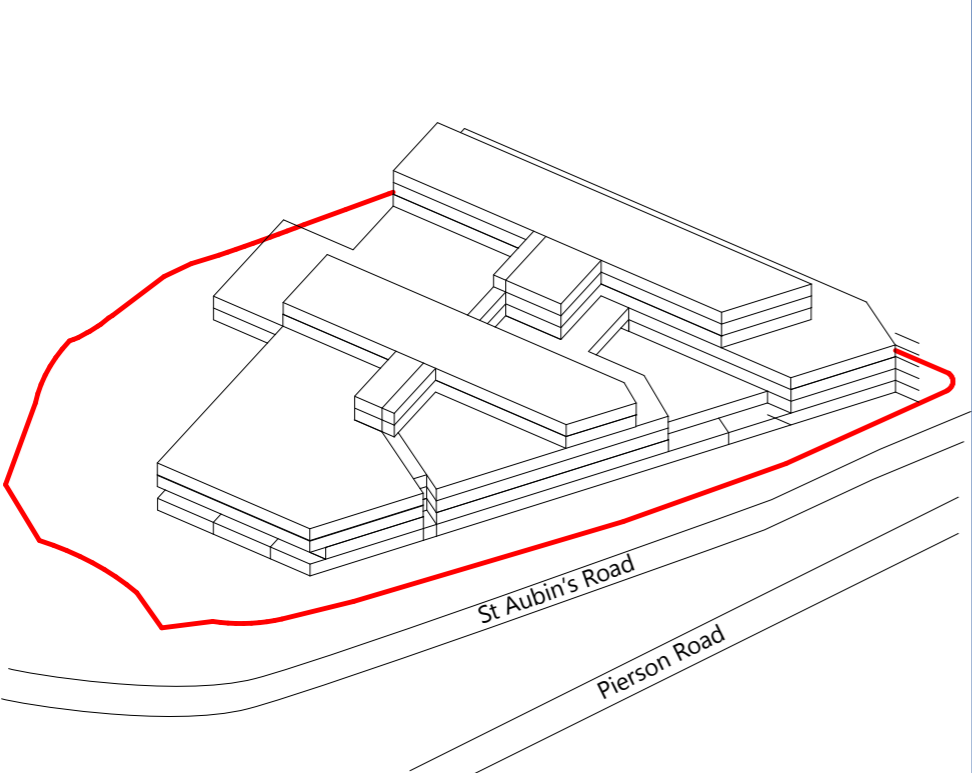
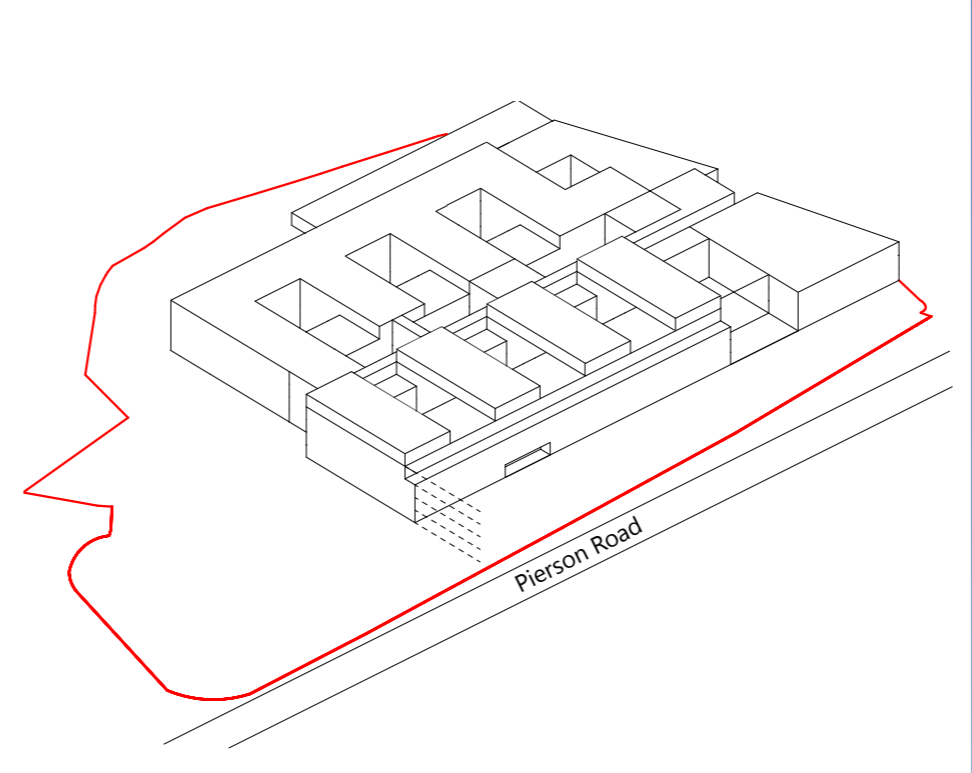
## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Option Comparison

	ORIGINAL SITE:	EXTENDED SITE:	COMMENT
Access Strategies:			<p>The original site limited the opportunity to develop any meaningful public realm at ground floor as the building is landlocked by roads and the constraints of surrounding topography. Due to the number of departments to be provided at ground floor, there is no opportunity for courtyards and connections to the outside at ground floor and level 1. The upper levels are less restricted and optimise natural daylight and views by of courtyards and the provision of therapeutic rooftop garden terraces where appropriate.</p> <p>In the extended site the additional area affords the potential to develop a boulevard along Pierson Road stepping the building mass back from the historic properties opposite and this may in some way may mitigate for the loss of the amenity, as well as providing a more pleasing public realm and aspect for the hospital. The extended footprint also provides a more therapeutic environment by enhancing internal to external connections throughout all levels of the building utilising courtyards and light shafts, which will enable daylight penetration into these lower levels, including the basement departments.</p>
Parking Strategies:			<p>The original site compromised in this regard as the building footprint is landlocked by roads and other site constraints which results in significantly less opportunity for parking and drop off directly adjacent to the hospital building. To facilitate appropriate amounts of accessible parking and drop off it may be necessary to compromise on the positioning of some of the departments currently designated as being required on ground floor.</p> <p>The extended site releases land adjacent to the building for drop-off and accessible parking, however, it may not be possible to accommodate all of the parking requirements for patient transport vehicles in addition to the required drop-off areas, due to the number of departments currently designated at ground floor, and again this may involve compromise on the positioning of some of these departments. This would be resolved and developed in detail with the stakeholders of the facility during the next stages to ensure that the clinical functionality is not compromised.</p>

## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Option Comparison

	ORIGINAL SITE:	EXTENDED SITE:	COMMENT
FM / Plant Strategies:			<p>FM service yard is provided at a lower level to the rear of the building segregated from the various public entrances in both schemes. Due to the arrangement of departments on the upper floors the service yard is not directly overlooked by any accommodation, which means these support activities can happen discreetly without patient, staff and public in view.</p> <p>The arrangement of the FM facilitates in the basement also affords a degree of cover to delivery and waste areas in order that FM activities can take place protected from inclement weather.</p> <p>Within both schemes, plant is distributed appropriately to accommodate the requirements of the facility. The service yard to the rear of the facility enables back-of-house services to take place discreetly out of sight of patients, staff and public.</p> <p>The vehicular access to the Service Yard is afforded a greater segregation from the (Blue Light) ambulance drop off to the Emergency Department with the expanded site towards Victoria Avenue.</p>
Building Heights:			<p>The restricted area available for the original site results in an overall building mass of five storeys above ground through the provision of non-clinical support departments and stores within a significant basement.</p> <p>The expanded site enables a larger footprint at ground floor, which in turn enables the overall mass of the building to be restricted to four storeys, again through provision of a significant basement.</p>

## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Option Comparison

	ORIGINAL SITE:	EXTENDED SITE:	COMMENT
Public Realm:			<p>The original site limited opportunity to develop any meaningful public realm at ground floor as the building is landlocked by roads and the constraints of surrounding topography. Due to the number of departments to be provided at ground floor, there is no opportunity for courtyards and connections to the outside at ground floor and level 1. The upper levels are less restricted and optimise natural daylight and views by of courtyards and the provision of therapeutic rooftop garden terraces where appropriate.</p> <p>The additional area on the extended site affords the potential to develop a boulevard along Pierson Road stepping the building mass back from the historic properties opposite and this may in some way may mitigate for the loss of the amenity as well as providing a more pleasing public realm and aspect for the hospital. The extended footprint also provides a more therapeutic environment by enhancing internal to external connections throughout all levels of the building utilising courtyards and light shafts, which will enable daylight penetration into these lower levels, including basement departments.</p>
Future Expansion:			<p>Due to the limited free space available on the original site, any expansion of the facility would involve adding new floors to the building. If this strategy is adopted the structural design of the building would have to be specified from the outset to enable extra floors to be added as required.</p> <p>The expanded site with the greater land mass allows the hospital to be extended to the rear of the building on multiple levels, allowing better future flexibility. This strategy protects the existing courtyards ensuring good natural daylight penetration to the building for years to come.</p>

## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

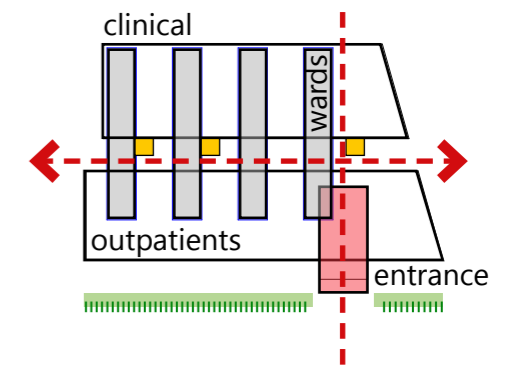
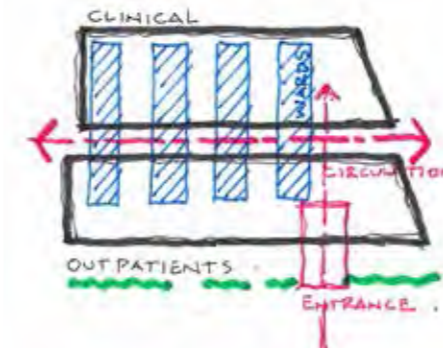
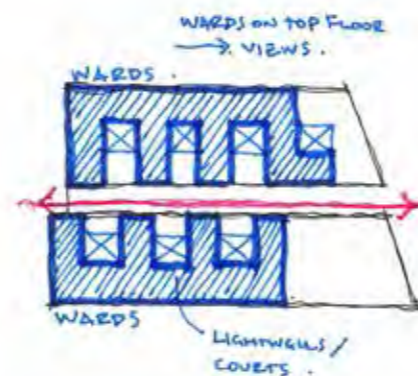
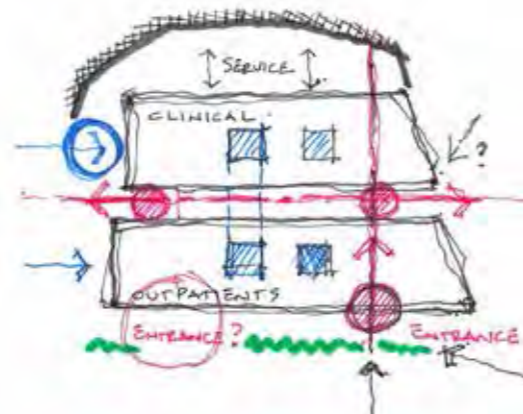
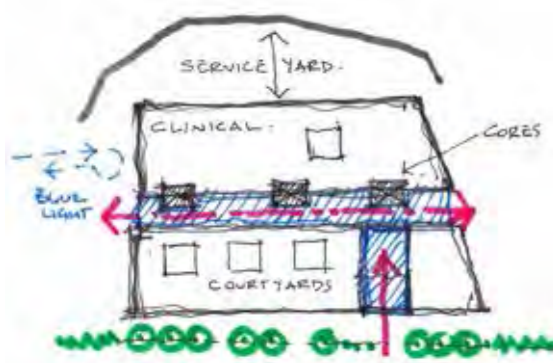
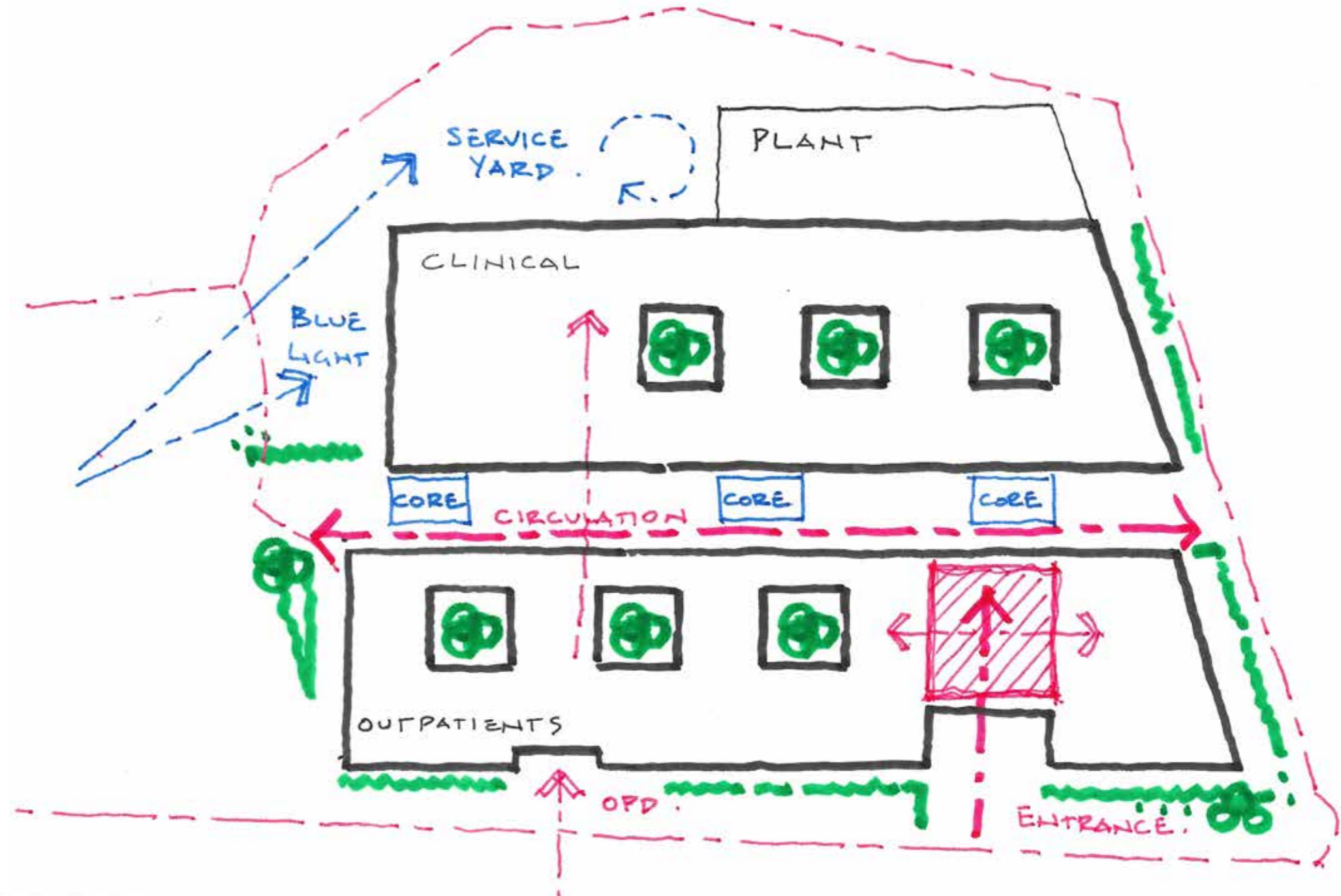
#### Concept Diagrams

A larger site area at People's Park would allow for the introduction of lightwells and courtyards into the midst of the buildings footprint. Consequently, the initial organising strategy for the enlarged site locates the clinical block and associated technical functions to the rear of the site (dug into the sloping topography), and places the outpatient facilities to the front of the site where there would be better opportunity to create an active frontage and provide views and natural ventilation. A central circulation spine with vertical circulation cores facilitates movement around the building and connection between departments across all floor levels. The circulation spine is also punctuated with lightwells to bring natural light deep into the building.

A series of courtyards are introduced to provide natural light into the interior of the building. They also act as an organising mechanism around which the inpatient wards and various departments are planned. The inpatient wards are located on the upper floors, arranged as a series of long blocks or "fingers" around the courtyards to maximise natural light.

The layout at ground floor allows for clear separate entrances to the main hospital, Outpatients Department, and Emergency Department, and separate vehicular access to the Emergency Department and Service Yard at the rear.

As with the Overdale site, the Education and Learning, Administration and Staff Welfare functions will be provided in adjacent sites to People's Park, utilisation local assets, with a maximum walking travel time of no more than 15 minutes

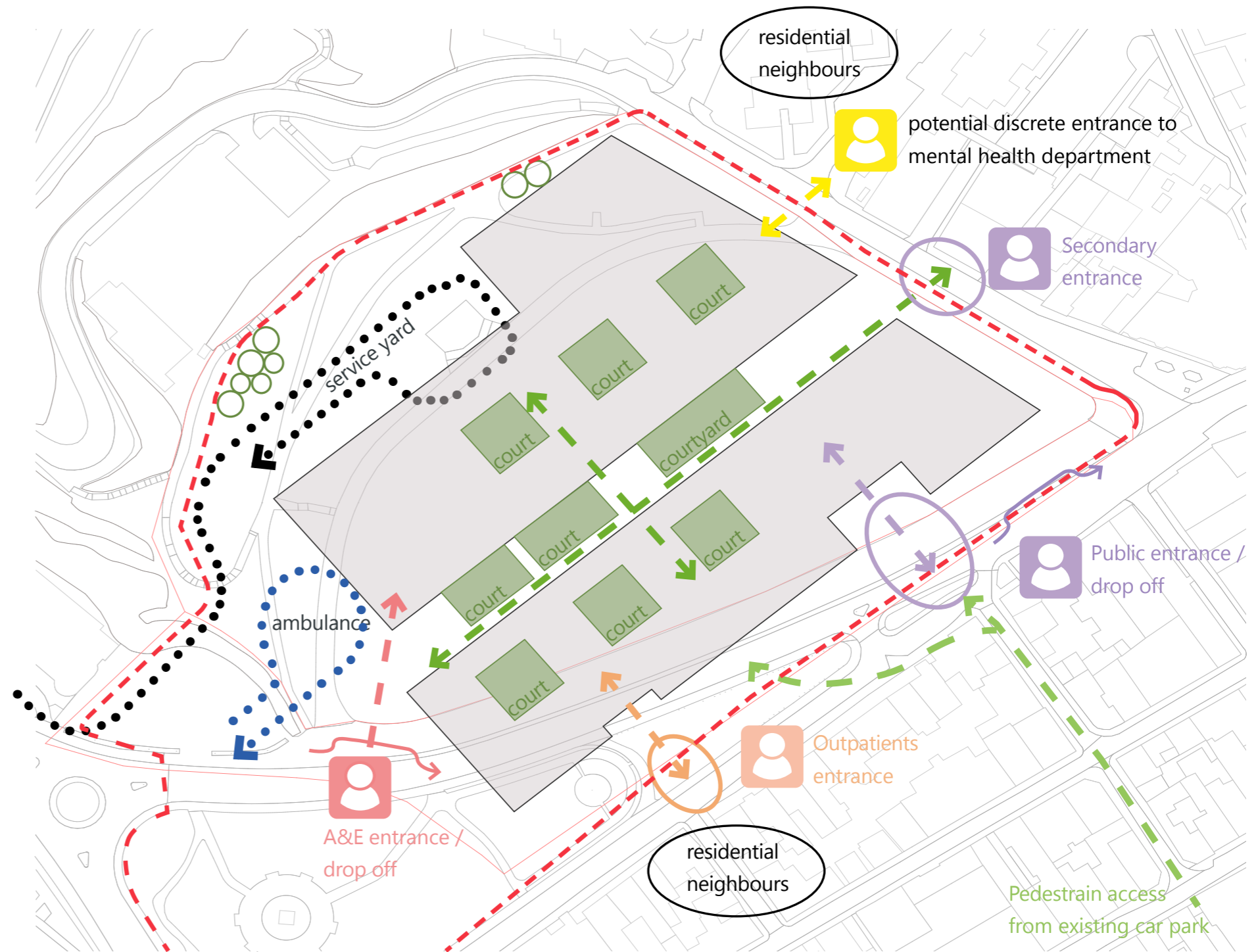
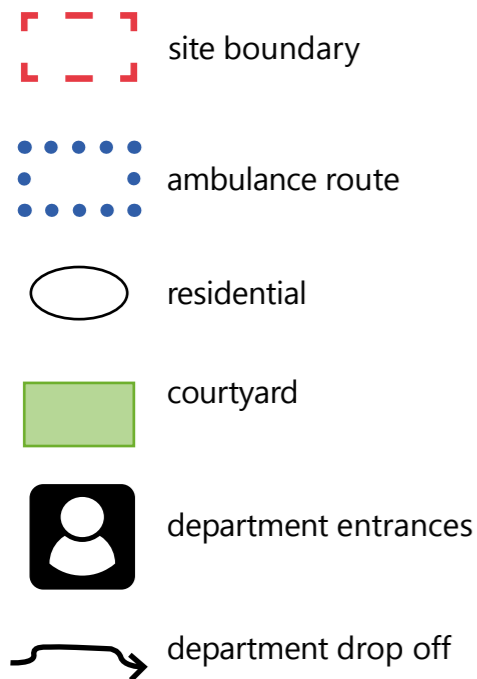


## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

#### Key Circulation Routes

This diagram explains the key site access points, from public to (Blue Light) ambulance drop off. The separation of these routes are key to ensure good flows of both people and goods around the hospital.



## 4.2 Clinical Block and Stack (People's Park)

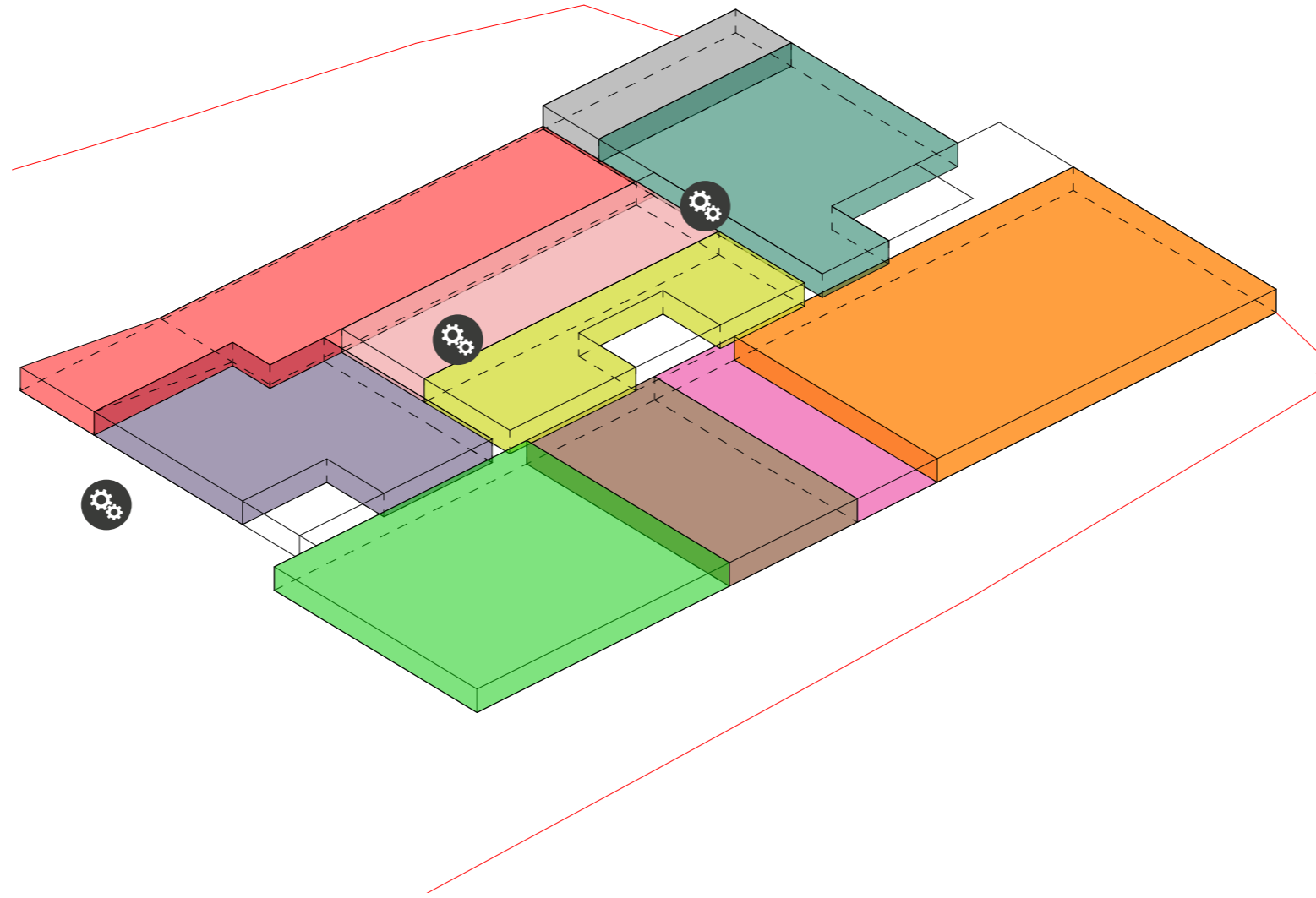
### Block & Stack: Extended Site

Basement: Level L-01

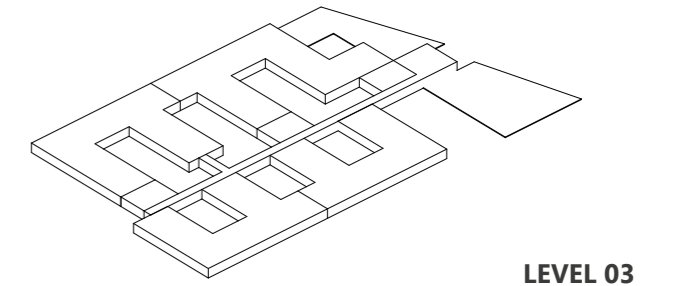
The basement as in Overdale acts as the support function for the rest of the hospital, supplying and supporting the clinical teams enabling them to care for their patients.

These supplies will travel throughout the hospital in both manually operated and Automated Guided Vehicles using dedicated lifts, ensuring a separation of flow from the public, patients and clinical staff.

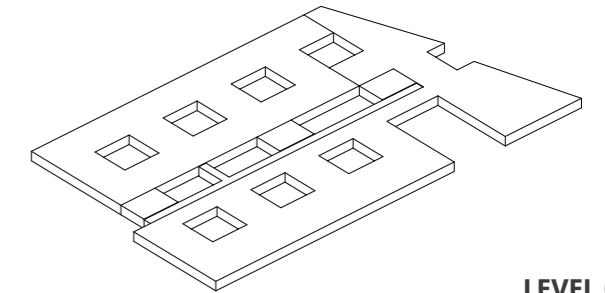
A secondary stores facility on an adjacent site is required to support six of the eight weeks' worth of supplies. These intelligent stores would enable a 'just-in-time' strategy for supply of goods around the hospital.



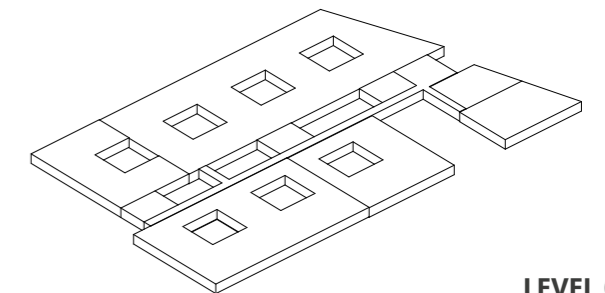
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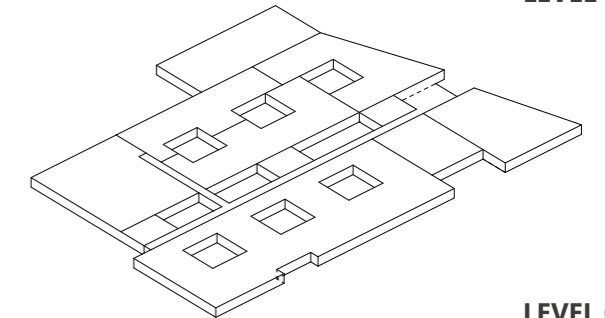
LEVEL 03



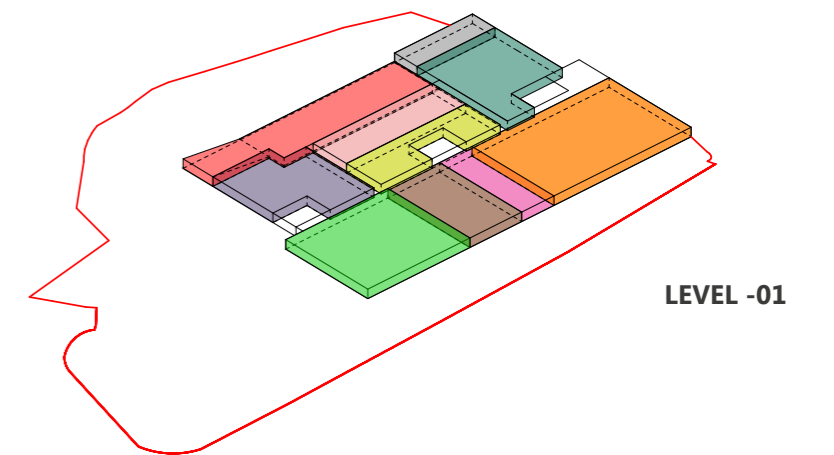
LEVEL 02



LEVEL 01


















LEVEL 00



LEVEL -01

KEY

	TSSU		Plant (Internal)		Access
	Mortuary & PM		Plant (External)		Public Core
	Equipment / Workshop		Service Yard (Internal)		Clinical Core
	FM Support		Service Yard (External)		FM Core
	Engineering / Estates & Stores				Courtyard
	Kitchen				



## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

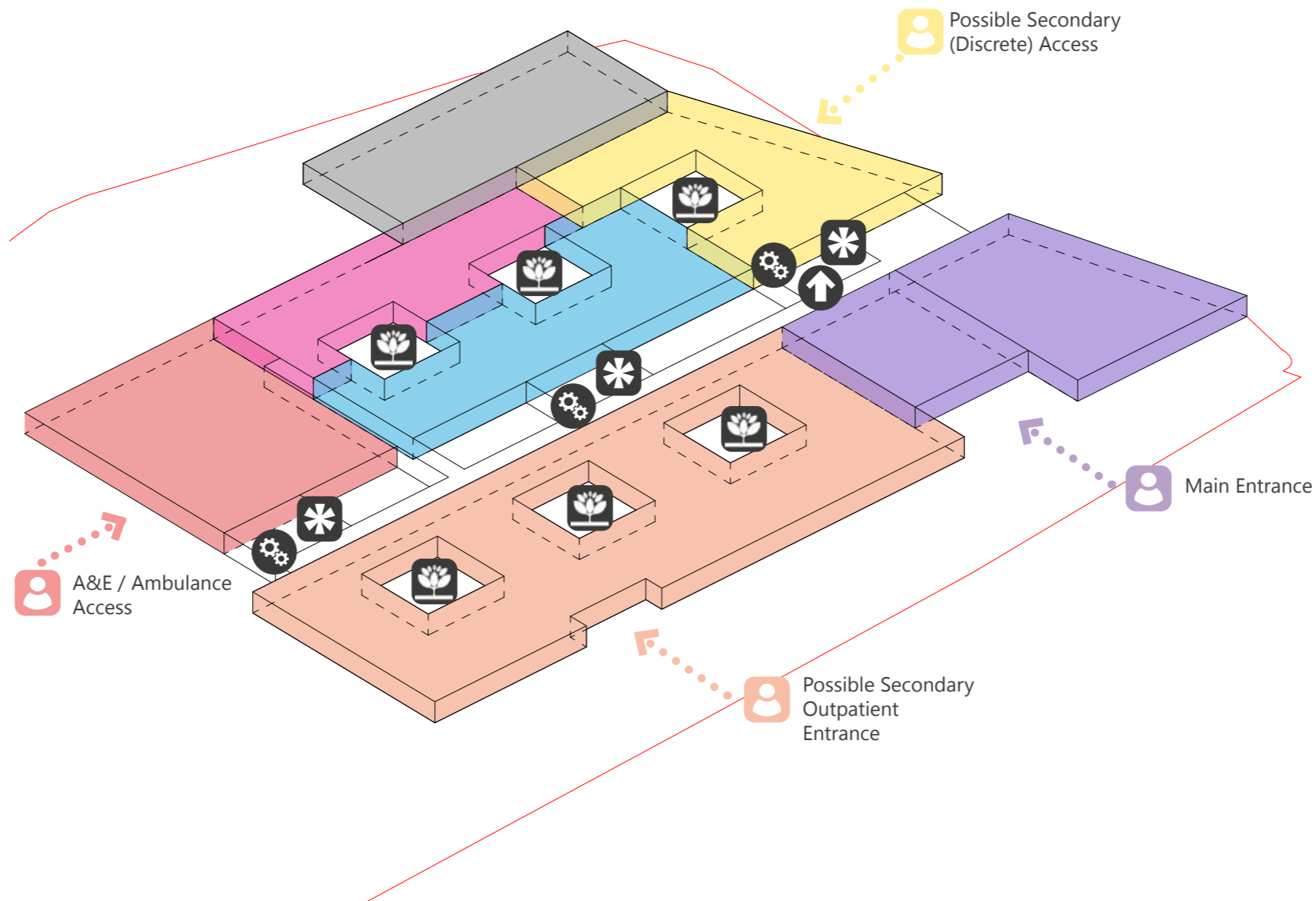
Ground Floor: Level 00

The ground floor provides the key public access via both the double height main entrance and secondary outpatient entrance. These both feed into a central atrium running the full length of the building to allow good visual reference for wayfinding.

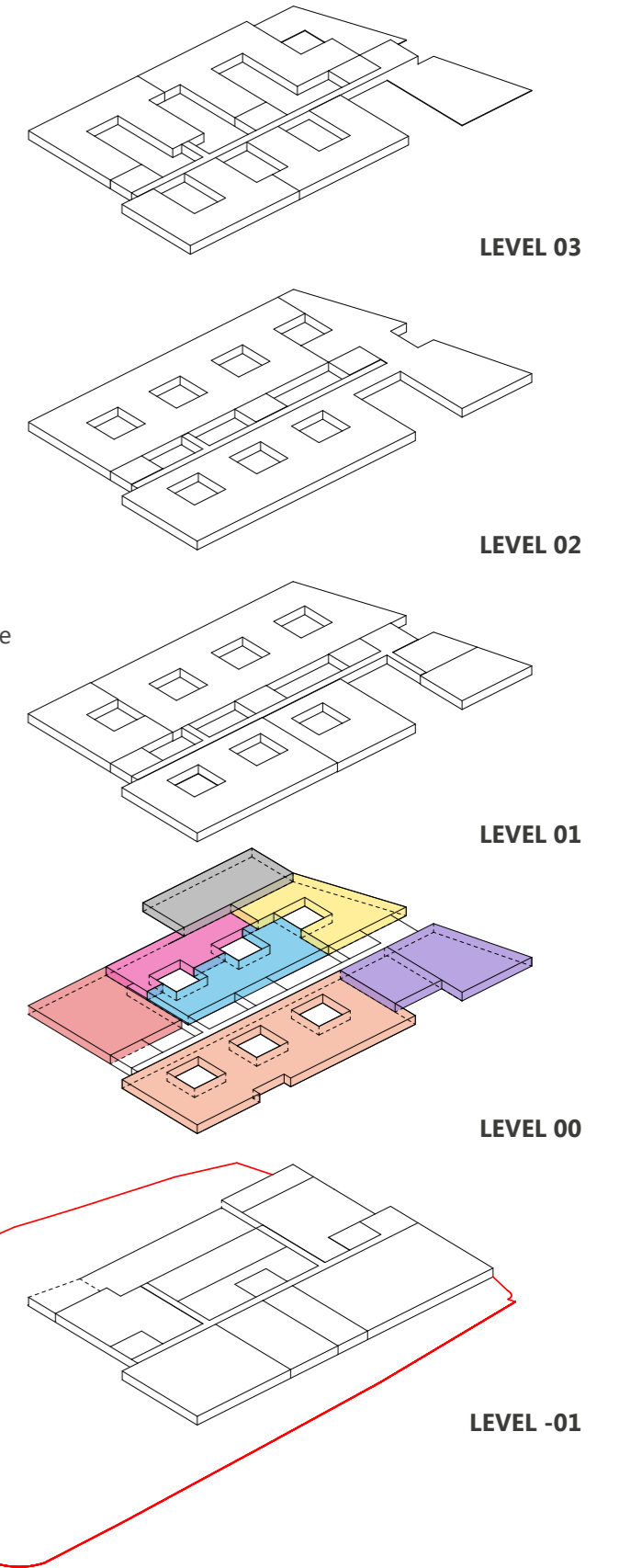
This floor contains the Ambulatory Care Centre, with Outpatients supported by the Diagnostics and Radiology Department.

A dedicated entrance for the public to the Emergency Department (ED/A&E), with drop-off parking is provided. The Ambulances arriving under Blue Light also have a dedicated and screened entrance to the Emergency Department, for patient privacy and dignity.

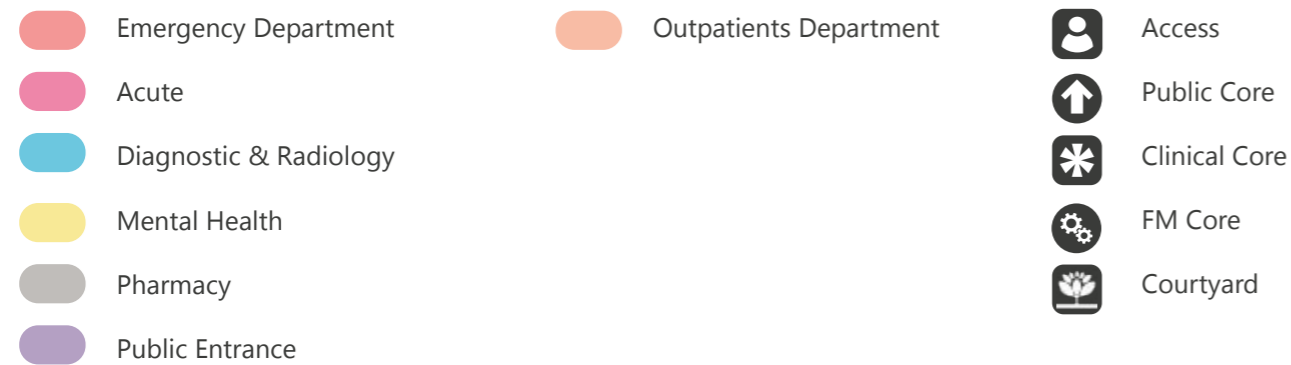
The Mental Health Unit is integrated within the acute building but with its own secure courtyard garden for its patients and possibly a discreet entrance to the unit.



KEY



KEY



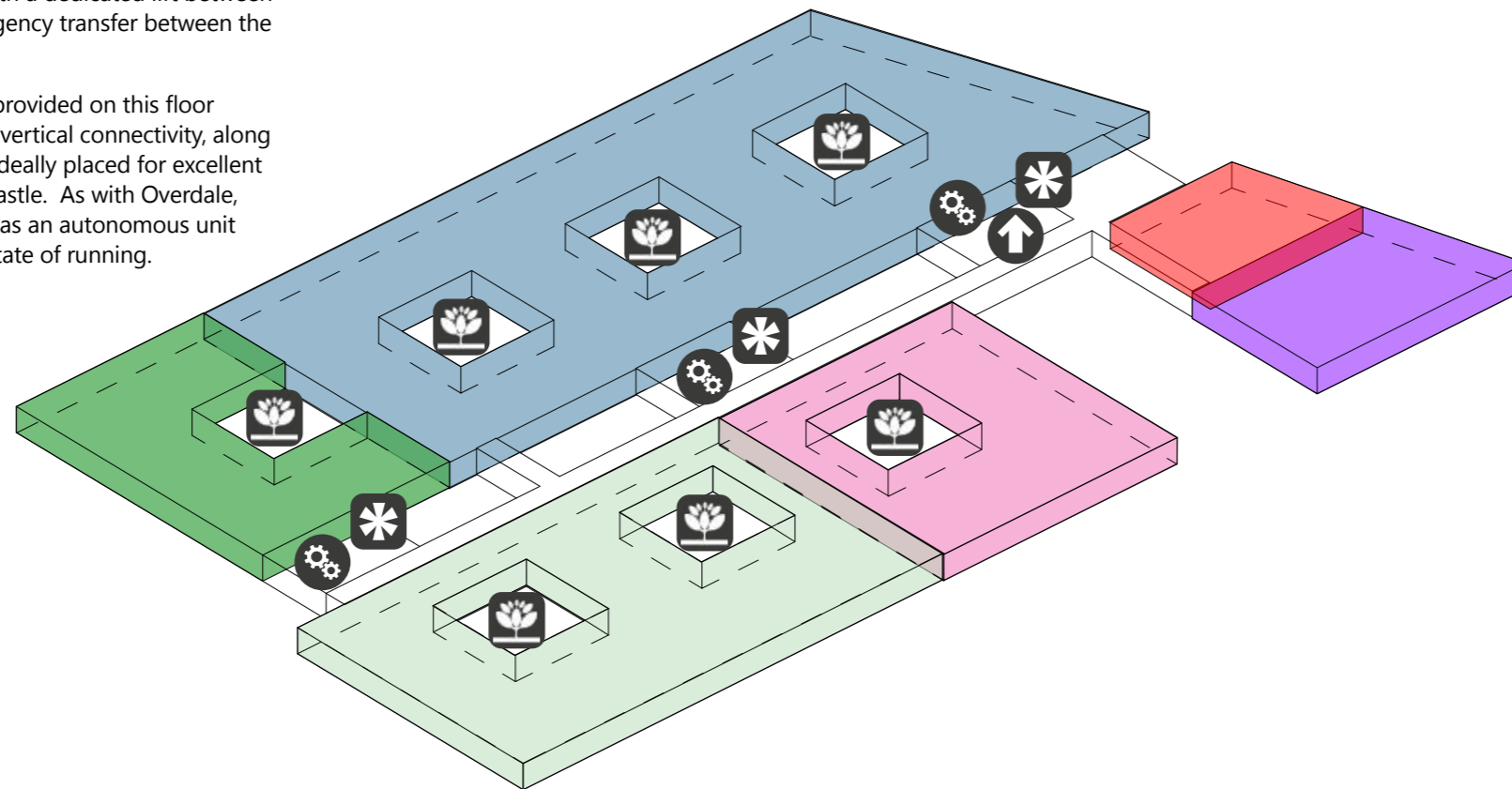
## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

First Floor: Level L01






The First Floor provides the remaining Acute facilities of the Theatre Suite and Critical Care unit. These are located directly above the Emergency Department, with a dedicated lift between the floors for patients requiring emergency transfer between the departments.

Further ambulatory care services are provided on this floor directly above Outpatients with good vertical connectivity, along with the Private Patient Unit which is ideally placed for excellent views of the sea front and Elizabeth Castle. As with Overdale, the Private Patients Unit could be run as an autonomous unit during any pandemic emergency or state of running.

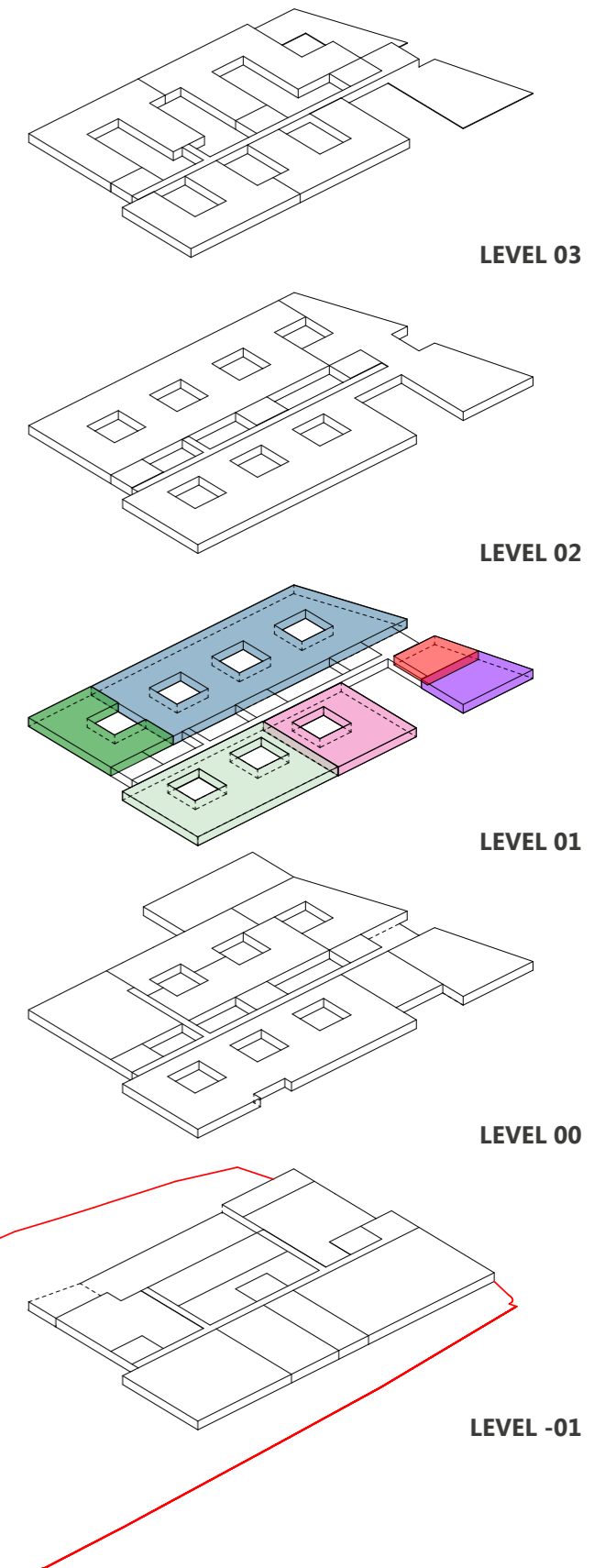


#### KEY

- Theatre Suite
- Critical Care Unit
- Renal
- Oncology
- Pathology
- Private Unit

-  Access
-  Public Core
-  Clinical Core
-  FM Core
-  Courtyard

#### KEY



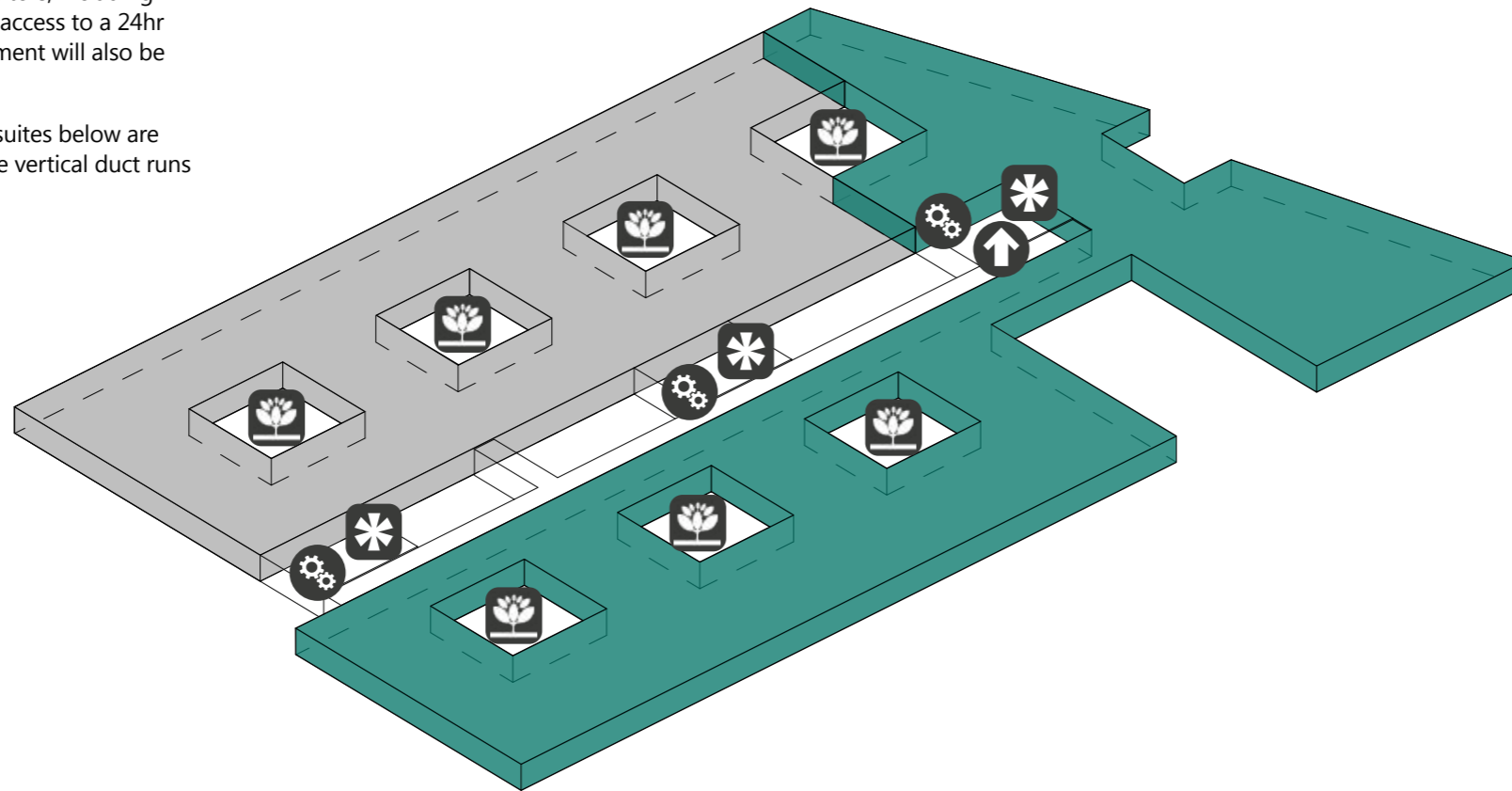
## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

Second Floor: Level 02

Level 2 is a dedicated Women's and Children's Centre. This 'village' within the hospital will have its own look and feel appropriate for its patients and visitors, including a safe and secure environment. Direct access to a 24hr dedicated lift to the Maternity Department will also be provided.

The main plant rooms for the theatre suites below are also located on this floor, to reduce the vertical duct runs for clean and dirty air.

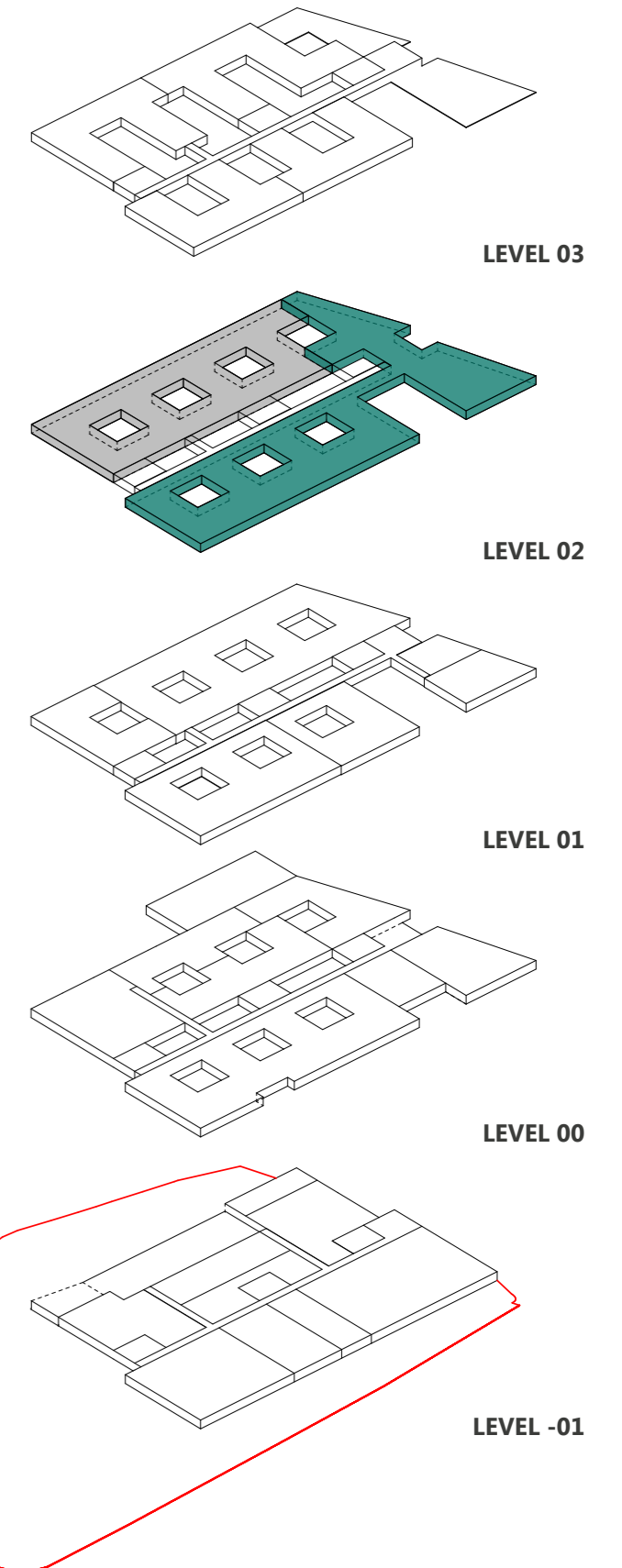


#### KEY

- Plant / Theatre Plant
- Women & Children's Unit

- Access
- Public Core
- Clinical Core
- FM Core
- Courtyard

#### KEY



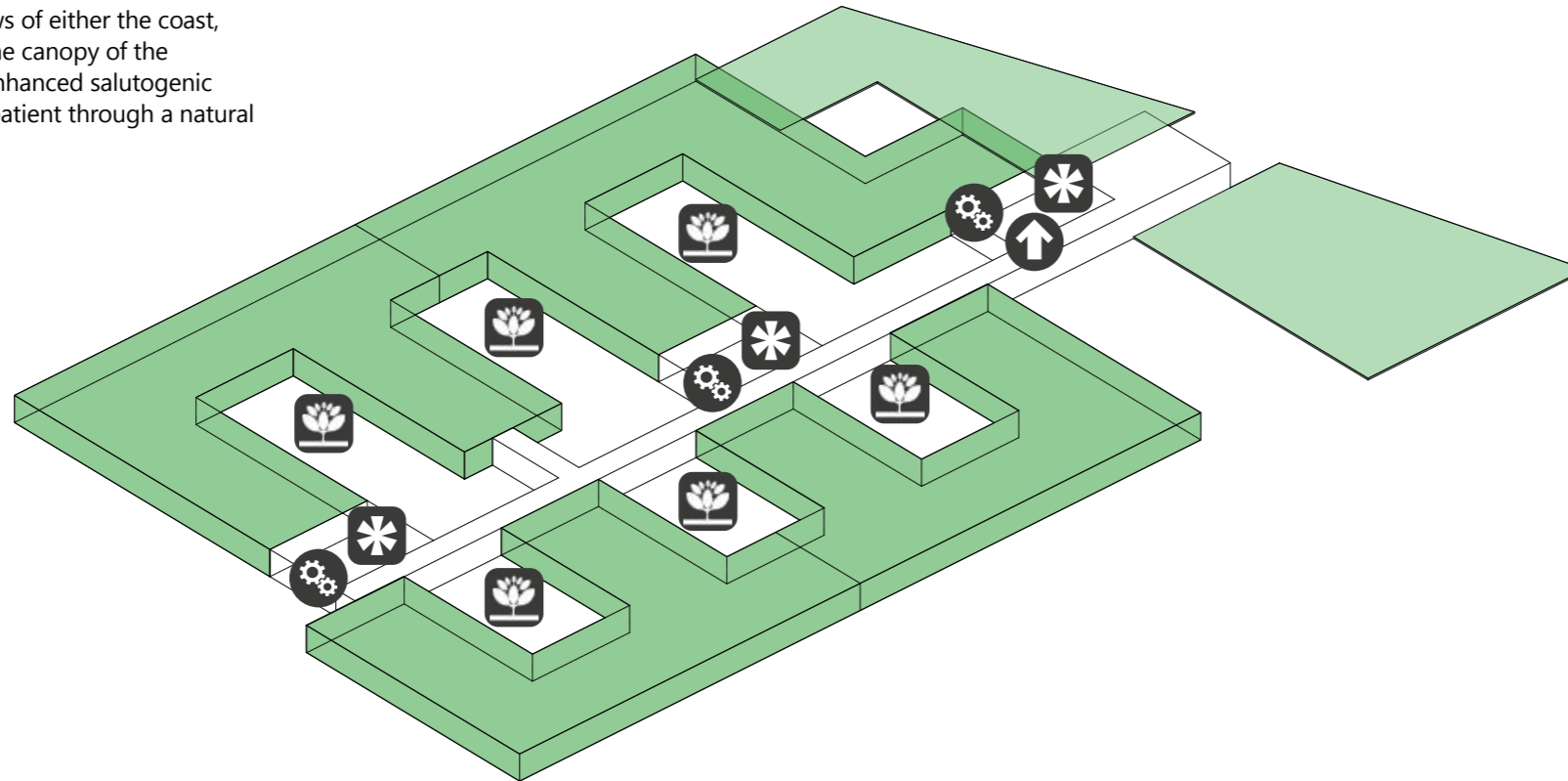
## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

Third Floor: Level L03






Level 3 provides a single floor for all the Inpatient Wards, with direct access by visitors from the atrium below. These wards are configured into generic bed-pools allowing flexibility for each service to expand and contract as required.

The third floor would offer excellent views of either the coast, internal landscaped courtyards or into the canopy of the trees behind the hospital. This with an enhanced salutogenic approach to interior design will aid the patient through a natural process of recovery.

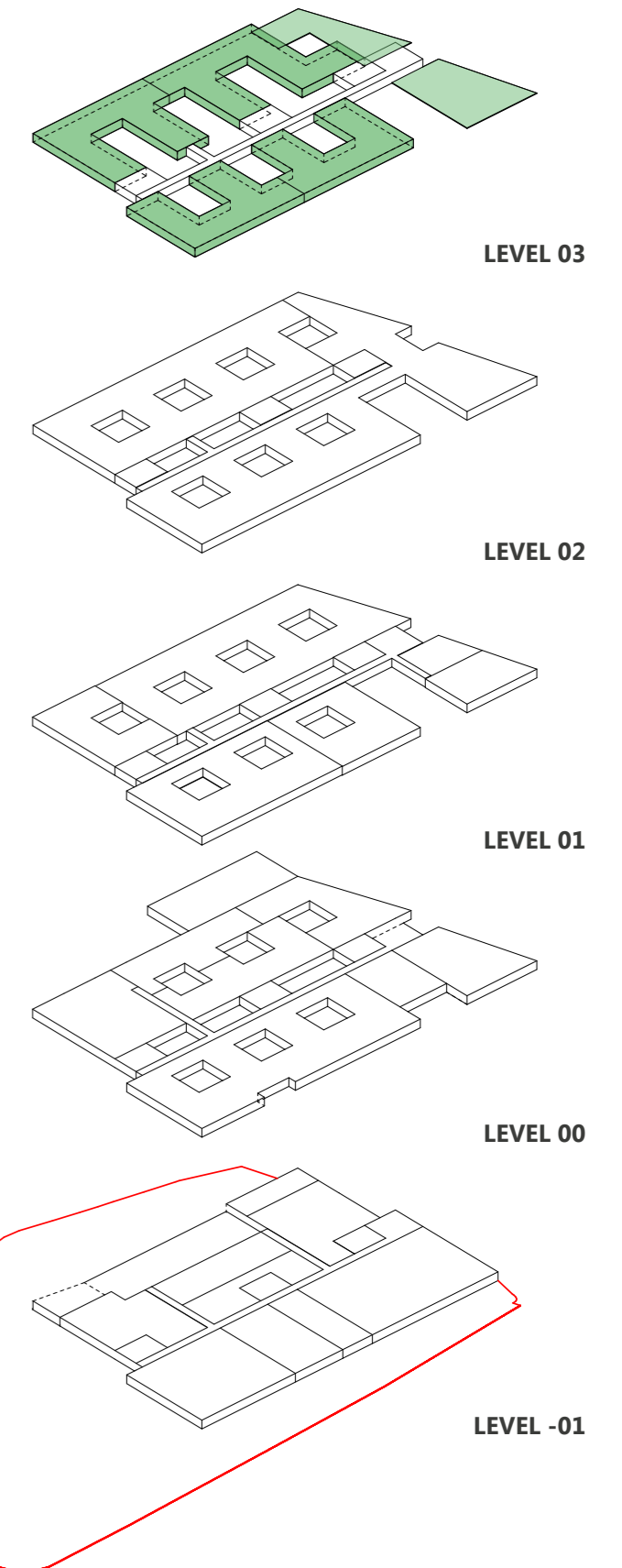


#### KEY

- Inpatient Wards
- Roof Terrace

-  Access
-  Public Core
-  Clinical Core
-  FM Core
-  Courtyard

#### KEY



## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

Axometric View

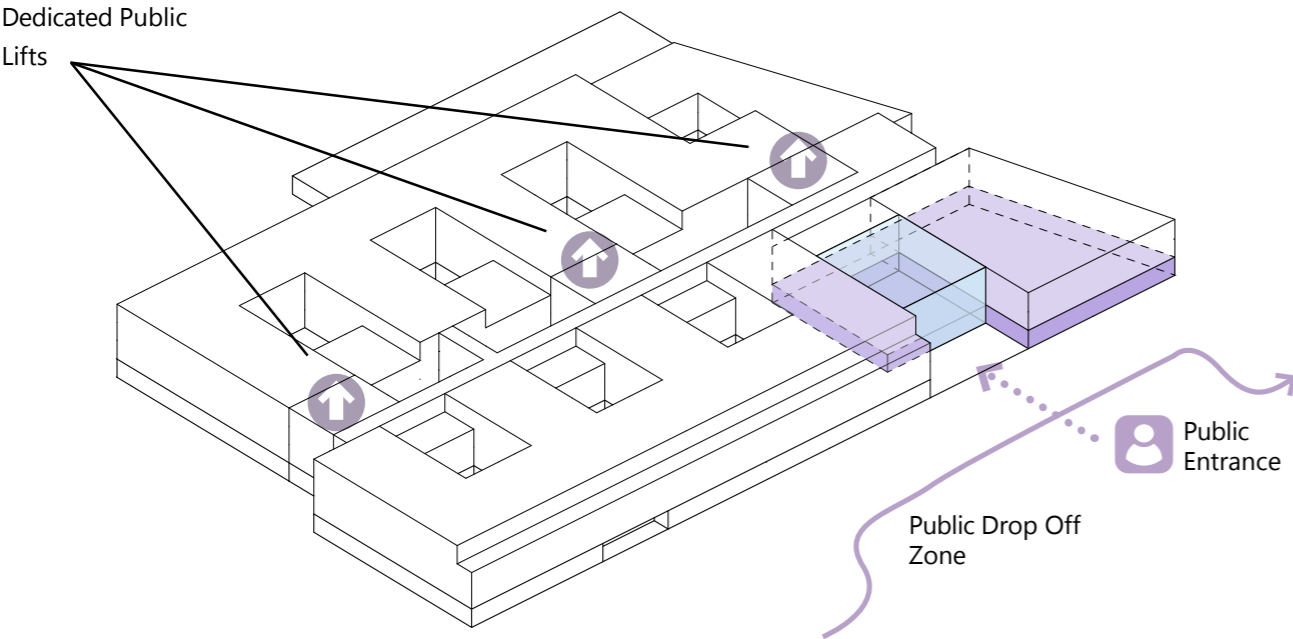


# 4.2 Clinical Block and Stack (People's Park)

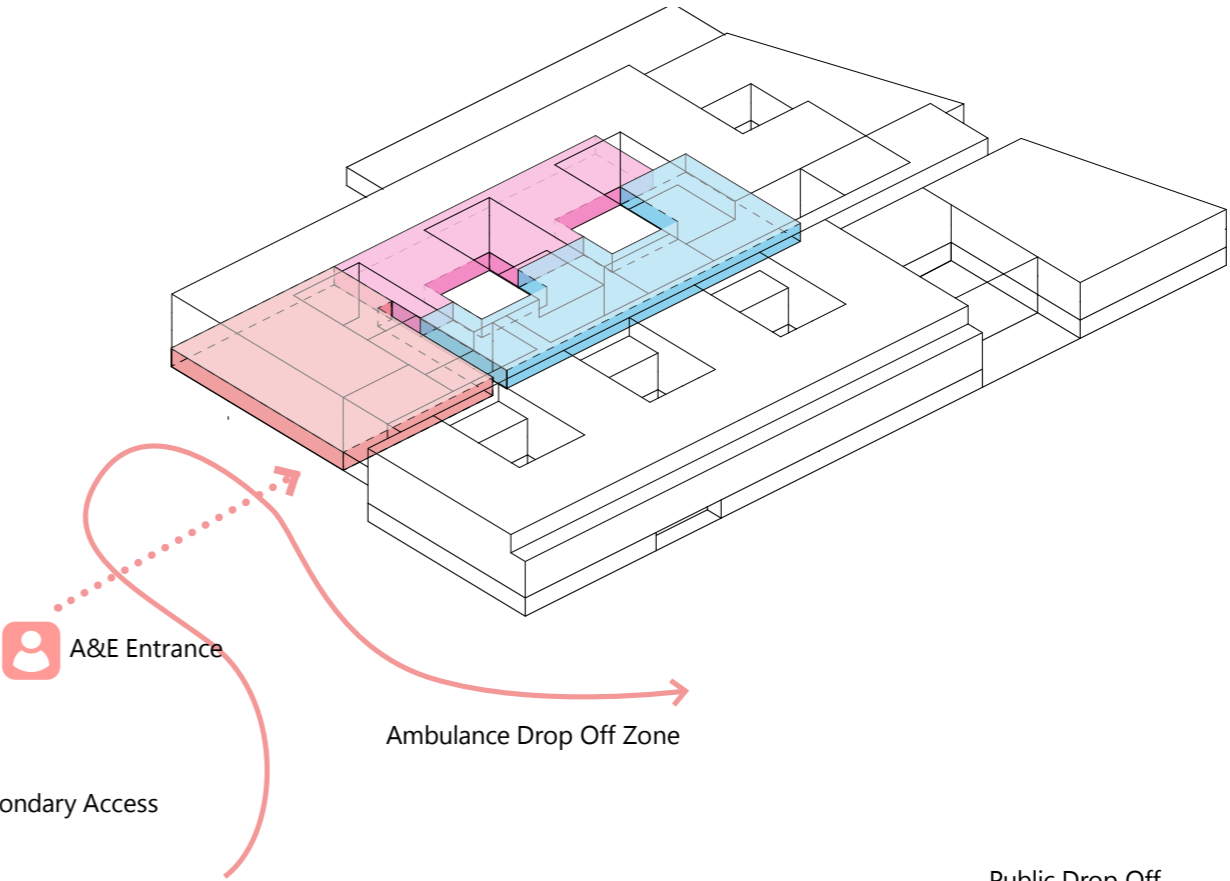
## Block & Stack: Extended Site

Access & Servicing Strategies

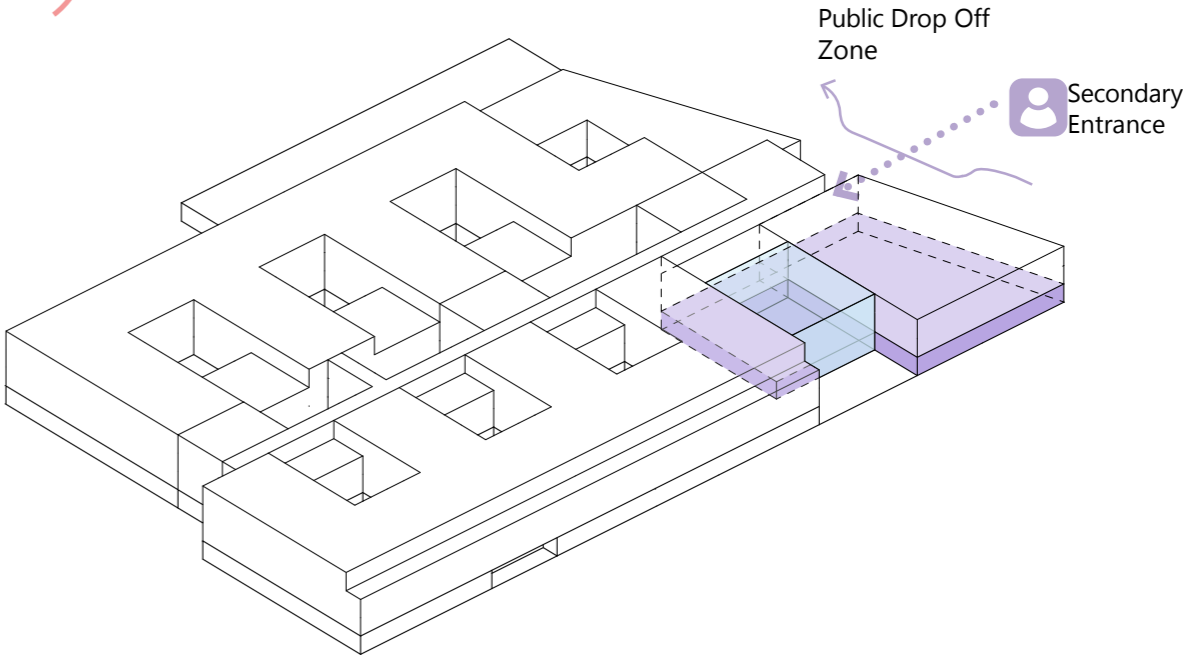
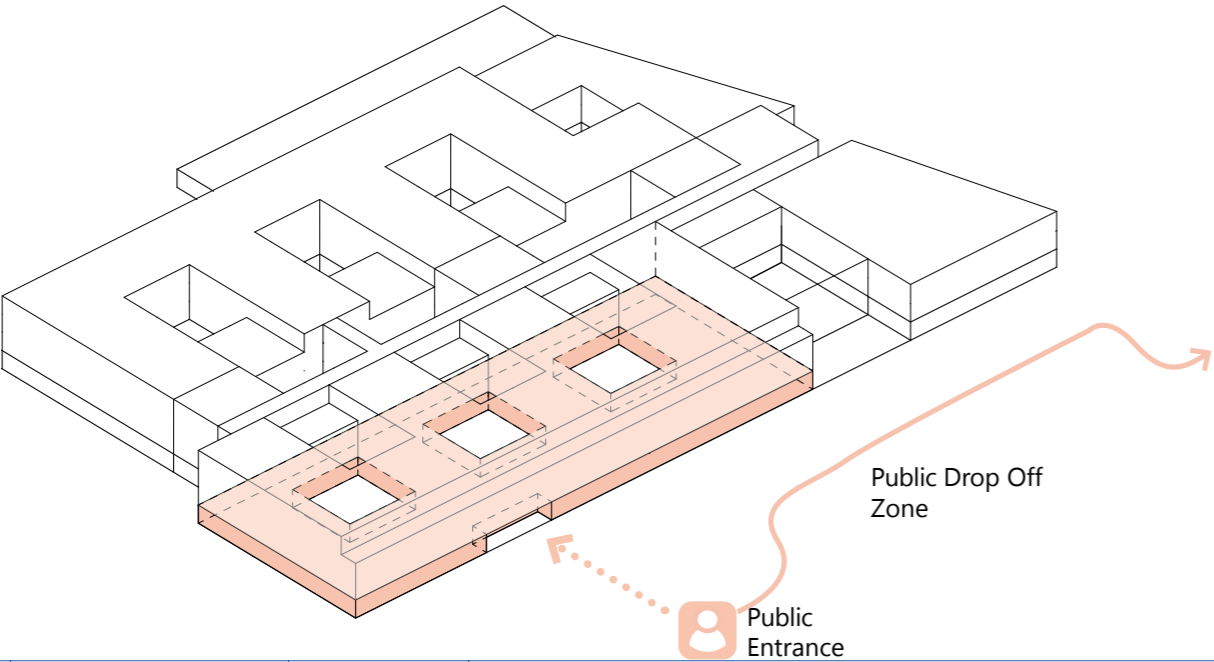
Main Entrance & Public Access



Main Entrance & Public Access



Out Patients Access

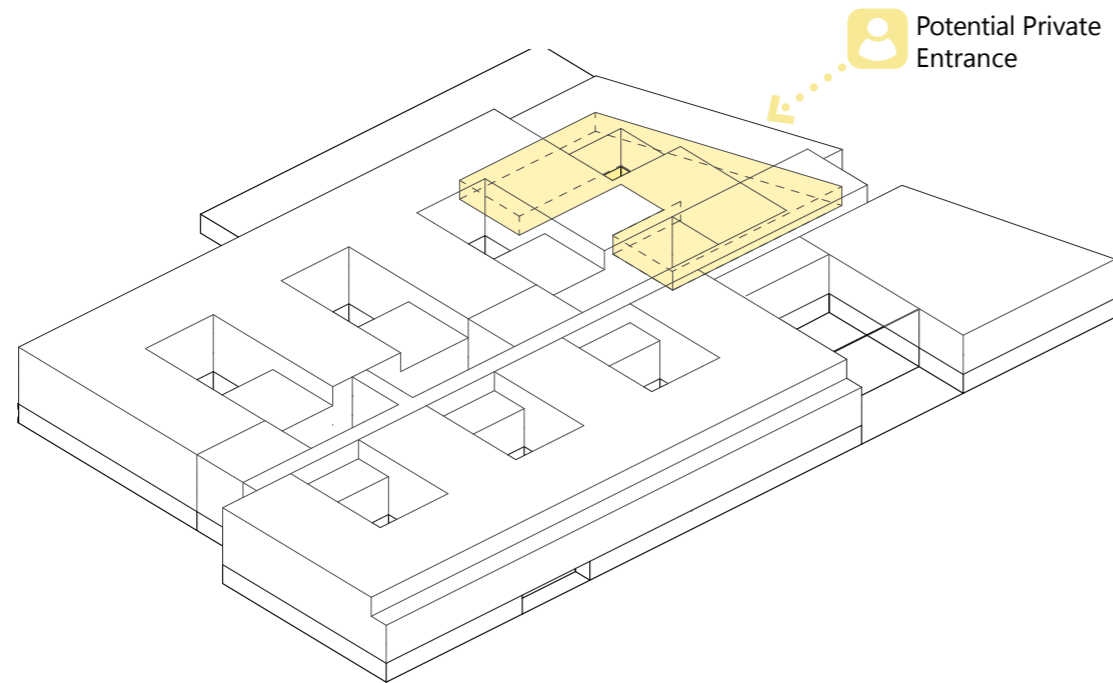


## 4.2 Clinical Block and Stack (People's Park)

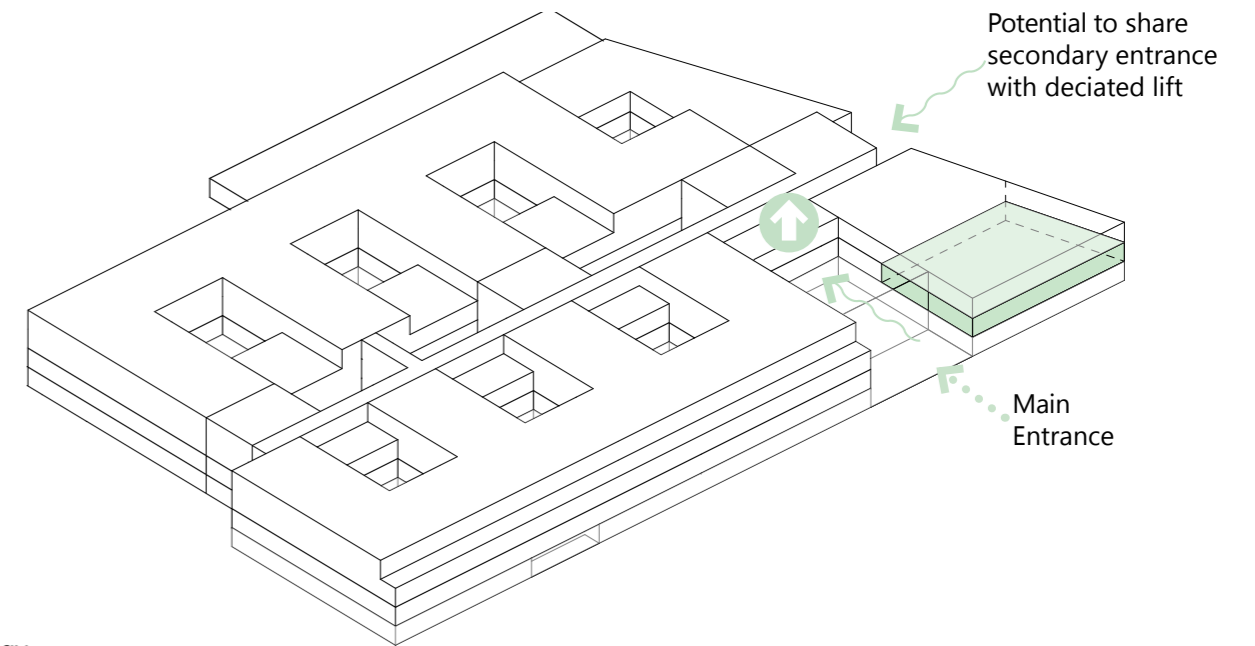
### Block & Stack: Extended Site

Access & Servicing Strategies

Mental Health Department  
Access

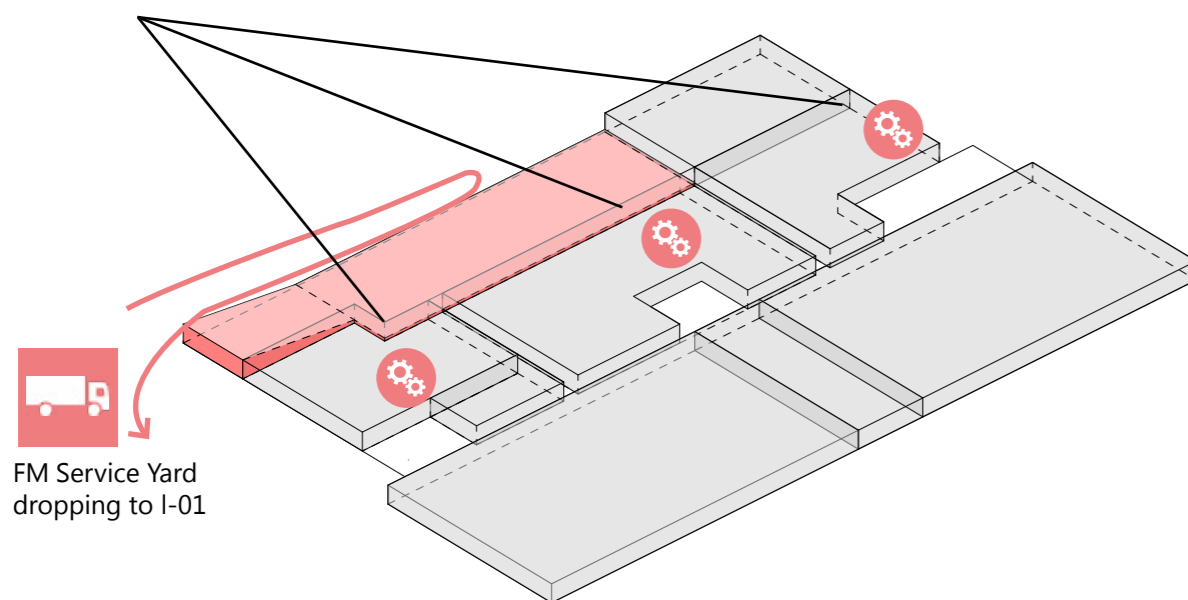


Renal Department Access



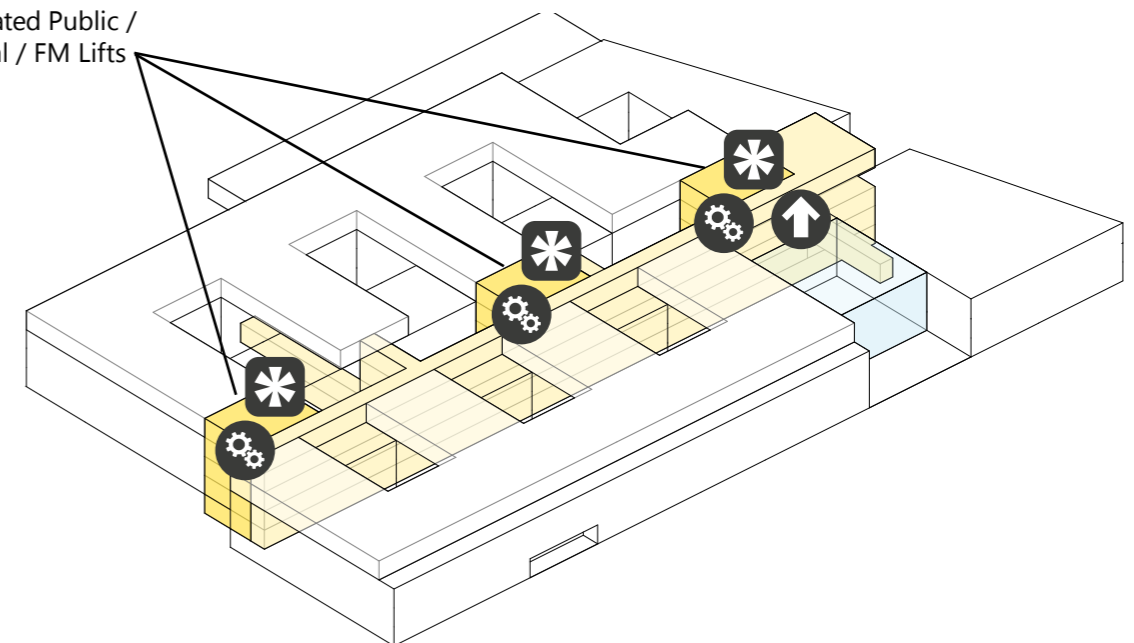
FM Access

Dedicated FM Lifts



Stair and Lift Strategy

Dedicated Public /  
Clinical / FM Lifts

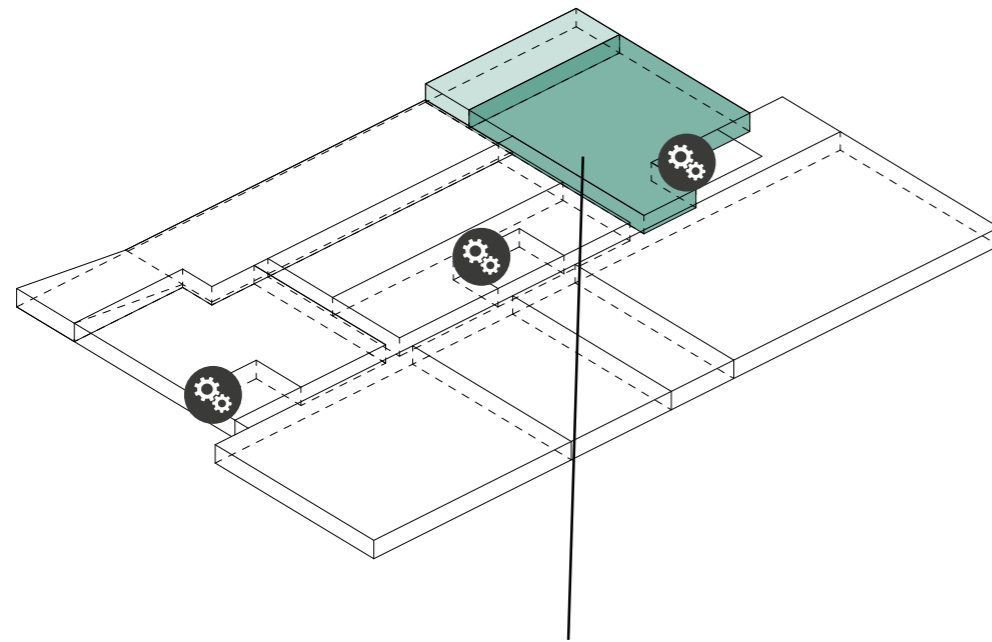


## 4.2 Clinical Block and Stack (People's Park)

### Block & Stack: Extended Site

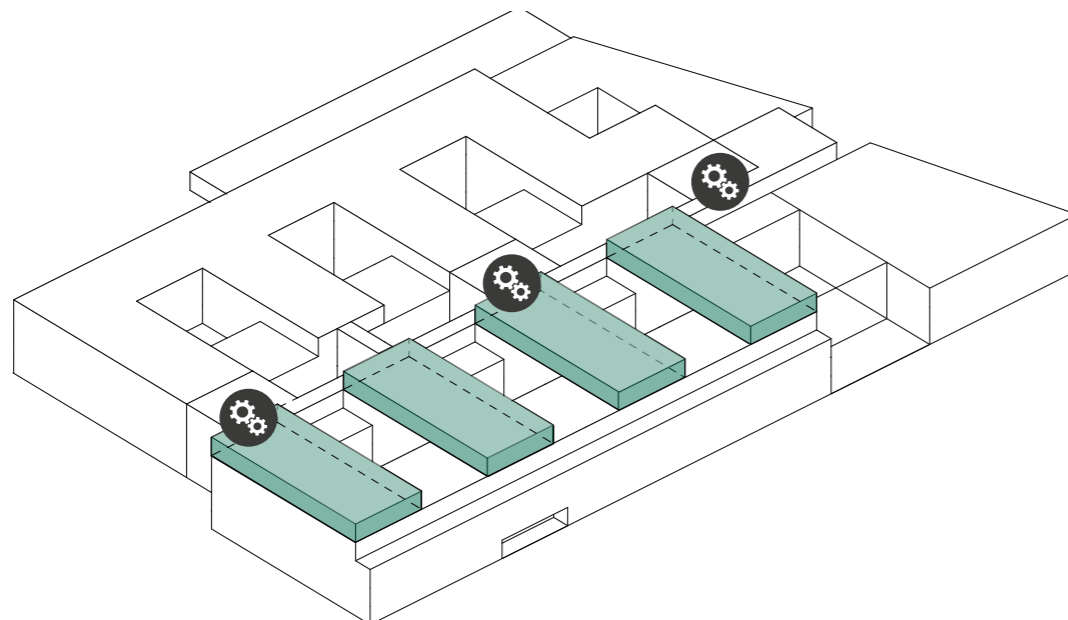
Access & Servicing Strategies

Plant / Servicing Strategy  
Basement Plant

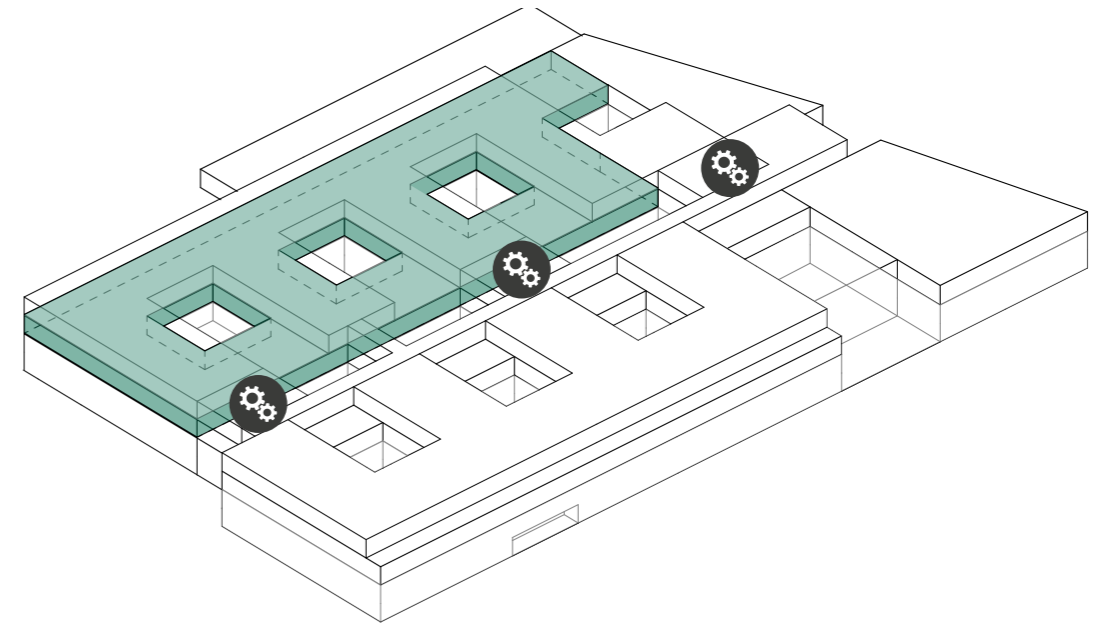


Mix of internal plant and external  
plant compound

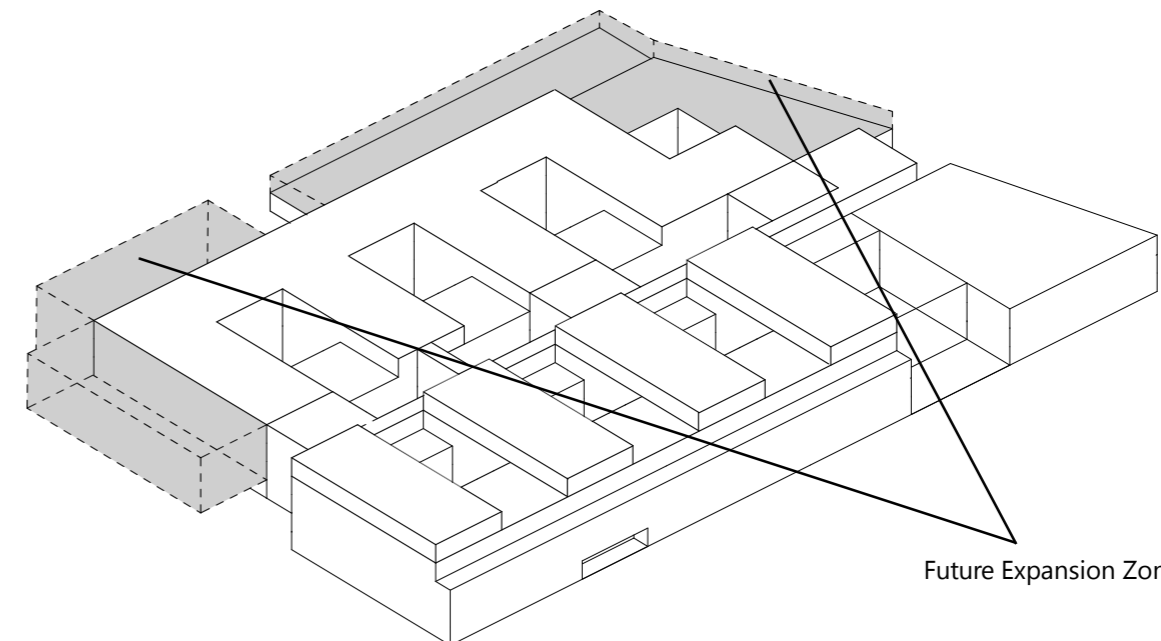
Plant / Servicing Strategy  
Roof Plant



Plant / Servicing Strategy  
Theatre Plant



Potential Expansion



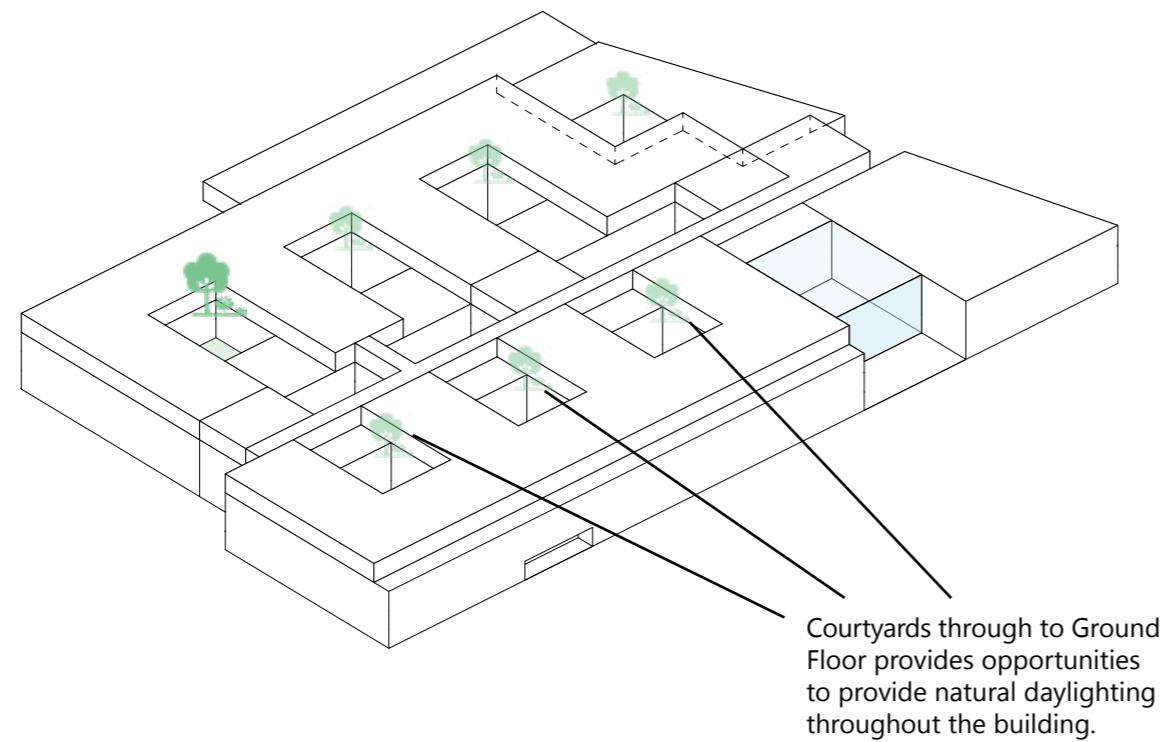


## 4.2 Clinical Block and Stack (People's Park)

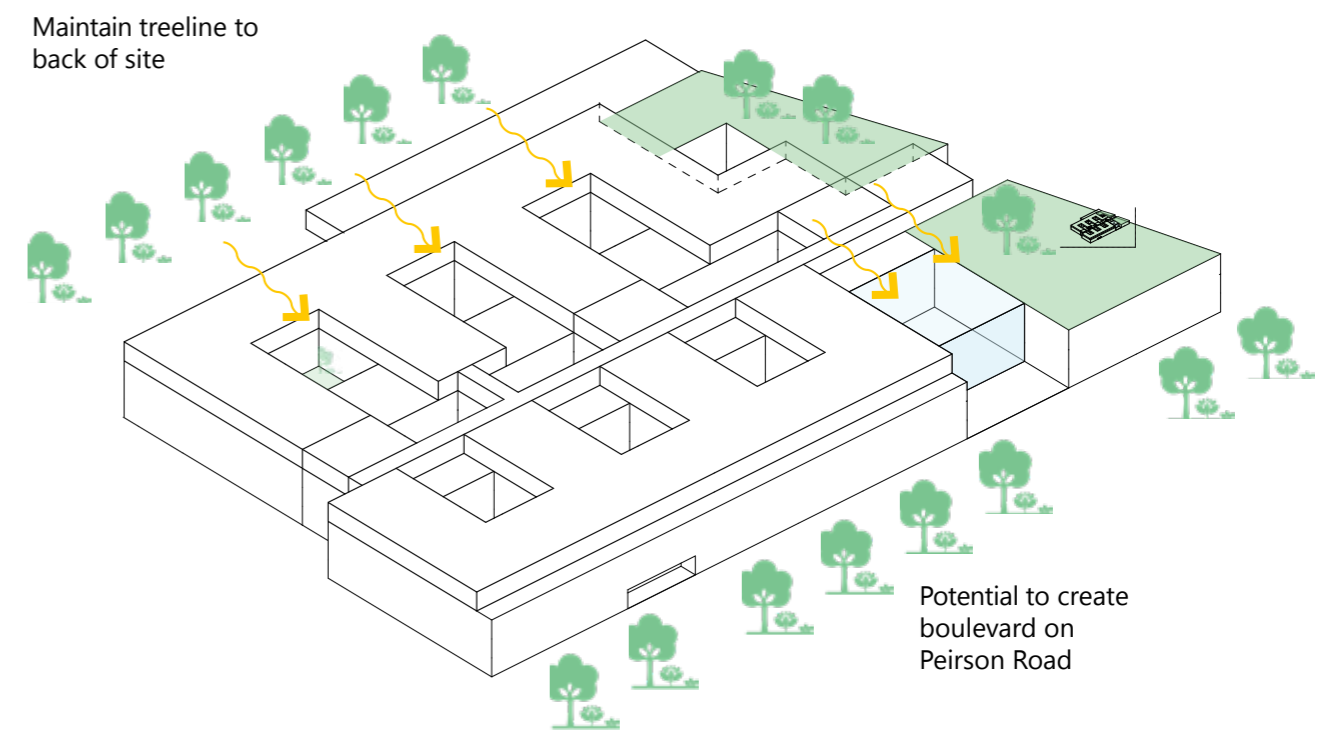
### Block & Stack: Extended Site

Public Realm Diagrams

Daylight Opportunities



Public Realm



## 4.3 Access and Highways

### Introduction

This section presents a review of the potential sites from a Transport and Access perspective. The section is split into two main sections, representing the analysis undertaken at the Hurdle 1 and Hurdle 2 stages of the site evaluation process.

### Hurdle 1

To inform the Hurdle 1 stage of the site evaluation process, an audit of all five sites has been undertaken. These audits considered the following criteria:

- Does the site have a choice of good existing retail and related services within a 10 minutes walking distance?
- What is the relative quantum of people who can safely walk to the site within 15-20 minutes?
- Can the site be accessed by dedicated cycle routes?
- Is the site served well by public transport?
- Does the highway network, locally and strategically, have the capacity to access and serve the hospital?
- Can the site be accessed from two different highways?

### Five Oaks

This initial review of the site north of Five Oaks is based on the following key assumptions:

- Vehicle access would be taken directly from La Grande Route de St Martin and other adjoining roads are not deemed appropriate to accommodate a significant proportion of hospital traffic
- Land required to provide sufficient pedestrian and cycle infrastructure on Bagatelle Road and St Saviour's Hill could be acquired
- A significant highway mitigation scheme would be required at Five Oaks roundabout, requiring land acquisition
- Further mitigation may be required at numerous junctions on route to and from St Helier
- In comparison to Jersey General Hospital, the proportion of journeys made to this site by walking, cycling and bus will likely decrease, whilst journeys made by car will likely increase
- In addition to the mitigation required to enable safe pedestrian and cycle access to a hospital at Five Oaks, pedestrian and cycle schemes will need to be explored adjacent to schools located on Bagatelle Road.

### Access to Local Facilities

There are numerous local facilities within walking distance of the site, including:

- Five Oaks Public House (100m);
- Morrisons Daily (125m);
- La Maison Gourmande (300m); and
- Grainville School (700m).

There are some facilities within a ten-minutes (800m) walking distance of the site including a pharmacy, café and convenience store. Some linked trips would likely occur as a result.

### Walking and Cycling

Footways near the site adjacent to La Grande Route de St Martin, St Saviour's Hill and Bagatelle Road are all sub-standard in width. In many places, there is not sufficient width for two pedestrians to pass each other. Many of these existing footways would need to be widened to 2m to be acceptable as access routes to and from a hospital. Given the limited highway width, it is likely that properties would need to be acquired to improve footways in the vicinity of the hospital. Should footways near the site not be widened to align with accessibility standards, there is a risk that the planning application would be rejected on the grounds of providing safe access.

There is an existing zebra crossing on La Grande Route de St Martin, north of the Five Oaks roundabout. There are also uncontrolled pedestrian crossings with refuge islands on the Bagatelle Road entry to the roundabout. To the south, there is a signal-controlled pedestrian crossing on Bagatelle Road.

Given the site is located on the northern edge of St Saviour, there is limited opportunity for patient, visitor and staff journeys to be made by foot. Many of the footways are also substandard and widening will likely require acquisitions of many properties on Bagatelle Road and St Saviour's Hill.

Route 8 is located 800m east of the site and follows Rue de la Commune in a north/south alignment. To the south, Route 8 provides an on-road cycle track to Grouville. To the north, Route 8 links with Route 3A which continues to the northeast. There are currently no designated cycle routes that lead towards St Helier.

It is recommended that a designated cycle route to St Helier is identified should a hospital be sited at Five Oaks. Given the topography and available highway widths, this may require considerable works and land acquisition.

Whilst the site is located near St Helier town centre, the topography will likely limit proportion of journeys made to the site by walking and cycling.

With the recommended infrastructure improvements, there is potential for some journeys to be made to the site by walking and cycling. These improvements will likely require land acquisition and therefore result in significant costs.

### Bus Routes and Infrastructure

The closest bus stops to the site are located on the La Grande Route de St Martin, directly adjacent to the site. There are no existing waiting facilities expect for a flag (southbound) and limited footway widths. It is recommended that these bus stops are improved to provide high quality waiting facilities alongside improved footway widths in the vicinity of the shelters.

Should these not be provided, there is a potential that higher proportions of journeys to the site will be made by car resulting in the need for more highway mitigation and car parking.

These bus stops are served by four services, routing between St Helier and the north-eastern parts of the Island. Combined, these services provide approximately three services an hour to Liberation Bus Station in St Helier.

In addition to the recommended works to the existing bus stops on La Grande Route de St Martin to improve the capacity and quality of the waiting facilities, ongoing investment will likely be required to improve service frequency to the hospital. Journey times from settlements to the west and northwest of St Helier are likely to be quite long and will require a change at Liberation Bus Station.

### Vehicle Access

The potential site is bisected by La Grande Route de St Martin, a single carriageway with a north south alignment. To the south, La Grande Route de St Martin forms a five-arm roundabout with Princes Tower Road, Bagatelle Road, St Saviour's Hill and Rue a la Dame.

Bagatelle Road routes south from the roundabout and provides a principal link towards St Saviour and St Helier beyond. This provides direct or indirect access to several schools including St Saviour's School, Jersey College for Girls and Beaulieu Convent School.

St Saviour's Hill routes southwest from the roundabout with La Grande Route de St Martin towards the northern part of St Helier. This route is steep in places and has some tight bends. This road is used as a bus route and therefore likely to be suitable to accommodate some hospital traffic.

The redistribution of hospital traffic from Jersey General Hospital to Five Oaks is anticipated to result in the need for mitigation at several junctions, including the following:

- Five Oaks Roundabout
- Bagatelle Road/Wellington Road/Les Varines priority junctions

- Mont Millais/Don Road signal-controlled junction
- St Clements's Road/La Route du Fort priority junction
- A4/St Clement's Road Roundabout
- La Route du Fort/Green Street Roundabout
- A1/La Route du Fort signal-controlled junction
- Rouge Bouillon/Springfield Road signal-controlled junction.

### Blue Light Routes

The site can be directly accessed directly from La Grande Route de St Martin. Whilst other adjoining streets, such as Rue a la Dame, Rue du Moulin and Mont Sohier, are relatively narrow streets, they could be considered for blue-light use should there be disruption/congestion on La Grande Route de St Martin.

To the south, Five Oaks roundabout provides two alternative routes towards St Helier via Bagatelle Road and St Saviour's Hill. To improve the resilience of blue-light routes to the south, an alternative route should be explored that avoids Five Oaks Roundabout.

### Car Parking

Given there is limited public car parking near the site, dedicated car parking will need to be provided to accommodate all demand from patients, visitors and staff.

### Summary

Significant infrastructure and land acquisitions are anticipated to be required to provide good quality pedestrian and cycle routes to the site. Given the distance of the site from St Helier, fewer journeys are likely to be made to this site by these modes in comparison with JGH.

Significant infrastructure and land acquisitions are also anticipated to be required to mitigate traffic impacts and improve the capacity of the local highway network. To improve the resilience of blue-light routes to the south, an alternative route should be explored that avoids Five Oaks Roundabout.

## Millbrook Playing Fields

### Key Assumptions

This initial review of the Millbrook Playing Fields site is based on the following key assumptions:

- Access would be taken directly from the A1 St Aubin's Road and the A2 Victoria Avenue. Car parking would therefore be located on the southern plot
- Any land required to the south of Victoria Avenue to facilitate the site access junction could be acquired

## 4.3 Access and Highways

- Acceptable to remove existing public car parking on Victoria Avenue
- In comparison to Jersey General Hospital, the proportion of journeys made to this site by walking, cycling and bus will likely decrease, whilst journeys made by car will likely increase.

### Access to Local Facilities

There are some local facilities within walking distance of the centre of the site, including the following:

- Coronation Park (100m)
- Busy Beans Nursery (300m)
- Benest Food Hall supermarket (350m)
- Bel Royal Primary School (550m).

As noted above, there are some facilities within ten-minutes (800m) walking distance of the site, including a nursery, primary school and supermarket. Whilst there are fewer facilities at this location than in St Helier, they do represent an opportunity for linked trips to occur and for journeys to be made on foot as opposed to by car.

### Walking and Cycling

There are footways present on both side of Victoria Avenue which are lit and hard surfaced. Other footways near the site, including those adjacent to St Aubin's Road are typical of Jersey but sub-standard with widths below 2m. This would prevent two wheelchair users from being able to pass and should be widened to encourage greater pedestrian movements.

There are three uncontrolled pedestrian crossings with refuge islands on St Aubin's Road, all within proximity of the site. Similar pedestrian crossing facilities are provided at the St Aubin's Road/Victoria Avenue junction. It is recommended that some of these crossings are improved to be signal controlled. Similarly, it is recommended that a signal-controlled crossing is introduced on Victoria Avenue, directly south of the site.

Given the location of the site to St Helier and other large settlements in Jersey, there is limited opportunity for a significant proportion of patient, visitor and staff journeys to be made by foot.

Cycle Route 1 is a segregated cycleway located directly south of the site. To the west, the cycleway provides a traffic free route to St Helier. To the east, the cycleway routes towards St Aubin and then follows the coast around the Island.

Routes 2 and 4 are located to the east and west of the site respectively and provide links to the north of the Island.

With the recommended infrastructure improvements, there is potential for some journeys to be made to the site by walking and cycling. Given the distance from St Helier and other large settlements in Jersey, the opportunity to travel to the site by these modes is limited.

### Bus Routes and Infrastructure

The closest bus stops to the site are located on the A1, directly adjacent to the site. There are no waiting facilities aside from a flag for westbound services. Footways are also narrow so there is limited space for pedestrians to wait. It is recommended that these bus stops are improved to provide high quality waiting facilities alongside improved footway widths in the vicinity of the shelters.

These bus stops are served by eight services routing between St Helier and the western and north-western parts of the Island. Combined, these services provide approximately ten buses an hour to Liberation Bus Station in St Helier.

With the recommended works to the existing bus stops on St Aubin's Road to improve the capacity and quality of the waiting facilities, this site is deemed to be accessible by bus. Journey times from settlements to the north and east of St Helier are likely to be quite long and will require a change at Liberation Bus Station.

### Vehicle Access and Highway Network Capacity

The A1 St Aubin's Road intersects the middle of the site in an east west alignment. The A2 Victoria Avenue runs along the southern boundary of the site, parallel to the A1. To the east, both the A1 and A2 route towards St Helier via several residential settlements, including First Tower and Bellozanne. To the west, the A1 and A2 form a non-standard priority junction with La Vallee de St Pierre. Right-turn manoeuvres at this junction are prohibited for all vehicles, except for buses.

The site can be accessed from two A-classified highways, St Aubin's Road and Victoria Avenue. Subject to the following potential junction improvement schemes, the highway network is likely to have capacity to support a new hospital:

Increased dualling of Victoria Avenue to the west of the site, to be explored as part of the site access proposals:

- St Aubin's Road/La Rue du Galet signal-controlled junction
- Victoria Avenue/La Rue du Galet signal-controlled junction
- Victoria Avenue/Link Road signal-controlled junction, First Tower
- Victoria Avenue/Esplanade signal-controlled junction
- A1/St Aubin's Road roundabout.

A Transport Assessment, supported by a Detailed Capacity Assessment, will need to be undertaken for the chosen site to identify the full extent of highway mitigation required.

### Blue Light Routes

The site can be directly accessed from St Aubin's Road and Victoria Avenue, both of which are considered appropriate to be used as strategic blue-light routes. Whilst the highway network offers good resilience for blue-light access, the site location could impact journey times from the eastern and north-eastern parts of the Island.

### Car Parking

Given there is limited public car parking near the site, dedicated car parking will need to be provided within the site to accommodate all demand from patients, visitors and staff.

### Summary

With some improvements, the site can be accessed by good quality pedestrian and cycle infrastructure and high frequency bus services. Given the distance of the site from St Helier and other large settlements in Jersey, fewer active travel journeys are likely to be made to this site in comparison with JGH.

With the junction mitigation schemes identified it is anticipated that the local highway network will have capacity to accommodate a hospital at this location. The opportunity for vehicle access to be taken directly from St Aubin's Road and Victoria Avenue also provides good resilience for blue-light routes.

## Overdale

### Key Assumptions

This initial review of the Overdale site is based on the following key assumptions:

- Vehicle access would be taken directly from Westmount Road and roads to the north are not deemed appropriate to accommodate a significant proportion of hospital traffic
- Potential new vehicle access routes from the A1 to the west of the site are not deemed to be deliverable
- Land required to improve the alignment and gradient of Westmount Road could be acquired
- A significant highway mitigation scheme would be required between Westmount Road and Victoria Avenue
- In comparison to Jersey General Hospital, the proportion of journeys made to this site by walking, cycling and bus will likely decrease, whilst journeys made by car will likely increase.

### Access to Local Facilities

There are some local facilities within walking distance of the site, including the following:

- West Mount Day Nursery (575m)
- The Shipwright Public House (600m)
- Cheapside Laundrette and Dry Cleaning (675m)
- Spar convenience store (750m)
- 1st Stop Coffee Shop (800m).

St Helier Town Centre is within 1,000m walking distance of the site. As noted above, there are other facilities within a ten-minutes (800m) walking distance of the site including a nursery, café and convenience store. The topography may however discourage some journeys to and from the site by active modes of transport.

### Walking and Cycling

There is a footway on the eastern side of Westmount Road, between the site and the existing bus stop to the south. Beyond this bus stop, the footway continues on the western side of

the road. The crossing is located close to a hairpin bend and visibility for pedestrians is poor. The footways are also sub-standard in width (Manual for Streets) and the topography could present a significant barrier to many, including those that are less mobile.

To the north of the site, there is a narrow footway on the west side of Westmount Road that continues to the junction with Tower Road, as shown in the Photograph below. Footways on Tower Road and the surrounding streets are all narrow and appear below the recommended standard of 2m (Manual for Streets).



Based on the proximity to Haute Vallee School, it is anticipated that St John's Road is used as a walking route to the secondary school. Footways along this route are currently substandard in width (Manual for Streets), however the road is lit and there is a refuge crossing on St John's Lane, north of the junction with Tower Road.

## 4.3 Access and Highways

To the south of the site, there are some permissive footpaths that provide access to the A1 St Aubin's Road (shown in the photograph below) and People's Park. Both routes are unlit and stepped (in some places steeply) and therefore not suitable for all users.



To the southwest of Overdale is People's Park which has several active travel routes between St Aubin's Road and Westmount Road. This includes a hard-surfaced route that follows the western and northern perimeter of the park and is approximately 5m in width.

Given the site is located on the edge of St Helier, there is an opportunity for some patient, visitor and staff journeys to be made by foot, however the topography will represent a significant barrier for some. Forward thinking interventions could be explored to reduce the impact of the gradient, such as e-bikes and e-scooters. Many of the footways are also substandard and widening may require significant works.

Cycle Route 1 is a segregated cycleway located south of the site and accessed via a combination of Westmount Road and St Aubin's Road. To the west, the cycleway routes towards St Aubin and then follows the coast around the Island. To the east, Route 1 provide a link towards St Clement.

Given St Aubin's Road is heavily trafficked in the peak periods and the topography challenges of Westmount Road, it is recommended that a segregated cycle route is provided between Route 1 and Overdale Hospital. However, even with a segregated cycle route, the topography is likely to be a significant barrier for many cyclists.

Whilst the site is located near St Helier town centre, the topography will likely limit proportion of journeys made to the site by walking and cycling.

Options such as funicular railway, Norwegian cycle lifts etc should not be discounted at this stage but any form of light transit would also need to consider departure and landing points, and the infrastructure and parking associated with the transfer of mode. There is also considerable financial cost attached to these items.

### Bus Routes and Infrastructure

The closest bus stop to the site is located on Westmount Road, 100m south of the site. There are no existing waiting facilities at this stop such as shelter. It is recommended that a bus stop with high quality waiting facilities is provided closer to the bus stop.

The stop on Westmount Road is served by the Number 19 service, which provides an hourly service between St Helier and La Pouquelaye via Overdale Hospital.

The existing hourly bus service is not deemed to be appropriate to serve a new hospital. Significant ongoing investment is therefore likely to be required to improve the frequency of bus services to and from Overdale Hospital. It is also recommended that the bus stop is relocated closer to the site if not located internal to any new facility footprint.

### Vehicle Access and Highway Network Capacity

Overdale Hospital is accessed via Westmount Road, which runs in a north/south alignment adjacent to the site. To the south, there is one sharp bend along Westmount Road before it forms a priority junction with St Aubin's Road. Given the topography and alignment of the road, this may not be deemed appropriate as a primary blue-light route. Works to improve the alignment and gradient of this road are likely to be significant and require third-party land.

The redistribution of hospital traffic from Jersey General Hospital to Overdale is anticipated to result in the need for mitigation on St Aubin's Road and the junctions with Westmount Road, Kensington Street, Peirson Road and the A1 St Aubin's Road. They may require People's Park car park to be relocated.

In addition, mitigation schemes may also be required at:

- Westmount Road/Tower Road priority junction
- St Aubin's Road/St John's Road priority junction
- St Aubin's Road/Victoria Avenue/Esplanade signal-controlled junction.

### Blue Light Routes

The site can be directly accessed from Westmount Road, which has been identified as sub-standard and requires mitigation works. Whilst the site can be accessed from the north (via Tower Road) and the south (via St Aubin's Road), routes to the north are quite constrained and considered less appropriate to be used as a blue-light route. This is subject to discussions with Patient Transport Services and the Ambulance Service, should the site be taken forward.

There are no other existing highways that the proposed site could take a secondary access from.

### Car Parking

Given there is limited public car parking near the site, dedicated car parking will need to be provided to accommodate all demand from patients, visitors and staff.

Policy TT 10 of the Island Plan prohibits the development of additional off-street public parking in St Helier. There is potential that existing public parking in St Helier may therefore need to be removed to provide car parking at Overdale. This may provide an opportunity to reduce existing traffic on roads near the site.

### Summary

Significant infrastructure and land acquisitions are anticipated to be required to provide good quality pedestrian and cycle routes to the site. The topography of the site will, however, limit the proportion of journeys made by walking and cycling. Given the limited bus services operating past Overdale Hospital, significant ongoing investment is likely to be required to provide a high-frequency bus service from Liberation Bus Station.

Significant infrastructure and land acquisitions are anticipated to be required to provide an improved access and mitigate the traffic impacts on the local highway network. Whilst the site can be accessed from the north and south, roads to the north are deemed to be less appropriate for hospital traffic including ambulances.

## Peoples Park

### Key Assumptions

This initial review of the People's Park site is based on the following key assumptions:

- Most of the hospital car parking demand would be accommodated within Patriotic Street MSCP. People's Park car park would need to be removed and potentially replaced elsewhere within St Helier
- Vehicle access would be taken directly from St Aubin's Road, with potential for secondary accesses from Westmount Road
- In comparison to Jersey General Hospital, a similar proportion of journeys will be made to this site by sustainable modes of transport.

### Access to Local Facilities

There are numerous local facilities within walking distance of the site, including:

- West Mount Day Nursery (75m)
- The Shipwright Public House (100m)
- Spar convenience store (250m)
- Parade Gardens park (300m)
- St Helier Town Centre (550m).

St Helier Town Centre is within 550m walking distance of the site. In addition, there are other facilities within a short walking distance of the site including a nursery, café and convenience store.

### Walking and Cycling

There are several permissive routes through People's Park, including a wide hard surfaced path that follows the western and northern boundary of the park, as shown below.



## 4.3 Access and Highways

Key pedestrian links to the People's Park site are anticipated to include routes to/from:

- Patriotic Street MSCP and Les Jardins car park
- Bus stops located on the A1 St Aubin's Road/The Esplanade
- Town Centre via Cheapside and The Parade.

The route to Patriotic Street MSCP includes a combination of Kensington Street and Kensington Place. Footways on both streets are currently narrow as shown below. There are currently no crossing facilities on this route, including on St Aubin's Road between Kensington Street and the site.



This existing route between People's Park and Patriotic street MSCP is not deemed to be appropriate to facilitate the high volume of pedestrian movement anticipated between the car park and People's Park.

Beyond People's Park, the footways to the A1 St Aubin's Road and the A1 Esplanade have been designed to standard. Improved crossing facilities may however be required at the A1 St Aubin's Road roundabout.

Pedestrian routes to the town centre include a combination of St Aubin's Road and Cheapside. Whilst there is a good provision of uncontrolled and signal-controlled crossings, some footways are sub-standard in width, however in context with typical provision in Jersey.

Given the urban location, there are good quality footways and pedestrian crossing facilities in the vicinity of the site. Improvements are however required, including the route to Patriotic Street MSCP.

Route 1 of the Jersey Cycle Network is a segregated cycleway located to approximately 100m south of the site. As shown in the below photograph, the cycle path is segregated from the footway with a white line. To the west, the cycleway routes towards St Aubin and then follows the coast around the Island. To the east, Route 1 provides a link towards St Clement.



Many of the roads near People's Park are heavily trafficked in the peak periods, including the A1 St Aubin's Road, St Aubin's Road, Cheapside and Elizabeth Place. In the absence of dedicated cycle infrastructure, these heavily trafficked roads may discourage those less experienced from cycling.

Given many of the roads in the vicinity of the site are heavily trafficked in the peak periods, it is recommended that a segregated cycle route is provided between Route 1 and People's Park.

With the recommended infrastructure improvements, there is potential for a large proportion of journeys to be made to the site by walking and cycling.

### Bus Routes and Infrastructure

Bus services in Jersey are operated by Liberation Bus and all route via Liberation Station. This bus station is located 950m walking distance from the site, which approximately equates to a 12 minutes' journey time. Whilst this is an acceptable waking distance for some, others may choose to use a connecting service.

The closest bus stops to the site are illustrated in the figure below. The closest bus stop to the site is located on St Aubin's Road, directly adjacent to the site. There are no waiting facilities at this stop.

There is a bus stop on the A1 St Aubin's Road for westbound services, approximately 300m from the site. This stop has waiting facilities including a bus shelter. For eastbound services, there is a stop on the A1 The Esplanade, approximately 300m from the site.



The stop on St Aubin's Road is served by the Number 19 service, which provides an hourly service to La Pouquelaye via Overdale. In addition, the bus stops on the A1 (St Aubin's Road westbound/The Esplanade eastbound) are served by eight routes which combined, provide approximately ten services an hour between St Helier and the western and north-western parts of the Island.

The site is served by high frequency services and located within a 12-minute walk of Liberation Bus Station. Pedestrian routes to the existing bus stops on the A1 (St Aubin's Road and The Esplanade) should be improved to encourage trips by bus.

### Vehicle Access

Directly south of the site, St Aubin's Road runs in a west/east alignment. Southwest of the junction with Kensington Street and Peirson Road, St Aubin's Road is two-way. However, beyond this junction the road becomes one-way northbound. Between the site and St Aubin's Road is Peoples Park car park. To meet the multi-modal and sustainable access requirements of a hospital, it is anticipated that this car park will need to be relocated.

Westmount Road is located to the north of the site and provides access to residential development and Overdale hospital. This road forms a priority junction with St Aubin's Road, directly north east of the site.

As previously noted, it is assumed the hospital car parking would substantially remain at Patriotic Street MSCP. Wider traffic impacts associated with this site would therefore be limited.

Works to junctions close to the site are still likely to be required to mitigate local impacts and facilitate the blue-light routes.

With car parking assumed to remain within Patriotic Street MSCP, there are limited traffic impacts associated with a hospital at this site. Based on previous assessments, mitigation schemes are likely to be required at the following locations:

- Victoria Avenue/Esplanade signal-controlled junction
- A1/St Aubin's Road roundabout
- St Aubin's Road/Peirson Road/Kensington Street
- St Aubin's Road/Westmount Road.

In addition, the following potential schemes may be considered in subsequent design stages:

- Blue-light route from the north, potentially Elizabeth Place via Kensington Place
- Consider prohibiting traffic from using vehicular egress from Patriotic Street MSCP on to Kensington Place to reduce traffic along key pedestrian route to hospital.

The latter scheme may result in significant traffic impacts on the highway network and may therefore not be achievable without significant works to local junctions.

### Blue Light Routes

Access to the site could include a combination of St Aubin's Road and Kensington Street, whilst egress routes could include St Aubin's Road to the west and east. This aligns with many of the existing blue-light routes and is therefore deemed to be appropriate. Westmount Road could be explored as a secondary blue-light route should there be an incident on St Aubin's Road, although as previously noted, there are risks associated with the gradient and curvature of this road.

### Car Parking

Given there is existing public car parking near the site, dedicated car parking will not be required, except for blue-badge and drop-off. In addition to the above, further provision will be required for cycles, motorbikes, patient drop-off, Patient Transport Services, ambulance drop-off and servicing.

### Summary

The site is an accessible location with good quality pedestrian and cycle infrastructure and access to frequent bus services. Whilst some improvements will be required to some pedestrian routes, the site has potential for a significant proportion of journeys to be made by sustainable modes of transport.

Given most patient, visitor and staff car parking is proposed to remain in Patriotic Street MSCP, the net traffic impacts of this scheme are anticipated to be limited. It is therefore likely that no significant works or land acquisitions will be required to mitigate the traffic impacts.

## 4.3 Access and Highways

### St Andrew's Park, First Tower

#### Key Assumptions

This initial review of the St Andrew's Park, First Tower, site is based on the following key assumptions:

- Vehicle access would be taken directly from the A1 St Aubin's Road, with other neighbouring roads not deemed appropriate to accommodate main hospital traffic
- Land required near the A1 to facilitate appropriate pedestrian, cycle and vehicular access to Victoria Avenue could be acquired
- Acceptable to remove some on-street parking on St Aubin's Road
- In comparison to Jersey General Hospital, the proportion of journeys made to this site by walking, cycling and bus will likely decrease, whilst journeys made by car will likely increase.

#### Access to Local Facilities

There are local facilities within walking distance of the centre of the site, including:

- Best-One convenience store (200m)
- Devonshire Bars (350m)
- The Old Bakehouse café (225m)
- Classic G Dry Cleaning (275m)
- First Tower Primary School (425m)
- Coronation Park (750m)
- Morrisons Daily (800m)

As noted above, there are some facilities within walking distance of the site, including a primary school, cafe and convenience store. Whilst there are fewer facilities at this location than in St Helier, they do represent an opportunity for linked trips.

#### Walking and Cycling

Footways on St Aubin's Road are approximately 1.5m in width and therefore deemed sub-standard to enable the promotion for an increased pedestrian demand. The width would prevent two wheelchair users from being able to pass. Other footways near the site are also sub-standard and may need to be widened. This includes the streets that bound the site to the north, west and east, Mont Cochon and St Andrew's Road.

There is an existing signal-controlled crossing on the A1, directly south of the site. To the west, there is an additional signal-controlled crossing for pedestrians at the junction with the Link Road. Topography in the vicinity of the site is relatively flat, however levels rise as you travel to the north.

Given the distance of the site from St Helier and other large settlements in Jersey, the opportunity to for a significant proportion of patient, visitor and staff journeys to be made by foot is limited. Many of the footways are also substandard and there is limited opportunity for widening.

Cycle Route 1 is a segregated cycleway located directly south of the site. To the east, the cycleway provides a traffic free route to St Helier. To the west, the cycleway routes towards St Aubin and then follows the coast around the Island. Route 2 is located to the west of the site and provides a link towards St Lawrence.

Given both St Aubin's Road and Victoria Avenue are heavily trafficked in the peak hours, a segregated cycle route should be provided from Route 1. This will require the acquisition of third-party land.

With the recommended infrastructure improvements, there is potential for some journeys to be made to the site by walking and cycling. These improvements will likely require land acquisition and therefore result in significant costs.

#### Bus Routes and Infrastructure

The closest bus stops to the site are located on the A1, directly adjacent to the site. Whilst the eastbound service has a layby and shelter, the westbound service has no waiting facilities. It is recommended that these bus stops are improved to provide high quality waiting facilities alongside improved footway widths in the vicinity of the shelters.

These bus stops are served by eight services routing between St Helier and the western and north-western parts of the Island. Combined, these services provide approximately ten services an hour to Liberation Bus Station in St Helier.

With the recommended works to the existing bus stops on St Aubin's Road to improve the capacity and quality of the waiting facilities, this site is deemed to be accessible by bus. Journey times from settlements to the north and east of St Helier are likely to be quite long and will require a change at Liberation Bus Station.

#### Vehicle Access and Highway Network Capacity

St Aubin's Road runs along the southern boundary of the site, parallel to Victoria Avenue. To the east, St Aubin's Road and Victoria Avenue are connected by a combination of two signalised junctions and a Link Road. Beyond these junctions, both St Aubin's Road and Victoria Avenue route towards St Helier. To the west, the St Aubin's Road and Victoria Avenue are linked by La Rue de Galet.

Streets to the north, west and east of the site, including Rue de Trachy, Mont Cochon and Hansford Lane, are not deemed appropriate to accommodate medium to large volumes of traffic and therefore it is recommended that the site is principally accessed directly from St Aubin's Road. There is however potential for a secondary access to be considered on Mont Cochon to provide resilience.

Vehicular access can be taken St Aubin's Road which is understood to be congested in the peak hours. To mitigate the traffic impacts associated with a hospital, it is anticipated that significant works may be required to improve the capacity of the route to Victoria Avenue, including land acquisitions. In addition, it is anticipated that junction mitigations schemes will be required at:

- St Aubin's Road/La Rue du Galet signal-controlled junction
- Victoria Avenue/La Rue du Galet signal-controlled junction
- Victoria Avenue/Link Road signal-controlled junction
- St Aubin's Road/Link Road signal-controlled junction
- St Aubin's Road/Route signal-controlled junction
- Victoria Avenue/Esplanade signal-controlled junction
- A1/St Aubin's Road roundabout.

#### Blue Light Routes

Whilst the site is bounded by roads on all sides, it is only deemed appropriate for vehicular access to be taken directly from St Aubin's Road. Other adjoining streets, such as Rue de Trachy and Mont Cochon, are relatively narrow and designed to provide access to neighbouring residential dwellings, although could be considered for use should there be disruption/congestion on St Aubin's Road.

A single point of access on to the highway network reduces the resilience of the blue-light-routes to the site.

#### Car Parking

Given there is limited public car parking near the site, dedicated car parking will need to be provided within the site to accommodate all demand from patients, visitors and staff. Whilst First Tower Car Park is located within 600m of the site, it is not deemed appropriate for this to support hospital demand given its total capacity.

#### Summary

Significant infrastructure and land acquisitions are anticipated to be required to provide good quality pedestrian and cycle routes to the site. Given the location of the site and the distance of the site from St Helier and other large settlements in Jersey, fewer journeys are likely to be made to this site in comparison with Jersey's General Hospital.

Significant infrastructure and land acquisitions are also anticipated to be required to mitigate traffic impacts and improve the capacity of the local highway network. A single point of vehicular access from St Aubin's Road reduces the resilience for blue-light routes, however adjoining residential streets could be considered for use in emergencies

## 4.3 Access and Highways

### Hurdle 2

Overdale and People's Park were identified as the sites to assess further as part of the Hurdle 2 stage of the site evaluation process. For Transport and Access, criteria have been identified for review:

- Is the site served well by public transport?
- Can the site be accessed by dedicated cycle routes?
- What is the relative quantum of people who can safely walk to the site within 15-20 minutes?
- Is there enough dedicated car parking and is it suitable?
- Does the highway network, locally and strategically, have the capacity to access and serve the hospital?

This section presents a more extensive audit of the two sites, the likely measures that will be required to facilitate access and parking and identify the potential offsite traffic impacts that will need to be mitigated.

### Overdale

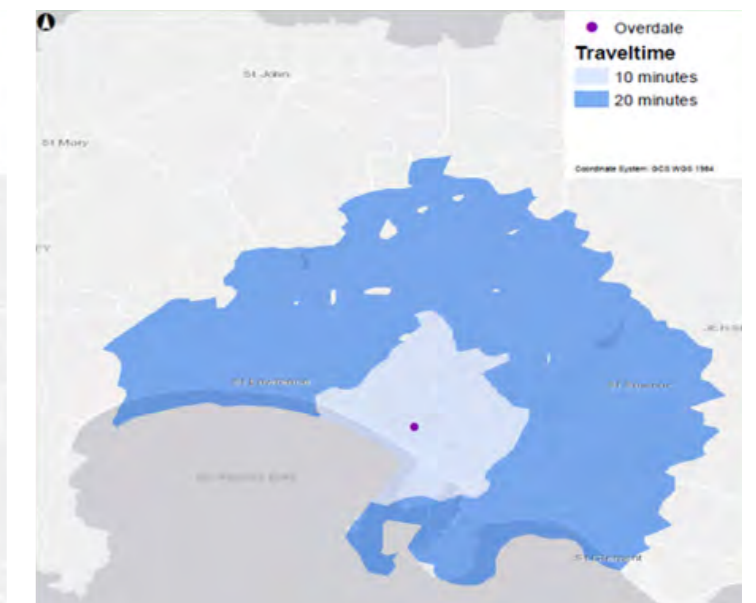
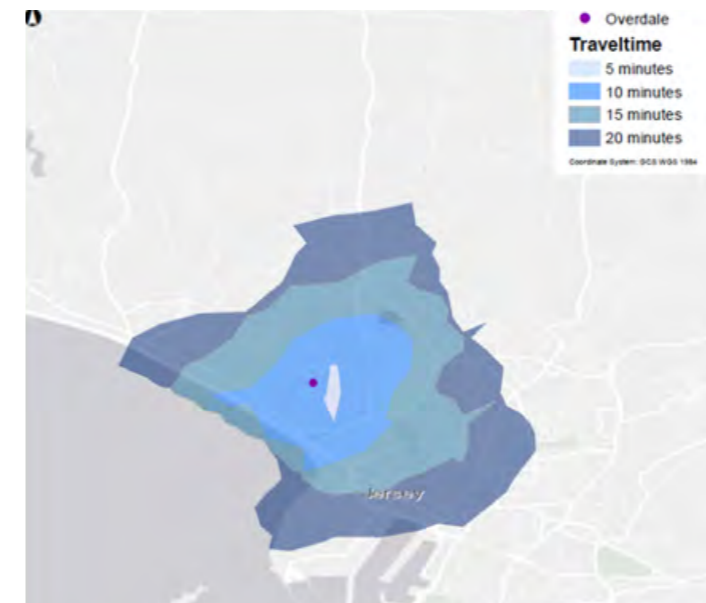
#### Existing conditions

#### Walking and Cycling

An audit existing walking and cycling infrastructure that serves Overdale was undertaken as part of the Hurdle 1 site evaluation process. This sections set out an analysis of the journey times to the Overdale site by walking and cycling. The walking isochrones have been developed to assess the residents, services and facilities which are within a five, ten, 15 and 20-minute walk of the site. There are a limited number of residents within a ten-minute walk of Overdale, however a larger proportion of St Helier is within a 20-minute walk. The topography of the site may however influence the proportion of journeys made to the site by foot.

The cycle isochrones have been developed to identify the residents, services and facilities, which are all within a 20 minute cycle of the centre of the site.

Most of St Helier is within a ten-minute cycle of Overdale. Beyond, large parts of St Clement, St Saviour and St Lawrence are within a 20-minute cycle of the site. The topography at Overdale may however influence the proportion of journeys made to the site by cycle.



## 4.3 Access and Highways

### Public Transport

Bus services in Jersey are operated by Liberty Bus. The closest bus stop to the site is located on Westmount Road, 100m south of the site. There are no existing passenger waiting facilities at this stop such as a shelter, as shown in the photograph below.



Photograph 3 Westmount Road Bus Stop (southbound)

As summarised in the table below, the stop on Westmount Road is served by the No.19 service, which provides an hourly service between St Helier and La Pouquelaye via Overdale Hospital.

Service	Route	Service Frequency	
		Monday to Saturday	Sunday & Bank Holidays
19	La Pouquelaye	60 mins	-

All bus services in Jersey terminate at Liberation Bus Station in St Helier and therefore it is possible to transfer between any two bus services at this location.

Analysis of the existing Liberty Bus timetable information been undertaken to estimate the current journey time from several key settlements, as summarised in the adjacent table. This includes transit and walking time for a journey to People's Park arriving before 9am.

Given the limited frequency of the No.19 bus service, current journey times to the site from many parishes are quite extensive, with some in excess of an hour. In subsequent design stages, first and last bus services will need to be reviewed in comparison with staff working hours.

Parish	Bus Route	Transfers	Transit Time	Walk Time	Wait Time	Journey Time
St Helier	19	0	3mins	3mins		6 mins
St Saviour	3 & 19	1	33mins	1min	10mins	44mins
St Brelade	3 & 19	1	23mins	1min	10mins	44mins
St Clement	1 & 19	1	39mins	1min	8mins	48mins
St Lawrence	7 & 19	1	37mins		20mins	57mins
St Peter	9 & 19	1	49mins	1mins	11mins	1hr 1min
Grouville	2 & 19	1	44mins	1min	10mins	55mins
St Ouen	9 & 19	1	54mins	1min	26mins	1hr 21mins
St Martin	3 & 19	1	40mins		23mins	1hr 3mins
Trinity	4, 5 & 19	2	21min	2mins	38mins	1hr 1mins
St John	5 & 19	1	49mins		6mins	55mins
St Mary	7 & 19	1	45mins	2mins	20mins	1hr 7mins

### Local Highway Network

The figure below identifies which roads near the site are managed by either the GoJ or the Parish of St Helier, and those that are privately owned. Many of the roads near Overdale, including Westmount Road and Tower Road, are managed by the Parish of St Helier.



The local highway network near Overdale is deemed to be substandard to serve a general hospital and therefore substantial works will be required. This includes improving the horizontal alignment of Westmount Road so it is more suitable to accommodate the primary blue-light route.



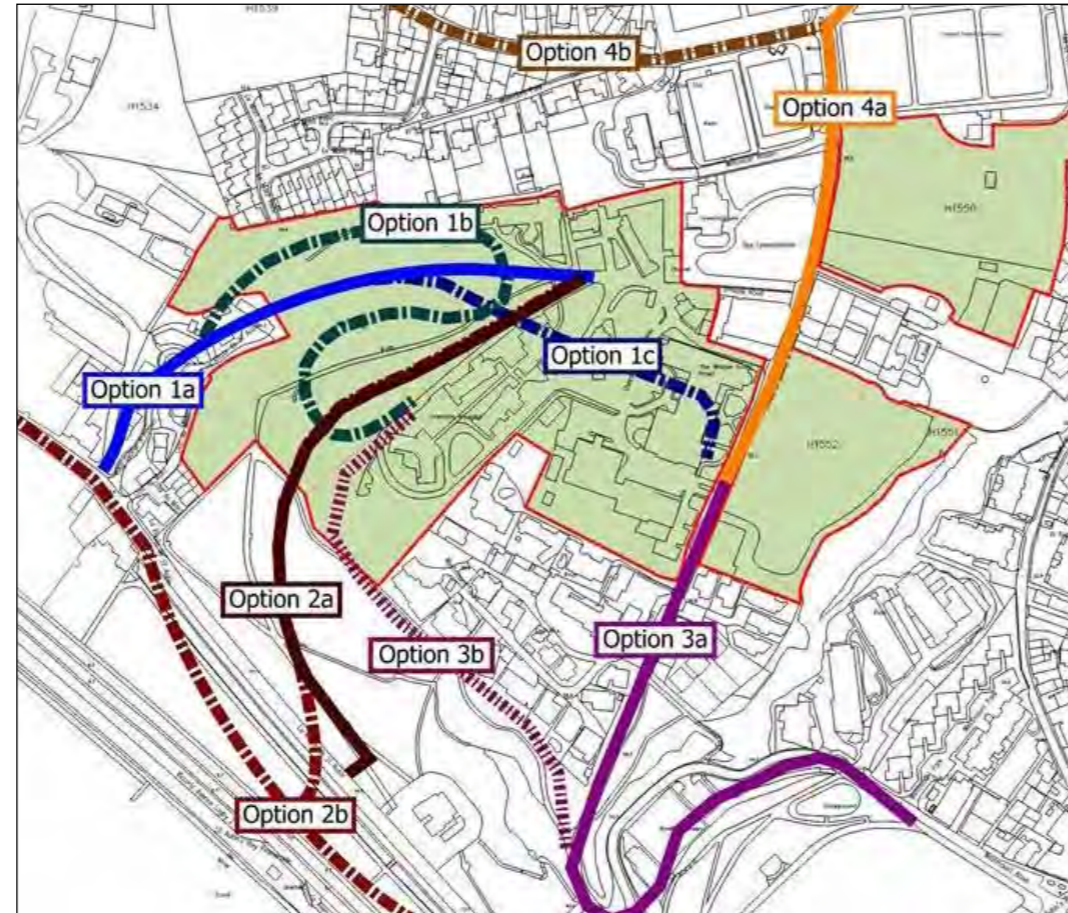
## 4.3 Access and Highways

### Vehicle Access Optioneering

As noted in the site audit, the existing highways serving Overdale are not deemed to be appropriate to serve the Our Hospital Project. Several potential highway options were therefore explored, as summarised illustrative in the adjacent figure.

Access options from the north (4A and 4B) were not deemed to be viable given that:

- Option 4A: traffic impacts on either St John's Road or Elizabeth Way and Place could not be accommodated and mitigation would need to be substantial and require substantial acquisitions; and
- Option 4B: the horizontal and vertical alignment of Tower Road to the west is not deemed to be acceptable as the primary access route to the hospital. The residential streets beyond between Tower Road and the A1 St Aubin's Road are also not deemed to be appropriate to accommodate traffic associated with the hospital.
- Options 4a and 4b were therefore discounted. The remaining options have been reviewed by the wider project team and a summary of the findings are set out in the adjacent table. Following a review of the options and the programme and cost implications, RokFCC JV and the GoJ indicated that Option 3a was the preferred access option.



Assessment criteria	Potential Highway Access Options						
	1A	1B	1C	2A	2B	3A	3B
Programme	Red	Red	Red	Red	Red	Orange	Red
Junction Location	Orange	Orange	Orange	Red	Green	Green	Green
Impact on Off-Site reinforcement works	Green	Green	Green	Green	Red	Orange	Red
Vehicle Accessibility i.e. vertical and horizontal alignment	Red	Orange	Orange	Orange	Orange	Orange	Orange
Impact on capacity of offsite highway network	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Pedestrian Accessibility i.e. vertical and horizontal alignment	Red	Red	Red	Red	Red	Red	Red
3rd Party Land Take	Red	Red	Red	Orange	Red	Green	Red
Property Take	Red	Red	Red	Green	Green	Red	Red
Environmental Impact	Red	Red	Red	Orange	Orange	Orange	Orange
Ecology	Red	Red	Red	Orange	Orange	Orange	Orange
Constructability	Green	Green	Green	Green	Green	Green	Red
Heritage, Listed Buildings	Green	Orange	Green	Red	Red	Orange	Red
Landscape and visual Impact (LVIA)	Orange	Red	Orange	Orange	Orange	Red	Red
Planning Risk and Impact	Red	Red	Red	Orange	Orange	Red	Red
Noise Impact	Orange	Orange	Orange	Orange	Orange	Red	Red
Impact on Overdale Masterplan	Red	Red	Red	Red	Red	Green	Red
Sustainability	Orange	Red	Red	Red	Red	Orange	Red

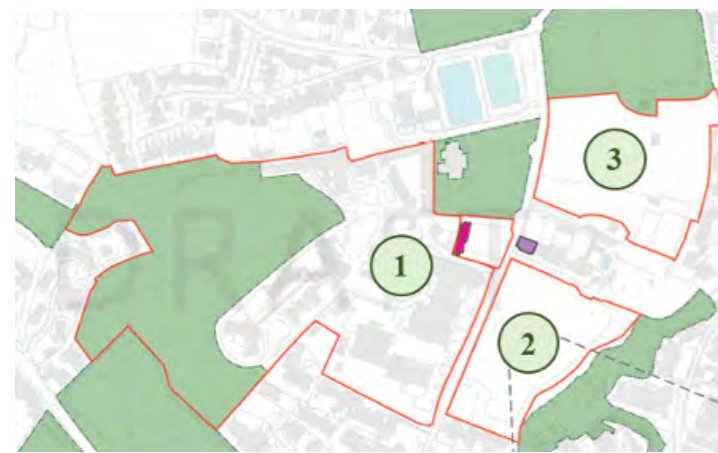
## 4.3 Access and Highways

### Access & Parking Strategy

This section details the initial thinking with regards to access and car parking for Overdale. This outline access and parking strategy has been developed collaboratively with the Project Delivery Partner and GoJ Our Hospital Project Team.

The Overdale site is split across three plots, including:

- Land to the west of Westmount Road that accommodates the existing hospital
- Southern field to the east of Westmount Road
- Northern field to the east of Westmount Road.



It is understood that plot 1 will accommodate the clinical functions alongside servicing, blue-light and Patient Transport services alongside potential for some drop-off and accessible parking. The majority of parking provision is likely to be located in plot 2. Plot 3 may also include parking and potentially administration functions.

### Walking and Cycling

As detailed in the audit of existing pedestrian and cycle infrastructure serving Overdale, most footways are substandard and there are no dedicated cycle facilities. There is an opportunity to improve Westmount Road from St Aubin's Road to Tower Road, including the potential for enhancements to the provision of active travel infrastructure. This should include appropriate lighting.

This includes the opportunity to enhance existing footways near the potential hospital site and introduce suitable crossings on Westmount Road. To further improve conditions for pedestrians and cyclists, there is an opportunity to enhance Westmount Road to encourage low traffic speeds near the hospital.

Furthermore, through-traffic could be restricted on Westmount Road except for blue-light and service vehicles, reducing traffic flow adjacent to the site.

To the north east, footway provision on Tower Road and St John's Road will be reviewed in subsequent design stages, particularly where there is potential for an increase in traffic along existing school walking routes.

The gradient of some access routes from St Helier is likely to present a barrier to many, including those that are mobility impaired. Solutions to reduce the constraint presented by the topography of the surrounding area will be explored in subsequent design phases, should this site be considered further. Such measures could include:

- Enhancements to the existing infrastructure
- Shuttle bus service
- Micro-mobility and e-bike hire
- Travel planning initiatives and interventions.

Other options, such as a funicular railway, outdoor escalator or Norwegian-style cycle lift, should also not be discounted at this stage, but any form of light transit would also need to consider departure and landing points, and the infrastructure and parking associated with the transfer of mode. There is also considerable financial cost attached to these items that are currently not reflected in the cost plan.

### Public Transport

There is an opportunity to relocate the bus stop on Westmount Road closer to the hospital and improve the waiting facilities, including a bus shelter and timetable information.

Furthermore, there is an opportunity to improve bus connectivity by increasing service frequency between Liberation Bus Station and Overdale. Should a new service be required, it could also stop at other key bus stops near Overdale and the town centre such as on the A1 The Esplanade. Perhaps less desirable, there is also the opportunity to re-route existing services to allow for more direct services to the site.

Ongoing investment is likely to be required to facilitate a frequent bus service to Overdale hospital, and this will need to be explored in subsequent design stages.

### Vehicle Access

Vehicle access to Overdale will be taken directly from Westmount Road. It is anticipated that several accesses will be created to serve the hospital and the associated parking and servicing requirements. All accesses will need to be designed to the appropriate standards and with enough capacity to minimise any potential queuing that could impact blue-light routes.

It is anticipated that most traffic will access the site from the south via Westmount Road. To reduce traffic passing the hospital, there is an opportunity to locate the principle car parking accesses to the south of the site.

There is an opportunity to enhance Westmount Road between the junctions with St Aubin's Road and Tower Road to improve the horizontal alignment, increase the carriageway width and improve dedicated provision for active travel modes. The extent of these improvements will need to be reviewed in subsequent design stages and will need to consider various implications including cost, potential property acquisition and planning risk. The potential for these improvements to encourage rat-running via Westmount Road will need to be reviewed and potentially mitigated in subsequent design stages. Potential mitigation could include measures to encourage low traffic speeds and discourage through-movements near Overdale.

To provide a secondary vehicle access route to the hospital that would be appropriate for blue-light resilience and service vehicles from the north, the Tower Road/St John's Road junction will be assessed. There may be an opportunity to improve visibility and vehicle turning movements at this location.

Tower Road to the west of Westmount Road is not deemed to be suitable to accommodate additional traffic associated with a hospital at Overdale, given the existing horizontal and vertical alignment and limited footway provision. There is an opportunity to prohibit hospital traffic on this road using a

Traffic Regulation Order (TRO) prohibiting turning manoeuvres at the Tower Road/Westmount Road junction.

Potential offsite highway improvements that may be required to mitigate the traffic impacts of a hospital at Overdale are set out in the Offsite Highway Improvements section of this chapter.

### Blue-Light Routes

The principle blue-light route to the hospital is anticipated to be via Westmount Road. The existing horizontal alignment of Westmount Road includes some tight bends which are not deemed to be desirable on the primary blue-light route, close to the hospital.

As discussed previously in this section, there is an opportunity to improve the horizontal alignment of Westmount Road to reduce the radii of some bends along this route. There is also an opportunity to widen the carriageway, which will make it easier for ambulances to pass two-way traffic on Westmount Road.

There is an opportunity for a secondary blue-light route to be provided from the north via Tower Road and St John's Road. Whilst there is an opportunity for traffic movements to be prohibited between Westmount Road and Tower Road

(west), this could exclude emergency vehicles. Overall, there is potential for three blue-light routes from Overdale, however it is anticipated most journeys would be via Westmount Road.

### Car Parking Strategy

Based on previous analysis, Jersey's General Hospital is estimated to generate the following demand on car parking:

- 175 patient and visitor parking spaces
- 455 staff parking spaces.

This equates to an approximate parking demand of 630 car parking spaces. Whilst this includes accessible parking, it excludes pick-up/drop-off and other provision such as Patient Transport Services. As noted below, there is potential that Overdale may need additional parking given the sustainable credentials of the site.

Whilst there are some car parking spaces allocated for patient, visitors and staff in Patriotic Street MSCP, travel survey results for JGH indicate that other car parks are used including People's Park, Les Jardins and Sand Street.

Given there are no public car parks within a ten-minute walk of Overdale, all car parking will need to be provided on site. Given the sustainable credentials of the site, there is potential that additional car parking may be required beyond the existing demand generated by JGH. This will need to be investigated in subsequent design stages, however there is an opportunity to introduce travel planning measures to seek to reduce potential increases in the proportion of journeys made by car.

### Offsite Highway Improvements

This section identifies the junctions that are anticipated to operate over capacity as a result of development traffic associated with the OHP. It also identifies some junctions that may require works to improve access to either site.

The findings in this section are based on several high-level assumptions and initial analysis of the highway network. A detailed traffic impact assessment will be required in subsequent design stages to determine the extent of mitigation required to accommodate the OHP at Overdale.

It is recognised that there is ongoing uncertainty with regards to future travel demand as a result of the ongoing Covid-19 health crisis and the associated changes in working patterns. This will need to be considered further in subsequent design stages and in discussion with the GoJ's Transport Policy.

## 4.3 Access and Highways

The figure below indicates that the forecast capacity of several local junctions in St Helier in 2025 without the OHP. It has been based on previous studies that have been formally reviewed and approved. The results provide a basis for determining whether the additional traffic generated by the OHP may result in the need for offsite mitigation. As illustrated in the figure above, junctions with the A1 Esplanade and the A1 St Aubin's Road are forecast to approach or exceed capacity in 2025.



Based on the initial trip making assumptions, mitigation may be required at several junctions, as illustrated in the below figure.



This includes the following potential mitigation schemes:

- Minor works to the Tower Road junctions with Westmount Road (1) and St John's Road (2) to improve access for medium sized vehicles and ambulances
- Significant works to the St Aubin's Road junction with Westmount Road and Kensington Street (3) to improve capacity and enable two-way traffic flow south of Westmount Road (see adjacent figure)
- Works to the A1 St Aubin's Road Roundabout (4) to improve capacity, potentially requiring adjacent land
- Minor capacity improvements to the A1/A2 signal-controlled junction (5)
- Minor capacity improvements to the Cheapside/St John's Road junction (6).

Locating the OHP at Overdale is also anticipated to result in some traffic impact at other junctions on the network. This junction, alongside all other junctions will be assessed in detail in subsequent design stages and appropriate mitigation will need to be identified.

Alongside potential physical mitigation, there may be an opportunity to reduce traffic impacts from the OHP through travel planning and sustainable transport interventions. In addition, there may be opportunities to reduce traffic on the network through the review of existing public parking in St Helier.



## 4.3 Access and Highways

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### Evaluation Criteria Analysis

Where relevant, the responses to the below are based on prior to mitigations being adopted.

#### Is the site served well by public transport?

The closest bus stop to the site is located on Westmount Road, 100m south of the site. There are no existing waiting facilities at this stop such as shelter. The stop is served by the hourly No. 19 service which routes between Liberation Bus Station and La Pouquelaye. Existing accessibility by bus is therefore considered to be limited and ongoing investment will likely be required to improve journey times and service frequency.

The opportunity to enhance existing bus infrastructure including bus stops with high quality waiting facilities and bus priority measures should be explored should the site be selected.

#### Can the site be accessed by dedicated cycle routes?

Route 1 of the Jersey Cycle Network is located south of the site and accessed via a combination of Westmount Road and St Aubin's Road. The on-road route from Overdale to the cycle path is approximately 1,100m and includes a steep gradient.

#### What is the relative quantum of people who can safely walk to the site within 15-20 minutes?

A large proportion of St Helier is within a 20-minute walk of the Overdale site, however the topography around the site may influence the proportion of journeys made to the site by foot.

#### Is there enough dedicated car parking and is it suitable?

There are no existing public car parks within a ten-minute walking distance of the Overdale site. Therefore, all new parking provision would need to be created on site.

#### Does the highway network, locally and strategically, have the capacity to access and serve the hospital?

Substantial highway improvement works are likely to be required to provide a suitable vehicle access to Overdale via Westmount Road. In addition to these works, there are several offsite junctions that are likely to need works to improve capacity. The site benefits from being close to the JGH with most of the trips to the existing facility not having to significantly change their existing routing until the junction of St Aubin's Road with Westmount Road in order to access Overdale. This therefore means that only local junction mitigation schemes are likely to be required and not mass improvement of the strategic network.

## 4.3 Access and Highways

### People's Park

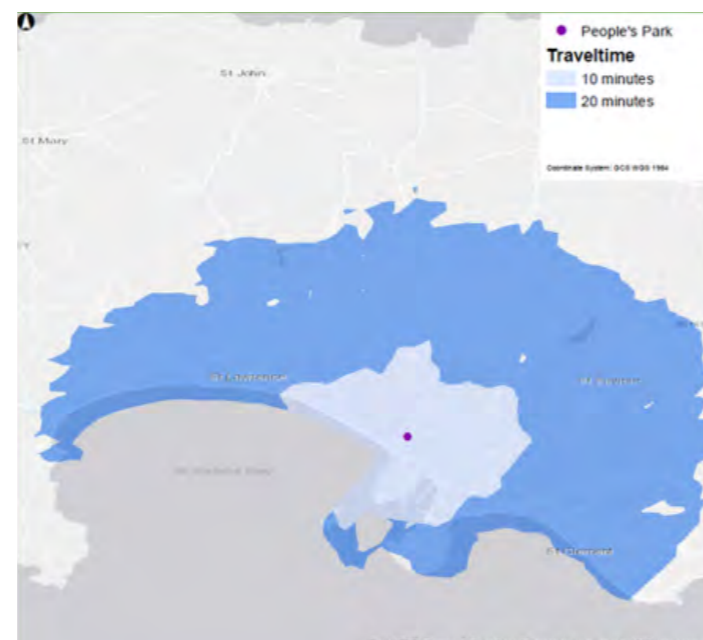
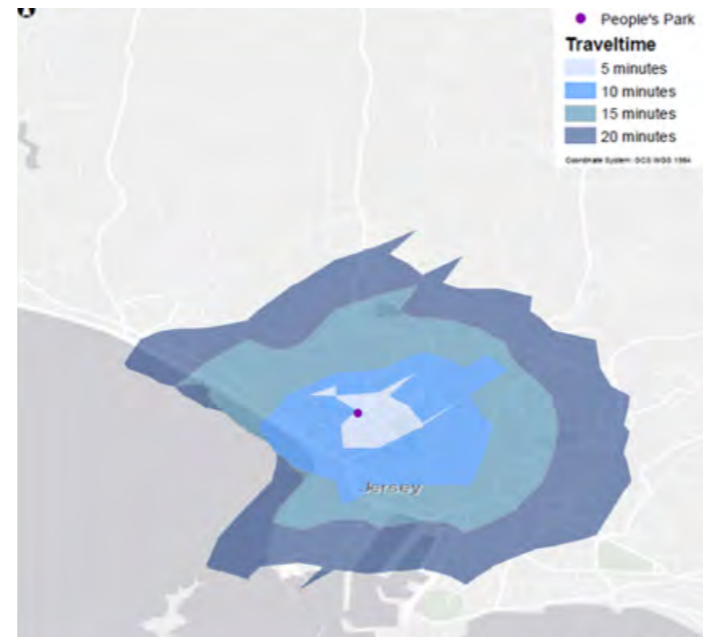
#### Existing conditions

##### Walking and Cycling

An audit existing walking and cycling infrastructure that serves People's Park was undertaken as part of the Hurdle 1 site evaluation process. This section set out an analysis of the journey times to the Overdale site by walking and cycling.

The walking isochrones have been developed to assess the residents, services and facilities which are within a five, ten, 15 and 20-minute walk of the site. It can be seen that a significant proportion of St Helier is within a 20-minute walk of People's Park. Therefore, there is a significant opportunity for journeys to be made to People's Park by foot.

The cycle isochrones have been developed to identify the residents, services and facilities which are within a ten and 20-minute cycle of the centre of the site. Most of St Helier is within a ten-minute cycle of People's Park. Beyond, large parts of St Clement, St Saviour and St Lawrence.



#### Public Transport

Bus services in Jersey are operated by Liberty Bus and all route via Liberation Station. This bus station is located 950m walking distance from the site, which approximately equates to a 12-minute journey time. Whilst this is an acceptable walking distance for some, others may choose to use a connecting service.

As summarised in the adjacent table, the bus stop on St Aubin's Road is served by the No.19 service, which provides an hourly service to La Pouquelaye via Overdale. In addition, the bus stops on the A1 (St Aubin's Road westbound/Esplanade eastbound) are served by eight routes which combined, provide approximately ten services an hour between St Helier and the western and north-western parts of the Island.

Analysis of the existing Liberty Bus timetable information been undertaken to estimate the current journey time from each parish to People's Park, arriving before 9am. As summarised in the adjacent table, this includes time spent on a bus (transit) and walking time between stops and People's Park.

Many of the journeys from the west of the Island can be made without a transfer and this is reflected in the journey time. Given there are several bus services that route past the site from Liberation Bus Station, the transfer time is below ten minutes for most routes.

Service	Route	Service Frequency	
		Monday to Saturday	Sunday & Bank Holidays
<b>Bus Stop on St Aubin's Road</b>			
19	La Pouquelaye	60 mins	-
<b>Bus Stops on the A1</b>			
7/7a	St John's Church	60 mins	120 mins
8	Portinfer	120 mins	-
9	Greve de Lecq	60 mins	60 mins
12/12a	Corbiere	60 mins	60 mins
14	St Brelades Bay	30 mins	30 mins
15	Airport	15 mins	30 mins
22	L'Etacq	120 mins	120 mins
28	St Mary	60 mins	60 mins

Parish	Bus Route	Transfers	Transit Time	Walk Time	Wait Time	Journey Time
St Helier	19	0	17 mins	4 mins		21 mins
St Saviour	3&19	1	33 mins	2 mins	10 mins	45 mins
St Brelade	15	0	24 mins	6 mins		30 mins
St Clement	1&19	1	39 mins	2 mins	8 mins	49 mins
St Lawrence	7	0	11 mins	6 mins		17 mins
St Peter	9	0	29 mins	6 mins		35 mins
Grouville	2&19	1	44 mins	2 mins	10 mins	56 mins
St Quen	8	0	37 mins	6 mins		43 mins
St Martin	3&19	1	40 mins	1 minute	23 mins	1hr 4m ins
Trinity	4&5	1	23 mins	5 mins		28 mins
St John	5	0	19 mins	3 mins		22 mins
St Mary	7&5	1	36 mins	4 mins	7 mins	47 mins

## 4.3 Access and Highways

### Local Highway Network

This section outlines the existing highway network that serves People's Park. All roads in the vicinity of the site have a posted speed limit of 30 mph.

Westmount Road is located to the north of the site and provides access to residential development and Overdale Hospital. This road forms a priority junction with St Aubin's Road, directly north east of the site.

South of the site, St Aubin's Road runs in an east/west alignment. Southwest of the junction with Kensington Street and Peirson Road, St Aubin's Road is two way. Beyond this junction to the north east, the St Aubin's Road is one-way northbound.

Between the site and St Aubin's Road is People's Park car park. On-site observations indicate that vehicles exit this car park by overrunning the footway and driving straight on to St Aubin's Road.

To the south, St Aubin's Road forms a three-arm roundabout with the A1 St Aubin's Road. Beyond this roundabout is the A1 Esplanade which consists of three lanes in each direction. To the east, the Esplanade can be used for journeys to St Clement and Grouville.

The below figure identifies which roads near the site are managed by either the GoJ or the Parish of St Helier, and those that are privately owned. Whilst St Aubin's Road is managed by the GoJ, many other nearby roads are the responsibility of the Parish of St Helier, including Westmount Road, Peirson Road and Kensington Street.



### Access & Parking Strategy

This section details the initial thinking with regards to access and car parking for the People's Park site option. This outline strategy has been developed collaboratively with the project team and wider members of the OHP team.

There is an opportunity to realign St Aubin's Road and the A1 St Aubin's Road, taking land from Victoria Park. As noted further in this section, the alternations to the highway also provide opportunities to enhance the existing provision for sustainable modes of transport, including walking, cycling and bus.

As detailed in this section, it is anticipated that much of the parking demand could be accommodated within existing public car parks in St Helier. Several vehicle accesses are still likely to be needed to allow segregation of blue-light, servicing, Patient Transport Services, accessible parking and pick-up/drop-off.

These are likely to be taken from the A1 St Aubin's Road to the south, St Aubin's Road to the east and Westmount Road to the north.

### Walking and Cycling Improvements

As noted in the Existing Conditions section, the overall level of infrastructure provided for pedestrians wishing to visit People's Park is largely good given the sites edge of town centre location, although there are section of narrow footway on routes to existing car parking facilities at Patriotic Street.

The potential alterations to the existing road network near People's Park present an opportunity to enhance existing infrastructure for pedestrians and cycles. This includes additional signal-controlled crossings on St Aubin's Road and the A1 St Aubin's Road. In addition, there is an opportunity to provide a dedicated cycle route between the existing infrastructure on the A1 and People's Park.

The existing car park egress from Patriotic Street MSCP onto Kensington Place is sub-standard and the route to People's Park also includes narrow footways. Opportunities to enhance this route would need to be explored in subsequent design stages and may include the following interventions:

- Alterations to the accesses/egresses on Patriotic Street MSCP (vehicles and pedestrians); and
- Alternations to the existing networks such as the redistribution of existing traffic.

### Public Transport Enhancements

As set out previously, People's Park is well connected by existing bus services, with several bus routes operating near the site.

Improvements to the frequency of existing bus services is therefore not deemed to be required to facilitate a hospital at People's Park.

The potential realignment of the A1 St Aubin's Road does however provide an opportunity to interduce new bus stops directly south of the site. These could be served by the eight bus services that currently route on the A1 St Aubin's Road. These bus stops could be designed with high quality waiting facilities including shelters and timetable information.

To improve journey times and the reliability of bus services operating past People's Park, there is an opportunity for bus priority measures to be introduced as part of the highway realignment works. This could include bus gates/lanes to give priority to bus movements between the A1 Esplanade and the A1 St Aubin's Road. These would benefit the area as a whole, as well as the hospital project.

### Vehicle Access

To facilitate a larger plot for the OHP at People's Park, there is an opportunity to realign existing roads near the site. There are two potential schemes being considered which would result in the consolidation of existing roads, the removal of a roundabout and the potential for improved pedestrian, cycle and bus facilities.

These two options are presented below.



The potential junctions would be signal controlled, providing the opportunity for improved pedestrian and cycle crossing facilities.

St Aubin's Road and Peirson road would be consolidated, south of Kensington Street. This street would remain two-way and existing on-street resident parking will be retained where possible or relocated nearby. For option 1 - it is anticipated that vehicle access for the hospital would be taken from Peirson Road.

For option 2, it is anticipated that vehicle access for the hospital could be taken from the A1 St Aubin's Road to the south, St Aubin's Road to the east and Westmount Road to the north. It is recommended that servicing access and blue-light access is taken from either the A1 St Aubin's Road or St Aubin's Road. Westmount Road could potentially be used for other access requirements such as accessible car parking or patient drop-off.

Both options will be considered at the next design stage with consideration being given to network resilience and capacity.

## 4.3 Access and Highways

### Blue-Light Routes

With the proposed realignment of the highway network, the People's Park site could be accessed from several key routes key routes, including:

- A1 St Aubin's Road
- A2 Victoria Avenue
- A1 Esplanade
- Kensington Street
- Westmount Road.

There is an opportunity to explore a junction scheme that would facilitate blue-light movements from Elizabeth Place onto Kensington Place, reducing the journey time to People's Park. This can be explored in subsequent design phases.

There is an opportunity to introduce priority measures for emergency vehicles at the signal-controlled junctions near the site. This could improve journey time for the blue light routes arriving from the A1 Esplanade and the A2 Victoria Avenue. Installation of bus gates, would also have the potential to benefit blue lights vehicles.

### Car Parking Strategy

It is anticipated that much of the hospital parking requirement would be accommodated within the existing public car parks, primarily Patriotic Street MSCP (as happens for the existing hospital). As noted previously in this chapter, there is an opportunity to enhance the existing pedestrian route from Patriotic Street MSCP to People's Park. This may require alterations to the existing road network or the acquisition of properties.

The existing occupancy of public car parks near People's Park will be assessed in subsequent design phases to understand the impact of the scheme on the future capacity of car parking.

To increase the footprint of the People's Park site, the existing car parking adjacent to the park will need to be relocated or removed. Any potential reduction in public car parking will also be assessed in the next design stage in the context of the wider public parking supply in St Helier.

The north eastern extent of People's Park car park includes some resident parking. There is additional resident parking located on Peirson Road between the junctions with Kensington Street and the A1 Esplanade. Any resident car parking impacted by this scheme would be relocated nearby.

### Offsite Highway Improvements

The relocation of the general hospital from JGH to People's Park is anticipated to have a limited traffic impact, given much of the parking demand will be accommodated within existing public car parks.

It is therefore anticipated that the only offsite highway mitigation works required are associated with the highway realignment works to facilitate a larger site. This includes the following works:

- Consolidation of St Aubin's Road and Peirson Road to a two-way road between Kensington Street and the A1 Esplanade;
- Removal of the A1/St Aubin's Road roundabout and create a new signal-controlled junction to the east
- Revision of the arrangement of the existing A1/A2 signal-controlled junction.

The above schemes will be developed in subsequent design stages to have sufficient capacity to accommodate existing and further traffic flows. In addition, the scheme should provide benefits for sustainable modes through improved pedestrian/cycle routes/crossing and bus priority measures.

### Evaluation Criteria Analysis

Where relevant, the responses to the below are based on prior to mitigations being adopted.

#### Is the site served well by public transport?

There are several bus stops within walking distance of People's Park, which combined, are served by several bus services. The site is also located within a 12-minute walk of Liberation Bus Station which every bus service visits. The existing accessibility of the site by bus is therefore very good.

The potential highway realignment works also provide an opportunity to enhance existing bus infrastructure including bus stops with high quality waiting facilities and bus priority measures.

#### Can the site be accessed by dedicated cycle routes?

Route 1 of the Jersey Cycle Network is located approximately 100m south of the site and can be accessed on-road via St Aubin's Road.

#### What is the relative quantum of people who can safely walk to the site within 15-20 minutes?

Much of St Helier is located within a 20-minute walk of People's Park, providing significant opportunities for journeys to be made by foot.

#### Is there enough dedicated car parking and is it suitable?

People's Park is within walking distance of several public car parks including Patriotic Street Multi-storey Car Park (PSMSCP) and Les Jardins car park. Pedestrian routes from the car parks to People's Park would need to be explored and potentially enhanced and this will be investigated further in subsequent design stages. Specifically, it is known that there is poor pedestrian access out of PSMSCP and from the car park to People's Park.

#### Does the highway network, locally and strategically, have the capacity to access and serve the hospital?

The relocation of the general hospital to People's Park is anticipated to have a limited traffic impact, given much of the parking demand will be accommodated within existing public car parks. However, acquisition opportunities to increase the footprint of the site will complement improvement works to improve accessibility for pedestrians and potentially increase capacity of junctions.

## 4.4 Site Overview, Opportunities and Constraints

### Hurdle 1

An initial review of existing utilities local to, and serving, each site was undertaken. The utilities considered were as follows:

- Drainage
- Water
- Gas
- Electricity

Enquiries were made to relevant bodies and early discussions held for which the findings are detailed within this section.

### Drainage

The table opposite summarises the key points associated with the drainage strategy for each of the sites. The key points that are relevant to each of the sites are as follows:

- Proposals will generally increase the storm and foul flows generated when compared to the existing situation.
- Storm flows generated by the new development likely to need to be attenuated to agreed rates
- The Government of Jersey have confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the sites.
- Hydraulic modelling assessments will be necessary to confirm the connection location and reinforcement and upgrade works required to serve the proposed development.

Site	Key Points
<b>Five Oaks, St. Saviours</b>	<p>Existing private storm and foul networks serve the existing commercial / medical units which may release some capacity for the new development.</p> <p>Three existing public rising mains exist within the eastern land parcel which are likely to have easements. Proposals will either have to respect the easements of the three existing public rising mains or diversion works will need to be agreed with the Government of Jersey.</p> <p>The foul drainage network serving each of the eastern and western land parcels will need to be pumped to the foul gravity sewers located along La Grande Route de St Martin.</p> <p>A connection to a 525mm diameter storm sewer located along Rue des Friquettes is likely to be needed to serve the proposals within the eastern land parcel.</p> <p>A connection to the Ferlands Stream located 420m away from the development or to an alternative unknown storm sewer that may exist further west of the site, downstream of the development. If these are not possible then a pumped solution may be required which is not advised and should be considered as the last resort.</p>
<b>Millbrook Fields, St Lawrence</b>	<p>Existing private storm and foul networks likely to serve the recently constructed Nightingale Hospital, which may release some capacity for the new development.</p> <p>Three existing public rising mains exist within the eastern land parcel which are likely to have easements. Proposals will either have to respect the easements of the three existing public rising mains or diversion works will need to be agreed with the Government of Jersey.</p> <p>Existing private foul network exists within the northern parcels that serve existing properties to the north and north west these are likely to have easements. Proposals will either have to respect the easements of the private foul network or diversion works will need to be agreed with the Government of Jersey / owners.</p> <p>A connection to a 525mm diameter storm sewer located along Rue des Friquettes is likely to be needed to serve the proposals within the eastern land parcel.</p> <p>Gravity foul drainage networks are likely to be needed to serve the proposals within each of the northern and southern land parcels with a connection to the foul gravity sewers located along St Aubin's Road, Victoria Avenue or both.</p> <p>Gravity storm drainage networks are likely to be needed to serve the proposals within each of the northern and southern land parcels with a connection to the foul gravity sewers located along St Aubin's Road, Victoria Avenue or both. Alternatively, a new outfall could be made within the existing sea wall along the southern perimeter of Victoria Avenue.</p>
<b>Overdale, St. Helier</b>	<p>Existing private storm and foul networks likely to serve the existing hospital premises are located within the western land parcel. This may release some capacity for the new development. Details of the storm network is unknown at this stage.</p> <p>Three existing public rising mains exist within the eastern land parcel which are likely to have easements. Proposals will either have to respect the easements of the three existing public rising mains or diversion works will need to be agreed with the Government of Jersey.</p> <p>Existing private foul rising main exists within the western parcel which serves the existing properties within the Castle View development. These are likely to have easements. Proposals will either have to respect the easements of the private foul rising main or diversion works will need to be agreed with the Government of Jersey / owners.</p> <p>A connection to a 525mm diameter storm sewer located along Rue des Friquettes is likely to be needed to serve the proposals within the eastern land parcel.</p> <p>A gravity foul drainage network is likely to be needed to serve the proposals within the western land parcel with a connection to the 150mm diameter foul gravity sewers located along Clos du Mont.</p> <p>Gravity storm drainage networks are likely to be needed to serve the proposals within each of the northern and southern land parcels with a connection to the foul gravity sewers located along St Aubin's Road, Victoria Avenue or both. Alternatively, a new outfall could be made within the existing sea wall along the southern perimeter of Victoria Avenue.</p> <p>The foul drainage network serving the eastern land parcels will need to be pumped separately to the drainage network located within the western land parcel unless a gravity connection can be made to the existing foul sewer located along Old St Johns Road.</p> <p>A gravity storm drainage network is likely to be needed to serve the proposals within the western land parcel with a connection to the 300mm diameter storm gravity sewer located along Clos du Mont.</p> <p>Separate gravity storm drainage networks are likely to be needed to serve the proposals within the eastern land parcels with separate connections to the 150mm diameter storm gravity sewer located along Old St Johns Road. If this is not possible then a pumped solution may be required which is not advised and should be considered to be the last resort.</p>
<b>People's Park, St. Helier</b>	<p>Two mobile toilet provisions exist within the site which are connected to the existing foul network in the vicinity of the site by two separate foul sewers.</p> <p>A gravity foul drainage network is likely to be needed to serve the proposals with a connection to the 915mm x 710mm brick foul sewer located along Westmound Road / Lewis Street whilst potentially utilising the sewers serving the toilets.</p> <p>A gravity storm drainage network is likely to be needed to serve the proposals with a connection to either to the storm network located along Cheapside road or alternatively to the existing 1.525m diameter storm overflow sewer located along Gloucester Street.</p>
<b>St Andrews Park, St. Helier</b>	<p>No existing foul network within the site however two storm sewers to the north and east of the site which may need accommodating or diverted.</p> <p>A gravity foul drainage network is likely to be needed to serve the proposals with a connection to the 915mm x 710mm brick foul sewer located along Westmound Road / Lewis Street whilst potentially utilising the sewers serving the toilets.</p> <p>A gravity foul drainage network is likely to be needed to serve the proposals with a connection to either the foul network located along St Aubin's Road or alternatively to the networks located along Mont Cochon and Hansford Lane or both.</p> <p>A gravity storm drainage network is likely to be needed to serve the proposals with a connection to either the storm network located along St Aubin's Road or alternatively to the networks located along Mont Cochon and Hansford Lane or both.</p>



## 4.4 Site Overview, Opportunities and Constraints

### Utilities - Electricity, Gas, Water

Initial load estimations for the proposed new hospital have been undertaken for each of the utilities.

Consultation and discussions with each provider have been undertaken and findings are provided in the table opposite.

	Water	Electricity	Gas
<b>Five Oaks</b>	A water main is available local to the site. Dual supplies and a separate supply for the fire system can be provided to each site.	Two connections are proposed. Identified nearest locations being approximately 0.5km and 2.7km.	There is no suitable local connection point. Nearest suitable main is approximately 4km.
<b>Millbrook</b>		Two connections are proposed. Identified nearest locations being approximately 2.1km each.	Local connection point c. 20m from site. Network reinforcement will be required to support site connection at this point.
<b>Overdale</b>		Two connections are proposed. Identified nearest locations being approximately 0.3km and 1km.	There is no suitable local connection point. Nearest suitable main is approximately 1km.
<b>People's Park</b>		Two connections are proposed. Identified nearest locations being approximately 0.3km and 1.3km.	Local connection point c. 170m from site. Network reinforcement will be required to support site connection at this point.
<b>St. Andrew's Park</b>		Two connections are proposed. Identified nearest locations being approximately 1.3km and 1.2km.	Local connection point c. 300m from site. Network reinforcement will be required to support site connection at this point.

## 4.4 Site Overview, Opportunities and Constraints

### Hurdle 2

During Hurdle 2 further site-specific technical assessments were undertaken and used to inform responses to relevant evaluation criteria as detailed here.

### Overdale

The ground profile of the site has average slopes within land parcels generally steeper than 1-in-21.

The site occupies a relatively level area at approximately 60m above Ordnance Datum (AOD) with the north-western part (area of Le Val Andre Valley) sharply falling to approximately 30m AOD. The area of the existing hospital was largely undeveloped until the 19th century when the Overdale Hospital was constructed. The land parcels to the north-west and east have remained undeveloped until present times.

The site is underlain by approximately 1-5m of Loess superficial deposits, with the thickness of the deposits increasing to the east, except for the Le Val Andre Valley, which is underlain by the Head deposits. Solid geology is complex and variable with the north-western part of the site underlain by sandstones/conglomerates/siltstones/mudstones of the Jersey Shale Formation and the central and south-eastern by volcanic rocks of the St Saviour's Andesitic Formation comprising andesites, agglomerates and tuff. The thickness of the weathered zone of the bedrock is likely to be relatively low. No faults are shown on geology maps. Groundwater is likely to present in the bedrock at approximately 20m below ground level, however some perched shallow groundwater over more competent rock may be present. Considering the distance to the coast and the site elevation, tidal influence and saline intrusions are unlikely. Ground investigations will be undertaken to confirm ground water conditions.

Ground conditions require investigation to confirm the suitable foundation solution with both shallow and deep foundations currently considered to be potentially viable, subject to final structural loadings. Retaining walls may be required to achieve development levels.

There will be the requirement for earthwork operations and retaining structures form the plateaux. In order to minimise these works, where practicable and coordinated with other design considerations, careful consideration will be given to the location of buildings and access routes by concentrating the development and routes on more of a shallower ground profile where practicable.

Due to the site's gradient falling away from the likely location of the main entrance, if a consistent ground floor slab level is to be maintained, either the ground floor slab shall need to be designed spanning between columns, or a significant amount of fill shall need to be brought on site. There is however opportunity to use this fall in gradient to introduce a full or partial basement level and re-using site won material to avoid transporting large volumes of material to or from site, whilst also reducing the structures prominence close to the change in topography.

As described further in the Access and Highways section, the formation of a new access road to serve the development is challenging due to the site being on top of the hill with steep cliffs and a valley feature located around the southern, eastern and western perimeter of the site.

In terms of topography, there are some areas where steep gradients are present, where these exist they shall necessitate a slope stability assessment and any subsequent required works undertaken prior to construction of any adjacent structures.

The level and plane of the rock strata is unknown at this stage. A high rock level may reduce the need for lengthy piles however will have an impact on duration and cost of excavation works.

Alternatively, the excavations due to any basement levels introduced could make pads sunk to the rock strata feasible, likely reducing overall foundation cost even considering excavation. There may be a combination of both solutions used subject to design progression.

It may be possible to construct basements without temporary support by sloping the sides of the excavation. This will however depend on the groundwater regime determined during intrusive investigation.

### Is there a risk of polluted or contaminated land?

No significant land contamination issues are anticipated. Made ground is likely to be present and may be a source of contamination. Asbestos was noted to be present in the buildings' fabric, and there is a risk that asbestos may also be present within the soils. A historical tank of unknown origin was identified within the existing hospital site, should it had been used to store petroleum products, there may be a risk of localised contamination in the tank vicinity. Ground investigations including soil testing will be undertaken to inform appropriate risk assessments.

### Is the site subject to flooding?

The site is not considered to be at risk of flooding for the following events:

- One in 200-year tidal event including 100 years for climate change
- One in 200-year tidal overtopping event including 20 years for climate change
- One in 100-year fluvial/pluvial storm event return period two-hour duration including 40% allowance for climate change and a continuing loss rate of 6.5mm/hr.

### Does the site have a choice of good existing retail and related services within a 10 minutes walking distance?

Despite its relative proximity to the town centre, analysis of the local business baseline indicates that there are relatively low densities of businesses. There are only 24 retail establishments, hotels, restaurants and bars within a 500m radius of the site, employing approximately 166 workers. This compares to 151 businesses (in the same sectors) at the current JGH site, employing an estimated 1,000 workers.

Development at Overdale would be beneficial to local businesses in proximity to the site and may generate new businesses by spreading spend outwards from the town centre and current Jersey General Hospital site. However, Our Hospital Project (OHP) will include commercial and retail space, so if local offerings are not attractive, or do not develop, staff and visitors may choose not to go off-site. As well as a lack of local business options, the gradient may also limit the potential for linked trips and willingness to walk to local businesses. There may also be a loss of some economies of scale and density from moving the hospital out of St Helier.

It is assessed that the loss of economic activity in the town centre will outweigh the opportunities created for businesses in the vicinity of the Overdale site. Overall, local businesses around St Helier may be negatively impacted, but the impacts are likely to be small due to relative size of the economy. The net impact on discretionary spending by staff and hospital visitors will be marginal as they are likely to continue to spend this elsewhere in the Jersey economy.

### What level of additional infrastructure (utilities) would be required to support the site?

#### Foul Drainage

Proposals will need to either respect the easements of the private foul rising main or diversion works will need to be agreed with the Government of Jersey/owners. A gravity foul drainage network is likely to be needed to serve the proposals within the western land parcel however a pumped solution will be required for the eastern parcels unless a gravity connection can be made to the existing foul sewer located along Old St John's Road, which is likely to need 3rd party land to be acquired.

#### Storm Drainage

A gravity storm drainage network will be needed to serve each land parcel. A gravity connection could potentially be made for the western parcel to a storm gravity sewer located along Clos du Mont. However, to prevent the need to pump storm water flows, which is not advised and should be considered only after exploring other opportunities, a connection is likely to be needed through 3rd party land to the existing storm network located along Old St John's Road.

An attenuation tank will be installed.

The Government of Jersey have confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the site.

#### Incoming Utilities

There is sufficient capacity to supply the estimated water flow rate through dual supplies and a separate supply for fire systems.

With regards to potential use of gas, for enhanced security of supply, off-site reinforcement would be required. Routing a supply to the site will require approximately 1km buried pipework routed to the site.

With regards to electricity, the site is located in the vicinity of Jersey Electricity Company's (JEC) St Helier West Primary substation. The substation lies approximately 300m from the site. Secondary supplies from JEC's Queens Road Primary are approximately 1km away.

## 4.4 Site Overview, Opportunities and Constraints

### People's Park

Preliminary technical appraisals have been undertaken based on record information and discussions with appropriate bodies.

The ground profile of the site has average slopes within land parcels generally shallower than 1-in-21.

The site occupies a relatively level area at approximately 13m Above Ordnance Datum (AOD) with the north-western part raising to approximately 30m AOD. The slope is benched with footpaths. The area for the proposed hospital has remained undeveloped and used as a public open space since the 19th century with features such as the benched pathways, playground, cannon display developed over time. A private underground attenuation tank is present in the eastern site corner presenting a potential constraint and an obstruction.

The site is underlain by superficial deposits comprising Head deposits with potential for Blown Sands and Alluvium in the eastern part. Based on investigations completed in the site vicinity, the thickness of the deposits may be up to 8m, however it is anticipated to be shallower. The superficial deposits are underlain by volcanic rocks of the St Saviour's Andesitic Formation comprising primarily andesites, with tuff and agglomerates present in the north-eastern site corner. No faults are shown on geology maps. Disused copper mine entrance is located to the north-west of the site. The workings are unlikely to extend beneath the site, however further desk study review to gather more information is recommended. Groundwater is likely to be present at approximately 3 to 5m below ground level (of the main site area and progressively deeper beneath the slope).

There are two known groundwater abstraction points within the site vicinity. Considering the distance to the coast and the site elevation, tidal influence and saline intrusions are unlikely. Ground investigations will be undertaken to confirm ground water conditions.

Anecdotal evidence has suggested that the ground stability of the superficals in steep areas of sites to the north and north-west of People's Park have resulted in at least two landslides, further understanding and the implications to the development will be required through ground investigation and associated mitigations implemented as required.

Ground conditions require investigation to confirm the suitable foundation solution with both shallow and deep foundations currently considered to be potentially viable, subject to final structural loadings. A scope of earthworks and retaining measures would be required to accommodate the development over the slope area. The presence of blown sands and shallow groundwater may cause ground stability issues during earthworks. Bedrock is anticipated to be highly fractured and therefore basement construction may require groundwater control measures e.g. a cut-off wall and/or active dewatering.

There will be the requirement for some earthwork operations and retaining structures. This can be minimised by consideration of layout of the site and buildings. Subject to the number and location of the buildings and size of their footprints, retaining structures may still be needed.

At this stage, the level and plane of the rock strata is unknown and likely varies significantly across the site. A high rock level may reduce the need for lengthy piles through the introduction of pad or raft foundations however will have an impact on duration and cost of excavation works. In this case likely outweighing the benefit from more efficient foundations.

Abnormal Ground Conditions, e.g. running sands, which were experienced on a nearby site, may also be present in some parts of the site. Site specific Ground Investigation will be required to confirm this in future design stages.

At this stage the presence of ground water is unknown, however there is a potential for relatively shallow groundwater. Should ground water be found on site a significant uplift in cost could be required due to additional waterproofing, construction dewatering and structural uplift design.

#### Is there a risk of polluted or contaminated land?

No significant land contamination issues are anticipated. Discrete areas of made ground are likely to be present within the site associated with the existing footpaths, infrastructure and other identified features. Made ground may be a source of contamination. Potential sources of contamination e.g. a car park or electricity substation have been identified in a close vicinity

of the site potentially impacting the quality of groundwater quality beneath the site. Alluvium may be a source of ground gas. Ground investigations including soil and groundwater testing and ground gas monitoring will be undertaken to inform appropriate risk assessments.

#### Is the site subject to flooding?

The site is not considered to be at risk of flooding for the following events:

- One in 200-year tidal event including 100 years for climate change
- One in 200-year tidal overtopping event including 20 years for climate change
- One in 100-year fluvial/pluvial storm event return period 2 hour duration including 40% allowance for climate change and a continuing loss rate of 6.5mm/hr.

#### Does the site have a choice of good existing retail and related services within a 10 minutes walking distance?

The local business baseline analysis indicates that there are 58 retail establishments, hotels, restaurants and bars within a 500m radius of the site, which employ an estimated 400 workers.

This is compared to 151 businesses (in the same sectors) at the existing JGH site, employing an estimated 1,000 workers. Many of the businesses within the 500m radius of People's Park are the same as those within walking distance of JGH, which would limit any adverse economic impacts for businesses which currently serve the existing hospital.

Whilst there are significantly more service businesses in the immediate area around JGH, there is a sufficient concentration of provision around the People's Park site to retain the agglomeration benefits that come with locating close to the town centre where business is clustered.

Growth in staff or visitor spend could spur additional service business start-ups around the People's Park site. Any loss of income to businesses nearer to JGH would be mitigated by the concentration of remaining economic activity in St Helier, as well as any regeneration proposals for the repurposing of the existing hospital site and the relative proximity of the new hospital to the town centre.

#### What level of additional infrastructure (utilities) would be required to support the site?

##### Foul Drainage

Proposals will be required to either respect the easements of the existing private attenuation features within the site, or will be accommodated or relocated within the proposals whilst respecting the associated easements.

A gravity foul drainage network is likely to be needed to serve the proposals with a connection to the 915mm x 710mm brick foul sewer located along Westmount Road / Lewis Street whilst potentially utilising the sewers serving the toilets.

##### Storm Drainage

Gravity storm drainage network is likely to be needed to serve the site. A gravity connection could be made to either to the storm network located along Cheapside or alternatively to the existing 1.525m diameter storm overflow sewer located along Gloucester Street.

An attenuation tank will be installed to the site.

The Government of Jersey have confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the site.

#### Incoming Utilities

There is sufficient capacity to supply the estimated water flow rate through dual supplies and a separate supply for fire systems.

With regards to potential use of gas, for enhanced security of supply, off-site reinforcement is possible as an option. Routing a supply to the site will require approximately 200m buried pipework routed to the site.

The site is located in the vicinity of Jersey Electricity Company's (JEC) St Helier West Primary substation. The substation lies approximately 300m from the site. Secondary supplies from JEC's Queens Road Primary are approximately 1.3km away.

## 4.5 Land Ownership and Acquisition

### Hurdle 1 - Acquisition Feasibility Risk Scoring

We have undertaken an options appraisal and acquisition feasibility analysis in relation to each of the five selected sites. Emphasis was placed on understanding and assessing the risk in being able to deliver a site within the required hospital timeframe, a key factor in the success of the project.

Where site acquisition indicates that there are likely to be a number of residents and businesses needing relocation, particularly if a new premises needs to be constructed to enable this, the deliverability of the site within the critical path timeframe is a significant concern, as it requires planning permission.

In Jersey, the compulsory purchase mechanism is relatively straightforward whilst a reasonably fast process, it is always a last resort even with a compensation payment. However, it is clear that compulsory purchase will be required to assemble all sites for some or all of three reasons:

- to deal with uncertain ownerships where records are not up to date
- to ensure the substantial costs of project delays is avoided and
- to ensure fair prices are agreed for all acquisitions

To assess the overall risk of achieving a site acquisition strategy, a RAG "Red, Amber, Green" assessment was adopted following approved process and considered the following 6 factors:

1. **Ease of Site Assembly** – This is an overall assessment of the viability of assembling all of the plots forming the site. For example, if a site contains numerous owners or dwellings which would have to be purchased and the owners relocated to a comparable dwelling, it will attract a much higher risk rating compared to a site that was in a single ownership as the likelihood of delay is increased.
2. **Perception** – Acquisition of some of the sites may be emotive for various reasons and the acquisition could become politicised which could add delay and risk deliverability. Some sites have adjacent interested parties or neighbours who could commit financial resource which, at best, would create delay or at worst, stop the project.
3. **Willingness to sell** – An average of the individual plot risk ratings for each site has been applied.
4. **Accessibility** – The highways / accessibility section for each

site and the viability of achieving suitable access to the respective sites has been scored against risk. Some of the highway issues are complex, with probability of having to secure large numbers of residential and commercial properties increasing the potential for delay. The actual number of properties involved could only be established following detailed highway design work. Securing permission to carry out the highway works would further add to the complexity and risk of delivery.

5. **Heritage Assets** – the presence of an ancient monument on a site has the potential to stop or delay the project and 2 sites have Dolmens located within the boundary. It is understood that the last relocation of a dolmen took place in the 18th century. The dolmens are listed and the surrounding area will be of archaeological significance and has the potential to cause prolonged delay whilst investigative work is undertaken, with the potential to further sterilise other parts of the site. They are fragile structures, so any attempt to relocate them could cause irreparable damage. Listed buildings also have an impact as their setting is key, particularly buildings of international significance.
6. **Title Issues** – The presence of a restrictive covenant or lease could have a negative impact on the viability of acquisition within the timeframe.

It is assumed that the cost involved in acquiring or servicing the sites was not regarded as a major risk factor at the initial assessment stage and therefore not included this in the risk matrix.

Location	Ease of Site Assembly	Perception	Willingness to Sell	Accessibility/Highways	Heritage Assets	Title Issues/Covenants
Five Oaks	Red	Red	Yellow	Red	Red	Green
Millbrook	Red	Red	Red	Green	Yellow	Yellow
Overdale	Yellow	Green	Yellow	Red	Green	Green
Peoples' Park	Green	Yellow	Red	Green	Yellow	Yellow
St Andrews	Green	Red	Red	Yellow	Red	Red

## 4.5 Land Ownership and Acquisition

### Ease of Site Assembly

Five Oaks and Millbrook achieve the highest risk rating. With Five Oaks, there are numerous residents, owners and tenants across the site, some of whom will need to be relocated. This will inevitably take time, resulting in possible delays. With Millbrook, there is considerable local opposition, from owners, tenants and local residents. No other site that has been shortlisted attracted the same level of direct comment. Overdale will involve relocating The Jersey Bowling Club, which is owned by The Parish of St Helier, although the relocation of recreational facilities will be less contentious than, say, relocating residents. St Andrew's and People's Parks are more straightforward as there is only one owner and no tenants, but are cherished by members of the community.

### Willingness to Sell

Suffice to say there is opposition to Millbrook, St Andrew's Park and People's Park. At Overdale there is only one party not willing to sell and their site would not appear to be a key parcel of land. Whilst Five Oaks, on the face of it, seems relatively straightforward apart from the residential properties, the full extent of other third-party land that may be required for highway works is not yet known although it is likely to impact on the risk to delivery.

### Accessibility

Significant works are required at Overdale and Five Oaks. In the case of Five Oaks the project would inevitably create more traffic in an already busy part of the highway network, given the proximity of several schools and being a main commuting route into St Helier. Road widening along the approach roads to the south and west and improvements to the roundabout will be required, with a number of residents and some businesses needing to be relocated. This constitutes a risk to delivering the project on time and results in a Red rating.

For Overdale, alterations to the route through Westmount Road will require significant improvements and the relocation of Jersey Bowling Club. Creating a new road via George V Homes to the A1, was considered, but the gradient from the main road up into the site is too steep, so is not feasible. Creating acceptable access to Overdale is likely to be complex in engineering terms and possibly visual impact. Whilst it presents challenges in engineering terms it also presents

some acquisition risk and as such is considered a Red rating. Millbrook and People's Park are more straightforward, given their proximity to major through roads and limited requirement for acquisition and have been assessed accordingly.

### Heritage Assets

The presence of a Dolmen and the important heritage value they carry, on St Andrews and Five Oaks create significant risk for acquisition. On Millbrook, the area is surrounded by listed buildings (Coronation Park, Elms West and Elms East) and St Matthew's Church, a site of international significance. People's Park is a Grade 3 Listed Place and Overdale has a Listed Building. All sites have heritage implications, but they vary in terms of impact from important assets to demonstrably less important, which is reflected in the grading of those assets.

### Title Issues

Overdale and Five Oaks would appear relatively straightforward.

Given the covenants on St Andrew's necessitating the need for a Special Law to overcome those restrictions, which could take years, resulting in the risk rating.

There are covenants on Millbrook and the only way to acquire land from the Methodist Church is by compulsory purchase (they cannot sell by negotiation).

There are also covenants on People's Park, however they are less contentious than the covenants on Millbrook and St Andrew's Park.

### Shortlist of Sites

Having considered the risk scoring matrix, all the sites have their challenges. From an acquisition perspective two sites enabled more meaningful negotiations with owners. It was considered that Five Oaks, Millbrook and St Andrew's Park vacant possession will be unlikely to be deliverable in the timeframe. Overdale and People's Park are the best sites from a site acquisition perspective in terms of delivery within the timescale.

### Acquisition Timetable

Recent experience of the acquisition of the land at Les Quennevais and residential dwellings and commercial premises along Kensington Place, in connection with Government projects, shows that a negotiated settlement, is time consuming.

For example, with Les Quennevais, 5 of the 6 parcels of land were acquired relatively quickly, once terms were agreed on the first field. However, the final land acquisition was difficult. Agreed and signed heads of terms had to be renegotiated and the process was publicised. This strategy only worked, after a Ministerial Decision approving compulsory purchase, to force the deal over the line was made with the overall process taking more than two years.

With Kensington Place, the process was intermittent. The project timescale was blurred and as a result the owners lost confidence as deadlines were missed, with this level of uncertainty causing a huge frustration for the business owners and their operations. Despite acquiring some buildings, the general stance from most property owners was that until the site had planning permission they were not prepared to enter into meaningful negotiations.

There are key lessons to be learnt from each project:

- It is important to have a definitive and fixed timeline
- Having multiple owners is more difficult, particularly as they will all have different advisors, some of whom will have different approaches, including publicising the process
- Planning has always been a major factor and there tends to be a reluctance for owners to engage until the outcome is known and assurance provided.
- Despite good intentions, the reluctance of using compulsory purchase can actually increase an owner's distress, particularly when multiple sites are involved, as it can blight the land for years.
- Acquisitions and vacant possessions need to be complete prior to planning applications

In terms of timeline, the risk of the owners not allowing contractors on site before the land is acquired to carry out surveys has been identified, but there may be parts of the Planning and Building Law that enables this work to take place. The timetable assumes that this is the case and consequently this element has not been risk rated.

## 4.5 Land Ownership and Acquisition

### Overdale in Summary

In addition to the main site, which is already in the ownership of the public, the remaining land needed is held in 9 ownerships. In general terms, except for three owners, they are believed to be willing sellers, albeit early indications are that their price aspirations will be unrealistic. Jersey Water would relocate, albeit it is likely that the timescale is too tight to find them suitable premises prior to the remaining site becoming vacant. The lease to the bowling club expires in February 2023.

If this site is selected in November 2020, a negotiated settlement should be targeted for March 2021. An assessment of the agricultural tenancies will also be required which, in the absence of tenancy information, is likely to require 12 months' notice to be given to terminate.

In the event negotiation is unsuccessful, the proposal would be to acquire the land by compulsory purchase. As noted earlier, a Ministerial Decision would be needed for approving the compulsory purchase itself, which it is understood could take around eight weeks and then six weeks to serve all the relevant notices.

Overdale is located in the parish of St Helier and is located on a hill, above Peoples' Park, overlooking St Helier. Access is via Westmount Road, which is a winding road that includes a hairpin turn. There are two alternative routes, one down from Overdale, through St Johns Road, which is one way or access from the north via Tower Road.

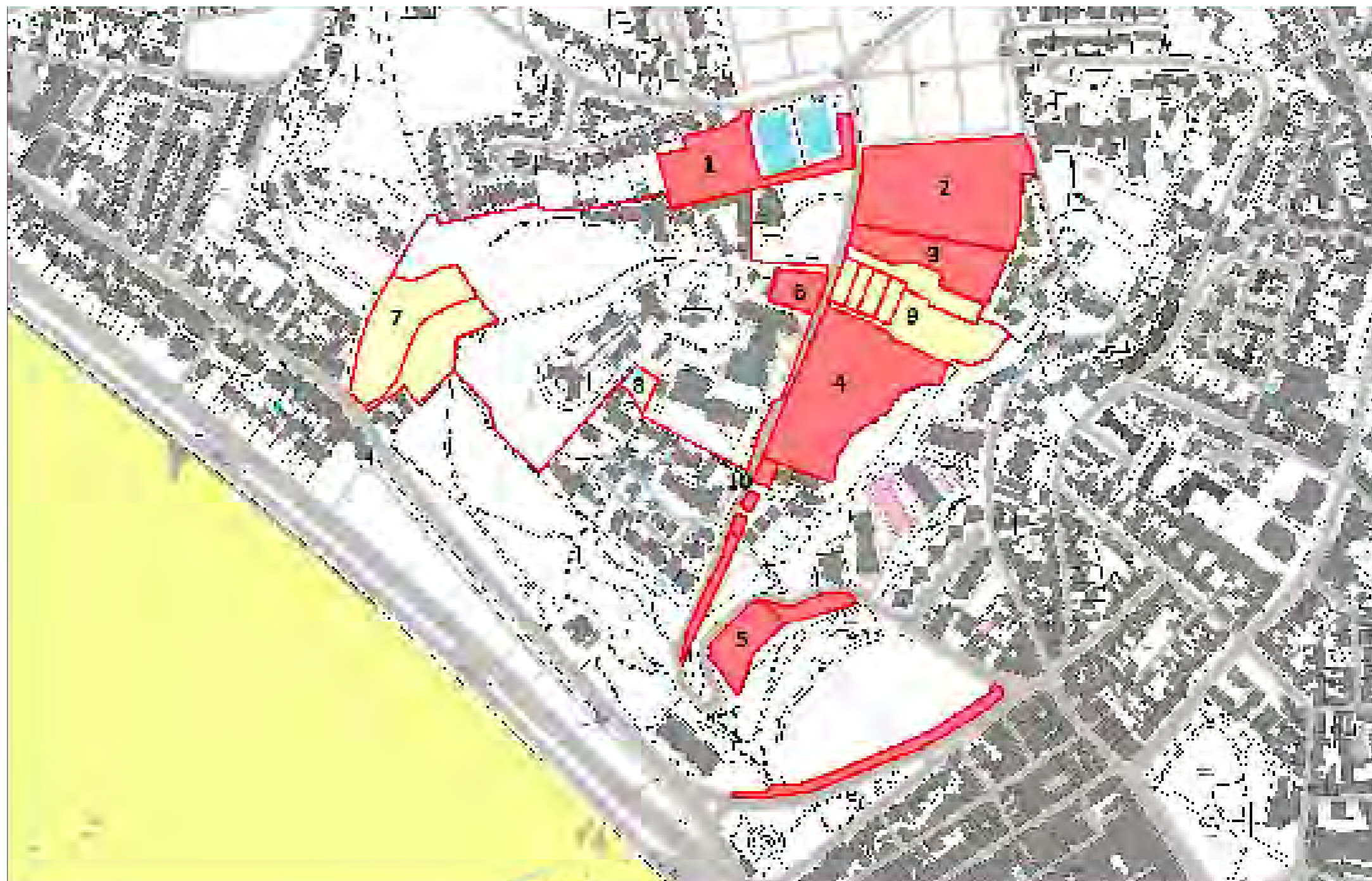
The site comprises a former hospital in the Government of Jersey's ownership, albeit some services are still provided on site. The area is predominantly residential, albeit Jersey Water's HQ is located adjacent to the site and the Jersey Bowling Club is located below the site.

In terms of access, this site is complex and significant engineering works will be required to improve the alignment on Westmount Road highway (increase radii) to improve suitability as a blue-light route and for large vehicles (such as buses and construction vehicles). This will be a major undertaking, that will require acquiring the bowling club and three residential dwellings. An alternative route through King George V Cottage Homes, is unlikely to be feasible as referenced elsewhere.

The main site is in ownership of the Government of Jersey. In addition, 19 parcels of land were identified as being of interest, 14 of which are residential dwellings which created risk in terms of delivery within the required timescale. The final requirements are indicated in red on the plan.

The potential issues concerning acquisitions are:

- The plots of land identified as being required are sensitive, such as Jersey Water's HQ, Jersey Bowling Club and residential owners. The preferred acquisition strategy is by negotiation, but the project timescale is at risk as the owners need to have enough time to find alternative premises.



- The acquisition of residential properties is contentious and we understand that some of the residential owners and tenants have been living in the properties for some years. We have already been informed that one owner is away from the Island until June 2021 giving him little time to find alternative premises.

- The Jersey Bowling Club are concerned they will lose members unless a seamless transition between the existing club closing and the new club starting is provided.

- Realistically the acquisition of Jersey Water's HQ can proceed if an alternative site is found, but they are an essential part of the island's infrastructure. No suitable property has been identified yet and they might not be relocated within the timeframe.

The most suitable solution requires all the red plots on the plan.

## 4.5 Land Ownership and Acquisition

### People's Park in Summary

The Property is in one ownership with access more relatively straightforward.

The main owner's stance is not to sell. However, there is the potential to create alternative public realm in the vicinity to help overcome loss of amenity.

Compulsory purchase will be required to acquire even if agreement is reached to deal with covenants.

If this site is selected in November 2020, the target date to conclude a negotiated settlement would be March 2021. Any compensation payment is not straightforward and will require relevant expertise and input from the Law Office.

In the event negotiation is unsuccessful, the acquisition of the park will require the compulsory purchase. Previous experience suggests that it will take around six weeks to serve all the relevant notices. The land will then be vested in the public and the date for vacant possession can be set, which is suggested prior to planning submission is determined.

People's Park and Victoria Park are public parks located in the parish of St Helier and occupying a prominent position along St Aubin's Road and the bottom of Westmount Road. St Aubin's Road provides direct access to the A1 and A2. The park is relatively flat in topography but does rise to the north western corner. The block and stack has shown that both current sites are required to provide an efficient hospital. Also, that some support facilities, along with the car park, need to be provided off site. We have assumed either the existing hospital site could accommodate these, or alternatively the car park and former care home, St Helier House, the later also required to provide early construction phase welfare and logistic accommodation.

Access to a new hospital would be provided from St Aubin's Road and overall, the highways strategy is relatively straightforward. A good quality walking route will be required to offsite facilities associated with the hospital. Should these be located more than five minutes' walk (400m) from People's Park, an alternative form of transport may need to be considered alongside walking.

The land is held in one ownership, the Parish of St Helier.

In terms of the "willingness to sell" RAG appraisal, the overall score is RED. At this stage, the views of the Parish of St Helier have been well aired in the media and it would seem a negotiated settlement is unlikely at this time. Their main concern seems to be the loss of green space. The States has previously rejected the site for development.



The site benefits from being flat with good access. There are covenants in place, albeit these do not appear to be particularly contentious.

The potential issues concerning acquisitions are:

- All the sites are in one ownership and do not involve residential dwellings, and there are covenants on the land, albeit we understand these are unlikely to frustrate the development, if compulsory purchase is taken as a realistic option.

- As previously reported compulsory purchase is relatively straightforward in Jersey, which in ways simplifies matters. However, the owner may want to prevent the development. Therefore, the main risk revolves around the political challenges that will need to be overcome.
- In order to assess the compensation payment, it will be important to undertake a "needs" survey, to determine the potential replacement. For the purposes of Compulsory Purchase replacement of a facility is not necessary, albeit it should be considered as part of the planning process.

## 4.6 Planning: Performance against the Island Plan

The Overdale site is subject to the following relevant planning designations:

- The majority of the site is within the Built-Up Area (policy reference SP1)
- The majority of the site is Green Backdrop Zone (policy reference BE 3)
- The two agricultural fields to the east of Westmount Road are Green Zone (policy reference: NE 7)
- The majority of the western part of the site is Protected Open Space (policy reference SCO 4).

### Section 1: Strategic policy framework

The sensitive future development of the Overdale may be consistent with the majority of the strategic policies in the Plan, but in utilising all of the proposed site i.e. the two agricultural fields to the east of Westmount Road, would be inconsistent with the spatial strategy (Policy SP 1), which is based on a sequence of principles that supports development in the main Built-up Area of the Town of St Helier.

This is important because the strategic policies will be afforded significant weight in the decision-making process. To avoid this conflict, consideration should be given to whether it would be feasible to minimise or avoid the use of this land so that all future development at Overdale is concentrated in the Built-up Area of St Helier.

### Section 2: Detailed policy framework

For the majority of the detailed policies in Section 2 of the Plan there is confidence that a robust case can be made in support of a scheme. It is also noted that Policy SCO 2 (Healthcare facilities) states that proposals for the development of new or additional primary or secondary healthcare facilities will be permitted provided that the proposal is either, 1) within the grounds of existing healthcare facilities, or 2) within the Built-up Area.

Notwithstanding the above, there are some high-bars set by policy and therefore, issues to be addressed:

- **NE 7 Green Zone:** this policy highlights that the Green Zone will be given a high level of protection and there will be a general presumption against all forms of development subject to a number of exceptions where they do not cause serious harm to landscape character. This includes significant public infrastructure, a proper assessment of alternative sites, a proven island need and its environmental implications have been properly identified, avoided, and/or mitigated as far as possible. Whilst significant public infrastructure is not defined in the Plan it is logical to assume that this would include a new hospital though the proper assessment of alternative sites is also a significant factor
- **HE 1 Protecting Listed buildings and places:** there is a presumption in favour of the preservation of the architectural and historic character and integrity of Listed buildings and places, and their setting. Furthermore, proposals which do not preserve or enhance the special or particular interest of a Listed building or place and their setting will not be approved. A Grade 3 listed building (Thorpe Cottage) is included in the Overdale site so would need to be demolished to accommodate any future hospital. Therefore, unless Thorpe Cottage can be removed from the site boundary, its loss would be inconsistent with Policy HE 1
- **BE 3 Green Backdrop Zone:** a key objective of the Green Backdrop Zone (GBZ) is to achieve an appropriate lower intensity of building and a higher degree of open space and planting. Policy BE 3 confirms that within the GBZ development will only be permitted where landscape remains the dominant element in the scene and where the proposed development is not visually prominent or obtrusive in the landscape setting. In the context of the likely scale, massing, and prominence of a hospital development at Overdale, its development is likely to be inconsistent with this policy

- **ERE 1 Safeguarding agricultural land:** this policy indicates that there is a presumption against the permanent loss of good agricultural land for development, although there may be some circumstances to justify its loss. The two parcels of land on the eastern side of Westmount Road are currently in some form of agricultural use, although there is currently no indication of the quality of that agricultural land. Therefore, with the inclusion of the two fields is likely to be inconsistent Policy ERE 1

- **SCO 4 Protection of open space:** this policy seeks to protect designated open space except where 1) its loss will have no serious impact on the adequacy, quality and accessibility of provision of the type of open space affected, or 2) alternative replacement provision of the same or better extent, quality and accessibility of open space can be provided, or 3) the proposal will be of greater community or island benefit than the existing open space resource, or 4) its loss would not seriously harm the character and appearance of the locality. There is a large area of protected open space in the western part of the site that consists of a dense belt of trees. The inclusion of some of this land in the development is likely to be inconsistent with this policy though it may be possible to overcome this if the loss was minimal and it could be demonstrated that a new hospital will be of greater community or Island benefit than the existing open space. Alternatively, suitable alternative provision could be provided in the locality to compensate for the loss of open space

- **GD1 General Development Considerations:** this policy sets out criteria which reflect policy SP7: Better by Design and the wider strategy if the plan, including matters of location and resource efficiency as well as matters relation to general design considerations. development should 1), contribute toward a more sustainable pattern of development, 2), must not seriously harm the Island's natural and historic environment, 3) does not unreasonably harm the amenities of neighbouring uses, 4) contributes to and/or does not detract from the Island's economy, 5) contributes, where appropriate, to reducing dependence on the private car and 6), is of a high quality design. While the majority of the site, but not all would fall within a location supported by the Plan, other detailed matters would require further consideration later within the planning process and mitigation will inevitably be required. Mitigation to address impacts on the natural environment may be significant. As a general principle, the scheme will need to be of a high quality design to meet the strategy of the Plan in relation to design

- **GD5 Skyline, views and vistas:** this policy seeks to protect or enhance the skyline, strategic views, important vistas and the setting of landmark and listed buildings and places. These matters would require further detailed consideration later in the planning process but again, they are principles of good design which a scheme will need to considered

### Conclusions

A high-level planning policy appraisal has been undertaken to identify how the Overdale site performs against the Revised 2011 Island Plan. This has concluded that it is likely to be inconsistent with parts of the Plan. Based on the information currently available any future development at Overdale would not satisfy section 19(2) of the Planning Law and therefore, the decision maker would need to engage section 19(3) i.e. planning permission may be granted if there is sufficient justification for doing so. The Minister may need to make a decision in the public interest. These would effectively be balancing exercises (the 'planning balance') where, for instance, the significant public benefits of a new hospital are weighed against harm to policies of importance in the Revised 2011 Island Plan.

The People's Park site is designated as protected open space (Policy reference SCO 4). St Aubin's Road forms part of the Primary Route Network and the site is also located in a Regeneration Zone. It is also a Grade 3 listed place.



## 4.6 Planning: Performance against the Island Plan

### Section 1: Strategic policy framework

The site performs well against the spatial strategy of the Plan which seeks to concentrate new development in the Island's defined Built-up Area (Policies SP 1) and in particular, within St Helier. The site is wholly within St Helier and the Built-up Area. It therefore represents a sustainable accessible location.

With respect to other spatial policies, its development would be inconsistent with Policy SP4 (Protecting the natural and historic environment) as both People's Park and Victoria Park are Grade 3 listed places and there are a number of grade 2 and 3 listed properties overlooking the site on Peirson Road, St Aubin's Road and Westmount Road. The full impact on the listed places and on the setting of the surrounding listed buildings will not be known until concept designs are available.

### Section 2: Detailed policy framework

For the majority of the detailed policies in Section 2 of the Plan there is confidence that a robust case can be made in support of a scheme. It is also noted that Policy SCO 2 (Healthcare facilities) states that proposals for the development of new or additional primary or secondary healthcare facilities will be permitted provided that the proposal is either, 1) within the grounds of existing healthcare facilities, or 2) within the Built-up Area.

Notwithstanding the above, there are some high-bars set by policy and therefore, issues to be addressed:

- **Policy HE 1 Protecting listed buildings and places:** this policy indicates that there will be a presumption in favour of the preservation of the architectural and historic character and integrity of listed buildings and places, and their setting. Furthermore, proposals which do not preserve or enhance the special or particular interest of a listed building or place and their setting will not be approved. As identified above, People's Park and Victoria Park are grade 3 listed places and there are a number of listed buildings in close proximity to the site. Therefore, the development would be inconsistent with this policy.

- **Policy SCO 4 Protection of open space:** this policy seeks to protect designated open space except where 1) its loss will have no serious impact on the adequacy, quality and accessibility of provision of the type of open space affected, or 2) alternative replacement provision of the same or better extent, quality and accessibility of open space can be provided, or 3) the proposal will be of greater community or island benefit than the existing open space resource, or 4) its loss would not seriously harm the character and appearance of the locality. The combined loss of People's Park and Victoria Park would be significant and though it may be possible to argue that the hospital would be a significant beneficial public amenity, the site's development will be inconsistent with this policy if no mitigation is provided.
- **GD1 General Development Considerations:** this policy sets out criteria which reflect policy SP7: Better by Design and the wider strategy of the plan, including matters of location and resource efficiency as well as matters relating to general design considerations. development should 1), contribute toward a more sustainable pattern of development, 2), must not seriously harm the Island's natural and historic environment, 3) does not unreasonably harm the amenities of neighbouring uses, 4) contributes to and/or does not detract from the Island's economy, 5) contributes, where appropriate, to reducing dependence on the private car and 6), is of a high quality design. The whole of the site is in a location supported by the plan and other detailed matters would require further consideration later within the planning process and mitigation will inevitably be required. As a general principle, the scheme will need to be of a high quality design to meet the strategy of the Plan in relation to design.

- **GD5 Skyline, views and vistas:** this policy seeks to protect or enhance the skyline, strategic views, important vistas and the setting of landmark and listed buildings and places. These matters would require further detailed consideration later in the planning process but again, they are principles of good design which a scheme will need to be considered.

### Conclusions

A high-level planning policy appraisal has been undertaken to identify how the People's Park site performs against the Revised 2011 Island Plan. This has concluded that it is likely to be inconsistent with parts of the Plan. Based on the information currently available any future development of People's Park would not satisfy section 19(2) of the Planning Law and therefore, the decision maker would need to engage section 19(3) i.e. planning permission may be granted if there is sufficient justification for doing so. The Minister may need to make a decision in the public interest. These would effectively be a balancing exercise (the 'planning balance') where, for instance, the significant public benefits of a new hospital are weighed against harm to policies of importance in the Revised 2011 Island Plan.

## 4.7 Construction and logistics

### Initial Site analysis of all five sites

#### Five Oaks

Five Oaks is located approximately 2km north east of St Helier. The access route crosses densely populated areas, as shown on ARUP's Transport Review, and requires enhancements to accommodate increased numbers of HGVs which will add to the construction costs. This will also impact on the construction programme as the already busy highway, will have a reduced capacity during peak periods, potentially leading to time constraints.

Five Oaks also has a topography with most areas in site steeper than 1:40, which could lead to the need of retaining structures if terraced buildings are designed.

It is estimated that a 12-month period maybe required to clear the site ready for construction to commence, if the hospital is located in those areas of the site where there are currently buildings. Should the new Hospital or any other ancillary building be placed in the Grade 2 listed locations, these would need to be demolished/relocated with the consequent implications on programme due to planning requirements.

Initial Environmental assessments suggest the volume of works required is considered a medium risk, mainly due to the size of the site area available and given its location, although no flood defence works would be required.

Government of Jersey agencies have confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the site. The services are generally contained within the highways and therefore enhancement works to these services will cause disruption to traffic whilst these works are taking place.

#### Millbrook

Millbrook Playing Fields benefits from an access through the A1 and the A2 dual carriageway which will be appropriate for plant, machinery and HGVs, although temporary works to the highway will be required to accommodate access into the site at this point. The overall site is split by the A1 and some works will also be required to junctions on this road. The site and existing ground profile varies across each of the two land parcels, which will require some minor retaining structures. Millbrook has limited ecological value on site therefore the extent of ecological mitigation works should be minimal and given its proximity to the sea, flood defence works will very likely be required.

Government of Jersey agencies have confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the site. The infrastructure is located within the highway and impact of traffic in the location would be expected to be high as this is a major bus route.

Millbrook is located close to the seafront could suffer from strong wind that could be an issue and limit the productivity of the cranes, resulting in an extended programme.

#### Overdale

The carriageway leading to Overdale is narrow with tight bends and cannot accommodate deliveries by HGVs or large equipment, therefore this road infrastructure will require significant enhancements and even potential of closures to all road traffic prior and/or during construction. This construction issue will add time to the delivery phase as construction will be hindered until these improvements are fully operational.

Any construction works on the Overdale site and the main access via Westmount Road will require a significant amount of retaining structures given its topography. There are several buildings that will have to be demolished/relocated before starting the main works, which will add time in comparison to the other sites.

The presence of asbestos is anticipated within the derelict buildings, and some of the older estate, asbestos is not anticipated in the more recently constructed Westmount Centre. Initial assessments suggest a three to six month period will be required to clear the site ready for construction to start.

Whilst no flood defence works will be required to this site there will be a requirement to undertake environmental works based on the 2014 Ecology Assessment. Government of Jersey agencies have already confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the site. Since this infrastructure is within the highway there will be impact on traffic. This impact will be compounded by the enhancement of the access road, which will cause disruption to Islanders living and commuting through the area.

It is very likely that rock will appear at very shallow levels, therefore due consideration should be given if basements are required that would require a substantial amount of rock excavation. This would require additional time and will significantly increase the costs.

Due to being situated on a hill wind is also likely to be an issue and limit the productivity of the cranes, resulting in an extended programme.

#### People's Park

People's Park is a relatively flat site with the exception of the steep slope to the north west which would require engineering works should the building be placed in this location. The site is the closest to the port and its access does not require in principle any particular enhancement to the existing roads.

Government of Jersey agencies have confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the site dust, noise and vibration mitigation will be required to minimise disruption to the public and neighbours. The disruption should be minimal with the exception of the junction and site access on St Aubin's Road.

The site is smaller in comparison with the others which will result in less area for the temporary site accommodation for which alternative solutions will be explored.

#### St. Andrew's Park

During construction, St Andrew's Park will be accessed through the A1 road, which is also capable of accommodating plant and HGVs. No significant enhancement works would be required. Plant and HGV movements may need to be restricted during school opening and closing which could slightly impact the normal activities on site.

Government of Jersey agencies have confirmed that extensive reinforcement and upgrade works will be needed to the existing drainage infrastructure in the near vicinity as well as that downstream of the site.

Locally, the impact will be high as it is surrounded by residential units. In addition, there are numerous listed buildings in the surroundings. Vibrations during construction should be carefully considered and mitigated.

#### Summary of key points on the five sites

Five Oaks, Millbrook and St Andrew's Park present varying challenges from a construction point of view due to their location and nature of the existing land, however they were considered suitable sites to construct of the OHP.

Overdale would be a challenging location to build the new hospital. The enhancement of the access road and/or building a new one, being the main consideration for this site, which will have an impact on time and cost. Also, the topography and the likely risk of excavations in rock should be given consideration when designing a hospital on this site. In comparison with the other sites, Overdale requires substantial engineering works and subsequently a longer programme and increased costs. An order of magnitude for these will be quantified in the next phase when the abnormalities of the sites will be detailed and further developed.

People's Park is considered a more suitable location to accommodate the construction works due to its proximity to the port and relatively level topography, although the size of the site may present challenges with regards to the lack of space for site accommodation and lay down areas.



## 4.8 Timeline

### Detailed Analysis of the two Remaining Sites

#### Overdale

This site is located on an elevated position with a mix of operational hospital buildings, residential buildings and farmland. It is also of note that the crematorium serving the Island of Jersey is located on the boundary of the proposed site which also has the graveyard located close by.

Key early elements to focus on at this site is that there is an existing live hospital site that will require a detailed and sensitive decant strategy for the services currently provided and identification of new facilities out with the Overdale site.

At present there are several buildings on the existing hospital site that are in a state of dilapidation and requiring extensive upgrade or demolition. Due to the age of these buildings there is a likelihood of asbestos present within the building fabric. As such we must be sympathetic as to the timing of the removal of asbestos, and the general Health and Safety concerns the public have in general for these works and would prefer to do this when all the buildings have been vacated and the site is empty.

Due to the tight timeline of the full planning process for the new hospital if this site is selected, we feel it is advantageous to submit a separate planning application for this demolition package of works. This would also include for the Bowling Club located on Westmont Rd and the Residential buildings associated with the new hospital project. This application would run in tandem with the Land negotiations/acquisitions and the back-up CPOs.

Access up to the Overdale site is currently not suitable for heavy construction plant and machinery and does not afford the correct highways access for what will be the final blue light route and patient access to the completed hospital. To ensure these requirements are met we will need to construct a new 1.5km section of road from St Aubin's Road beside People's Park, over the existing Bowling Green, clubhouse and existing landscape. The road will then form a hairpin turn back towards the Overdale site, completing at the Tower Road junction.

This is an extensive section of roadworks requiring major infrastructure and civil engineering works. Being that this new road needs to be in place to allow the main hospital works to start on site, we propose submitting a separate planning application to allow the delivery team to bring the work forward on programme. Currently the New Road outline programme is one month for demolition and soft strip/site setup and a 6 month construction programme. This is subject to the stability and structural integrity of the existing rock formations as we climb the hill. By bringing this large element of work forward on programme we de risk the potential for this element delaying the start of the main hospital construction works if the Overdale site is selected.

The three separate applications are as follows:

- Demolition of Existing Overdale hospital suite and residential buildings site and Bowling Club
- New Westmount Road and car parking along St Aubin's Road at People's Park
- Main Hospital works.

We recognise that by splitting the applications there is a potential risk for public objection and planning objection on each submittal, however, for the programme to be successful on this site the early works being carried out and completed are essential.

The Crematorium and the sensitivity surrounding those using the building and how often the building is used is a key factor for the Overdale site. As the delivery partner we will have a requirement to ensure we do not impact the day-to-day and often very emotional services carried out in this building. The public interface on this building require that we incorporate effective screening from the construction activities from those having to use the building from all the elements of noise, dust and vibration. This will require significant temporary works installed in a manner reflective of this building.

Desktop surveys on existing services have been carried out and in the fulness of time actual site investigation will evidence the level of services that may require diversion and maintenance during the construction period.

As the site is located in an elevated location in the Island, there will be consideration given to the levels of weather/wind exposure during the construction period and how to best mitigate using advanced construction methodology and modern methods of construction including and off-site pre-manufacture.

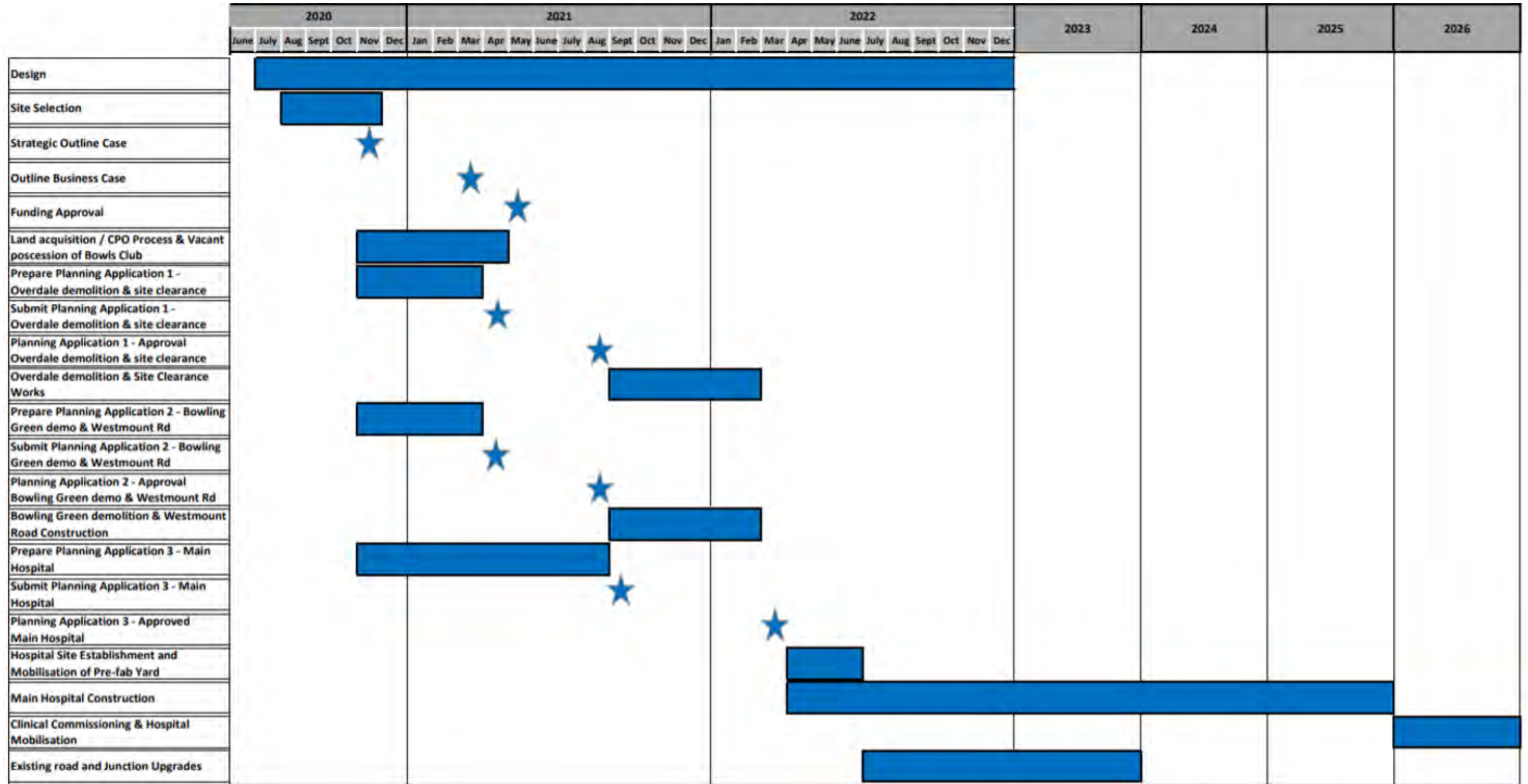
This large construction project requires a welfare and office facility befitting the value/programme and complexity of such a build. The Overdale site provides the opportunity to build modular, temporary offices/welfare and car parking for the construction workforce and supervisory team. (We would anticipate numbers between 500 and 700 at peak). Due to the distance from site to the town centre, the welfare and catering facilities provided will ensure the workforce are catered for on-site during the working day.

Overdale will allow for an onsite production facility and material holding zone due to the availability of space on the site. Just In Time Delivery (JIT) is a term often used on construction projects, however, a project based on an island such as Jersey, will be better served by being able to store materials to cater for any possible shipping and transport/weather impacts.

Excluding asbestos and any ground contamination, the site proposed for the hospital building, does not appear to present any significant programme issues for the construction process.

# 4.8 Timeline

## Overdale - Highlevel Timeline



## 4.8 Timeline

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### People's Park

People's Park and Victoria Park are located within a more urban environment. The site is bordered on two of its four main sides with residential, commercial and hotel accommodation and is currently used as a large public green space.

This site has relatively few restrictions in respect of existing buildings or demolition requirements. Excluding the road widening works and closure of St Aubin's Rd, the site affords the construction works the opportunity to start on site, following the conclusion of the planning and design process and contract award. The site provides a large percentage of the footprint as being relatively flat with the tiered landscaped area to the north west of the site rising steeply.

As part of the final roads layout for the hospital located on this site, we are required to remove and divert the road currently known as St Aubin's Rd along Peirson Road. In doing so we will widen Peirson Road into what is Victoria Park space. The works will require a lengthy duration of traffic management which to ensure there are no adverse impact on road and pavement users there is an extensive programme of works. These new roads need to be in place and completed for the start of the construction of the new hospital. To ensure we de-risk this programme of works we will submit 2 planning applications for this site. One for the road alteration works and removal/relocation of the public toilet. And the other for the main hospital works.

The new road layout will also allow a more controlled and direct access for materials and construction traffic coming from the Harbour.

The future building layout/position will dictate the site traffic management access strategy, as the building will likely cover a large proportion of the site, extending out to the site. The freedom to travel around all sides of the proposed new building, for access to facades and feeding the internal works, will need to be considered during the design phase to ensure safe and sensible access is afforded.

The project will employ mitigation methods to limit exposure at the site boundaries to noise, dust and vibration. In some instances, the workforce due to the confinements of the site will be close to residents and commercial/hotel buildings, as such screening and protection will be a requirement during the construction process.

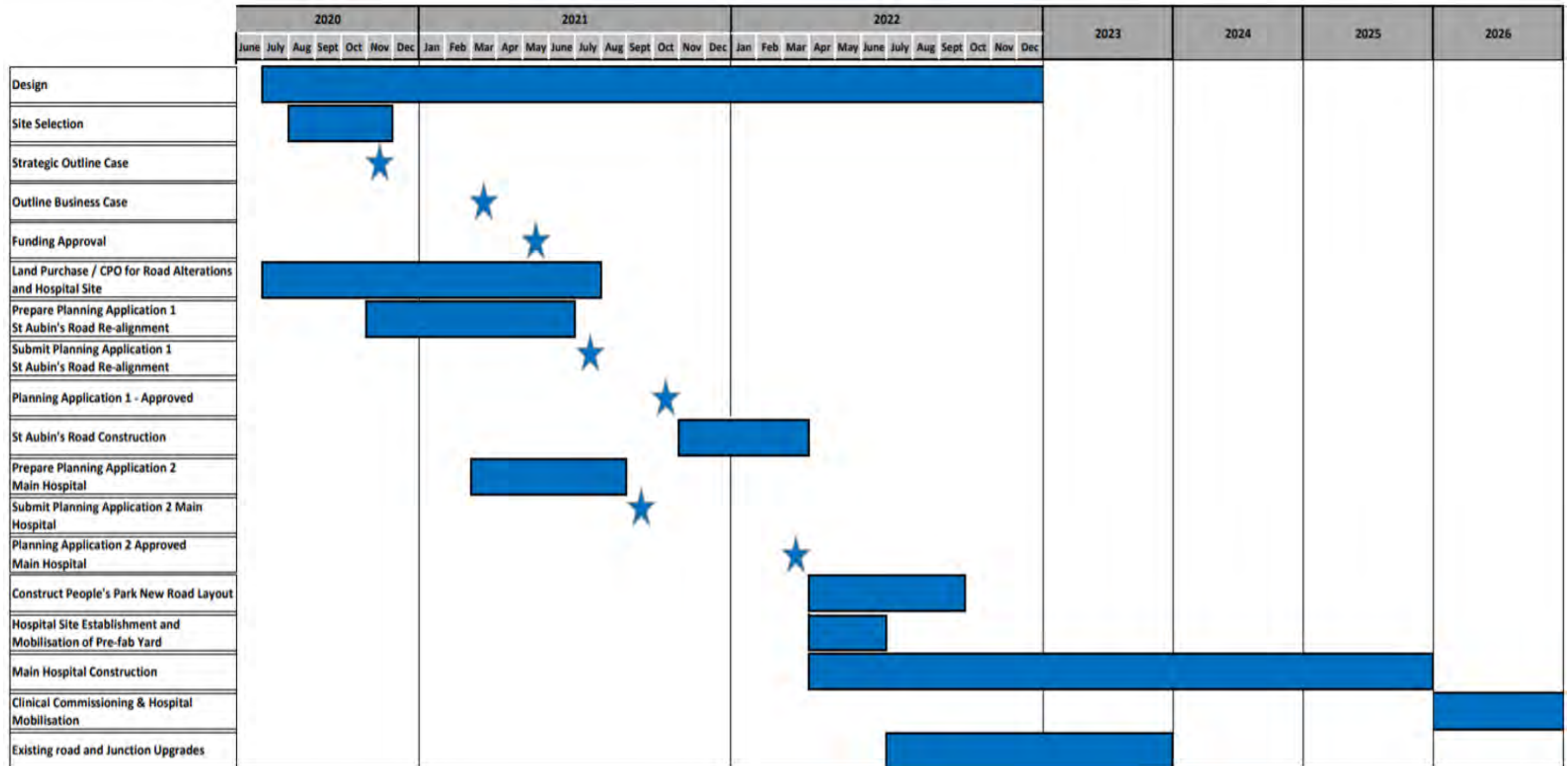
The low-level location of the site and within a natural basin of topography and buildings affords a certain level of protection from the weather elements. The construction methodology will take advantage of the site topography and location and utilise modern methods of construction including on and off-site pre-manufacture where possible.

Site accommodation and welfare facilities for the size of this project will require a suitable footprint and we have identified Victoria Park, north of the Victoria Statue and parallel with Peirson Street as a possible location with an alternative off-site offices and modular buildings located on the existing car park site off the A1 roundabout onto St Aubin's Road. The use of the St Helier House as an office space may accommodate the delivery team.

If the People's Park site is selected, we would note there are no significant issues that would delay the programme during the construction process.

# 4.8 Timeline

## People's Park - Highlevel Timeline



## 4.9 Heritage

### Introduction

An initial desk-top exercise identified the heritage assets within and around the five sites identified for Hurdle 1. The impact of hospital development on these assets, either directly or by being within their settings varied. The decision to narrow the selection to two sites was made on grounds other than heritage, so it was not necessary to take the analysis of the impact on historic significance to its natural conclusion. The appraisal of the impact of hospital development on Jersey heritage assets associated with the two remaining site options takes account of the legislation and policies relating to development and the historic environment. It also takes into account past decisions on proposals for a new hospital on the existing site, and other relevant development proposals.

It adopts the heritage values approach to evaluating historic significance. This is derived from the document Conservation Principles Policies and Guidance, published by English Heritage in 2008 (under review). Not only is this generally accepted as good practice but is also consistent with the method adopted in the evaluation of the heritage impact of the previous hospital proposal. This will facilitate the comparison of impacts in the context of the eventual Environmental Impact Assessment (EIA) and ensure consistency in decision making in the subsequent Public Inquiry.

### Overdale

One listed property, Thorpe Cottage, is within the revised site boundary, immediately to the north of the existing Overdale Hospital.

The historic significance of the property derives primarily from the illustrative historic heritage value of this modest nineteenth century agricultural dwelling with a largely original principal (east) elevation, and the associative heritage value of its relationship with what appears to be the original walled smallholding onto which it faces. The rear of the building has been modified, and it is likely that its curtilage has been reduced to accommodate the Overdale Hospital buildings and associated structures. The smallholding is no longer cultivated and its originally rural setting has been intruded upon by the existing hospital, the crematorium and garden of rest to the north, and later residential properties off Westmount Road to the east.

The demolition and redevelopment of the site of the cottage and its garden would be contrary to the Island Plan policies SP4 and HE1. Such dwellings may not be rare in Jersey, but few are likely to be in such original form. Such loss would be absolute and not mitigatable. It would have to be balanced against the public benefit of the hospital, if this site were to be selected.

Immediately opposite Thorpe Cottage, on the east side of Westmount Road is Briez Izel, a detached residential property. The list description refers to the first-floor balcony on the principal (south) elevation, but not to the fact this appears to

be a relatively recent addition. The lean-to garage to the west (street) elevation may not have been original and has been rebuilt.

The historic significance of this building lies in the illustrative and aesthetic heritage value of its principal elevation, facing south to take advantage of distant sea views. The significance of its aesthetic value has been reduced by the addition of the later balcony and further alterations carried out more recently.

The list description refers to the property's contribution to the streetscape. This is of modest significance, and the relative dominance of the original house has reduced over time as additional buildings have been constructed within its visual setting. The construction of parts of the new hospital on sites to the north and south of the property may compromise to some extent historic views from the property but are unlikely to have any impact on appreciation of its primary heritage values.

The construction of large-scale development on this group of sites could be conspicuous over a wide area, intruding into the setting of many heritage assets. The extent and degree of such intrusion will be determined with reference to the Zone of Theoretical Visibility (ZTV), in preparation, once the outline of the proposed structures has been established. This will take into account established historic views and panoramas from historic locations in St Helier and around and from St Aubin's Bay.

### Off-site development

The construction of a new hospital in this location will require improved vehicular access to the site. Nine route options were tested to meet this requirement. The preferred Option 5 would follow the existing alignment of Westmount Road. This would have the least impact on heritage assets of those options tested that would require new road works above People's Park and the bowling green, however, this would require some modest retaining works, possibly affecting the setting of Westmount Park and the site of a former German heavy machine gun post on the north side of the road.

The increase in traffic following this route past the listed properties in Park Place and New Park Villas would compromise to a minor extent their historic relationship with People's Park immediately to the south.

### Summary

The construction of a hospital on the Overdale site would require the demolition of a Grade listed building and the loss of its illustrative and associative heritage value to the heritage of Jersey. It would be conspicuous in the setting of one other listed building but would not compromise the heritage values that contribute to its historic significance.

Off-site works associated with improved vehicular access would intrude into the settings of listed spaces and the setting of listed structures.

Depending on the scale of the buildings introduced into this elevated site, the hospital could be conspicuous on the skyline in historic views from St Helier, St Aubin's Bay and St Aubin to the west.

Whether these considerations would remain in conflict with Policy HE1 in that settings may not be protected or enhanced, is a matter of interpretation and case precedent.



## 4.9 Heritage

### People's Park

The red line defining the site of the People's Park option has been modified to include Victoria Park to allow an adequate site area to be secured. This assessment assumes this to be the case.

The list description refers to the Le Gros map of 1849. This shows the park spaces as unoccupied land, as is the land later occupied by most of the houses in Peirson Road (then Cheap Side) to the south of the building now occupied by Pets Paradise (This building, although apparently not listed, appears to be shown on the Le Gros map. It may have been an industrial or service building.)



Extract from LeGros map of 1849 showing site of later residential development on Cheap Side

These two parks form a group with Westmount and Lower Parks that were laid out as part of a wider public parks' initiative in the mid nineteenth century. Their historic significance derives from the association of the public acquisition of the land for the parks by State and Parish agencies and the people associated with them at the time. There is also substantial communal heritage value in the part these spaces have played in the public life of St Helier and Jersey since they were laid out. The large flat open space of the lower part of People's Park is a venue for public events and activities. There is anecdotal evidence, not included in the list description, that the park was cultivated for food crops during the Second World War. If so, this would add to its communal heritage value.

The current layout of the park is illustrative of what was originally intended, including retaining walls, steps and paths through the upper slopes. These remain extensively wooded, but most of the original tree planting has been replaced. Some features, notably a bandstand, have been lost. This historic heritage value reinforces its historic significance.

The relationship of Victoria Park to the late monarch is relatively recent. The separately listed statue of Queen Victoria was moved to its present location, in what was originally Triangle Park, in the 1970s to make way for a new bus station close to its original location at The Weighbridge.

The current layout of the planting of the southern part of the park replaced earlier arrangements that included a bandstand. The modern layout is of no significant heritage value, although the largely open and uninterrupted space does provide extensive views across Victoria Avenue to St Aubin's Bay and Elizabeth Castle. The list description makes extensive reference to the 1920s public toilets on the park's southern edge. The combined communal, associative and aesthetic heritage value of this block is of modest historic significance.

A Victoria Jubilee Memorial at the eastern end of Lower Park, erected in 1898, is separately listed. Road realignments necessary to accommodate a hospital in this location could require the relocation of this memorial. Its modest associative heritage value would not be significantly affected by its relocation, if it remained in the vicinity of Victoria Avenue.

The east side of what is now Peirson Road represents an important record of the development of St Helier in the nineteenth century. The group of buildings to the north of Kensington Place may retain some elements that were extant before the laying out of the park – as shown on the 1849 Le Gros map. The majority of the mid-to late-nineteenth century houses in the broken terrace to the south are listed, and present a lively façade with much original, exuberant detailing. The houses are of a generally similar scale with two floors plus attic. Those at the northern end have basements, possibly indicating the boundary between natural and later made ground. Facades are painted stucco, apart from the granite faced former hotel at No 17, and many have original ironwork balconies and railings. Dormers and bays have decorative moulded or timber detailing. The list descriptions indicate that some have surviving similarly period interior details.

These buildings have illustrative and aesthetic heritage value, both individually and as a group. It is reasonable to assume that they were built to take advantage of views across the new public spaces of People's Park and Triangle Park towards St Aubin's Bay. The park thus comprises part of their setting, and views from the houses have some associative heritage value. This setting has been modified over time by the replacement of trees, by the widening at realignment of roads and by the introduction of perimeter parking around the east and south sides of the park. Views across the open space are obscured, at least for part of the year, by the maturing trees along the perimeter of People's Park and the northern end of Victoria Park.

The development of the People's Park/Victoria Park site would intrude into the historic views from the properties in Peirson Road. This would cause some harm to their historic significance, but the illustrative and aesthetic heritage values of their facades and surviving interiors would be unaffected, and appreciation of these elements of their historic significance would be unaffected.

There are further listed residential buildings immediately to the north of People's Park at 1-2 Park Place and 1-5 New Park Villas. Their construction probably post-dates the opening of the park, so redevelopment would intrude into their historic setting and may close off historic views across the park to St Aubin's Bay. Their historic significance derives mainly from their illustrative and modest aesthetic heritage value, the Park Place properties retaining the higher level of historic detailing, externally and internally. The associative heritage value of the relationship to the open space to the west would be harmed to some extent by the closing of the view across it from these dwellings.

### Summary

The redevelopment of People's and Victoria Parks would entail the complete loss of these historic public parks, contrary to Policy HE1 of the revised Island Plan. While the amenity value of the parks might be reprovided elsewhere, the associative and communal heritage value would be lost. The introduction of a new public use, through the OHP, might be considered an appropriate alternative use of the site that in the long term could reinforce the communal heritage value of this public amenity space.

Redevelopment of the parks would intrude into the historic settings of listed houses along Peirson Road and Westmount Road, and to a lesser extent the listed commercial premises at the junction with Cheapside. This would cause some harm to their associative and illustrative heritage value, already limited by later development in the surrounding area. The aesthetic heritage value of the main facades of many of the buildings, and close views of them would not be affected. Longer views of them would be restricted by development, but the aesthetic heritage values of these details would not figure at a distance.

The historic prospect of the seafront and promenade in this part of St Helier is already compromised by the undistinguished outlines and facades of the four-storey Grand Jersey hotel and the six-storey modern apartment block on the southern edge of People's Park. The parks cannot be appreciated as other than a gap between these buildings in long views, and redevelopment would offer the opportunity to create a public building of quality within the backdrop of the sweep of Victoria Avenue.

## 4.10 Landscape / Ecology

### Introduction

The work carried out in evaluating the landscape, townscape, ecology and visual impact of the sites has been a combination of desktop studies and site visits. The desktop studies have involved a review of all existing data available for the sites and planning policy, including the Island Plan and Supplementary Planning Guidance (SPG), to ensure legislation compliance, plus any relevant planning designations within or adjacent to the sites, for example listed buildings, protected open spaces and public rights-of-way. As part of this work the topographic information has also been reviewed and slope analysis carried out to gain an understanding of any access and construction constraints related to the gradient of the sites.

The site visits during this period have been to confirm the analysis carried out during the desktop study, review the potential visual impact (described in the following Section 4.11) and carry out an assessment of the existing ecology to determine whether there is the potential for any protected species and decide whether any additional ecology surveys are required above those already identified throughout the year. From this assessment bat and reptile surveys are now being carried out.

Ecology surveys were commenced on all five sites and continued until sites were deselected following the Hurdle 1 determination. Ecology surveys on the remaining two shortlisted sites will continue until a decision on the selected site in November 2020, at which time the surveys will continue on the single site through to summer 2021.

For the purpose of brevity, the drawings produced for the Hurdle 1 evaluation for Overdale and People's Park remain wholly relevant for the Hurdle 2 evaluation but are not repeated.



## 4.10 Landscape / Ecology

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### Hurdle 1

The assessment for each of the original five sites was carried out and mapped using the following headings, as illustrated in the following pages:

- Opportunities and Constraints (which summarise maps below)
- Topography and Access
- Land Use and Building Height
- Statutory and Planning Designations
- Landscape and Ecology

In general, the analysis showed that the Millbrook site will result in developable areas which will significantly constrain the clinical and operational performance of the hospital, as a result of setbacks to existing residential development along its western and northern edges and the relative size of the southern site, which alone is too small to accommodate the clinical functions of the hospital. Any connections between the northern and southern sites could only be at basement or above ground levels, rendering inefficient and sub-par clinical connectivity, particularly in relation to ground floor clinical requirements. The southern site would therefore only be used to provide carparking serviced by the A2.

At the same time, the quality of St Andrew's Park as an important community social amenity with little or no prospect of being re-provided is also concerning. Whilst this is also true of People's Park, there is a strong possibility that this can be successfully mitigated with an appropriate amenity being re-provided within St Helier. Further, the presence of the Dolmen within the site is a significant constraint on development within St Andrew's Park.

The site(s) at Five Oaks are of sufficient size to deliver the hospital development. Whilst constrained in part by the presence of Dolmen, the site would be flexible enough to avoid any negative impact on the heritage site. It should be noted, however, that Five Oaks is on high ground and will be viewed from long distances causing concern regarding its visual impact on the environment.

The information provided in these studies helped inform the overall context of each site and other technical studies, contributing to the Hurdle 1 assessments. As such, Overdale and People's Park were taken forward for further assessment to Hurdle 2, described immediately after the illustrative pages of the five sites which follow.

## 4.10 Landscape / Ecology

### Five Oaks

#### Site Description and Location

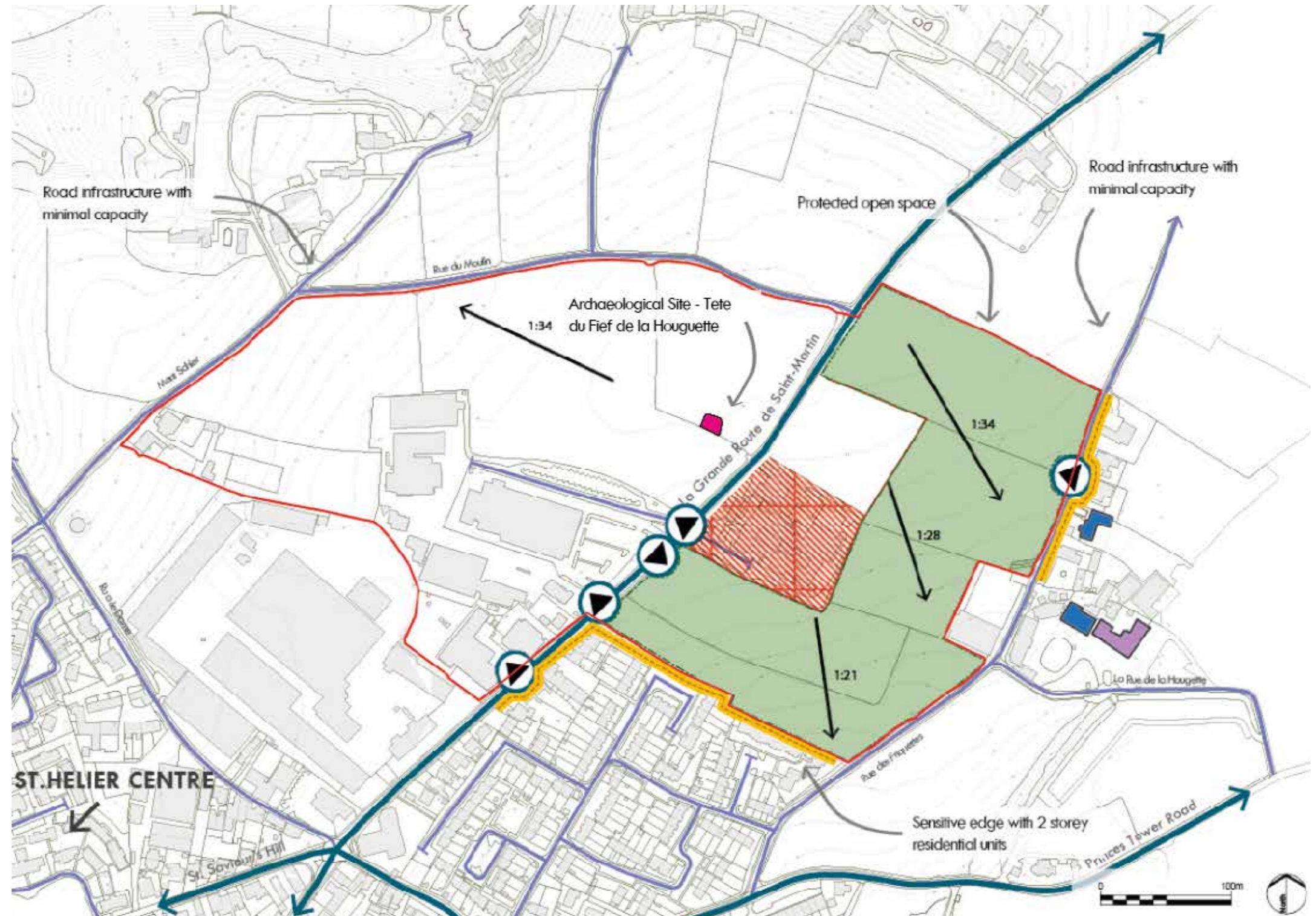
The Five Oaks Site lies either side of La Grande Route de St Martin in the Parish of St Saviour. It is set at the northern extent of the Five Oaks Built-up Area. The site consists of a small industrial estate at the south, which includes commercial warehouses, retail units and a small care home. The Greenfields Children's Centre and low numbers of scattered residential units are also located within the site boundary. The remainder of the site is made up of grazing and agricultural fields with mature treeline and hedgerow boundaries.

#### Opportunities

- Good transport links with bus routes and nearby cycle route
- Likely not large visual impact, as existing tower on site similar height or taller than proposed building
- Likely limited ecological impact

#### Constraints

- Most complicated site in terms of land ownership
- Existing roads very narrow and many homes up to St Saviours Hill have front doors directly onto road
- Schools nearby is a traffic and safety issue
- Potential building height issues regarding adjacent low residential properties



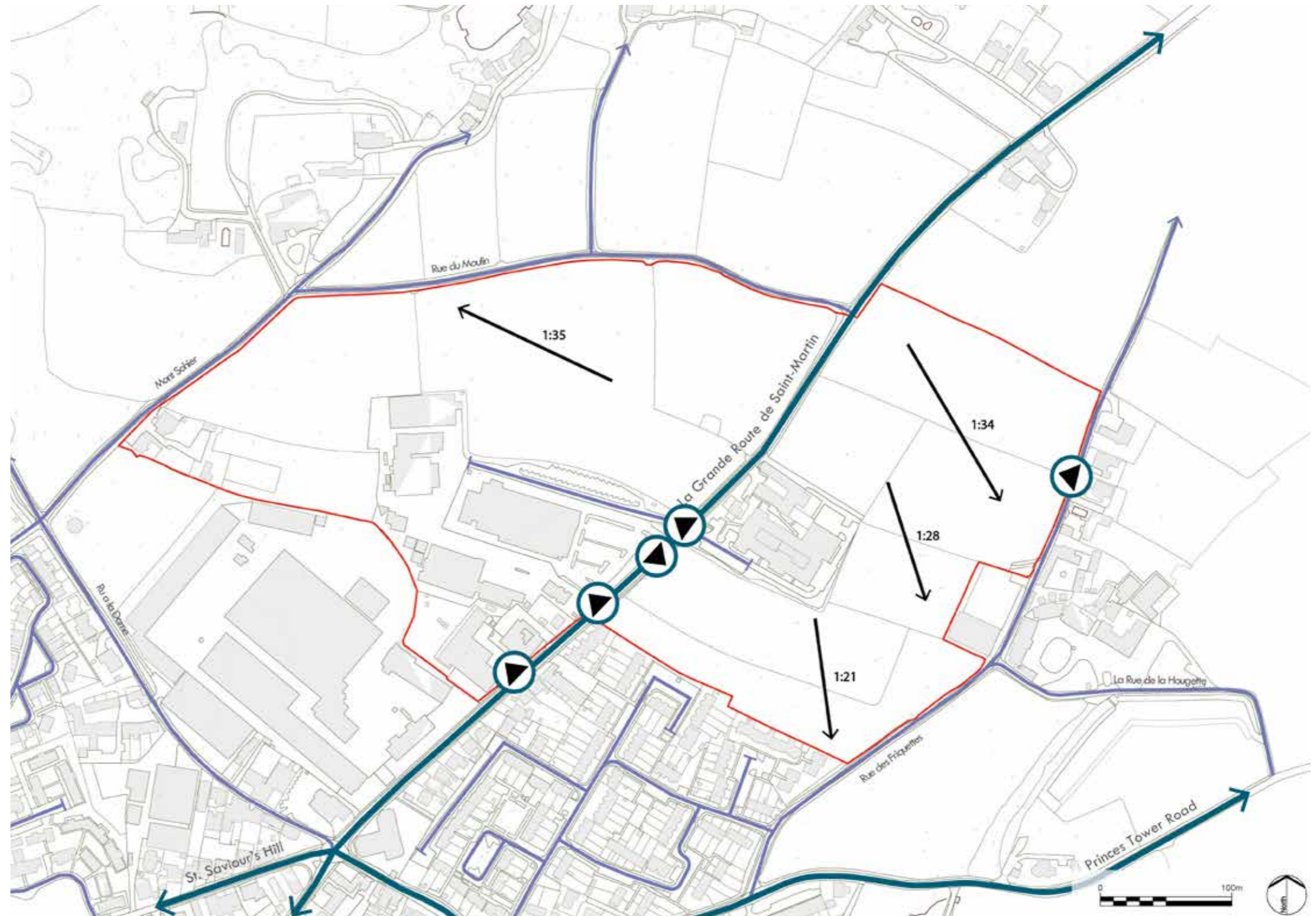


## 4.10 Landscape / Ecology

### Five Oaks

#### Topography and Access

The site slopes away from the high point along La Grande Route de St Martin at relatively gentle gradients between 1:35 and 1:21, and so the topography does not present a particular challenge to the potential development of the site. Access to the site presents a greater challenge as the existing roads surrounding the site are very narrow, and there are schools in the area, in addition to homes with front doors opening directly onto the roads, which is a potential safety issue if there were to be increased vehicle use.



- Site boundary
- Primary Roads
- Secondary Roads
- Tertiary Roads
- Pedestrian Route
- Bicycle Route
- Existing Site Access Points

## 4.10 Landscape / Ecology

### Five Oaks

#### Land Use and Building Height

The land use is a mixture of industrial, commercial, retail, residential and agricultural. Most of the buildings are between one to two storeys in height. As the site is mainly surrounded by agricultural fields the only potential set-back issues, with buildings close to the site boundary, is with the field east of La Grande Route de St Martin, where there are low-rise homes.



-  Site boundary
-  Mixed use
-  Education
-  Residential
-  Protected open space (Island Plan 2011)
-  Green zone (Island Plan 2011)
-  1-2 storey
-  3-4 storey
-  Potential setback up to 20m to respect existing residential area

## 4.10 Landscape / Ecology

### Five Oaks

#### Statutory and Planning Designations

The only designation within the site is the listed archaeological feature of Tete du Fief de la Hourgette, which is located in the agricultural field west of La Grande Route de St Martin. There are a couple of Grade 3 and 4 listed buildings east of the site near the boundary, but apart from that there are not any listed buildings or places within 100m of the site.

The following designated zones of the 2011 Revised Island Plan are within the site boundary:

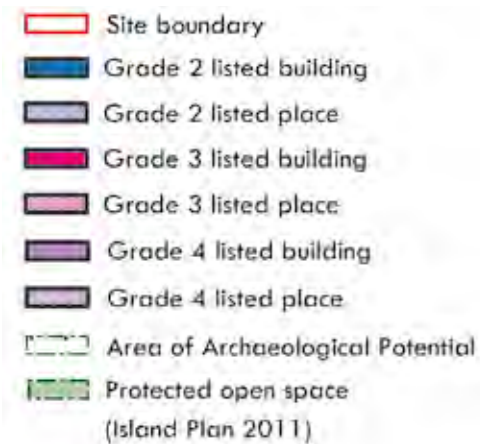
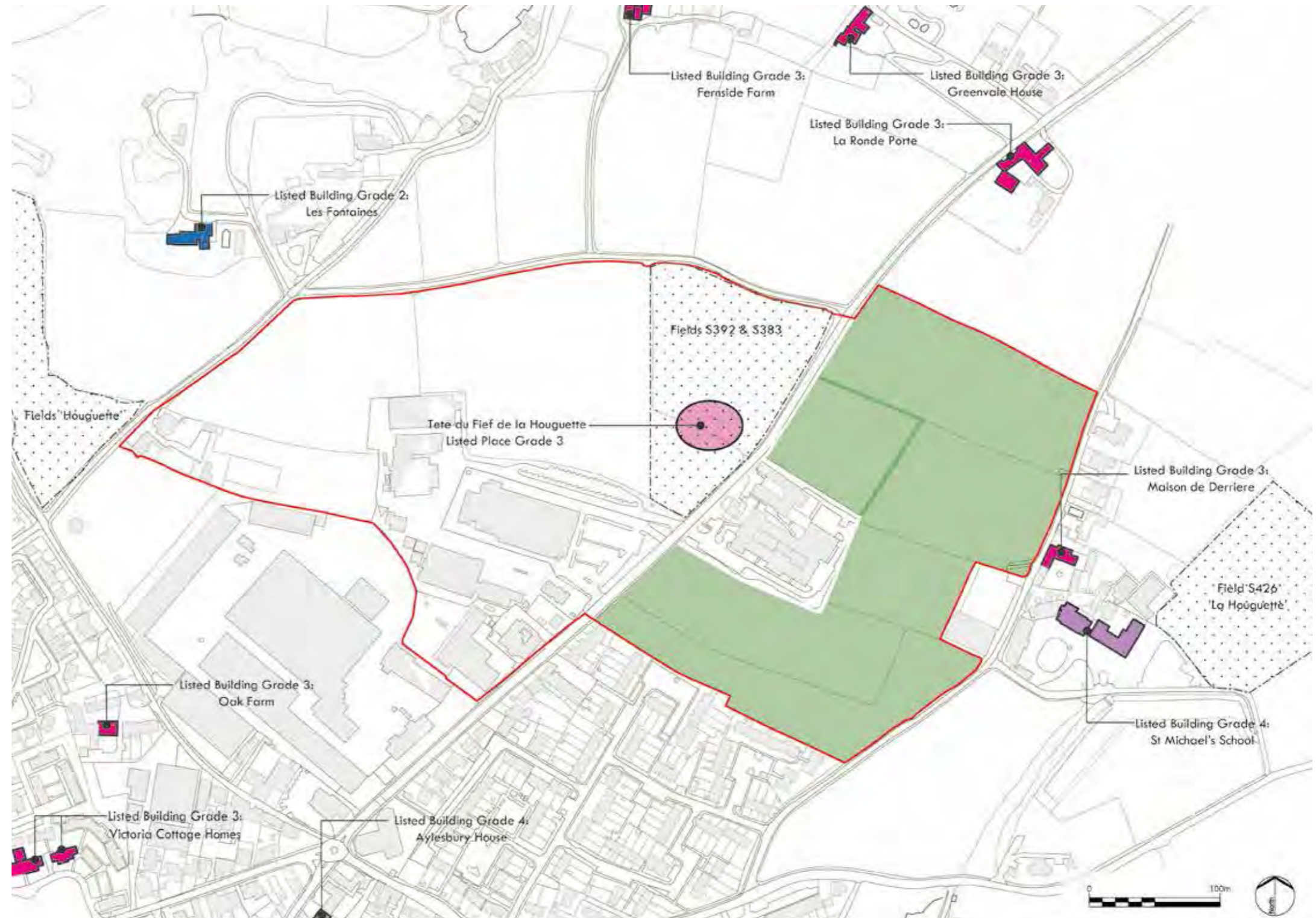
- Built up Area (Policy SP1)
- Green Zone (Policy NE7)
- Protected Open Space (Policy SCO4)

#### Proximity to statutory sites

- **La Rue des Pres** Ecological Site of Special Interest - 1.9km south of the site. Potential impact - none
- **Grouville Marsh** Ecological Site of Special Interest - 2.5km southwest of the site. Potential impact - none

#### Proximity to non-statutory sites

- **Les Grand Vaux** Ecologically Sensitive Area (ESA) - 50m to the north of the site. Potential impact - loss of commuting habitat for protected species to and from the ESA but unlikely to directly affect the ESA itself.
- **South East Grasslands** ESA - 115m to the south of the site. Potential impact - loss of commuting habitat for protected species to the ESA but unlikely to directly affect the ESA itself.
- **Grouville** ESA - 2.1km to the east of the site. Potential impact - none





## 4.10 Landscape / Ecology

### Five Oaks

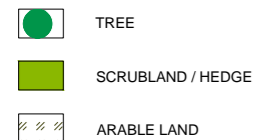
#### Landscape and Ecology

##### Biodiversity Records of interest

- Multiple hedgehog (*Erinaceus europaeus*) records exist for the site, scattered across both the built-up areas and surrounding fields.
- Slow worm (*Anguis fragilis*) western common toad (*Bufo spinosus*) and red squirrel (*Sciurus vulgaris*) records exist for Field S383 (2016).
- There is a record for an early-purple orchid (*Orchis mascula*) at the northern boundary of Field S382 (2007).
- The closest bat roost (species unknown) is 250m to the south of the site (2010).

##### Survey data of interest

- Day roosts for grey long-eared (*Plecotus austriacus*) bats and common pipistrelles (*Pipistrellus pipistrellus*) exist within a property 295m to the east of the eastern boundary (2015 data)
- A colony of house sparrows (*Passer domesticus*) nest within the former Jersey Evening Post building and surrounding commercial buildings (2020 data). The scattered trees and hedgerows within the industrial estate is used by the colony for foraging and roosting
- Mature tree line and hedgerow boundaries around the agricultural fields, which make up the majority of the site are likely to offer valuable commuting corridors for bats, birds and other terrestrial species (red squirrels) to the ESAs to the west (Grand Vaux) and south (East Grasslands ESA).



## 4.10 Landscape / Ecology

### Millbrook

#### Site Description and Location

The Millbrook site lies either side of St Aubin's Road in the Parish of St Lawrence. The site is surrounded by clusters of residential properties to the north and west. Coronation Park, consisting of amenity grassland, scattered trees and ornamental planting lies adjacent to the east and Victoria Avenue forms the southern boundary of the site.

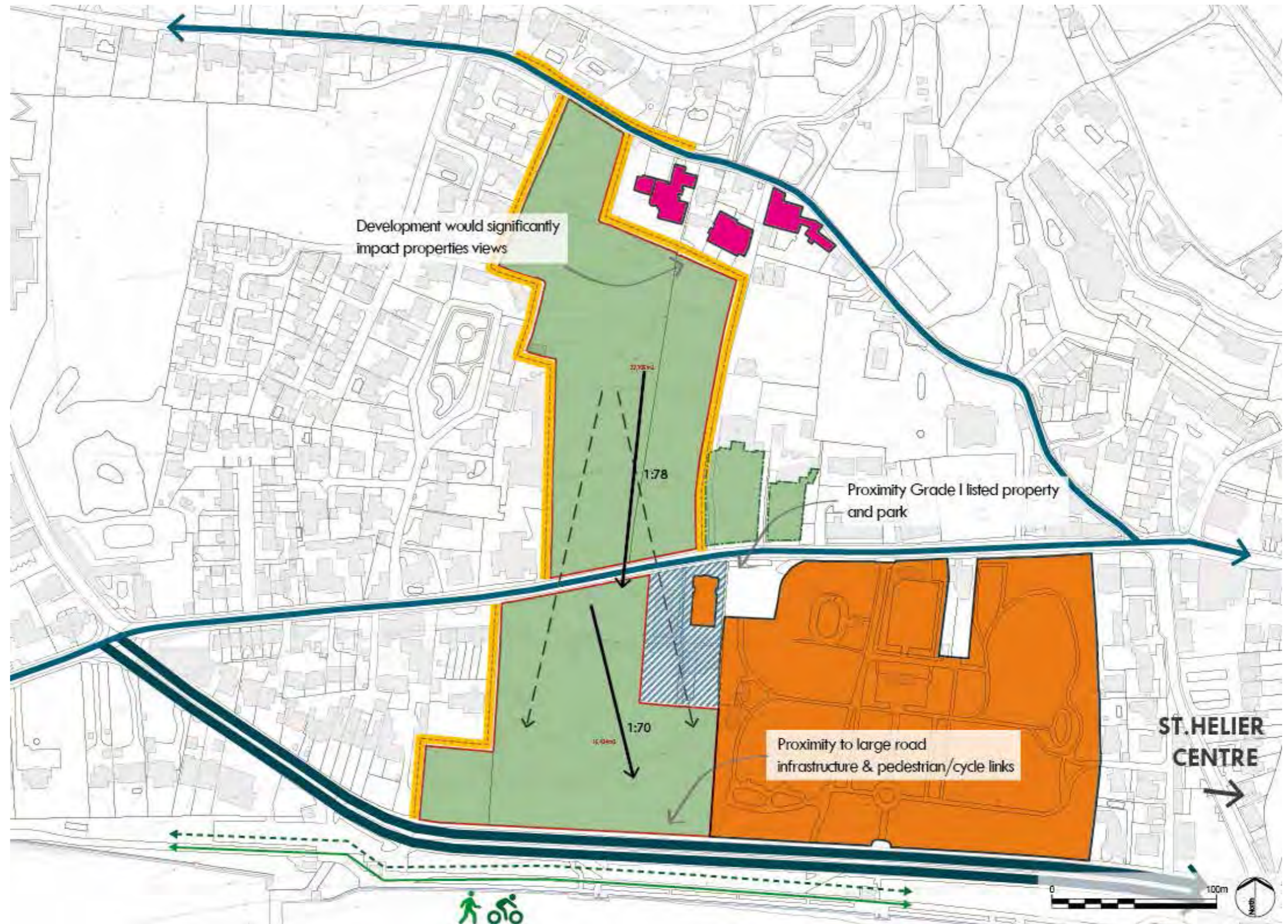
The fields behind Millbrook are used for arable farming and there is a mature native tree line along the eastern boundary. Millbrook playing fields consist of amenity grassland and are currently the site of the Nightingale Field Hospital Wing.

#### Opportunities

- Proximity to major road (Victoria Avenue)
- Great views south to the coast
- Majority of site is flat, so no access or construction issues
- Limited ecological value on site

#### Constraints

- Significant impact on adjacent listed properties
- Potential building offset and height issues with regards adjacent low residential properties



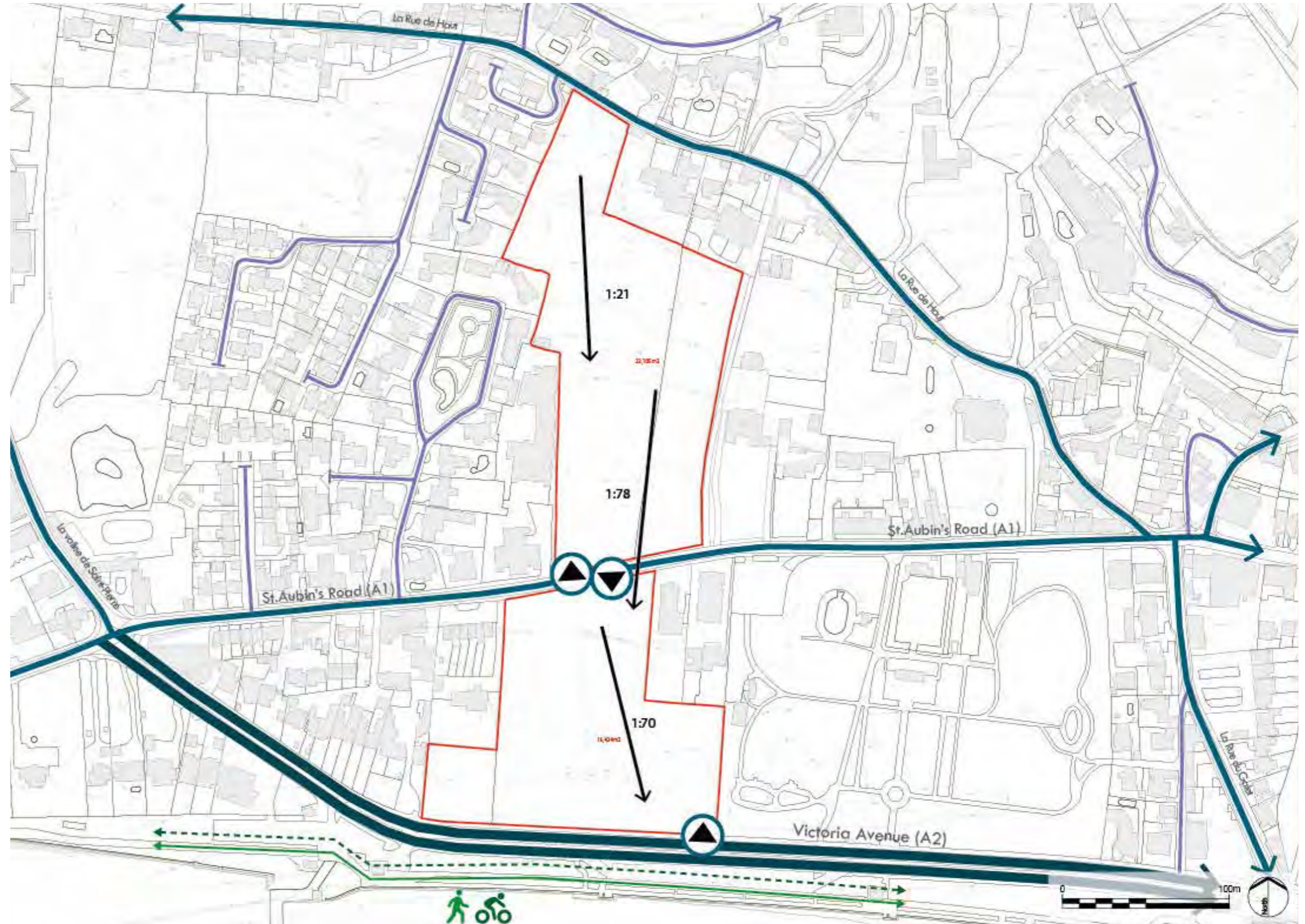


## 4.10 Landscape / Ecology

### Millbrook

#### Topography and Access

The site slopes down from the high point along La Rue de Haut to Victoria Avenue at gradients ranging from 1:20 to 1:70 and so there would be no major topographical constraints to developing the site. Being adjacent to Victoria Avenue, and with St Aubin's Road cutting through the middle, access to the site is good.



- Site boundary
- Primary Roads
- Secondary Roads
- Tertiary Roads
- Pedestrian Route
- Bicycle Route
- Existing Site Access Points

## 4.10 Landscape / Ecology

### Millbrook

#### Land Use and Building Height

The site is agricultural land, and surrounded on all sides by buildings, except for the southern boundary along Victoria Avenue. Given the proximity of existing buildings to the site boundary, and the narrow width of the site on the east and west sides, there would likely be significant issues with potential building setbacks within the site.

-  Site boundary
-  Religious grounds
-  Residential
-  Protected open space (Island Plan 2011)
-  Green zone (Island Plan 2011)
-  Waterbodies
-  1-2 storey
-  3-4 storey
-  5-6 storey
-  Potential setback up to 20m to respect existing residential area



## 4.10 Landscape / Ecology

### Millbrook

#### Statutory and Planning Designations

There are Grade 3 listed buildings adjacent to the north boundary of the site at the top of the slope and a Grade 1 listed church adjacent to the site on St Aubin's Road. The proximity of these buildings to the site, and the impact on views, would likely be a significant issue if the site were to be developed with a large building.

The following designated zones of the 2011 Revised Island Plan are within the site boundary:

- Green Zone (Policy NE7)
- Protected Open Space (Policy SCO4)

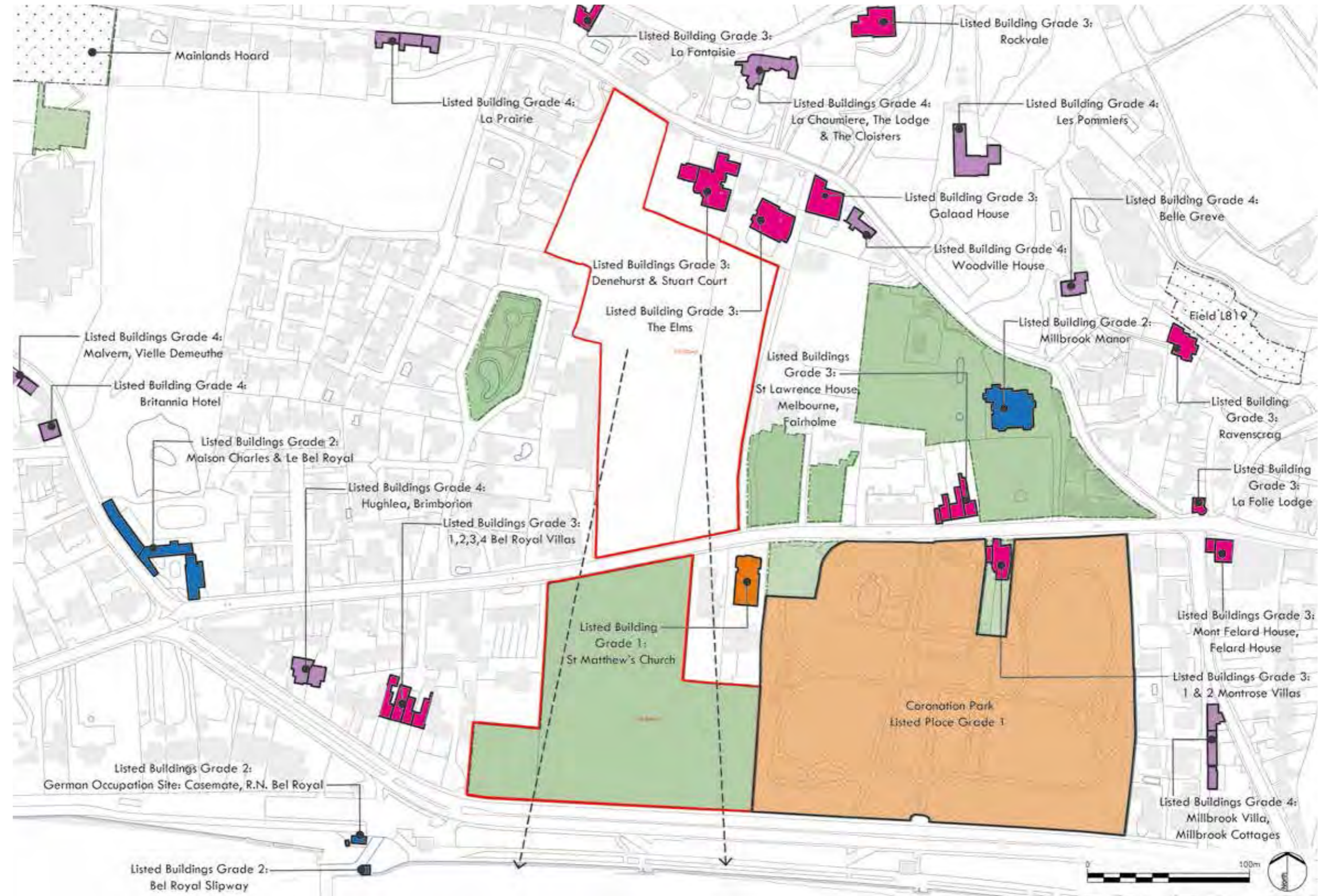
#### Proximity to statutory sites

- **St Aubin's Fort** Ecological Site of Special Interest - 1.8km southwest of the site. Potential impact - none.

#### Proximity to non-statutory sites

- **Waterworks Valley** Ecologically Sensitive Area (ESA) - 350m to the northeast of the site. Potential impact - none.
- **St Peter's Valley Complex** ESA - 810m to the northwest of the site. Potential impact - none.
- **Vallee de Bellozanne** ESA - 1.25km to the east of the site. Potential impact - none
- **Beaumont** ESA - 1.4km to the southwest of the site. Potential impact - none.
- **St Aubin's Valley** ESA - 2.3km to the southwest of the site. Potential impact - none.

- Site boundary
- Grade 1 listed building
- Grade 1 listed place
- Grade 2 listed building
- Grade 2 listed place
- Grade 3 listed building
- Grade 3 listed place
- Grade 4 listed building
- Grade 4 listed place
- Area of Archaeological Potential
- Protected open space (Island Plan 2011)
- Long distance views



## 4.10 Landscape / Ecology

### Millbrook

#### Landscape and Ecology





##### Biodiversity Records of interest

- There are hedgehog (*Erinaceus europaeus*) records for both Millbrook playing fields and fields behind Millbrook.
- There is a red squirrel (*Sciurus vulgaris*) record on the east boundary of the Fields Behind Millbrook (2017).
- There is a wall lizard (*Podarcis muralis*) record within Coronation Park, which is adjacent to the east of the site (2008).
- The closest bat roost (*Pipistrelle* species) is at a property 135m to the west of the site (2018).

##### Survey data of interest

- A day roost for common pipistrelles (*Pipistrellus pipistrellus*) is present at a property 540m to the west of the site (2018 data).
- A moderate population of slow worms is present at a site 125m to the north of the northern boundary colony (2019 data).
- The boundaries of the fields behind Millbrook may provide suitable commuting corridors for protected species in the area, however the trees may lie beyond the site boundary within adjacent residential properties (to be confirmed during PEA).



-  TREE
-  HEDGE / SCRUBLAND
-  ARABLE LAND
-  PLAYING FIELDS

## 4.10 Landscape / Ecology

### Overdale

#### Site Description and Location

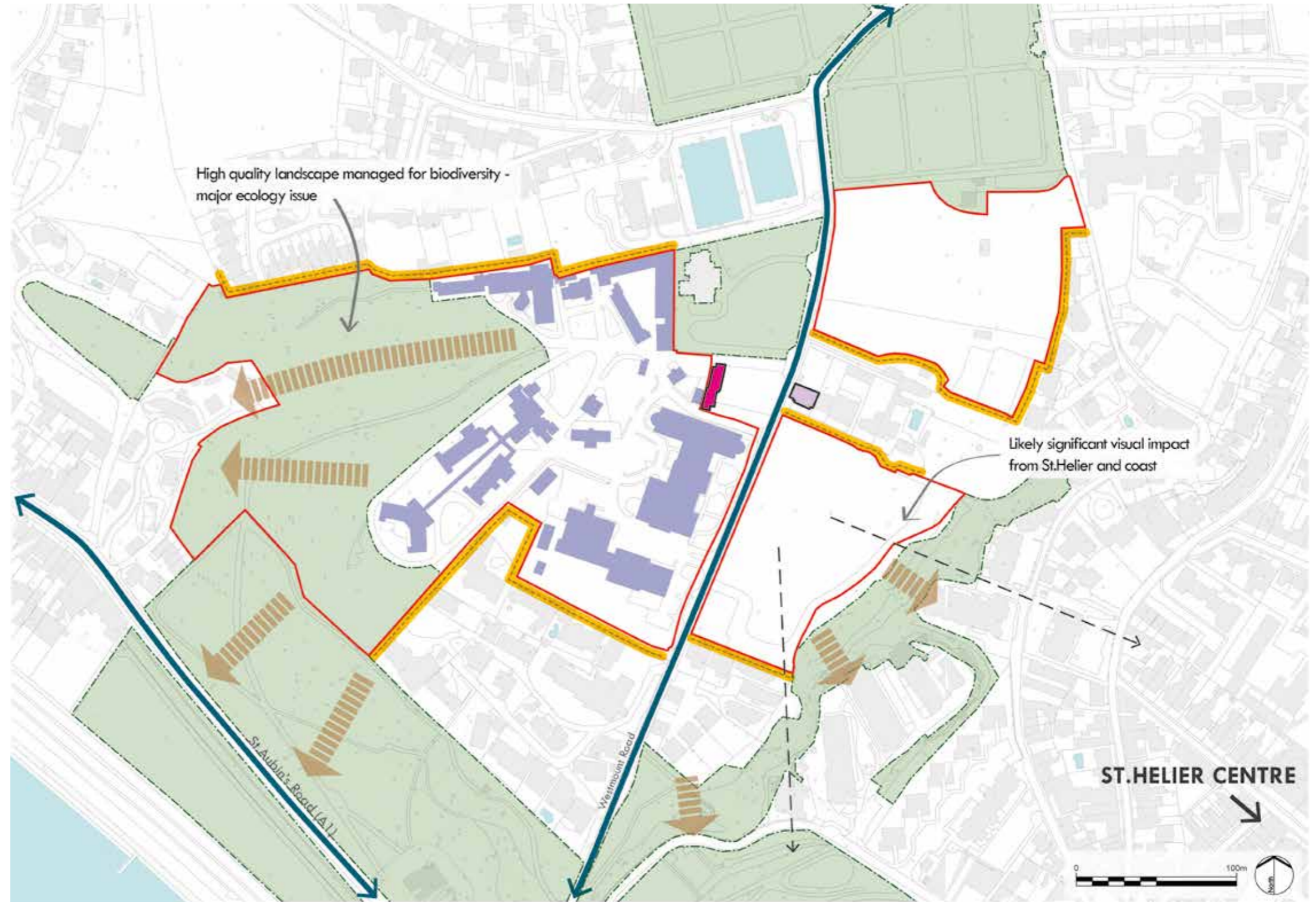
The Overdale Site lies either side of Westmount Road in the Parish of St Helier. It is set at the western extent of St Helier Built Up Area Boundary. The western part of the site (to the west of Westmount Road) consists of the existing Overdale Hospital complex. The southern and western edge of this site transitions into coniferous parkland. To the east of the road, the site consists of two agricultural fields with hedgerow boundaries. There are two buildings set within the fields which may be residential or agricultural.

#### Opportunities

- Existing hospital on site owned by the GoJ is advantageous in terms of land ownership and planning.
- Great views from west side of site out over the bay and sea views which opportunity in terms of patient health and recovery.
- Potential pedestrian leisure route through the woodland within the site to West Park and sloping down south towards Victoria Avenue and St Helier.

#### Constraints

- Difficult vehicular access to the site with existing road from St Helier along switch back adjacent to cliffs.
- Topography and steep slopes on site would be access and construction challenge.
- Likely significant visual impact from St Helier and coast.
- Likely significant impact on existing ecology within the site.



- Site boundary
- Buildings for demolition
- Grade 3 listed building
- Grade 4 listed building
- Protected open space (Island Plan 2011)
- Residential edge
- Existing Roads
- Steep topography
- Long distance views



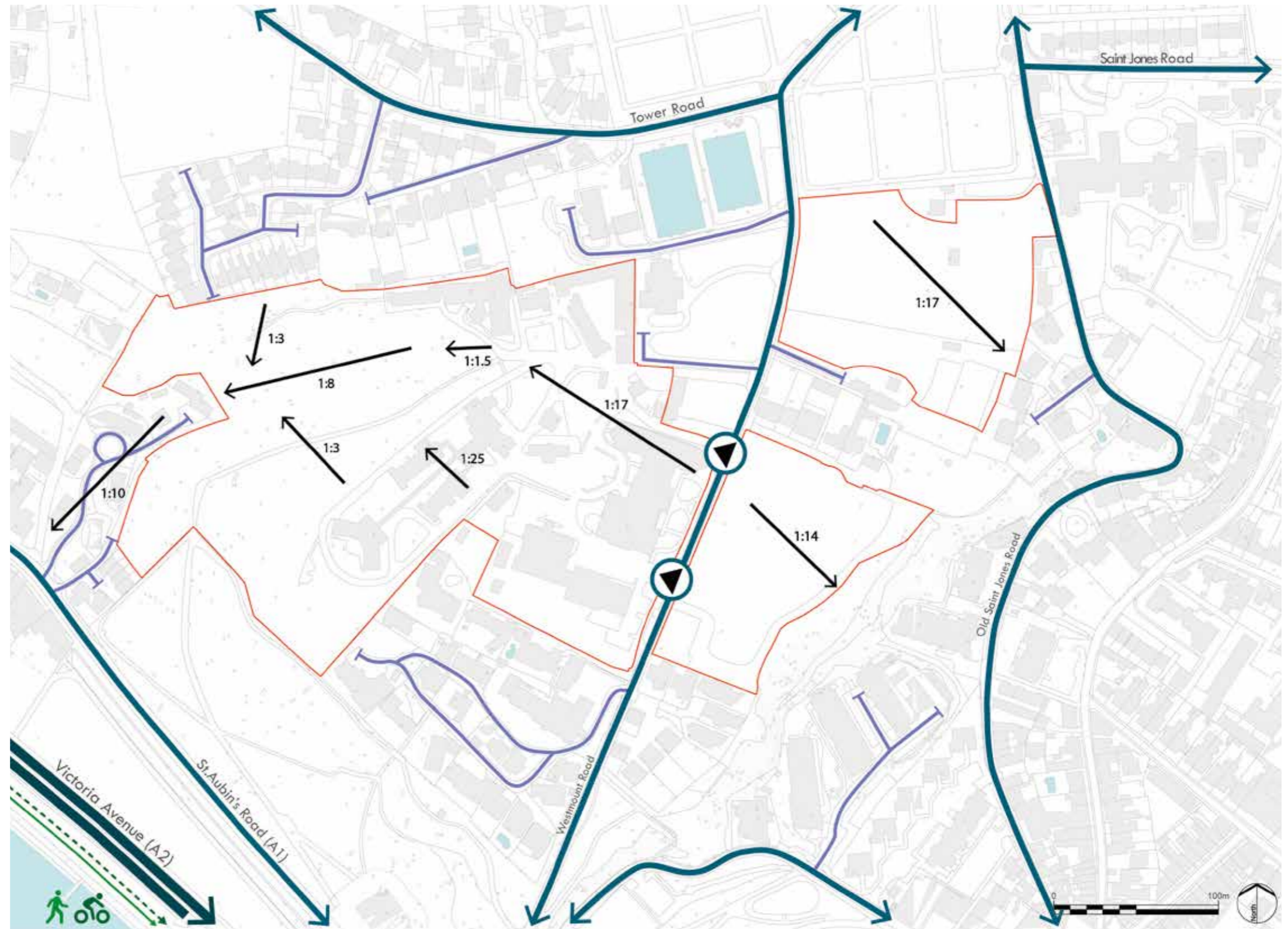


## 4.10 Landscape / Ecology

### Overdale

#### Topography and Access

The high point of the site is along Westmount Road near the entrance to the existing hospital, and the site slopes away on either side at gradients that range from 1:3 to 1:1.5. Given the steepness of some of the slopes – especially either side of the valley which slopes up from the west side of the site – there are challenges in developing the site, both in terms of construction within, and access to, the site.



- Site boundary
- Primary Roads
- Secondary Roads
- Tertiary Roads
- Pedestrian Route
- Bicycle Route
- Existing Site Access Points

## 4.10 Landscape / Ecology

### Overdale

#### Land Use and Building Height

The site is a mixture of agricultural fields, hospital buildings, and green areas of wood and grassland. The site is surrounded by 1-2 storey height residential buildings on a number of sides, and so there would likely be potential setback issues to consider in the placing of a new building within the site.

-  Site boundary
-  Hospital site
-  Water treatment plant
-  Residential
-  Residential with mixed use ground floor
-  Site safeguarded for educational use (Island Plan 2011)
-  Protected open space (Island Plan 2011)
-  Green zone (Island Plan 2011)
-  Waterbodies
-  1-2 storey
-  3-4 storey
-  5-6 storey
-  7-10 storey
-  Potential setback up to 20m to respect existing residential area



## 4.10 Landscape / Ecology

### Overdale

#### Statutory and Planning Designations

There are a couple of Grade 3 and 4 listed buildings to the north of the main site which would need to be considered in any potential development of the site.

The following designated zones of the 2011 Revised Island Plan are within the site boundary:

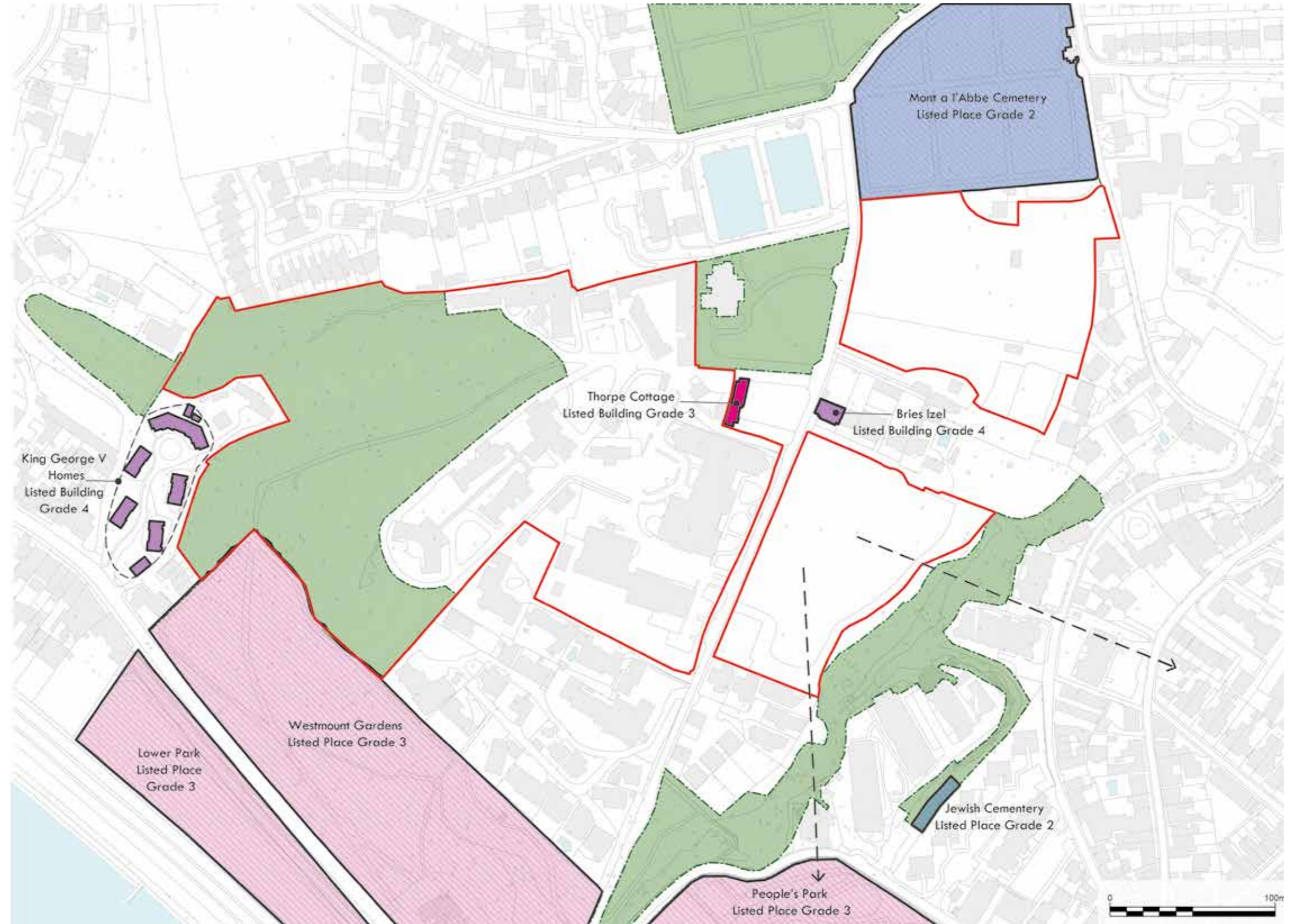
- Built up Area (Policy SP 1)
- Green Backdrop Zone (Policy BE 3)
- Protected Open Space (Policy SCO 4)
- Green Zone (Policy NE 7)

#### Proximity to statutory sites

- **South Hill** Ecological Site of Special Interest - 1.7km south of the site. Potential impact - none.
- **South east coast Ramsar site** - 2.1km to the south east. Potential impact - none.
- **La Rue des Pres** Ecological Site of Special Interest - 2.9km south east of the site. Potential impact - none.

#### Proximity to non-statutory sites

- **Vallee de Bellozanne** - 800m to the north west of the site. Potential impact - dependent on the extent of boundary tree felling works required.
- **Le Vallee des Vaux** - 1km to the north east of the site. Potential impact - none.
- **Les Grand Vaux** Ecologically Sensitive Area (ESA) - 1.4 km to the north east of the site. Potential impact - none.



- Site boundary
- Grade 2 listed building
- Grade 2 listed place
- Grade 3 listed building
- Grade 3 listed place
- Grade 4 listed building
- Grade 4 listed place
- Protected open space (Island Plan 2011)
- Long distance views

## 4.10 Landscape / Ecology

### Overdale

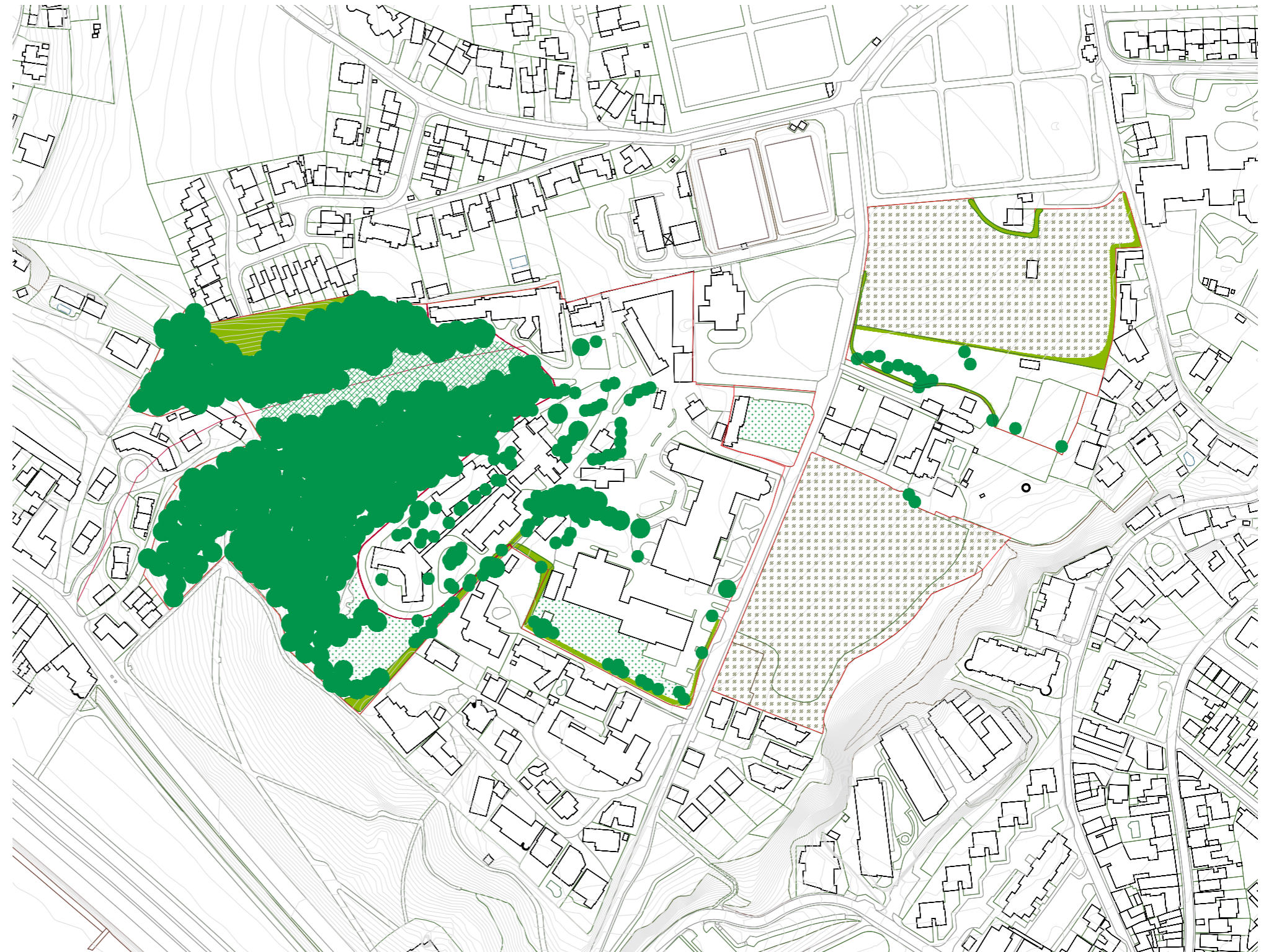
#### Landscape and Ecology

##### Biodiversity Records of interest:

- Multiple hedgehog (*Erinaceus europaeus*) records exist for the site, scattered across both the hospital complex and surrounding fields (2015).
- A western common toad (*Bufo spinosus*) records exists for the existing hospital complex (2017).
- A soprano pipistrelle (*Pipistrellus pygmaeus*) roost record exists for the hospital complex (2015).
- Three other bat roost records exist within 1km of the site (a pipistrelle species roost 230m to the north east (2018), a common pipistrelle (*Pipistrellus pipistrellus*) roost 740m to the east (2000) and a Kuhl's pipistrelle (*Pipistrellus kuhlii*) roost 800m to the northwest (2000)).

##### Survey data of interest:

- Day roosts for common pipistrelles and Nathusius / Kuhl's pipistrelle bats (*Pipistrellus nathusii* / *kuhlii*) exist within a property 220m to the east of the eastern boundary (2018 data)
- A population of slow worms (*Anguis fragilis*) exists on land approximately 220m east of the eastern boundary (2018 data).
- The coniferous parkland along the western boundary and hedgerow boundaries around the agricultural fields are likely to offer valuable commuting corridors for bats, birds and other terrestrial species (red squirrels) between the site and the ESA to the west (Vallee de Bellozanne) and the Protected Open Spaces of West Park and People's Park to the south.



- TREE
- SCRUBLAND / HEDGE
- ARABLE LAND
- BIODIVERSITY GRASSLAND
- AMENITY GRASSLAND

## 4.10 Landscape / Ecology

### People's Park

#### Site Description and Location

The People's Park Site lies in between St Aubin's Road and Westmount Road in the Parish of St Helier. It is set on the western edge of the core retail centre and town centre in St Helier. West Park, an area of parkland and woodland, lies 220m to the northwest.

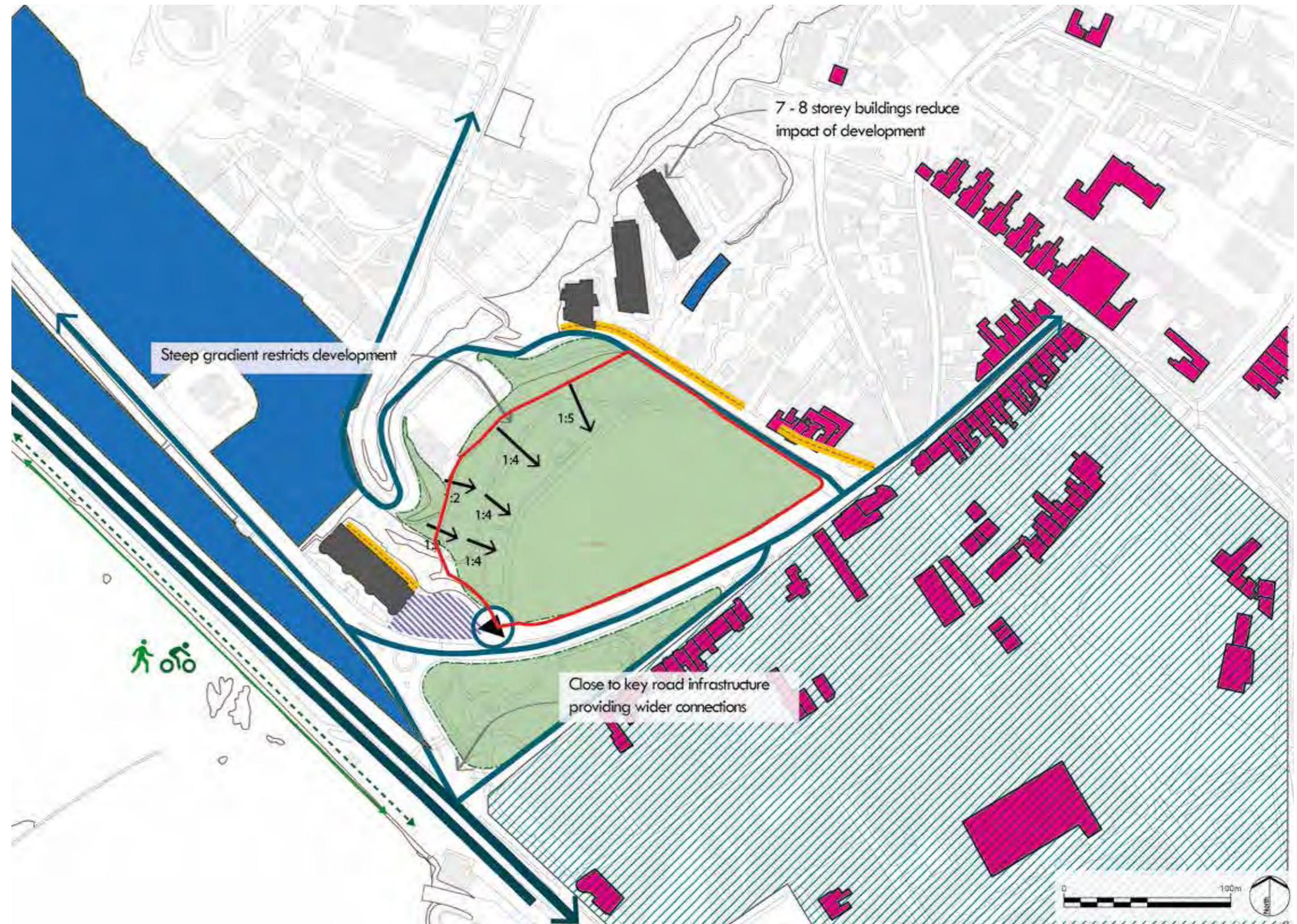
The site consists of a large area of open amenity grassland and backs onto a small woodland copse, which is largely species-poor coniferous and evergreen, with a small children's play area at the north. A scattered treeline forms the south and east boundaries of the site.

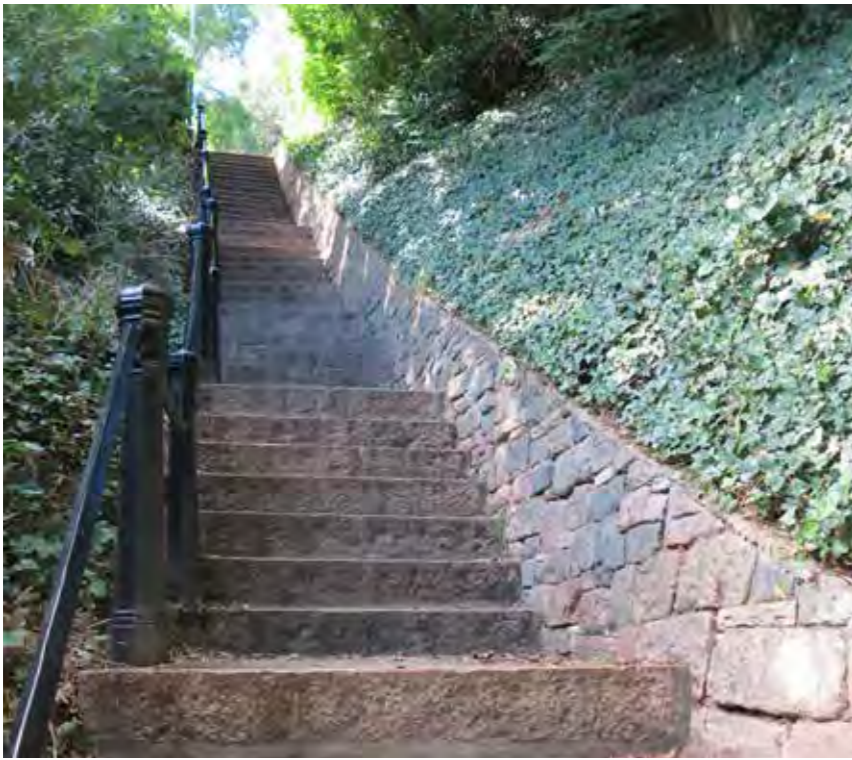
#### Opportunities

- Proximity to major route (Victoria Avenue) and St Helier
- Most of site is open and relatively flat
- Limited ecological value to lower flat area
- Close to beach and sea

#### Constraints

- Steep slopes to north-west of site would be a challenge for access and construction
- Ecological value of vegetated steep slopes to north-west
- Many listed buildings surround the park
- Would require mitigation for loss of amenity space





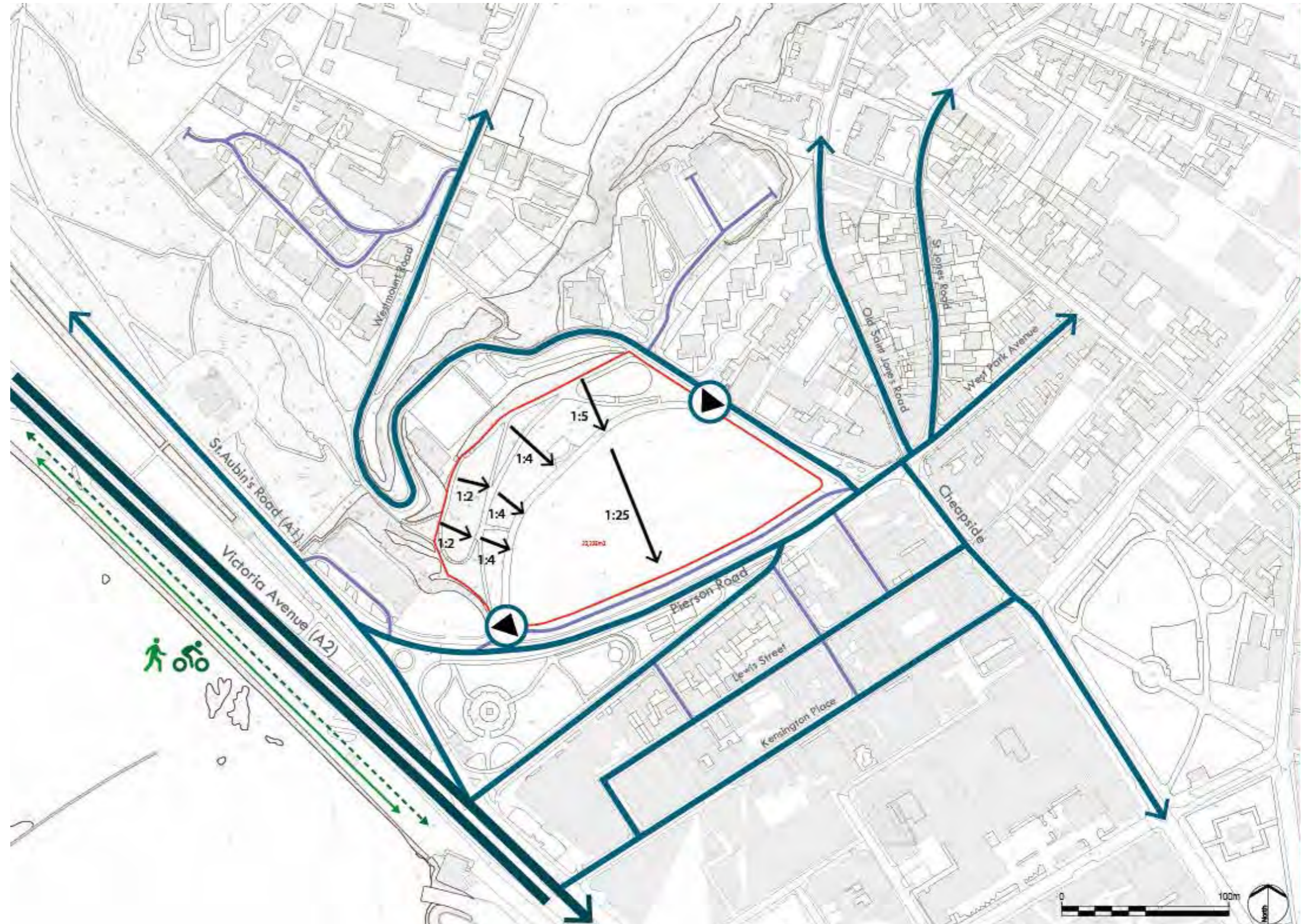
## 4.10 Landscape / Ecology

### People's Park

#### Topography and Access

The high point of the site is on the north-west side nearest Westmount Road, and the site slopes down to the south-east towards Pierson Road. The gradient of the slopes varies from very steep at 1:2 along the wooded north-west edge, to 1:25 to the large open grass space to the south.

The topography of the site therefore presents a mixed challenge in terms of constraints for site development. The large open gently sloping grass space accessible on two sides by roads does not present any challenge to site design or construction, whereas the steeper wooded slopes to the north-west would require significant earthwork and potential slope stabilisation for any construction work.



- Site boundary
- Primary Roads
- Secondary Roads
- Tertiary Roads
- Pedestrian Route
- Bicycle Route
- Existing Site Access Points



## 4.10 Landscape / Ecology

### People's Park

#### Land Use and Building Height

The site is a publicly accessible green open space, comprising open grass, trees, woodland with paths that thread through the wooded area on the north side of the space. The site is adjacent to buildings on the north, east and south sides with a mixture of building heights from one-to-two storeys, up to seven-to-ten storeys. Given the proximity of existing buildings to the site boundary, potential setback of any proposed building within the site would need to be considered.

-  Site boundary
-  Overdale Hospital site
-  Mixed use
-  Residential
-  Car Parking
-  Protected open space (Island Plan 2011)
-  Green zone (Island Plan 2011)
-  Waterbodies
-  1-2 storey
-  3-4 storey
-  5-6 storey
-  7-10 storey
-  Potential setback up to 20m to respect existing residential area



## 4.10 Landscape / Ecology

### People's Park

#### Statutory and Planning Designations

There are a significant number of Grade 3 listed buildings over-looking the east side of the site, and so visual impact would have to be carefully considered with any potential development. Mitigation for the loss of amenity space would be needed.

The following designated zones of the 2011 Revised Island Plan are within the site boundary:

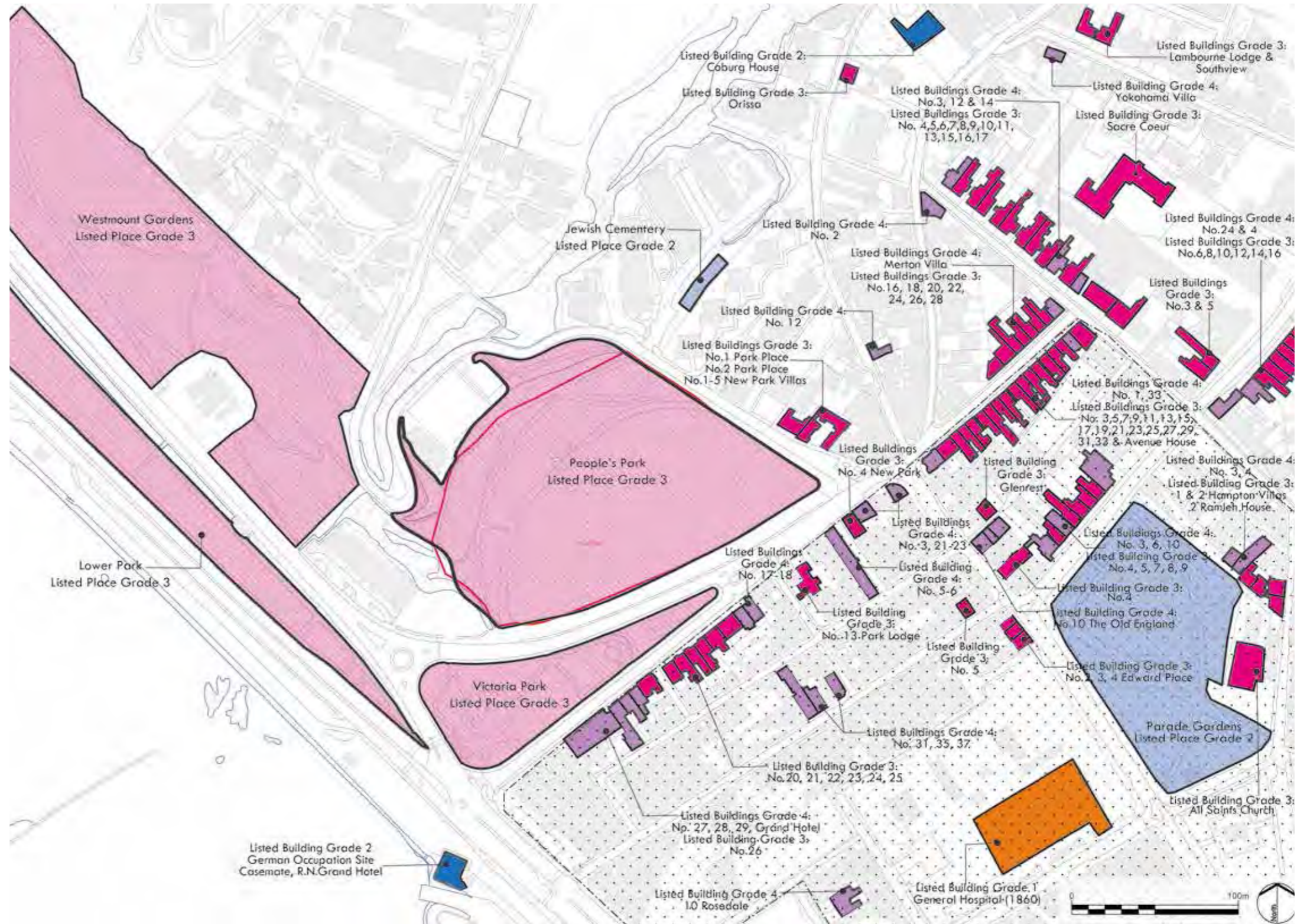
- Protected Open Space (Policy SPO 4)
- The landscape adjacent to the site comprises:
- Built up Area (Policy SP1)

#### Proximity to statutory sites

- **South east coast Ramsar site** - 1km to the south of the site. Potential impact - none.
- **South Hill Ecological Site of Special Interest** - 1.4km to the south of the site. Potential impact - none.
- **La Rue des Pres Ecological Site of Special Interest** - 2.8km to the southeast of the site. Potential impact - none.

#### Proximity to non-statutory sites

- **Vallee de Bellozanne** - 1km to the northwest of the site. Potential impact - none.
- **Le Vallee des Vaux** - 11.1km to the northeast of the site. Potential impact - none.
- **Les Grand Vaux Ecologically Sensitive Area (ESA)** - 1.3 km to the northeast of the site. Potential impact - none.



- Site boundary
- Grade 1 listed building
- Grade 1 listed place
- Grade 2 listed building
- Grade 2 listed place
- Grade 3 listed building
- Grade 3 listed place
- Grade 4 listed building
- Grade 4 listed place
- St Helier Historic Town & Harbour (Area of Archeological Potential)

## 4.10 Landscape / Ecology

### People's Park

#### Landscape and Ecology

##### Biodiversity Records of interest:

- A hedgehog (*Erinaceus europaeus*) records exists for the site (2015) with multiple further records existing around the site.
- A soprano pipistrelle (*Pipistrellus pygmaeus*) roost exists 340m northwest of the site (2015)
- A common pipistrelle (*Pipistrellus pipistrellus*) roost exists 620m north of the site (2018).
- A red squirrel (*Sciurus vulgaris*) record exists 190m to the northwest of the site (2016).
- Numerous herring gull (*Larus argentatus*) and great black-backed gull (*Larus marinus*) nesting records exist on buildings within 3km of the site.

##### Survey data of interest:

- A colony of house sparrows (*Passer domesticus*) nest within sites 300m to the north and 310m to the east (2018 & 2019 data, respectively).
- The woodland copse and tree line boundaries are likely to offer valuable commuting and foraging habitat and corridors for bats, birds and other terrestrial species (red squirrels) to the Protected Open Space of West Park.



#### KEY



TREE



AMENITY GRASSLAND

## 4.10 Landscape / Ecology

### St Andrew's Park

#### Site Description and Location

The St Andrew's Park site lies to the north of La Route de St Aubin, within the residential area of First Tower, St Helier. The landscape immediately to the south, east and west of the site comprises of residential housing and shops, with associated gardens and hard standing. A cluster of agricultural fields, with tree and hedge-lined boundaries exist to the north east.

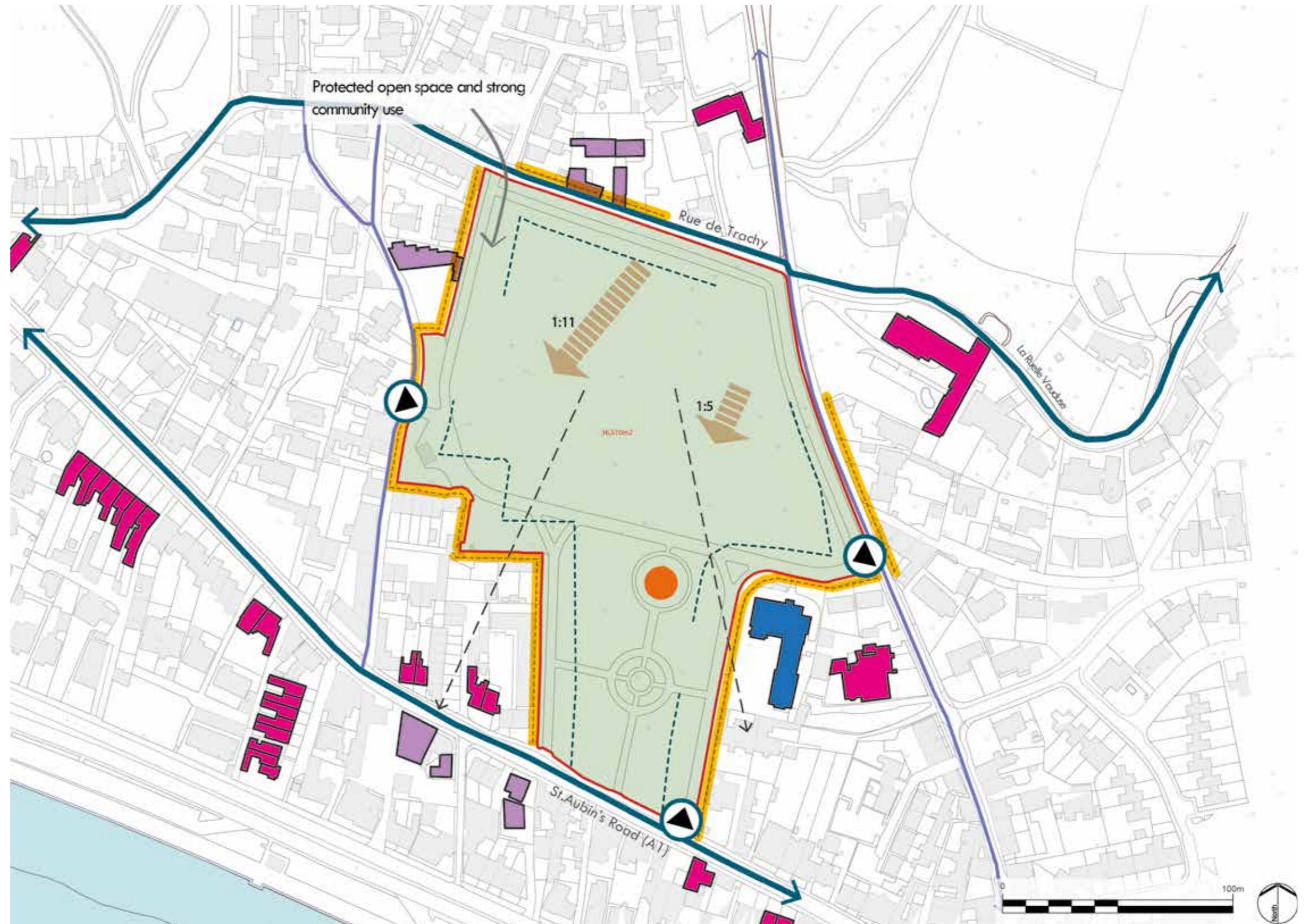
The park is characterised by amenity grassland, with ornamental planting beds and significant numbers of mature native trees, which are of high value, particularly given the urban situation of the site.

#### Opportunities

- Easily accessible site close to St Helier
- Close to beach and sea
- Likely limited visual impact due to low elevation

#### Constraints

- Site of protected Neolithic dolmen 'Ville-es-Nouveaux'
- Site surrounded by listed buildings
- Well used and loved park by local community, and would require re-provision in another location
- Ecological value with mixture of trees and wildflower area managed for biodiversity



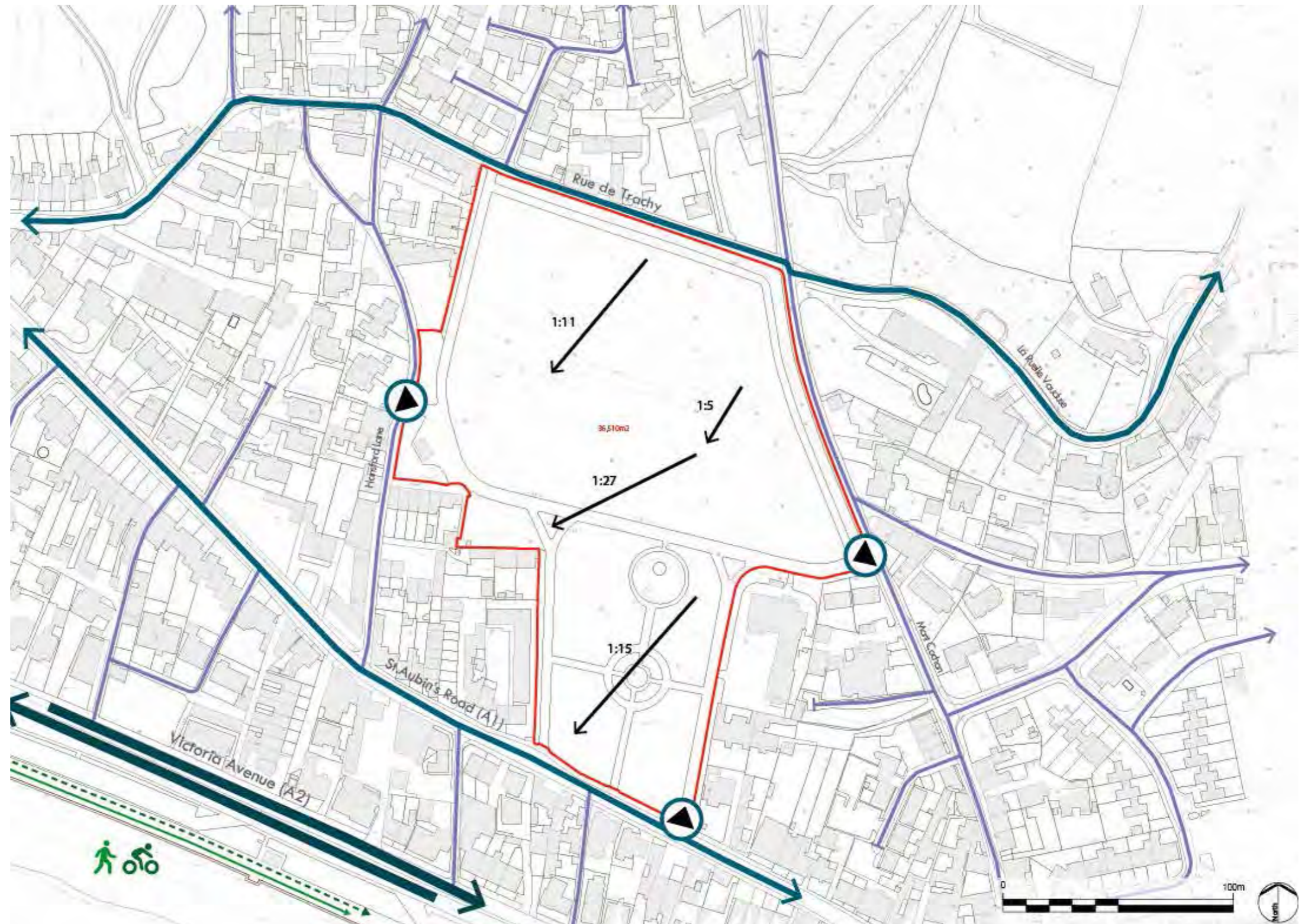


## 4.10 Landscape / Ecology

### St Andrew's Park

#### Topography and Access

The high point of the site is in the north-east corner of the site adjacent to the Rue de Trachy and slopes in south-west direction down to St Aubin's Road. The slope gradients vary from 1.5 to 1:27, with the majority of the site having a gentle gradient – so the site does not present any topographical challenge for potential development.



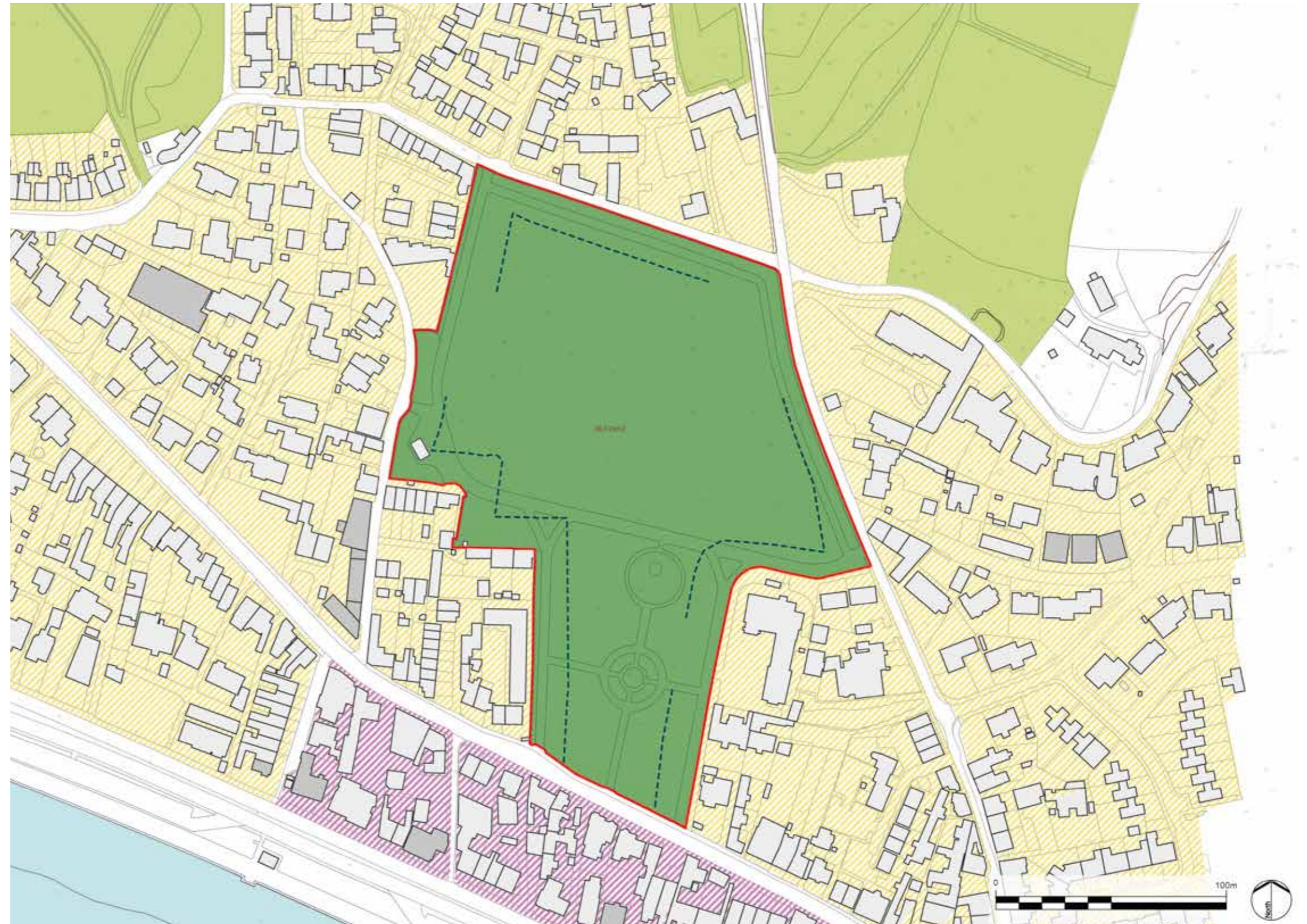
- Site boundary
- Primary Roads
- Secondary Roads
- Tertiary Roads
- Pedestrian Route
- Bicycle Route
- Existing Site Access Points

## 4.10 Landscape / Ecology

### St Andrew's Park

#### Land Use and Building Height

The park is surrounded on all sides by low-rise one-two storey residential buildings, and so setback of any potential building within the site would need to be considered.



## 4.10 Landscape / Ecology

### St Andrew's Park

#### Statutory and Planning Designations

The site is a Protected Open Space within the Island Plan, and is surrounded by a number of Grade 2, 3 and 4 listed buildings. In addition, there is a significant protected archaeological feature within the site - the Neolithic Dolmen 'Ville-es-Nouvoux'.

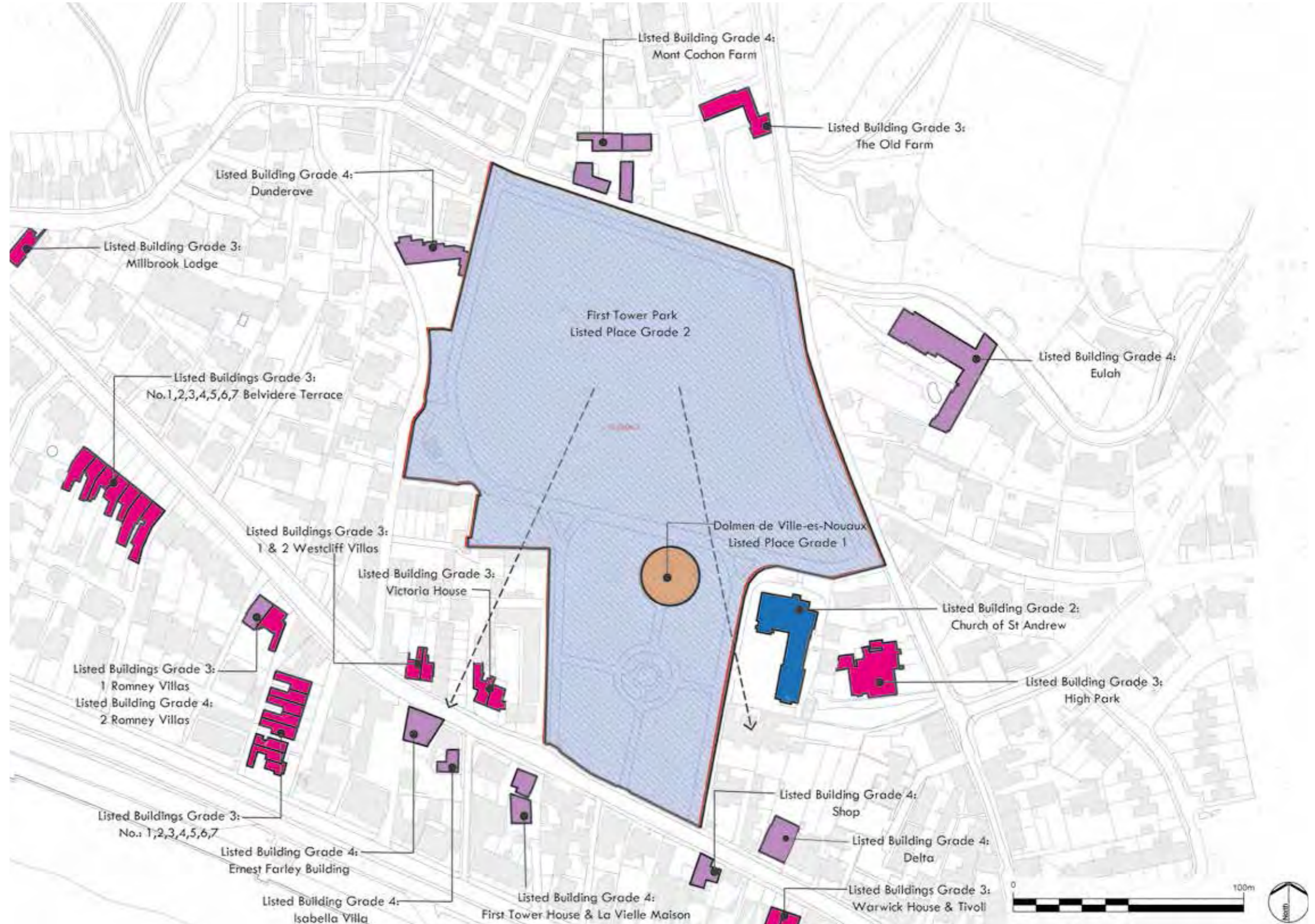
The following designated zones of the 2011 Revised Island Plan are within the site boundary:

- Protected Open Space (Policy SCO4)
- The landscape adjacent to the site comprises:
- Built up Area (Policy SP1)
- Green Zone (Policy NE7)

There are no Sites of Special Interest (SSIs) within 3km of the site.

#### Proximity to non-statutory sites

- **Vallee de Bellozanne** - 350m to the east of the site. Potential impact - dependent on the extent of boundary tree felling works required.
- **Waterworks Valley** ESA - 400m to the west of the site. Potential impact - none.



- Site boundary
- Grade 1 listed building
- Grade 1 listed place
- Grade 2 listed building
- Grade 2 listed place
- Grade 3 listed building
- Grade 3 listed place
- Grade 4 listed building
- Grade 4 listed place
- Long distance views



## 4.10 Landscape / Ecology

### St Andrew's Park

#### Landscape and Ecology

##### Biodiversity Records of interest:

- There are multiple hedgehog (*Erinaceus europaeus*) records for the site (date of records – 2012)

##### Survey data of interest:

- Grey long-eared bat (*Plecotus austriacus*) and common pipistrelle (*Pipistrellus pipistrellus*) day roosts exist within a property located approx. 30 metres north of the northern site boundary (2013 and 2019 data).
- A grey long-eared bat was observed within a building located approx. 25 metres west of the western boundary (2019).
- Nature Ecology Ltd have carried out multiple reptile surveys around the Sewage Treatment Works within Belozanne Woodland Valley, approx. 700m east of the site, with populations of slow-worm (*Anguis fragilis*), green lizard (*Lacerta bilineata*) and **Western common toad** (*Bufo spinosus*) observed. (2011 – 2020).
- Significant numbers of mature trees form the site boundaries and serve to loosely connect the site with the surrounding landscape and Vallee de Belozanne to the north east. There do not appear to be any buildings within the site boundaries.
- The proximity of the site to several known bat roosts and the presence of significant numbers of mature trees on site, make it likely that St Andrew's Park provides valuable habitat for commuting, foraging and possibly roosting bats, as well as other urban specialists including hedgehogs, squirrels and birds.



TREE



HEDGE



AMENITY GRASSLAND

## 4.10 Landscape / Ecology

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### Hurdle 2

In relation to the Environmental Criteria question, 'What is the ecological impact?', it is assessed that Overdale has a slightly higher level of impact than People's Park, given the higher level of species present within the man hospital site and upper reaches of the valley. At the same, People's Park will lose most of its terrain, albeit this is of less ecological significance.

### Overdale

At this stage, the Overdale site has been assessed against emerging clinical 'block and stack' drawings in relation to the impact of built footprints on the extended site. As noted elsewhere, the block and stack drawings do not represent the Concept Design but are sufficient to assess the likely impact of the size of hospital building in relation to landscape and ecological matters (including trees) as well as physical concerns and conflicts, e.g. adjacency of crematorium at Overdale and listed buildings at People's Park and challenges such as gradients.

In addition, the initial block and stack studies and the vehicle access studies have been reviewed and assessed in regard to the impact on landscape, tree cover and ecology.

There is a particular concern regarding the loss of mature trees at Overdale, including old specimens of Oak and a Monkey Puzzle tree. During Concept Design, the planning of the building will be developed to respect and maintain as many quality trees as possible. Where this is not possible, opportunities will need to be developed to mitigate this loss. The placement of the inpatient wards to the west of the site provides a degree of flexibility to achieve this.

## 4.10 Landscape / Ecology

### Overdale

#### Landscape and Ecology

Habitats to the west of the site (including mature woodland and meadow, which are considered key habitats) are of higher value for wildlife and likely support good populations of nesting birds, small mammals (including hedgehogs and red squirrels), terrestrial amphibians and possibly reptiles. Any works in this area have the potential to disturb and / or harm protected fauna through direct impacts for example through habitat removal, or indirect impacts through fragmentation, lighting or noise disturbance. It is recommended that this area is retained as far as possible, however, any potential impacts arising from the proposed development (such as installation of an access route through the lower meadow) would require the implementation of appropriate mitigation and compensation measures.

Fewer habitats of value are present where the existing structures are present at this site. A low number of buildings have been assessed as having suitability for bats, and as a result further surveys to determine the presence or likely absence of this species group have been recommended from May 2021 (the next suitable opportunity for surveys of this type). Other areas of ecological interest to the south of the old Overdale buildings are limited to grassland and scrub habitat. This habitat offers suitability for amphibians, reptiles and small mammals. It is also noted that there will be some listed trees within this part of the site.

The fields to the east of the site are of limited ecological value as they are currently in agricultural use. The field margins are of most interest and include species-poor scrub with occasional bushes and small trees. These will act as corridors for birds, bats, small mammals, amphibians and reptiles. However numbers are anticipated to be relatively low. These boundary habitats also offer opportunities for ecological enhancement.



- TREE
- SCRUBLAND / HEDGE
- ARABLE LAND
- BIODIVERSITY GRASSLAND
- AMENITY GRASSLAND

## 4.10 Landscape / Ecology

### Overdale

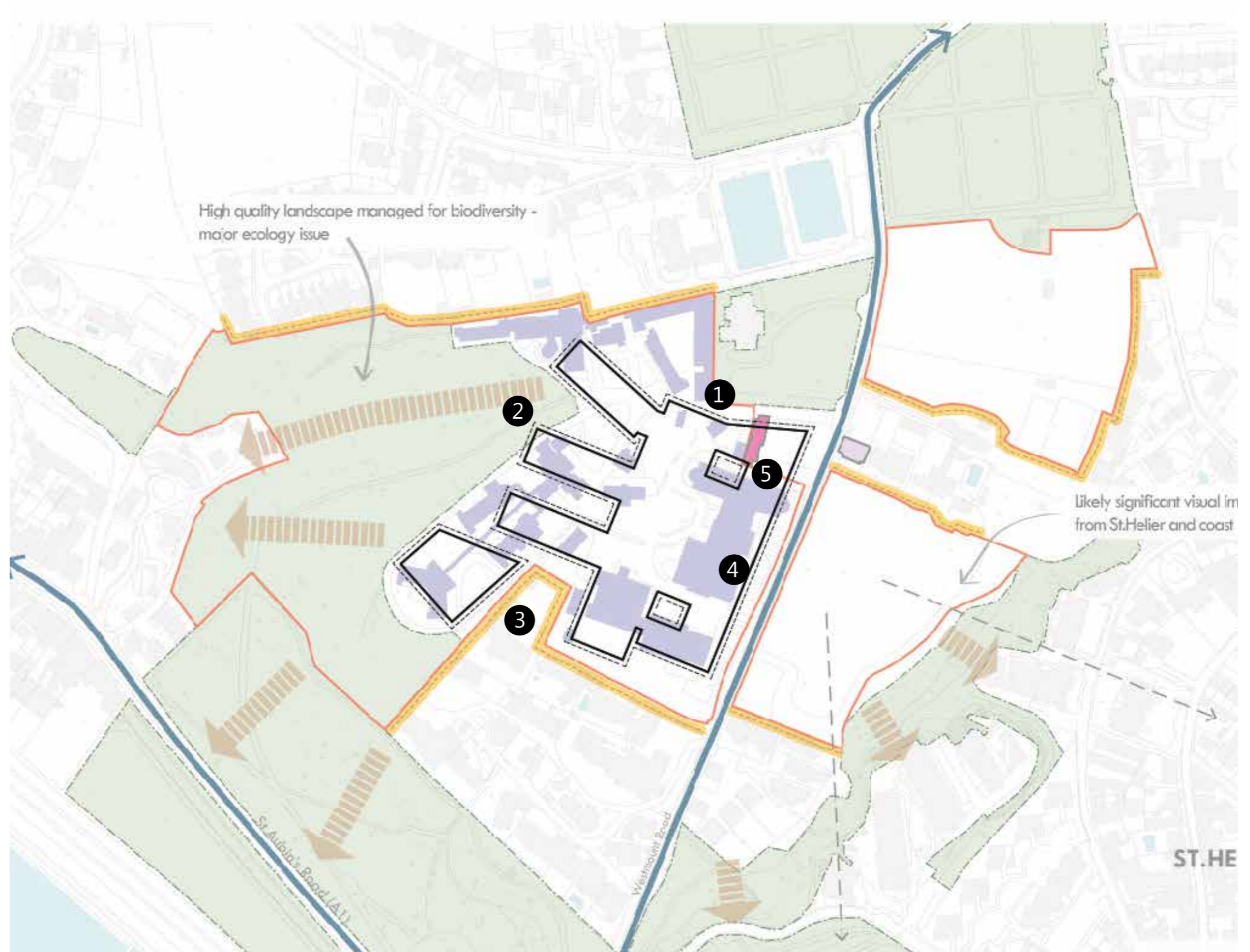
#### Impact of building footprint - site and context

The adjacent plan shows the opportunities and constraints plan of the block and stack building footprint overlaid, so that the impact of the building within the site can be assessed.

It is worth noting that the building footprint does not represent a designed building, but an initial estimation of area required to meet the brief for the building, that will be developed in the next workstage to produce a design that works with the site constraints.

Below are comments to be considered with the future development of building and landscape concept design:

1. Close proximity to existing crematorium building. Potential conflict to be assessed.
2. Potential challenge of developing the site and building over the slope.
3. Close proximity to residential property. Potential issue of hospital building casting a shadow over rear garden.
4. Facade facing La Grande Route de St Martin will be subject to significant prominence from north-east. Visual impact is to be assessed.
5. Hospital footprint overlays existing grade 3 listed building requiring a demolition of the latter.



## 4.10 Landscape / Ecology

### Overdale

#### Impact of building footprint - tree cover

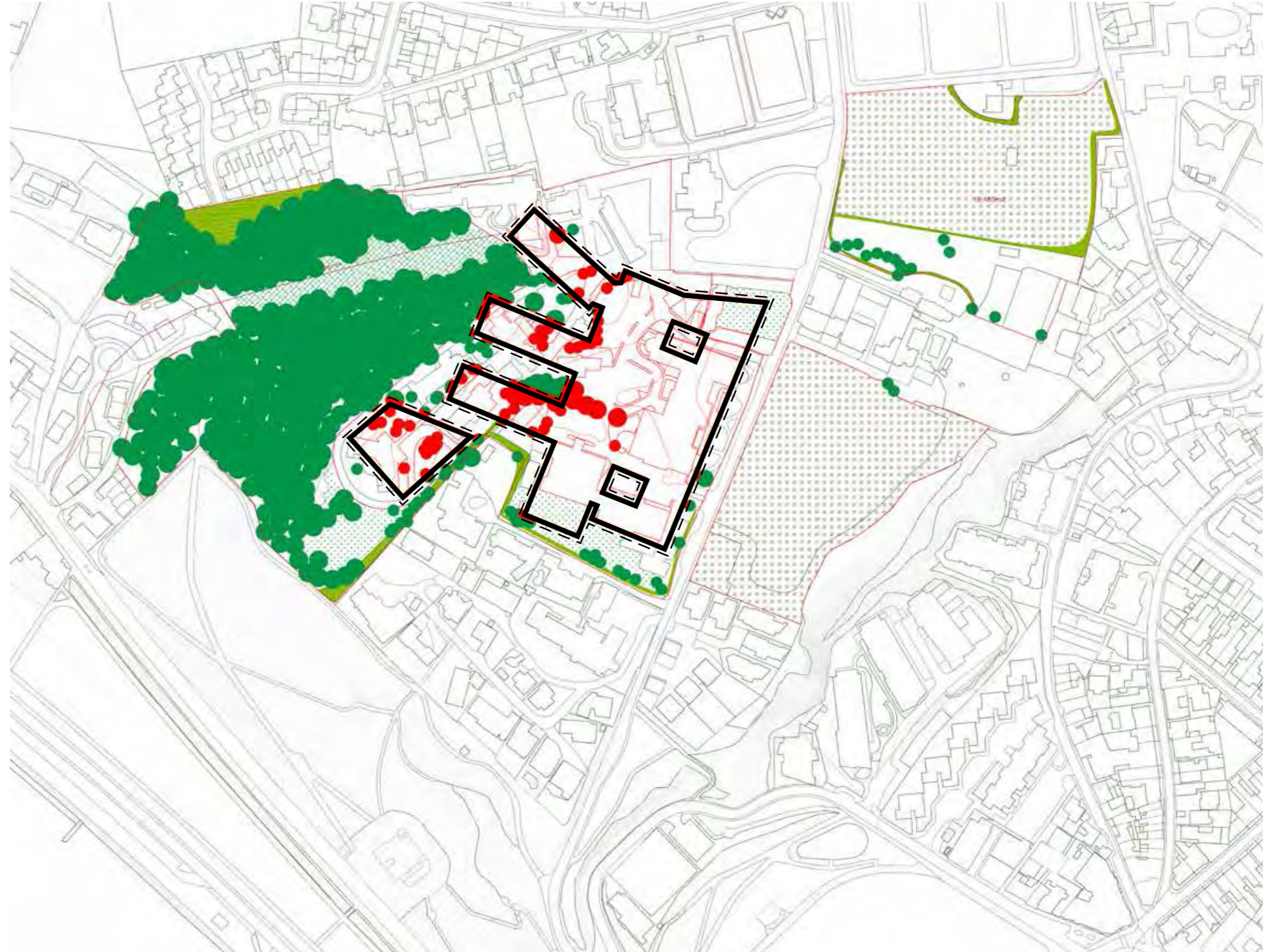
The adjacent plan shows the existing tree cover within the site boundary, and in red the existing trees that would have to be removed to accommodate the building based on option 5 of the block and stack studies.

Once the internal areas and dimensions are understood, through these studies, then concept design work can commence that works to integrate the building within the existing site constraints - including retention of as many existing trees as possible.

Below is an initial analysis of the potential % tree loss within the site:

Site area	= 93,000 m <sup>2</sup>
Number of trees	= 631
Area of tree canopy	= 28,197 m <sup>2</sup>
% of tree canopy on site area	= 30.3 %
Area of canopy loss with building	= 3,523 m <sup>2</sup>
Revised % of tree canopy on site	= 26.5 %

The tree numbers and areas used in these calculations are approximate only. More detailed investigation of existing trees in relation to development proposals will be carried out once topographic and tree surveys are carried out.



## 4.10 Landscape / Ecology

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### People's Park

As for Overdale, People's Park has been assessed against emerging clinical block and stack drawings in relation to the impact of built footprints on the extended site. Of particular concern will be the impact on nearby listed buildings, but this is discussed in more detail in Section 4.9 Heritage. The north eastern edge of the building will need to be carefully considered at Concept Design in relation to both the rising ground and the existing tree structure. The percentage of trees lost on the site will be greater than at Overdale as much of the site is required for building. However, the tree species at People's Park are not of the same quality as those at Overdale. There is also ample opportunity to create good public realm around the site to help mitigate this loss.

## 4.10 Landscape / Ecology

### People's Park

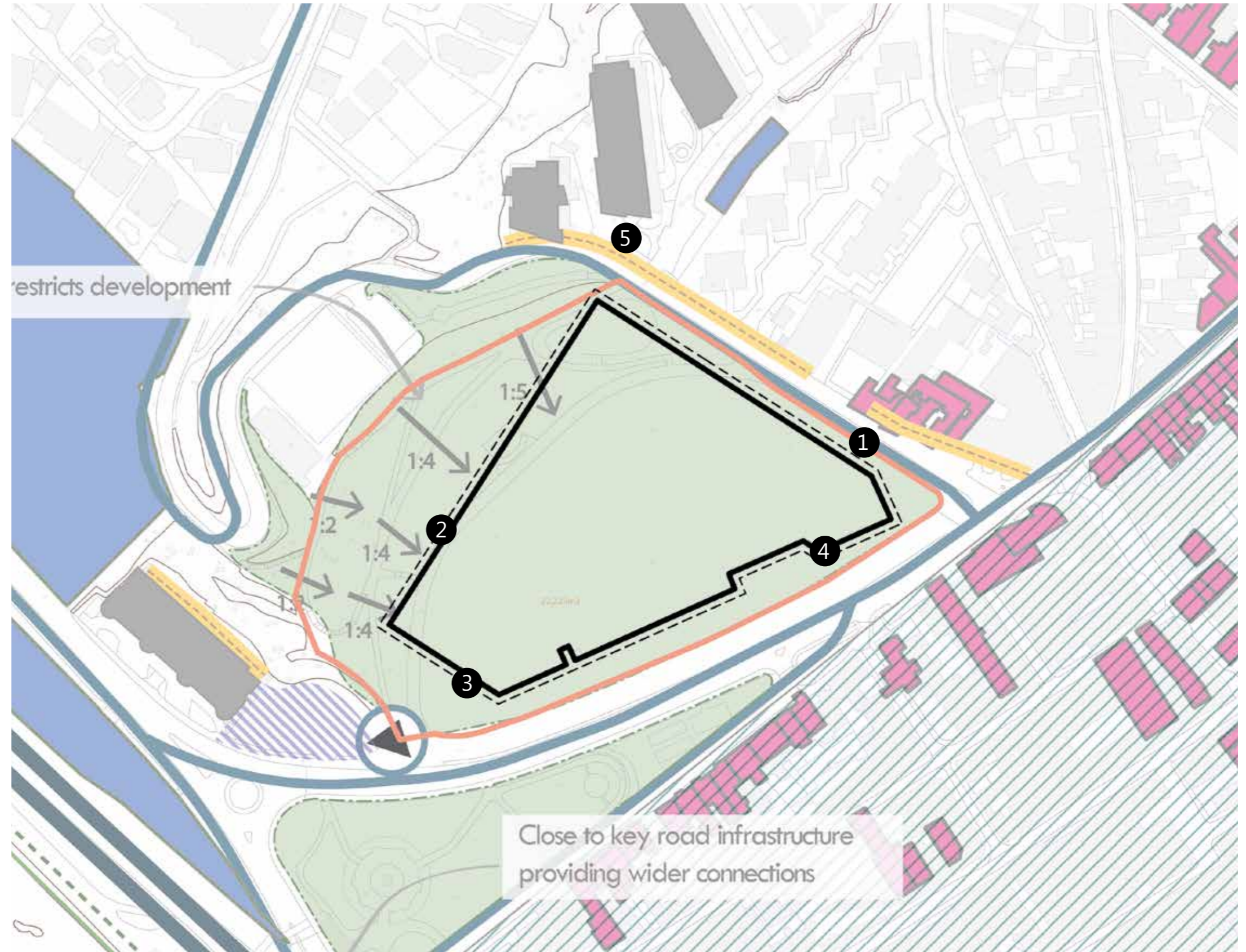
#### Impact of building option 3 - site and context

The adjacent plan shows the opportunities and constraints plan with option 3 of the block and stack building footprint overlaid, so that the impact of the building within the site can be assessed.

It is worth noting that the building footprint does not represent a designed building, but an initial estimation of area required to meet the brief for the building, that will be developed in the next workstage to produce a design that works with the site constraints.

Below are comments to be considered with the future development of building and landscape concept design:

1. Close proximity to existing Grade 3 listed buildings. Potential conflict is to be analysed.
2. Potential challenge of integrating the proposed building into existing topography.
3. Prominent corner. High impact onto the view from Victoria Avenue.
4. Potential conflict of development within protected open space that accommodates high quality landscape.
5. Building mass might potentially have a negative impact onto sea views from the existing apartment blocks.



### People's Park

#### Impact of building option 3 - tree cover

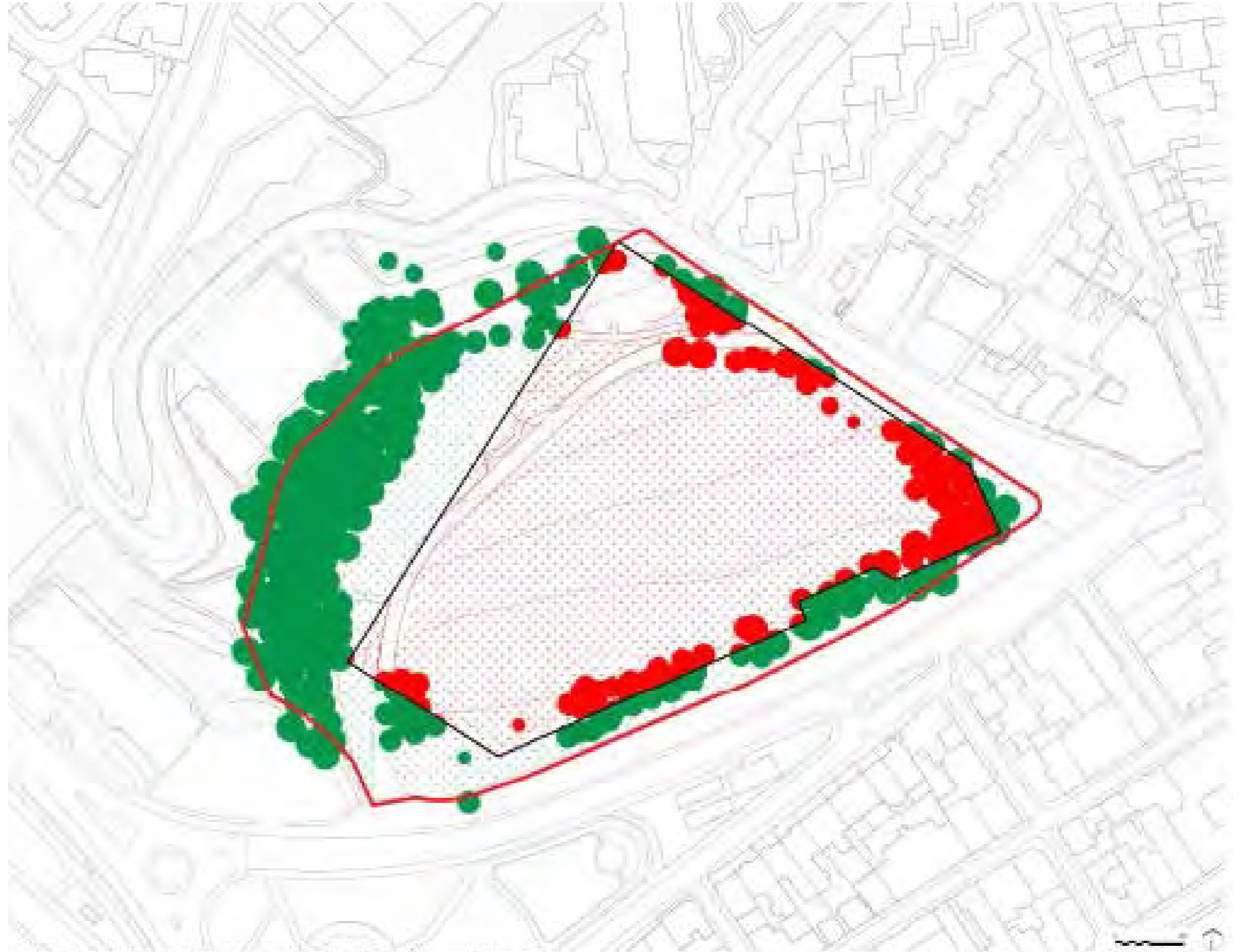
The adjacent plan shows the existing tree cover within the site boundary, and in red the existing trees that would have to be removed to accommodate the building based on option 3 of the 'block and stack' studies.

It is worth noting that the building footprint shown is an initial estimation of the area and organisation of internal spaces. Once the internal areas and dimensions are understood, through these studies, then concept design work can commence that works to integrate the building within the existing site constraints - including retention of as many existing trees as possible.

Below is an initial analysis of the potential % tree loss within the site:

Site area	= 22,780 m <sup>2</sup>
Number of trees	= 267
Area of tree canopy	= 8,059 m <sup>2</sup>
% of tree canopy on site area	= 35.4 %
Area of canopy loss with building	= 3,381 m <sup>2</sup>
Revised % of tree canopy on site	= 20.5 %

The tree numbers and areas used in these calculations are approximate only. More detailed investigation of existing trees in relation to development proposals will be carried out in the next work stage once topographic and tree surveys are carried out.





## 4.11 Visual Impact

### Hospital

A ground level of 62m (above sea level) has been assumed in the Zone of Theoretical Visibility (ZTV), with the building heights varying from 5m to 30m. The bareground ZTV (not including built development or vegetation) indicates that immediately to the south and south east of the proposed site the steep landform dropping down to Victoria Avenue and People's Park would prevent visibility of the proposed hospital buildings. Valley features to the north east and north west, including La Vallee des Vaux, Bellozanne Valley and along Queen's Road, also create areas where the proposed buildings would not be visible. Visibility is likely to extend along the ridgeline to the north and to higher ground to the east, with the landform at Fort Regent preventing visibility beyond it to the south east.

Visibility is shown to be very similar for Options 4 and 5, with the taller western wing of Option 8 creating greater potential visibility.

For all options, the presence of existing buildings and vegetation would reduce the extent of actual visibility from that currently shown by the ZTVs.

**Car Park:** Two terraces have been assumed for the car park, one at 59.7m and the other at 62.4m. The bareground ZTV (not including built development or vegetation) indicates that to the north and west of the proposed site the landform would prevent visibility of the proposed car park, with the exception of a small area of higher ground to the north west. Valley features to the north east, including La Vallee des Vaux and along Queen's Road, also create areas where the proposed car park would not be visible. Visibility is likely to extend along the ridgeline to the north east and to higher ground to the east, with the landform at Fort Regent preventing visibility beyond it to the south east.

The presence of existing buildings and vegetation would reduce the extent of actual visibility from that currently shown by the ZTV.

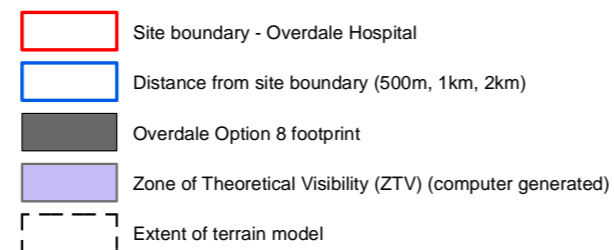
### Overdale

#### Impact of building - Zone of Theoretical Visibility (ZTV)

The adjacent plan shows where in the surrounding area the proposed building would be visible from. This Zone of Theoretical Visibility (ZTV) is illustrated with the purple hatch.

This ZTV has been generated using a model of the existing terrain, which does not include existing trees and vegetation. Therefore, the actual visibility is likely to be less than shown on the plan.

The terrain model used in the study extends to the limit of the black dashed line on the plan - which is why the Zone of Theoretical Visibility does not extend further out beyond the 1km radius. This draft study is to be extended to a 2km radius.



## 4.11 Visual Impact

### Overdale






#### Impact of car park - Zone of Theoretical Visibility (ZTV)

The adjacent plan shows where in the surrounding area the proposed building would be visible from. This Zone of Theoretical Visibility (ZTV) is illustrated with the purple hatch.

This ZTV has been generated using a model of the existing terrain, which does not include existing trees and vegetation. Therefore, the actual visibility is likely to be less than shown on the plan.

The terrain model used in the study extends to the limit of the black dashed line on the plan - which is why the zone of theoretical visibility does not extend further out beyond the 1km radius. This draft study is to be extended to a 2km radius.



-  Site boundary - Overdale Hospital
-  Distance from site boundary (500m, 1km, 2km)
-  Overdale Option 4 footprint
-  Extent of terrain model
-  Zone of Theoretical Visibility (ZTV) (computer generated)

## 4.11 Visual Impact

### Hospital

A ground level of 13.8m has been assumed in the ZTVs, with the building heights varying from 5m to 30m. The bareground ZTV (not including built development or vegetation) indicates that to the north and west of the proposed site the landform would prevent visibility of the proposed hospital buildings. Visibility is likely to extend along the ridgeline to the north east and to higher ground to the east, with the landform at Fort Regent preventing visibility beyond it to the south east.

Visibility is shown to extend further along the seafront/ Victoria Avenue to the west for Option 4 as the southern corner of the proposed building extends further south of the higher ground north of Victoria Avenue.

For both options, the presence of existing buildings and vegetation would reduce the extent of actual visibility from that currently shown by the ZTVs

### People's Park

#### Impact of building option 3 - Zone of Theoretical Visibility (ZTV)






The adjacent plan shows where in the surrounding area the proposed building would be visible from. This Zone of Theoretical Visibility (ZTV) is illustrated with the purple hatch.

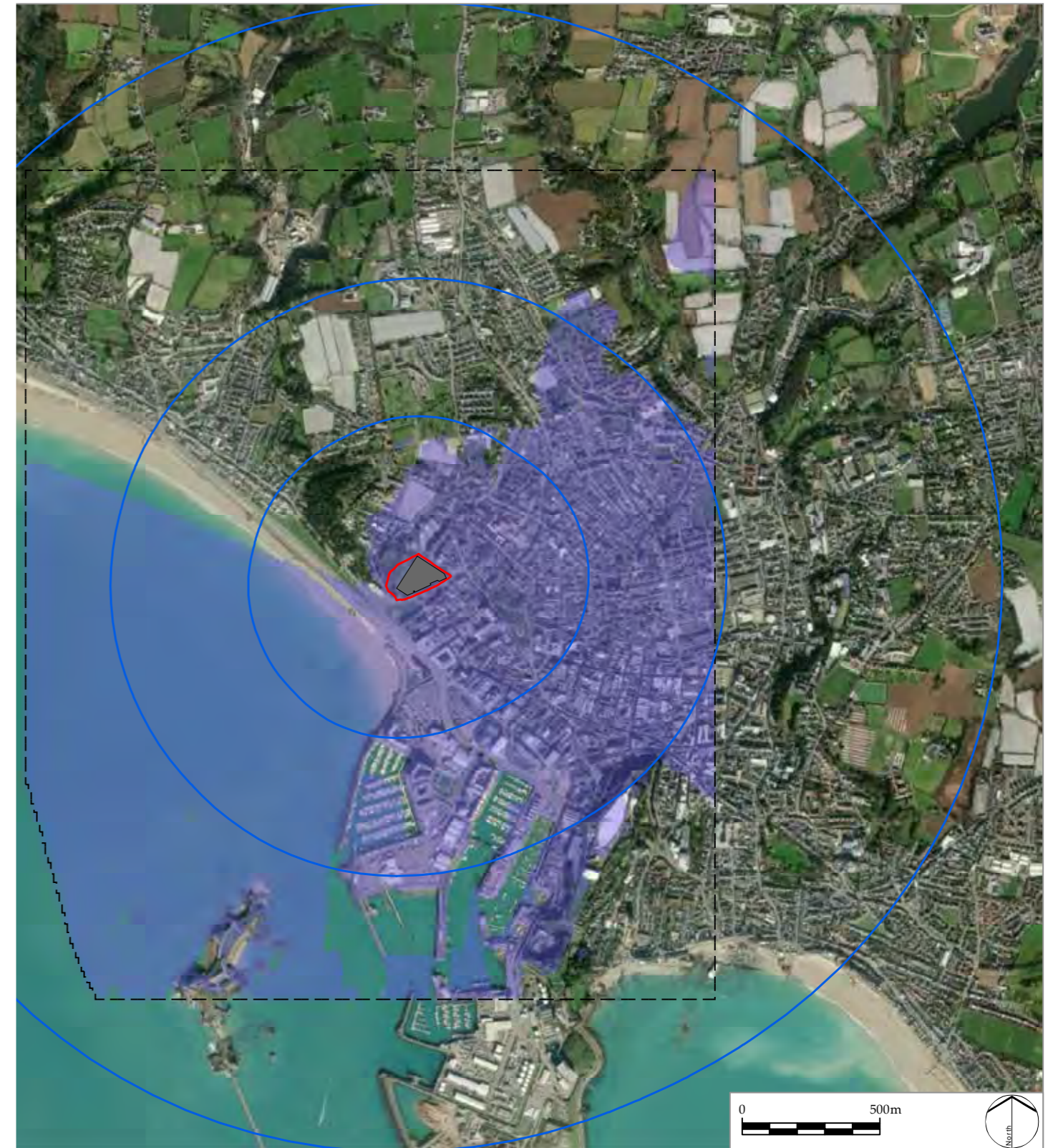
This ZTV has been generated using a model of the existing terrain, which does not include existing trees and vegetation. Therefore, the actual visibility is likely to be less than shown on the plan.

The terrain model used in the study extends to the limit of the black dashed line on the plan - which is why the zone of theoretical visibility does not extend further out beyond the 1km radius. This draft study is to be extended to a 2km radius.

This drawing is based upon computer generated Zone of Theoretical Visibility (ZTV) studies produced using the viewshed routine in the ESRI ArcGIS Suite. The areas shown are the maximum theoretical visibility, taking into account topography only, which has been included in the model with the heights obtained from States of Jersey mapping. The model does not take into account any above ground features and therefore gives an exaggerated impression of the extent of visibility. The actual extent of visibility on the ground will be noticeably less than that suggested by this plan and visibility from principal settlements is likely to be possible from peripheral areas only.

The ZTV includes an adjustment that allows for Earth's curvature and light refraction. It is based on States of Jersey terrain data and has a 10m<sup>2</sup> resolution.

-  Distance from site boundary (500m, 1km, 2km)
-  Site boundary - The People's Park
-  The People's Park Option 3 footprint
-  Zone of Theoretical Visibility (ZTV) (computer generated)
-  Extent of terrain model





## 4.12 Other Environmental Impact Analysis Aspects

### Introduction

As part of the Hurdle 2 process, the Overdale and People's Park sites were reviewed with respect to exiting environmental conditions and constraints considering the following environmental topics which are anticipated to form part of the Environmental Impact Assessment (EIA) as part of the planning submission:

- Water Environment and Flood Risk
- Ground Conditions
- Acoustics
- Climate Change
- Daylight
- Air Quality
- Resource and Waste Management
- Wind

Traffic is considered in depth in the separate Access and Highways sections of this report but the selection criteria surrounding impact during construction and operation is detailed in this section of the report.

Other environmental topics including ecology, heritage, socio-economics and landscape are covered in separate sections of this report.

### Overdale

#### Water Environment and Flood Risk

A surface water drainage channels exist on or around the site but there are no other surface water features e.g. ponds or reservoirs on the site.

There do not appear to be any watercourses or ponds within a 500m radius of the site.

A water treatment plant with two treated water service reservoirs operated by Jersey Water sits immediately to the north of the site.

The hydrostatic levels of groundwater derived in the 1990s place groundwater beneath the site at between 20-40m Above Ordnance Datum (AOD). The ground level across the majority of the site is approximately 58-62m AOD, putting groundwater significantly below the surface.

Rainwater infiltration of the superficial deposits is likely to recharge the underlying bedrock with minimal surface water run-off. Some perched groundwater over impermeable shales may form, however it is likely to drain to the lowest topographical point i.e. the valley feature to the west.

The Jersey Shoreline Management Plan does not identify a flood risk to the site.

Although the flood risk on the site is anticipated to be low, there are steep gradients running down to the valley west of the site and immediately off the site boundary to the south-east. It is possible that site development could increase surface water flood risk to these surrounding downslope areas by increasing the volume and rate of overland flow. The drainage strategy would need to take this into account and ensure that overall off-site run-off rates are not increased by the proposed development.

Although not one of the immediate access roads to the site, Victoria Avenue, which runs parallel with the coast and which is a key route between St Helier and the west of the Island, has a history of flooding as a result of coastal surges and storms (and a history of closure as a safety precaution when these events are anticipated). It is likely to form part of the route most users of the hospital would take when travelling from the west so alternative safe access routes must be considered for times of inclement weather and flood.

### Ground Conditions

The published geology does not indicate the presence of made ground, however, a review of the current land use, historical development and existing ground investigation indicates there is a potential for areas of made ground within the proposed development area. These would primarily be associated with the hospital buildings and its infrastructure. The made ground materials are possible sources of contamination. A ground investigation comprising soil sampling and testing will be undertaken to measure the current levels of contaminants.

Asbestos may be present in the fabric of the existing buildings and associated infrastructure. This may have resulted in subsurface contamination as a result of gradual deterioration of asbestos containing materials and maintenance/repairs completed over the years. Pre-demolition asbestos surveys and removal of asbestos will be required and will be subject to health and safety controls and asbestos regulations. Identified asbestos containing materials will require removal from site and disposal. A ground investigation comprising soil sampling and testing will be undertaken to identify asbestos presence and measure the current levels in the soils.

A historical tank of unknown use has been identified within the site. Should it have been used for storage of fuels, there is a potential risk of soils in the tank's vicinity having been impacted by contamination. Downward migration to the underlying groundwater may have also occurred. A more detailed desk study review will be undertaken to identify the nature of that tank. In addition, a ground investigation comprising groundwater sampling and testing may be required to measure the current levels of groundwater contaminants.

Bedrock beneath the site is known to be a source of radon and therefore the buildings design will incorporate radon protection measures. Ground investigations will also provide data for assessment of potential risks associated with ground gas although risk of high methane or carbon dioxide generation is considered to be low. If an unacceptable risk of ground gas to the proposed development is identified, appropriate gas protection measures will be incorporated into the development design. These in-built mitigation measures will minimise the adverse effect on the proposed development from ground gases.

The construction of basement may require some localised dewatering. Groundwater removed as a result of these works will require discharge, which may be to ground or sewer. This may be subject to a permit or licence. Groundwater sampling and testing will be undertaken as part of the ground investigations to establish groundwater quality and inform groundwater management during construction.

No geological designated sites or safeguarded mineral resources have been identified within the site and therefore the proposed development will have no impact on geological resources.

The design will consider ground properties to ensure ground stability and appropriate foundations for the proposed buildings and access roads. The design will be informed by the proposed ground investigations.

### Acoustics

#### Will there be a detrimental impact on the local population during the construction or operation of the hospital in relation to:

As the site is currently a hospital site, the future noise climate is likely to be similar to the existing conditions. Noise experienced by local residents during construction would depend on their location around the boundary; site access (for construction and operation) directly off the A1 would minimise traffic noise impacts to neighbouring residential buildings. Westmount Road is steep and returns on itself which would exacerbate noise from HGVs during demolition and construction. It would also increase traffic noise at residential buildings and West Mount Day Nursery. Residential areas along Westmount Road, St Aubin's Road and Tower Road are in very close proximity to the site boundary and therefore may experience significant increases in noise both during construction and operation of the hospital.

As existing hospital buildings on the site would have to be demolished, this would extend the construction programme and increase the risk of noise and vibration impacts to the surroundings compared to an undeveloped site. Mitigation measures for this will be explored to facilitate reduction of these impacts.

During operation, green space on and around the proposed site should offer tranquillity that would aid patient wellbeing and recovery.

## 4.12 Other Environmental Impact Analysis Aspects

### Climate Change

There will be a carbon footprint associated with direct construction and operational Greenhouse Gas emissions respective of the specific required works to facilitate construction of the hospital and associated infrastructure.

Measures should be taken to reduce direct GHG emissions through green building design, energy efficiency measures and alternative renewable energy generation on-site.

### Are adjacent land uses detrimental to the functioning of the hospital, e.g. environmentally polluting?

There are no known environmental polluting activities close to the site.

### Daylight

A review of the site with respect to daylight considerations that would form part of the Environmental Impact Assessment has been undertaken. Consideration of the building's massing and location on the site will be considered through the design progression to mitigate impacts and minimise any potential loss of amenity.

### Air Quality

#### Will there be a detrimental impact on the local population during the construction or operation of the hospital in relation to Air Quality.

Routing of increased levels of traffic through residential areas in order to reach the site during both construction and operation is likely to increase exposure of existing sensitive human receptors to air pollutants. Due to the location of the site at the top of a steep gradient, this could exacerbate the emission of air pollutants.

The location of Overdale is in a suburban area of St Helier, with lower levels of traffic and associated emissions on the local road network. It is considered that introducing new human receptors (patients and staff) into this location is unlikely to expose them to concentrations of air pollutants above the air quality objectives. However, a detailed assessment would be required to determine whether the higher emissions from vehicles using roads with steep gradients would lead to potential detrimental effects.

### Resource and Waste Management;

The development of Our Hospital would require the use of significant quantities of resources during the construction of the hospital. It would also result in the generation of waste materials during the demolition of the existing buildings.

The operation of the new hospital may also result in a change in the operational material consumption and waste generation, where there are changes in practices or patient numbers.

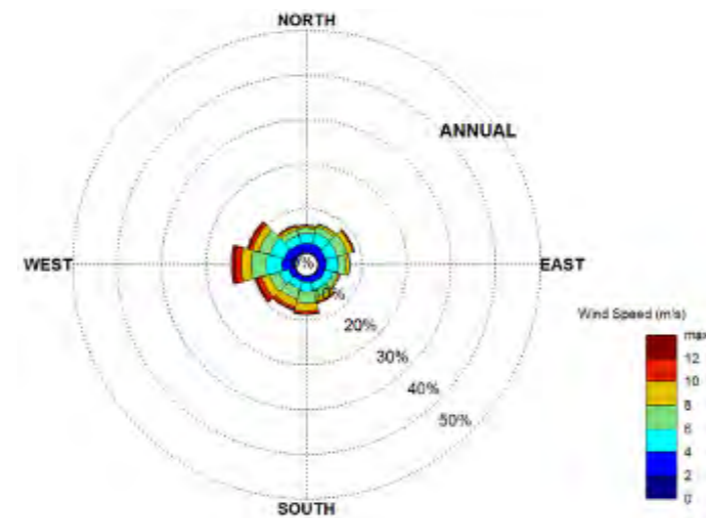
### Will the site support the sustainable use of resources?

There are no known constraints to the sustainable use of resources at Overdale. This would be dictated by design approached and construction practices.

There will be generation of waste material associated with demolition.

### Wind

Strength and directionality of the winds are fundamental aspects of the environmental wind assessment. The most frequent winds in St Helier are in the direction to the west.



The Overdale site lies on a hill that rises up to about 60m above the sea level. This means that the site is naturally elevated above the shelter of the surroundings and will be exposed to prevailing western winds.

The Overdale site is larger so has more opportunities to create its own shelter and improve conditions in the development that are further east and north. However, it is located on a hill that steadily increases the elevation and would, in turn, elevate the buildings above the surroundings, exposing them to direct winds.

### Traffic

#### Will there be a detrimental impact on the local population during the construction or operation of the hospital in relation to Traffic.

It is anticipated that the routing of construction vehicles to Overdale will include the A1 Esplanade, St Aubin's Road and Westmount Road. Whilst the effects of construction traffic on the A1 Esplanade are likely to be limited, there is potential that the increase in Heavy Goods Vehicle movements on St Aubin's Road and Westmount Road could have a temporary detrimental effect on local receptors with regards to pedestrian and cycle amenity and fear and intimidation. Potential road closures and diversions could also result in a temporary detrimental effect on driver delay for some receptors and this would need to be managed through a Construction Traffic Management Plan (CTMP) or a Construction Environmental Management Plan (CEMP).

Once operational, a large proportion of existing traffic on the network associated with JGH would redistribute to Overdale resulting in a higher traffic movement on some links within the local highway network. Without mitigation, this could result in detrimental effects on some receptors with regards to severance, pedestrian and cycle amenity, pedestrian and cycle delay and driver delay. As noted in the Transport and Access

Hurdle 2 report, initial analysis indicates that there are potential opportunities to mitigate the impacts through infrastructure improvements, sustainable transport interventions and other measures.

## 4.12 Other Environmental Impact Analysis Aspects

### People's Park

#### Water Environment and Flood Risk

There are no other surface water features e.g. ponds or reservoirs on the site.

Local to the site, a drainage is within 500m of the site and a culverted stream, Le Faux Bie, runs along Gloucester Street, approximately 250m to the south of the site and presumably discharges to the sea to the south of the site, although the outlet location is unknown.

There do not appear to be any ponds within a 500m radius of the site.

A water treatment plant with two treated water service reservoirs operated by Jersey Water sits within 500m north of the site.

The hydrostatic levels of groundwater derived in the 1990s place groundwater beneath the site at 10m AOD or 3-5m below ground in the main part of the site. Considering the site elevation and recorded groundwater levels, saline intrusion may be occurring.

Two groundwater wells exist locally, one at the Bowling Green immediately west of the site, and another 100m to the South of the site at the Grand Hotel.

The Jersey Shoreline Management Plan does not identify a flood risk to the site.

Victoria Avenue, which runs parallel with the coast and which is a key route between St Helier and the west of the Island, has a history of flooding as a result of coastal surges and storms (and a history of closure as a safety precaution when these events are anticipated). It is likely to form part of the route most users of the hospital would take when travelling from the west so alternative safe access routes must be considered for times of inclement weather and flood.

The development of the site could increase the risk of surface water flooding associated with the steep slopes at the west of the site. The infiltration capacity of the site would be reduced by the change from grassland to hardstanding and buildings. However, an effective drainage strategy would provide mitigation of this risk and would also need to ensure that overall off-site runoff rates are not increased by the proposed development.

#### Ground Conditions

The published geology does not indicate the presence of made ground, however, a review of the current land use indicates there is a potential for discrete areas of made ground within the proposed development area. These would primarily be associated with the landscaping and creation of access paths, and also potentially historical copper mining. The made ground materials are possible sources of contamination. A ground investigation comprising soil sampling and testing will be undertaken to measure the current levels of contaminants.

Bedrock beneath the site is known to be a source of radon and therefore the buildings design will incorporate radon protection measures. Ground investigations will also provide data for assessment of potential risks associated with ground gas although risk of high methane or carbon dioxide generation is considered to be low. If an unacceptable risk of ground gas to the proposed development is identified, appropriate gas protection measures will be incorporated into the development design. These inbuilt mitigation measures will minimise the adverse effect on the proposed development from ground gases.

No geological designated sites or safeguarded mineral resources have been identified within the site and therefore the proposed development will have no impact on geological resources.

There is an evidence of historical copper mining in the site vicinity. The extent of the mining and potential impact on the site is currently unknown. However, this will be reviewed in more detail at the design stage.

The construction of basement will require dewatering. Groundwater removed as a result of these works will require discharge, which may be to ground or sewer. This may be subject to a permit or licence. Groundwater sampling and testing will be undertaken as part of the ground investigations to establish groundwater quality and inform groundwater management during construction. Dewatering may also impact local hydrogeology and groundwater dependent features such as groundwater abstractions, and be subject to a permit requiring hydrogeological impact assessment. Ground investigations will provide information on bedrock hydraulic properties to form basis for any future assessments.

The design will consider ground properties to ensure ground stability and appropriate foundations for the proposed buildings. The design will be informed by the proposed ground investigations.

#### Acoustics

##### **Will there be a detrimental impact on the local population during the construction or operation of the hospital in relation to Noise**

The ambient noise levels around this site are likely to be higher due to its busy location on the edge of the town centre, with pubs, cafés and retail units on Peirson Road and Westmount Day Nursery having a playground facing the site.

The site is not currently developed and has relatively flat topography so preparation of the site for construction would create relatively little need for noise or vibration generating activities i.e. no demolition and potentially limited earthworks. Should rock excavation be required for this will have noise and vibration impacts for which mitigations will be reviewed to minimise impacts. The existing highway network would also need little modification or upgrade with the existing A1/St Aubin's Road providing access to the site during both construction and operation. The proximity of these roads also

means that changes in traffic noise are unlikely to be significant, although traffic noise, along with ambulance sirens would need to be assessed in respect of internal noise levels within the hospital during operation.

Residential areas along Westmount Road and Peirson Road are in very close proximity to the site boundary and there are a number of Grade 3 listed buildings (around 5m from the site). These receptors would require specific consideration in terms of construction vibration risks (although they are not necessarily any more vulnerable to vibration as a consequence of being listed). Mitigation measures for this will be explored to facilitate reduction of these impacts.

#### Climate Change

There will be a carbon footprint associated with direct construction and operational GHG emissions respective of the specific required works to facilitate construction of the hospital and associated infrastructure.

Measures should be taken to reduce direct GHG emissions through green building design, energy efficiency measures and alternative renewable energy generation on-site.

##### **Are adjacent land uses detrimental to the functioning of the hospital, e.g. environmentally polluting?**

There are no known environmental polluting activities close to the site.

#### Daylight

A review of the site with respect to daylight considerations that would form part of the Environmental Impact Assessment has been undertaken. Consideration of the building's massing and location on the site will be considered through the design progression to mitigate impacts and minimise any potential loss of amenity.

#### Air Quality

##### **Will there be a detrimental impact on the local population during the construction or operation of the hospital in relation to Air Quality**

It is anticipated that traffic patterns would remain similar to the current traffic patterns due to the same or similar car parking infrastructure being used for People's Park as is currently used for the Jersey General Hospital. This would result in existing air quality conditions for sensitive human receptors being unlikely to change significantly as a result of development at this site.

The nearest sensitive ecological site is over 1km away and the site would not be expected to have a significant impact at that location.

#### Resource and Waste Management

The development of Our Hospital would require the use of significant quantities of resources during the construction of the hospital.

The operation of the new hospital may also result in a change in the operational material consumption and waste generation, where there are changes in practices or patient numbers.

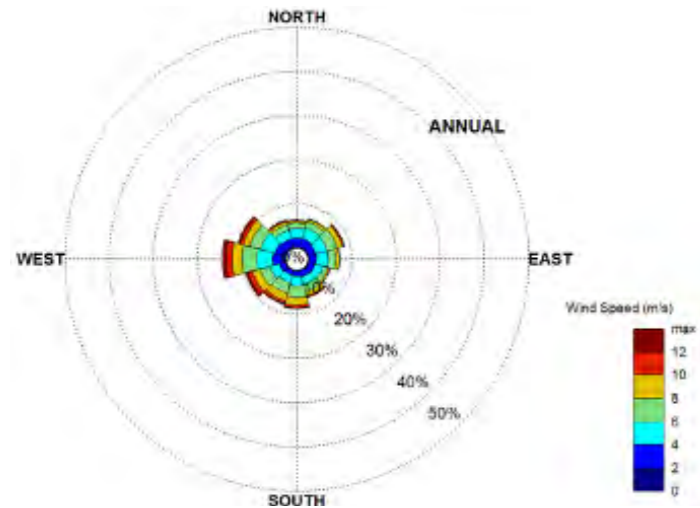
##### **Will the site support the sustainable use of resources?**

There are no known constraints to the sustainable use of resources at People's Park. This would be dictated by design approached and construction practices.

## 4.12 Other Environmental Impact Analysis Aspects

### Wind

Strength and directionality of the winds are fundamental aspects of the environmental wind assessment. The most frequent winds in St Helier are in the direction to the west.



The People's Park site lies just behind the hill the Overdale site sits on. This means that it is sheltered from some of the slower winds coming from the west. However, stronger winds coming off the coast would still affect the site, especially those from the south-west.

### Traffic

#### **Will there be a detrimental impact on the local population during the construction or operation of the hospital in relation to traffic**

It is anticipated that the routing of construction vehicles to People's Park will include the A1 Esplanade and St Aubin's Road. Whilst the effects of construction traffic on the A1 Esplanade are likely to be limited, there is potential that the increase in Heavy Goods Vehicle movements on St Aubin's Road and Westmount Road could have a detrimental effect on local receptors with regards pedestrian and cycle amenity and fear and intimidation.

It is anticipated that operational traffic will mostly continue to use Patriotic Street MSCP and other public car parks and therefore the environmental effects with regard to transport are anticipated to be limited, however further analysis will be required in subsequent design stages to provide a more complete understanding.



## 4.13 Socio-Economics

### Hurdle 1

A socio-economic consideration of the five sites was undertaken with the findings as follows.

Overall, the economic impacts of the shortlisted sites are likely to have marginal impacts to the Jersey economy as well as to the economy of the St Helier area which is the primary focus driver for the Island economy. Spend will still happen within the Island economy. All sites are within the travel to work area for the majority of Islanders. Given housing market constraints the majority of the existing workforce are unlikely to move home address as a result of alternative siting so will continue to spend as before. The economic impacts of all siting options are expected to be relatively small when compared to the overall size of the St Helier economy.

However, there are also socio-economic impacts, amenity space, and displacement of existing residences and businesses which need to also be accounted for. These impacts tend to vary more across the sites. Some sites, particularly Five Oaks, Millbrook, and St Andrew's Park, have greater adverse socio-economic impacts in terms of transport and access, on certain parts of the community and locations, and this needs to be considered alongside the net economic impact. Millbrook and St Andrew's Park involve the loss of amenity space which is unlikely to be able to be acceptably mitigated. St Andrew's Park and Five Oaks, would result in displacement impacts from construction and offsite infrastructure upgrades.

Considering their amenity space issues, likely neutral effect on the Jersey and St Helier economy, relatively minimal displacement from construction and offsite infrastructure, the front runners from the shortlist in economic terms are Overdale and People's Park subject to the incorporation of mitigation measures for the loss of amenity for People's Park and accessibility improvements for Overdale. These accessibility improvements will however require the displacement of residents from their homes and have a consequent social impact. Further, there is mitigation to the loss of amenity at People's Park given the proximity of the beach, Jardins de la Mer and opportunities that may arise from forthcoming developments. Without the gathering of further data to underpin the quantification of economic impacts, it is unclear whether shortlisted sites would provide an economic uplift on the current JGH site. However, given their proximity to the current site, this is considered to be marginal.

In summary the five sites are considered against the three economic criteria established:

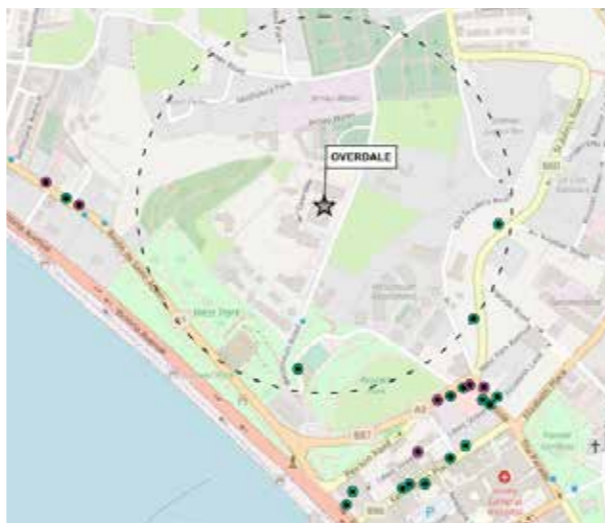

	Does the site lead to a loss of amenity space?  And if so can this be acceptably replaced	Will the development in this location generate overall economic benefit to the Island, separate from that specifically resulting from enhanced clinical service provision?	Impacts of displacement from construction & offsite infrastructure upgrades
<b>Five Oaks</b>			
<b>Millbrook</b>			
<b>Overdale</b>			
<b>People's Park</b>			
<b>St. Andrew's Park</b>			

## 4.13 Socio-Economics

### Hurdle 2

Further studies have been undertaken for the Overdale and People's Park sites with respect to socio-economic considerations.

This assessment included consideration of a number of potential impacts and the findings are presented in the table.

	Overdale	People's Park
<b>Construction Impacts</b>	<p>Construction impacts are the short-term, temporary benefits relating to the construction and fit-out of the new hospital. Construction jobs generated by the project are inherently transitory. However, the proposed development would create employment and training opportunities in the Jersey construction industry over a period of approximately 3.5 years.</p> <ul style="list-style-type: none"> <li>Construction employment Full Time Equivalent (FTE): a labour coefficient is applied (covering healthcare facilities) which allows for the estimation of the number of construction jobs, based on the total project capital cost.</li> <li>Construction output multiplier: the additional value added in the economy for every pound spent on construction due to the ripple effect which increases goods and services within the economy. These range from 1.5 (Type I multiplier, covering direct and indirect impacts) to 1.7 (Type II multiplier, covering direct, indirect and induced impacts).</li> <li>Construction jobs and GVA: The Gross Value Added (GVA) per FTE for construction on Jersey is estimated at £59,000 (2018). The additional GVA impact from employment will depend on the level of leakage (i.e. 'off-island' construction workforce) versus the number of construction jobs that are retained within the Jersey labour market. The GVA impact assessed for the two options is based on the assumption that 10% of construction jobs are retained within Jersey.</li> </ul> <p>Number of FTE jobs supported by the project over the construction period is estimated at. This represents approximately 9% of Jersey's employment in Construction (and quarrying), based on headcount by sector data for 2019 (5,900)</p> <p>The GVA benefit (per annum) from construction jobs retained on the Island is estimated at £3.4m. This assumes that 10% of construction FTE are retained (~58 FTE).</p>	<p>The total direct, indirect and induced impact of construction activity is estimated at up to £450-510m.</p> <p>Note: not all benefit will accrue to Jersey (dependent on location of construction, supply chain and induced spend).</p>
<b>Direct Impacts</b>	<p>A high level assessment has been undertaken of the direct employment impacts, and access to the labour market (relative to the baseline), for Overdale.</p> <p>As of 2020, there were approximately 2,000 FTEs working at the Jersey General Hospital. As the new hospital offers more capacity, it could be expected to facilitate growth in jobs. However, it is important to note that the FTE workforce requirements of the new hospital have not been established at this time. Using an estimated mean weekly earnings figure for public sector FTE's of £930, safeguards total yearly earnings of approximately £97m or £118m in annual Gross Value Added (GVA) terms.</p> <p>The future OHP will also contain 1,200 sq m of cafeteria and commercial space, which could generate 25-35 additional FTEs or between £1m to £1.4m in annual GVA.</p>	
<b>Indirect Impacts</b>	<p>A high level assessment has been undertaken of the indirect employment impacts, which relate to supply chain activity linked to the OHP proposal.</p> <p>It is assessed that indirect impacts will be same at both sites. Given their relative proximity to the current site, it is assumed that there will be no significant difference in supply chain impacts between the two sites.</p> <p>The current hospital supports 2,000 FTE and is therefore estimated to indirectly supports 400 jobs (assuming an employment multiplier of 1.2, Type I multiplier for Health, 2017).</p>	
<b>Induced Impacts</b>	<p>A high level assessment has been undertaken of the induced impacts, which relate to the spend created in the local economy as a result of the earnings of hospital staff and visitors (as well as the induced spend of people in jobs indirectly supported by the hospital).</p> <p>Given the relative size of the Jersey and St. Helier economy, most of the impact is likely to represent displacement of spend from one area to another. However, there may be some localised impacts on businesses depending on the location of the hospital.</p> <p>The current hospital supports 2,000 FTE and is therefore estimated to support 400 induced jobs (assuming an employment multiplier of 1.4, Type II multiplier for health, 2017). These jobs are not additional but rather represent the induced jobs supported through the direct and indirect employment safeguarded by the new hospital.</p>	
		
	<p>Although not additional, there is some risk of a loss in induced jobs if staff and visitors do not have the same opportunity (compared to the current JGH site) to spend within the vicinity of the hospital. A significantly lower business density surrounding the Overdale site supports the argument for a higher provision of commercial and retail space on-site.</p>	<p>There is a retail, food and accommodation businesses around the People's Park site. Many of these businesses are the same as those within the 500m buffer for JGH.</p> <p>Therefore the impact on induced spend is expected to be similar to the baseline, although there may be increased spend from growth in employment.</p>

## 4.14 Cost

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### Initial Assessment

The costs associated with the core accommodation of the development were treated as a constant across the five site options. The study focused on the 'abnormal costs' associated with the shortlisted sites using the information available.

Initial assessments identified that Five Oaks, Millbrook, St Andrews Park and People's Park had similar levels of abnormal cost and that Overdale is more expensive and poses a higher risk in cost terms.

### Overdale and People's Park

The affordability limit for the overall design and build for the new hospital is set at £550 million in the Delivery Partner contract. This does not include for the reprovision of health or other services to alternative accommodation or the purchase of land and premises or the replacement of lost amenity associated with planning requirements. Gleeds were instructed on behalf of RokFCC JV to develop a detailed schedule of design and build costs based on the functional content for the new hospital and the block and stack, impact analysis and strategy contained in this report. Turner & Townsend have been retained by the GoJ to provide their challenge and verification of these costs.

Capital costs have been derived from UK's Department of Health document, Healthcare Premises Cost Guide (HPCG). This document is currently the primary source of departmental cost data for use in the preparation of Strategic Outline Cases (SOC) and Outline Business Cases (OBC) for Healthcare projects. Equipment and Site abnormal costs have been derived from desktop studies and consultation with our experienced design and development team and priced using many cost data sources including in-house cost data and external benchmark cost data from Department of Health on similar projects to ensure the accuracy which the SOC requires.

## 4.14 Cost

The Overdale Site proves to be affordable within the £550 million and the detail is set out in the following table.

The land acquisition costs for Overdale ranges from £11 million to £14.5 million.

Our Hospital				Rok FCC JV	
Affordability Envelope Budget					
Cost item	Quant	Unit	Rate	Overdale Costs	Notes
<b>Works Costs</b>					
<b>Departmental Costs:</b>					
Departmental Accommodation (refer to breakdowns of areas and rates on separate sheets "OV Dept Cost bkdown" and "PP Dept Cost bkdown")	66947	m2		£ 314,828,161	This is the cost of the building only excluding external works and drainage and any offsite works
<b>On Costs: All abnormal and site specific costs outside the "box" of the building</b>					
<b>On costs</b>				£ 25,389,370	These are costs outside the building, for example; drainage, paths and pavings, substations, fences, landscaping
<b>Abnormal site selection costs</b>				£ 38,661,500	Overdale cost are higher due to need to create blue light access approximately 1km of highway improvements. Examples of abnormal site selection costs include excavation in rock, basement construction, cost of statutory utilities
<b>Non Works Costs</b>					
Land Purchase Costs				Excluded	
Fees associated with land purchase				Excluded	
Legal Fees				Included	Delivery Partner (ROK FCC) legal fees are included. Agreed that GoJ legal fees are covered elsewhere
Statutory and local authority charges				Included	
Sectional agreements				Included (see notes)	
IM&T				Included	Allowance for highways and junction improvement Wiring and cabling to socket points and plug points is included. However, <b>excluded</b> are plug in equipment, for example laptops, monitors, servers, modems, touchpads, telephone exchangers, telephones, routers, patch panels, modems, PCs, laptops, tablets, monitors and hub units and software
<b>Design and Professional Fees</b>				£ 32,242,933	
<b>Pre Construction Services Agreement (includes Design Fees for Stage 1A and 1B)</b>				£ 29,206,605	The Pre-Contract cost of engaging with Contractor and Design Team to develop a robust design and cost of the project prior to signing a Building Contract for the Construction works
<b>Client Professional Fees and Internal Costs - £10.5m (to end 2025)</b>				£ 10,500,000	
<b>Decant Management - Allowance</b>				£ 250,000	
<b>Planning and Building Control Fees</b>				£ 1,750,000	
<b>Equipment Costs</b>					
Group 1, 2, 3 & 4 Equipment (Supplied and installed)				£ 55,000,000	Cost of specialist fixed furniture and specialist medical equipment such as X-Ray machines and scanners
<b>Planning Contingency</b>					
Allowance				£ 10,000,000	
<b>Contractor Contingency</b>					
Allowance for design development and additional inflation				£ 2,212,244	
<b>Inflationary Allowances</b>					
<u>Uplift from 3Q2020 to start on site of 2Q2022</u>					
Using PUBSEC indices furthest forecast is 1Q2022.					
Index at 3Q2020 = 263 and 1Q2022 is 274. Increase is :-					
			4.18%	£ 15,846,651	
From furthest point of PUBSEC then using BCIS All-in TPI, currently forecast 1Q2022 index is 354, uplift to start on site of 2Q2022, index is 356, increase is					
			0.56%	£ 2,140,559	
Extra over for Jersey factor					
			2.50%	£ 9,471,976	
<b>Risk - Exceptional Circumstances</b>					
Provision for increase over any above current conditions				£ 2,500,000	
<b>Taxation</b>					
Local Taxes GST				Excluded	
<b>TOTAL Affordability Budget</b>				<b>£ 550,000,000</b>	

## 4.14 Cost

The People's Park site proves to be affordable within the £550 million and the detail is set out in the following table.

The land acquisition costs for People's Park ranges from £3 million to £32.4 million.

Our Hospital		R&K FCC JV	
Affordability Envelope Budget			
Cost item	Quant	Unit Rate	Peoples Park Cost
<b>Works Costs</b>			
<b>Departmental Costs:</b>			
Departmental Accommodation (refer to breakdowns of areas and rates on separate sheets "OV Dept Cost bkdwn" and "PP Dept Cost bkdwn")	66947	m2	£ 310,510,910
<b>On Costs: All abnormal and site specific costs outside the "box" of the building</b>			
<b>On costs</b>			£ 19,451,333
<b>Abnormal site selection costs</b>			£ 26,823,750
<b>Non Works Costs</b>			
Land Purchase Costs			Excluded
Fees associated with land purchase			Excluded
Legal Fees			Included
Statutory and local authority charges			Included (see notes)
Sectional agreements			Included
IM&T			Included
<b>Design and Professional Fees</b>			£ 29,591,768
<b>Pre Construction Services Agreement (includes Design Fees for Stage 1A and 1B)</b>			£ 29,206,605
<b>Client Professional Fees and Internal Costs - £10.5m (to end 2025)</b>			£ 10,500,000
<b>Decant Management - Allowance</b>			£ 250,000
<b>Planning and Building Control Fees</b>			£ 1,750,000
<b>Equipment Costs</b>			
Group 1, 2, 3 & 4 Equipment (Supplied and installed)			£ 55,000,000
<b>Planning Contingency</b>			
Allowance			£ 10,000,000
<b>Contractor Contingency</b>			
Allowance for design development and additional inflation			£ 2,212,244
<b>Inflationary Allowances</b>			
<u>Uplift from 3Q2020 to start on site of 2Q2022</u>			
Using PUBSEC indices furthest forecast is 1Q2022. Index at 3Q2020 = 263 and 1Q2022 is 274. Increase is :-			
	4.18%		£ 14,922,608
From furthest point of PUBSEC then using BCIS All-in TPI, currently forecast 1Q2022 index is 354, uplift to start on site of 2Q2022, index is 356, increase is	0.56%		£ 2,015,740
Extra over for Jersey factor	2.50%		£ 8,919,650
<b>Risk - Exceptional Circumstances</b>			
Provision for increase over any above current conditions			£ 2,500,000
<b>Taxation</b>			
Local Taxes GST			Excluded
<b>TOTAL</b>			<b>£ 523,654,608</b>

## 5 Planning Balance

The Planning Balance is the principal means by which we have considered all of the relevant policies within the Revised 2011 Island Plan and balanced the degree to which each site performs against those relevant policies. This is because the Plan, as a whole, is the principal document against which the acceptability of proposals for development, in planning terms, should be assessed.

It may be necessary, depending on timing, to apply the same balancing approach to the draft Island Plan, at the time of the planning application. This is because as that plan develops and nears adoption, it should gain more weight in the planning process. It is not possible to say at this stage, when that will be, but when adopted, it will supercede the current revised 2011 Island Plan.

At this stage in the Our Hospital Project, however, assessing whether there is a 'preferred' site, in planning terms, requires an assessment against the Revised 2011 Island Plan as a whole. Not all the policies in the plan apply. Equally, not all the policies, which would apply at planning application stage, can be considered, because there is yet no planning application proposal.

At this stage, in considering all the relevant positive, neutral or negative impacts, neither site is likely to be a run-away frontrunner. The development of either would be likely to have positive effects in regeneration, health and well-being and through good design, place making and amenity. Some of the effects of the development of either site would be neutral and both will have negative impacts or effects that require significant mitigation to inform 'sufficient justification' for departing from the policies of the Island Plan.

The strategy of the plan is to direct new development to sustainable and accessible locations and principally the built-up area of St Helier. This is a weighty consideration and while the People's Park site is wholly within the built-up area of St Helier, the Overdale site is not. The majority of Overdale is brownfield land, People's Park is not. In terms of accessibility and transport matters, both sites would require implementation of suitable mitigation and most significantly, in relation to Overdale. While development of either site is unlikely to wholly comply with the strategy of the plan in relation to matters of built heritage, the negative impacts on heritage arising from the development of Overdale are likely to be more easily mitigated than those from the development of People's Park. Conversely, the Overdale site would in part require development within the Green Zone, the Green Backdrop Zone and may involve the loss of agricultural land while People's Park would not. Impacts on ecology and trees are may slightly greater on Overdale than People's Park due to the presence of the dense belt of vegetation in the western part of the site though Overdale itself has more space for potential mitigation.

The development of either site will clearly change their built form and the landscape in which they are located but People's Park is better integrated with the Town than Overdale and, being on top of an escarpment, the development of Overdale is likely to have greater impacts on views and the skyline.

Both sites would involve the loss of designated protected open space though this would be more significant at People's Park than Overdale because of the recreational aspect of the park. The degree of mitigation likely to be required in relation to the development of People's Park would be significantly greater.

Insofar as other currently assessed environmental matters are concerned, including water and flood risk, ground conditions, wind, noise and air quality, daylight and sunlight, wind and overall impacts on Climate Change, the degree of impact between the two isn't significantly different. These issues could be mitigated to an acceptable degree.

As Overdale site is located in St Helier, it may be beneficial to local businesses in proximity to the site and may generate new businesses by spreading spend outwards from the town centre. It is though, on a significant hill away from the town centre and surrounded by less urban development than other parts of the town and so overall, its development will have some negative impacts on businesses around St Helier. People's Park is better located in this regard and any negative impacts will be more limited. Its location will limit any adverse economic impacts for businesses which currently serve the existing hospital and there is a sufficient concentration of provision around the People's Park site to retain the agglomeration benefits that come with locating close to the town centre where business is clustered.

Based upon an evaluation of the delivery programme for each site, both Overdale and People's Park can be delivered by the end of 2025.

The development of either site would meet the identified and accepted need for a new hospital in Jersey and is an opportunity for civic enhancement and an enhanced sense of place. The need for the new hospital is an important and significant material consideration in the future decision-making process, but the identified policy conflicts associated with either site are also important and significant. The development of either site would conflict with policies of the Island Plan, and 'sufficient justification' as allowed within the law, will need to be made to address that conflict.

## 6 Summary of Assessment

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Section 6.0 has assessed each of the two sites against a range of technical evaluations to derive a position on how each has performed against the defined Key Criteria: Clinical, Locational, Environmental and Economic & Social. An assessment 'swingometer', identifying negative (red), neutral (grey) or positive (green) impact, has been used as a graphic tool to convey the assessment in relation to the specific criteria. In this section, the sites are further assessed directly against each other to determine how they compare with each other. In this instance, the direction of the 'pointer' illustrates whether one site performs better than the other (shown in blue, tilting to the preferred site) or whether they perform equally. The summary table of results is shown in the following pages.

Whilst there is a degree of latitude in this assessment, the general trends it reveals are important to understand.

### Clinical Criteria

The block and stack studies, informed by extensive clinical engagement meetings throughout August and September, have shown that both sites have the potential to create a world-class hospital that can fulfil the Draft Functional Brief. It should be understood, however that in order to do this, both sites require extended area sites to fulfil both the qualitative and quantitative aspirations of the Our Hospital Project.

Both Overdale and People's Park scored positively on all criteria.

### Locational Criteria

Perhaps, as would be expected, People's Park performs more favourably in relation to Overdale in relation to its location, and because is it wholly within effectively within the town centre a location supported by the Island Plan. Overdale, whilst within the developed area of the town centre (bar the two fields), is severed by its altitude which results in poorer accessibility in most areas.

### Environmental Criteria

In environmental terms, both sites perform fairly poorly. This is not surprising, given the scale of a major building project in relation to the town centre. However, Overdale performs favourably in relation to its natural setting, sympathetic to a healing environment whilst People's Park, although benefitting from wonderful sea views, is ultimately an urban type development. This difference in context can be exploited to the benefit of both schemes, at the same time recognising that they will inspire quite different architectural typologies.

### Economic & Social Criteria

Here, there is little common thread to be identified within this classification as each the criteria are quite diverse. The individual criteria each evaluate very different aspects of concern and so each needs to be individually considered on its merits.

Finally, an overall assessment presented in this manner can only serve to enlighten the evaluation process rather than to lead to a conclusive recommendation in this report. Ultimately, the various positives and negatives of each criteria need to be weighed within the context of, 'which site is best able to deliver the Our Hospital Project to serve future generations of Islanders and to meet the clinical vision of the project', taking into account the very real and pragmatic concerns of affordability, deliverability and timeline? For some, certain criteria will carry more significance than others, but there is unlikely to be consensus on this. **As stated, whichever site is selected, both have the qualities able to deliver a fine hospital, a building of public merit and a project to celebrate in Jersey.**

# 6 Summary of Assessment

1 CLINICAL CRITERIA	Overdale	People's Park	Overdale vs People's Park	2 LOCATIONAL CRITERIA	Overdale	People's Park	Overdale vs People's Park
Is the site large enough to support all the required clinical and ancillary functions OR permit adjacent or nearby sites to support the main hospital?				Does the highway network, locally and strategically, have the capacity to access and serve the hospital?			
Does the site permit adequate space for future expansion?				Is the site served well by public transport?			
Will the acquisition of the site(s) meet the hospital delivery programme?				Will the site require additional infrastructure (utilities) to support the development?			
Will the site impact current healthcare services and can these be reprovided to meet the programme needs?				Can the site be accessed by dedicated cycle routes?			
Does the site configuration (shape, form and size) have the potential to facilitate a design strategy supporting wellbeing and healthcare (e.g. avoidance of deep plans, quality internal / external spaces)?				Is the site served by a secondary access route in the event of disruption to the primary access route?			
Is there enough dedicated car parking and is it suitable.				Can the site be safely accessed by foot within a 15-20 minute walk of homes/businesses and including key transport hubs?			
Does the site have sufficient space to enable a flexible clinical plan?				Does the site have a choice of good existing retail and related services within a 10 minutes walking distance?			
Does the site permit the adequate segregation of external and internal movement flows (visitors / patients / staff / FM)?				Can the impact on the scale and form of the hospital be satisfactorily resolved?			
Will any restrictions on the site impact on the viable clinical floor heights and clinical relationships?				Performance against the Strategic Policies of the Island Plan?			
Is the site strategically located to serve its clinical function?							



# 6 Summary of Assessment

3 ENVIRONMENTAL CRITERIA	Overdale	People's Park	Overdale vs People's Park	4 ECONOMIC AND SOCIAL CRITERIA	Overdale	People's Park	Overdale vs People's Park
Will the site support the sustainable use of resources?				Does the site lead to a loss of amenity space and if so, can this be acceptably replaced?			
Are there likely to be heritage impacts that would require significant mitigation?				Will the development in this location generate overall economic benefit to the Island, separate from that specifically resulting from enhanced clinical service provision?			
Will the development impact important strategic and / or local views?				Is the relative cost and time required of acquiring the land, including access improvement, acceptable?			
Is there a risk of polluted or contaminated land?				Will the acquisition of the site(s) require CPO powers?			
Is the detrimental impact of the construction or operation of the hospital acceptable in relation to: a) Noise? b) Air Quality? c)Traffic?				Is the level of costs for engineering / infrastructure improvements significant?			
Would the local character of the area be able to accommodate a large scale hospital building?				Is the level of social cost from any displacement as a result of acquisition acceptable?			
Is the site subject to flooding?				Will the development lead to a loss of homes / business as a result of acquisition?			
What is the ecological impact?				Performance against the Strategic Policies of the Island Plan?			
Is the immediate environment of the site supportive of health recovery?							
Performance against the Strategic Policies of the Island Plan?							

In addition to the Key Criteria Summary of Assessment described above, an assessment of the cost differential between the two sites is illustrated below. In summary, the cost gauges identify a delivery cost difference of £26.3m in favour of People People's Park, and the acquisition difference of 14.5m in favour of People People's Park or £15m in favour of Overdale.

**Delivery Partner capital cost estimate difference**



**Acquisition cost difference (options)**



Overdale    People's Park

**There are costs to Government which are in addition to those covered in this report. There is work required by Government to establish and firm up these costs which will take place over the next 6 to 8 months, but they would include issues such as relocation of health and children's services and other challenges associated with any particular site, reprovision of lost amenity and charges or fees associated with property purchases, clinical need changes during the project or resultant running costs.**

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