Access Route to Overdale

Future Hospital Review Panel

29th January 2021

S.R. 2/2021

States of Jersey
States Assembly

États de Jersey
Assemblée des États

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Introduction

Background

On 14th December 2020, the Council of Ministers lodged P.167/2020 – 'Our Hospital, Preferred Access Route', which asks Members to approve a final option regarding access to the Overdale site. This was in response to an amendment to P.123/2020 asking for approval a report on alternative access strategies designed to maximise sustainable modes of travel to and from the new hospital, and to minimise the impact on homes, leisure facilities and the surrounding environment of the access interventions currently proposed.

The final option is based on assessments made by the design and delivery partners for the Our Hospital Project which are presented in the technical report appended to the proposition. The technical report considers 70+ options on access to Overdale and includes an overview of how the final option was decided upon.

Panel Report

The Panel has engaged the services of expert advisers to undertake an independent, technically robust appraisal of these options, to help ensure the preferred option was suitably appraised with a view to delivering the best outcome for the area and the project.

This report is broken into 3 sections:

- Panel Report
- K2 Consulting Report
- ClarkeBond Technical Report

K2 provided a report exploring the wider issues the Panel wished to undertake in its review whilst ClarkeBond provided a technical report based around the selection process and highways and infrastructure.

Requisition Notice

The Panel was made aware on 28th January 2021 that the Council of Ministers had lodged a notice au Greffe requesting an additional meeting of the States on 1st February 2021 *for the sole public business to be conducted at the meeting, in accordance with Standing Order 5(2), will be consideration of the proposition of the Council of Ministers entitled 'Our Hospital: Preferred Access Route' (P.167/2020).*

The Panel was due to present its report and findings on Friday 5th February 2021. This revised timeline has forced the Panel to bring forward its report at a critical time at almost no notice and

has, as a direct consequence, resulted in important due processes in the production of Scrutiny reports being significantly compromised, or in some cases regrettably not implemented at all. This is therefore not the report the Panel would or should have presented. The Panel has been unable to adequately set out and analyse the evidence gratefully received from a range of stakeholders, or even include important issues such as information discussed at the recent public hearing and additional background in order to present its report in time for the debate. Our advisers' reports were similarly compromised and were forced to be submitted in advance of their due date, in that context, late on 27th January 2021. It has not been possible for the Panel to hold the anticipated meetings with the advisers to consider both reports. This compromised situation caused by the Council of Ministers is an extremely concerning precedent on many levels, not least the reputational damage to the States Assembly – especially but not limited to those members of our community who have engaged with the Assembly's Scrutiny process. It was quite avoidable, and we will refer the matter to the Scrutiny Liaison Committee for its onward consideration.

Panel Amendment

The Panel has lodged an amendment which asks the Council of Ministers to present a report to the States by the Assembly's meeting on 2nd March 2021 setting out preliminary design of the preferred option to include:

- all accesses for all means of transport
- all third-party land required
- the impact on houses, schools and other existing structures
- the impact on the surrounding ecology and environment
- the scope of engineering works and any anticipated disruption
- timescales for the work to be undertaken
- the anticipated cost and budget for the work
- the visual impact at key locations on the proposed route (via computer generated imagery)

This amendment was informed by the independent technical input of the Panel's advisers. The drawings referred to are preliminary and the Panel is not seeking a technical and advanced detail design. It is their informed opinion that in order to progress the development of the access strategy and highways design the activities listed above should be required and used by the Our Hospital ('OH') Team. This level of preliminary or concept design is standard practice in exploring and testing the feasibility and impacts of the proposed route; it is therefore not additional or abortive and is the next stage of design development.

Panel Findings

Lack of Detailed Design

Throughout the course of its review, the Panel, with the assistance of its advisers discovered areas that appeared to be lacking in detail which led to requests for more information. This has unfortunately led to the Panel being criticised for delaying the project unnecessarily. The Panel's advisers, K2, has confirmed, however, that *"…Overall, we have found no reason why Option 7 should not be considered the most appropriate vehicular route to the hospital. The severe lack of information, analysis and detail provided also means there is an absence of evidence to support this decision…"*[1]

The Panel has asked the OH Team if an appropriately detailed design of the proposed roadworks in the preferred option could be provided so that States Members and members of the community can understand the impact that the proposal will have on the parks, the townscape, and the surroundings of St. Helier. However, it has been informed that the detailed design work and the impact studies on the area will not begin in earnest until the access route has been approved and will then go on to form part of the planning process.

The Panel has repeatedly asked if the design will finally come back to the Assembly for approval and has been informed that ultimately the final decision will be taken with the planning process and by the Planning Committee.

The Panel is concerned the States are being asked to approve the access route to the hospital without a detailed design and the relevant information to understand what the impact will be on the surrounding area.

List of Options

The Panel has been informed that the list of 71 options is extensive. The advisers have stated they would have expected that from a list of 71 options, an initial filtering process would then have delivered a 'short-list' of a much fewer number of options. The short-list would then have been explored in more detail, using clear and measurable criteria, before identifying the preferred option. The advisers go on to say *"…We found errors in the marking of the options but when corrected these do not appear to alter the overall outcome…"*[2]

Do nothing option

The Panel understands that option 6, the 'do nothing' option scored only marginally lower than option 7, the preferred access route. Within the report from ClarkeBond, this is illustrated on page 22, table 4.3 using the set evaluation criteria for the preferred access route.

[1] K2 Report – 28.01.21
[2] K2 Report – 28.01.21

The Panel has recommended the Council of Ministers should ensure that full consideration be provided to pursuing option 6, as this would reduce construction time, loss of green space, trees, children's play areas, existing parking spaces and disruption to existing modes of access.

Construction Access

At a recent public hearing with the Deputy Chief Minister, the Chief Executive and members of the OH Team, the Panel asked if heavy traffic will have any influence on the road network. The Panel raised this to obtain confirmation that the road was being widened for the emergency services and not purely for construction vehicle access due to part of the set criteria being the ability to accommodate 16.5m heavy goods vehicle (Construction).

The Panel was told by the Development Director of the OH Project that *"…The answer to the question is that the long-term solution is not dictated by the construction solution. When we need to take large loads up and down, it will be better on the new improved road because we will have a much better width on that road. But I think we will probably need to accept that there will have to be some temporary closures for any specific loads or whatever but that will have to be very carefully managed with a very strict timetable and make sure that we do not deny access to anybody else that needs to be getting up and down. But, in summary, the construction does not dictate the final solution…"*[3]

The Panel is extremely concerned that option 6, the 'do nothing' option was not considered strongly enough. The Panel would have like to see this explored in more detail and is of the opinion this option would cause the least amount of destruction to the surrounding area in terms of Jersey's heritage and historical sites.

Costs

The Panel has been informed by the Development Director of the OH Team one of the reasons for there being no design is due to the fact the design work will cost a significant amount of money, however, this cost has not been quantified.

The Panel understands there is a budget of £15.5 million within the overall costs of £550 million to undertake the work on the highways. If the design has not yet been finalised, the Panel is concerned this cost could spiral as it is not fixed to a specific plan or proposal. There is also concern that this particular budget has been approved with no basis.

Loss of Green Space

Without any detailed plan, there is no clear indication of how much green space is likely to be lost. In addition, there is no indication where the loss of green space will be relocated. The advisers have suggested the loss of leisure facilities and green space, would need to be relocated and the

[3] Public Hearing with Deputy Chief Minister – 21.01.21

Overdale site itself should be designed to maximise the amount of planting and green space that can be provided.

Travel Plan

Another area of consideration is with respect to the cost of the Travel Plan for the new hospital. The Panel understand this is to be developed in the next stage of work and will be an important planning consideration. The advisers have informed the Panel that the Travel Plan is a critical document and process for maximizing sustainable travel and supporting the carbon neutral strategy. Without this budget, there is likely to be limited success in realising sufficient sustainable travel journeys to and from the hospital to support the Carbon Neutral Strategy.

Public Submissions

The Panel received in excess of 70 written submissions from members of the public and the third sector with a common theme of:

- lack of information on which to make a decision
- a feeling that People's Park would be destroyed
- loss of green space in town

The Panel provided a list of 6 questions for the public to respond to and whilst few people addressed directly the question of whether their voice was being heard, it was fairly implicit in the letters that they hadn't felt listened to. An example of these submissions are detailed in the Public and Third Sector Submission section

Third Sector/Key Stakeholder Submissions

The Panel received 5 submissions from key stakeholders namely:

- Jersey Bowls Club
- Cycle for Jersey
- Jersey Fire and Rescue Service
- St Helier Roads Committee
- West of Town Community Association (WOTCA)

The majority of these echoed the same theme as those received from the Public except the submission from Jersey Fire and Rescue Service which states:

> *"…as a part of the public sector, we are satisfied that colleagues should have considered our needs, within the overall emergency services' needs, on our behalf, during the options development process…"*[4]

[4] Written Submission – Jersey Fire & Rescue Service 12.01.21

We understand the GoJ did not hold public consultations for the preferred access route. At the recent public hearing, the Panel was informed *"…there has been extensive public engagement with the key stakeholders and those most affected by the proposal to build the new hospital in Overdale but more specifically the road access that has been correspondence, public meetings, which I and members of the team have attended, community meetings…"* [5]

The Panel was also informed by the Development Director of the OH Team that all of the consultation was done during the site analysis stage with none being carried out for this stage of the project.

[5] Public Hearing with Deputy Chief Minister – 21.01.21

Key Findings

Key Finding 1

The Panel is concerned that option 6, “do nothing” option scored only marginally lower than option 7 “preferred access route” when meeting the set criteria.

Key Finding 2

The Panel is concerned the road may be widened unnecessarily for construction access primarily rather than emergency services.

Key Finding 3

There is no detailed design to show how the proposed roadworks will look, the impact on the surrounding area and any loss of green space.

Key Finding 4

There is no indication where loss of leisure facilities and green space will be relocated.

Key Finding 5

States Members will not have the opportunity to approve the outline design prior to planning approval.

Key Finding 6

There has been no public/key stakeholder engagement undertaken by Government of Jersey at this stage of the project.

Key Finding 7

The Panel has been criticised for delaying the project unnecessarily due to requesting additional key information which appears to be missing.

Key Finding 8

The Panel understands there is a budget of £15.5 million within the overall costs of £550 million to undertake the work on the highways. The Panel is concerned that if the design has not yet been finalised, cost could spiral as they are not fixed to a specific plan or proposal.

Key Finding 9

There do not appear to be any plans in place for any potential road closures during construction.

Recommendations

Recommendation 1

The Council of Ministers should ensure that full consideration be provided to pursuing option 6, “do nothing option” as this would reduce construction time, loss of green space, trees, children’s play areas, existing parking spaces Jerseys heritage and historical sites and disruption to existing modes of access.

Recommendation 2

The Council of Ministers should provide the States Assembly with an overview of why the ‘do nothing’ option, option 6 was disregarded when it scored only marginally lower than the preferred option. This should be done without delay.

Recommendation 3

The Council of Ministers should provide the States Assembly with any additional costs for access and enabling works the contractor would have to undertake if the ‘do nothing’ option was considered. This should be done within 6 weeks of presentation of this report.

Recommendation 4

The Council of Ministers should ensure any loss of leisure facilities and green space will be relocated. This to be provided to the States Assembly within 3 months of presentation of this report.

Recommendation 5

The Council of Ministers should provide a copy of the public/key stakeholder engagement the GoJ plans to undertake. This should be provided without delay and publicised on the States Website/social media. This should be done without delay.

Recommendation 6

The Council of Ministers should provide the States Assembly with details of how the cost of £15.5 million was arrived at for the proposed roadworks without any detailed design. This should be done without delay.

Recommendation 7

The Council of Ministers should provide the States Assembly with proposed plans to cope with any disruptive road closures during the construction phase. This should be provided within 3 months of presentation of this report.

Recommendations from Advisers

The Panel's advisers have made the following specific recommendations:

Adviser Recommendation 1

A comprehensive Transport Assessment and Travel Plan are produced.

Adviser Recommendation 2

Detailed discussions are quickly initiated with the Highway Authority and a scoping exercise carried out which informs the work required to submit a planning application. A three-stage approach to approval might be considered, namely:

- Approval in principle to Option 7 as the primary route for vehicular access
- Development and agreement of a multi-modal access strategy to the new hospital site
- Production of a preliminary design and impact assessment based on the chosen route and access strategy.

Adviser Recommendation 3

Initiate an IPA process (independent Project Assurance) for the project moving forward as recommended by HM Treasury.

Public and Third Sector Submissions

The Panel held a call for public submissions via social media. This ran from 4th January to 15th January and in excess of 70 submissions was received. The majority of the public were happy for their submission to be uploaded to the Scrutiny website and most were happy for their details to be made public. The Panel wishes to thank everyone who responded but is unfortunately unable to refer to every submission within its report.

The Panel asked a series of 6 questions and found a common theme to be:

- lack of information on which to make a decision
- a feeling that People's Park would be destroyed
- loss of green space in town

The Panel also contacted the third sector/key stakeholder to gage their views of the proposed access route, however, used more specific questions. The Panel has provided an overview of the submissions received in response to the questions below.

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

- Residents of St John's Road with very limited access to residents' parking in the Cheapside area. Residents can spend up to an hour in the evenings trying to find a free residents' space. Loosing those parking spaces would have a detrimental effect on the resident population… For disabled badge holders in the area there are three disabled parking spaces around People's Park. How are these spaces going to be replaced?[6]
- My house is to be purchased by the States of Jersey in the near future and will subsequently be demolished to allow Westmount Road to be widened.[7]
- One of the joys of living at Westmount at the moment is walking out of the door to the sight of the People's Park and its surrounds - the paths, the trees, shrubs, greenery - the sound of birds and of very little traffic. If the plan is approved, I would instead have to endure the noise, disruption and air pollution from the development and from heavy traffic, including diesel vehicles, travelling up and down an enormous road for years to come.[8]
- This will wantonly destroy whatever remains of West Park as a fairly attractive part of St. Helier and most of all will impact on our personal home life and environment.[9]
- I live on Westmount Road so will be directly impacted every day for probably several years by the proposed destruction of my neighbourhood, including extensive noise; nuisance; periodic lack of access to my property; and consequential damage to the cliff faces.[10]
- The prospect of having a green space and accompanying children's playground right across the road was a huge draw for us when deciding on purchasing our home and this proposal takes that away![11]

[6] Public Submission Anon 1 – 19.12.20
[7] Public Submission Anon 3 – 10.01.21
[8] Public Submission Sue Le Ruez – 10.01.21
[9] Public Submission Anon 4 – 12.01.21
[10] Public Submission Frank Dearie – 13.01.21
[11] Public Submission Anon 7 – 14.01.21

- Personally, I don't want a dual carriage way outside my house, it will prevent people enjoying People's Park so fully. It will be dangerous for all the community events that currently use the park to be held there with a large road at the side. [12]

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

- It seems that the only reason for the widening of the road is to enable construction vehicles to access the construction site, but this is not needed once the hospital is built. [13]
- As for the impact on the surrounding landscape, we are always hearing 'words' about preserving the environment, yet at the first opportunity a large area of essential green space will be bulldozed.[14]
- Destroy all the surrounding of People's Park: The Jersey Bowling Club, which will need to be relocated (but where and at what price?!), including also all the 60 parking spaces around People's Park, and Inn in the Park Flats (where are they going be moved to?). Without speaking of the enormous number of trees (70) to be felled.[15]
- Will be detrimental to all residents living on or near the road, and particularly to the residents of the Castle View and Hillcrest developments who will be closest to the site and will suffer very significant inconvenience during road widening and construction of the new hospital.[16]
- Has the historic significance of Westmount been considered? According to Jerripedia, the hill was formerly known as *Mont Patibulaire*, and then *Mont es Pendus*, or Gallows Hill, because it was here that criminals were executed in public. The last public hanging took place there in 1829. Not something you might want to dwell on but a significant fact in Jersey's history. Also, this was the place where British troops and militia gathered before the Battle of Jersey in 1781.[17]
- It has been difficult to see exactly what land would be required for the preferred route.[18]
- I walk the existing route through the park to Westmount and fear the damage to one of the few remaining green spaces on the edge of St. Helier. This should be protected at all costs.[19]
- This utter destruction is unquantifiable and whatever happened to 'Save People's Park'?[20]
- There will be considerable disruption to traffic into town, along the one-way system and to the crematorium.[21]

[12] Public Submission Mary Ayling Philips – 14.01.21
[13] Public Submission Anon 1 – 05.01.21
[14] Public Submission Ann Kempster – 10.01.21
[15] Public Submission Irene Icardi – 15.12.20
[16] Public Submission Anon 3 – 10.01.21
[17] Public Submission Sue Le Ruez – 10.01.21
[18] Public Submission Marie-Louise Backhurst – 13.01.21
[19] Public Submission Amanda Bond – 14.01.21
[20] Public Submission Anon 5 – 14.01.21
[21] Public Submission Gayle Blood – 14.01.21

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

- Whilst there might be a shuttle bus, people may not want to risk being in close proximity to others on such a regular basis. Think about someone receiving cancer treatment - they have a diminished immune system and need to go to the hospital daily as an outpatient so they would need to sit on a bus with other potentially sick people.[22]
- Extremely difficult access for pedestrians and elderly people.[23]
- I have not seen any proposals for appropriate sustainable methods of transport for patients and visitors not having their own means of transport.[24]
- If option 7 is taken forward – it is important to see more detailed layouts. It is surprising to see that the options report is so scant on details of the layout of the options which must also take into account: actual carriageway width, proposed location and width of footpaths and cyclepaths, traffic management, cuttings and embankments etc.[25]
- No! It is now and always will be a real physical challenge to approach Overdale on foot or by bike.[26]
- Has the traffic volume been adequately assessed? Is the road widening only really necessary whilst the new Hospital being built?[27]
- No. The plans simply make mention of doing so. There are no clear plans which show how this will be achieved. The physical location of the hospital at Overdale immediately poses difficulties to all these matters. The proposed access route does nothing to make access easier.[28]

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

- An online poll would have been useful.[29]
- No, not at all. I myself have only just found out about this and i am objecting against it[30]
- One more thing I wish to point out is the lack of communication from the government about these proposals. [31]
- Why, when it was possible to investigate over 70 possible routes to Overdale, was it not possible to provide a basic drawing of the preferred route - showing the scale of the road around the People's Park and up Westmount and the number of trees, shrubs, paths and banks, which form part of the park, that would be destroyed if this plan goes ahead?[32]

[22] Public Submission Anon 1 – 05.01.21
[23] Public Submission Irene Icardi – 15.12.20
[24] Public Submission Anon 3 – 10.01.21
[25] Public Submission Martin Curd – 10.01.21
[26] Public Submission Frank Dearie – 13.01.21
[27] Public Submission Mary Ayling Philip – 14.01.21
[28] Public Submission Olaf Blakeley – 14.01.21
[29] Public Submission Anon 1 – 05.01.21
[30] Public Submission Anon 4 – 12.01.21
[31] Public Submission Ann Kempster – 10.01.21
[32] Public Submission Sue Le Ruez – 10.01.21

- When Overdale was selected … the proposed entry to the hospital was intended to be through the existing George V Cottage Homes. Out of the blue this was changed with no public warning and Senator Farnham produced the Westmount option as a fait accompli.[33]
- NO. The whole situation has been deliberately contrived and debate stifled and the project steamrollered through.[34]
- You've taken advantage of the current COVID situation and Xmas period to rush this through as quick as possible, whilst everybody is preoccupied with much bigger concerns in their lives. [35]
- It is imperative that additional time is taken to seriously consider other options, this is all moving along way too quickly without much care and thought seemingly being invested.[36]
- At a recent online meeting for residents the design team for the new hospital was asked why detailed drawings of the exact position and impact of the proposed road were not yet available. The response was they were not yet at a detailed design stage and their budget did not allow 'speculative' work of this type to be done until the States had agreed that Westmount should be the preferred access route. In terms of process this seems totally unacceptable and I would urge States members to insist on receiving this information before the debate on the road.[37]

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

- With regard to Westmount Road residents the lack of communication from the States before mid-September 2020 about the possibility that Overdale would become the preferred site shows very clearly that the residents' views were not even sought, let alone addressed.[38]
- No, they never have and they never will.[39]
- To date it seems there has been little consultation with those people who have been most directly affected by the plans to build at the Overdale Site and the proposed access route of Westmount.[40]
- When Overdale was chosen as the preferred site the plans for this destruction of our heritage had not been made public, and so when the decision was made, we believed it to be the best site. We thought that it protected the People's Park, but in fact, it does not.[41]
- I do not believe the States' Assembly was adequately informed of the potential large scale impact on homeowners at the top of Westmount Road and the possible need to

[33] Public Submission Anon 4 – 12.01.21
[34] Public Submission Anon 5 – 14.01.21
[35] Public Submission Anon 7 – 14.01.- 14.01.21
[36] Public Submission Julia Boschat
[37] Public Submission Michael de la Haye, OBE, and Susan de la Haye – 14.01.21
[38] Public Submission Anon 3 – 10.01.21
[39] Public Submission Anon 6 – 14.01.21
[40] Public Submission Christine Dukes – 14.01.21
[41] Public Submission Gayle Blood – 14.01.21

consider issues such as financial compensation or purchase of properties even if not required immediately in the project.[42]

6. Was your voice heard?

- Not at all … it has been very evident that there was an underlying assumption that there exists no alternative to the Overdale site and the realignment of Westmount Road to become the primary access route.[43]
- Yes - but only by a minority.[44]
- People are very concerned and don't feel they are being consulted or listened to.[45]
- How can people just go ahead with this and not even make it public notice, give people a chance to speak and be heard.[46]
- There has been a wide consensus that People's Park should be discounted as a site for the new hospital (something we strongly agree with) but the very park that people have fought hard to preserve will be devastated by the construction of the new road.[47]

The full submissions can be viewed here.

[42] Public Submission Olaf Blakeley – 14.01.21
[43] Public Submission Anon 3 – 10.01.21
[44] Public Submission Anon 5 – 14.01.21
[45] Public Submission Christine Dukes – 14.01.21
[46] Public Submission Kelly Williamson – 14.01.21
[47] Public Submission Michael de la Haye, OBE, and Susan de la Haye – 14.01.21

Panel Conclusion

The Panel's advisers have made the following conclusion with regards to the selection process.

The process of selection could be criticised for not meeting best practice, due to the following:

- The level of information and analysis produced to undertake the route selection was inadequate.
- Marking criteria were largely subjective and not measurable.
- Some errors were found within the marking.
- The number of options considered was large (71) but the detail used to decide was low.
- Outcomes were recorded only – no minutes of discussions have been made available.
- Westmount Road may be suitable for vehicular access but may be less suitable for walking and cycling.
- Travel survey and traffic data used are not current.
- Option 7 is only marginally better than Option 6 (do nothing) which may suggest a weakness in the criteria chosen.
- There has been limited engagement with the Jersey Highway Authority to date.
- Ability to meet the desired programme is the overwhelming criteria for selection.

Appointment of Advisers

Following a full tender process, the Panel engaged K2/ClarkeBond as advisors to provide expert technical assistance during the review.

The key issues they were engaged to undertake were:

1. How were the 70+ options appraised and was the process that was undertaken fair?
2. Is the proposed final option the most appropriate and was the criteria used to decide this option applied appropriately?
3. What impact will the proposed final option have on homes, leisure facilities and the surrounding environment?
4. What effect will the traffic impact of the proposed final option have on the surrounding areas?
5. Does the proposed final option maximise sustainable modes of travel to and from the new hospital?
6. Are there any additional modes of sustainable travel that should be appraised?
7. Consider if this option can be completed within the budgeted outline cost of £38.7 million*

**The site-specific costs for Overdale 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. These are budgeted as £38.7 million and are included in the total delivery partner costs of £550 million. The overall cost of the hospital build is £804 million.*

Appendix 1: Panel Membership and Terms of Reference

Panel Membership

Senator Kristina Moore (Chair)

Connétable Mike Jackson (Vice-Chair)

Deputy Mary Le Hegarat

Deputy Rob Ward

Deputy Inna Gardiner

Connétable Simon Crowcroft

Connétable Simon Crowcroft was appointed a member of the Panel in December 2020.

Terms of Reference

1. To undertake an in-depth appraisal of the options regarding access to the Overdale site, which have been identified in the technical report within P.167/2020 and consider what other options might better achieve the Assembly's desired outcome in particular to maximise sustainable modes of travel to and from the new hospital and to minimize the impact on homes, leisure facilities and the surrounding environment of the access interventions currently proposed.

2. To determine whether the final option, proposed in P.167/2020, is the most appropriate. In particular, to consider the following:

   a) The process that was undertaken that led to the final option being determined and in particular, the criteria used and consultees.
   b) The rationale for selecting the final option.
   c) The potential impact of the final option on the public and, in particular, those that reside in the access area.
   d) The impact, if any, the final option will have on homes, leisure facilities and the surrounding environment.
   e) Whether the final option will maximise sustainable modes of travel to and from the new hospital.
   f) Whether this option can be completed within the budgeted outline cost of £38.7 million*

**The site-specific costs for Overdale 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. These are budgeted as £38.7 million and are included in the total delivery partner costs of £550 million. The overall cost of the hospital build is £804 million.*

Appendix 2: Advisor’s Report K2

clarkebond

k2

Review of Future Hospital Site Preferred Access Route

Our Hospital | Project

Government of JERSEY

January 2021

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Prepared by	John Setra – Managing Director, K2 Group David Knight – Regional Director (Transport Planning), Clarkebond
Date	28 January 2021

1 Executive Summary

In November 2020, Overdale was approved by the States Assembly as the preferred site for the new hospital (P.123/2020). During the debate, an amendment by the Constable of St Helier was accepted by the Assembly which requested:

"…prior to its acquisition of land or properties required to facilitate access to the preferred site for Jersey's new hospital, to present to the States Assembly for approval a report on alternative access strategies designed to maximize sustainable modes of travel to and from the new hospital, and to minimize the impact on homes, leisure facilities and the surrounding environment of the access interventions currently proposed…"

The Our Hospital team produced a report dated December 2020 (Access Options Appraisal) in response to the amendment in which they reviewed 71 options before selecting Option 7 (Westmount Rd), as the proposed vehicular route to the new hospital. This review explores the approach, process and recommendation from the Our Hospital project team that from the 71 access options identified, Option 7 is the most appropriate and should be selected as the primary route to access the new hospital.

The report attached to the proposal (P.167), which identifies the preferred access route does not explain or evidence how Option 7 maximises sustainable modes of travel to and from the new hospital. In addition, it does not address how this option will seek to minimize the impact on homes, leisure facilities and the surrounding environment. P.167 states that *'Sustainable transport interventions will be explored further as part of the travel plan'*. By leaving this work to a later stage, the amendment set out in paragraph 2 (above) has not been fulfilled.

Overall, we have found no reason why Option 7 should not be considered the most appropriate vehicular route to the hospital. The severe lack of information, analysis and detail provided, however, there is an absence of evidence to support this decision. The impacts and effects of selecting this route have not been produced or compared with other shortlisted options.

We would have expected that from a 'long-list' of 71 options an initial filtering process would then have delivered a 'short-list' of a much fewer number of options. The short-list would then have been explored in more detail, using clear and measurable criteria, before identifying the preferred option. We note that SMART targets were not identified, which may result in the outcomes being considered subjective. The lack of measurable criteria meant that the Red or Green ratings could be interpreted differently according to technical understanding, site knowledge and perception.

We found errors in the marking of the options but when corrected these do not appear to alter the overall outcome.

We observe that the application of key criteria has consistently prioritized deliverability within programme as the overarching priority. Other factors appear secondary and not of equal importance.

The specific budget for off-site highways works and junction upgrades has been identified as £15.1m. Given no detailed design work has been carried out it is not possible to say with any confidence if this figure is adequate or not. This presents a significant risk to the budget for this element of the project. In addition, we can see no allowance for the development and introduction of a Travel Plan. This could potentially be a significant cost related to the development and operation of the new hospital.

As the island works towards its declared target of being carbon neutral in 2030, it will be important that any solution is aligned with the Jersey Sustainable Transport Policy. The States Assembly is being asked to decide if they are of the opinion to approve Westmount Rd as a two-way roadway with areas for active modes of travel, such as walking and cycling, as the preferred primary access option for the new hospital at Overdale. From the information provided, it is not clear how sustainable travel measures will be incorporated into the new access arrangements. We would expect to see a comprehensive set of initiatives linked to a complete travel plan which sets this out. This has not yet been developed or provided.

The level of information provided to us and the amount of analysis undertaken ahead of the selection of the proposed route lacks substance. Traffic data used relates to a previous application and may not be considered totally relevant to the purpose it is now being used for. It is also not current.

Overall, the proposition and report does not fully explain how the proposed route will achieve the objectives of maximizing sustainable modes of travel to and from the new hospital, and minimizing the impact on homes, leisure facilities and the surrounding environment.

We suggest that there is a need for a more rigorous exercise in connection with the proposed route before it can be ultimately decided upon. The scope of the highways works and junction upgrades, together with their impact on the surroundings needs to be quantified and assessed. As such, we suggest a more thorough piece of design and analysis work should be undertaken which identifies the scope and impacts of the proposed new route. It should also answer in a more complete way how sustainability targets will be met and includes a better assessment of costs and risks should this option be chosen.

2 Background

K2 have been engaged by the States of Jersey Scrutiny Committee to undertake a review of the work carried out by the Our Hospital team which has led to the proposition P.167 lodged au Greffe on 14th December 2020 – Our Hospital: Preferred Access Route. In turn, K2 have involved Clarkebond a multi-disciplinary design practice to provide expert technical advice in connection with highways and transport matters.

The K2 and Clarkebond appointment was confirmed, and the information review commenced on 04th January 2021. The K2/Clarkebond team was led by:

- John Setra – Managing Director, K2 Group;
- David Knight – Regional Director, Clarkebond;

Clarkebond have authored the report that responds to the terms of reference provided to us and is therefore the main content of this overall report (see Appendix A). K2 have assisted with background information and continuity given their earlier review in connection with site selection.

In November 2020, Overdale was approved by the States Assembly as the preferred site for the new hospital (P.123/2020). During the debate, an amendment was accepted by the Assembly which requested:

"…prior to its acquisition of land or properties required to facilitate access to the preferred site for Jersey's new hospital, to present to the States Assembly for approval a report on alternative access strategies designed to maximize sustainable modes of travel to and from the new hospital, and to minimize the impact on homes, leisure facilities and the surrounding environment of the access interventions currently proposed…"

We have reviewed the report on alternative access strategies provided and set out our findings within this report.

3 Overdale Access Scrutiny Report

3.1 Report & Findings

The full report is contained within Appendix A and contains:

1 Introduction

2 Methodology

3 Document Review

4 Analysis and Review

5 Discussion

6 Summary, Conclusions and Recommendations

The terms of reference for the exercise are shown below:

1. To undertake an in-depth appraisal of the options regarding access to the Overdale site, which have been identified in the technical report within P.167/2020 and consider what other options might better achieve the Assembly's desired outcome in particular to maximize sustainable modes of travel to and from the new hospital and to minimize the impact on homes, leisure facilities and the surrounding environment of the access interventions currently proposed.

2. To determine whether the final option, proposed in P.167/2020, is the most appropriate. In particular, to consider the following:

a) The process that was undertaken that led to the final option being determined and in particular, the criteria used and consultees.

b) The rationale for selecting the final option.

c) The potential impact of the final option on the public and, in particular, those that reside in the access area.

d) The impact, if any, the final option will have on homes, leisure facilities and the surrounding environment.

e) Whether the final option will maximise sustainable modes of travel to and from the new hospital.

f) Whether this option can be completed within the budgeted outline cost of £38.7 million*

*The site-specific costs for Overdale 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. These are budgeted as £38.7 million and are included in the total delivery partner costs of £550 million. The overall budget for the hospital build is £804 million including client contingencies and optimism bias.

4 Risk Review

4.1 Proposed Access Route – 'Option 7'

The table below seeks to identify some of the key risks that may arise should Option 7 be approved via proposition P.167 on 9th February 2021. Comprehensive management & mitigation measures should be developed/provided.

Risk Item	Description	Cause	Potential Impact	Commentary
1.	Planning application for proposed route is refused	Insufficient information or data or non-compliance with policy. Overwhelming public opposition.	Severe delay to overall programme + increased cost	If Highway Authority do not support proposed route, then planning application may fail or else be delayed until objections are resolved
2.	Budget for off-site highway works is exceeded	Original budget proves to be insufficient	Client contingency is drawn upon & reduced	Current budget of £15.1m may be exceeded dependent upon scope and nature of works when designed. No design currently exists.
3.	Cost of proposed Travel Plan has not been budgeted	Scope and cost of travel plan not yet identified in project budget	Client contingency is drawn upon & reduced	Travel plan will identify sustainable travel arrangements e.g., electric buses, park & ride etc.
4.	Proposed route and measures do not satisfy requirements for mobility impaired access	Gradients on chosen route exceed recommendations	Additional measures outside current scope may be required – delay and cost impact	The steepness of the route may require additional measures to be considered e.g., urban lifts or separate walking & cycle ways
5.	Selection of preferred access route ahead of carrying out traffic studies and preliminary design leads to uninformed decision	Lack of data and analysis plus programme pressure to submit planning application	Extent of highway works is greater or lesser than optimal.	Selecting preferred route on limited information may lead to high level of future change or abortive work.
6.	Sustainability targets are not achieved via chosen solution	New route increases rather than decreases reliance on non-sustainable forms of travel	Island 2030 carbon neutral target is adversely affected	New route encourages car borne traffic unless a modal shift to more sustainable forms of travel is also available

7.	Unacceptable disruption during construction	Highway works, junction upgrades and engineering works are more extensive and take longer than envisaged	Long-term disruption to large elements of St Helier road system, diversions, delays and congestion	Extent of traffic management for the works and programme for the construction is not yet known
8.	Definition of 'sustainability' is not defined and therefore expected outputs not delivered via the new access arrangements	A difference in understanding of sustainability between stakeholders.	As definition is developed and understood a misalignment causes either a delay or change in scope to the project or else project objectives are not met.	Without a clear and agreed definition of sustainability together with measurable outputs expectations may not be achieved.
9.	Speed of work and assessments does not support rigorous decision making	Time allowed for research, analysis, design, review and approvals is unduly limited	May lead to abortive work or unnecessary level of future change	The project team are working to tight timescales and budgets (planning & design) which may not be conducive to robust decision making
10.	Early decisions may be subject of challenge and future change	Level of information upon which decisions are made is inadequate	Decisions made now will continue to impact long after design & construction are complete.	Poor decisions now will endure beyond the point at which the new facilities are delivered and therefore should be carefully considered

5 Conclusion and Recommendations

5.1 Conclusions

P.167 states that the access options appraisal (Dec 2020) provides *'an analysis of the options against the criteria to maximise sustainable transport solutions and minimise impact on homes, leisure facilities and the surrounding environment.'* The report does not address or evidence how the preferred option fulfils the requirement to maximise sustainable transport solutions nor does it identify the impacts on homes, leisure facilities and the surrounding environment.

The selection process for the preferred route has resulted in Option 7 being selected. Overall, we have found no reason why this choice is not correct when compared with the other options identified. The process of selection, however, could be criticised for not meeting best practice, due to the following:

- The level of information and analysis produced to undertake the route selection was inadequate.
- Marking criteria were largely subjective and not measurable.
- Some errors were found within the marking.
- The number of options considered was large (71) but the detail used to decide was low.
- Outcomes were recorded only – no minutes of discussions have been made available.
- Westmount Road may be suitable for vehicular access but may be less suitable for walking and cycling.
- Travel survey and traffic data used are not current.
- Option 7 is only marginally better than Option 6 (do nothing) which may suggest a weakness in the criteria chosen.
- There has been limited engagement with the Jersey Highway Authority to date.
- Ability to meet the desired programme is the overwhelming criteria for selection.

The absence of design, detail and analysis surrounding such a significant decision is unusual in our view. Arrangements for pedestrians, cyclists and the integration of public transport has not yet been provided. Prior to selection of a preferred route, it would be normal to expect an initial scoping exercise, preliminary design, travel plan and wider transport strategy, all based upon recent traffic studies to have been undertaken. Without undertaking such work, it is not possible to accurately assess the impact of the proposed route on homes, leisure facilities and the environment.

5.2 Recommendations

The team recommends the following

1) A comprehensive Transport Assessment and Travel Plan are produced.

2) A preliminary design and impact assessment is carried out to identify the effects of the new route. This should include:

a) A horizontal layout (plan view) drawing of the highway with proposed widths at a scale of 1:500 with junctions to include Pierson Road and St Aubins Road, land ownership constraints and the existing highway layout as background. A second drawing should be prepared to include vertical cross-sectional information (views along the highway) at a small number of key points showing how the extent of the new roadworks and proposed highway relates as a direct comparison to the existing Westmount Road in terms of height and width and land ownership;

b) all accesses for all means of transport including all vehicle accesses and all walking and cycling accesses and access routes (multi-modal access strategy);

c) all third party land required for the implementation of the preferred option (land take);

d) the impact on houses, schools and other existing structures as a result of creating the new route;

e) the impact on the surrounding ecology and environment;

f) the scope of engineering works and anticipated disruption;

g) anticipated timescales;

h) cost and budget; and

i) the visual impact at key locations on the proposed route (via computer generated imagery).

3) An agreed definition of sustainability and corresponding metrics which allow measurement against agreed targets should be established

4) Detailed discussions are quickly initiated with the Highway Authority and a scoping exercise carried out which informs the work required to submit a planning application.

5) A three-stage approach to approval might be considered, namely:

a) Approval in principle to Option 7 as the primary route for vehicular access

b) Development and agreement of a multi-modal access strategy to the new hospital site

c) Production of a preliminary design and impact assessment based on the chosen route and access strategy.

6) Initiate an IPA process (independent Project Assurance) for the project moving forward as recommended by HM Treasury.

Appendices

Appendix 1 – Overdale Access Scrutiny Report (Clarkebond)

UK Company Registration No. 4323631

Appendix 3: Advisor's Report ClarkeBond

clarkebond

Overdale Access Scrutiny Report

Our Hospital Project, Jersey

B05552

K2 Consultancy

clarkebond

MULTIDISCIPLINARY ENGINEERING CONSULTANTS

Report No.	Date.
B05552/SR01	28/01/20

Project
Our Hospital Project, Jersey – Overdale Access

Client Name
K2 Consultancy

Issue Number – Date	Status	Description of Amendments
01 – 15.01.21	Draft	-
02 – 21.01.21	Draft Final	Panel and K2 comments
03 – 27.01.21	Final	Highways Meeting, additional clarification
04 – 28.01.21	Final	Panel and K2 comments

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1 Introduction

1.1 Background

This Scrutiny Report has been prepared by Clarkebond on behalf of the K2 Consultancy and the States of Jersey Future Hospital Review Panel. The Panel has agreed to undertake a review of the Our Hospital: Preferred Access Route. The Terms of Reference of the Review is included at **Appendix A**.

In November 2020, Overdale was approved by the States Assembly as the preferred site for the new hospital (P.123/2020). During the debate, an amendment was accepted by the Assembly which requested:

> "…prior to its acquisition of land or properties required to facilitate access to the preferred site for Jersey's new hospital, to present to the States Assembly for approval a report on alternative access strategies designed to maximize sustainable modes of travel to and from the new hospital, and to minimize the impact on homes, leisure facilities and the surrounding environment of the access interventions currently proposed…"

Following the debate, the design and delivery partners for the Our Hospital project have provided a technical report which considers 71 options on access to Overdale. The Council of Ministers have lodged a proposition, P.167/2020 'Our Hospital, Preferred Access Route', which shows the final option and includes the technical report by the design and delivery partners. The Proposition is due to be debated on 9th February 2021.

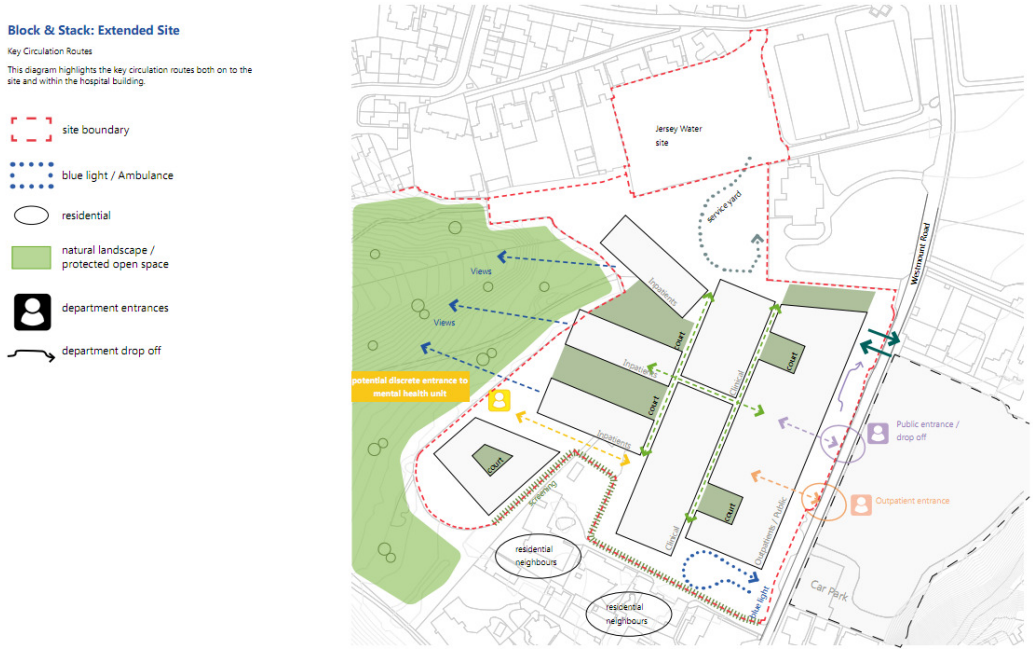
The Panel wish to undertake an options appraisal of the 71 options identified in the technical report to ensure that the process followed in arriving at the final option was the most appropriate and to provide reassurance to the States Assembly that the decision on the final option is the most suitable.

K2 Consultancy and Clarkebond are appointed as Scrutiny Advisers. Scrutiny is an evidence-based process whose principal function is to hold the Executive to account for its policies and actions.

The proposed development site of Overdale is located either side of Westmount Road in the Parish of St Helier and at the western extent of St Helier Built-Up Area boundary. The site comprises of three land parcels and is currently accessed from Westmount Road with access routes north to Tower Road and south-east to St Aubin's Road. The site is a hilltop location, consequently access routes have to rise up a significant gradient from the south.

The site location is shown in its strategic context in **Figure 1.1** and in its local context in **Figure 1.2.** Figure 1.2 also shows the location of the existing hospital site nearby to the east.

The conceptual masterplan layout for the Overdale hospital site is shown on the image shown in **Extract 1.1.**



Extract 1.1: Conceptual Masterplan for Overdale Site

1.2 Overview

Clarkebond has applied its specialist knowledge in Transport and Highways to this review in order to assist K2 and the Panel in assessing the evidence presented to it. This Scrutiny Report provides K2 and the Panel with greater clarity on the technical work undertaken and identifies further work that should be carried out.

From this review and previous work, we are concerned that proposals and decisions being made lack sufficient information, analysis and rigour. The level of information and evidence to support robust decision making is lacking, in our view. It would appear that the overriding criteria for all major decisions in connection with the proposed new hospital is speed. Whilst this is a legitimate approach it brings with it significant risks, namely:

- Not enough time to produce adequate data or analysis, required to make fully informed decisions.
- Limited time for review and consultation.
- Limited time for debate and questioning
- Potential for future change as more or new information emerges and early decisions are challenged.

1.3 Structure of Report

This Transport Assessment is set out as follows:

- Chapter 2 sets out the methodology used to carry out this review;
- Chapter 3 is a document review identifying the key documents that have been reviewed and a brief summary of the key points associated with each;
- Chapter 4 describes the Analysis and Review undertaken;
- Chapter 5 offers a detailed discussion of the analysis and review and in particular addresses the key issues raised by the Panel; and
- Chapter 6 provides a summary and conclusions.

1.4 Limitations

This review has been carried out over a three-week period between the 4th and 21st January 2021 as required to meet the administrative process required. This has been a demanding and challenging project to deliver in this constrained timescale.

The information, views and conclusions drawn concerning the site are based, in part, on information supplied to Clarkebond by other parties. Clarkebond has proceeded in good faith on the assumption that this information is accurate. Clarkebond accepts no liability for any inaccurate conclusions, assumptions or actions taken resulting from any inaccurate information supplied to Clarkebond from others.

1.5 Acknowledgements

Clarkebond would like to express its gratitude to the Our Hospital project team and in particular Arup Transportation for their cooperation with the scrutiny process, willingness to provide answers to our questions and provision of additional information and documents requested.

2 Methodology

2.1 Introduction

This chapter describes the methodology in the carrying out the review between 4th January and 15th January 2021. Clarkebond has undertaken a desktop technical analysis of the process that has led to the final access option and of available relevant documentation.

The methodology for the desktop review is broken down into the following tasks which are described in more detail in the subsequent sections:

- Decision Making for Proposals;
- Site familiarisation;
- Document Review;
- Liaison with Stakeholders;
- Technical Analysis; and
- Discussion of findings.

2.2 Decision Making for Proposals

Decision making for proposals normally entail the following sequence:

- Identifying objectives - these should be specific, measurable, agreed, realistic and time-dependent;
- Identifying options for achieving the objectives - e.g. choice of particular lines of routes for roads;
- Identifying the criteria to be used to compare the options - the selection of criteria to reflect performance in meeting the objectives. Each criterion must be measurable, in the sense that it must be possible to assess, at least in a qualitative sense, how well a particular option is expected to perform in relation to the criterion;
- Analysis of the options;
- Making choices - needs to be seen as a separate stage as all techniques cannot include every judgement; and
- Feedback - it is important that lessons are learned with decisions taken to inform future decisions.

This identified sequence has been borne in mind in undertaking this review and has helped to guide the process.

2.3 Site Familiarisation

Google Earth and its street view facility was used to gain an appreciation of the context of the development site and the roads surrounding it.

An understanding of these roads was assisted by the 7 minute video prepared by the design team showing how a car and a bus negotiated local streets (see section 4.3). Additional video footage has been provided by local interest groups.

2.4 Document Review

A number of documents have been reviewed as part of the scrutiny advice. Details are included in Chapter 3. These documents have informed the technical analyses and the discussion.

2.5 Liaison with Stakeholders

In order to understand the work undertaken and in particular the process taken by the design team in arriving at the preferred access option, virtual meetings were requested and held as follows:

- Tuesday 5th January 2021 – Presentation of work by Project Team;
- Monday 11th January 2021 – Detailed questioning of Arup's evaluation approach;
- Tuesday 12th January 2021 – Detailed questioning by Scrutiny Advisers; and
- Monday 25th January 2021 – Questions for IHE.

2.6 Technical Analysis

The technical analysis centres around the evaluation of access options undertaken by Arup and whether the methodology employed, the assessment process, and the results, are correct.

The technique used for the analysis of options is a form of Multi Criteria Analysis (MCA). MCA is a widely used and appropriate means to evaluate infrastructure options. The authors are familiar with MCA having developed and used them on a range of projects.

MCA has many advantages over informal judgement unsupported by analysis including:

- it is open and explicit;
- the choice of objectives and criteria that any decision making group may make are open to analysis and to change if they are considered to be inappropriate;
- scores and weights, when used, are also explicit and offer an audit trail;
- performance measurement can be sub-contracted to experts; and
- it allows communication within the decision making body.

All MCA approaches make the options and their contribution to the different criteria explicit, and all require the exercise of judgement. The main role of MCA is to deal with the difficulties that human decision-makers have been shown to have in handling large amounts of complex information in a consistent way.

The MCA technique should address the following:

- internal consistency and logical soundness;
- transparency;
- ease of use;
- consistency of data requirements with the importance of the issue being considered;
- realistic time and resource requirements for the analysis;

- process; and
- ability to provide an audit trail.

A standard feature of the MCA is the preparation of a performance matrix that shows the options versus the criteria. The individual performance assessments are typically numerical but could also be expressed as 'bullet point' scores or colour codes. It is usual for numerical analysis to use a scoring scale and sometimes weighting to the criteria. An overall weighted average is often calculated for each option and the scoring of any individual criterion is independent of any other.

In respect of the options under consideration there is no requirement for there to a be a specific number, there can be a small or large number. However, the larger the number the greater the amount of resource required to complete the MCA.

There are a number of MCA methods and all can be open to criticism, however the main ones are identified as follows:

- Multi-attribute utility theory – a complex approach characterised by establishing a performance matrix, ensuring the criteria are independent of each other, and use of mathematical function to determine overall index value for each option so they can be compared;
- Linear additive model – a well used approach characterised by simple addition of the individual criterion for each option into an overall value;
- The Analytical Hierarchy Process (AHP) – a variation on the linear additive model that introduces weighting to individual criterion perhaps through questions; and
- Outrank Method – this is characterised by one option being said to outrank another if it outperforms another on enough criteria of sufficient importance and is not outperformed by the other option in the sense of recording a significantly inferior performance on any one criterion.

The MCA and performance matrix has been audited with respect to best practice involving the examination of all key elements. The results of the audit process are set out and the acceptability of the Arup evaluation determined.

2.7 Discussion of Findings

We provide a discussion of the assessment based on the findings of our audit and with reference to policy, and the particular questions asked of us by the Panel as set out in the terms of reference.

2.8 Summary, Conclusions and Recommendations

We have provided details of key findings and recommendations as requested by the Panel as well as a short summary and conclusion at the end of the report.

3 Document Review

3.1 Introduction

This chapter provides a review of the key documents associated with the study

- Government of Jersey: Government Plan 2021-2024;
- States of Jersey Revised 2011 Island Plan (2014);
- Jersey Sustainable Transport Policy 2010;
- Our Hospital: Supplementary Planning Guidance (2020);
- P.127-2019 - Carbon Neutral Strategy - As amended and approved;
- P.167/2020 Our Hospital Preferred Access Route (2020);
- Jersey Future Hospital Transport Assessment (2018); and
- Safety Risk Assessment – Traffic Management and Safety Options, St John's Road, St Helier'.

3.2 Government of Jersey: Government Plan 2021-2024

The new hospital project is a key initiative of the Plan and the Government of Jersey is committed to delivering a world class health facility for Islanders.

The Our Hospital project programme for 2021 is identified as including:

- Design stage with social value input;
- Detailed planning application for the new hospital (September 2021) and associated highway alterations;
- Outline Business Case;
- Continued Public Engagement; and
- Vacation and purchase of the site.

The Government has established the Jersey Care Model which will put a greater emphasis on prevention and support *healthier, active and longer lives.*

Policy development on the Carbon Neutral and Sustainable Transport Plan is scheduled to take place in 2021.

3.3 States of Jersey Revised 2011 Island Plan (2014)

This document sets out the Travel and Transport Objectives for the island, as follows:

1. To reduce the need to travel through the integration of planning and travel and transport strategies which serve to minimise travel and traffic generation;
2. To influence travel demand and choices of travel mode by achieving development forms and patterns which enable and encourage a range of alternatives and which

positively enable and promote walking, cycling and public transport as a more sustainable mode of travel than the private car;

3. To make efficient use of existing transport infrastructure and minimise new road construction; and
4. To reduce pollution, noise and the physical impact and risk to health posed by traffic and transport.

As an overarching and general policy, Policy GD 1 (5) states that any proposed development:
"… contributes, where appropriate, to reducing dependence on the car, in accordance with Policy SP 6 'Reducing dependence on the car', and in particular:

a) is accessible by pedestrians, cyclists and public transport users, including those with mobility impairments;
b) will not lead to unacceptable problems of traffic generation, safety or parking;
c) provides a satisfactory means of access, manoeuvring space within the site and adequate space for parking,
d) developments to which the public has access must include adequate arrangements for safe and convenient access for all and in particular should meet the needs of those with mobility difficulties."

Chapter 8 of the Island Plan deals specifically with travel and transport. At 8.15 it states that, in order to meet target reductions in car use and concomitant increases in a variety of sustainable travel modes, the preferred approach is to reduce the number of car journeys into St Helier during peak periods. The overall percentage reduction has been set at 15% against 2010 levels.

At 8.145, the Island Plan states "that the design of any new roads and increases to existing road capacity do not isolate or exclude the needs of pedestrians and cyclists or create problems of severance and lack of access."

3.4 Jersey Sustainable Transport Policy 2010

This policy document expands on the Island Plan's sustainable approach to transport. As well as addressing travel by mode, it also considers safety for vulnerable road users. It sets out ten decision-making principles, as follows:

1. Recognise that fewer motor vehicle journeys will be good for Jersey;
2. Conform with the Jersey mobility hierarchy;
3. Improve transport options, including parking, for people with mobility impairments;
4. Make walking and cycling more attractive, especially for travelling to school and commuting, by providing safer routes;
5. Invest in a better bus system that more people want to use and that is accessible to all, and present a Bus Service Development Plan to the States for debate during the spring session, 2021;
6. Recognise, and price fairly, the social and environmental costs of private vehicle use and present a Parking Plan to the States for debate during the spring session, 2021;
7. Reduce the impact of vehicles on our landscape and create more space for people in St. Helier;
8. Create public service and planning systems that reduce the need to travel;
9. Discourage the use of petrol and diesel vehicles and encourage the use of zero emission vehicles to reduce pollution; and

10. Work with businesses that rely on road transport to support their efficient and safe use of the road network, their delivery and servicing needs, and promote their uptake of low carbon fuels.

3.5 Our Hospital: Supplementary Planning Guidance (2020)

This document has been prepared specifically to outline the policies upon which the development of the new hospital relies. Under the heading 'Sustainability of Access', the document quotes the Jersey Sustainable Transport Policy (see above).

3.6 P.127-2019 - Carbon Neutral Strategy - As amended and approved

The Government of Jersey published their Carbon Neutral Strategy in 2019 to address the ongoing climate emergency. Its aim is to be carbon neutral by 2030. To achieve this, a set of 'ambitious' policies were to be implemented in 2020. The Carbon Neutral Strategy is intended to be considered alongside the Jersey Sustainable Transport Policy, and is intended to "set a context for how we seek to deliver our transport vision in future years." Jersey has a number of Common Strategic Priority Themes which are underpinned by a sustainable approach to living.

The document emphasises a 'people-powered' approach, through education and promotion of sustainable living practices. In terms of transport, infrastructure is required to support behavioural change in the way we travel. The document identifies a number of obstacles to sustainable living, amongst which:

"The use of hydrocarbon technologies is deeply woven into the fabric of our daily lives and underpins our economy and society."

The Carbon Neutral Strategy refers to a transport programme set out in the Sustainable Transport Strategy which will seek to provide choice for modes of travel other than the car, with a proposed £1.55m investment in:

- Cycling and walking;
- Bus travel;
- School travel;
- Transition to electric vehicles and other forms of eMobility; and
- Workplace travel planning.

3.7 P.167/2020 Our Hospital: Preferred Access Route

The States are asked to decide whether they are of opinion:

To approve Westmount Road as a two-way roadway with areas for active modes of travel, such as walking and cycling, as the preferred primary access option for a new hospital at Overdale.

The States Assembly requested the preparation of this report to examine alternative access strategies designed to:

- Maximise sustainable modes of travel; and
- Minimise the impact on homes, leisure facilities and the surrounding environment.

The report was also to consider a one-way system as a means to achieve these objectives.

Appendix 1 of the report provides a technical assessment of 71 access options including criteria for evaluation of the options and an analysis of the identified options.

3.8 Jersey Future Hospital Transport Assessment (April 2018)

The Transport Assessment (TA) provides a description of pedestrian routes to and from the existing General Hospital. Pedestrian counts were undertaken at all crossings on routes to the existing hospital 2016 and 2017.

A Travel Survey was carried out in 2017 to determine the means by which patients and staff access the hospital. The results are tabulated below in **Table 3.1**

Table 3.1 Staff and Patient Modal Split (2017 Travel Survey Response)

Mode	Staff		Patients	
	Responses	Modal Split (%)	Responses	Modal Split (%)
Car (as driver)	224	43.3%	197	39.2%
Car (as passenger)	37	7.1%	128	25.5%
Motorbike/Scooter/Moped	20	3.8%	3	0.6%
Bus	41	8.0%	31	6.2%
Electric Bike	2	0.5%	0	0%
Bicycle	47	9.1%	3	0.6%
Walk	142	27.4%	113	22.5%
Taxi	-	-	9	1.8%
Patient Transport	-	-	13	2.6%
Ambulance	-	-	3	0.6%
Other	4	0.8%	2	0.4%
Total	517	100%	502	100%

The results show that staff show a relatively low incidence of car travel at a maximum of 50.4% of journeys, although this is likely to be lower since many of the car-sharing drivers will be transporting other staff who work at the hospital, therefore there is likely to be some double-counting in the results. A high proportion of staff currently walk or cycle to work. Around 64.7% of patients travel by car, with the majority driving themselves. Walking is still well-represented, at 22.5%.

However, as the Transport Assessment notes, the existing hospital site is in a highly sustainable location in the town centre, with access to comprehensive walking and cycling infrastructure and public transport.

With regard to hospital traffic management, ambulance hurry signals were proposed in a number of locations, and it is assumed that consideration will given to any such requirements on the routes to the Westmount Road hospital site from either direction. It is not expected that

Option 7 will give rise to any problems in this respect, as none of the approach roads and their junctions are currently signalised.

A Framework Travel Plan was included with the TA as a succinct document which included standard measures to support sustainable modes of transport.

No specific issues were identified with respect to travel to and from the existing hospital, although the planning application which the TA supported proposed a number of bespoke enhancements in the immediate vicinity of the General Hospital.

3.9 Safety Risk Assessment – Traffic Management and Safety Options, St John's Road, St Helier

This section refers to the 'Safety Risk Assessment – Traffic Management and Safety Options, St John's Road, St Helier' produced by Road Safety Answers in 2020.

The safety assessment identified four areas on St John's Road for which there were safety implications. These were:

1. Junction between La Grande Route du Mont a l'Abbé and St John's Road by the Pet Cabin;
2. Trafalgar Terrace;
3. Mount Tay; and
4. Lower section of St John's Road off Cheapside.

The safety assessment relied on the accident history along almost the entire length of St John's Road from Jeanne Jugan Residences to its southern end. It identified 14 options for safety mitigation, of which seven were deemed viable. Further analysis determined that there were three options, and two sub-options, which would assist in improving road safety on St John's Road whilst not impacting negatively on other nearby roads. The accident history was considered alongside accident frequency in relation to vehicle flow.

Option 3a was found to deliver the greatest safety benefits. This comprises making St John's Road one-way northbound with a 1.5m continuous footway on both sides of the carriageway. It included low kerbs allowing for overrun of large vehicles, deliveries, or in case of breakdown.

4 Analysis and Review

4.1 Introduction

This chapter provides the results of the study and is divided into the following sections:

- Liaison with Project Team;
- Video;
- Performance Matrix;
- Multi-criteria Analysis; and
- Summary.

4.2 Liaison with Project Team

4.2.1 Virtual Meeting 5th January 2021

A Virtual Meeting was held between 10am and 11am on Tuesday 5th January between Government Officers, Design Delivery Partner ROC/FCC, Arup's Transport Planning team members responsible for the technical work contained in report P.167/2020 and the Scrutiny Advisers. The meeting comprised of a presentation by Arup and initial questions from the Scrutiny Advisers.

The following points were identified in advance of the meeting for discussion, some of which were clarified at the meeting:

- Key aspects of Client brief – not clarified;
- Overall approach and work carried out to date – partially explained;
- Arup Team and skills – not clarified;
- Stakeholder consultees – identified and included in report;
- Data & survey information – not clarified;
- Studies & modelling – not clarfied;
- Policy and guidance referred to - identified;
- Design work and technical work undertaken – very little done;
- How transport sustainability has been addressed – not clarfied;
- Approach to optioneering and option analysis methodology;
- List and details of reports prepared and issued – not provided; and
- Further work planned – briefly mentioned.

This meeting was held at the commencement of the review and so the focus became the presentation of the approach by Arup in the available time. This allowed us to gain a greater appreciation of what work had been done rather than answer the discussion points raised. These points have been clarified to some degree subsequently.

4.2.2 Virtual Meeting 11th January 2021

A virtual meeting was held between Clarkebond and Arup at 9am on Monday 11th January 2021. This was a technical meeting to discuss the assessment framework and criteria in detail.

The key points from the meeting are as follows:

- The assessment framework provides criteria for three main areas – construction programme, accessibility and planning;
- The framework as a tool has been integral to the decision of Option 7 as the preferred option;
- Option 7 was the preferred option of the Delivery partner going into the assessment, reflecting the understanding of the professional team of the site, access, and requirements on developing the scheme
- The 4 point ranking system was devised by the Delivery Partner and stakeholders were subsequently consulted. The most important ranks relate to the stakeholder requirements;
- The 38 criteria were assessed by the professional team with individual criterion assessed by different team members as appropriate;
- A Red Amber Green (RAG) system is used for all criteria, although the different colour shadings in the matrix are not relevant i.e. there is only one Green or Amber or Red result;
- How RAG is applied to each criterion has not been set out in reporting, the detail was requested. Individual judgement has been used;
- There is no overall score or RAG for an option. It would be possible to add the reds, ambers and greens for options. Option 7 performs best;
- Programme and cost are the overriding criteria; and
- The yes/no measurement criteria can be seen as reflective of objectives for the assessment.

4.2.3 Virtual Meeting 12th January 2021

A Virtual Meeting was held between 11.30am and 12.30pm on Tuesday 5th January between Government Officers, Design Delivery Partner ROC/FCC, Arup's Transport Planning team and the Scrutiny Advisers. The agenda for the meeting was a series of questions from the Scrutiny Advisers. The questions and answers are set out below:

- Apart from the 71 options, what other options do you think there are? – it was confirmed that there were no more realistic options than the 71 provided. There could be some alternatives to the one-way options involving reversals of direction;
- Do you consider the assessment framework you have used to be the most appropriate? Did you consider any others? What guidance informed the framework? – It was explained that the approach takes account of the major stakeholder requirements and provides a realistic representation based on hybrid optioneering. No guidance e.g. UK guidance was followed;

- What work has been done to date on assessing traffic impact from Option 7? What work is proposed to be done? – it was confirmed no work to date on traffic impact given timescales. In terms of future work traffic surveys are a priority and this has been adversely affected by the COVID-19 pandemic. A lot of data is required for the next stages and detailed modelling (Vissim) was identified as a goal. It was noted that access is has greater importance with reference to masterplanning of the site and consultation. There is nothing unusual regarding the approach adopted.
- How does Option 7 maximise sustainable travel modes to and from the Hospital site? What future work is proposed in this respect? – the site is on top of a hill which presents difficulties. However, Option 7 provides access for all users including Public Transport users, cyclists and pedestrians with a desire line to the town centre. Future work includes the detailed design of the Active Travel corridor, establishing cycle parking requirements, a Travel Plan, and ambitions for a 5 to 15 minute frequency bus service. There is a wider sustainability approach which transport fits into, BREEAM will be followed, and carbon calculations undertaken;
- What do you as a team see as the key risks in the £38.7m budget cost estimate for Option 7? How are any future highway mitigation measures taken account of? – the budget has been undertaken in the absence of a design, but includes an allowance for mitigation measures;
- How does Option 7 contravene the planning policies? – specific policies relating to ecology, siting and the use of agricultural fields.

4.2.4 Virtual Meeting 25th January 2021

A Virtual Meeting was held between 3.30pm and 4.00pm on Monday 25th January between the Hospital Development team, The Infrastructure Housing and Environment (IHE) Operations and Transport team and the Scrutiny Advisers. The agenda for the meeting was a series of questions from the Scrutiny Advisers to IHE. The questions and answers are set out below:

- How have you been involved as a stakeholder in the project? – IHE explained that they are a consultee providing advice to the Planning department. They noted the 'fastrack' nature of the work done to date and that they have not got into the detail yet. The Development team said that they expected to be working collaboratively with IHE moving forward, they view them as a 'client'. IHE confirmed their role as a consultee and regulator of development, IHE do not control brief or budget of the project. The Development team want IHE to help with decision making;
- What are the key issues for you on this project? – IHE highlighted their role as custodians of the Sustainable Transport policy and the identified principles. Access by all modes important as well as mitigating the impact of traffic. How development affects the existing road network is important as IHE are stewards of existing infrastructure which includes junctions;
- What is the view on the 71 options and Option 7 particularly? – IHE noted that identification of 71 options was impressive, they are a product of reality and public interest taking all suggestions. Option 7 is seen by IHE as the most sensible, the Development team said it is 'the only show in town'. IHE agree with this. IHE noted that budget and time were identified as critical factors, but they are interested in sustainable transport opportunities given their role;

- What is your view on the evaluation of options undertaken? – IHE had a meeting with the Development team about evaluation and they have concerns over the criteria used, the emphasis on project delivery timescales and how Sustainable Transport was tackled. IHE's Transport Planner said he would have done the assessment differently, but considered it relatively robust;
- What widths are being considered for roadway, footway etc for the 12m highway corridor? – IHE noted that discussions were at an early stage, but would want to see UK guidance Manual for Streets and LTN1/20 used in developing the access design.
- What scoping has been done to date on the Transport Assessment? – The Development team noted that they had prepared a draft scope to be sent to IHE shortly. IHE confirmed that there had been initial conversations and data requirements given COVID19 pandemic would be important;
- How has the Construction phase been considered? – The development team noted the construction period and vehicle movements have been considered but will be better known as the contract is developed. Reducing traffic peaks important. It was deduced that new access was important for construction traffic from discussions;
- Have any potential transport mitigation measures been identified? – The Development team said that this is covered in the site assessment report. IHE said that parking controls for the Hospital is important, the sustainable transport corridor, impact on schools (footways important). The Island Plan sets out requirements and the sustainability considerations of proposals are important.
- What is the view of how Transport sustainability should be tackled? – IHE identified the 'Access onto the Highway' guidance (subsequently provided). There are Transport Assessment guidance principles, The TA and Travel Plan in the next stage will be important for addressing transport sustainability, likely to follow similar structure to previous applications.

4.2.5 Summary of Meetings

The meetings were important in providing greater understanding of the work carried out; answers were provided to specific questions we raised. Little in the way of wider information was provided. There are some key findings from these conversations that were impressed upon us:

- The Development team want to work collaboratively with IHE who are an important consultee with a regulatory role;
- The new access route is seen as a Sustainable Transport corridor for vehicles and sustainable modes and it is needed in the construction phase It is the main vehicle access, but other complimentary accesses will be explored;
- The assessment framework used as been integral to the decision making on options, no guidance has been followed in its development, although key stakeholders have input;
- The assessment of the 71 options has been done quickly and assessment criteria could have been considered more, but the work is relatively robust;
- Programme and cost are overriding considerations in the assessment framework, there is no overall score for options;

- Option 7 was considered to be the most appropriate option before the assessment was undertaken, it is the sensible option; and
- No transport or traffic assessment or design work has been carried out to date on options, the budget is prepared on this basis.

4.3 Video

A 7 minute video has was made available. The footage was in draft form and the link is below

https://youtu.be/YdtVUinTnT0

The video showed a car and bus negotiating existing roads around the Overdale site as follows:

- Westmount Road – this showed that a bus and car can just pass with vehicles slowing down. Narrow footways are highlighted;
- St. John's Road – narrow roadway and passing of 4 junctions highlighted as well as bus overrunning narrow footway to negotiate on-street parking;
- Queen's Road – shows bus using both sides of the narrow road and making junction turn; and
- Tower Road – highlights very narrow roadway.

4.4 Performance Matrix

The performance matrix was based on 38 criteria ranked from 1 to 4.

4.4.1 Ranking System

The ranking system employed reflects the extent to which criteria are deemed critical to the project. Rank 1 criteria are key in this regard and summary tables for this rank are presented in the Arup report. Each ranking is given a definition. The rank 1 definition, *any non-compliance has significant Planning or operational risk, or is not deemed to be deliverable* is perhaps contradictory in that 'not deliverable' and 'significant risk' are different, hence should there be two separate rankings here? Rank 2 and 3 use the terms 'multiple' and 'several' for non-compliance of an option being discounted, however these words are imprecise, how should they define. Rank 4 is quite clear. There could have been more precision with the ranking and some form of weighting could have been introduced.

4.4.2 Criteria

The criteria are summarised in **Table 4.1** as they relate to the priority ranking and individual units of measurement. There were 12 criteria for rank 1, 8 for rank 2, 14 for rank 3 and 4 for rank 4. In terms of units of measurement 18 criteria were yes/no and 12 were a number.

Table 4.1 Summary of Access Appraisal Criteria

Priority	Criteria	Units of Measurement						
		Yes/No	Number	£ APPROX	$KgCO_2e/m^2$	Low,Medium, High	%	m^2
1	12	6	3	2	1	0	0	0
2	8	3	2	0	0	1	1	1
3	14	9	3	0	0	0	0	2
4	4	0	4	0	0	0	0	0
Total	38	18	12	2	1	1	1	3

There is an inconsistency with the use of measurement units, however this does not prevent an overall evaluation being made as it is the comparative scoring between options that is important.

The criteria could have been framed against objectives areas such as the established transport appraisal process in the UK which used five key areas to achieve positive outcomes i.e Accessibility, Economy, Environment, Safety and Integration. The 38 criteria are shown in **Table 4.2** together with their unit of measurement and our label in terms of the area the individual criterion is dealing with.

Some criteria can be argued to cover more than one area, however we have noted only one for audit purposes.

Table 4.2 The 38 Criteria

Number/ Priority	Criteria	Unit of Measurement	Label
1/1	Programme complete by March 2022	Yes or no	Economy
2/1	Number of conflict points/interfaces for pedestrians and vehicle (journey safety and security)	Number	Safety
3/1	Blue light resilience guaranteed	Yes or no	Accessibility
4/1	Is there journey time certainty for staff and patients (24 hrs day, 7 days a week)	Yes or no	Accessibility
5/1	Number of schools affected (Impact on journey to school safety)	Number	Safety
6/1	Daily predicted impact from in-use carbon (sustainability)	kgCO2e/m2	Environment
7/1	Number of houses/apartments displaced	Number	Environment
8/1	Impact on Overdale Masterplan for the new hospital	Yes or no	Integration
9/1	Is the option attractive to OHP staff	Yes or no	Integration
10/1	Is the option affordable within the contract limit	Yes or no	Economy
11/1	Ongoing Maintenance Costs (Annual)	£APPROX	Economy
12/1	Ongoing Operating Cost (Annual)	£APPROX	Economy
13/2	Is the option resilient to adverse weather and high seas	Yes or no	Economy
14/2	Area of tree canopy lost	m2	Environment

15/2	Number of Listed Buildings and Places impacted	Number	Environment
16/2	Potential visual impact	Low, medium or high	Environment
17/2	Does it perform against the policies of the current Island Plan (Planning Risk) Yes or no	Yes or no	Integration
18/2	What is the percentage of users that would use this option	%	Accessibility
19/2	Robustness to uncertainty such as pandemic	Yes or no	Safety
20/2	Number of residences impacted - this is estates not just fronting houses	Number	Environment
21/3	Number of junctions impacted/created by this option Number	Number	Safety
22/3	Does this option create a conflict between junctions	Yes or no	Safety
23/3	Is the gradient more than 1:10 (motor vehicles)	Yes or no	Accessibility
24/3	Is the road able to accommodate a 12m rigid truck (Operation)	Yes or no	Accessibility
25/3	Is the road able to accommodate 16.5m heavy goods vehicle (Construction)	Yes or no	Accessibility
26/3	Is the gradient more than 1:10 (active travel)	Yes or no	Accessibility
27/3	Is the gradient more than 1:12 (active travel)	Yes or no	Accessibility
28/3	Total overall Property Take in m2	m2	Environment
29/3	Area of habitat lost m2	m2	Environment
30/3	Number of existing traffic hot spots worsened or created Number	Number	Environment
31/3	Number of leisure facilities affected by increase in traffic movements	Number	Environment
32/3	Short journey direct shuttle bus options available	Yes or no	Accessibility
33/3	Are you able to cycle along the desire line	Yes or no	Accessibility
34/3	Does it use tried and tested on island technology	Yes or no	Economy
35/4	Vibration of existing receptors - no of receptors within 50m Number	Number	Environment
36/4	Noise in existing receptors - no of receptors within 50m	Number	Environment
37/4	Air Quality for existing receptors - no of receptors within 200m	Number	Environment
38/4	Benefits provided beyond facilitating access to OHP	Number	Accessibility

The criteria against these areas can be summarised as follows:

- Accessibility = 11 criteria;
- Economy = 6 criteria;
- Environment = 13 criteria;
- Safety = 5 criteria; and
- Integration = 3 criteria.

We would therefore consider that there is a degree of balance to the criteria chosen, however there is a focus on accessibility and environment.

If we had developed the criteria we would probably have looked to deliver 50 criteria with broadly equal numbers across each area. We have not examined the criteria in detail to determine their appropriateness or to identify potential gaps given the time available.

4.4.3 How Options perform against each other is not clear

The performance matrix does not include an overall scoring for each option, it is not evident from the Arup report how the options perform against each other. From the meetings held it was explained that the matrix is designed to allow the Red, Amber and Green evaluations to be added. We have therefore provided this missing information.

Table 4.3 provides the overall scoring for the 16 two-way options assessed in terms of the total number criteria scored Red, Amber or Green by the assessors. It is evident that Option 6 and Option 7 have resulted in the largest number of Greens at 28. Option 7 has the fewest number of Reds when compared to Option 6 which is the existing arrangement and what may be termed as a 'Do Nothing' option.

It should also be noted that options 8 and 10 are close behind scoring 26 Greens, options 14 and 15 scored 25 and options 3, 4 and 9 scored 24 Greens.

Table 4.3 Summary of Overall Scoring for Two-way access options

Option Number	Red	Amber	Green	N/A
Option 1	11	3	23	1
Option 2	8	7	22	1
Option 3	**8**	**5**	**24**	**1**
Option 4	**6**	**7**	**24**	**1**
Option 5	9	5	23	1
Option 6	**6**	**3**	**28**	**1**
Option 7	**2**	**8**	**28**	**0**
Option 8	**5**	**7**	**26**	**0**
Option 9	**5**	**8**	**24**	**1**
Option 10	**8**	**3**	**26**	**1**
Option 11	17	8	12	1
Option 12	15	8	14	1
Option 13	10	9	18	1
Option 14	**8**	**4**	**25**	**1**
Option 15	**4**	**8**	**25**	**1**
Option 16	12	6	19	1

This exercise has been repeated for the one-way access options and the results are given in **Table 4.4.** The highest scoring one-way access options are options 40, 50 and 55 which all have 24 greens.

Table 4.4 Summary of scoring for One-way access options

Option Number	Red	Amber	Green	N/A
Option 17	12	10	15	1
Option 18	12	14	11	1
Option 19	11	11	15	1
Option 20	9	12	16	1
Option 21	10	12	15	1
Option 22	12	10	15	1
Option 23	9	14	14	1
Option 24	8	12	17	1
Option 25	9	12	16	1
Option 26	10	13	14	1
Option 27	11	13	13	1
Option 28	9	12	16	1
Option 29	7	13	17	1

Option 30	10	11	16	1
Option 31	10	12	15	1
Option 32	10	14	13	1
Option 33	9	12	16	1
Option 34	7	12	18	1
Option 35	10	12	15	1
Option 36	10	12	15	1
Option 37	11	8	19	0
Option 38	8	12	18	0
Option 39	9	8	21	0
Option 40	**5**	**9**	**24**	**0**
Option 41	6	12	20	0
Option 42	11	8	19	0
Option 43	8	12	18	0
Option 44	9	9	20	0
Option 45	5	12	21	0
Option 46	6	12	20	0
Option 47	12	7	19	0
Option 48	9	9	20	0
Option 49	9	9	20	0
Option 50	**8**	**6**	**24**	**0**
Option 51	9	6	23	0
Option 52	12	7	19	0
Option 53	9	9	20	0
Option 54	9	9	20	0
Option 55	**8**	**6**	**24**	**0**
Option 56	9	6	23	0
Option 57	20	3	14	1
Option 58	13	8	16	1
Option 59	19	3	15	1
Option 60	12	8	17	1
Option 61	16	6	15	1
Option 62	10	10	17	1
Option 63	16	6	15	1
Option 64	10	10	17	1
Option 65	14	7	16	1
Option 66	9	13	15	1
Option 67	15	7	15	1
Option 68	10	13	14	1
Option 69	9	13	15	1
Option 70	10	13	14	1
Option 71	10	13	14	1

Examination of Tables 4.2 and 4.3 confirms that Option 7 is the best scoring option from the assessment carried out.

It is important to consider the sensitivity of the scoring given that a number of other options score nearly as well, with the total number of greens within 15% of the Option 7 score being in the range 24 to 28. Consequently, we have sought to compare these close performing options with Option 7 to identify the key differences and to confirm the acceptability of the preferred option.

Table 4.5 provides a comparison of the scores for all criteria between Option 7 and Options 6, 8 and 10 which are variations of the Westmount Road solution. Option 6 is the existing Westmount Road access route. Option 8 and 10 are not deliverable because red scores were

flagged in the Priority 1 section. Option 8 is identified as not meeting the March 2022 deadline, its adverse impact on the Overdale Masterplan, and because it is unaffordable. Option 10 does not have an adverse impact on the masterplan, but the other reasons remain.

Table 4.5: Comparison of RAG scores for Option 7 with Options 6, 8 and 10

Priority	Criteria		Option 6	Option 7	Option 8	Option 10
1	Programme complete by March 22	Yes or No	Yes	Yes	No	No
	Number of conflict points/interfaces for pedestrians and vehicle (journey safety and security)	Number	8	8	8	2
	Blue light resilience guaranteed	Yes or No	Yes	Yes	Yes	Yes
	Is there journey time certainty for staff and patients	Yes or No	Yes	Yes	Yes	Yes
	Number of schools affected (Impact on journey to school safety)	Number	0	0	0	0
	Daily predicted impact from in-use carbon (sustainability)	tCO2e/yr	97	97	104	45
	Impact on Overdale Masterplan for the new hospital	Yes or No	No	No	Yes	No
	Number of houses/apartments displaced	Number	0	3	0	3
	Is the option attractive to OHP medical staff	Yes or No	Yes	Yes	Yes	Yes
	Is the option affordable within the contract limit	Yes or No	Yes	Yes	No	No
	Ongoing Maintenance Costs (Annual)	£APPROX	0	25000	25000	15000
	Ongoing Operating Cost (Annual)	£APPROX	0	500	500	300
2	Is the option resilient to adverse weather and high seas	Yes or No	Yes	Yes	Yes	Yes
	Number of trees affected	Canopy (m^2)	0	2355	3940	2115
	Number of Listed Buildings and Places impacted	Number	0	2	2	1
	Can the visual impact be adequately mitigated (Landscape and Visual Impact)	Low, Medium, High	Low	Medium	Medium	Medium
	Does it perform against the policies of the current Island Plan (Planning Risk)	Yes or No	No	No	No	No
	What is the percentage of users that would use this option	%	95%	100%	100%	65%
	Robustness to uncertainty such as pandemic	Yes or No	Yes	Yes	Yes	Yes
	Number of residences impacted - this is estates not just fronting houses	Number	0	3	0	3
3	Number of junctions impacted/created by this option	Number	0	4	4	5
	Does this option create a conflict between junctions	Yes or No	No	No	No	No
	Is the gradient more than 1:10 (motor vehicles)	Yes or No	Yes	No	No	Yes
	Is the road able to accommodate a 12m rigid truck (Operation)	Yes or No	No	Yes	Yes	Yes
	Is the road able to accommodate 16.5m heavy goods vehicle (Construction)	Yes or No	No	Yes	Yes	Yes
	Is the gradient more than 1:10 (active travel)	Yes or No	Yes	No	No	Yes
	Is the gradient more than 1:12 (active travel)	Yes or No	Yes	Yes	Yes	Yes
	Total overall Property Take in m2	m^2	0	6000	6000	4000
	Area of habitat affected	m^2	0	2355	3940	2115
	Number of existing traffic hot spots worsened or created	Number	1	1	1	2
	Number of leisure facilities affected by increase in traffic movements	Number	4	4	4	2

	short journey direct shuttle bus option available	Yes or No	Yes	Yes	Yes	Yes
	Are you able to cycle along the desire line	Yes or No	Yes	Yes	Yes	No
	Does it use tried and tested on island technology	Yes or No	Yes	Yes	Yes	Yes
4	Vibration of existing receptors - no of receptors within 50m	Number	171	171	133	48
	Noise in existing receptors - no of receptors within 50m	Number	171	171	133	48
	Quality for existing receptors - no of receptors within 200m	Number	751	751	806	426
	Benefits provided beyond facilitating access to OHP	Number	N/A	Biodiversity	Biodiversity	N/A

The exercise has been repeated in order to compare Option 7 with Options 3, 4 and 14 which have access from the A1 St Aubin's Road (see **Table 4.6**) Again, failure to meet programme, impact on the masterplan and failure to meet the contract financial limit are the reasons for the red scores in the Priority 1 section. Option 3 also flags a red score in respect of numbers of houses/apartments displaced.

Table 4.6: Comparison of RAG scores for Option 7 with Options 3, 4 and 14

Priority	Criteria		Option 3	Option 4	Option 7	Option 14
1	Programme complete by March 22	Yes or No	No	No	Yes	No
	Number of conflict points/interfaces for pedestrians and vehicle (journey safety and security)	Number	2	2	8	2
	Blue light resilience guaranteed	Yes or No	Yes	Yes	Yes	Yes
	Is there journey time certainty for staff and patients	Yes or No	Yes	Yes	Yes	Yes
	Number of schools affected (Impact on journey to school safety)	Number	0	0	0	0
	Daily predicted impact from in-use carbon (sustainability)	tCO2e/yr	80	89	97	8
	Impact on Overdale Masterplan for the new hospital	Yes or No	Yes	Yes	No	Yes
	Number of houses/apartments displaced	Number	14	0	3	5
	Is the option attractive to OHP medical staff	Yes or No	Yes	Yes	Yes	Yes
	Is the option affordable within the contract limit	Yes or No	No	No	Yes	No
	Ongoing Maintenance Costs (Annual)	£APPROX	25000	23000	25000	10000
	Ongoing Operating Cost (Annual)	£APPROX	500	500	500	1000
2	Is the option resilient to adverse weather and high seas	Yes or No	Yes	Yes	Yes	Yes
	Number of trees affected	Canopy (m^2)	2300	5885	2355	2435
	Number of Listed Buildings and Places impacted	Number	1	1	2	1
	Can the visual impact be adequately mitigated (Landscape and Visual Impact)	Low, Medium, High	Medium	Medium	Medium	Medium
	Does it perform against the policies of the current Island Plan (Planning Risk)	Yes or No	No	No	No	No
	What is the percentage of users that would use this option	%	70%	70%	100%	70%
	Robustness to uncertainty such as pandemic	Yes or No	Yes	Yes	Yes	Yes
	Number of residences impacted - this is estates not just fronting houses	Number	14	0	3	0
3	Number of junctions impacted/created by this option	Number	5	5	4	5
	Does this option create a conflict between junctions	Yes or No	Yes	No	No	No

	Is the gradient more than 1:10 (motor vehicles)	Yes or No	No	No	No	No
	Is the road able to accommodate a 12m rigid truck (Operation)	Yes or No	Yes	Yes	Yes	No
	Is the road able to accommodate 16.5m heavy goods vehicle (Construction)	Yes or No	Yes	Yes	Yes	No
	Is the gradient more than 1:10 (active travel)	Yes or No	No	No	No	No
	Is the gradient more than 1:12 (active travel)	Yes or No	No	No	Yes	No
	Total overall Property Take in m2	m²	6000	6000	6000	2000
	Area of habitat affected	m²	2300	5885	2355	2435
	Number of existing traffic hot spots worsened or created	Number	2	2	1	2
	Number of leisure facilities affected by increase in traffic movements	Number	2	2	4	2
	short journey direct shuttle bus option available	Yes or No	Yes	Yes	Yes	Yes
	Are you able to cycle along the desire line	Yes or No	No	No	Yes	No
	Does it use tried and tested on island technology	Yes or No	Yes	Yes	Yes	Yes
4	Vibration of existing receptors - no of receptors within 50m	Number	89	4	171	2
	Noise in existing receptors - no of receptors within 50m	Number	89	4	171	2
	Quality for existing receptors - no of receptors within 200m	Number	658	283	751	194
	Benefits provided beyond facilitating access to OHP	Number	N/A	N/A	Biodiverity	N/A

The best performing one-way access solutions have been compared with Option 7; these are Options 40, 50 and 55. **Table 4.7** provides the comparison. All of these options fail to meet the programme, masterplan and affordability measures as previously, and journey time certainty for staff and patients is also considered to be compromised resulting in a red evaluation.

Table 4.7: Comparison of RAG scores for Option 7 with Options 40, 50 and 55

Priority	Criteria		Option 7	Option 40	Option 50	Option 55
1	Programme complete by March 22	Yes or No	Yes	No	No	No
	Number of conflict points/interfaces for pedestrians and vehicle (journey safety and security)	Number	8	5	5	5
	Blue light resilience guaranteed	Yes or No	Yes	Yes	Yes	Yes
	Is there journey time certainty for staff and patients	Yes or No	Yes	No	No	No
	Number of schools affected (Impact on journey to school safety)	Number	0	0	0	0
	Daily predicted impact from in-use carbon (sustainability)	tCO2e/yr	97	93	96	96
	Impact on Overdale Masterplan for the new hospital	Yes or No	No	Yes	Yes	Yes
	Number of houses/apartments displaced	Number	3	3	0	0
	Is the option attractive to OHP medical staff	Yes or No	Yes	Yes	Yes	Yes
	Is the option affordable within the contract limit	Yes or No	Yes	No	No	No
	Ongoing Maintenance Costs (Annual)	£APPROX	25000	27000	27000	27000
	Ongoing Operating Cost (Annual)	£APPROX	500	1100	1100	1100
2	Is the option resilient to adverse weather and high seas	Yes or No	Yes	Yes	Yes	Yes
	Number of trees affected	Canopy (m²)	2355	7325	8430	8430
	Number of Listed Buildings and Places impacted	Number	2	2	2	2

	Can the visual impact be adequately mitigated (Landscape and Visual Impact)	Low, Medium, High	Medium	Medium	Medium	Medium
	Does it perform against the policies of the current Island Plan (Planning Risk)	Yes or No	No	No	No	No
	What is the percentage of users that would use this option	%	100%	100%	70%	70%
	Robustness to uncertainty such as pandemic	Yes or No	Yes	Yes	Yes	Yes
	Number of residences impacted - this is estates not just fronting houses	Number	3	12	133	133
3	Number of junctions impacted/created by this option	Number	4	9	9	9
	Does this option create a conflict between junctions	Yes or No	No	No	No	No
	Is the gradient more than 1:10 (motor vehicles)	Yes or No	No	No	No	No
	Is the road able to accommodate a 12m rigid truck (Operation)	Yes or No	Yes	Yes	Yes	Yes
	Is the road able to accommodate 16.5m heavy goods vehicle (Construction)	Yes or No	Yes	Yes	Yes	Yes
	Is the gradient more than 1:10 (active travel)	Yes or No	No	No	No	No
	Is the gradient more than 1:12 (active travel)	Yes or No	Yes	No	No	No
	Total overall Property Take in m2	m^2	6000	10000	10000	10000
	Area of habitat affected	m^2	2355	7325	8430	8430
	Number of existing traffic hot spots worsened or created	Number	1	3	3	3
	Number of leisure facilities affected by increase in traffic movements	Number	4	6	6	6
	short journey direct shuttle bus option available	Yes or No	Yes	Yes	Yes	Yes
	Are you able to cycle along the desire line	Yes or No	Yes	Yes	Yes	Yes
	Does it use tried and tested on island technology	Yes or No	Yes	Yes	Yes	Yes
4	Vibration of existing receptors - no of receptors within 50m	Number	171	284	137	137
	Noise in existing receptors - no of receptors within 50m	Number	171	284	137	137
	Quality for existing receptors - no of receptors within 200m	Number	751	1515	416	416
	Benefits provided beyond facilitating access to OHP	Number	Biodiversity	Biodiversity	Biodiversity	Biodiversity

4.4.4 Clarification of RAG Scoring and Accuracy of Scoring

We requested details of the RAG scoring system used in the assessment as this had not been provided in the Arup report. This was subsequently provided, and the evaluation table is included at **Appendix B**. The provision of this table by the project team has allowed an audit the accuracy of RAG evaluation by the assessors.

We have audited the scoring of the 10 identified options in Tables 4.4 to 4.6 against the RAG system employed to determine the accuracy of assessment. Our audit has shown that there were errors in the population of the performance matrix across all of the options considered. The errors are listed at **Appendix C**. A large number of these errors affect the number of Green scores for the options and consequently the overall scores have had to be corrected. **Table 4.8** identifies the original number of Green scores and the corrected scores. These necessary amendments result in the one-way options of 40, 50 and 55 scoring significantly less well and

falling away. Critically, the overall result is unaffected by the errors, and Option 7 remains the option with the most Green scores.

Table 4.8 Corrected Option Scores

Option	Evaluation Score (Number of Greens)	Corrected Score (Number of Greens)
3	24	23
4	24	23
6	28	27
7	**28**	**28**
8	26	26
10	26	24
14	25	23
40	24	19
50	24	18
55	24	18

We have calculated that the accuracy in populating the performance matrix was 90%. Given the closeness of the option scores the number of errors could have produced an incorrect overall result. The processing of a large amount of information is never 100% correct underlining the importance of checking the assessment.

4.5 Multi Criteria Analysis

The Multi Criteria Analysis (MCA) may be considered to be a form of Analytical Hierarchical Process (AHP), a recognisable approach.

4.5.1 MCA Steps

The MCA approach adopted by the project team has been evaluated with the respect to the steps involved in the process to see whether these have been followed and by the technical requirements set out in section 2.5.

Table 4.9 identifies the MCA steps to be followed and provides our review of the steps based on the documentation provided and from subsequent questions asked at the meetings that took place as described previously. It should be noted that the MCA Analysis steps table informs the evaluation of the process requirement.

It can be concluded from Table 4.9 that the majority of the normal steps have been followed and these can be clarified.

What this audit does indicate is that there does not appear to have been a wide examination of the results and no form of sensitivity analysis has taken place of the performance matrix.

The scrutiny analysis described in this chapter does allow a closer examination of the results to be made and the sensitivity of the scoring can be considered.

Table 4.9 Multi Criteria Analysis Steps

MCA Steps	Scrutiny Adviser Review	MCA Assessor explanation	Scrutiny Adviser Comments
Decision Context	Decision Maker: States of Jersey Key Players: • Design and Delivery Partner Rok FCC JV and team (Arup for engineering). • Stakeholders Aim: To determine highway access	The decision context has been explained in greater detail in meetings,	The decision context is clearly explained in the reports provided.
Option Identification	71 options have been identified (16 two-way and 55 one-way access routes). Why so many options? Why no multiple accesses? How do these relate to land parcels?	Extensive optioneering to cover all realistic alternatives. Multiple accesses not precluded in future work -main access established. Options related to main hospital site, the western parcel.	Many options have been explored. The overall number may be considered as excessive for evaluation in the available timescales.
Objectives	These are understood to be: • Maximise sustainable modes of travel; • Minimise the impact on homes, leisure facilities and the surrounding environment; and • Ensure one-way options assessed as well as two-way.	Objectives reflected in Yes/No questions.	The full list of objectives could have been clearly stated
Criteria	38 criteria identified – a good number and agreed with stakeholders. How do they relate to objectives?	There are a wide number of objectives – Y/N measured criteria directly reflect objectives	Criteria used are acceptable and there is some form of relationship to objectives.
Ranking	4 ranks identified in MCA – these are imprecise in wording.	Wording agreed with stakeholders	The ranking provides hierarchy.
Performance Assessment	Uses a RAG[1] colour coding for each criterion. No explanation of how this has been applied. Different colour shades used,	RAG scoring for each criterion requested and subsequently provided by Assessor. To be read as only one colour shade – reflects input to matrix from different assessors	It is key that there has been a consistency of scoring of options for each criterion. This is there although there are errors.
Overall Option Scores	There appears to be no overall score or coding for each option.	No overall score for each option has been provided. Option 7 scores best in terms of most green	Audit has provided overall scores for each option and will compare and contrast as appropriate.
Examination of Results	How has this been done? It is not clear.	Option 7 chosen because it has no Reds in Rank 1.	Audit allows wider examination of results
Sensitivity Analysis	Has any form of sensitivity analysis been undertaken?	No sensitivity analysis undertaken.	Audit allows scoring sensitivity to be explored.

Notes: 1 – RAG = Red, Amber, Green

4.5.2 MCA Technical Requirements

We have also considered the technical requirements of MCA in relation to whether these have been addressed in assessment work undertaken. **Table 4.10** summarises the acceptability of the MCA Technique. We have used a three-point scale in consideration where 'Yes' means it has been fully addressed, 'Partially' indicates it has been partly addressed, and 'No' means the requirement has not been addressed at all.

Table 4.10 Acceptability of MCA Technique

Technical Requirements	Addressed (Yes/Partially/No)	Comments
Internal consistency and logical soundness	Partially	Internal consistency is there, but errors in evaluation has implication for soundness.
Transparency	Partially	The ranking and criteria are explained, however there is no explanation of the RAG assignment, nor of overall scoring of options
Ease of use	Yes	The performance matrix and scoring is easy to use
Consistency of data requirements with the importance of the issue being considered	Partially	The data used is consistent with the issues, although more data could have been used.
Realistic time and resource requirements for the analysis	Yes	It would appear there has been sufficient time and resource to carry out the work
Process	Partially	A best practice MCA process has been partially followed
Ability to provide an audit trail	Partially	It has been possible to audit most aspects of the MCA, however further clarification has been required.

Table 4.10 shows that the technical requirements of the MCA technique have been fully or partially met. Importantly, it is considered not to fail any requirement.

4.5.3 MCA Key Findings

Summarising Tables 4.9 and 4.10 the following key findings can be reached:

- Having 71 options is considered excessive for the assessment;
- The link between objectives and criteria is not fully clear;
- There is consistency in scoring but there have been errors;
- There was no sensitivity testing of the performance matrix; and
- Of the seven technical requirements identified only two are fully met. The remaining five are partially met – the MCA is not very good.

4.6 Summary

The Analysis and Review identifies that Multi Criteria Analysis has been used to evaluate the options and this is a recommended approach, however the MCA is not very good. The usual MCA steps have been largely followed although wider examination and sensitivity testing appears to have been absent, consequently this audit seeks to clarify these elements. The technique used is recognisable as one that is used elsewhere, and all the normal requirements have been fully or partially addressed.

Errors have been found the assessment undertaken, but these do not undermine the outcome. The audit has found no evidence to indicate Option 7 is not the preferred option. However, it can be argued that Option 7 wins because it meets the programme and cost budget only.

We consider that it would have been better to have identified a much smaller number of options and to have put more time and effort into developing the performance matrix, perhaps with more criteria and certainly a clearer scoring system. It is concerning that Option 7 is only just better than Option 6 (existing access) which may suggest a weakness in the criteria chosen.

5 Discussion

5.1 Introduction

This chapter provides a discussion with a focus on the implications of the preferred option 7. It is divided into sub-sections that address:

- Sustainability;
- Overall Impressions;
- Policy ;
- Other Documents; and
- Key Questions.

5.2 Sustainability

We consider that it is helpful to provide some commentary on Sustainability given its contextual importance and because this word is often used without a greater awareness of its meaning and its relationship to development.

5.2.1 Definition

Under the auspices of the World Commission on Environment and Development, the Brundtland Commission published the 'Brundtland Report', also entitled 'Our Common Future', in 1987 in which it defined sustainable development as ***"development which meets the needs of the present without compromising the ability of future generations to meet their own needs."*** As a definition, it stills stands.

The Commission identified three pillars of sustainable development: economic growth, environmental protection, and social equality.

5.2.2 UN Sustainable Development Goals

The United Nations (UN) sets out 17 sustainable development goals, of which two hold direct relevance to the issue of access to the proposed hospital; Goal 9 and Goal 11.

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.

Detailed information relating to Goal 9 can be found at:
https://sdgs.un.org/topics/sustainable-transport
https://sustainabledevelopment.un.org/topics/sustainabletransport

The UN's Earth Summit in 1992 recognised the role of transport and its contribution to climate change, leading to the publication of Agenda 21. Transport as a driving force towards climate change was also identified at the 2002 World Summit on Sustainable Development, which culminated in the publication of the Johannesburg Plan of Implementation (JPOI) which provided multiple anchor points for sustainable transport. Amongst these were:

- Context of infrastructure;
- Goods delivery networks;

- Public transport systems;
- Affordability, efficiency and convenience of transportation;
- Improving urban air quality and health; and
- Reducing greenhouse gas emissions.

The UN's Agenda 2030 builds on Agenda 21, setting targets for a number of Sustainable Development Goals (SDGs) notably, in this context, health, energy and infrastructure.

The UN Sustainability Goal 9 provides an overarching framework in which the access to the new hospital can be developed. Thus, it would provide infrastructure which would facilitate improvements to air quality and health, and reduce greenhouse gas emissions. This would be achieved by providing and enhancing routes which encourage sustainable modes of transportation, with particular emphasis on public transport, walking and cycling, and accessibility to these modes.

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable.

Details of Goal 11 can be found at:
https://sdgs.un.org/goals/goal11

The UN Goal 11 refers to Chapter 7 of Agenda 21 which addresses the promotion of sustainable energy and transport systems in human settlements. Further information is available at:
https://sdgs.un.org/topics/sustainable-transport

It has been formally recognised by world leaders that transport and mobility are key to sustainable development (2012 United Nations Conference on Sustainable Development (Rio +20)).

As a prominent element of the 2030 Agenda for Sustainable Development, SDGs and their associated targets seek to bring sustainable transport into the mainstream, particularly those relating to food security, health, energy, economic growth, infrastructure, and cities and human settlements.

The United Nations Framework Convention on Climate Change (UNFCCC) stated that the transport sector plays a key role in the achievement of the Paris Agreement, and UN Secretary-General, as part of his Five-Year Action Agenda (2012), identified transport as a major component of sustainable development. In setting out actions relating to sustainable development, the Five-Year Action Agenda called for more sustainable transport systems that would mitigate pollution and congestion, particularly in urban areas. Further information can be found at:
https://sustainabledevelopment.un.org/topics/sustainabletransport

Under Goal 11 it is imperative, therefore, that the new hospital access serves to ameliorate pollution and congestion by facilitating less damaging forms of transportation, whilst providing the means to further enhance sustainable transport infrastructure into the future.

We would recommend consideration of the SDGs in the developing work on this project.

5.2.3 Jersey Sustainable Transport Policy

Commensurate with the UN Agenda, a new Sustainable Transport Policy has been adopted by the States of Jersey in which a new vision states that 'by 2030, our transport system will make our everyday lives better, support businesses, encourage us and our children to be healthier and make our Island greener'.

The Sustainable Transport Policy sets out ten decision-making principles as identified in Section 3.4. It is worth re-iterating these as IHE will use this as the basis for judging the transport work at planning:

1. Recognise that fewer motor vehicle journeys will be good for Jersey
2. Conform with the Jersey mobility hierarchy
3. Improve transport options, including parking, for people with mobility impairments
4. Make walking and cycling more attractive, especially for travelling to school and commuting, by providing safer routes
5. Invest in a better bus system that more people want to use and that is accessible to all, and present a Bus Service Development Plan to the States for debate during the spring session, 2021
6. Recognise, and price fairly, the social and environmental costs of private vehicle use and present a Parking Plan to the States for debate during the spring session, 2021
7. Reduce the impact of vehicles on our landscape and create more space for people in St. Helier
8. Create public service and planning systems that reduce the need to travel
9. Discourage the use of petrol and diesel vehicles and encourage the use of zero emission vehicles to reduce pollution
10. Work with businesses that rely on road transport to support their efficient and safe use of the road network, their delivery and servicing needs and their uptake of alternative, low carbon fuels.

In terms of the new hospital access, the first of these is very important. In prioritising sustainable travel modes, the route will need to make provision for walking and cycling throughout, whilst consideration for people with mobility issues will dominate the parking strategy on-site (principles 2 and 3). Given that the service users will often be vulnerable road users, it is important to ensure that the proposed access route is safe for travel by all, complying with the fourth principle. Ensuring that bus routes are well-accommodated within the access network will meet the fifth principle. Providing a pleasant walking and cycling environment, with infrastructure to support those using mobility aids, is key to meeting the requirements of the fourth and seventh principles.

5.2.4 BREEAM

BREEAM (Building Research Estabishment Environmental Assessment Method) is a long established and widely used method of assessing, rating and certifying the sustainability of buildings. The method includes transport and accessibility elements, however it does not replace the important role of a Travel Plan. We would recommend appropriate application of this method to the new hospital project. The Development team have indicated that it is going to be used.

5.3 Overall Impressions

Our overall impression of the work carried out in determining the preferred access route is that it has been rushed without sufficient time spent on the technical work. This review reveals that proposals and decisions being made lack sufficient information, analysis and rigour. The level of information and evidence to support robust decision making is lacking, in our view.

71 options have been identified, however there is no transport assessment or design work to support these. It would have been better had there been a sifting process to shortlist these into a much smaller number of options to consider. Some preliminary transport assessment and design work should then have been done to allow a better evaluation of the shortlisted options. Also the access options shortlisted should comprise the sustainable access package of routes, including for example specific walking and cycling routes, and not just one main access.

The hospital should have more than one vehicle access route to ensure access is maintained in an emergency. A two-way access is better able to deal with an emergency than a one-way access, however it could still become blocked. A separate second access needs to be identified as well.

It would appear that the overriding criteria for all major decisions in connection with the proposed new hospital is speed. Whilst this is a legitimate approach it brings with it significant risks, namely:

- Not enough time to produce adequate data or analysis, required to make fully informed decisions.
- Limited time for review and consultation.
- Limited time for debate and questioning
- Potential for future change as more or new information emerges and early decisions are challenged.

Indeed, as has been shown this speed is giving rise to missed stages in the process, shortcomings in assessment and errors.

This is important because this is the major development for Jersey that will have a design life of many decades lasting into the future and it has to address sustainability and the Carbon Neutral Strategy. Proper planning and foresight is critical.

At the moment, the design principles of the preferred access option are not really known and how sustainable transport modes will be dealt with by the design is not decided. For example, what is the cycling infrastructure like? Will there be a separate corridor (as UK LTN1/20 would prescribe) or is there to be a shared footway/cycleway or will cyclists be on-street. Design speed, widths, and traffic flows all assist in determining requirements.

5.4 Policy

5.4.1 Option 7 and Policy

Providing a primary access that drives future patrons and staff through the town may not assist in realising the 15% target established in the Island Plan, although it is to be noted that the

existing hospital is within the town itself therefore there would be no substantial change in traffic attracted to the town to access the proposed hospital.

Enhanced pedestrian and cycle facilities proposed as part of the Option 7 will serve to partially offset any adverse effects arising from channelling traffic through the town.

Option 7 is compliant with Policy TT14 to remove traffic from less suitable areas and thereby improve road safety, as applied to other route improvements proposed in the Island Plan.

Option 7 will draw motorised traffic away from the northern side of the proposed hospital where there is a predominance of residential development.

The proposed access route via Westmount Road will provide additional space to include improved pedestrian and cycle infrastructure along this route, thus enhancing the existing pedestrian and cycle links between St Helier and the residential development to its north-west. From this point of view it can be considered a benefit.

With respect to Option 7 and the sustainable transport policy, the pedestrian and cycle environment will be enhanced along Westmount Road, and the enhanced link between the town and the new hospital will improve safety for pedestrians and cyclists on this route.

By providing the means to choose to walk or cycle rather than drive, the Option 7 will go some way to removing the barrier identified in the Carbon Neutral Strategy in terms of travel between the town, and the hospital and its surrounding residential community. However, re-routeing of traffic from the town to the residential areas to the north of the development may give rise to road safety issues, resulting in local travellers to choose the car over walking or cycling to their destination in order to avoid conflict with vehicular traffic.

The proposed access in the form of Option 7 supports local policy for the States of Jersey in terms of sustainability, but has implications for congestion and, in particular, safety, in the residential community to the north of the site.

In summary, Option 7:

- Makes the choice of walking and cycling between the town and the hospital and adjacent areas more attractive, supporting sustainability policies;
- Improves safety for drivers at the southern end of Westmount Road;
- Improves safety for pedestrians and cyclists at the southern end of Westmount Road;
- Is likely to reduce vehicular traffic in the town;

but:

- Compromises the safety of vulnerable road users in residential areas, especially on routes to school and, particularly, Undercliffe Road;
- As a result, may increase single occupancy journeys in the residential areas as travellers respond to the increased vehicular flow;

- Raises safety issues at the junction between Undercliffe Road and St John's Road due to potential rat-running; and
- Is likely to have a detrimental effect on residential areas to the north due to increased traffic flow.

It is concluded that Option 7 access proposals support in part the policies upon which development relies, but otherwise may result in disbenefits, particularly in road safety in the surrounding residential area and the potential to increase car use in this area. These issues need to be an important consideration of the Transport Assessment process to be followed in due course.

5.4.2 Planning and Approvals

We have been advised that the current Island Plan will take precedency in decision making should an application come forward. Any application will be subject to a 'public interest test' where there would need to be sufficient justification to depart from the plan. It is noted that all routes to serve the new hospital come with challenges and impacts that will cause harm and that a plan to create a new/improved access route is unlikely to fit neatly with current policy.

The previous application for a hospital took 9 months to decide. The time allowed within the current programme of 6 months is the absolute minimum that could be expected. There is therefore some risk around this timeframe.

The Supplementary Planning Guidance (SPG) draft issued in May 2020, seeks to make allowance for a new hospital either via identifying a new site or enabling a new proposal to be tested, thus easing the way for a positive decision. Due to the current timing of issue, it will not, however, have statutory weighting before the application for the proposed route comes forward. It will, nonetheless, be of material consideration when considering the application. It will make provision for need for critical public and community infrastructure to carry sufficient weighting.

The planning issues that will need to be considered by an independent inspector and by the Minister ahead of any decision will include:

- Impact on protected open spaces;
- Impact on green zone & green backdrop;
- Highways matters;
- Impact of listed buildings; and
- Visual impact.

Even with the publication of the SPG the above issues exist and will need to be considered. Should an early application for demolition and highway works come forward ahead of the application for the new hospital site this may be viewed as prejudging the main hospital application site and could therefore receive some difficulty in being dealt with, given the current process.

The risks based upon the current strategy, given the Island plan is not due to be updated until 2022, are multiple and include:

- A 3rd party appeal system exists in Jersey i.e. someone within 50m of the site can appeal which if occurs can lead to a court hearing; and
- a ministerial decision is challengeable in court.

The planning process will include a public enquiry via an independent inspector and then it is likely that the Minister for the Environment will be called to make the final determination. We understand that the Minister is discussing establishing a panel to share the decision-making responsibility. To allow this, planning law will need to be redrafted and passed.

5.5 Other Documents

5.5.1 Transport Assessment

The previous Transport Assessment and Framework Travel Plan provide useful background information for the next stage of work. Importantly, there is staff and patient travel mode data available to set future targets for modal shift to sustainable travel that are consistent with the Carbon Neutral Strategy. Such data can also be useful in informing future car parking provision at the new hospital.

IHE have advised that the same structure will be followed. It is recommended this is reviewed given the needs of the Carbon Neutral Strategy.

5.5.2 Road Safety Review

In terms of Access Option 7, the preferred safety solution would assist in preventing drivers from using St John's Road when travelling to the hospital, although it would not prevent them from making a right turn to rat-run through Undercliffe Road to avoid the town centre.

Drivers leaving the hospital would be unaffected by the suggested safety mitigation measures. The road safety risk assessment does include reference to any collision data relating to the junction of Undercliffe Road with St John's Road.

Safety factors may need to be reviewed in light of a potential increase in traffic which might use Undercliffe Road, or further mitigations to prevent its use as a rat-run.

This scheme may have implications for emergency access requirements and should be considered further.

5.6 Key Issues

This section answers the core questions identified by the Panel in the terms of reference. Each question is taken in turn and an answer is provided.

5.6.1 How were the 70+ options appraised and was the process that was undertaken fair?

This review has established how the 71 options were appraised. A form of Multi Criteria Analysis (MCA) has been employed and this is the appropriate technique to use for comparing access options.

The MCA technique uses bespoke ranking and criteria agreed with key stakeholders and employs a Red, Amber, Green evaluation system. This is acceptable within the flexibility offered by such techniques and, indeed, preferred given the type of development the access will serve.

The MCA process is broadly in line with what we would consider to be best practice, although some of the normal steps have not been taken. As part of this review we have added those steps to ensure there is full rigour to the access selection process. This includes sensitivity testing.

There are a series of MCA technique requirements and these have been fully or partially addressed. What is missing from the work has been is the provision of an overall scoring for each access option and some transparency in how the technique has been employed. We have sought additional information to provide the clarity needed and it is set out in this report. We have checked the evaluation of the performance matrix and found that errors were made in the process but this does not undermine the result. However, Option 7 only wins because of programme and cost.

The process undertaken was reasonable, but its execution could have been better. The engineering judgement, a usual and acceptable aspect, taken is not explained but this is not unusual for this sort of technical work.

We must conclude that the MCA is not very good and 71 options is excessive. We have not seen a project where so many options have been considered. It would have been better to have identified fewer options and put more time and effort into the MCA process to make it more robust and meaningful.

5.6.2 Is the proposed final option the most appropriate and was the criteria used to decide this option applied appropriately?

We have found no evidence to suggest that Option 7 is not the most appropriate. However, it essentially wins because it meets programme and cost, matters we are told and that are difficult to review. Option 7 should be considered as part of a wider multi-modal access strategy. Importantly there should be more than one vehicular access and this should be to the north. This needs to be considered further.

38 criteria have been identified for the assessment of options and the application of these in the assessment has been satisfactory, although greater precision would have been helpful.

The provision of enhanced pedestrian and cycle provision on Westmount Road will assist in minimising traffic generation and encourage patrons and hospital staff to walk or cycle to the facility. Option 7 makes efficient use of the existing transport infrastructure. The Option will also be less likely than some other options to worsen the effects of traffic within the residential development to the north of the site.

5.6.3 What impact will the proposed final option have on homes, leisure facilities and the surrounding environment?

No assessment or design work has been undertaken to date determine this.

In providing appropriate highway access to a new development the least damaging solution environmentally will usually be an on-line improvement. This is essentially the case with Option 7 and although it adversely affects the Bowls Club by addressing the existing hairpin bend in Westmount Road it is not a new road through woodland or existing housing development, therefore it must be beneficial in this respect.

Where there is a loss of leisure facilities and green space, this needs to be relocated and the Overdale site itself should be designed to maximise the amount of planting and green space that can be provided. Car Parking will be an important consideration in this regard, proper assessment and minimisation of it should allow greater green space to the benefit of the health and wellbeing of staff and patients.

5.6.4 What effect will the traffic impact of the proposed final option have on the surrounding areas?

It is understood that no work has been done to date on assessing the traffic impact of Option 7. This will be done as part of the next stage of work as part of the Transport Assessment process and will involve detailed analysis and traffic modelling. The traffic impact of the Hospital development will be clear at the planning stage.

5.6.5 Does the proposed final option maximise sustainable modes of travel to and from the new hospital?

The project team considers that Option 7 maximises sustainable modes of travel to and from the new hospital by delivering an access route that is appropriate for buses, cyclists and pedestrians. The corridor width identified for the access would ordinarily allow an appropriate level of infrastructure for the modes.

Option 7 will provide benefits for sustainable travel modes, however it would be difficult for one access alone to do this given the location of the Overdale site and Its relationship to the built form of St. Hellier.

In terms of bus access, Option 7 provides improved access via Westmount Road. However, there is no information on how this as a route meets future service requirements to the hospital and how this fits with the existing bus network. This is an important consideration for the next stage. More thought should also be given to Park and Ride and initiative as it can reduce congestion in town centres.

In terms of Active Travel, walking and cycling Option 7 will provide an acceptable access solution along one desire line, however it should be recognised that for these modes there will be many more desire lines requiring additional bespoke accesses; the quickest walking route from an area seldom follows the vehicle route provided. Walking and cycling has its own access needs and this should be explored in detail in the next stage as the masterplan develops.

5.6.6 Are there any additional modes of sustainable travel that should be appraised?

The assessment work considered alternative sustainable modes of travel such as a cable car or a funicular railway. These non-car transport options can have environmental benefits and would encourage more walking trips linked to them. However, it unusual for these systems to be considered as part of a particular development, they are perhaps more a town or city-wide initiative and focus on leisure trips.

The needs of ambulances, service and delivery vehicles and car borne patients necessitates the need for a highway access solution for a Hospital and it would not be appropriate to put this in competition with a public transport solution. Travel choice is important and maximises access by all modes is appropriate.

More consideration needs to be given to electric bicycles and encouraging the uptake of the electric vehicles. These are should be key considerations for the hospital Travel Plan.

5.6.7 Consider if this option can be completed within the budgeted outline cost of £38.7 million

Discussions with the project team indicates that there is sufficient flexibility in the budgeting process to ensure that Option 7 and highway mitigation measures can be delivered for the outline cost identified. Important in this is the application of contingencies and optimism bias.

An important consideration with respect to the budget cost is the Travel Plan for the new hospital which we understand is to be developed in the next stage of work and will be an important planning consideration. The Travel Plan is a critical document and process for maximizing sustainable travel and supporting the carbon neutral strategy. Travel Plans have found to be successful in reducing car borne travel to workplaces, typically by 15 to 20%; this result is similar for evidence from the UK, US and Netherlands. However, there can be a large variation in results from 5% to 50% which is a result of the quality of the measures and the implementation process. Consequently, to maximise success a significant budget is required for the Travel Plan, its measures and initiatives, and its subsequent implementation. Without this budget there is likely to be limited success in realising sufficient sustainable travel journeys to and from the hospital to support the Carbon Neutral Strategy.

We have been provided with an overall budget for ‘site specific costs’ for Overdale that totals £38.7m. This budget covers many items and contains within it a sum of £15.1m which relates to ‘off-site highway works and junction upgrades. We enquired on what basis this allowance had been determined and if it was based upon a level of design work that had been undertaken. We were advised that no design work has been undertaken and that this will take place once the preferred route is chosen. The absence of any design, specification or engineering data therefore make it impossible to say if the budget of £15.1m for highway works is adequate or not. Without further back up and evidence from the Our Hospital team this presents a significant risk to this element of the project.

6 Summary, Conclusions and Recommendations

This Scrutiny Report has been prepared by Clarkebond on behalf of the K2 Consultancy and the States of Jersey Future Hospital Review Panel. The Panel has agreed to undertake a review of the Our Hospital: Preferred Access Route.

The review considers whether the preferred option, Option 7 Westmount Road, is appropriate and examines the due process in reaching the decision. Central to the review has been the audit of the assessment framework used to evaluate the 71 access options identified.

6.1 Methodology

The methodology employed to carry out this review has involved review of available documentation and information, consultation with the project team through virtual meetings, and audit of the technical assessment work undertaken. We have sought to understand how the technical work relates to policy and guidance and whether the process followed was undertaken correctly.

6.2 Document Review

A series of documents have been reviewed as part of our work. Pre-eminent in this is P.167/2020 Our Hospital Preferred Access Route (2020) report which established the Government proposition and includes the technical assessment of access routes prepared by Arup.

Key policy documents comprising Government of Jersey: Government Plan 2021-2024, States of Jersey Revised 2011 Island Plan (2014), Jersey Sustainable Transport Policy 2010, Our Hospital: Supplementary Planning Guidance (2020) have be examined to establish the policy context.

The Carbon Neutral Strategy has been reviewed as this is a very important consideration for the development process of the new Hospital.

We have also reviewed a previous Transport Assessment associated with the existing hospital to provide some context on the trip characteristics and travel patterns.

6.3 Analysis and Review

A series of meetings were held with the Development Team and their Transport Consultants as well as IHE to ask questions and help inform the Analysis and Review. There are some key findings from these conversations that were impressed upon us:

- The Development team want to work collaboratively with IHE who are an important consultee with a regulatory role;
- The new access route is seen as a Sustainable Transport corridor for vehicles and sustainable modes and it is needed in the construction phase It is the main vehicle access, but other complimentary accesses will be explored;
- The assessment framework used as been integral to the decision making on options, no guidance has been followed in its development, although key stakeholders have input;

- The assessment of the 71 options has been done quickly and assessment criteria could have been considered more, but the work is relatively robust;
- Programme and cost are overriding considerations in the assessment framework, there is no overall score for options;
- Option 7 was considered to be the most appropriate option before the assessment was undertaken, it is the sensible option; and
- No transport or traffic assessment or design work has been carried out to date on options, the budget is prepared on this basis.

The Analysis and Review identifies that Multi Criteria Analysis has been used to evaluate the options and this is a recommended approach, however the MCA is not very good. The usual MCA steps have been largely followed although wider examination and sensitivity testing appears to have been absent, consequently this audit seeks to clarify these elements. The technique used is recognisable as one that is used elsewhere, and all the normal requirements have been fully or partially addressed.

Errors have been found the assessment undertaken, but these do not undermine the outcome. The audit has found no evidence to indicate Option 7 is not the preferred option. However, it can be argued that Option 7 wins because it meets the programme and cost budget only.

We consider that it would have been better to have identified a much smaller number of options and to have put more time and effort into developing the performance matrix, perhaps with more criteria and certainly a clearer scoring system. It is concerning that Option 7 is only just better than Option 6 (existing access) which may suggest a weakness in the criteria chosen.

6.4 Discussion

A discussion is provided in the report relating to the policy and other documentation considered and reviewed and to the pertinent questions that have been asked by the Panel that were key to the terms of reference.

Some background information on sustainability is also provided which is a key consideration for the proposed development. We support the Brundtland definition, reference to the UN Sustainable Development Goals and the project following BREEAM.

Headline answers to the questions are raised by the Panel are as follows:

- <u>How were the 70+ options appraised and was the process that was undertaken fair?</u> – A Multi Criteria Analysis was used for appraisal which is reasonable, the process followed was broadly acceptable however the MCA was not very good and errors were found;
- <u>Is the proposed final option the most appropriate and was the criteria used to decide this option applied appropriately?</u> - We have found no evidence to suggest that Option 7 is not the most appropriate, application of criteria is satisfactory;

- What impact will the proposed final option have on homes, leisure facilities and the surrounding environment? - No assessment or design work has been undertaken to date determine this.
- What effect will the traffic impact of the proposed final option have on the surrounding areas? - It is understood that no work has been done to date on assessing the traffic impact of Option 7;
- Does the proposed final option maximise sustainable modes of travel to and from the new hospital? - The project team considers that Option 7 maximises sustainable modes by delivering an access route that is appropriate for buses, cyclists and pedestrians. However, wider Active Travel access and bus routing has not been assessed; more work has to be done to maximise sustainable modes;
- Are there any additional modes of sustainable travel that should be appraised? - Travel choice is important and maximises access by all modes is appropriate. More consideration needs to be given to electric bicycles and encouraging the uptake of the electric vehicles; and
- Consider if this option can be completed within the budgeted outline cost of £38.7 million - The absence of any design, specification or engineering data so far make it impossible to say if the budget for highway works is adequate or not. An important consideration with respect to the budget cost is the Travel Plan for the new hospital which is a critical document and process for maximizing sustainable travel and supporting the carbon neutral strategy. It is not clear if this is accounted for.

6.5 Conclusions

This Scrutiny Report has reviewed and analysed the technical work undertaken to assess 71 access options and recommend Option 7 Westmount Road as the preferred access option. No evidence has been found that would alter this conclusion. The technical work has followed an accepted methodology and the evaluation has been audited as far as possible. The report provides clarification and detail where this was absent. It is important that the Transport Assessment and Travel Plan process that will follow is comprehensive and rigorous.

From this review and previous work, we are concerned that proposals and decisions being made lack sufficient information, analysis and rigour. The level of information and evidence to support robust decision making is lacking, in our view.

It would appear that the overriding criteria for all major decisions in connection with the proposed new hospital is speed. Whilst this is a legitimate approach it brings with it significant risks, namely:

- Not enough time to produce adequate data or analysis, required to make fully informed decisions.
- Limited time for review and consultation.
- Limited time for debate and questioning
- Potential for future change as more or new information emerges and early decisions are challenged.

6.6 Recommendations

6.6.1 Planning Application

It would be more appropriate for the planning application for the new hospital and for the highway works to be submitted together. Both applications are mutually dependent so it is difficult to understand how one application can be properly considered and decided in the absence of the other.

We have been advised by the Our Hospital team that the planned approach to submit the planning application for highways works ahead of the application for the new hospital is being reconsidered.

The programme for the development was based upon an early application for the highways works. Whilst it may be preferable from a procedural perspective to delay the application so it is coincident with the new hospital it will no doubt effect the overall timeframes. An extension to the programme will in turn impact the cost of the development.

6.6.2 Staged Approach to Approval

The Scrutiny Panel may wish to consider an amendment to the proposition which sets out a 2-stage approach to approval, namely:

1. Approval in principle to the preferred access route, subject to a more detailed study (as set out in stage 2)
2. Production of outline design* & specification of the proposed route to allow the likely impacts to be better understood i.e:
    a. Land take
    b. Impact to houses, schools, existing structures etc as a result of creating the new route
    c. Impact to ecology and environment
    d. Scope of engineering works and anticipated disruption
    e. Timescales
    f. Cost & budget
    g. Visual impact at key locations on the proposed route – via production of CGI's

    *the exact level and scope of the outline design to be agreed between Clarkebond and Arup so that the above exercise could be concluded within say an overall 4-week period.

Once the impacts have been assessed then the proposition which contains this further detail can then be debated and finally decided upon.

There is a possible variation to this two stage option which would be a third stage option that reflects the importance of a more considered multi-modal access strategy. Stage two would be the definition of the multi-modal access strategy for the Overdale site.

Figures

CDM RESIDUAL RISKS

The work shown on this drawing is both familiar to the designers and routinely safely built in similar circumstances by competent contractors.

Risks are not considered significant.

Relevant data is included in the Pre-Construction Information Pack

Signed: .. Date: .....

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Rev	Detail	By	Chk	Date
*	PRELIMINARY FIRST ISSUE.	..	..	.....

Revisions

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Client
K2 Consultancy

Project
OUR HOSPITAL PROJECT, JERSEY

Drawing Title
SITE LOCATION PLAN
STRATEGIC CONTEXT

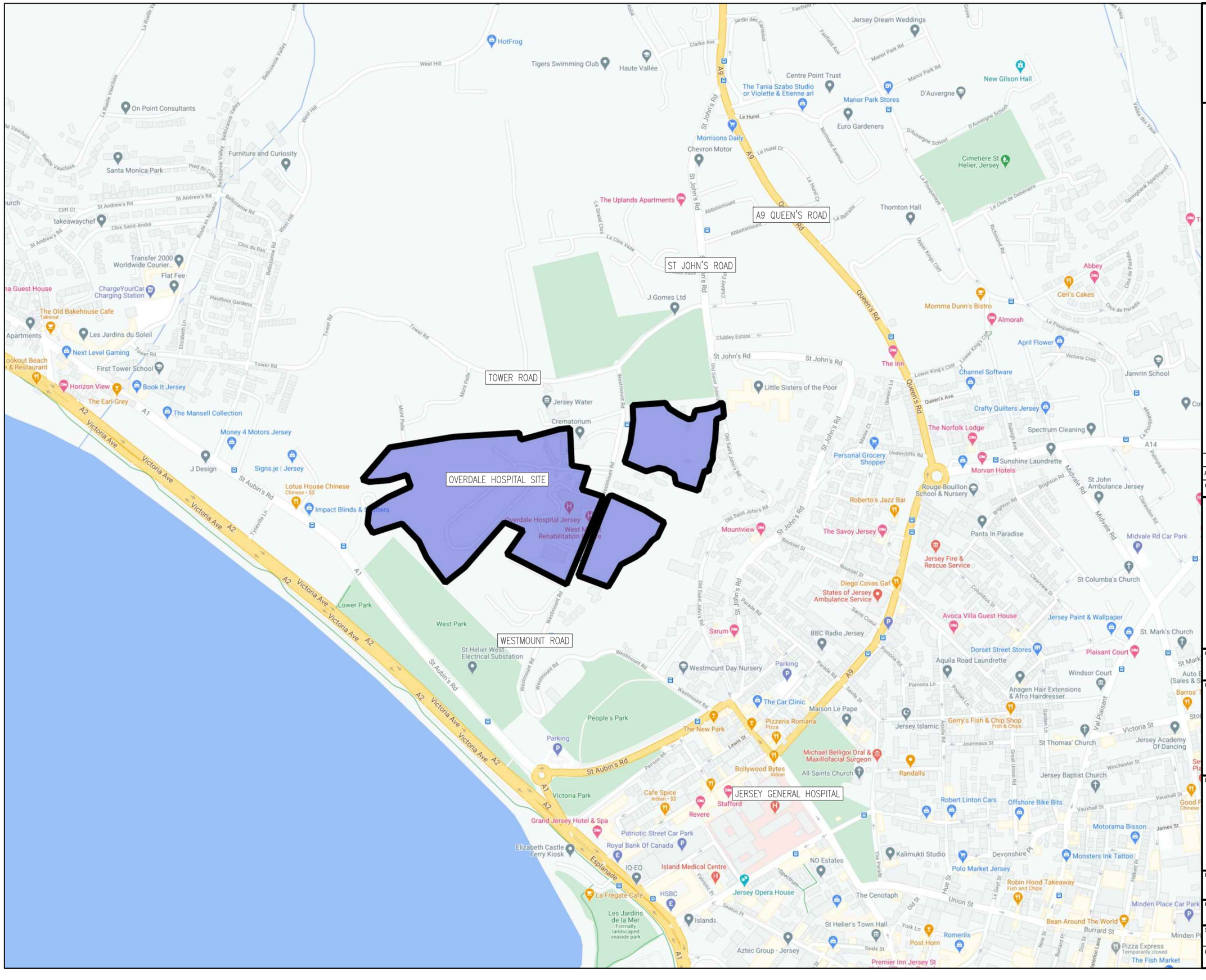
Drawing Status
DRAFT

Project No.	Discipline	Drawing No.
B05552	C	FIG 1.1

Scale	Date	Revision
NTS	11.01.21	*

Drawn	Checked	Sheet Size
MJK	DAK	A3

DWG INFO: M:\BS1192\B05552 - JERSEY HOSPITAL - OVERDALE ACCESS\01_WIP\RP_REPORT\TRANSPORT PLANNING\REPORT\GIS\CAD\B05552-FRAMES



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Client: K2 Consultancy

Project: OUR HOSPITAL PROJECT, JERSEY

Drawing Title: SITE LOCATION PLAN LOCAL CONTEXT

Drawing Status: DRAFT

Project No.	Discipline	Drawing No.
B05552	C	FIG 1.2

Scale	Date	Revision
NTS	11.01.21	*

Drawn	Checked	Sheet Size
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Appendices

Appendix A: Terms of Reference

Future Hospital Review Panel

Our Hospital – Preferred Access Route (P.167/2020)

Terms of Reference

1. To undertake an in-depth appraisal of the options regarding access to the Overdale site, which have been identified in the technical report within P.167/2020 and consider what other options might better achieve the Assembly's desired outcome in particular to maximize sustainable modes of travel to and from the new hospital and to minimize the impact on homes, leisure facilities and the surrounding environment of the access interventions currently proposed.

2. To determine whether the final option, proposed in P.167/2020, is the most appropriate. In particular, to consider the following:

    a) The process that was undertaken that led to the final option being determined and in particular, the criteria used and consultees.
    b) The rationale for selecting the final option.
    c) The potential impact of the final option on the public and, in particular, those that reside in the access area.
    d) The impact, if any, the final option will have on homes, leisure facilities and the surrounding environment.
    e) Whether the final option will maximise sustainable modes of travel to and from the new hospital.
    f) Whether this option can be completed within the budgeted outline cost of £38.7 million*

**The site-specific costs for Overdale 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. These are budgeted as £38.7 million and are included in the total delivery partner costs of £550 million. The overall cost of the hospital build is £804 million.*

Appendix B: Assessment Scoring

The table below shows the ranges for each of the criteria.

Criteria	Unit	Range				
Programme complete by March 22	Yes or No	Yes			No	
Number of conflict points/interfaces for pedestrians and vehicle (journey safety and security)	Number	0-3	4-6	7-9	11-14	>15
Blue light resilience guaranteed	Yes or No	Yes			No	
Is there journey time certainty for staff and patients	Yes or No	Yes			No	
Number of schools affected (Impact on journey to school safety)	Number	0	0	1	2	3
Daily predicted impact from in-use carbon (sustainability)	**tCO2e/ yr**	0-60	71-90	91-110	111-130	>131
Impact on Overdale Masterplan for the new hospital	Yes or No	Yes			No	
Number of houses/apartments displaced	Number	0	1-3	4-6	7-9	10+
Is the option attractive to OHP medical staff	Yes or No	Yes			No	
Is the option affordable within the contract limit	Yes or No	Yes			No	
Ongoing Maintenance Costs (Annual)	£APPROX	<9,000	10,000 - 20,000	20,000 - 30,000	30,000 - 40,000	>40,000
Ongoing Operating Cost (Annual)	£APPROX	0-800	801-1,200	1,201-1,600	1,601-2,000	>2,001
Is the option resilient to adverse weather and high seas	Yes or No	Yes			No	
Number of trees affected	Canopy (m^2)	0-4,000	4,5001-6,000	6,001,-7,500	7,501-9,000	>9,001
Number of Listed Buildings and Places impacted	Number	0	1	2	2	3
Can the visual impact be adequately mitigated (Landscape and Visual Impact)	Low, Medium, High	Low		Medium		High
Does it perform against the policies of the current Island Plan (Planning Risk)	Yes or No	Yes			No	
What is the percentage of users that would use this option	%	100%	86%-99%	76%-85%	66%-75%	<65%
Robustness to uncertainty such as pandemic	Yes or No	Yes			No	
Number of residences impacted - this is estates not just fronting houses	Number	0-25	26-75	76-150	151-225	250
Number of junctions impacted/created by this option	Number	0-5	6-7	8-9	10-11	>12
Does this option create a conflict between junctions	Yes or No	Yes			No	

Criteria	Unit	Range				
Is the gradient more than 1:10 (motor vehicles)	Yes or No	Yes			No	
Is the road able to accommodate a 12m rigid truck (Operation)	Yes or No	Yes			No	
Is the road able to accommodate 16.5m heavy goods vehicle (Construction)	Yes or No	Yes			No	
Is the gradient more than 1:10 (active travel)	Yes or No	Yes			No	
Is the gradient more than 1:12 (active travel)	Yes or No	Yes			No	
Total overall Property Take in m^2	m^2	<4,000	4,001-6,500	6,501-9,000	9,001-11,500	<11,501
Area of habitat affected	m2	0-4,000	4,5001-6,000	6,001,-7,500	7,501-9,000	>9,001
Number of existing traffic hot spots worsened or created	Number	1	2	3	4	4
Number of leisure facilities affected by increase in traffic movements	Number	1-3	4	5	6	7
short journey direct shuttle bus option available	Yes or No	Yes			No	
Are you able to cycle along the desire line	Yes or No	Yes			No	
Does it use tried and tested on island technology	Yes or No	Yes			No	
Vibration of existing receptors - no of receptors within 50m	Number	0-250	251-500	501-751	750-1,000	>1,000
Noise in existing receptors - no of receptors within 50m	Number	0-250	251-500	501-751	750-1,000	>1,000
Air Quality for existing receptors - no of receptors within 200m	Number	<1,000	1,001-2,000	2,001-3,000	3,001-4,001	>4,000
Benefits provided beyond facilitating access to OHP	Number	n/a			Benefits	

Appendix C: List of Corrections

List of Corrections

Options 6,7,8 and 10

- Impact on Overdale Masterplan for the new hospital, Yes and No wrong way round? May be an error in the ranges document.
- Ongoing maintenance costs for Option 10 is green with a value of 15,000 but should be amber.
- % of users that would use this option, Options 7 and 8 with a value of 100% should be green, not amber. However, in the matrix there is not a single green for this criteria, all those at 100% are marked as amber.
- Number of existing traffic hotspots worsened or created; Option 10 is green with a value of 2 but should be amber.
- Number of leisure facilities affected by increase in traffic movements; Options 6, 7 and 8 are green with a value of 4 but should be amber.

Options 3, 4, 7 and 14

- Impact on Overdale Masterplan for the new hospital, Yes and No wrong way round? May be an error in the ranges document.
- Ongoing maintenance cost for Option 14, 10,000 is green, should be amber. However, green band goes up to 9,000 and amber band starts at 10,000 so there is 1,000 missing in the scoring system.
- % of users that would use this option, 70% should be amber, not red and 100% should be green, not amber. However, in the matrix there is not a single green for this criteria, all those at 100% are marked as amber.
- Number of existing traffic hotspots worsened or created; Options 3,4 and 14 are green with a value of 2 but should be amber.
- Number of leisure facilities affected by increase in traffic movements for Option 7 is green with a value of 4 but should be amber.

Options 7, 40, 50 and 55

- Number of conflict points/interfaces for pedestrians and vehicle (journey safety and security); Options 40, 50 and 55 are green with values of 5 but should be amber.
- Daily predicted impact from in-use carbon (sustainability); Options 40, 50 and 55 are green with values of 93, 96 and 96 respectively but should be amber.
- Ongoing operating costs; Options 40, 50 and 55 are green with values of 1100 but should be amber.
- Number of trees affected; Options 50 and 55 are red with values of 8430 but should be amber.
- What is the percentage of users that would use this option; Options 7 and 40 are amber with values of 100% but should be green. Options 50 and 55 are red with values of 70% but should be amber.
- Number of residences impacted - this is estates not just fronting houses; Options 50 and 55 are green with values of 133 but should be amber.
- Number of junctions impacted/created by this option; Options 40, 50 and 55 are green with values of 9 but should be amber.

- Area of habitat affected; Options 50 and 55 are red with values of 8430 but should be amber.
- Number of existing traffic hot spots worsened or created; Options 40, 50 and 55 are green with values of 3 but should be amber.
- Number of leisure facilities affected by increase in traffic movements for Option 7 is green with a value of 4 but should be amber.
- Quality for existing receptors - no of receptors within 200m; Option 40 is green with a value of 1515 but should be amber.

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