



Future Hospital Review Panel

Preferred access route to Overdale

Witness: Deputy Chief Minister

Thursday, 21st January 2021

Panel:

Senator K.L. Moore (Chair)
Deputy M.R. Le Hegarat of St. Helier (Vice-Chair)
Connétable M.K. Jackson of St. Brelade
Deputy R.J. Ward of St. Helier
Deputy I. Gardiner of St. Helier
Connétable A.S. Crowcroft of St. Helier

Advisers:

Mr. J. Setra, Managing Director, K2 Consultancy
Mr. D. Hughes, Consultant

Witnesses:

Senator L.J. Farnham, Deputy Chief Minister
Mr. C. Parker, Chief Executive
Mr. A. Scate, Acting Director General, Infrastructure, Housing and Environment.
Mr. R. Bannister, Development Director, Our Hospital
Mr. S. Mair, Group Director, Treasury and Exchequer
Ms J. Larkin, Head of Finance and Business Partnering, Our Hospital
Governance, Our Hospital

[11:01]

Senator K.L. Moore (Chair):

Good morning and welcome to this public hearing with the Future Hospital Review Panel. Today we are focused on the access and P.167, which is due to come to the Assembly on 9th February.

If we could start with the usual introductions. I am the chair of the panel and I am Senator Kristina Moore.

Deputy M.R. Le Hegarat of St. Helier (Vice-Chair):

Deputy Mary Le Hegarat, and I am the vice-chair of the panel.

Connétable M.K. Jackson of St. Brelade:

Mike Jackson, Constable of St. Brelade, member of the panel.

Deputy R.J. Ward of St. Helier:

Deputy Rob Ward, a member of the panel.

Deputy I. Gardiner of St. Helier:

Deputy Inna Gardiner, member of the panel.

Senator K.L. Moore:

We have another panel member to go, if we could, and then I will introduce the advisers. I think the Constable of St. Helier has not yet said hello. Perhaps he has not joined us yet. We will now go to our advisers if we could.

Managing Director, K2 Consultancy:

Good morning, I am John Setra of K2 Consultancy; one of the advisers to the panel.

Senator K.L. Moore:

David Hughes should be on the line also. Okay, so Minister if we go to you and your team now.

Deputy Chief Minister:

Thank you and good morning. Senator Lyndon Farnham, I am chair of the Our Hospital Political Oversight Group. I will let my team run through themselves.

Acting Director General, Infrastructure, Housing and Environment:

Andy Scate, I am the acting director general for I.H.E. (Infrastructure, Housing and Environment).

Development Director, Our Hospital:

Richard Bannister, the development director for the hospital project on behalf of Government.

Chief Executive:

Charlie Parker, chief executive.

Group Director, Treasury and Exchequer:

Steven Mair from Treasury and Exchequer.

Governance, Our Hospital:

Governance on the hospital project.

Head of Finance and Business Partnering, Our Hospital:

Jo Larkin, head of Finance and Business Partnering on the Our Hospital project.

Senator K.L. Moore:

Okay, so we will get started. As normal a process will be followed. If people would like to particularly interact and have not been invited to do so, if they could just put a note in the chat and I will keep a note of that. But we will get started. If I could ask those answering the questions to please remain succinct. We do have a lot of questions to get through this morning so we would be very grateful if you could be as brief as possible and as to the point as possible. We are going to get started with a series of questions about the methodology. Minister, if we could start with you. If you could just let us know who has the overall responsibility for choosing the preferred option; was that a ministerial or a political decision?

Deputy Chief Minister:

Sorry, could I ask which option you are referring to?

Senator K.L. Moore:

The access option of the 71.

Deputy Chief Minister:

The recommendation presented for States debate on 9th February was presented on the back of an extensive piece of work which studied 71, I think, potential access options. The decision based on the recommendation of our team of professionals and experts was backed by the political oversight group and the Council of Ministers, and then presented to the States in a proposition for debate.

Senator K.L. Moore:

Just to be clear, you say that the decision was backed by the political oversight group, so the decision was taken by officials who then requested agreement from the political oversight group?

Deputy Chief Minister:

No, officials advise; Ministers and States Members decide. So the extensive piece of work we have carried out, the results of that work backed by officer advice, was to support option 7, which was the Westmount Road option. After lengthy discussion, the politicians involved decided to support that recommendation based on the evidence provided.

Senator K.L. Moore:

Thank you for the clarity. Could you tell us what information or data was provided to you, prior to taking that decision?

Deputy Chief Minister:

I would refer the panel to the extensive report as presented in P.167 and that was ...

Senator K.L. Moore:

So that is as it was presented to you, the political oversight group?

Deputy Chief Minister:

That was the extensive document, of course. We received an abridged slide presentation of that as well during the process but it was based on the report.

Senator K.L. Moore:

That report does not contain geological data, for example. Were you provided any data as to the geology of the site?

Deputy Chief Minister:

Could I refer that to the project director please?

Development Director, Our Hospital:

From a geological perspective, the site selection report, which was a previous proposition, covered the geological findings. The data was pretty much exclusively desktop-based data. At the time of that report and of the recommendation for option 7 we have not had an opportunity to go in and do any drilling of holes or anything across the site to check what the geological information is.

Senator K.L. Moore:

Interesting, thank you. In terms of the other technical data then, there were no traffic surveys or other such items of technical information provided?

Development Director, Our Hospital:

We had to use the data that had been collected for the previous project application as a basis for assumptions in relation to numbers of traffic movements and things because that was the best data that we had. So far we have not done the full design of the hospital or the analysis in terms of traffic movements and everything for the new scheme.

Senator K.L. Moore:

When you say “previous project” information, which project do you mean, sorry?

Development Director, Our Hospital:

I meant the project that was called the Future Hospital Project, the one that came to a close in 2019.

Senator K.L. Moore:

So that dealt with the area around Gloucester Street and the run-up to it; I guess Cheapside and Peirson Road but not actually Westmount Road, correct?

Development Director, Our Hospital:

No, but it gave us the number of traffic movements that we would need to consider in terms of staff movements, passenger movements, visitors, et cetera, and that data was recycled for the purposes of making the analysis that you have seen in the access amendment.

Senator K.L. Moore:

What was the level of qualification of the traffic and transport people who were providing information to form the recommendation to the political oversight group?

Development Director, Our Hospital:

We used an organisation called Arup. They are a long-established and international engineering practice. There were a mixture of different qualifications involved. In the site analysis, as you can imagine, there was inputs from archaeologists, historic building consultants, architects, landscape designers, ecologists, et cetera. Specifically in relation to the road it was qualified highway engineers, civil engineers and transport planners. That is a summary. We can get full detailed qualifications of each of the individuals, if you wish.

Senator K.L. Moore:

Thank you, that would be helpful. This week it was announced that a group called Soundings have been employed now to work on this project and to interact and help with the engagement with the public. But, Minister, could you perhaps describe to us what public engagement took place prior to this decision being taken and has perhaps any feedback from the public influenced the decision that was taken?

Deputy Chief Minister:

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. In fact there is another community meeting next week. But that engagement now is starting to ramp up significantly and hopefully, if we get the support of the States Assembly to support the principle of Westmount Road as the preferred access route, then the detailed design work and the impact studies on the area can begin in earnest and that is when Soundings will also accelerate the engagement programme, which is essentially part of the planning application process, which will be the ultimate decision-making process that we follow.

Senator K.L. Moore:

Before I ask my follow-up question there, I am going to hand over to John Setra, from K2, who has a question.

Managing Director, K2 Consultancy:

Richard, this is probably back to you. It is a question from David, our highways adviser. He is just having a bit of trouble accessing the meeting so I will ask on his behalf. The data that related to the previous hospital scheme, can you explain exactly how it was used?

Development Director, Our Hospital:

John, all I can say is you have asked that question of the engineers directly so I will not be able to give the technical answer that you got from the engineers, but what I can tell you is that we have to make some assumptions about the number of vehicle movements and the type of vehicle movements that we are catering for up and down from Overdale, which is the site that has been selected by States Members for where we should put the hospital. Because we cannot do any detailed design as yet for the road we are not able to do any more analysis until such time as the States Members unlock ... that particular access is the one that we should base all of our design work on. So what we did is we used the best data that was available to us and tried to make the most of the previous work that had been done on the Future Hospital, where they have done detailed analysis and detailed traffic impact analysis, which was included within the planning application for the previous project. So we took that data, provided it to the engineers and said that that is the best information that is available to us.

[11:15]

They then based their analysis on that data that was available, given that they had no other data they were able to do. I do not understand the workings of how transport planners and everybody work but I do know what they do is they take all the different types of vehicles, they take all of the different policies and things that exist within the environment in which they are working, whether that be sustainability policies or traffic policies, and then they carry out calculations as to the kind of widths they would need to be able to deal with pedestrians, cycles, emergency vehicles, visitors, workers, patients, et cetera. So I apologise for not being a transport planner but that was the broad process that we took.

Managing Director, K2 Consultancy:

Thank you. Just very quickly a follow-up. Will you plan or are you planning to refresh that study and apply it to the new hospital site prior to an application going forward?

Development Director, Our Hospital:

Most definitely, yes. We will do the full traffic impact analysis, all the calculation. We will go through it with highway engineers and, of course, we will have it cross-examined by the planners through the planning process.

Deputy I. Gardiner:

My question has partially been asked by John but I would like to ask 2 follow-up questions. First, in 2019 the Infrastructure Department has performed a transport survey for one way in St. John's Road and impact on Westmount and/or St. John's Road. We did have the data. Have you used this data in preparation for this report?

Development Director, Our Hospital:

Thank you for that question and thank you for pointing out the existence of that work. It was very much appreciated that you shared the work that you had done with the community on that particular scheme. The answer to the question is once it was pointed out to us we obtained the reports, we reviewed it with the officers that were responsible within the Highway Department, and we took the St. John's information into account before we reconfirmed to the political oversight group that option 7 was still the best option. The work that you are referring to identifies the dangers of St. John's Road and measures that can be taken to make that a much safer place in terms of passive measures. That supports the fact that putting that as a main route for all of the traffic going either to or from the hospital would exacerbate a perceived safety problem there. There is no reason why the St. John's Road work cannot just proceed in isolation of the work to the hospital and, in fact, if option 7 is agreed it would compliment arrangements for the hospital.

Deputy I. Gardiner:

I think there are some complications to proceed forward because we do need full transport impact on the whole area, and this is how it is connected to my second question. As you use data from the previous hospital application, the data did not take into consideration ... that data took into consideration people who can approach the current hospital site walking or even using wheelchairs, there are certain amounts of traffic will be created to reach Overdale. What contingency or what extra percentage of vehicle traffic did you put in place when you considered this route?

Development Director, Our Hospital:

The information that we had available to us was for the previous hospital and the assessment of impact to offsite highway structure and safety was carried out as part of the analysis of all the various different site options. In considering Overdale as the correct site for the hospital, the report that was considered by Members at that time included the analysis of the likely impacts offsite and things that would need to be addressed. That is contained within that report. But notwithstanding that, once we have decided which option we want to pursue in terms of access to and from Overdale we have a lot of analysis still to do. We need to do all of the calculations in terms of the visitors. We need to do the layout of the hospital so we can determine the correct access points. Then we can look at the types of transportation that people will be using. That includes people that are on the footways, those on the cycleways and those on the highway. Then we can do the calculations of number of vehicles. We can look at the likely entry and arrival points and then we can do the full traffic impact analysis, which we have to do anyway, as part of the planning process and that will deal with all of the offsite implications as well as the roads immediately around the site and on the site. Until we have done that piece of work we will not have the full detail but we cannot not do it. We have to do it for planning.

Senator K.L. Moore:

Thank you for that answer. Out of interest, could I ask why there is not a representative of the contractor who has worked on this project specifically to attend this hearing today please?

Development Director, Our Hospital:

I was not asked for an engineer to be present. I was given some questions and it is sort of like an agenda of the questions that were going to be potentially referred to here. None of those required specific engineering input. Therefore we did not have an engineer present. If we had have known that you wanted an engineer or transport planner present we would have made Arup available but just did not know, sorry.

Senator K.L. Moore:

I see, thank you. One observation from our advisers has been that they have never previously seen as many as 71 or anywhere near 71 different access options considered through one project. Could

you perhaps explain, and that is perhaps why I was hoping that somebody from Arup perhaps might have done so, what the reasoning was for assessing so many different options and spending time doing that rather than perhaps working up design of the preferred option?

Deputy Chief Minister:

Can I start with that, Richard, before I come to you, if I may? If you remember, at the heart of the Constable of St. Helier's amendment was a request to examine the potential for one-way accesses. That led to a far greater propensity of options; 55 I think one-way options had to be examined to cover all of the possibilities to be in line with the amendment that was approved by the States Assembly. It did have to be a very thorough piece of work simply because of the number of permutations. Richard, would you like to add anything?

Development Director, Our Hospital:

No, other than to say that when the States Members debated this amendment there were a number of different ideas put in, like funicular railways and all of that kind of stuff. Even though we felt funicular railway on its own could not work as a sustainable option to give guaranteed access to the hospital, we needed to make sure that we considered all potential options that had been suggested, even if the transport engineers felt that they would not work. We tried to include as many as we possibly could and it has emerged during the follow-up debates and discussions and consultation that we still managed to miss some stuff off. Inna, for example, identified a route down St. John's that had not been covered as a one way. It had been covered in one direction but we had failed to cover it in the opposite direction. So I think it probably was wise that we covered as many as we possibly could to try and avoid any concerns from the local communities and also from political leaders.

Senator K.L. Moore:

If I may just respond to a point that the Deputy Chief Minister made in this last answer. The main thrust and what was at the heart, I think, of the Constable of St. Helier's amendment to the proposition, was sustainable travel and also the impact on the residents and the town itself, which is why it is perhaps hard for someone to understand why these lines on a map have been provided, and so many of them, rather than providing a design so that members of the community can understand the impact that the proposal will have on the parks, and on the townscape, and the surroundings of St. Helier.

Deputy Chief Minister:

That is accepted. Can I hand over to the chief executive please briefly?

Chief Executive:

Chair, I think we need to be absolutely honest though, this is part of an ongoing discussion about the technical merits of a route and a road. What is not, and we have made this point clear, and we have done the Assembly briefing - I think you have had this given to you in a number of different guises - what we are not in the game of doing is all of the design work and we are not in the game of being able to provide an Island-wide sustainable transport solution for this project. I think I have made it clear - if you allow me to finish please - what we have said is we are trying to balance the use of public money in the right way to do the right studies to get the principle of the access route agreed and we will then do the design work. The design work will cost a significant amount of money and we should not mix up what needs to be done for the planning process and what needs to be done as part of a technical engineering solution. As part of the technical engineering solution we have done that work in a way that does not see public money being put in a place where it is therefore wasted. If the Assembly choose not to go down the route of supporting this particular access route all of the design work will have been to no avail. If the Assembly agrees it, then we will be able to proceed and answer many of the questions that have been raised. That was put to both Scrutiny and to the Assembly as far back as November, and this is why we have a small problem here, which is about the balance between the investment that is required to do the technical work, getting the approval and then moving to the design phase to support any planning application. We have been clear that that planning application needs to be able to be supported by all of the issues that I know Scrutiny have been concerned about. But there is a question of timing here.

Senator K.L. Moore:

Thank you. But if I may, once again the Assembly is being asked to take a decision based on technical advice, and as has been made clear already this morning, Assembly Members are not generally experts in engineering. They would perhaps be more interested, as I would expect you to understand, Chief Executive, in the needs and requirements of the community and the impact that such a project will have on the community that it is here to serve. That is much more of our field of expertise. The technical aspects are something that the planning application will of course interest itself with, so I infer from your answer that you prefer to leave that to the deliberations of the planning inspector when it comes to that stage. So, thank you.

Chief Executive:

That is the most appropriate place. It is not the role of the Assembly to take on the role of the planning process. What we have also made clear on the consultation issue is there are that many different views about how and what could be the access route to the proposed hospital site that you could create a huge amount of unrest and concern among a vast number of stakeholders if you followed a full consultation process for all the permutations. In that sense, before Christmas, you could have created a huge and significant amount of uncertainty for people, both in terms of their residential properties, schools, other concerns that may be around environmental and/or other

stakeholder interest. What we are trying to do is to deliver a scheme which has inevitably a whole range of technical issues to support it. The Assembly's key objective previously has been about the site, which you have approved, and also about the financing, which is a decision that you will come to in its time.

[11:30]

No one expects the Assembly to be full of engineers but equally you would expect the Government to have a project team that would be able to deal with the issues from a technical point of view. I think the challenge here is whether you want to be able to satisfy yourself about the technical merits or whether you want to find another reason to delay the scheme. We are trying to make it clear, nobody stops Scrutiny doing its job. That challenge is important. But we also have a challenging timeline in which to be able to deliver the project. If we cannot do that because everybody thinks they are a technical expert, we will run into a huge number of problems of which the public, and the consultation that will then follow, will raise concerns. The question is: what is the priority? The priority is to get the technical solution and then it is for us to go out and do wider consultation. That is why the announcement of a specialist team to be able to do that independently in a way that meets the requirements of the planning inspector, and also gives you, as Scrutiny, the opportunity to get the views of constituents.

Senator K.L. Moore:

Sorry, I am going to have to draw you to a close because this is taking too much time. My final question is if the project manager could explain please why surveyors have been undertaking work on Parish land in the last couple of weeks please.

Development Director, Our Hospital:

Yes, by all means. We need to do an analysis of the site. One of your earlier questions was about the geological information on which the assumptions were being based. What you are seeing there is the start of those investigatory works so that we can establish what the ground conditions are, the geotechnical conditions that will dictate the designs for the hospital. That is the work that you are seeing that is going on at the moment.

Senator K.L. Moore:

When were you proposing to ask the Parish of St. Helier for permission to undertake that work?

Development Director, Our Hospital:

Yes, we have asked the Parish of St. Helier and we have got their permission to undertake that work, despite what may be seen elsewhere. What is interesting though, there was a decision made

onsite, which was where we had been asked to dig in the highway itself, to move the dig to an adjacent verge to avoid disruption to the highway. That decision was made locally and not with the Parish. The permission to get on and do the work was completely approved by the Parish prior to it going ahead.

Senator K.L. Moore:

Thank you. I am going to pass now to Deputy Gardiner who will undertake the next round of questions.

Deputy I. Gardiner:

I would like to ask a follow-up about transport assessment. We all know that the best practice is to create a scoping exercise, so dialogue between the developer and highway authorities. I understand it will take place before the planning application. Can you please confirm that the full transport assessment for all Overdale site will be completed prior to planning application for the road, if it is going separate as planned?

Development Director, Our Hospital:

We had hoped that we would make the planning application for the road earlier than for the main hospital because we had hoped that that would give us the opportunity to maybe give ourselves more of a guarantee about being able to hit the timetable. While we have been considering the access options, that has led to some delays, which means now that our opportunity to do the road as an early application has been lost. So the application for the road will be done as part of the same application as the hospital, all as one. In terms of the transport analysis and the impact analysis that you are referring to, I can confirm that that will all be done, will all be agreed with the highway authority, will be consulted on with both the local community and the Island prior to the planning application being submitted.

Deputy I. Gardiner:

I am going to the next question and it is about the disability law. We know that the new facility should meet all modern requirements for disability and impaired access. Now we have people who are slow walkers, who use wheelchairs and they can easily access by themselves the current site. How will it be addressed with the new site at Overdale when obviously walking and reaching by wheelchair will be impossible as the current site? Will there be any discrimination because the new site should not be worse for these people than the current site?

Development Director, Our Hospital:

The difference between the current site and this site is that it is up a hill, which means that accessing the site is more difficult for those going up the hill on foot, in a wheelchair, whatever. The difference

in level between the top and the bottom of the hill dictates what we can and cannot do in terms of the level of gradient we can achieve. What we will try and do is optimise the level so that it is as friendly as possible to people trying to get up there in a non-motorised format. In terms of safety, we will be designing the road in accordance with the new standards that have been advised to us by the highway team, which includes obviously the road itself but also segregates the sustainable corridor access, which might be wheelchairs on foot, on pushbikes, et cetera, so there will be separate corridors to take conflicts of different modes of transport away from one another. Of course, part of the solution will be the bus service as well. We will not just be relying on people in cars and walking and bikes and everything. The full bus service will be provided on a regular basis from the central bus station on a shuttle basis whereby the hospital will be either the first or the last stop on that particular route.

Deputy I. Gardiner:

Here I can see the contradiction with active travel because if previously people could reach by their own without using any type of transport to the hospital, we are providing the bus which will increase pollution but it is something I understand that will be addressed later. I would like to pass to Deputy Ward for this next question please.

Deputy R.J. Ward:

Sorry, you took me by surprise there. Which question, Deputy Gardiner, are you referring to?

Deputy I. Gardiner:

Methodology, the last one.

Deputy R.J. Ward:

Yes, sorry. One of the questions that has arisen is P.167 wants the Assembly to approve the road access without the real detail, as we have been discussing. Will Members get the opportunity to approve the final design if 167 is approved in principle. If not, what recourse will Members have to modify the design should it not be within the keeping of what is proposed, i.e. is there an opportunity to look at that design, taking on board the drive from yourselves regards having the approval so as not to waste money on the extra work?

Deputy Chief Minister:

What the States is being asked to decide first and foremost is the principle of the preferred route. Once the States makes that decision that will unlock all of the resources required to get on and do the design work. I hope I made it clear in the past couple of presentations to States Members, we are very happy to involve States Members and, of course, all of the neighbours and residents, to have input into that work. Ultimately the final decision will be taken with the planning process and

by the Planning Committee. There is always a course of action to States Members. We have undertaken to involve States Members and I look forward to getting States Members input as the process develops. It would not be appropriate or really feasible for the States to consider what is ultimately a detailed planning application but of course the option is always open to any States Member to bring a proposition to the Assembly, so that is a recourse we would have as Assembly Members.

Deputy R.J. Ward:

Just to confirm that that information has been passed on to residents that that is the process because I think the process is very important for a wider audience to understand, because it is not a simple process? Let us be honest, governance processes can be rather convoluted.

Deputy Chief Minister:

Understood. I wonder if I could pass on to Andy Scate please.

Acting Director General, Infrastructure, Housing and Environment:

Just to answer your question there, Deputy. The process would be that the States Assembly in agreeing this proposition would give the principle approval for the team then to do the detailed design work to work up this access proposal. That would then form the plans and the assessments and everything that Richard has already outlined; the detail of it as to what that means would have to be submitted as part of a planning application. The process thereafter would be that the Highways Authority would be expected for a formal view, as a consultee and a regulator in their own right, but the planning system would be then expected to deal with that detail. That is a fully public process. It would result in a public inquiry through which and at which interested parties can participate. The data, the design, the evidence is all interrogated through that process resulting in a recommendation from that inspector back to the Minister for the Environment for the planning decision. The States themselves, once the in-principle decisions are made on this process and this proposal they do not become the design authority or the approval authority for that detail. It goes through planning as that independent route.

Deputy Chief Minister:

Just to reiterate, I know that the oversight group and the Our Hospital team and the design and delivery partners, we all want everybody to be very pleased, delighted with the proposal, so this is an absolute undertaking to be as inclusive as possible to ensure we have a solution that really improves the safety and the environment, and hopefully is also a catalyst for a much wider sustainable transport policy because if we can make the access to the hospital a real exemplar of what sustainable transport could be like then I think that is a positive move.

Deputy R.J. Ward:

I think there are some more questions on that later on. I will move on. I think the next person is Deputy Gardiner again.

Deputy I. Gardiner:

Coming back with several questions around the one-way system. One of the reasons stated as a negative for a one-way system at Westmount is if there is an accident or incident that blocks the one-way route the blue light services might not be able to access the hospital. Would this not also be the case for a 2-way system?

Development Director, Our Hospital:

Obviously the good thing about a 2-way system is that we will have the road width to be able to still get vehicles through and it will give us more options where on our one-way systems, particularly some of the one-way systems, are very restricted by buildings on either side of the road, which would mean we potentially could end up with a blockage. There is always the potential that you could run the ambulance in the opposite direction to traffic but I would suggest we are probably introducing a danger that we just do not need to consider.

Deputy I. Gardiner:

With the report to the proposition it is stated a one-way route is likely to require more numerous improvements to the strategic highway network to manage traffic flows and ensure their proper infrastructure is in place to meet the needs of a hospital facility. What service or assessment have you undertaken to arrive at this conclusion?

Development Director, Our Hospital:

The assessment in question was dealt with on the number of things that you incur on the route that would need some kind of intervention.

[11:45]

That thing could be a junction from an adjacent home or it could be a junction from a neighbouring housing community. It could be to do with where you come across a business or a school or something of that nature, which would need some special interventions to make sure that we make people safe. The longer the route that you have obviously the more of those interventions that you are going to need to address. It is a relatively simple logic that has been used to explore which has the most detrimental impact. In terms of not only those risks of those moments where you get differing users in conflict with one another for the same space, the route that we have selected is the one that minimises those impacts.

Deputy I. Gardiner:

But again I am coming back and asking were any service or assessment who might specifically on this road to make it one way because there are not really schools and not many houses. There are some at the bottom and the top. So any specific service and assessments have been made to get to this conclusion that was in the report.

Development Director, Our Hospital:

Yes, there has. Let us say for example, you go up Westmount Road, so it is one way up Westmount, to come down you are either going to turn left or right when you got on to Tower Road. Either of those directions will bring you into conflict with a school. It would also bring you into conflict with numerous other properties, some areas of which you would have to make alterations to the road, which will require the displacement of people from their homes. If you do it in the opposite direction, of course it is still the same logic, you still have the same number of impacts that you will have to deal with, even if you come one way down Westmount Road. What we are trying to do with the preferred option is to avoid displacing people from their homes, to try and avoid bringing various different users into conflict with one another, say, for example, children on bikes, people driving commercial vehicles. We are trying to make sure that we do not waste money on lots and lots of interventions and disruption to the various communities that sit along the route. The assessment is done via looking at the plan, looking at the likely work that would need to be done in terms of interventions and then looking at the various different uses, communities, businesses, schools, et cetera that would be impacted by those options.

Deputy I. Gardiner:

Richard, just out of interest, which schools are you implying to when we are talking about communities and the schools one way and 2-way on that part of Westmount Road?

Development Director, Our Hospital:

The schools are not on Westmount Road, the schools are on the ...

Deputy I. Gardiner:

No, who is along the communities, can you ...

Development Director, Our Hospital:

Okay. So you have beaten me there in terms of the names of the schools. I am going to have to rely on my local colleagues to give you the names of the schools that are impacted.

Deputy I. Gardiner:

It is okay, I will move to the next question; we can discuss it later. It is also stated in the report: "None of one-way options can be delivered within the programme and have considerable planning risk." Can you explain what these risks are?

Development Director, Our Hospital:

The biggest risk in relation to timetable is the acquisition of all the properties that would need to be bought. You have a lot of properties that you need to buy. In some ways you can displace lots of people from their houses by agreement but it is unlikely that you would be able to reach agreement with all of these people within that timescale. In a lot of instances where you are disturbing a whole community, like, for example, King George V Homes, you have also got the added problem that you would need to provide for that community and to do so you would need to find another site which is suitable for that redevelopment. You would then have to design, get planning consent for that, build it and then you can move people into their new residences before you could get on with your work on the road; that was the driver in terms of the timetable.

Deputy I. Gardiner:

Richard, I want to specify my question, my question was about option for one-way route and I think if we would look into option for one-way route it might we will not need to buy houses on the road and destroy them and it will reduce the risk of possible compulsory purchase and not increase. The question about the risks in planning and the timetable was in connection to one-way route.

Development Director, Our Hospital:

The one-way route requires more properties to be displaced than the 2-way route and the report covers that. If you look along the lines of the one-way routes, you can see the number of houses and junctions that are impacted and, therefore, you can see the likelihood in terms of the number of houses that would need to either lose their gardens or be displaced completely. The minimum number is the 2-way route in terms of displacement.

Deputy I. Gardiner:

Are we talking about the one-way route up Westmount Road that more houses needs to be ...

Development Director, Our Hospital:

Yes, if you ...

Deputy I. Gardiner:

I am happy to look into this later on. What makes this risk different, the difference between one-way route and 2-way route on Westmount Road? What is the difference in risks in planning?

Deputy Chief Minister:

Perhaps Andy might address this.

Acting Director General, Infrastructure, Housing and Environment:

Yes, I think depending on the land required, obviously the more land that is required for more access enhancements along different routes, the more land and impact and more built facilities the greater the risk, especially if those routes are closer to residents and other users such as that. With the preferred routes there are less people impacted than the previous one; that is a very quick summary of how I see the planning risks.

Deputy I. Gardiner:

I really need to understand because I am with you, the less land required, the less risks. We are speaking about making Westmount Road a one-way route, instead of building 12-metres wide road to make it a 2-way route. For the one-way route up to Westmount Road we will need less space, so it should be less risks than more or something ...

Acting Director General, Infrastructure, Housing and Environment:

Yes. The other point is then the amount of traffic that is going past people's front doors and other areas. With more impact such as that, I would expect to see more adverse comment from residents, neighbours and those people who perceive to be impacted by traffic, which would then increase the risks through the planning process.

Deputy I. Gardiner:

Okay, thank you. I will pass to Constable ...

Chief Executive:

Sorry, Deputy, the other reality is that if you are going for a one-way route, you have also got to take into account the impact on the other route that would deal with the traffic that is quiet and it is that that then creates, firstly, further risk, secondly, greater impact on the C.P.O. (compulsory purchase order) and, thirdly, creates further planning uncertainty because of the potential for challenge. It is not simple just to say because you do one-way route, it is the consequences of the one-way route.

Senator K.L. Moore:

Thank you. I think your officer had made that clear. Could we move on to the Constable of St. Brelade, please?

The Connétable of St. Brelade:

Thank you. I might just pick up before launching into the questions we have listed, to pick up on the one-way issue. I would be interested to know if the one-way issue or 2-way issue is influenced in any way by the building process. We will have something like maybe a 5-year building process whereby heavy traffic will have to access Overdale. Will that have an influence on the road network? I am not sure who would answer that.

Development Director, Our Hospital:

I guess it is me, that one. The answer to the question is that the long-term solution is not dictated by the construction solution, Michael. 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.

The Connétable of St. Brelade:

Thank you. That leads me to the question really over the road width. What are the proposed road widths for Westmount Road at present?

Development Director, Our Hospital:

There are some ideal road widths being discussed at the moment which allow for the vehicles and for the green access corridor, cycleways and pedestrians. I cannot confirm that at the moment because we have been a little bit limited in terms of the consultations that we have been able to take forward with highways colleagues and the design that we have been able to take forward, pending States Members' decision on whether they want us to pursue that access or not. Apologies for not being able to give you exact answers at the moment.

The Connétable of St. Brelade:

Thank you, Richard, that is helpful and I think that is what a lot of people wanted to hear you say; to hear that there would be green corridors and provision for cyclists. The maximum permissible width for the new access road, is that double the existing 6 metres circa 12 metres, would you say?

Development Director, Our Hospital:

It is significantly wider and it is why we could not avoid taking, unfortunately, the 3 houses at the top of Westmount Road. We would have loved to have not have to displace them. But because of the significant difference to create a safe route, we do have to, unfortunately, take those houses.

The Connétable of St. Brelade:

It seems to me that we are deciding this road width on the basis of the largest vehicles, the P30s and so on. We are projecting ahead, we are projecting possibly that vehicle size will be reduced in years to come. Do you consider that is a wise decision? That is a good question, is it not?

Deputy Chief Minister:

I am not quite sure. I think Richard covered that. To be clear, the road width is determined by, ultimately, the traffic impact analysis but we do know to provide continuous 24-hour safe access to the hospital for emergency vehicles to take into account any traffic build up or anything like that and to incorporate all of the added features that we want to see sustainable transport options; that is first and foremost in facilitating the road width and the road requirements. I think Richard made it clear, and I want to emphasise that that is what is leading the road thinking in the road design. As almost an added advantage to that is it will make for much better logistics during the build process as well. Richard or any of the officers, did you want to add anything to that?

Acting Director General, Infrastructure, Housing and Environment:

I can add something, if it helps. In terms of vehicle size, Connétable, I think the pressures that we are seeing, certainly through the regulatory side of our business in D.V.S. (Driver and Vehicle Standards), for instance, is constant pressure for greater vehicle widths. Vehicle widths that we apply in Jersey are smaller and narrower than we would see elsewhere because of the nature of some of our roads here. But what I can say, certainly in terms of haulage vehicles, public service vehicles, so buses and the like, we are getting increasing pressure to move up to the 2.5 metre-width vehicles, which are commonly made elsewhere. If anything, I would expect that pressure to continue in terms of the bigger vehicles, certainly in personal transport vehicles, whether it be cars and the like, we are seeing cars, potentially, becoming smaller and nipper and more electric, for an example. But certainly emergency vehicles and other service vehicles, such as delivery vehicles and lorries, I think the trend is probably going the other way.

The Connétable of St. Brelade:

Thank you, Andy. Would you suggest though that in fact we are being dictated to by vehicle manufacturers in the design of our roads and that probably is the wrong way to go?

[12:00]

In addition, can I suggest, and this is in an endeavour to be constructive, that while road engineers and safety experts will always aim for a Rolls Royce, would you consider there may be a compromise in that we have narrow roads, we have the effects, which are shown by the potential designs and we ought to back down a little bit and go for something which is more affordable?

Acting Director General, Infrastructure, Housing and Environment:

Certainly if it helps just to answer from a highways perspective, I think the bespoking of vehicles into Jersey works to a degree obviously but I think we are under constant pressure. The bus company, as an example, is under constant pressure when it wants to update its vehicles and we have had this debate most recently with their electric vehicle trial, where getting an electric vehicle which is robust enough for the Island is very limited on a narrower-wheel base. I think we are best suited to build some future-proofing into this road system so that we can handle what is likely to come down the track for us.

The Connétable of St. Brelade:

Thank you very much. At this point I am going to pass over to the Constable of St. Helier.

Senator K.L. Moore:

Is the Constable of St. Helier there? I know he was having some difficulty joining this call. If not, I am afraid I will have to pick up with his questioning. These questions are about planning permission. If I could just remind everybody that the clock is ticking, so we would really appreciate succinct answers to questions, please, and minimum interventions, so that we can focus. Have you sought planning permission for the preferred access route, outline planning permission at this stage, I would imagine?

Development Director, Our Hospital:

No.

Senator K.L. Moore:

Thank you. I think we learnt this morning in a briefing that the planning application for the access route will be combined with the application for the hospital, is that correct, there will be a single planning application?

Development Director, Our Hospital:

That is correct.

Senator K.L. Moore:

What other plans and what alternatives will be available to the Island if those applications are rejected?

Deputy Chief Minister:

I think if the applications are rejected, then we will have to consider a number of different options from restarting again with design or access work or rethinking the whole hospital project, to be

honest, and that is something we all want to avoid. Because we have spent 8 years that we cannot get back and, of course, every bit of delay means more cost for the taxpayer. Failure to achieve planning permission would bring significant challenges, which is why the process, getting it right, is so important. Andy, would you like to add anything very quickly?

Acting Director General, Infrastructure, Housing and Environment:

Thank you. Yes, it would depend on the reasons for refusal if we ended up at that point and whether those reasons could be addressed in any resubmission or amended plans. The position the hospital team would face, they would face the situation that any applicant would. They would have to address those reasons and see if they can be addressed with further submission or further changes.

Senator K.L. Moore:

It was referred by a previous speaker that 3 houses will be lost as a result of the access route. Could you confirm that it is only 3 houses that will be impacted in this way?

Development Director, Our Hospital:

Yes, it is 3.

Senator K.L. Moore:

Okay. But with the wider hospital scheme that figure rises, I think, to 12, if that is correct.

Deputy Chief Minister:

Yes, that is correct, Chair. So 3 are required absolutely, the other 8, it would be a very sensible acquisition, not absolutely essential at this stage but a sensible acquisition because that would enable us to bridge the land on the opposite side to Overdale. So 3 absolutely essential, 8 further would be, ultimately, sensible.

Senator K.L. Moore:

Thank you. I am now going to pass to Deputy Le Hegarat for her questions.

Deputy M.R. Le Hegarat of St. Helier:

What forums were available for the public to have their say regarding the preferred access route?

Deputy Chief Minister:

Carl, would you like to come in on this one?

Development Director, Our Hospital:

I am not sure we have got Carl on the call, Lyndon. Let me give some background. So the main forums for consultation were done during the site selection stages where we were doing the analysis, where we had public-wide consultation; that was done through letter drops and through the website. We had the citizens' panel where we had regular engagement with them to test all of the work that we were doing. Since the amendment has been considered, we have continued with the citizens' panel work and we have also had a community meeting for the local community up at Overdale to make sure that they are aware of who they are dealing with, et cetera. There have also been some other meetings, which have been attended by Lyndon, which he can speak about, at the Town Hall, I think, if that is okay.

Deputy M.R. Le Hegarat:

Can I just confirm then, no additional consultation where people can have their say has been made purely in relation to the access route; everything has been generically about the hospital?

Development Director, Our Hospital:

No, all of the consultation was done during the site analysis stage. During this later stage we have just focused on providing the answer to the challenge in the amendment.

Deputy M.R. Le Hegarat:

Okay, thank you. I will move forward then because I am conscious of time. Was there any other way the public could make their voices heard throughout the process?

Acting Director General, Infrastructure, Housing and Environment:

Sorry, I can answer, if it helps, in terms of the process going forward. There is a full public planning process for members of the public or any interested party to make comments and get involved, ultimately ending up in that public inquiry and decision.

Deputy M.R. Le Hegarat:

Okay, thank you. I will progress fairly swiftly. What engagement was undertaken with key stakeholders, for example, Jersey Bowls, blue light services, cycling clubs, Age Concern and obviously one other, which would either be La Société Jersiaise and/or the Jersey Heritage in relation to, potentially, the site as well?

Deputy Chief Minister:

Andy, would you like to sort of start on that and I can fill in any gaps, if you like?

Acting Director General, Infrastructure, Housing and Environment:

If I comment from the detailed proposals onwards, most of those groups you have mentioned, if not all of them, would be consultees through the planning process and the planning application process. In any proposal they would be interested parties and they would be consulted, certainly with statutory consultations around heritage, for instance, which would include Jersey Heritage and La Société. If I leave it to Richard to comment in terms of the engagement to date on the project.

Development Director, Our Hospital:

Yes, okay. Obviously I have mentioned before, in terms of the work that was done on the site selection we have done the consultation with the public through Island-wide public, through the website, through the exhibition, the virtual exhibition, et cetera, through the website, as well as the letter drops, et cetera. In relation to the amendment, which I think is what we are talking about here in terms of access up and down from Overdale, the consultation has been with the ambulance service, the citizens' panel, as I mentioned, the health workers' panel, which is a representative panel of all the people that work in the hospital, I.H.E. operations and transport, that includes the transport planners, the highways and infrastructure maintenance team. We have consulted with public transport and the bus company and of course we have also consulted with the planners. Some of the names that you mention there are some of the users of the existing facilities up at Overdale, although I was not aware and prepared to talk about all of the consultees in respect of that. Just to reassure you that everybody who is an operator and providing services up to Overdale has been consulted and particularly in terms of how we are going to deal with them, to make sure that we do not compromise their service going forward, as and when they have to move out of those premises.

Deputy M.R. Le Hegarat:

Okay, thank you. In October last year some St. Helier Deputies attended a residential meeting at the Town Hall, along with the Constable. It was agreed that any unanswered responses to questions at that meeting would be followed up. However, from what we have seen in submissions and from residents, this is not the case. Just for your information, we have received approximately 60 submissions so far to date. Can you explain why this is the case?

Deputy Chief Minister:

I am most certainly under the impression that the vast majority of correspondence has been responded to. From a ministerial part I can vouch for that. There might be some outstanding queries. We have had quite a lengthy email in this morning from one of the residents in relation to the costs and some assumptions there that we need to clarify and correct. When we announced on Monday's presentation the launch of the community engagement communication programme led by Soundings, hopefully, anything that has not been covered or responded to can be picked up very quickly. But I would also remind Islanders that the online Our Hospital exhibition and website has

an open registration and consultation process and I would urge any Islanders who want to be involved and engage through that process, which is ongoing.

Deputy M.R. Le Hegarat:

Okay, thank you. I will ask a question on behalf of one of our advisers in order to sort of push things forward quickly. Is there a stakeholder consultation report?

Deputy Chief Minister:

Can I pass that to the chief executive?

Deputy M.R. Le Hegarat:

Certainly but can I have a yes or no answer, please?

Chief Executive:

The stakeholder consultation report for what exactly?

Deputy M.R. Le Hegarat:

Okay, I will ask our adviser, John Setra, just if he can explain this more clearly.

Managing Director, K2 Consultancy:

Thank you. Yes, there is reference to a whole series of consultations with various different groups. It would be fairly normal to pull these all together into a report which gives the results of that consultation around a whole series of different criteria, so we would be interested if that was done and, if so, the results of that study.

Chief Executive:

There is not a single consultee report covering everything. There has been though, as you know, a series of consultations and we have reported back on that. We also have now just appointed the advisers, the independent people who will do much more of the consultation; they will be producing a report. I think, John, you are talking about if you were preparing for a scheme you would have a consultation report that would accompany any planning application; that will be done. But for the purposes of this phase of work, we have done a variety of different consultations, all of which have been reported back at the different stages. In response to the Deputy's enquiries, all of our responses are normally turned around in 3 days. If you have some evidence that there is a series of outstanding questions, complaints, then it would be helpful for you to be able to provide that to us because we certainly do not recognise that.

[12:15]

We have a log of all contact and answers and also of all community meetings, which are recorded and put on to the website, for both you, Deputy, and also for you, John.

Deputy M.R. Le Hegarat:

Okay, that is perfect. Because, as I said, we have had 60 submissions, we will go through those, and obviously we will then pass on any information where we think that maybe those individuals have not received the information back that they requested. Okay, I will move on to my final question. Are you content you did all you could to ensure the voice of the public was heard throughout the process? I will ask this of the Deputy Chief Minister.

Deputy Chief Minister:

So far, yes, but it is worth pointing out that we are still at an early stage of the project and I think perhaps the most important public engagement is yet to come, as we approach the planning process. While it might not have been perfect, I think we have done the very best we can and undertake to make sure we continue along those lines and, if anything, look to significantly improve in our community engagement process as the project develops.

Deputy M.R. Le Hegarat:

Okay, thank you. I will hand over to the next participant in relation to costs.

The Connétable of St. Brelade:

Thank you and I will just finish that off by noting that on our submissions, which I have been through in depth, the common theme is lack of knowledge, lack of consultation, so I would urge the Minister to follow up his promise on that one. I am going to now talk about the nitty-gritty of costs, I do not know, Minister, if it is for you, just the question is, the budget for abnormalities totals £38.7 million, within which a sum of £15.1 million has been identified for offsite highway works and junction upgrades. Can you comment on that?

Deputy Chief Minister:

That is part of the £550 million envelope, as I understand. I think possibly, Richard.

Development Director, Our Hospital:

Yes, your figures sound about right there, so that is included within the £550 million affordability; that was the amount that was shown in there. There is a detailed breakdown to that. It is something that your advisers requested and was shared with them during their analysis.

The Connétable of St. Brelade:

Indeed, thank you. What level of confidence exists around this figure and what is this based on?

Development Director, Our Hospital:

Okay, the figure was provided by the delivery partner, so it was based on their early assessment when they agreed with us the affordability limit for the project overall. It was then analysed by our own cost consultants, which is Turner & Townsend and by our advisers EY, and by our own internal team within Treasury. Once they had done their analysis they did an assessment of optimism bias in relation to the information that has been provided and then assessed what should be allowed in addition to the affordability limit to cover the normal levels of optimism that occur during the early stages of the project. I am not sure whether you want more analysis in answer to this question, Michael, but that is the basis for what we have put forward.

The Connétable of St. Brelade:

No, that is fine at this stage. But as no actual design has been carried up, what is the worst-case scenario for the cost and how would this be funded if it exceeds the current allowance?

Development Director, Our Hospital:

This is definitely not me, Lyndon.

Head of Finance and Business Partnering, Our Hospital:

If I could just come in on that, Michael, if that is possible.

Deputy Chief Minister:

Yes, Steve.

Group Director, Treasury and Exchequer:

It is Steven Mair from Treasury. A little bit of it, as Richard has referenced, we do have sums allowed for optimism bias and client contingency. They are on a risk base, they have been accurately worked out; it is not a round figure. We have sufficient sums in there to absorb all the runs that might happen. Just going back to your earlier point, you are precisely right, the figure is £15 million out of £38 million in the abnormalities but there are figures within, therefore, basement site preparation, drainage, new site access, so it is not just the £15 million, there are other figures as well.

The Connétable of St. Brelade:

Thank you. You alluded to this point earlier on but what are the costs to the States if there is a delay to the approval or construction of the highway works? Do you have a figure to put to that?

Group Director, Treasury and Exchequer:

We have an estimate of this and it is not particularly that issue, it is if anything causes us to go beyond 22nd March to allow us to sign the contract. What we estimate at the moment is that would be about £3.4 million per month if we are unable to complete everything and sign by 22nd March. That is a mix of our delivery partner costs, our internal client costs and inflation on the various capital works. That inflation has been worked out with our cost consultants using tender price indices, building cost information and information from Tillyard, who are based in Jersey. The other factor to be aware of, which might be helpful, is that if we then cannot open in 2026, the maintenance costs on the existing hospital will accelerate, as I am sure you will appreciate it is not in an ideal position. We anticipate spending about £5 million also a year up to 2026. We think that will have to double after 2026 to £10 million plus and still leave us with a backlog of £30 million, £40 million, £50 million, and that will simply get a start to get us to where it should be, works on the roof, works on oxygen and gas, works on other elements; obviously it would not get you the new hospital. The third factor for your information, if it is helpful, is clearly by 22nd March there will be some very considerable sunk costs, again, the State of Jersey's costs, the delivery partner costs, acquisition of sites, decamps, demolitions, et cetera. I think there are 3 elements to that but they really hinge around if we are able to hit those dates in the programme.

The Connétable of St. Brelade:

I presume in the figures you have quoted there is a contingency, other than what is already proposed, shall we say specific delay contingencies.

Group Director, Treasury and Exchequer:

There are 2 contingencies: there is optimism bias, which is just over £100 million and there is the client contingency. The budget, if those are not called on for other things, could potentially absorb those but we will be incurring significant increased costs as a consequence of delay.

The Connétable of St. Brelade:

This includes costs of decamps from Overdale to Les Quennevais old school site, I take it.

Group Director, Treasury and Exchequer:

Yes, it does, which is estimated at the moment, yes, thank you.

The Connétable of St. Brelade:

Thank you. I am going to pass over to the Constable of St. Helier, who will ask further questions on transport. Thank you.

Connétable A.S. Crowcroft of St. Helier:

Yes, thank you and I think it is a Government conspiracy to keep me out of the meeting but I finally got in. On the sustainable transport, could you start by giving us your definition, please, of sustainable transport?

Deputy Chief Minister:

In context to the hospital project, we can jointly share our aspirations of how we are taking that on board in relation especially to the access work we are doing. The Constable and I have spoken about this on a number of occasions and the Constable has been a proponent, along with other Members, of pushing this for some time. Ultimately, we have not yet, as an Island, got to grips with an Island-wide sustainable transport policy but I think a catalyst which is really starting to focus our minds with our aspirations for carbon neutrality. I said before at the beginning of the meeting, I very much hope that the new road access, if the States approve the principles so we can get on with the design, will be an exemplar and, hopefully, be a catalyst, which will speed up a greater sustainable transport effort in the Island. But if perhaps Andy or anyone would like to just comment briefly on that in the context of the project, you are welcome.

Acting Director General, Infrastructure, Housing and Environment:

I can. I think sustainability is a wide term, so I think I would start with it includes things such as safety, it includes accessibility, it includes environmental footprint and I think it includes affordability and access. I would look at in terms of sustainability across a wide range of issues, not just environmental but I think it includes a variety of aspects of society and life. It is quite a broad definition that I would start with.

The Connétable of St. Helier:

Could I ask a follow-up question? Because the Government has failed to have an integrated transport network, particularly for town, we are focusing on out-of-town cycle routes, for example, and there is currently no town cycle route. Is it not a fact that all the effort that is going into making the hospital accessible from the bottom of Westmount Road is dumping people with no way of getting there? If they are coming on foot or by bicycle because there are no routes that have been established by the Government; obviously the Parish would like to help but the Government has all the cards here. Is that not something that must be done in concert with the scheme for the hospital?

Acting Director General, Infrastructure, Housing and Environment:

I am happy to carry on answering. In terms of wider movements across the Island, clearly we have a lot of movements from east and west into St. Helier, so there is a big focus in terms of modal shift, in terms of the strategic transport corridor. We have, as you rightly point out, good cycling and different modal access in from the west and real efforts to try and increase that going out to the east. The proposal, as the programme director, Richard, has already highlighted, will look at that

sustainable transport corridor to the site. Certainly in terms of conversations with the Highways Authority cycling provision, walking provision will be expected to be part of the planning application coming forward. I think in terms of the wider conversation around town, I think that we have got an Island Plan debate coming forward in terms of sustainable and St. Helier movement work. Certainly as part of that debate, certainly increasing and improving cycling and pedestrian environments in town is also on the agenda.

The Connétable of St. Helier:

Okay, thank you. How does the preferred option for Westmount Road access fit in with the carbon neutral strategy, particularly in relation to reliance on the motor car?

Acting Director General, Infrastructure, Housing and Environment:

If you are happy I can answer in terms of transport policy at the moment and as we are going forward. At the moment we have a transport policy because a lot of our personal transport is carbon-based. I think increasingly over the build project, build life of this project but also into the operational life of this project, our ways to fuel our transport will change and we are seeing more electrification of our transport network as we move forward. I think decarbonisation could well occur or lower carbonisation of our transport movements but we would still have high transport movements because personal transport is still something everyone would want to undertake. I think we would likely see a lower carbon impact on people's cars and if I call them cars, moving forward, there will still be a personal transport unit of some kind. If we fast forward 10, 15, 20 years into the operations of this proposal, I would expect to see a much lower carbon footprint for travel but still a lot of travel.

The Connétable of St. Helier:

Yes, okay. The ...

Chief Executive:

The reality, Connétable, is that vehicle access is needed for deliveries, maintenance, blue light, staff, visitors and patients. Until there is a broader strategic decision taken about the wider electrification of vehicles and/or the broader issue about behaviour, we, as a project, have to deal with that. This project is not going to resolve the wider sustainable transport challenges facing the Island. What it needs to be able to do is accommodate them and also support them where appropriate, so links back for cycling, making sure that there are good walking corridors, helping to ensure that whatever is designed is fit for purpose and future-proof is exactly what the project is endeavouring to do. But it does not answer in a single project the wider issues that you are touching upon and it would never seek to do that. For the reasons that have been rehearsed, there is no ideal road or transport solution for the hospital, now that the States have agreed the site.

The Connétable of St. Helier:

Is it not true though that what you are saying goes against what the Minister has said previously in his conversation that he sees the hospital project as a way of catalysing and bringing about the thus far stalled integrated transport network for the town? The Minister believes that this could make it happen.

Chief Executive:

That is a different issue to the wider sustainable transport question you raised at the beginning of your contribution. There will be links back to the town in the way that the director general identified and also has been raised in previous answers with regard to bus routes, et cetera.

[12:30]

But in itself this project cannot answer the Island's wider sustainable transport solution.

The Connétable of St. Helier:

Okay. I am just slightly troubled by your use of the word "accommodate" because, as we probably all know, car accommodation is an outmoded approach to managing transport, to managing demand, to managing congestion. Is not the hospital an opportunity not to accommodate, to say to the least important visitor, the person who could use the bus, for example, who is able to use a bicycle or to use their feet, to say to them: "You have got to take a more sustainable approach for getting to and from the hospital."?

Chief Executive:

I do not think anybody would not want to promote that sustainable mode of transport. But the reality is if you are sick and if you are in a difficult position and you need access, regrettably at this point in time the behaviour of Islanders would be probably that they would access the hospital via a car. In that context you have to accommodate it. Certainly the points that you have raised we will also be able to accommodate.

The Connétable of St. Helier:

Okay. Can I also sort of move it on to talk about a travel plan? In my experience most big developments, particularly ones that generate traffic, have a travel plan very early on in the process and that travel plan is designed to perhaps mitigate and reduce the kind of concerns that are being raised at the moment about traffic generation. What is the team's plan in terms of the travel plan and also in terms of paying for it?

Deputy Chief Minister:

Yes, thank you, Simon, good question. Richard, would you like to take this one?

Development Director, Our Hospital:

Yes, of course. Simon, as you say, your experience tells you about the importance of the travel plan. The timing of a travel plan on a project is normally when you know what the project is, you know how the accommodation is arranged and, importantly, you know how the staff are going to manage that building and how they are going to operate within it. That will give you an indication as well in terms of the staff numbers, recruitment levels and all of that kind of stuff you need to deal with, and of course it will then start to look at the types of transport that people will be using to get to and from. The normal timing for a travel plan would be somewhere when you have been able to get your operational analysis complete and when you have been able to get your transport assessment work complete. Definitely it would be done prior to the planning process and our planners will insist on us having a travel plan. I suspect they will include in that the need to accommodate a green travel plan. Some of those steps that you are thinking about taking to try and change people's behaviours and that kind of thing could of course, as Charlie says, be incorporated within the green part of the travel plan as something that goes forward. But they would also assess us on a baseline position for our travel plan and they will base it on the behaviours of the Islanders at the moment, so that we do not have a situation of all of the local roads and everything being clogged up with people who have chosen to go by car, despite what we are trying to promote and, therefore, prevented access for local residents, local business and, importantly, for the blue lights to get in and out.

The Connétable of St. Brelade:

Thank you. Can I slip in an extra question here? We currently have huge problems at the top of Queen's Road and the junction with St. John's Road and this of course is the access to the north of the Island from the proposed site. Is the plan to not only deal with the Westmount Road access but to make the kind of changes to the Queen's Road junction, which will make life a lot of better for it because currently a lot of Haute Vallée students are risking life and limb just trying to get to and from school on foot, to say nothing of other uses of Queen's Road? Is this going to be looked at, as well as the Westmount Road problems?

Development Director, Our Hospital:

Lyndon, this is, I think, the same question roughly as was asked by Inna earlier on in this meeting. The answer to the question, Simon, is that the traffic impact assessment has to deal with all of the points of origin, all of the points of arrival in its analysis of the impact on the roads across the Island, as well as the local roads. It would all be dealt within the traffic impact analysis. When that assessment is done it will be shared, consulted with, if there are impacts that we can try and manage or design out we will do so. We will do that in consultation and it will all be done prior to the planning

submission because obviously the planners will not allow us to take something forward that does not deal with the full traffic impact analysis.

The Connétable of St. Helier:

Thank you. Where is the budget for all this work, the travel plan and all these other transport assessments? How much is the budget and whereabouts is it?

Group Director, Treasury and Exchequer:

We will have to get that detail for you but the scheme is comprehensively costed but I would have to come back to you on precisely where it is in those estimates. Thank you, Simon.

The Connétable of St. Helier:

Yes, I think we would like to know how much the travel plan or how much is allocated for it. The final question about transport relates to buses. Option 7 suggests improved access via Westmount Road for buses, how is that going to fit in with the current bus network, particularly given that we currently have no integrated bus network in the town itself; it is merely a terminus?

Development Director, Our Hospital:

Succinct answer, I can see that the chair is back online, is we need to work that out with the transport companies. The answer to that question is it is in the detail and we need to get to that detail and come up with a solution. Again, it is something we have to deal with prior to planning, Simon.

The Connétable of St. Helier:

It is not being called a hoppa bus, it is being called a town bus, which was announced in the last few days, presumably this is also going to have some relevance to improved integrated bus connectivity.

Deputy Chief Minister:

I can comment, absolutely, yes, Simon. I think getting the trial of the town hoppa bus, whatever we want to call it, up and running again now gives it some time to bed in and will allow us some really good options as we head towards the opening of the new hospital but it is essential that it incorporates that opportunity. I think we have ended, we are approaching the allotted time and I know we have to prepare for another meeting.

Senator K.L. Moore:

Perhaps we would note the time, if I may, with you. We have currently run 5 minutes over due to the length of some of the answers given, which were rather inappropriate and unfortunate, given my request at the beginning. I would like to request that we continue for another 10 minutes. We have

one further area of questioning regarding the environment and then a couple of very quick mop-up questions, if we may. I would be grateful if you would grant us that extra few minutes.

Deputy Chief Minister:

Yes, absolutely, I will accept.

Senator K.L. Moore:

Thank you. We are now going to pass to Deputy Ward. Thank you.

Chief Executive:

Sorry, Chair, there are also a number of people who have to go because there is an Assembly briefing coming up in just very short order. Some people will end up dropping out of this, I am afraid. Because you made the request for additional time and we said that we would deal with it in answers, written answers, if there was a problem because of that.

Senator K.L. Moore:

Thanks but had your answers to our questions been more succinct, Chief Executive, we may have met the time permitted.

Chief Executive:

But this is about trying to provide the full answers, Chair.

Deputy Chief Minister:

All right, let us push on and those that can stay, please stay and we will endeavour to be as quick as we can giving the answers.

Deputy R.J. Ward:

In terms of the project, and it would be difficult not to go into the wider project to some extent, what studies have been undertaken to ensure the impact on the environment of this access will be minimal?

Development Director, Our Hospital:

Okay, in the interests of time, the report covers that and so does the report for the site selection process. But just to summarise, we had an expert in terms of sustainability assessing each of the various different options and their input has been included within the report.

Deputy R.J. Ward:

Okay. Is that the carbon number that you are talking about that is in the report?

Development Director, Our Hospital:

Yes, it is not just carbon. I think if you look in the site selection report there were a number of different analyses that were used and then it was a much smaller criteria that was used to help to demonstrate that option 7 was the best option.

Deputy R.J. Ward:

I think a really important question has to be asked before we finish is the provision that you are making to preserve the historic elements of the area. There are particular points on the path of the new proposed road that have historic interest. How are you going to ensure that they are not lost?

Development Director, Our Hospital:

Again, succinct answer, we are going to follow the rules very specifically. Where we can avoid disturbing anything of historical importance we are going to do so. We will make sure that we comply with all of the planning requirements, the historic assessments that we do, the recording and everything that is necessary by the legislation we will do. We will satisfy the planners that we have done everything we need to do to enable us to gain consent.

Deputy R.J. Ward:

But if we get to a point whereby you cannot build that access point without losing a historic site, I am assuming it may well just continue and then you deal with that in the planning process later on.

Development Director, Our Hospital:

No, if we impact on something of archaeological importance or a listed premises or place or something or other, we cannot do anything until such time as we get consent to do so. We would have to satisfy the planning process first before we could enshrine that as the solution that we are going to drive forward.

Deputy R.J. Ward:

Now about mitigation, there is an aesthetic impact of building a road, regardless of how cautious one might want to be. What do you propose to mitigate that significant impact of ...

Development Director, Our Hospital:

We will obviously comply with the requirements of the planners, so in terms of all the visual impact analysis we will make sure that we comply with that. We would deal with the supplementary planning guidance, which is what sets out the public interest test for this particular project, so we would do that. We are also already engaging with the Jersey Architecture Commission to make sure that we understand their guidance and take on board their advice in relation to minimising visual impact.

But, in summary, we will consult with everybody and we will also follow the planning rules to make sure that visual impact is dealt with properly.

Deputy R.J. Ward:

Just one final thing: is there any consideration of the materials being used in the build to be more modern and carbon neutral and environmentally friendly? There are many creative ways around the world in which this is happening. Seeing as this is a road that is going to give access for many years to come, we are right into when we see the impacts of climate change, I would have thought that now is the time, right from the beginning, to do as little as possible to impact on that. What considerations have been given to that? I personally think it should fit into the carbon neutral strategy but what is happening now?

Development Director, Our Hospital:

In terms of government policy support, we do not have a lot to help us in that respect at the moment. But what we do have is in the analyser, which is used to judge design options, embedded carbon and all of that kind of stuff, is part of the consideration as to which materials you choose, not just in the road but in the hospital as an overall project. It is in there, it is part of the analysis that is taken on the choice of materials for each element.

Deputy R.J. Ward:

I think I have whistled through those as quickly as I can, Chair, I hope that helps a little. Thank you.

Senator K.L. Moore:

Thank you, Deputy, well done. I think Deputy Le Hegarat has a quick question about car parking, please.

Deputy M.R. Le Hegarat:

We note that there appears to be allocation of 800 parking spaces, which in most people's view seems quite excessive. But most concerning, of course, is that it is going to be put on a green field. What other ideas have been considered, for an example, of using other parking areas and having, say, a park-and-ride type scenario? But, more importantly, when the police station was built at Green Street there were no parking facilities provided for those people either visiting or working, and accepting that a hospital is significantly different to that, what that did do by not providing parking spaces for staff, it made people consider using alternatives. What you will note is that there is a very nicely built bike/motorbike park opposite. What considerations have been given to not maybe providing quite so many parking spaces so that people do consider what other options are available to them, as opposed to: "If you give me a space I will use it"?

Deputy Chief Minister:

Richard or Andy, would one of you like to address that?

[12:45]

Development Director, Our Hospital:

I am not sure, are we still talking in relation to the access option 7? Because I am not sure how to apply that question to the access solution. Is this more just of a general question?

Deputy M.R. Le Hegarat:

This was about ...

Senator K.L. Moore:

If I could just assist, obviously the provision of car-parking has a bearing, as the Deputy has very eloquently described, on the access issues and so we felt that this was relevant to today's hearing and ...

Development Director, Our Hospital:

Okay. I am going to get told off here, Kristina, because this is quite an in-depth one. We have various different types of parking that we need to deal with. When the master planning work is done for the hospital, we have to take account of those people that are infirm, getting themselves to the hospital and where they park. We also need to take account of people that are infirm but brought to the hospital by another infirm person and, therefore, their proximity to parking. We also need to think about the behaviours of people when they have got an appointment at the hospital as to their proximity, where they need to park and when they turn up, which gives you the start to the number of people that you are going to need to accommodate in a car park.

Senator K.L. Moore:

Given the timing, I think the Deputy's question was very clearly about those working on the site and she gave an example of another major public building where no provision was given for staff parking.

Development Director, Our Hospital:

Okay. I am sorry, I do not think I can answer this question then.

Senator K.L. Moore:

Could we perhaps receive a written response to that question then, please? It is an entirely reasonable question. While you are there, Mr. Bannister, could I also ask: earlier you referred to some of the documents that had been provided through the Future Hospital process? I just wanted

to ask if you could clarify please that one of those documents you might have used, particularly with relation to access, was the 2015 report that included Overdale as option B and assessed some of the primary access routes.

Development Director, Our Hospital:

As far as I am aware, the information that was used to do the initial assessments on the traffic was just the stuff that was made in the planning submission because that was the only location where we had substantive analysis of number of vehicle movements, number of trips and all of that kind of palaver. It was the planning application information that was used, rather than the previous feasibility in this particular instance.

Senator K.L. Moore:

I see. In this case then I might ask you to look for that document. It was a site evaluation report and access routes and that report did identify St. John's Road and Tower Road as the main access points if a hospital were to be built at Overdale; that was done in consultation with the emergency and blue light services at the time, so you might find it of use to this particular project. The next question and I promise it will be the final question, is for the Deputy Chief Minister, if I may. Just following up on a comment he made earlier when he said that some of the most significant public engagement was yet to come in this project. I would just like to understand for me, please, Minister, what do you hope to gain from that public engagement once a decision is made? Because surely there are distinct plans set out in this proposition and, therefore, I would like to understand what do you hope that that engagement will achieve for you?

Deputy Chief Minister:

I think first and foremost it is a dissemination of information on the project. I think Islanders need to be kept abreast of the project as it progresses of course. The interaction between Islanders and those immediately impacted is quite different. We are dealing with that through the new engagement programme of course. We also have to have completely independent consultation as part of the planning process. But in answer to your question it is about sharing the information of the project as it develops and right the way through to completion and, hopefully, opening by the end of 2026.

Senator K.L. Moore:

I see, so that is very helpful. Really your intention is to give information rather than to receive it. Thank you so much.

Deputy Chief Minister:

No, hold on a second, I was answering your question but you have added a slight twist to the end of it.

Senator K.L. Moore:

No, you did say it is about dissemination of information, which is generally a one-way process, so that is very helpful, thank you.

Deputy Chief Minister:

No, I am not going to let that lie. It is very clearly a 2-way process. The overall purpose is to keep Islanders informed of course; we have specific work streams purely focused on engagement and I made this absolutely clear, on engagement with those neighbours and those most impacted by the project. That is very much a 2-way process, to the point where the engagement programme is asking those impacted or those nearby to participate and have their say in the details of the design, not only of the road access but the new hospital itself.

Senator K.L. Moore:

Okay, thank you very much, Deputy Chief Minister. Thank you to all of the team who have participated, I am very grateful to you all for carrying on for this extra amount of time. I will just very briefly check that no members of the panel have further questions. Thank you all.

Deputy Chief Minister:

Okay, and thank you all very much. Thank you.

[12:51]