

STATES OF JERSEY

PLANNING AND BUILDING (JERSEY) LAW

**PLANNING AND BUILDING (PUBLIC INQUIRIES)
(JERSEY) ORDER 2008 (as amended 2015)**

PUBLIC INQUIRY

PROPOSED NEW GENERAL HOSPITAL, JERSEY

OUTLINE PLANNING APPLICATION REFERENCE PP/2018/0507

“Demolish Stafford Hotel, Revere Hotel, 33-40 and 44 Kensington Place, including Sutherland Court, and parts of General Hospital / Peter Crill House, Gwyneth Huelin Wing, link block, lab block, engineering block and chimney, 1960's and 1980's block on the Parade, temporary theatre block and Westaway Court. Phased construction of new hospital buildings at the General Hospital site and at Westaway Court, refurbishment of the Granite Block for continued non-clinical hospital use, improvements and construction of one halfdeck of parking to Patriotic Street Car Park, and all associated landscaping and public realm, highways and access, plant and infrastructure works. Fixed Matters: Means of Access. Reserved Matters (by parameter plans): Scale and Mass, Siting, Landscaping and Appearance and Materials.”

REPORT TO THE MINISTER FOR THE ENVIRONMENT

by

Mr Philip Staddon BSc, Dip, MBA, MRTPI

An Independent Inspector appointed under Article 3

10 DECEMBER 2018

Executive Summary

In September 2018, I conducted a Public Inquiry into a planning application to construct a new general hospital in St Helier. The new hospital project represents what is said to be the biggest ever public infrastructure embarked on by the States. It is a major, complex and costly project which is intended to serve the Island's needs for decades to come. The project is also locally contentious, with a significant number of objectors, and has become politically charged, with ongoing questioning about whether the right site option is being pursued.

This is the second Planning application for a new hospital proposal. In November 2017, I conducted a Public Inquiry into the first Planning application (PP/2017/0990), which comprised a large and tall hospital building proposal on a site formed by part of the existing general hospital site, along with some adjacent premises that would need to be acquired.

I assessed the first application proposal to be unacceptable in Planning terms and in serious conflict with the Island Plan. It would have resulted in serious negative impacts on the St Helier townscape, the visual amenities of the area, numerous protected heritage assets and the amenities of neighbouring residential properties. The Minister agreed with my recommendation and did not consider that there was a sufficient justification for departing from the Island Plan. He refused the application on 8 January 2018.

Following the refusal of the first application, the Applicant worked up a revised and different proposal. This forms the basis of the second application (PP/2018/0507) which was submitted in April 2018. It includes similar site elements to the first application, comprising parts of the existing hospital and 'to be acquired' properties on Kensington Place, but extends and widens the area for redevelopment to include the existing hospital buildings that front The Parade (known as the 1980's block and 1960's block). It also includes the redevelopment of the Westaway Court health workers residential accommodation complex to the north of Parade Gardens and some outlying areas of highway land.

The application is submitted in 'Outline' with all matters of details, except for 'means of access', being 'reserved matters'. This form of planning application is intended to establish that the proposal is broadly acceptable in Planning terms and allows for detailed design matters to be addressed later. To give a degree of certainty to the proposal, the Applicant has supported the proposal with a set of 'parameters', which establish maximum sizes and heights of building components, and a set of 'design principles', which would control and guide the detailed 'reserved matters' scheme.

The application is supported by a significant body of plans, documents and reports, which include an Environmental Impact Statement, Planning Statement, Transport Assessment, Health Impact Assessment and a Design and Access Statement.

The proposals would involve the demolition of most of the hospital buildings within the site, along with the 'to be acquired' commercial and residential properties on Kensington Pace. The Westaway Court complex would also be demolished. The Grade 1 Listed General Hospital, ("the Granite Block") and Patriotic Street car park would remain.

The main cleared site would accommodate a series of new blocks housing clinical departments and patient wards. Block A would face Kensington Place, spanning just over 150 metres of its street frontage and rising to a maximum of 15.6 metres high at the street face and stepping up to 20.6 metres high further back. Block B would be the largest and tallest element, occupying the centre of the site. Its 'L' shaped footprint would have legs measuring up to 105.3 metres and 97.2 metres. It would have frontages to Newgate Street and Gloucester Street and run around the side and rear of the Listed Granite Block. It would step up in height from a maximum of 15.6 metres around its periphery to a maximum of 34 metres for the central ward towers. Block C would be a new frontage building connecting Block B to The Parade. It would have a maximum height of 15.6 metres.

The new 'Westaway' block would provide an outpatients facility in a complex made up of elements with different heights ranging from 5.6 metres (adjacent to Savile Street) to 17.9 metres (fronting Parade Gardens). The proposals also include the addition of a half deck to Patriotic Street car park, increasing its height to 16.7 metres and the creation of a link from the car park to the proposed Block B.

The overall quantum of the development is approximately 63,400 square metres (with a footprint of approximately 13,250 sq. m) and would clearly comprise a very major and large collection of buildings. The proposal would be delivered in phases alongside the existing hospital, which would remain operational throughout. Services would be transferred to the new buildings as they became available. The Applicant's programme indicates that the project delivery would begin imminently and extend to 2026.

I held the Inquiry into this second application between 17th - 21st September 2018. The purpose of the Inquiry was to provide an open and transparent process to understand, scrutinise and appraise all aspects of the application proposal from a Planning perspective, in order to provide the Minister with an impartial and informed report and recommendation. The Inquiry provided the opportunity for the Applicant to make its case for the application proposal and for others to contribute with their evidence and views.

The terms of reference for the Inquiry were initially set in the Minister's letter of 14 May 2018 but these were later extended by the Minister's letter of 17th July 2018 to allow consideration of the issue of alternative sites, *'if deemed necessary and appropriate'*. In parallel with that extension of this Planning Inquiry's remit, the Chief Minister established a Hospital Policy Board to *"review the evidence that supported the previous States Assembly's decision to build a new hospital on the site of the existing hospital."*

Through the Inquiry process, I heard evidence, in writing and in person, from the Applicant's team, the States' officers responsible for Planning, the historic environment, transport and environmental health and from a wide range of interested parties. Interested parties submitted well over a hundred written representations and a good number attended the Inquiry sessions, the vast majority opposing the development and expressing concerns about its impacts. I held an open evening session on 18th September 2018, which was attended by a significant number of interested parties, the majority being health workers expressing their views and concerns about the project. Written submissions have

continued to be lodged following the close of the Inquiry. I have reviewed an inordinate amount of complex and wide ranging information.

The legal framework for considering any planning application in Jersey is set by the Planning and Building (Jersey) Law 2002 (as amended). The law adopts a 'plan-led' system whereby the 'Island Plan', produced through an open and participative process and thereafter adopted, takes primacy in decision-making. There is a general presumption that development which is in accordance with the Island Plan will be permitted and development that is inconsistent with the Plan will normally be refused. A decision maker does have the discretion to depart from the provisions of the Island Plan if there is 'sufficient justification'¹.

The current plan is the 2011 Island Plan which was revised in 2014. It is a comprehensive and wide ranging plan, formulated to achieve the sustainable development of the Island through a balance of social, environmental and economic considerations. The current plan does not make any specific policy provision, or site allocation, for a new general hospital.

I structured the Inquiry around a series of 'main issues' and my summary findings set out below follow these identified topics, before reaching my overarching conclusions.

My first finding is that the need for the new hospital is supported by evidence and is widely accepted. The Applicant's evidence explains the demand and capacity characteristics of the Island based general hospital, the health profile of the Island's community, the projected increase in Jersey's population and the generally ageing demographics, all of which place growing demands on the hospital service.

There are well evidenced difficulties arising from the existing general hospital estate, which has evolved in a piecemeal manner over the decades. Survey evidence confirms that there are serious levels of dilapidation and building structures and engineering services are now well beyond their useful economic life. I concluded, following the first Inquiry, that the need for a 'new' hospital, in some form, as part of a 'new model of care', is well evidenced and undisputed. Nothing has changed to alter that conclusion, other than the passage of another year compounding the case. This is a material and weighty Planning consideration.

My second finding is that the form of the application in 'Outline', supported by maximum parameters and design guidance, is a legitimate and valid form of planning application. It does enable the broad acceptability of the proposal to be assessed in Planning terms. However, the limited detail of the submission does inevitably create some complications and issues and the extent to which certain impacts and 'design' related matters can be assessed is limited.

My third finding is that, in broad spatial terms, the application proposal would be in a sustainable and accessible location. This accords with the Island Plan's spatial strategy (Policy SP 1), its sequential approach to site selection (Policy SP 3) and Policy SCO 2, which directs healthcare developments to the grounds of existing healthcare facilities and / or the built-up area. Subject to more detailed measures, I assess that the proposal could also contribute to the objectives of Policy SP 2, in terms of the 'efficient use of resources', and to Policy SP 6, which

¹ Article 19 of Planning and Building (Jersey) Law 2002 (as amended).

seeks to reduce dependence on the car. The proposal's compliance with the strategic thrust of the Island Plan, and its high-level strategic policies, attracts considerable weight in its favour.

My fourth findings concern design, townscape and visual impacts. I assess that, in broad terms, the site is appropriate to accommodate large hospital blocks, including elements of tall buildings. I consider that the proposals will result in a mixture of positive, neutral and negative townscape and visual impacts. The Parade area will enjoy the greatest townscape and visual enhancements, but there will be tangible negative impacts, notably in Kensington Place, Newgate Street, Patriotic Street and when viewed from approaches from the west. Some of these impacts will be dramatic and adverse.

I consider that the development parameters and Design Principles limit the extent to which a full assessment can be made against design related policies. There remain questions over whether a truly successful detailed design can emerge. This is a particular concern for Block A along Kensington Place and the large and tall Block B. To an extent these findings are a product of the Outline nature of the application, but they also arise from a parameter design which pushes somewhat beyond the urban design 'comfort zone'.

Notwithstanding the positive aspects of the design (and its much calmer form than the first application), the proposal would breach the relevant policies (SP 7, GD 7, GD 1(6) and BE 5). These breaches would normally lead to a refusal of planning permission.

My fifth finding concerns heritage. The proposal would not physically destroy any above ground heritage asset and would deliver some very positive benefits through the renovation and re-use of the Grade 1 Listed Granite Block, opening up new views of it and securing associated public realm improvements. However, it would introduce very large and tall buildings into the immediate vicinity of this extremely fine and significant Listed building. These impacts are harmful and unacceptable in planning terms.

The proposal would also cause permanent harm to the settings of Listed buildings on Kensington Place and Edward Place. There would also be harm to the settings of Listed buildings and places in the wider vicinity, notably those on Peirson Road and the parks to the north-west. Notwithstanding the positive heritage aspects of this scheme, each of the instances of identified harm represents a breach of Policy HE 1 of the Island Plan and the strategic 'high priority' given to the protection of the historic environment, enshrined in strategic Policy SP 4. These policy breaches weigh against the proposal.

My sixth finding concerns impacts on the amenities of neighbouring properties. I assess that the Westaway Court proposals are broadly acceptable in amenity terms. However, I consider that the main hospital proposals are likely to result in significant adverse impacts on existing residential amenities. Residential properties on Kensington Place, Newgate Street and Patriotic Street, will suffer notable reductions in daylight and, in some cases, these effects will be exceptionally severe. There will also be a significant loss of sunlight to, and consequent overshadowing of, residential properties on the north-west side of Kensington Place (which includes a number of Listed buildings). These impacts will affect a significant number of properties and would be unreasonable. The proposal would breach Policies GD 1 and GD 3 and this weighs against the proposal.

My seventh finding concerns transport and access matters. I am satisfied that, subject to specific junction and highways works, the completed development could operate without causing undue impacts on the highway network or highway safety concerns. Measures such as cycle parking provision and the implementation of a Travel Plan could promote and encourage sustainable travel and these could be secured by planning conditions. The proposal would accord with the respective Island Plan transport policies and this weighs in the proposal's favour.

My eighth finding concerns demolition and construction impacts. I assess that, if permitted, this major demolition and construction project would result in widespread and protracted impacts on neighbouring homes, businesses, the existing hospital itself, the local road network and wider area. These are the inevitable consequences of a major construction project in a constrained town centre setting but they are not, in my view, matters that are pivotal to the determination of an Outline Planning application. However, they are clearly matters that the Applicant, and the wider States government, must recognise.

My ninth findings concern a range of 'other matters'. In terms of 'sustainability' I assess that the proposed buildings have the potential to achieve high levels of environmental performance in their construction and operation, but I also make some observations about 'future proofing', which has longer term sustainability implications. My findings on socio-economic impacts are similar to those I made in respect of the first application; there will be some adverse impacts but they can be justified in policy terms and, to an extent at least, mitigated. The Applicant's evidence has properly assessed flood risk and residual risk can be mitigated.

My tenth set of findings concern Planning conditions and obligations. Should the Minister be minded to grant planning permission, I endorse the set of Planning conditions and draft heads of terms of a planning obligation that have been submitted to the Inquiry.

My eleventh findings concern alternative sites. Based on the evidence before me, I assess that there is no stand out alternative site option that would be clearly superior in Planning terms. However, there are realistic alternatives that could deliver the hospital and avoid most of the construction related impacts, but each would come with different adverse environmental effects and consequences.

Judging the overall Planning balance of these findings requires an assessment against the Island Plan as a whole.

Weighing heavily in the proposal's favour are the spatial and locational factors, which accord very strongly with the strategic thrust of the Plan, which directs new development to the most sustainable and accessible locations. These factors enable the proposal to score highly in terms of its transport credentials as the hospital, which is major trip generator, would be highly accessible by sustainable modes of travel. Also weighing in the proposal's favour is its comprehensive redevelopment approach, which would remove a significant collection of largely unattractive and negative buildings and replace them with an integrated set of new buildings, improving certain townscapes and introducing some potentially attractive areas of public realm. A further consideration which could be seen to weigh in the proposal's favour is its deliverability and the consequences of delay.

However, weighing against the proposal are the significant negative impacts that would arise in terms of the settings of heritage assets. Whilst no above ground

heritage would be destroyed, the setting impacts on a number of Listed buildings, including those of the highest grading, would be severe. These are impacts that the Island Plan directs will not be allowed. Also weighing heavily against the proposal are some significant harmful impacts on the amenities of numerous neighbouring residential properties. These impacts are unreasonable and, again, the Island Plan directs that the development should not be permitted. There are also some adverse townscape and visual impacts along with some design concerns. These impacts are, in my view, a product of the site being not quite large enough to comfortably accommodate the proposed scheme. Again, the relevant policies instruct that the development should not be allowed.

A consequence of implementing the proposal will be significant and protracted impacts associated with demolition and construction. This is an important matter to recognise, but I do not regard it as pivotal to this planning determination.

Weighing all of the positive, neutral and negative factors in the planning balance is a complex task. However, the adverse effects and impacts are significant and demonstrable and are matters that are fundamental to the Island Plan, and indeed the Law. Put simply, the Plan says that developments that have the adverse effects I have identified will not be permitted. As a result, a logical Plan-led conclusion guides the decision maker to refuse planning permission, due to the significant Planning harm that will be caused.

This leads to the consideration, as the Law allows, of whether there is 'sufficient justification' to depart from the provisions of the Island Plan. What constitutes a sufficient justification for overriding the Plan's provisions is not defined, but there can be little doubt that providing a much needed new hospital to serve Jersey's population could provide such a 'public interest' justification.

However, it is not appropriate for a Planning Inspector to make that assessment, as it has become a matter that is now inextricably political. What I can say is that the current scheme is far superior to the first scheme. The Applicant's team has worked hard to produce a calmer, more sophisticated and refined proposal but, despite the progress, significant Planning harm would still result. What I cannot say is whether there is sufficient justification for accepting the identified Planning harm and departing from the provisions of the Island Plan, or whether other site / brief options should be revisited. Those are political assessments and decisions on this critically important, once in a generation project.

In the circumstances, and on the basis of the evidence before me, I set out my Plan-led recommendation that the application should be refused for the reasons I have identified. However, I caveat my recommendation by inviting the Minister to consider whether there is sufficient justification for accepting the significant Planning harm and conflicts with the Island Plan that I have identified.

INTRODUCTION

Background

1. My name is Philip Staddon. I am an independent Planning Inspector appointed by Jersey's Minister for the Environment to conduct a Public Inquiry to assess the Planning application to build a new general hospital in St Helier, lodged under reference PP/2018/0507.
2. This is the second Planning Inquiry into a proposal for a new hospital that I have conducted. The first Inquiry culminated in the Minister's refusal to grant Outline planning permission for an earlier proposal in January 2018 (Reference PP/2017/0990).
3. That first application related to a large and tall hospital building proposal on a site formed by part of the existing general hospital site, along with some adjacent premises on Kensington Place that would need to be acquired. My report to the Minister on this application was issued on 2 January 2018. It explained my assessment that the proposal was unacceptable in Planning terms, when judged against the policies set out in the Island Plan.
4. I recommended to the Minister that he should refuse to grant Outline Planning Permission for the proposal, due to the serious negative impacts it would have on the St Helier townscape, the visual amenities of the area, numerous protected heritage assets, and the amenities of neighbouring residential properties. The Minister agreed with my recommendation and refused the application by his Ministerial Decision on 8 January 2018 (MD-PE-2018-0004).
5. As the hospital project is said to be Jersey's largest ever public infrastructure project, the promotion of the first application proposal by one arm of the States government, only for another arm of the government to refuse planning permission and prevent it happening, was understandably a matter of significant public interest, which attracted widespread attention and comment.
6. Following the refusal of the first application, the Applicant has worked up a revised and different proposal. This forms the basis of this second application (PP/2018/0507) which was submitted in April 2018. This includes similar site elements to the first application, but extends and widens the area for redevelopment to include the existing hospital buildings that front The Parade (known as the 1980's block and 1960's block) and also includes Westaway Court, a health workers residential block, to the north of Parade Gardens.
7. This second application proposal is described as follows:

"Demolish Stafford Hotel, Revere Hotel, 33-40 and 44 Kensington Place, including Sutherland Court, and parts of General Hospital / Peter Crill House, Gwyneth Huelin Wing, link block, lab block, engineering block and chimney, 1960's and 1980's block on the Parade, temporary theatre block and Westaway Court. Phased construction of new hospital buildings at the General Hospital site and at Westaway Court, refurbishment of the Granite Block for continued non-clinical hospital use, improvements and construction of one halfdeck of parking to Patriotic Street Car Park, and all associated landscaping and public realm, highways and access, plant and infrastructure works. Fixed Matters: Means of Access. Reserved Matters (by parameter plans): Scale and Mass, Siting, Landscaping and Appearance and Materials."

Terms of Reference

8. The Minister for the Environment decided to call this Public Inquiry on 24 April 2018.² His stated reasons were:

In accordance with Article 12(1)(a) of the Planning and Building (Jersey) Law 2002, as amended, the Minister is satisfied that if the proposed development were to be carried out the development would be likely to have a significant effect on the interests of the whole or a substantial part of the population of Jersey.

The Future Hospital application has been presented as a key piece of public infrastructure for the Island, and the quality of the planning determination is best served by holding a public inquiry with an independent Planning Inspector. The Minister envisages the Inquiry will be an inclusive forum, to ensure an open discussion, with all parties able to present their opinions and have evidence tested, before the Inspector makes a recommendation to the Minister.

9. The Law prescribes that, in such circumstances, the Minister shall not determine the application *"unless and until a public inquiry has been held concerning the application."*³ That is to say, this Inquiry must be held before the application can be determined. The Minister must also take into account representations made at the Inquiry in determining the application.⁴
10. The terms of reference for the Inquiry into this second application were initially set in the Minister's letter of 17 May 2018.⁵ These were similar to those set for the first Inquiry, which placed certain matters, most notably

² Ministerial Decision MD-PE-2018-0507

³ Article 12(2) of Planning and Building (Jersey) Law 2002 (as amended).

⁴ Article 12(3) of Planning and Building (Jersey) Law 2002 (as amended).

⁵ Deputy S. Luce's letter to Mr. P. Staddon dated 17 May 2017 [Inquiry Document INQ1]

the merits of alternative sites and financial considerations, outside the stated terms of reference.

11. However, in the light of States Proposition P.90/2018, the Minister wrote to me on 17th July 2018⁶ extending the terms of reference, allowing me to consider the issue of alternative sites, '*if deemed necessary and appropriate*'. I responded by setting out my view on the potential relevance of alternative sites evidence⁷ and subsequently invited submissions on this matter. The extension of the terms of reference does increase the complexity of this Inquiry (compared to the first) and opens up some contentious and politically charged areas that require some careful assessment and navigation.

The Inquiry

12. I held the formal Inquiry sessions over five days, opening on Monday 17 September and closing on Friday 21 September 2018. The Inquiry was held at the St Paul's Centre in St Helier. I included an open 'plenary' evening session on Tuesday 18 September, which was attended by a significant body of health workers. I dedicated most of Thursday 20 September to the consideration of 'alternative sites' evidence. In addition to those appearing in person, I reviewed and considered a significant volume of written representations, all of which are listed in, and can be accessed through, the Inquiry's electronic document list.
13. I made numerous inspections of the application site over a number of months. I also undertook inspections of the main alternative sites that are referred to in evidence.
14. At the suggestion of the Applicant, and in agreement with the States Planning officers, I structured the Inquiry around a series of main issues or 'themes', most of which were drawn from my report in respect of the first application. These focused theme sessions were as follows:
 1. The case for the application
 2. Design principles and parameters, townscape and visual impacts
 3. Heritage
 4. Amenity impacts
 5. Transport and access
 6. Demolition and construction impacts (including the Health Impact Assessment)
 7. Other matters – sustainability, socio-economic impacts, crime, flood risk, wind effects and any other Planning matters

⁶ Deputy J. Young's letter to Mr. P. Staddon dated 17 July 2018 [Inquiry Document INQ4]

⁷ Inspector's Response to the Minister - Amended Terms of Reference, 23 July 2018 [Inquiry Document INQ7]

8. Planning conditions and obligations
9. Alternative sites

15. I would like to record my thanks to all participants for their contributions at the Inquiry and to those that made written representations. These have assisted greatly my understanding and assessment of the main issues and enabled me to reach informed evidence based conclusions and recommendations.

Report structure

16. In terms of the structure of this report, I begin by addressing some preliminary and procedural matters. I then describe the existing hospital site, the application site, the application proposal and the planning history. I then explore the legislative and planning policy frameworks, including an overview of the relevant Island Plan policies. I then summarise the cases made by the Applicant, the Department officers and the many Interested Parties who have contributed to this Inquiry.
17. My report then explores the nine thematic main issues, drawing on participants' detailed evidence where appropriate. My report then provides an overarching assessment and my recommendation to the Minister.
18. Appended to this report is an 'Inquiry Documents' list (Appendix 1). Throughout this report references are made to the documents contained in this.

PROCEDURAL AND PRELIMINARY MATTERS

The Order

19. This Inquiry has been conducted in accordance with the provisions and procedures laid down in the Planning and Building (Public Inquiries) (Jersey) Order 2008. This Order sets out my functions and powers and the rules concerning announcements, submissions to the Inquiry, its timetable and other related matters. A number of procedural and preliminary matters arose in the run up to, during, and after the formal Inquiry sessions. I summarise the most relevant below.

The 'live' application

20. It is important to appreciate that the Inquiry has been considering a 'live' planning application. It does not relate to a Planning appeal where a decision has already been made. It is equally important to appreciate that the application is for an extremely major and complex development.
21. The application has been the subject of the submission of new and amended material since its submission. This is entirely normal and to be expected, as the Applicant seeks to address issues as they arise, often in response to application consultee responses.
22. However, some have claimed that this changing process is unfair and put them at some sort of disadvantage in preparing their submissions (in opposition to the scheme). I do not agree with this view, as the most significant set of amendments were formally advertised and I allowed plenty of time for evidence submissions.
23. The live nature of the applications has also meant that submissions have continued after the close of the formal Inquiry sessions. This includes an October design review by the Jersey Architecture Commission (JAC). In writing this report, I have considered all of the evidence before me at the current time.

The Pre-Inquiry Meeting

24. In accordance with Article 8 of the Order, I held a 'Pre-Inquiry Meeting' on 2 August 2018. The purpose of such a meeting is purely procedural in nature and intended to make preparations to ensure that the Inquiry runs smoothly and efficiently. The agenda⁸ and notes⁹ of that meeting are available through the Inquiry document library.

⁸ Inquiry Document INQ9 - Pre-Inquiry Meeting Agenda

⁹ Inquiry Document INQ10 - Notes of the Pre-Inquiry Meeting

Landowners' consent to the making of the application

25. Under Jersey Law,¹⁰ it is a requirement that an application for Planning Permission is accompanied by certificates confirming that the site landowners approve of the application being made. However, in this case, two of the landowners have refused, or are unable, to certify their approval of the application.
26. In such circumstances, Article 9 (4) of the Law allows for an application for planning permission to be accepted for consideration, if the Minister for the Environment is satisfied that do so would be in the public interest. The Minister has accepted the public interest case in respect of the application. This has enabled the application to be validated and thereafter formally considered.

Confidential evidence

27. On a number of occasions I was asked whether I would accept confidential or anonymised evidence submissions. I declined all such requests. This is because Planning Inspectors follow the key guiding 'Franks'¹¹ principles of 'openness', 'fairness' and 'impartiality'. These principles preclude secret briefings and require that all evidence that I consider is available to all other parties.

The authority for submitting the application

28. A number of interested parties allege that the submission of the application has not been properly authorised. In particular, some contend that the current application proposal strays beyond what was authorised under Proposition P.110/ 2016 and that, following the refusal of the first application, the whole matter should have been placed before the States Assembly to determine the way forward.
29. Whilst these matters are understandably of interest, and the Minister will no doubt wish to be satisfied that the mandate for making the application is sound, these are background 'Applicant' issues that sit beyond the scope of my examination. In Planning terms, I am fully satisfied that the application meets the procedural validity requirements set down in the Law¹² and the associated Guidance.¹³

¹⁰ Article 9 (3)(b) of the Planning and Building (Jersey) Law 2002

¹¹ The 'Franks' Principles originate from the recommendations of the Committee on Administrative Tribunals and Enquiries chaired by Sir Oliver Franks in 1957

¹² The Planning and Building (Jersey) Law 2002 (as amended)

¹³ Supplementary Planning Guidance Practice Note 22 (Revised January 2017)

Volume of documentation

30. It is a fact that planning applications for very large scale developments generate significant volumes of documentation and plans. This application is no different and there are substantial volumes covering the environmental, transport and design aspects of this proposal. The Inquiry itself has generated an even greater volume through Proofs of Evidence and appendices, some of which are very wide ranging and voluminous.
31. It is understandable that a number of participants found the document library to be daunting and impenetrable, and a number referred to being lost in a 'tsunami' of paperwork. I do appreciate these concerns and frustrations but the volume of paperwork is largely a product of the complexity and scale of the proposal and, to be fair to witnesses and document authors, the use of executive summaries in larger documents and relatively concise Proofs has assisted the Inquiry.
32. The Inquiry Programme Officer did an excellent job in managing this large volume of material and the electronic library remains a very useful resource. I have endeavoured to review all of the information placed before me and to distil out the most significant facts and findings through this report.

Politics, Planning and Other Limitations

33. It is important that I record, as I did in my opening at the Inquiry, that my remit is limited to Planning considerations. It does not stray into matters of a political nature or, indeed, to make judgements about political decision making, whether that is in the past, the present or the future.
34. This is not an altogether easy or straightforward task, as some of the Planning matters I must consider, including the issues surrounding alternative sites, are highly politically charged and unavoidably controversial. Indeed, as I write this report I am acutely aware of ongoing political and wider discussions about the project governance, site selection, the consequences of delays, the costs incurred to date, and who should make the final decision about the project.
35. It is also appropriate to record that my role and remit does not extend to 'negotiating' changes or amendments to the scheme, as a States Planning case officer might routinely do, to resolve identified issues prior to the determination of a planning application. Similarly, on the issue of alternative sites, it is not my role to conduct an Island wide site search to find the 'best' site. My assessment has been made purely on the basis of the evidence placed before me.

THE EXISTING HOSPITAL SITE, WESTAWAY COURT AND THE APPLICATION SITE AREA

The existing hospital

36. The existing general hospital complex is situated opposite Parade Gardens, just to the north-west of St Helier's core retail area. It comprises a collection of buildings that front The Parade, Gloucester Street, Kensington Place and Newgate Street. The buildings are of different ages, scales and architectural designs and reflect the incremental expansion of the hospital over the decades.
37. The oldest building in the complex is the 1863 'original' hospital¹⁴, often referred to as 'the Granite Block'. It is a fine Grade 1 Listed Building, which faces Gloucester Street but is sited well back from it by a forecourt set behind a gatehouse. The building currently includes the following functions: radiology; emergency assessment unit; inpatient wards; endoscopy; anaesthesia and administration. The forecourt includes a temporary modular surgery block, along with emergency access for ambulances.
38. Immediately to the east of the Granite Block, and on the corner of Gloucester Street and The Parade, is 'the 1960's wing'. This is a 20 metre high 4 storey building housing the accident and emergency functions, with theatres above.
39. North of the 1960's block is the largest of the current buildings, which is an 8 storey building rising to 39.66 metres, completed in 1987 and known as 'the 1980's block'. This houses in-patient and maternity wards, along with ancillary functions. This building is a large and prominent structure in the St Helier townscape. It is visible from many public vantage points within the town and much further afield.
40. Located behind the 1980's block (and to the rear of the Granite Block) is a 2 storey laboratory block which includes the pathology department. To the north of this, and with a frontage on to Kensington Place, is the hospital's 'engineering block'. This is 3 storeys in height. The tall hospital chimney stack, which is a notable visual landmark, is also located in this part of the site.
41. The south-western part of the current site comprises three further buildings.

¹⁴ The building is actually a replacement for an earlier eighteenth century hospital that was destroyed by fire in 1859.

42. The first is the Gwyneth Huelin Wing, which has a frontage to Newgate Street. It is a 4 storey block, built in 1978, housing outpatient clinics; antenatal clinics; physiotherapy; clinical investigations; day surgery; ear, nose and throat (ENT); audiology; ophthalmology; dermatology and renal dialysis.
43. The second is Sir Peter Crill House, a 5 and 6 storey block, built in 1949, which faces (but is set back from) Gloucester Street and turns the corner into Newgate Street. It houses training, education and administrative functions, along with some staff accommodation.
44. The third is a 'Link Block', which connects Gwyneth Huelin Wing, Peter Crill House and the listed Granite Block, the connection to the latter being via a glazed link.
45. The surrounding area, within which the main hospital complex sits, is distinctly urban and mixed in terms of its land use and character. In addition to the large institutional use and presence of the existing hospital, other uses include shops, cafes and businesses, parkland, public car parking and a good number of residential properties, some in relatively modern purpose built complexes and others in converted period properties.

Westaway Court

46. Whilst not part of the operational hospital complex, Westaway Court is a component of the wider hospital estate in this part of the town. This is a health workers residential accommodation complex, situated to the north of Parade Gardens, which has frontages to Elizabeth Place and Savile Street. It comprises two accommodation buildings, one being a 9 storey tower block, the other a lower 4 storey block with a 'L' shaped footprint, along with car parking areas (accessed from Savile Street).
47. The surrounding area includes a mix of residential, commercial and civic open space uses.

The application site area

48. The application site's 'red line' boundaries are intricate and complicated but there are three broad constituent parts.
49. The first part, and largest in area, incorporates the following elements: the 1960's wing; the 1980's block; the engineering block; the existing chimney; the lab block; the Listed Granite Block; the Gwyneth Huelin Wing; Sir Peter Crill House; Patriotic Street multi-storey car park; St Elmo's (an extension to the rear of 1 Edward Place) and a number of properties along Kensington Place, which lie beyond the existing hospital complex and would need to be acquired. The 'to be acquired' Kensington Place properties comprise:

- The Stafford Hotel - a 4 storey 72 bedroom hotel
- The Revere Hotel - a 2 - 2.5 storey 56 bed hotel which includes two restaurants open to the public
- 36 - 40 Kensington Place - comprising two cafes and a hairdressers with 14 flats (Sutherland Court) above
- 44 Kensington Place - comprising a restaurant at ground floor with residential accommodation above

The red line around this 'main' part of the application area extends to include areas of surrounding highway land on Kensington Place, The Parade, Gloucester Street, Newgate Street, Patriotic Street, Patriotic Place and Sand Street.

50. The second part embraces the outlying Westaway Court complex. This includes its buildings, car park and highway land around the junction of Elizabeth Place and Savile Street.
51. The third part includes some areas of outlying highway land on the Esplanade and St Aubin's Road/ Peirson Road.
52. The overall site area extends to some 3.75 hectares.¹⁵

¹⁵ EIS – paragraph 1.7 refers

RELEVANT PLANNING HISTORY

53. The existing hospital site has been the location of a General Hospital since its original founding there in 1765 as a hospital for the poor. The present Granite Block was erected in 1860 and opened in 1863 as the new General Hospital, following the loss of the earlier building through a fire. In 1896, an extension to the north of the Granite Block was built.
54. In the post-World War Two era, there has been a succession of additions and new blocks, reflecting the hospitals incremental growth over time. This includes the 1960's block to the north of the Granite Block; the tall 1980's block (opened in 1987) and the Link Block added in 2007. In 2013, a temporary theatre building was added in the forecourt of the Granite Block.
55. Of relevance to the current proposal is the first Outline planning application for a new hospital proposal. This was submitted in July 2017 under Ref. PP/2017/0990 and was the subject of the first Inquiry in September 2017. The application was refused in January 2018 by the Minister for the Environment for three reasons – harm to townscape, harm to heritage assets and harm to residential amenity. The full reasons for refusal stated:

Reason 1: The proposal, by virtue of its siting, size and mass would be grossly out of scale with its immediate surroundings and with the wider townscape. It would appear as an over dominant, obtrusive and alien structure that would harm the St Helier townscape and detract from visual amenities in many locations. This conflicts with the Island Plan's strategic Policy SP 7 (Better by design), Policy GD 7 (Design quality), Policy BE 5 (Tall buildings), Policy GD 5 (Skyline, views and vistas) and with the Design Guidance for St Helier (2013), which is adopted as Supplementary Planning Guidance.

Reason 2: The proposal, by virtue of its siting, size and mass, would not preserve or enhance the settings of numerous heritage assets. It would cause serious harm to the immediate setting of the nineteenth century Grade 1 Listed building within the site, which would be overwhelmed and overshadowed by a very large, tall and imposing modern building. The settings of Listed buildings on Kensington Place and Gloucester Street, including the Opera House, would also suffer serious harm. There would also be harm to the settings of Listed buildings and places in the wider locality including heritage assets at Edward Place, Peirson Road, Patriotic Street, Patriotic Place, Parade Gardens, Victoria Park, People's Park and Westmount Gardens and Lower Park. More distant heritage assets, including the Grade 1 Listed Elizabeth Castle, Fort Regent and South Hill Battery, Noirmont Point and Almorah Crescent, would also suffer harm to the wider settings within which they are experienced. Each and all of these instances of harm conflicts with Policy HE 1 of the Island Plan and with the strategic 'high priority' given to the protection of Jersey's historic environment, established by Policy SP 4.

Reason 3: The proposed development would lead to unreasonable harm to the residential amenities and living conditions of neighbouring residential

properties at Newgate Street, Patriotic Street, Patriotic Place, Gloucester Street and Kensington Place by virtue of its overbearing scale and presence and the associated loss of daylight, shadowing effects at certain times, and the likely loss of privacy. As such, the proposal is contrary to Policies GD 1(3) and GD 3 of the Island Plan 2011 (revised 2014).

56. The Minister, in his decision documentation¹⁶, went on to state that:

Additionally the Minister considered whether, notwithstanding the failings of the application to align with the policy tests set out in the Island Plan, there were exceptional circumstances which could amount to a sufficient justification to approve the application. In considering this, the Minister took into account the compelling evidence before him of the need for a new hospital and all the representations made at the Public Inquiry. Whilst accepting the case made by the applicant on the grounds of need, the Minister noted the comments of the Inspector, that the proposed development would result in serious and lasting harm to the townscape of St. Helier, the heritage assets of the area and the residents affected.

The Minister concluded that, whilst the location is spatially appropriate for the hospital, the scheme before him is not the only possible solution. The application site proposed is too small to accommodate a building of this size, but other combinations of land, and/or project phasing, could result in a different outcome. This would require a re-appraisal of the rules set by the Hospital Project Board, but is outside the scope of the consideration of this planning application.

The Minister therefore decided that there was insufficient justification to make a decision which would be so far outside the terms of the Island Plan and refused the application.

57. It is important to stress that the first and second application are distinct and different proposals and that each falls to be determined on its own individual merits. Nonetheless, the assessment and determination of the first application has provided a clear reference point on many of the key planning matters.
58. Given that the Island Plan and associated guidance remain essentially unchanged, combined with the widely accepted principle that planning applications should be assessed in a consistent manner, the PP/2017/0990 scheme and its refusal reasons are material considerations in this current application. Indeed, this is accepted by the Applicant which has, throughout, framed its new proposal as a response to the refusal decision, which seeks to overcome the Planning objections to the first application. As a result, I do draw some comparisons and refer to earlier relevant analysis, where this is considered appropriate.

¹⁶ Ministerial Decision Reference: MD-PE-2018-0004 – dated 9 January 2018

59. There are two current related Planning applications. The first relates to the demolition of Westaway Court (P/2017/1789) which, at the time of writing this report, remains undetermined. The second, relates to the erection of an electricity substation on the site of St Elmo's (P/2018/0950), on the north-eastern edge of the hospital site; I understand that this infrastructure scheme is required irrespective of the outcome of this Inquiry and that planning permission has recently been granted.

THE APPLICATION PROPOSAL

The form of the application

61. The application is submitted largely as an 'Outline' Planning application. This means that it seeks to establish that the new hospital development proposal is, in principle, broadly acceptable in Planning terms.
62. The only 'fixed' matter for which approval is sought at this stage, is 'means of access'. All other matters are 'reserved' for further approval should Outline Planning Permission be granted. The 'reserved' matters are:
 - Siting
 - Scale and mass
 - External appearance and materials
 - Landscaping
63. Whilst much of the detail would remain to be determined at a later date (through 'reserved matters' applications), the Applicant has submitted a series of 'parameters' drawings and a 'design principles' document.
64. The set of parameter plans, elevations and sections seek to define the maximum 'envelope' of the new buildings in terms of their siting, size and heights. The design principles seek to express a set of design based rules, principles and objectives, to act as a template for the subsequent detailed design (within the parameters).
65. The applicant seeks approval of the parameter plans and design principles document and proposes that they should form the framework to limit, mediate and inform the detailed design process that would follow, should Outline Planning Permission be granted.

The component building proposals

66. Based on the submitted parameter plans and other supporting material, I describe below the key elements of the indicative proposal.
67. The main cleared site would accommodate a series of new blocks housing clinical departments and patient wards, which would upgrade and re-order most of the existing general hospital functions into a modern building complex. The indicative proposal would have a total of 288 bed spaces. This would comprise 192 in-patient beds (compared to 148 at present); 26 for the emergency assessment / clinical decisions unit; 12 critical care beds; 22 private bedrooms; 9 beds for the new born unit; 15 for paediatrics and 12 for obstetrics and gynaecological units.

68. Block A would face Kensington Place, spanning just over 150 metres of its street frontage and rising to a maximum of 15.6 metres at the street face and stepping up to 20.6 metres further back.
69. Block B would be the largest and tallest element, occupying the centre of the site. Its 'L' shaped footprint would have 'legs' measuring up to 105.3 metres and 97.2 metres. It would have frontages to Newgate Street and Gloucester Street and run around the side and rear of the Listed Granite Block. It would step up in height from a maximum of 15.6 metres around its periphery, to a maximum of 34 metres for the central ward towers.
70. Block C would be a new frontage building connecting Block B to The Parade. It would have a maximum height of 15.6 metres.
71. The retained Listed Granite Block would be refurbished internally and externally, including the removal of unsympathetic additions and alterations. It would be re-purposed for non-clinical hospital uses, such as offices / administration, staff training and meeting rooms.
72. The outlying new 'Westaway' block would provide an outpatients facility in a complex made up of elements with different heights ranging from 5.6 metres (adjacent to Savile Street) to 17.9 metres (fronting Parade Gardens).
73. The proposals also include the addition of a half deck to Patriotic Street car park (which measures some 32 metres by 88 metres). This would increase its height to 16.7 metres and 19 metres at its eastern end (where lifts would be located). A link block is proposed to connect the car park to the proposed Block B.
74. The Applicant's Environmental Impact Statement (EIS) indicates that the total floor area of the new development is approximately 63,400sq.m with a footprint of approximately 13,250sq.m.¹⁷

The access proposals

75. In terms of 'means of access', there are a number of proposed accesses and routes which seek to separate emergency and operational vehicle movements from pedestrian movements of staff, visitors and patients.
76. The primary pedestrian access to the proposed new hospital would be from The Parade, and this would include the main drop-off point for cars and taxis adjacent to the main entrance. There would be secondary accesses from Gloucester Street and Newgate Street.
77. The proposed vehicular access for emergency (the 'blue light run') and operational vehicles would be from the west. The ambulance layby for

¹⁷ EIS – paragraph 3.3

emergency admissions would be on the proposed extension to Newgate Street. An 'ambulance only' lane here would enable emergency vehicles to access from the south (via Gloucester Street) and north (via Kensington Place). The service block will be accessed via Kensington Place.

78. The proposed extended Patriotic Street car park is intended to be predominantly dedicated to hospital use, for long and short term stays. A footbridge link would connect the hospital and the extended car park at 'level 1' leading directly to the hospital concourse, providing direct access from patient designated car parking. Vehicular access to the multi-storey car park would be via Patriotic Street and Kensington Place. Vehicular egress would be via Patriotic Street only and the existing Newgate Street egress would be closed off.
79. The proposed outpatient facility on the Westaway Court site would have vehicular access / egress onto Savile Street leading to a courtyard car park and a drop-off / pick up layby on Elizabeth Place.

The application documents

80. The application is supported by a large body of plans and documents. The submitted plans include a set of 'for approval' plans, along with a range of other illustrative drawings and images.
81. The documents include an EIS which contains the Applicant's assessments of the proposal's impacts on air quality; noise and vibration; traffic; geology, hydrogeology and contamination; water resources; heritage; waste; wind; socio-economics and townscape and visual impact. It also assesses the effects with recommended mitigation measures applied.
82. Other documents include a detailed Planning Statement, a Transport Assessment, a Design and Access Statement (DAS) with an associated update / addendum and a Health Impact Assessment (HIA).

THE ISLAND PLAN (REVISED 2014)

83. The Planning and Building (Jersey) Law 2002 (as amended) provides the legal framework for the operation of the Planning system in Jersey. In essence, it adopts a 'plan-led' system where a development plan, 'The Island Plan', produced through an open and participative process and thereafter adopted, takes primacy in decision making.
84. There is a general legal presumption that development in accordance with the Island Plan will be permitted and development that is inconsistent with the Plan will normally be refused, unless there is 'sufficient justification'¹⁸ for overriding its provisions. That is to say, there is some discretion for decision makers, but any inconsistencies (with the Plan) have to be justified.
85. The States adopted the Island Plan in June 2011. A review was subsequently undertaken which resulted in a revised Plan being approved and adopted in July 2014. The Island Plan is a detailed and comprehensive document which combines a strategic policy framework with a detailed set of policies and a proposals map. However, it does not, due primarily to timing issues concerning its production, make specific provision for a new hospital development of the scale and nature now proposed.

Strategic Policies

86. In terms of the Plan's strategic planning policy framework, Policy SP 1 sets out the spatial strategy, which seeks to concentrate new development in the Island's defined Built-Up Area and, in particular, within the 'Town Extent' of St Helier. The application site lies within the Town Extent.
87. The SP 1 spatial strategy is supported by Policy SP 2, which seeks to ensure that development makes the best and most efficient use of resources (including land) and by Policy SP 3 which sets out a 'sequential approach' to new development, directing it to the most sustainable locations.
88. Policy SP 4 establishes a 'high priority' to the protection of the Island's natural and historic environment including "*...its archaeology, historic buildings, structures and places...*". Policy SP 5 supports economic growth and gives a high priority to supporting existing and new businesses. Policy SP 6 seeks to reduce dependence on the use of the car and the final strategic policy, SP 7, requires high quality design.

¹⁸ Article 19 of Planning and Building (Jersey) Law 2002 (as amended).

Relevant General Development (GD) Policies

89. Policy GD 1 sets out a wide range of 'general development considerations' against which all planning applications are assessed. These include sustainability, protection of the historic environment, impact on neighbouring uses and occupiers, economic impact, transport and design quality. With regard to amenity impacts, the policy states that developments must:

"...not unreasonably harm the amenities of neighbouring uses, including the living conditions for nearby residents, in particular:

- a) Not unreasonably affect the level of privacy to buildings and land that owners and occupiers might expect to enjoy;*
- b) Not unreasonably affect the level of light to buildings and land that owners and occupiers might expect to enjoy;"*

90. One of the criteria under Policy GD 1 has been the subject of a recent judgment by the Royal Court.¹⁹ This relates to GD 1 (1a) which sets out a presumption that a proposal "*will not replace a building that is capable of being repaired or refurbished*". The judgment accepts that Policy GD 2, which effectively prohibited demolition reliant proposals, was deleted and refers to GD 1 (1a) as setting only a "*light presumption*" (against demolition), which must be balanced with other policies and objectives.
91. Policy GD 3, in support of the spatial strategy, seeks to ensure that "*the highest reasonable density is achieved for all developments, commensurate with good design, adequate amenity space and parking...and without unreasonable impact on adjoining properties.*"
92. Policy GD 4 sets out when Planning Obligation Agreements (POA) will be required, such as where the development necessitates additional infrastructure, amenities or financial contributions to mitigate its effects.
93. Policy GD 5 seeks to protect or enhance the skyline, strategic views, important vistas, and the setting of landmark and Listed buildings and places. It states that developments that have a 'seriously detrimental' impact will not be permitted.
94. Other GD policies that have some relevance cover contaminated land (GD 6), design quality (GD 7) and a 'percentage for art' (GD 8).

Historic environment policies

95. Policy HE 1 sets a presumption in favour of preserving heritage assets and their settings. The policy states that proposals "*...which do not preserve or*

¹⁹ Therin v Minister for Planning and Warwick – Royal Court (Samedi Division) [2018]JRC098

enhance the special or particular interest of a Listed building or place and their settings will not be approved”.

96. Policy HE 5 sets out the policy approach to the preservation of archaeological resources.

Built environment policies

97. Policy BE 5 sets the policy approach for ‘tall buildings’ which are defined as being above 18 metres or rising more than 7 metres above their neighbours. The policy states that the exceptional height of such buildings will need to be fully justified in urban design terms and makes clear that development which exceeds the height of buildings in the immediate vicinity will not be approved.
98. Policy BE 10 seeks to control the appearance of roofscapes and avoid visible roof plant and equipment.

Economy policies

99. The Plan’s economy chapter sets out policies that seek to protect and promote the Jersey economy. Policy E 1 presumes against the loss of employment land (as supported by SP 5). One of the exceptions to this presumption is where the overall community benefit of a proposal outweighs the employment loss.

Housing policies

100. Policy H 11 resists the loss of existing housing. There is an exception where the value of a development to the Island outweighs the loss.

Social, community and open space policies

101. Policy SCO 2 supports new or additional primary healthcare premises provided that the proposal is within the grounds of an existing healthcare facility or within the built-up area or, in exceptional circumstances, in another location if there is no other suitable site.
102. The supporting narrative, at paragraph 7.31, states:

“The 2002 Island Plan referred to Health and Social Services’ twenty-year development plan which identified the short, medium and long-term options for health provision in the Island. The short-term (five year) proposals for the General Hospital included the provision of a new community dental service and expansion of the existing day surgery which have now been completed. Over the longer-term the plan proposes further improvements to the General Hospital site with possible expansion to provide space for existing and new services for the long-term delivery of acute care: the feasibility of the General Hospital site being able to satisfy this objective is likely to be the subject of a review during the Plan period.”

Transport policies

103. The Plan contains a suite of relevant transport related policies. These cover footpaths (TT 2), cycle routes and cycle parking (TT 3 and TT 4), road safety (TT 5) access to public transport (TT 7 and TT 8) and the use of Travel Plans (TT 9).
104. Policy TT 10 seeks to cap and limit additional off-street public parking in St Helier in the interests of reducing congestion.

Other Island Plan Policies

105. Policies covering water resources (NR 1), water capacity and conservation (NR 2), air quality (NR 3), renewable energy (NR 7), foul and surface water drainage (LWM 2 and LWM 3) are also relevant. The waste management policies of the plan (notably WM 1) are also relevant.

SUPPLEMENTARY PLANNING GUIDANCE

106. In addition to the Island Plan, the Law²⁰ allows the Minister to publish 'guidance' and this, where relevant, must be taken into account when considering planning applications.
107. There is a wide range of such Supplementary Planning Guidance (SPG) in Jersey. Its purpose is to provide assistance and information on policy considerations under the Island Plan, as well as guidance on how to make planning applications.
108. Although a good number of the SPG documents have some relevance to the application proposal, there are some that I consider have particular relevance in this case. These are:
- Advice Note No.2 Development of Potentially Contaminated Land, (2005)
 - Advice Note: Bats Buildings and The Law
 - Practice Note 21: The Jersey Architecture Commission (April 2014)
 - Practice Note 22: Outline Planning Applications and the submission of reserved matters (Revised January 2017)
 - Design Guidance for St Helier (January 2013)
 - St Helier Urban Character Appraisal (2005)
 - Planning Advice Note No.4 - Design Statements (2006)
 - Advice Note - Protection of Employment Land (June 2012)
 - Supplementary Planning Guidance Note 1: Archaeology and Planning (January 2008)
 - Managing Change in Historic Buildings (June, 2008)
 - Advice Note - Site Waste Management Plans (2013)

²⁰ Article 6 of Planning and Building (Jersey) Law 2002 (as amended).

BRIEF SUMMARIES OF THE CASES MADE BY THE APPLICANT, THE STATES PLANNING OFFICERS AND INTERESTED PARTIES

The Applicant's Case

109. The executive summary of the Applicant's closing statement (INQ27) is reproduced below:

"The Minister directed that an inquiry be held to enable appropriate consideration of the largest infrastructure project in a generation that provides the platform for delivery of the New Model of Care for Jersey, pursuant to P.82/2012.

The Project Team has been pleased to engage in this process in order to allow public scrutiny and better understanding of what is sought to be achieved. We thank all of those who have engaged in this Inquiry. Whilst all participants may not agree with the Project Team's case and its considered responses to each party, we hope that everyone has welcomed this interaction. Every comment has been carefully considered and valued as part of this public inquiry process.

This public inquiry is limited to consideration of the town planning matters arising from the Application for a new General Hospital on the current hospital site and an associated outpatients clinic at Westaway Court, to support the independent Inspector's examination and recommendation to the Minister as to whether planning permission should be granted. During the consideration of the Application, it is inevitable that matters outside of the planning process have been raised, and we have endeavoured to respond to these appropriately, out of respect for the public's welcome participation in this important project.

The Applicant has sought to engage appropriately with the Planning Department and the Jersey Architecture Commission to address identified shortfalls in the earlier iteration of the proposals. The Planning Department's approach has been robust and appreciated, and has led to improvements to the proposals that, in the Applicant's view, have resulted in a better scheme for Jersey that delivers not only the essential clinical functions of the hospital but also a careful and considered proposal for the regeneration of this part of St Helier.

The project team's detailed and objective evidence has, we feel, demonstrated a proposal that accords with the Island Plan. This has resulted in the unqualified support for the Application by the Planning Department, as confirmed in their closing submission, that it accords broadly at this outline stage, with the Island Plan's strategic objectives and detailed policies. The Department and the public will have the full opportunity to scrutinise further important details of the proposal at the

Reserved Matters stage. In this context, Article 19(2) of the Planning and Building Law requires that outline planning permission be granted and, in doing so provide the platform to deliver an essential part of the New Model of Care envisaged by P.82/2012, following Island-wide consultation in 2011.

In 2012 States' Members approved the delivery of a fit-for-purpose General Hospital by 2022. The Application will deliver this requirement, ensuring that ambulatory and outpatient care within the New Model will be available for Islanders.

The Application delivers the Strategic Priorities of States' Members – to regenerate a quarter of St Helier with high-quality design, show casing its heritage, and creating a special place to deliver unique world-class health care services. It will support the Island's future health and wellbeing, as a place to aspire to live and work.

Through the framework put in place by the Parameter Plans and the Design Principles, the Application commits to deliver high quality urban design alongside optimised clinical planning, providing the functions the future hospital needs in a way that will respect and enhance the character and townscape of St Helier.

The project demonstrates numerous components of good design and can provide many amenity betterments with some, although there are some limited, impacts. The Project Team has ensured that a wide range of highly skilled and experienced designers (from health, planning, urban, architecture, townscape, heritage, lighting, flood, sustainability, and other disciplines) have contributed to the formulation of the Future Hospital to ensure delivery of what will be an exceptional piece of healthcare infrastructure. It is a well-thought through scheme, and that basis will underpin delivery of high quality services for generations.

It is a regrettable but inevitable consequence of any major urban development project that disruptive construction effects will occur together with some traffic, residential and amenity impacts. However, the overriding consideration remains the safety at all times of patients, visitors and staff. The Applicant is mindful of this and pledges to deliver a careful and considerate construction.

Through this Application the Future Hospital will stay at the accessible heart of St Helier, and will continue to provide essential health and social care at important moments in the lives of Islanders.

We are grateful that the inquiry has carefully considered the evidence on this very complicated project by themes. This has enabled joined up consideration and wide and detailed debate by all, and searching public

scrutiny. This approach has been welcomed, and we thank the Inspector for adopting this format to his independent consideration of the Application. We thank everyone for their participation, and their support for the Inspector in reaching an objective decision that considers the full range of views of all parties.

The Application proposes the right facility, of the right size, delivered at the right time, in community partnership. The Future Hospital delivers a comprehensive platform for acute care integrated with out of hospital services provided closer to patient's homes. With this New Model of Care Jersey can face the future with optimism.

The Applicant respectfully requests the Inspector to recommend, on the basis of the objective and independent expert evidence presented, that conditional outline planning permission be granted. The Applicant considers that a clear and robust recommendation can be made to approve the Application."

The States Planning Officers and Technical Officers' Case

110. The closing comments of Mr Nicholson on behalf of the Planning authority are reproduced below:

The Minister called this Inquiry because it was considered that the proposals would be likely to have a significant effect on the interests of the whole or a substantial part of the population of the Island. This Inquiry format reflects the open and transparent nature of the planning process, where the input from the public is critical. We are coming to the end of the 4th day of this Inquiry, which has been well attended, has run into the evening, and has heard a great deal of valuable evidence. This is alongside the written material already before the Inspector, which currently runs to 136 different documents, to be reviewed and given equal weight to the oral submissions.

It is right that the great deal of work the project team has presented within this application is publicly tested. This assists us all in developing our understanding of the issues. May I first of all thank the project team for opening their application to this interrogation, thank the Inspector and Programme Officer for facilitating this, and most importantly thank all the other parties for the manner in which they have approached this Inquiry.

We have a valid outline application which requires that the project demonstrates broad acceptability with the planning policy framework, and provides the decision maker with enough information to make reasoned assumptions and assessments. I consider that the content of the

application, including the combination of for-approval parameters and Design Principles, provides the decision maker with the necessary clarity.

The need for a new hospital has been established by a long chronology of States Assembly decisions. Need has not been a matter of dispute in this Inquiry, all parties have expressed a desire to move forward promptly.

We have also heard a range of opinions on other sites. From my observation there appeared to be no consensus presenting a clear and deliverable alternative. There are significant issues across all the sites. For those sites which are out of St Helier, these issues will include strategic concerns and conflict with the fundamental strategy of the Island Plan. Across all the sites are a range of detailed planning issues – heritage, townscape, visual impact, neighbour amenity - all are complex and may result in severe planning harm.

As we have all debated, there are other parallel factors such as the decision making protocols behind the project team, clinical suitability and financing – all these are relevant to the delivery of this project, and are outside the scope of my submissions.

There is one planning application before the Inquiry, for the existing Gloucester Street site, plus part of Kensington Place, and Westaway – and it is this application and the planning issues around it, which are the focus of my evidence.

It is my opinion this application accords with States-endorsed Island Plan in relation to spatial planning objectives and the strategic policy framework. The town-centre location supports more sustainable patterns of development (particularly from a transport perspective) and represents a significant investment in the regeneration of the hospital estate and the future of St Helier. These are all positive factors and should be accorded due weight in any decision.

The Island Plan strategic framework is in place to deliver more sustainable patterns of development. This works not only to reduce the need to travel, but at the highest level it works to protect the valuable rural character of the countryside of the Island and support the viability of the town of St Helier. The regeneration of the hospital in the heart of St Helier would deliver a high quality built environment, appropriate to its context and role. It also supports the existing economic structures of ancillary functions around the site, including existing patient and visitor interactions, which are critical to the vitality and economic viability of this part of town. The project team have also emphasised how the hospital is one part of the States Strategic Plan, it is part of a bigger picture - fundamental to a new model of healthcare, critical to an integrated investment programme, supporting the delivery of excellence from which we all benefit.

Moving to the detailed issues, as can be expected with any scheme of this scale and complexity, there are both positive and negative factors which emerge. These have been honestly presented by the project team, and openly discussed on a topic-by-topic basis by this inquiry.

With a hugely complex project, such as that before us, it is understandable that the proposals do not align with every aspect of every Island Plan policy consideration.

In my view, in balancing the planning issues, it is a concern that even after the application of the Design Principles there are impacts on residential amenity in relation to loss of daylight and overlooking to properties on Newgate Street and (particularly) Kensington Place.

It is also identified by the Historic Environment team, and noted by the applicant, that there is an element of non-compliance with Policy HE1 as the proposals do not preserve or enhance every aspect of the setting of some Listed Buildings.

The scale of the proposed buildings is clearly significant, particularly in relation to height and overall mass. However, alongside delivering buildings of scale, the proposal also removes other tall buildings which are poor architecturally and offer little to the wider townscape. This broader consideration of the proposal is therefore seen as a positive result in relation to overall benefits to the immediate locality and wider St Helier environment. The removal of the 1980's and 1960's buildings is beneficial to the setting of the Grade 1 listed 1860's Hospital, it is beneficial to the relationship with Parade Gardens, and links to Westaway.

In my opinion these positive factors should be reviewed alongside the previously-identified concerns about impacts from the size of Block B. It is my opinion that there are benefits of at-least a comparable magnitude in relation to enhancing elements of the setting of key heritage assets. There are also wider townscape improvements, urban design gains and clear regeneration benefits from this comprehensive development.

My role is to review the proposal in the context of the Island Plan policy framework, taking account of all material considerations. A balancing exercise across the strategic and local issues indicates to me that the proposals are broadly acceptable in planning terms.

Whatever the conclusions of the Report to the Minister following the Inquiry, I hope that my submissions, alongside the input from everyone here, will assist the Inspector in reaching a robust recommendation.

Interested parties' cases

111. A significant number of individuals made their cases through written representations and in person at the Inquiry sessions. A total of 117 individuals have made a written Statement of Case and these include multiple submissions and some with significant appendices. Some of these interested parties attended and spoke at the Inquiry sessions.
112. The open evening session on 18th September 2018 included a significant number of oral contributions, mainly from health workers.
113. The representations cover a very wide range of issues, although the overwhelming majority are made in opposition to the scheme or expressing concerns about it. A significant number of representations contend that the application site is the wrong site and that alternatives should be revisited and pursued.
114. I have set out below, in no particular order or ranking, some of the main grounds stated by interested parties:
- The application has not been properly authorised
 - The building would be too big and overbearing
 - Neighbours will lose light and privacy
 - Negative impact on historic buildings
 - The site is too small and there will be no room for future expansion
 - Disruption to businesses and residents over a protracted period
 - Construction will cause major disruption and health disbenefits to hospital staff and patients
 - The application information is confusing and overwhelming in its volume and complexity
 - The illustrative plans are misleading
 - It is the wrong site
 - New build on a clear site would be simpler, easier and less costly
 - There are better alternative sites – those stated included the Waterfront, St Saviours, Fort Regent, Warwick Farm, Overdale, People's Park
 - If Peoples Park is the best site then use it
 - Out of town hospitals are common in the UK
 - The cost is excessive - other places build hospitals at much lower cost

- Loss of homes
- Loss of jobs
- Loss of hotels and impact on tourism
- Inadequate engagement with the community
- Flood risk
- Health impacts
- Traffic concerns
- Impact on townscape
- The proposal does not comply with the Island Plan
- The whole project is ill-thought through
- The reasons for refusing the 2017 application have not been addressed

115. All of the Statements of Case (SOC1 through to SOC117) can be accessed through the Inquiry Document List.

APPLICATION CONSULTATION RESPONSES

116. The following bodies made consultation responses on the application:
Department for Infrastructure, Operational Services – Drainage; Parish of St Helier Roads Committee; Natural Environment Team; Environmental Health; Environmental Protection; Historic Environment Team; Department for Growth, Housing and Environment – Transport Policy.
117. I have considered these responses in my assessment of the application.

MAIN ISSUE (I) - THE CASE FOR THE APPLICATION PROPOSAL INCLUDING THE 'OUTLINE' APPROACH, THE ISLAND PLAN STRATEGIC POLICY FRAMEWORK AND ANY OTHER RELATED PROPOSALS

118. In this first 'main issue' session, the Inquiry explored high level matters concerning the 'case' for the proposal in terms of the Island's need, the evolution of the brief following the refusal of the first application, the appropriateness of the 'Outline' application approach and the proposal's general fit with the Island Plan's strategic and healthcare development policies. I explore these issues using the questions employed in this Inquiry session.

What is the overarching case for the new hospital proposal in terms of its strategic and operational context, including matters such as population growth and age profile, healthcare needs and demands, the fitness of the existing buildings and facilities, and the consequences of not addressing identified issues?

119. The fact that Jersey needs a new hospital is well evidenced and accepted. Indeed, I examined this issue from a Planning perspective through the first Inquiry and the conclusions drawn are largely unchanged.
120. The Applicant's submissions on the 'case' for the new hospital are voluminous and centre on the Proof of Evidence of Mr Place (APP/P1) and his associated 47 Appendices.
121. In summary, Mr Place's evidence first explains the strategic context of demand and capacity characteristics of the Island based general hospital. It sets out how the island context dictates that hospital services must have the capability to provide more substantial 'on-Island' acute and emergency care than would be otherwise expected in larger mainland European and UK health systems. Even so, there is still, and will remain, a reliance on 'off island' facilities for certain specialist treatments and care.
122. His evidence explains the health profile of the Island's community, the projected increase in Jersey's population and the generally ageing demographics, all of which place growing and unsustainable demands on the existing hospital service.
123. With regard to migration a '+700' (per annum) projection has been used as the baseline figure but with sensitivity analysis of lower (+325) and higher (+1,000 and +1,500) net migration levels. Mr Place makes clear that the ageing population places significantly more pressure on health services than in-migration.
124. Mr Place explains how these pressures are creating increasingly unsustainable demands for emergency care, planned surgery and

outpatient and ambulatory care and that this is challenging in-patient ward beds, operating theatre and outpatient clinic capacity.

125. His evidence further explains the operational context of difficulties arising from the existing general hospital estate, which has evolved in a piecemeal manner over the decades. It records that there are serious levels of dilapidation and that building structures and engineering services are now well beyond their useful economic life. These issues are evidenced through the industry standard 'Six Facet Survey' which was undertaken in 2015. This measures 'physical condition', 'statutory compliance', 'space utilisation', 'functional suitability', 'quality' and 'environmental management'. There is a useful 'traffic light' summary in the report (APP/P1u) which shows that, of 49 scores, only 2 are 'green', 9 are 'red' and the remaining 38 are 'amber'.
126. These results demonstrate that much of the hospital's fabric and engineering services would now require major capital investments. It also indicates that parts of the hospital exhibit poor functional suitability and are below that which would be deemed acceptable by UK NHS standards. It further indicates that certain operational spaces do not meet current standards and some building areas are of poor quality, in terms of their effectiveness for modern healthcare provision.
127. In terms of addressing these identified needs and challenges, Mr Place explains that, in 2012, the States Assembly approved '*Health and Social Services: A New Way forward*' (P.82/2012), which established a process of health and social care transformation. This was founded on the principles that future services should be 'safe', 'sustainable' and 'affordable'.
128. Mr Place's evidence explains how a 'new' hospital was identified as one part of the transformation programme. That broader context is important in understanding the current proposal i.e. that the new hospital is one element of a broader, system-wide, reform of the way that the Island approaches the delivery of health and social care. Put simply, a new bigger and better hospital alone cannot address the future healthcare demands of the Island. Systemic change is required and this is reflected in the fundamental change of social policy enshrined in P.82/2012.
129. The role of the new hospital in this planned new model of care is explained in the '*Health and Social Services: Acute Service Strategy 2015 – 2024*' (APP/P1cc). This sees the new hospital not simply as providing the required new and better facilities, but acting as a driver for change in re-profiling services. This involves moving away from an old model, built around pathologies, to the new model, based around establishing pathways to services to meet patients' increasingly complex needs.

130. Mr Place explains how a Strategic Outline Case was developed and how various site options were proposed and assessed. Whilst I address site selection issues more fully later, Mr Place explains how 'Option F', being the existing hospital site and nearby properties, achieved 'preferred site' status. In terms of the project 'brief', Mr. Place's evidence records the Project Board's adoption of the following 10 conditions:

1. *The safe operation of the hospital will be maintained throughout;*
2. *The hospital will be located on the Jersey General Hospital site;*
3. *Additional properties on Kensington Place will be acquired;*
4. *The hospital will be operational in 7-8 years;*
5. *The hospital will be delivered at a comparable cost to new build site options - a sum of £466 million was established as the ceiling for the capital cost for the project budget plan;*
6. *Some flexibility in Planning Policy will be tested;*
7. *Some operational compromise will be accepted to support the spatial constraints;*
8. *A high quality new build hospital will be delivered;*
9. *There will be support for release of adequate on-site area; and*
10. *The hospital will be delivered in one main construction phase.*

131. Overall, the 'case' for the new hospital is compelling and not addressing that evidenced need will clearly have profound and negative consequences, which will increase in scale and severity with time. However, Mr Place did reassure the Inquiry that the existing hospital was safe and was being maintained to remain so until the new hospital was built.

132. The Applicant's evidence on the broad case for a new hospital is uncontested, accepted and supported by the Department's officers and, seemingly, by the many interested parties that have participated in this Inquiry (either in writing and/or in person). The main contention concerns whether the current site, and the current proposal, is the best way of addressing the Island's needs.

How has the project brief altered and evolved following the Minister's decision to refuse planning permission for the first application (PP/2017/0990)?

133. In evidence at the Inquiry, Mr Glover for the Applicant conceded that 'we got it wrong' with regard to the first application. However, he explained

that the project brief was unchanged and remained consistent with the new model of care. In essence, the Applicant contends that the brief for the new hospital can be met on this site by the current proposal which incorporates significant differences and revisions (to the first application proposal).

Is the 'Outline' approach, with all matters other than 'means of access' reserved for future consideration, appropriate for this major infrastructure project?

134. An issue that I explored at some length through the first Inquiry related to the form of the application in 'Outline' and whether this was appropriate for such a large project with significant environmental implications. Similar issues and considerations arise in respect of the current application.
135. In some ways these issues are somewhat amplified by the fact that the current application includes only one 'fixed' matter which is 'means of access' and all other matters are 'reserved' i.e. it is an even more 'stripped down' proposal. The first application included "scale and massing", "siting" and "means of access" as fixed matters, and also included 'full' details of the proposed public realm works (around the Granite Block).
136. In my report on the first application, I provided some commentary and assessment on the 'Rochdale Envelope' approach to major Outline planning applications falling under Environmental Impact Assessment (EIA) provisions. The approach is named after two UK court cases²¹ that concerned Outline planning applications for a proposed business park development in Rochdale.
137. In essence, the cases established that an Outline planning application with all matters reserved could not satisfy the requirements of the EIA Directive and Regulations, as the development was too imprecise to be meaningfully assessed. However, with a sufficient set of parameters, the EIA requirements could be satisfied. The approach allows a project to be broadly defined, within a number of agreed parameters, to enable its assessment, whilst also allowing a certain level of flexibility while a project is in the early stages of development and is likely to be subject to further iteration and change. The Applicant has followed the Rochdale Envelope principles in its application proposal.
138. Jersey Law²² does allow for planning applications to be made in this form, and for planning permission to be granted in 'Outline'. The Law further

²¹ R. v Rochdale MBC ex parte Milne (No. 1) and R. v Rochdale MBC ex parte Tew [1999] and R. v Rochdale MBC ex parte Milne (No. 2) [2000]

²² Article 19 – Planning and Building (Jersey) Law 2002 (as amended)

allows²³ the imposition of planning conditions that may relate to *"the dimensions, design, structure or external appearance of a building on the land, or the materials to be used in its construction."* The application is submitted in accordance with these provisions and is legally valid. I further consider that the parameters defined in the application are sufficient to enable the impacts of the development to be assessed under the requirements of the Planning and Building (Environmental Impact) (Jersey) Order 2006. However, simply achieving legal validity does not mean that the application is necessarily the 'right' approach and /or without consequential implications.

139. Supplementary Planning Guidance Practice Note 22 (Revised January 2017) provides useful practical advice on what an 'Outline' application is, when it is appropriate, and what elements can be 'reserved' for later consideration. I have set out some selected relevant quotes from the Note below:

"An outline planning application essentially splits the planning process into two parts. Whilst this will ultimately take longer than a single, detailed planning application, it can be useful when the principle of a proposed development is uncertain. Outline applications can be used to establish whether a scheme is broadly acceptable before a fully detailed proposal is prepared and more substantial costs are incurred."

"Applications for outline planning permission are generally only appropriate for major proposals, involving one or more dwellings or the creation of large quantities of commercial floor space."

"The planning application form offers a number of options from which you can select. These are:

Scale and massing

Siting

Means of access

External appearance and materials

Landscaping

It is usual to select 'Scale and Massing' and 'Siting' as a bare minimum. This is because it is difficult to assess the impact of a new building if no information is provided about its size and position."

140. The form of the submitted application does not strictly comply with the SPG advice. Limiting the fixed matters to just 'means of access' does not meet the usual 'bare minimum' set out in the Guidance. However, the Applicant contends that the submitted 'for approval' Parameter Plans, combined with the Design Principles document (also 'for approval'),

²³ Article 23(3)(a) – Planning and Building (Jersey) Law 2002 (as amended)

addresses any uncertainties and provides sufficient clarity to enable the proposal to be properly assessed.

141. A particular legal complication for the decision maker is the extent to which it is appropriate to consider the proposal's likely implications, particularly in terms of 'siting', 'scale and massing' and 'external appearance'. As the status of these matters remains 'reserved', it could be argued that no regard should be given to such matters at this Outline stage and that all the parameters do is set maxima, within which details must be designed and agreed. As such, it could be contended that the detailed scheme can yield inwards and downwards, to whatever extent is required to satisfy any identified issue e.g. impact on the setting of a Listed Building or loss of daylight to a neighbouring residential apartment.
142. However, to adopt that approach would be to ignore matters that are quite central to whether the proposal is broadly acceptable in Planning terms. Furthermore, it is quite apparent from the Applicant's EIA and supporting material, including the illustrative scheme contained in the Design and Access Statement, that the proposal has to be of a certain quantum of floorspace and number of storeys, if it is to accommodate all of the clinical components and facilities that make up the new hospital. The EIA actually defines the quantum of the overall development as '*approximately 63,400 sq. m (with a footprint of approximately 13,250 sq. m)*'²⁴ and includes a table which defines numbers of storeys of different building blocks and their maximum heights.²⁵
143. Whilst respecting the 'reserved' status of detailed matters, it is quite apparent that the substantive proposal will, by virtue of basic geometry, dictate a certain height, bulk and mass of the proposed buildings. These factors need to be assessed to test the proposal's broad acceptability. Furthermore, in evidence at the Inquiry, the Applicant's Planning witness, Ms Sibley, referred to the potential for 'nips and tucks' of the parametric scheme at the reserved matters stage. This appears to confirm that, whilst the parameters would be set as maximum sizes and volumes, any headroom between the detailed scheme and the parameters is likely to be fairly limited.
144. There are some further complications and risks with this type of application.
145. Most notably, the 'design' is not fixed and remains fluid, its only limitations being set by the maximum parameters, should permission be granted. Environmental effects such as overlooking, massing and impacts on the setting of Listed Buildings have to be assessed on the basis of the

²⁴ EIA Chapter 3 – Paragraph 3.3

²⁵ EIA Chapter 3 - Table 3.1

maximum parameters and likely assumed effects, taking into account any mediation that may accrue from the application of the 'design principles'. This is some way removed from the a more precise appraisal of a settled design.

146. In addition to the challenges for the decision maker, it must also be recognised that the approach taken carries some risks for the Applicant. This is because the parameters (such as building siting and heights) are set as maxima and may, for good Planning reasons, not be achievable at the 'reserved matters' stage. This could have some operational floorspace implications.
147. These matters are simply a product of the Outline application vehicle. In practice, the decision maker has to make some reasoned assumptions and assessments.

What are the reasons for the Island Plan's absence of any specific policy content concerning the new hospital proposal and what Planning implications arise from this?

and

Is the proposal acceptable 'in principle' in terms of the Island Plan's high level spatial strategy and policies?

148. I have coupled these two questions together as they are closely linked.
149. An important general observation here is that the Island Plan does not include any detailed content to guide a large scale and comprehensive new hospital development on the Island. There is no allocated site for a new hospital, nor is there any specific detailed policy that assists the decision maker in the light of the submission of a planning application.
150. This is largely a timing issue, as the emergence of the substantive new hospital proposal(s) and the associated site selection processes, have occurred after the original Plan-making process (leading up to the 2011 plan adoption). However, it is a timing issue that is not without consequences.
151. The hospital project is said to be Jersey's biggest ever public infrastructure project and there can be little doubt that the process of making the Island Plan would have provided the optimal vehicle for determining the site selection and setting the policy parameters for such a large and profoundly important development. Indeed, that is the very purpose of development plans.
152. The absence of such an Island Plan site allocation and policy content is unfortunate and creates three unavoidable complications for any

application. The first is that any proposal could be laid open to criticism that other sites would perform better in Planning terms. The second is that any proposal for a new hospital, of the scale required, is unlikely to 'fit' neatly with the Island Plan's policy content i.e. some tension with the Plan and some adverse environmental effects are inevitable. The third is a product of the first and second and it is that it is inordinately difficult to benchmark, at least with any precision, an application proposal against a hypothetical alternative on another site. I explore these issues further in Main Issue (IX).

153. Notwithstanding the above hindsight observations, the application must be assessed against the adopted Island Plan.
154. In broad spatial terms, the application proposal would be in a sustainable location. It is within the Island Plan's defined built-up area and adjacent to the town centre. It would continue the delivery of hospital based services in this established, relatively central, and highly accessible location. This accords with the spatial strategy (Policy SP 1) and the sequential approach to site selection (Policy SP 3) set out in the Island Plan.
155. Subject to more detailed measures, the proposal could also contribute to the objectives of Policy SP 2, in terms of the 'efficient use of resources', although I do think there are some broader 'future proofing' considerations which could have Policy SP 2 implications. I made the point in my report²⁶ on the first application that the largest and newest hospital building (the 1980's block) is just 30 years old and that, from a sustainability perspective, its relatively brief operational life is a salutary lesson in the need to design flexible and adaptable modern buildings. I return to this broader issue later.
156. The proposal would contribute to the objective of Policy SP 6, which seeks to reduce dependence on the car. It would be located in an accessible location with good accessibility by sustainable modes of transport. Accessibility and sustainable transport usage could be further enhanced by detailed measures, such as cycle parking, pedestrian improvements and the implementation of a Travel Plan. These measures could be secured by Planning conditions.
157. The proposal's compliance with, and potential contribution to, these high-level strategic policies and their objectives, attracts significant Planning weight.

²⁶ Paragraph 94 – Inspector's Report – Planning application PP/2017/0990 – published 2 January 2018.

Does the proposal comply with the Island Plan policy SCO 2 (healthcare facilities)?

158. Policy SCO 2 supports new or additional primary healthcare premises provided that the proposal is within the grounds of an existing healthcare facility or within the built-up area or, in exceptional circumstances, in another location if there is no other suitable site.

159. It is important to recognise that Policy SCO 2 is not specifically framed around the scale and nature of the current application proposal. Indeed, the supporting narrative, at paragraph 7.31, provides a useful contextual commentary at that point in time (2014) where it states:

"The 2002 Island Plan referred to Health and Social Services' twenty-year development plan which identified the short, medium and long-term options for health provision in the Island. The short-term (five year) proposals for the General Hospital included the provision of a new community dental service and expansion of the existing day surgery which have now been completed. Over the longer-term the plan proposes further improvements to the General Hospital site with possible expansion to provide space for existing and new services for the long-term delivery of acute care: the feasibility of the General Hospital site being able to satisfy this objective is likely to be the subject of a review during the Plan period."

160. However, in terms of the application proposal's location, being within the built-up area and, to a large extent, within the grounds of existing healthcare facilities, the proposal has a strong accord with Policy SCO 2. This weighs in the proposal's favour.

What other related Planning applications, including those for demolition of buildings, are being progressed alongside the current application and what Planning relevance do they have in respect of this Public Inquiry?

161. The Applicant explained that there is currently an outstanding full planning application for the demolition of Westaway Court (P/2017/1789) and that the Future Hospital team has requested it be held in abeyance, pending the outcome of this Inquiry.

162. An application for planning permission has been submitted (P/2018/0950) relating to St Elmo's, on the northern edge of the hospital site, for the demolition of the existing building, last used as doctor's accommodation, and the erection of an electricity substation and switch room required to serve the existing hospital and the immediate area of Kensington Place. The Applicant clarified that this facility will be required whatever the outcome of the Outline planning application for the new hospital.

163. The Applicant also explained that, as part of the rationalisation of the hospital functions, the catering facility currently located within the hospital will be relocated to a light industrial facility at Units 9 & 10 St Peter's Technical Park. Planning permission (P/2017/1522) to enable this relocation to take place, which involved changes to an existing light industrial building, was granted April 2018 and preparatory works have commenced.

Main Issue (I) - Summary Findings

164. The case for the provision of a new hospital in Jersey is well evidenced. Demand is growing, whilst existing buildings and facilities are inadequate and unable to meet future demands. A new hospital facility, as part of a wider healthcare and social services transformation, is needed and that need is of significant importance. The project brief has not changed in the light of the refusal of the first application, but the Applicant contends that this proposal meets the brief whilst addressing the serious Planning objections identified in the first application proposal.
165. The 'Outline' nature of the proposal is a legally valid form of planning application. The form of the application with just 'means of access' as a fixed matters does not strictly follow the relevant guidance. However, the use of defined 'parameters' does enable the environmental impacts of the scheme to be assessed. Nonetheless, the relatively 'bare bones' nature of the substantive application does create some limitations and complexities for the decision maker, along with some project risks for the Applicant.
166. The Island Plan does not make a site allocation for a new hospital, nor does it provide any project specific policy content to guide such a major infrastructure development. However, the proposal scores highly when considered against the Island Plan's high level strategic policies and sequential approach, being in a central accessible location within the built-up area. It also accords with Policy SCO 2 which guides the location of new healthcare developments.

MAIN ISSUE (II) - DESIGN PRINCIPLES AND PARAMETERS, TOWNSCAPE AND VISUAL IMPACTS

167. A new general hospital serving the Island's population will always necessitate a large building (or buildings). Indeed, general hospitals are often some of the largest building complexes that appear in built-up areas in the UK and western European towns and cities.
168. Seeking to accommodate such a large building proposal, on a constrained St Helier town centre site, will inevitably create design challenges and have townscape implications and visual impacts.

The key policy tests

168. There is a raft of inter-related policies to consider. Strategic Policy SP 7 sets out the 'Better by design' imperative that all new development must be of a high design quality *'that maintains and enhances the character and appearance of the area of Jersey in which it is located'*. It lists the components of development that will be scrutinised and the objectives that they will be assessed against. Policy GD 7 is similar in its construction and sets out a list of seven criteria which must be addressed. Policy GD 1 (6) reinforces these policies.
169. Policy BE 5 defines tall buildings as being above 18 metres in height, or rising more than 7 metres above their neighbours. It requires any new tall building proposals to be justified 'in urban design terms'. Policy GD 5 (Skyline, Views and Vistas) and BE 10 (Roofscape) are also relevant. The Design Guidance for St Helier SPG is also a material consideration.

Application documents and Inquiry evidence

170. Whilst the application is submitted in Outline, it does include a significant volume of material on design related matters. A degree of care is needed in terms of the status of the different documents and plans. The key plans and documents that would have 'approved' status, if Outline planning permission was granted, would be the parameter plans, elevations and sections and the Design Principles document, which would moderate and inform the detail within the stark parameter envelope. However, it is important to note that the Design Principles document includes a significant amount of 'illustrative scheme' material²⁷.
171. The Design and Access Statement and its Addendum also form part of the substantive application documentation, but I regard the content as being largely illustrative i.e. demonstrating principles, treatments and potential

²⁷ Jersey Future Hospital Design Principles 17 August 2018 – page 4 text makes clear that the scheme contained within the document is illustrative.

design responses. It does not provide guarantees that the aspired to objectives and quality will be delivered.

172. The EIS includes the Applicant's Townscape and Visual Impact Assessment (TVIA). Undertaking a TVIA is a recognised process of evaluating the effect of a proposal upon the townscape and its visual impact. There is a distinction between wider 'townscape' impacts and the 'visual' effects, which are the human views / perceptions from specific locations. Although there is a certain science and discipline to the TVIA methodology, the actual assessments of impacts and their direction i.e. whether positive or negative, is inevitably subjective. Similarly, the extent to which effects can be mitigated by the application of design principles or other responses also requires judgment. The appendices to the TVIA provide a comprehensive range of photomontage images from a series of numbered viewpoints (VP). These are helpful in assessing townscape and visual impacts.
173. The application documents were supported by the Proofs of Evidence of Messrs O'Malley, Radmall, Lewis and Morgan and Ms. Sibley for the Applicant. Mr Nicholson's Proof covers these matters from the Planning Authority's perspective.

Design review process – Jersey Architecture Commission

174. The Jersey Architecture Commission (JAC) is an advisory group set up to provide independent, expert advice and guidance on major and sensitive developments in Jersey.
175. JAC has undertaken a number of panel assessments of the iterating application proposals since January 2018. The most recent panel meeting (October 2018) took place after the close of the Inquiry and assessed the latest plans and design principles. I have considered the findings of that panel meeting.

Approach to policy assessment

176. There is actually quite a lot of overlap between the various policies. However, Policy BE 5 (Tall Buildings) provides a useful overarching assessment framework which I have employed below, with reference to related policies where appropriate.

Policy BE 5 - general

177. The genesis of Policy BE 5 (Tall buildings) is explained in the supporting narrative of the Plan²⁸. It recognises that many of the town's existing tall buildings are unlovely structures, lacking in architectural quality. However,

²⁸ States of Jersey Revised 2011 Island Plan – paragraphs 4.104 – 4.109

given the urban focus of the Plan and the need to concentrate development in the town, it explains that it would be wrong to prohibit tall buildings.

178. The narrative records that the town's predominant height context is between 'two to five storeys' and that most of the town's historic buildings are generally small in scale and typically 2.5 – 3.5 storeys. It also references the more recent increase in building heights at the Waterfront and Esplanade of 5 – 7 storeys. It explains the critical importance of skyline impacts, respecting the scale of the historic streetscape and the need for tall buildings to be of the 'highest design quality'.
179. The application site includes a number of existing tall buildings which exceed the BE 5 thresholds. The most prominent is the 1980's block which rises to about 33 metres, with an additional 6 metres of set-back roof accommodation, giving an overall height of 39.2 metres. This building and the adjacent hospital chimney (which rises to 46.65 metres) will be familiar landmarks to many. Other tall buildings to be removed are the 1960's block (20 metres high) and the Westaway Court tower block (25.5 metres high). These buildings are unattractive architectural features which have a negative influence on the townscape.
180. Whilst BE 5's focus is to regulate new tall buildings, there is clearly planning merit in removing existing negative tall buildings. Indeed, the Design Guidance for St Helier SPG sets out an objective "*over time, to remedy the impact of uncoordinated overscaled architecture*"²⁹ in this character area. The proposed removal of negative tall buildings and, in particular the 1980's block, is desirable and creates a townscape enhancement opportunity.
181. However, the application proposal would be a new 'tall building' and its scale would be such that it would be a notable landmark. Whilst the podium levels of the blocks would be set at 15.6 metres (below the 18 metres threshold), most of Block A along Kensington Place would be up to 20.6 metres high. Block B would rise up with elements of up to 20.6 metres, 32 metres and 34 metres tall (in the middle of the site) and, although this is a little lower than the existing 1980's block, it would be much broader and more massive. The building elements would also rise more than 7 metres above neighbours in a number of places.
182. BE 5 states that tall buildings will only be permitted where their height can be "*fully justified...in urban design terms*" and sets out the criteria against which tall building proposals will be assessed. These are:

²⁹ Design Guidance for St Helier (January 2013) - Character Area Objectives - Page 57

1. appropriateness to location and context;
2. visual impact;
3. impact on views;
4. design quality; and
5. contribution to the character of St Helier.

183. It is worth pausing here to point out that the Outline nature of the application does constrain the assessment of these issues and, accordingly, limits the extent to which the Applicant can justify the proposals in urban design terms.

BE 5 Criterion 1 - 'appropriateness to location and context'

184. I consider that, in broad terms, the development of a new hospital involving an element of tall buildings is appropriate on this site, in terms of location and context. This reflects the site's size, characteristics, central location and inherently urban context in the town. That context includes the longstanding hospital uses, buildings and functions and embraces surrounding mixed uses and different scales, ages and architecture of buildings, including tall buildings within the existing site area. The site context has the potential to accommodate change and, in principle, include new landmark 'tall building' elements. Accordingly, the proposal has the potential to satisfy BE 5(1).

BE 5 Criteria 2 - 'visual impact' and 3 'impact on views' and Policy GD 5

185. BE 5 Criteria 2 and 3, concerning visual and view impacts, are closely linked to Policy GD 5, which seeks to protect skylines, views and vistas from serious harm. There are also strong links with the Design Guidance for St Helier SPG content in respect of 'Character Area 7: Parade and Esplanade'. Policy BE 10 (Roofscape) implications are also relevant.

186. The TVIA evidence is helpful here and I include references to the respective viewpoint receptors below (in brackets). In terms of the operational 'as built' townscape impacts, there will be a mix of positive, negative and neutral impacts. These relate to surrounding streets, near range views and longer views from more remote vantage point receptors.

187. The most positive and desirable townscape and visual impacts would be seen along The Parade and Parade Gardens (VP3 and VP22). This part of the town could be substantially improved by the removal of the 1980's and 1960's blocks and the introduction of more appropriately scaled, higher quality and more sympathetic architecture and public realm. However, some associated negative impacts would arise by the juxtaposition of the new very large block B with the Granite Block and Edward Place Listed buildings. However, in overall terms I share the TVIA conclusion that there would be a net benefit in this area.

188. I also consider that the proposals could deliver some townscape enhancements in the Gloucester Street area, through the new public realm around the Granite Block and the replacement of Sir Peter Crill House with a quality new building, albeit that its siting would be more imposing in the street. However, I consider that the Applicant's current Design Principles approach of allowing vertical dominance of the new proposals, imposing in view above the Listed Granite Block parapet, is fundamentally unacceptable in townscape (and heritage) terms.
189. Negative townscape and visual impacts will occur in Kensington Place (VP4), Patriotic Street (VP8) and Newgate Street (VP19), where the bulk and height of the new buildings will create a notable enclosing effect, reducing views and creating a more hemmed in townscape with reduced views. For some resident receptors, the visual impact could be stark and negative.
190. The impact on Kensington Place will be particularly dramatic, with new taller buildings occupying a 150 metre length of one side of this largely traditionally scale and varied street.
191. Moving away from the site, mid and far distant views would vary quite considerably. From the busy Cheapside road junction (VP5) the benefits of removing the hospital chimney from view would be more than offset by the substantial bulk of Block B, which would loom above the domestic scale traditional buildings in the foreground.
192. In longer range views from the east (VP12 Minden Place car park) and south-east (VP14 Fort Regent), Block B would be visible and large but it would not jar or appear alien in the context of the townscape. From coastal vantage points to the south-west, it would be largely masked by existing buildings, with just elements visible (VP9 from the beach and VP15 Elizabeth Castle). That is also the case when viewed from more remote vantage points to the west of St Aubin's bay (VP16 Beaumont, VP17 St Aubin and VP 18 Noirmont Point); the building would not appear dominant or incongruent in the townscape.
193. However, the most significant adverse impacts will be from closer mid-range views from west and north-west. VP10 is taken across Victoria Park and represents one of the key approach views to the town. Here the mass and bulk of the new Block B would dominate the view and change the town's silhouette, with the new ward towers rising substantially above the domestic scale properties in the foreground (on Peirson Road). From the more elevated position of VP11 on Westmount Road, the building would look quite massive and dominant, although it would not break the distant skyline.

194. The Westaway Court proposals have less dramatic impacts. Whilst there is some greater enclosure from a broader and bigger building, I assess that adverse townscape and visual impacts would be quite limited and more than offset by the potential positive contributions of quality new buildings.

BE 5 Criteria 4 - 'design' and Criteria 5 'contribution to the character of St Helier' and Policies SP 7, GD 7 and GD 1

195. The assessment of 'design' is a wide ranging exercise. A full design assessment of the proposal is inevitably compromised by the limitations of the Outline application format. However, it is quite apparent that a considerable amount of energy and expertise has been applied to iterating the development parameters and defining the Design Principles document to guide the subsequent details. It is also apparent that there has been comprehensive engagement in the design review process with JAC.
196. The result is that the Design Principles document is, for the most part, an intelligent approach to assist in bridging the gap between the bare bones of the 'Outline' parameters and a detailed scheme. However, it is still a long way from a settled detailed design and there remain a number of inter-related questions and concerns about design matters.
197. Without doubt the two most significant design challenges arise from Block A, which will span a significant frontage on Kensington Place, and Block B which would sit in the centre of the site and be the largest and tallest building proposed.
198. The design principles for Kensington Place are well crafted, with references to setbacks, slot reveals and material changes, but it is unclear whether such a 'kit part' approach, combined with the institutional nature of the occupier, can successfully deliver a new 150 metre frontage to this traditional scale street. The Kensington Place principles also include '*mitigation to impacts on residential amenity (daylight) and/or heritage where appropriate*' but refinements to the facade itself will only minimally assist, as the effects on amenity and heritage are primarily a consequence of the bulk, scale and height of the overall building proposals.
199. Block B will be very large and tall and will be a landmark building. Compared to the quite detailed set of principles covering street frontages and landscape zones, the Design Principles give very little guidance on the biggest, bulkiest and tallest element of the proposals. There are brief references to 'zones of disruption', 'distinctive appearance' and 'an important civic building'³⁰, but these concepts and aspirations are some way short of a full urban design justification required by Policy BE 5 or a

³⁰ Jersey Future Hospital Design Principles 17 August 2018 – page23

demonstration that the better by design principles of SP 7 and GD 7 will be met.

Main Issue (II) – Summary Findings

200. Delivering a new hospital to serve Jersey necessitates an inevitably very large building (or buildings). As such, accommodating such a proposal on the application site, within a constrained town centre setting, raises significant design, townscape and visual impact considerations.
201. The Outline nature of the application constrains the degree to which the implications can be tested and appraised. However the parameter drawings and design principles do provide a basis for undertaking an assessment of broad acceptability in Planning terms.
202. My conclusions are that, in broad terms, the site location and context is appropriate to accommodate large hospital blocks, including elements of tall buildings. There is also merit in removing negative tall buildings and other unattractive buildings and replacing them in a comprehensive manner.
203. The proposals will result in a mixture of townscape and visual impacts with some positive, neutral and negative impacts. The Parade area will enjoy the greatest townscape and visual enhancements, but there will be will tangible negative impacts, notably in Kensington Place, Newgate Street, Patriotic Street and when viewed from approaches from the west. Some of these impacts will be dramatic and adverse. That said, the proposal is notably calmer and less harmful in terms of townscape and visual impact than the first application proposal, but that, in itself, does not make it acceptable in policy terms.
204. I consider that the development parameters and Design Principles limit the extent to which a full assessment can be made against design related policies. There remain questions over whether a successful design can emerge, and this is a particular concern for Block A along Kensington Place and the large and tall Block B, which need to be defined and justified in urban design terms.
205. To some extent these findings are a direct product of the Outline nature of the application but they also arise from a parameter design which pushes beyond the urban design 'comfort zone'.
206. Notwithstanding the positive aspects of the design and its much calmer form than the first application, the proposal would breach the relevant design and townscape related policies (SP 7, GD 7, GD 1(6) and BE 5). These breaches would normally lead to a refusal of planning permission.

MAIN ISSUE (III) - HERITAGE

207. The application site lies in an area which has a significant heritage in terms of Listed buildings and places, along with below ground archaeological potential. There are also many Listed buildings and places in the wider area, the wider settings of which may be affected by the proposals.
208. The negative impacts on heritage were judged to be significant in respect of the first application and formed the basis of one of the reasons for refusal. It is clearly a matter of significant importance. I have undertaken a similar analysis to the first application, exploring archaeology first, then looking at the effects of the Listed building within the site (the Granite Block) before considering impacts on 'off-site' heritage assets in the vicinity and further afield.
209. The Applicant's detailed evidence on these matters is contained within Chapter 11 of the EIS (Ref OD15) and the Proof of Evidence of Mr Holborow (APP/P5). The Department's expert is Ms Ingle's and her written submissions are contained in the consultation responses from the Historic Environment team (CON1 and CON1a). Ms Ingle and Mr Holborow gave evidence in person at the Inquiry. This established a good degree of common ground and some more limited areas of professional difference.

Key policies

210. The specific Island Plan policies are HE 5 for archaeology and HE 1 for Listed building setting impacts. It is worth noting here that the Policy HE 1 test is stringent, as any adverse impact on a heritage asset's setting renders a proposal in conflict with it. This reflects the strategic priority afforded to heritage protection under Policy SP 4. It is also worth noting that the application of Policy HE 1, in respect of impacts of the setting of a Listed building or place, has been previously tested in the Royal Court.

Archaeology

211. The application site lies within the St Helier Area of Archaeological Potential. Given the intensively developed nature of the site, it is likely that post-Medieval archaeology would have been lost, damaged or truncated by twentieth century building works. However, there is limited potential for the survival of archaeology from earlier periods at greater depths, including the potential for pre-historic Roman and medieval material within both the main hospital and the Westaway Court sites.
212. The expert witnesses agree that any archaeological deposits that may remain would be lost to the new development, which includes the excavation of a large basement area, over much of the main footprint of the proposed new hospital. They also agree that further investigations following demolition and 'preservation by record' would be a measured and

accepted approach. This would accord with Policy HE 5 and SPG Note 1: Archaeology and Planning (2008) and this approach could be secured by a Planning Condition³¹.

The General Hospital (1860) – 'The Granite Block'

213. The 1860's hospital is Grade 1 Listed. This grading means that it has a high heritage value and places it in the top 3% of Jersey's Listed heritage assets. The listing includes the building, its forecourt and the entrance lodge (1877). The 'statement of significance' reads "*An important example of a substantial mid 19th century general hospital typical of the period, retaining most historic features, with outstanding masonry work. The entrance lodge is an unusual building of high quality, retaining fine features in a muscular hybrid classical/neo-Norman style. Together a fine ensemble.*"
214. Whilst this heritage asset has survived the years and retained its architectural integrity, quality and features, it has also been the subject of unfortunate and negative interventions. These include crude alterations to its roof form, the addition of the link block, the imposition of large hospital buildings in its immediate setting and a temporary operating theatre on its forecourt. Whilst recognising the imperative of the hospital's operational needs and requirements over the decades, this extremely fine and important piece of Jersey's heritage has been somewhat neglected and abused.
215. The proposals will impact on this important heritage asset in a number of ways. It would result in a mix of positive, neutral and negative effects and impacts.
216. The positive effects and impacts are significant. The proposal would deliver a renovation of the building, the removal of the various unfortunate additions and appendages. It would repurpose the refurbished building for non-clinical use and secure its active occupation and long term future. Furthermore, it would remove the immediately adjacent 1960's block from its setting, opening up new views and giving it a more open aspect to The Parade. The proposed new public realm zone encompassing its forecourt, entrance lodge and the interface with The Parade, would also be positive and would enhance the immediate setting of the Listed building.
217. The relatively neutral effects arise from the proposed element of Block B to the south-west of the Listed building. Whilst this would not be physically attached to the Listed building, it would still be in close proximity. It is not an ideal relationship with a Grade 1 Listed building, but the parameter

³¹ Document INQ14 - Condition 12 of the Draft Conditions Agreed Between the Applicant and the Planning Authority.

siting and height of the podium element of the building would be similar to Sir Peter Crill House that it would replace. Whilst there would be some increased height and mass above the podium level, the 6 metre setback (to the step-up to a maximum of 20.6 metres height) would help to maintain a reasonable relationship. There is also scope for the application of the design principles to result in a more sympathetic and better quality building.

218. The negative impacts are severe. They arise from the close proximity, mass and height of the proposed buildings to the rear of the Granite Block. Whilst the new entrance Block C (fronting The Parade) would be marginally subservient in height to the Listed building and could be successfully handled in design terms, the taller and more massive Block B elements behind would, in my view, be quite overwhelming in their relationship with the Listed building.
219. Block B would be sited a matter of metres to the rear of the Listed building and whilst a 6 metre podium set back would create some breathing space, the building would rise to around twice the height of the Listed building. The Applicant has sought to demonstrate that when viewed from eye level in Gloucester Street, only the top floor would actually be visible and this is enshrined in the Design Principles document³² and the DAS Addendum³³. Whilst I note the intention to minimise the impact from this viewpoint, it does not make the relationship acceptable in Planning terms. Furthermore views from the east (Parade Gardens) will see the exposed side elevation juxtaposed with the combined mass, bulk and height of Blocks C and B.
220. The proposals, however well-articulated at the detailed design stage, would represent a significant and negative intrusion into the setting of this important Listed building.
221. From a Policy HE 1 perspective, whilst acknowledging the positive and neutral aspects of the proposal, I assess that these cannot outweigh the negative impacts on the setting of the Listed building that will arise. The relationship between the heritage asset and the large and tall new buildings is not acceptable in Planning terms. It will not preserve or enhance its setting and it will result in serious harm. This harm represents a breach of Policy HE 1 and is a matter that will need to be weighed in the overall Planning balance.

Listed buildings – Gloucester Street

222. There are a number of Listed buildings on Gloucester Street to consider. These are Jersey Opera House (Grade 2); No 13 Everton House (Grade 4);

³² Paragraph 1.56 Jersey Future Hospital Design Principles – 17 August 2018

³³ Page 12 - Jersey Future Hospital Design and Access Statement Addendum_01 – 17 August 2018

No 15 Taunton House (Grade 4); No 17 Telford (Grade 4); No 19 (Grade 4) and No 25 Haddon House (Grade 4).

223. These Listed buildings currently face towards Sir Peter Crill House, which is set well back (about 10 metres) from the street. Whilst the setback would be reduced, the parametric siting, heights and elevation of the new Block B would be similar to Sir Peter Crill House and generally respectful in scale. Although the taller elements of Block B would rise much higher, these would be some distance to the north and outside the immediate setting within which the Listed buildings are experienced.
224. I am satisfied that, subject to sensitive design, the proposals could at least preserve the settings of the Gloucester Street Listed buildings and there is scope for some limited enhancement. Policy HE 1 is satisfied in respect of these heritage assets.

Listed buildings – Kensington Place

225. The proposal would affect the settings of a number of Listed nineteenth century townhouses on Kensington Place. These are 31 Kensington Place (Grade 4); 35 Kensington Place (Grade 4) and 37 Kensington Place (Grade 4). Further to the north-east, No. 5 Kensington Place is a Grade 3 Listed buildings which would also be affected.
226. Nos 31, 35 and 37 are situated just to the north of the main building zone. Currently, their immediate settings include the domestic scale (2 and 2.5 storey) Revere Hotel buildings which are directly opposite, across the street. The proposal would introduce a range of larger, bulkier and taller buildings into the immediate settings of these Listed buildings.
227. Block A would run along over a 150 metre new frontage and would be directly opposite the Listed buildings (the separation distance across the street is about 9 metres). It would rise up to 15.60 metres on the street frontage. A 6 metre setback would then lead to a further hospital storey height, up to 20.6 metres. Beyond this, Block B would house the main wards and this would rise up to 34 metres.
228. This change would be notable and adverse to the settings of the Listed buildings. Whilst the application of design principles could mitigate some of the more immediate effects of Block A, the imposition of the higher elements and Block B would contrast starkly with the relatively domestic scale of the Listed buildings. The orientation of the new higher blocks would also mean that the Listed buildings would experience notable shadowing and loss of their currently sunny aspects.

229. These are adverse impacts on the settings of these Listed Buildings and, in each case, conflict with Policy HE 1. The Applicant's expert agrees that Policy HE 1 cannot be satisfied in respect of these properties³⁴.
230. Whilst the impacts on No. 5 Kensington Place will be less severe, they will also be adverse, arising from the impact of the new large buildings within the southerly setting of this heritage asset.

Listed buildings – Edward Place

231. Nos 2, 3 and 4 Edward Place are each Grade 3 Listed buildings located in the northern part of the site, near the junction of Kensington Place and The Parade. There is currently a hospital service entrance ramp next to No.2, which runs along the site of what was no.1 (a demolished end terrace house) and the 1980's block sits next to this.
232. The proposed removal of the 1980's block will have quite a dramatic effect on these Listed buildings and it will expose the gable of no. 2 (which is currently largely screened). There are certainly some positive benefits that will arise from the removal of the 1980's block, but the exposed gable will need some sensitive treatment. However, the imposition of the larger and taller buildings to the rear of these Listed buildings (Block A and B), and the stark contrast in scale, will have adverse impacts on the settings of these domestic scale heritage assets. Policy HE 1 is not satisfied.

Listed Place – Parade Gardens

233. Parade Gardens is a Grade 2 Listed place which will be subject to some quite considerable change to its setting. This will arise from the removal of the 1960's and 1980's blocks and their replacement with new buildings and public realm to the west and the redevelopment of the Westaway Court complex to the north-east of the gardens.
234. The effects of these changes will, subject to sensitive detailed design, be positive and will enhance the setting of this Listed place and the Don Monument within it. The restoration of inter-visibility between the gardens and the Listed Granite Block is a notable positive enhancement. Policy HE 1 is satisfied.

Listed buildings – Vicinity of Westaway Court

235. There are Listed buildings in the area around Westaway Court located in Elizabeth Place, Rouge Bouillon, Savile Street and Hampton Place.
236. On Elizabeth Place, there is a group of Listed nineteenth century houses facing Parade Gardens. There are seven buildings in total and each is

³⁴ Paragraph 6, Page 3 of Proof of Evidence of Mr William Holborow

individually Listed at either Grade 3 or Grade 4³⁵. Just to the north of Westaway Court is 14 Elizabeth Place (Grade 3), 3 and 5 Rouge Bouillon (Grade 3), 24 Savile Street (Grade 4), 4 Rouge Bouillon (Grade 4), 6 - 16 Rouge Bouillon (all Grade 3). To the south-east of Westaway lies 5 Savile Street (Grade 3), 3 - 4 Hampton Place (Grade 4) and 1 - 2 Hampton Villas (Grade 3).

237. In my view, these heritage assets will benefit from the removal of unsympathetic buildings and structures within their setting, notably the 1980's block, the hospital chimney and the Westaway tower block. The proposed new Westaway block, whilst lower than the existing tower block, would be bulkier. However, on balance, and subject to a detailed sensitive design, I am satisfied that Policy HE 1 requirements could be met.

Listed buildings – Peirson Road

238. There are a significant number of Listed buildings along Peirson Road³⁶ which form an attractive streetscape of nineteenth century dwelling houses, facing towards People's Park and Victoria Gardens. These Listed buildings are experienced primarily from the north-west and form a notable edge of the town when approaching along Victoria Avenue.
239. The settings of these buildings are currently adversely affected by the 1980's block and hospital chimney that impose over the domestic scale of the Listed buildings. Whilst these existing features would be removed, the proposed new buildings would be more massive and imposing. This is quite apparent in the photomontage submissions contained in the Applicant's Townscape and Visual Impact Assessment (Viewpoint 10). Whilst the Applicant's EIA assesses these impacts to be 'negligible', I disagree. The proposal would have quite a significant adverse effect on the setting of these Listed buildings and Policy HE 1 is breached.

Listed places - Victoria Park (Grade 3), People's Park (Grade 3), Westmount Gardens & Lower Park (Grade 3)

240. These Listed places will also be affected by the visual intrusion of the large and broad new buildings rising above the Peirson Road streetscape. The effects would be adverse and Policy HE 1 is not satisfied.

More distant Listed buildings and places

241. The new buildings would be visible from Elizabeth Castle (Grade 1), Fort Regent and South Hill Battery (Grade 1) and Noirmont Point (Grade 1). However, the buildings would be seen in a wider context of the urban

³⁵ 3 Elizabeth Place (Grade 4), 4 - 5 Elizabeth Place (Grade 3), 6 Elizabeth Place (Grade 4), 7 Elizabeth Place (Grade 3), 8 Elizabeth Place (Grade 3), 9 Elizabeth Place (Grade 3) and 10 Elizabeth Place (Grade 4).

³⁶ These are listed in detail in Table 11.5 of the Applicant's Environmental Impact Statement

townscape and would not unduly harm the settings of these important heritage assets. I consider that the effects would be neutral and Policy HE 1 is satisfied.

242. However, when viewed from Almorah Crescent (Grade 1), there could be some adverse impact to the wider setting of this heritage asset. From this elevated position, the mass and bulk of the new hospital would be notably greater than the existing 1980's block. However, it would sit slightly lower in the view and, with a quality design and more sympathetic materials, some enhancement could be secured. On balance, I assess a neutral impact, based on the 'Outline' evidence available and that Policy HE 1 can be satisfied.

Main issue (III) – Summary Findings

243. The Applicant has undertaken appropriate assessments of the archaeological potential of the site. It is accepted that there is some potential and that any archaeological deposits that may remain would be lost to the new development. An approach of further investigations following demolition and 'preservation by record' would be a measured and accepted approach and this can be secured by a Planning condition.
244. The proposal would involve breaches of Planning policies which seek to protect Jersey's heritage from harm. The proposal would not physically destroy any Listed heritage asset and would deliver some very positive benefits through the renovation and re-use of the Grade 1 Listed Granite Block and associated public realm improvements. However, it would introduce very large and tall buildings into the immediate vicinity of this extremely fine and significant Grade 1 Listed building. These impacts are harmful and unacceptable in planning terms.
245. The proposal would also cause permanent harm to the settings of Listed buildings on Kensington Place and Edward Place. There would also be some harm to Listed buildings in the wider vicinity, notably those on Peirson Road where the new hospital would be seen to tower over the domestic proportions and scale of these heritage assets. It would also impact adversely on the settings of the parks to the north-west, which are Listed places. For more distant Listed buildings, the impact on their settings will be neutral.
246. Notwithstanding the positive heritage aspects of this scheme, each of the instances of identified harm represents a breach of Policy HE 1 of the Island Plan and the strategic 'high priority' given to the protection of the historic environment, enshrined in strategic Policy SP 4. These policy breaches are matters that must be weighed in the Planning balance.

MAIN ISSUE (IV) - AMENITY IMPACTS

247. There are neighbouring residential properties in close proximity to the proposed new hospital buildings. The effects of the proposal on these homes, in terms of sunlight / daylight, loss of privacy, any general overbearing impacts and other amenity impacts arising from the proposals need to be carefully assessed.

Key policies

248. The main Policy to consider is GD 1, which sets a benchmark that a new development must not have 'unreasonable' impacts on existing residential amenities, including the levels of light and privacy that owners and occupiers 'might expect to enjoy'. A similar test is contained within GD 3, to act as a moderator to the desire to maximise the density of new development.
249. It is important to recognise that the required policy assessments are context specific and are mediated by reasonable expectation (in that context). That is to say, the immediate locality comprises a densely developed urban context which means that existing residential properties may already experience some compromises in their living environment.

Key documents and evidence

250. The Application is supported by a Sunlight and Daylight Availability Assessment (SDAA), which was revised in July 2018 (CD SD6a- SD6l). This is a very comprehensive and thorough modelling assessment of sunlight and daylight impacts, which has followed the approach set out in the Building research establishment (BRE) Technical report BR 209 (2011) '*Site layout planning for daylight and sunlight: a guide to good practice*'.
251. This modelling assesses effects on a total of 1429 window 'receptors' on neighbouring properties within a defined study area. This is a thorough and sensible approach, given the absence of any specific guidance covering Jersey. However, it is also fair to say that this modelling evidence is very complex and, at the Inquiry, the presentation of it was found to be confusing by some. It is also important to make clear that a degree of interpretation is required, in terms of whether adverse effects cross the 'unreasonable' threshold.
252. This detailed evidence was supported at the Inquiry by the evidence of Mr Lister (APP/P7) and Ms Sibley (APP/P6) and associated appendices and Inquiry presentation documents (notably APP/P6a, INQ17, INQ21 and INQ21a). Mr Nicholson (DC/1) covered the matters on behalf of the Planning Authority.

253. For clarity, I will separate the analysis of impacts into those associated with the proposed main hospital buildings and those relating to the Westaway Court outpatients facility proposal.

Main hospital proposal - sunlight impacts

254. The proposed introduction of large and tall building blocks into a relatively tight knit urban context inevitably raises the potential for loss of sunlight and overshadowing effects. Sunlight and shadowing are not static phenomena and assessments of impact need to take account of the sun's passage (rising in the east and setting in the west), its height (which will be highest around noon) and the season (the sun being higher in the summer and lower in the winter). In addition to the SDAA, the 3D model is a useful resource for exploring the scheme's impacts.
255. The parametric design, and in particular the use of podium blocks of a scale similar to nearby buildings, seeks to limit loss of sunlight and shadowing impacts on neighbouring properties. However, there are still some quite significant localised impacts.
256. The SDAA identifies that residential properties on Kensington Place will suffer from reductions in sunlight that are marked and noticeable i.e. below the target threshold adopted in the modelling. Whilst I note the Applicant's view that these receptors constitute a small percentage of the total receptors in the study area, there can be no escaping the fact that for the properties concerned (Nos 29 – 51 Kensington Place) they would experience notably less sunshine and more shadowing.
257. I have also noted the Applicant's points that London sun data has been used in the modelling (and St Helier is a little further south) and that the majority of the most severely affected receptors (the lower windows) are fitted with blinds or net curtains for privacy. However, in my view, the loss of sunlight impacts on these properties would be significant and would notably diminish the amenities currently enjoyed by occupants and owners of these properties. Whilst accepting the urban context of these dwellings, they do currently enjoy a relatively sunny disposition and the change imposed upon them would be harmful and, in my view, unreasonable in terms of the Policy GD 1 threshold.

Main hospital proposal - daylight

258. 'Daylight' is the volume of natural light that enters a building between sunrise and sunset. It is a determinant of living conditions in existing residential properties and assessing any impacts arising from the proposal is important. The SDAA follows the BRE assessment approach to model changes in daylight availability at windows of surrounding properties.

259. The metric for this analysis is known as the 'Vertical Sky Component' (VSC). This is a measure of the amount of sky visible from a centre point of a window. A window that achieves 27% or more is considered to provide good levels of light. If a proposal results in the figure falling below 27%, or 80% of the previous light level, the loss would be noticeable. Where adverse effects are modelled, they are then graded into categories of 'negligible', 'minor', 'moderate', 'major' and 'exceptional'. 'Negligible' would cover reductions of up to 20% from the modelled baseline, 'exceptional' would be a more than 50% reduction from the baseline.
260. The modelling indicates that a significant number of window receptors will experience a reduction in access to vertical skylight that would be noticeable to occupants. Of the 1430 receptors in the study area, 229 (16%) would be likely to experience a reduction in daylight that would be noticeable to occupants. The affected residential properties are located on Kensington Place, Newgate Street and Patriotic Street.
261. On Kensington Place, 156 of the 278 receptors are expected to achieve VSC less than 27% and a reduction in VSC greater than 80% of that currently experienced. Of these receptors, 136 would experience a VSC of 50% to 80% of that currently experienced, whereas 18 receptors (on the lower floors) will receive less than half the VSC currently available i.e. exceptionally adverse impacts.
262. On Newgate Street, 43 receptors would experience notable reductions and, of these, 23 receptors would receive less than half the VSC currently available, which would place them in the 'exceptional' category of effect. This indicates to me that some Newgate Street residential properties would experience serious adverse impacts through loss of daylight.
263. On Patriotic Street, 32 receptors would fall below the target benchmark and 5 of these receptors would fall in the exceptional category. The evidence indicates that some occupants on this street would experience serious adverse impacts through loss of daylight.
264. The Applicant explains that consideration should also be given to the level of VSC residents might reasonably expect to enjoy and points out that a number of the streets currently enjoy a relatively open aspect and that some of the affected households are currently enjoying more daylight than is normal for such an urban context, and might reasonably be expected. It also argues that Policy BE 5 of the Island Plan allows, in principle, tall buildings.
265. However, I am not convinced by these arguments because in, in my view, the assessment of reasonableness under Policy GD 1, whilst inherently contextual, must be primarily based upon a comparison between the existing state and the proposed state (with the development in place). The

'living conditions' referenced in Policy GD 1 are those that prevail today, not some hypothesised more negative (darker) state of taller or 'mirrored' buildings, where currently there are lower buildings, gaps and visible sky. Policies GD 1 and BE 5 are not necessarily in conflict – they are simply addressing different planning issues.

266. The Applicant's evidence also contends that the target VSC of 27% does not truly reflect the St Helier context and there is a case for adopting a lower VSC target of 15%, which could be regarded as more appropriate and reflective of the urban character. It also produced results with a VSC target of 10%.
267. At the Inquiry, I did test Mr Lister on whether this was an exercise in 'moving the goalposts' and it does seem to me that this is matter of judgement. His summary table, produced as part of his Inquiry presentation, confirms that the total number of properties where there would be notable adverse daylight impacts would be 85 using a VSC of 27% and this would reduce to 39 if one adopted a more 'urban' VSC of 15%. Whichever target is adopted, there is no escaping the fact that a substantial number of properties would experience adverse daylight impacts that should be regarded as 'unreasonable'. For some of these properties, the impacts are likely to be exceptionally severe.

Main hospital - privacy

268. The development may impact on the privacy of existing residential properties as a consequence of overlooking. These effects are difficult to assess with any precision due to the Outline nature of the application. At this stage, there are no details of window positions, nor is the nature of the accommodation fixed internally.
269. What is clear is that there are a number of sensitive interfaces where privacy could be compromised. The Newgate Street flats are particularly sensitive due to their close proximity. The flats on Patriotic Street may also suffer some privacy intrusion from overlooking windows and users of the extended car park. There is also the potential of overlooking effects to properties on Kensington Place and Gloucester Street.
270. I am conscious that privacy impacts can arise in both directions. The hospital environment itself necessitates privacy for patients (and staff). I am also confident that the most sensitive interfaces could be subject to design solutions that would avoid, or at least lessen, overlooking effects. These are more appropriately addressed at the reserved matters stage, although care would be needed to ensure that any mitigating design features did not detract from the overall design and appearance of the building.

271. For the purposes of assessing this Outline application, I am sufficiently satisfied that the parametric design does not result in the likelihood of privacy issues that cannot be addressed through detailed sensitive design. However, the importance of this issue, and the designing skill and creativity that may be required to address it, should not be underestimated.

Main hospital proposals - other amenity impacts

272. In addition to the physical reduction in day and sunlight, some of the most affected properties will also experience the generally overbearing effect from the bulk and height of larger and taller new buildings. These effects will be felt in Kensington Place, Patriotic Street and Newgate Street. There is also likely to be some amenity disbenefits from increased general activities, including servicing and 24 hour a day emergency vehicle movements. These effects compound the likely reduction in living standards for these properties.

Westaway Court Proposals – amenity impacts

273. None of the receptors around the Westaway site are predicted to experience notable loss of sunlight hours or daylight (none of the 197 receptors falling below 27% VSC). The modelling also demonstrates that the gardens of Elizabeth Place and Savile Street would still maintain sunlight exposure in line with the BRE guideline. I am satisfied that the SDAA evidence demonstrates that there would be no unreasonable amenity impacts. I am also satisfied that, subject to a sensitive detailed design, there should be no undue amenity implications arising from overlooking.

Main Issue (IV) - Summary Findings

274. The main hospital proposals are likely to result in notable adverse impacts on residential amenities that breach Policy GD 1. In particular there will be a significant loss of sunlight (and consequent overshadowing) of residential properties on the north-west side of Kensington Place. I judge these impacts to be unreasonable under the application of Policy GD 1 and to constitute a policy breach.
275. The Kensington Place properties, along with properties on Newgate Street and Patriotic Street, will suffer notable reductions in daylight and, in some cases, these effects will be exceptionally severe. At least 39 properties would experience unreasonable loss of daylight using the VSC 15% target and this would rise to 85 properties if the BRE standard VSC 27% is employed. Policy GD 1 is breached.
276. Privacy matters through potential overlooking can be satisfactorily addressed at the reserved matters stage.
277. The Westaway Court proposals are broadly acceptable in amenity terms.

MAIN ISSUE (V) - TRANSPORT AND ACCESS

278. General hospitals are by their nature very significant trip generators with complex round the clock movements associated with employees, patients, servicing, visitors, emergency services etc. However, the application proposal effectively amounts to the re-provision of the established hospital functions in a similar location. As a consequence, there are no fundamental changes at a macro level but there are, nonetheless, some important matters of detail and some sustainable travel opportunities to explore.

Key policies

279. At a strategic level Policy SP 6 seeks to reduce dependence of the car. This policy has a close connection with, and supports, other strategic policies including SP 1, which seeks to concentrate new development in the Island's defined Built-Up Area and SP 3, which sets out a 'sequential approach' to new development.

280. At a more detailed level the Plan contains a set of transport policies that promote footpaths (TT 2), cycle routes and cycle parking (TT 3 and TT 4); access to public transport (TT 7 and TT 8), the use of Travel Plans (TT 9) and ensure road safety (TT 5). Policy TT 10 seeks to cap and limit additional off-street public parking in St Helier in the interests of reducing congestion.

Documents and evidence

281. The application is supported by a detailed Transport Assessment (Core Documents SD8) and appendices (SD9). There is a detailed set of access and highway related drawings, which are listed as Transport Plans 1 – 37, which include amendments and adjustments made in response to consultee feedback. At the Inquiry, Mr Welch (APP/P10) gave evidence for the Applicant and Mr. Hayward appeared in the States 'highway authority' consultee role.

Assessment

282. Although the transport evidence is significant in volume, the transport implications of the operational development are not matters that require significant technical commentary in this report. There has been extensive consultation and liaison between the Applicant and the States 'highway authority' officers. This dates back to the first application and has continued through the current application, with iterations to various highway related proposals and agreement on a suite of draft Planning conditions. As a result, there is a mature and well evidenced understanding of these issues. I can therefore confine my coverage here to a summary of the key conclusions.

283. At a strategic level the application site scores very highly in terms of its sustainable location and access to sustainable transport modes, notably walking, cycling and buses. It is important to recognise that the hospital is one of the most significant trip generators on the Island. Its central and accessible location contributes to sustainability, minimising overall trips and maximising opportunities for non-car modes of travel. The similar site location for the new hospital proposal maintains these advantages and accords with the Island Plan's strategic policy framework, notably SP 1, SP 3 and SP 6.
284. At a more detailed level there will be some growth in predicted patient trip generation. However, these effects are limited (to 40 additional trips in the morning peak and 70 additional trips in the evening peak) and these modelled increases are largely a consequence of an ageing and growing population, i.e. they would occur anyway, irrespective of the development.
285. The growth in trips would increase impacts on certain junctions, although only one would exceed the normally applied 5% significance threshold. This is the Gloucester Street / Seaton Place / Patriotic Place junction and the proposals include signalisation of this junction and adjustments to make Patriotic Place two way. Junction mitigation schemes are proposed at a number of other locations, through physical works, signal timing adjustments or a combination of both. These include Esplanade / Kensington Place; Rouge Bouillon/ Savile Street/ Elizabeth Place/ Parade / Union Street; Newgate Street / Gloucester Street junction and works to the St Aubin's Road / Pierson Road / Kensington Street junction.
286. In terms of Parking strategy, the provision of an additional 58 parking spaces at Patriotic Street car park through the additional half deck would not breach Policy TT 10 (which seeks to constrain new off-street parking provision) because, overall, there would be a small net loss of parking spaces (an existing 64 spaces will be displaced). Increased levels of disabled parking will be provided at Patriotic Street (increasing from 6 to 22 spaces) and the outpatients facility on the Westaway site will also include dedicated disabled parking.
287. In terms of patient and visitor accessibility, this will be generally enhanced and more coherent, with new accessible entrances and routes and new public realm at the main entrances. Within the hospital, provision would be made for 150 cycle parking spaces, along with changing rooms and showers and a further 50 public cycle parking spaces would be provided for visitors. Vehicle layby and drop-off facilities would be provided and these will require ongoing management.
288. A Framework Travel Plan has been produced. Developing the detail of this plan and implementing this will assist in promoting and embedding sustainable transport patterns and behaviours. As a major trip generator,

the new hospital could provide an opportunity to showcase sustainable travel and deliver against clear modal shift targets.

289. I am advised that there are no technical objections to emergency access arrangements, which include an ambulance layby on the proposed extension to Newgate Street, and an 'ambulance only' route to enable access from the south (via Gloucester Street) and north (via Kensington Place). However, these arrangements will place emergency vehicles movements in closer proximity to residential neighbours than is currently the case and some amenity implications are likely.
290. A number of interested parties raised concerns about the proposed access, parking arrangements and layby that would serve the outpatients facility on the Westaway site. However, the States transport officers raise no fundamental objection to these elements and are satisfied that matters concerning the detailed management can be secured by suitable Planning conditions. Furthermore, the detailed parking arrangements would be addressed at the reserved matters stage and the access / egress proposals would be subject to the normal safety audit process for such works.
291. Planning conditions can deal with the requirements for junction works and the Travel Plan.

Main Issue (V) - Summary Findings

292. The proposals would re-provide the hospital in broadly the same sustainable and accessible location. This accords with the strategic policies in the Island Plan and helps to minimise travel overall and maximise the opportunities for sustainable travel. This is a significant benefit of the proposal and supports the objectives of strategic policies SP 1, SP 3 and SP 6.
293. Traffic impacts have been properly evidenced and mitigation measures, which exceed the minimum required, have been agreed. There are no technical objections to the access and parking proposals. A range of transport related requirements can be secured by the suite of agreed planning conditions. The proposed travel plan provides an opportunity to promote sustainable travel patterns and reduce the reliance on car travel.
294. Overall, the proposal scores very highly when assessed against the Island Plan's transport policies. These are important Planning matters that weigh in the proposal's favour.

**MAIN ISSUE (VI) - DEMOLITION AND CONSTRUCTION IMPACTS
(INCLUDING THE HEALTH IMPACT ASSESSMENT)**

295. Should the proposal be permitted, its implementation would represent a very large and protracted building project in a tightly knit and densely developed town centre environment. The construction site and routes to and from it would be immediately adjacent to homes and businesses.

Key policy considerations

296. The main policy tests are set out in Policy GD 1 in respect of general development considerations (including amenity effects) and WM 1 in respect of waste management.

Key documents and evidence

297. The Applicant has researched and produced significant volumes of evidence on demolition and construction impacts. This is set out in the EIS and the proofs of evidence of Mr Preston (construction impact), Mr Hiller (noise), Mr Hudson (waste) and Ms Clark (health). The States' Environmental Health Officer, Mr Bowditch, gave evidence in his role as a consultee to the Planning authority.

Assessment

298. As I recorded in my report on the first application, any major construction project in an urban area will cause disruption, inconvenience, traffic issues, visual and residential amenity impacts. In Planning terms, these are not matters that would be pivotal to any decision to grant planning permission. Indeed, were that to be the case, major infrastructure projects and the wider public benefits they are designed to bring, would be forever frustrated.
299. However, there can be no doubt that the protracted construction period (5 years), the scale of the project, and the close proximity of existing homes and businesses will result in considerable disruption and inconvenience. In my view, there are certain localised areas that will suffer particularly severe impacts.
300. In the early years of the implementation programme, residents and businesses on Kensington Place will suffer the most disruption. Lewis Street residents and businesses will be subject to significant vehicle movements and disruption, as this narrow and currently lightly trafficked street becomes used as a main access route.
301. Patriotic Place and Patriotic Street residents will also suffer significant impacts due to their close proximity. There will also be some impacts on residents in Savile Street associated with the Westaway Court site proposals. More widely, there will be a considerable number of heavy

vehicle movements associated with the project, including significant volumes of 'cart away' movements of demolition arisings and excavations for the basement area, and the importation of construction materials.

302. The Applicant's evidence does recognise these impacts and does quantify them as best it can at this stage in the project. These are set out in the EIA and the Health Impact Assessment (HIA). It has looked in some detail at traffic management, noise, vibration, dust, air quality and site waste management. They identify potential mitigations and responses. The Applicant has also undertaken some engagement exercises with the local community.
303. I have received a significant body of representations concerning the effects of demolition and construction on the hospital itself. Indeed, these concerns have been more pronounced than in the first Inquiry, with a notable increased vocalisation of concerns about patients and staff welfare and safety. These are clearly genuinely held concerns, and include views of health workers and doctors about the implications of maintaining effective healthcare services, working conditions and a quality patient environment, in the immediate proximity of a large scale construction project.
304. Many of the representations, in writing and in person, linked their concerns with the case for preferring alternative sites to build the new hospital. Indeed, the phrase "*anywhere but Gloucester Street*", used by a number of participants, seemed to capture the sentiment of those expressing concerns about the impacts of building on the existing site.
305. It is important that I record these views and opinions. However, it is equally important that I re-state that these are not matters that, in my view, can be pivotal to the determination of this Outline application. I do fully accept that, were there to be a 'perfect' alternative site, these impacts could be avoided, or at least substantially reduced, but they remain matters of scheme implementation, rather than matters relating to the broad acceptability of the scheme in Planning terms (which is the focus of an Outline application and its determination).
306. The Planning system's response to these issues can only ever be to require the developer to manage the implementation process in a responsible manner and to take steps to minimise and mitigate the impacts. These provisions must be complemented by the work of other agencies and regulatory bodies, including that of the Island's Environmental Health services (concerning noise, air pollution and contaminants), and the Infrastructure Department services, responsible for traffic management and road safety. Whilst not wishing to suggest that managing such effects is straightforward or simple, the proposal would not be the first new hospital to be built in a constrained urban setting.

307. Appropriate conditions to secure the necessary management regimes and measures are included in the Draft Conditions document (INQ14) prepared by the Department's Planning officers in liaison with the Applicant.

Main Issue (VI) - Summary Findings

308. If permitted, the implementation of this major construction project would result in widespread and protracted impacts on neighbouring homes, businesses, the local road network and the wider area. These are the inevitable consequences of a major construction project in a constrained town centre setting and are not matters that are pivotal to the determination of an Outline Planning application.

309. Planning conditions could be imposed to ensure that demolition and construction activities are properly managed. However, even with these management regimes and measures in place, there will be negative impacts and disruption throughout the implementation period.

MAIN ISSUE (VII) - OTHER MATTERS - SUSTAINABILITY, SOCIO-ECONOMIC IMPACTS, CRIME, FLOOD RISK, WIND EFFECTS AND ANY OTHER PLANNING MATTERS

311. In this session, the Inquiry explored a range of miscellaneous, but nonetheless important, Planning matters. These are assessed below.

Sustainability of the proposed new hospital buildings

312. The broader sustainability credentials of the proposal, beyond its accepted sustainable location, are important Planning considerations. They relate closely to strategic policy SP 2, which seeks to ensure the efficient use of resources, and a range of other topic specific policies.
313. Whilst submitted in Outline, the Applicant is committed to delivering highly sustainable buildings. Mr Slater's evidence (APP/P12) for the Applicant addresses energy and sustainability. He explains how the Applicant has adopted the Building Research Establishment's Environmental Assessment Method (BREEAM) which is a well established UK framework for assessing the sustainability of new building projects. It covers a wide range of individual measures to determine overall performance.
314. In terms of energy, it is proposed that the building would be all electric (hence there will be no chimney) and would include renewable and low and zero carbon technologies.
315. The BREEAM Pre-Assessment report demonstrates that the scheme would have a range of beneficial sustainable design elements and opportunities to improve further. At this time, both the main building and Westaway building are targeting BREEAM 'Excellent'.
316. Whilst there is much more design work to undertake on these matters, the approach to the sustainability of the building design is sound and accords with the thrust of SP 2. Subject to further details, it should accord with Policy NR 7 (renewable energy) and Policy NR 2 (water).
317. There is also a broader issue of sustainability that requires some comment. This relates to the degree of 'future proofing' of the proposal and it has been raised by a number of interested parties.
318. In my report on the first application³⁷, I drew attention to the fact that the 1980's block was just 30 years old and that from a sustainability perspective, the need to replace it after a relatively brief operational life, seemed to be perhaps a salutary lesson in the need to design flexible and adaptable modern buildings. Avoiding a repeat of such occurrences cuts to the heart of Policy SP 2 and underlines the importance of 'future proofing'.

³⁷ Inspector's Report PP/2017/0990 – Paragraph 94

319. A number of contributors argue that the proposed hospital is simply not big enough to cope with future demand. In response, the Applicant contends that it is future proofed and based upon a 65 year life.
320. I accept the Applicant's submissions on this matter at face value. However, I do think it is appropriate that I make some observations. First, it is important to recognise that the submitted scheme has no obvious future physical expansion potential to accommodate significant additional floorspace, such as a new department, should that requirement ever arise. Second, it does seem to me that future demand prediction and the space requirements for new technologies, are inherently difficult to define with any certainty. Third, the future demand patterns within the new general hospital will be directly influenced by the performance of other elements of the new model of healthcare. I make these points merely as observations, but they are relevant to the scheme's longer term performance under Policy SP 2.

Socio economic impacts

321. The Applicant's assessment of socio-economic impacts is set out in Chapter 14. These impacts principally concern the loss of hotels and other businesses (directly displaced by the development), wider impacts on businesses, the loss of homes and labour market issues. My findings here align with those in respect of the first application, as the issues are very similar.
322. In terms of hotel loss, the development would involve the extinguishment of two longstanding establishments, comprising 56 guestrooms at the Revere Hotel and 72 guestrooms at the Stafford Hotel. Whilst the loss of these facilities would be regrettable, it comprises a small proportion of overall visitor accommodation. In policy terms, hotels are not protected under the provisions of Policy E 1.
323. Other business to be lost would include Doran's Courtyard Bistro; Cyrano's restaurant; Little Italy restaurant; GC's Café; 1-2-1 Hairdressers and the Aroma restaurant. These businesses do fall under Policy E 1 general protection. However, I share the Applicant's view that exception 3 of the policy would apply. This exception allows employment uses to be displaced where there is an overall benefit to the community. Setting other Planning issues to one side, the provision of a new general hospital will outweigh the finite adverse employment impacts, in my opinion.
324. Businesses in the wider area, close to the site and in Jersey more generally, would experience both positive and negative effects. There would be some potential opportunities from the supply chain and benefits from spend from the construction workforce (accommodation, retail and leisure). However, businesses in surrounding streets will experience some

disruption, due to construction traffic and construction activities, but these effects could be managed.

325. There would also be labour market implications, with quite a significant body of 'off- island' workers during the construction period. The Applicant's liaison with the Jersey Construction Council is intended to ensure that on-island jobs are targeted in areas where there are existing skills and resource gaps, thereby creating a positive legacy.
326. The proposal would involve the loss of some residential properties. These will be nos. 33-40 (including Sutherland Court) and no. 44 Kensington Place and the health workers accommodation units at Peter Crill House (24 bedsits) and Westaway Court (56 units). Whilst undesirable and clearly unsettling for the affected households, the Applicant will assist with relocation. As with the businesses losses, the relevant Policy H 11 does allow for a loss where the value of the development outweighs the loss (of housing).
327. Overall, whilst there are some negative socio-economic impacts arising from the proposal, I consider that these could be justified in Policy terms under the exceptions provided for by E 1 and H 11.

Flood risk

328. The EIS records that there have been instances of the coastal defences being overtopped, resulting in flooding on Gloucester Street and affecting the southern extremity of the site. A Flood Risk Assessment (FRA) was undertaken and this concludes that, subject to protective measures, risk due to tidal flooding can be appropriately minimised. At the Inquiry, Mr Smith (APP/P11) gave evidence for the Applicant on this issue.
329. Some interested parties argued that the site was 'in a flood zone' and that this rendered it wholly unsuitable for the new hospital. However, this view is not supported by the technical evidence. Mr Smith's evidence confirms that risks have been fully assessed, including allowances for climate change, and that residual risk can be properly mitigated. Measures to be incorporated in the design will include setting the finished level of the new hospital development well above the extreme tide flood level and sealing all new basements to prevent water ingress.

Wind effects

330. The EIS identifies that the proposed main hospital building would create some localised wind tunnel problems. This could create public comfort and safety issues on the west sides of the complex. Parts of Kensington Place and Newgate Street could suffer from wind problems. This is a potential concern given the likelihood of frail and elderly people visiting the hospital. It will require mitigation and this is a matter that is included in the

Applicant's Design Principles document.³⁸ It would need to be fully addressed at the reserved matters stage.

³⁸ Jersey Future Hospital Design Principles 17 August 2018 – Paragraphs 1.19 – 1.22

MAIN ISSUE (VIII) - PLANNING CONDITIONS AND OBLIGATIONS

331. At the Inquiry, I explained to all parties that it is customary to hold a 'without prejudice' session on Planning conditions and Planning obligations. This ensures that, should the Minister decide to grant Planning permission, there is a draft set of conditions and heads of terms for a Planning Obligations Agreement.

Draft Planning Conditions

332. The States Planning officers and the Applicant have worked together to produce a draft conditions document (INQ14).

333. The document clarifies the list of 'plans for approval' which include the parameters plans, elevations and sections and a portfolio of transport related plans.

334. There are three 'Outline' conditions labelled A, B and C and 30 draft specific conditions. Condition A sets the time limit for commencement of development. Conditions B and C control the submission of reserved matters for the two broad phases, Phase 1 being required within 2 years, Phase 2 within 5 years.

335. Draft Condition 1 would limit the Reserved Matters submissions to the Parameters Plans and require accordance with the Design Principles document.

336. The remaining conditions cover a wide variety of matters including public art; phasing; travel plan; waste management; ground contamination; a demolition / construction environmental management plan; energy; archaeology evaluation and mitigation; control over the removal of attachments to the Listed Granite Block; lighting; nesting birds; bats; groundwater, surface water and foul sewage; noise; provision of access arrangements; visibility splays; patient transport management plans; detailed highways works; cycle parking and a car park layout for Patriotic Street car park. I endorse all of these conditions.

Planning Obligations Agreement – Draft Heads of Terms

337. Document (INQ14) sets out the Applicant / Planning Officers agreed position that a Planning Obligation Agreement ("POA") will be used to secure the following:

- *Demolition of the 1980's and 1960's blocks and the subsequent landscaping enhancements as indicated in any Reserved Matters approvals;*
- *Provision of a main entrance building replacing the 1980s block;*

- *Landscaping surrounding the Granite Block in accordance with any subsequent Reserved Matters Approval;*
- *Renovation of the Granite Block in accordance with the steps contained in the Conservation Statement; and*
- *An appropriate timescale for the delivery of the benefits.*

338. I endorse these Heads of Terms which will ensure that the scheme is delivered comprehensively and that the Granite Block is appropriately renovated and brought back into use.

Main Issue (VIII) - Summary Findings

339. If the Minister is minded to grant Outline Planning Permission, the draft conditions (INQ14) and the POA Heads of Terms would form a sensible and appropriate suite of Planning controls and obligations.

MAIN ISSUE (IX) - ALTERNATIVE SITES

Background

340. There is a very long and complex history concerning the emergence of the new hospital project and the associated site selection process. Its origin lies within Proposition P.82/2012 '*Health and Social Services: A New Way Forward*' which identified the need for a new hospital.
341. The site selection process was lengthy and complicated and included long listing, shortlisting and testing against a wide range of criteria. The key reports were produced by W.S. Atkins in 2013 and Gleeds Management Services in 2016. The process culminated in a States Assembly decision on 1 December 2016, through Proposition P.110/2016, which stated:
342. *"To approve in principle as the site location for the new General Hospital the current Jersey General Hospital site with an extension along the east side of Kensington Place and other nearby sites, including Westaway Court, in accordance with the Map at Appendix 1 in the Report accompanying this Proposition, with detailed proposals to be brought back to the Assembly as set out in Section 6.3 of the accompanying Report."*
343. P.110/2016 formed the political mandate for the submission of the first planning application and, following its refusal, was relied on by the Applicant as the basis for the second application that is before this Inquiry.

Planning Inquiry extended terms of reference and the work of the Policy Development Board

344. A Government decision to pursue a major public infrastructure project on a specified site, following a lengthy site selection process would, under most circumstances, become a matter of record. However, the hospital site selection has remained a matter of public and political contention. There has been continued questioning of the merits of the decision to select the Gloucester Street site.
345. At a political level, these concerns culminated in Proposition P.90/2018 which was approved by a substantial majority of States members. This widened the terms of reference of this Inquiry to enable alternative sites evidence to be considered. In parallel, a Policy Development Board (PDB) was established to review the evidence that supported the previous States Assembly's decision to select the Gloucester Street site. P.90/2018.
346. The extended Inquiry terms and the work of the PDB combine to open the door to matters that are not only controversial, but are also inherently political. In essence, they question the merits of P.110/2016 and, at the very least, seek reassurance that the project is being pursued on the best site.

347. The situation is further complicated by the fact that the PDG's final report has been published after the close of the Planning Inquiry and at a time when I had reached an advanced stage in writing this report. Its findings, published on 15 November 2018, are that "*the Board have not been assured that the evidence supports the current site as the optimal site*"³⁹. The detailed report records a number of concerns about site selection issues and also includes a survey of hospital workers which indicates a substantial majority (82%) wishing to see the new hospital built on a different site.
348. Matters are complicated even further by the Health Minister's response to the PDG's final report, issued on 29 November 2018 (and sent direct to me via the Programme Officer). The Health Minister's response heavily criticises the PDG's approach and findings, and expresses his grave concerns about delays and the risks of running the present hospital for an extended period of time.

The Planning relevance of alternative sites evidence

349. The potential relevance of alternative sites evidence is quite a complex area of Planning practice. I have not been made aware of any relevant Jersey case law, but there are a number of UK legal cases. Counsel for the Applicant submitted a number of UK court judgements and these are helpful to inform some general principles. However, it must be recognised that Jersey law and the quite exceptional circumstances do differentiate this case. It is unique.
350. As a general rule, in most Planning decision making, the consideration of alternative sites will not be (legally) relevant or necessary. If a proposal is acceptable in Planning terms on its own individual merits, the fact that another site may perform as well, or arguably even better, in Planning terms, is not a matter that is either relevant or necessary to explore.
351. However, the type and scale of development proposed by this application is of Island-wide significance. Whilst a new hospital is clearly desirable in itself, I have identified (in earlier sections of this report) conspicuous adverse Planning impacts that will arise from the current proposal. It is a fact that a number of potential alternative sites do exist and are widely known. It is also the case that the robustness of the States' site selection process has now been openly questioned by a review body set up by the States itself. It is quite an extraordinary muddle.
352. In the circumstances, I do think that a high level Planning assessment of the front running alternative sites is relevant and appropriate to assist in

³⁹ Hospital Policy Development Board - Final Report - November 2018 – Quote from Chairman's Foreword (page 2)

providing the Minister with an informed report. As I set out in my note of 23 July 2018 (INQ7), the key question is as follows:

In the event that the Minister concludes that the application proposal (reference PP/2018/0507) would have significant adverse environmental effects, are there alternative site options that would clearly avoid those adverse effects or substantially reduce them?

353. In my view, the first part of the question is certainly triggered, i.e. the proposal will result in significant adverse environmental effects, primarily in terms of heritage and residential amenity impacts and also in terms of townscape and visual amenity impacts. Answering the second part of the question is therefore important to inform any assessment of whether there is 'sufficient justification'⁴⁰ for accepting the identified adverse effects of the current application.
354. This approach is entirely consistent with my findings on the first application proposal, and the Minister's subsequent assessment, that the first scheme did not represent the one and only development option to deliver the needed new hospital.

The Applicant's alternative sites evidence

355. Mr Glover (APP/P15 and Appendices) provides evidence on behalf of the Applicant. He explains the background to the project and how a total of 42 sites were considered and that, through a complex sifting and assessment process, a shortlist of sites emerged. This process included a number of detailed studies and reports and ultimately led to P.100/2016 which selected the preferred site. His Proof then provides a Planning based review of the shortlist of sites namely: Peoples' Park, St. Saviour's Hospital, Warwick Farm, the Waterfront site (including Jardin de la Mer), Overdale and the Dual Site solution.
356. Mr Glover's conclusions state:

"The Alternative Sites all face challenges when considered at a high level against relevant Planning Policies and guidance. On some sites these challenges are significant and are clearly contrary to the Strategic Policies of the Revised 2011 Island Plan, namely St Saviour's Hospital and Warwick Farm. These Policies are extremely important as these define the key objectives and principles that run through the whole Plan and its more detailed policies. Other sites present challenges so as to accord with Policies and guidance that may be able to be addressed although they would also involve setting aside fundamental Policy conflicts, namely People's Park, the Waterfront and the Dual Site Option.

⁴⁰ Article 19 of Planning and Building (Jersey) Law 2002 (as amended).

357. *On balance, in weighing the beneficial and adverse factors above, the benefits flowing from the current proposal are substantial, whilst the areas of potential non-compliance with planning policy are relatively limited. The proposals contained in the current application are broadly acceptable in terms of the Island Plan, and represent sustainable development and will be of substantial public benefit to the population of Jersey. It is unlikely that the alternative sites would be able to align with the Revised 2011 Island Plan in such a manner."*

The Planning Authority's alternative sites evidence

358. Mr Nicholson for the Planning Authority explains in his Proof (DC/2) how it has provided Planning advice on various site options at different times. The appendices to his Proof (DC/2a) include the detailed site selection feedback.

359. Mr Nicholson conclusions state: *"it is my opinion the alternative sites all come with significant adverse environmental effects...These issues will include strategic matters, such as broad spatial issues and a failure to deliver sustainable patterns of development for (generally) those sites which are out of St Helier. Across all the sites there are other more detailed issues, which are (on an individual basis) likely to be significant in their magnitude, as can be expected with a project of this scale and complexity."*

Interested parties' alternative sites submissions

360. There were a significant number of submissions from interested parties on the issue of alternative sites. Whilst the number of cases made for specific alternative sites was limited, the general thrust of those who made representations was 'anywhere but Gloucester Street'.

361. Many contributors expressed opinions about their concerns with the current proposal. These included disruption to patients and health workers, patient safety, staff retention and recruitment, that the site is too small, that the scheme does not allow for future expansion and that the loss of homes and businesses would have negative impacts. Views were expressed that any other sites could avoid these problems and potentially be delivered more quickly and at a lower cost.

362. Support was expressed by individual contributors to look again at People's Park, Overdale, Warwick Farm, St Saviours and the Waterfront, including variants embracing undeveloped parts of the finance centre land at the Esplanade. A composite site at Rouge Bouillon was also suggested.

High level assessment of the alternative sites

363. My note of 23 July 2018 expressed my view that any consideration of alternative sites evidence should be high level, strictly Planning based and proportionate. It is simply focused on the question of whether there are any obviously better sites in Planning terms. I have undertaken my assessment in this manner through a review of the submitted written evidence, listening to submissions at the Inquiry and through undertaking site inspections of the main alternative sites.
364. The first alternative site I assessed was the St Saviours Hospital option. Whilst I can understand advocates saying that it is an established hospital site, currently vacant and available, and that it would provide a therapeutic healing environment, the pursuit of this option would fundamentally conflict with the Island Plan. Its remoteness from the main centre of the Island's population, the potential destruction of a fine Grade 1 Listed building, and the likely serious impacts on the character and appearance of the area, would conflict with a raft of strategic and other policies in the Island Plan.
365. The second alternative I assessed was the Overdale hospital site. Whilst this is an existing hospital location and within the built-up area, it is physically separated from the main town and the topography makes it inaccessible, particularly by walking and cycling modes of travel. The intensification of development required to accommodate the hospital, combined with the elevated ridge location within the Green Backdrop Zone, would result in very significant adverse visual impacts. There could also be adverse residential amenity and biodiversity impacts. This option would create significant challenges with the Island Plan.
366. The third alternative I considered was the 'dual site' option which would split the new hospital between the Overdale and Gloucester Street sites. Whilst this could lessen the Planning impacts (compared to one large building), I understand that it is not considered to be an operationally feasible option. Accordingly, I have not considered it further.
367. The fourth alternative site I explored was Warwick Farm. This large greenfield site is situated in the countryside to the north of St Helier. It is within the Green Zone where there is presumption against all forms of development, although the associated Policy NE 7 does allow possible exceptions for 'strategic development', which could include a new general hospital. Whilst it could physically accommodate a large hospital and allow for expansion, it would conflict with the Island Plan's strategic focus of new development in the built-up area. Its location would not be particularly accessible or sustainable. It is likely that visual impacts would be significant and far reaching, given its relative elevation above the town. This option would involve major challenges to the Island Plan and could

only be realistically considered, in Planning terms, if more sustainably located sites were demonstrably not available or workable.

368. The remaining two sites I assessed are both in relatively central locations within St Helier. These were the Waterfront and Peoples Park. Due to their sustainable locations, they both score well in terms of the Island Plan's strategic focus (as does the application proposal). However, there are challenges with each.
369. The Waterfront option that has been formally appraised embraces the site elements known as Zephyrus, Crosslands and the seaside park, Les Jardin de la Mer. However, others have suggested variants which would embrace undeveloped parts of the Esplanade car park, connected with a high level bridge link over the A1 dual carriageway and thereby avoiding the need to sacrifice Les Jardin de la Mer. Whatever permutation was employed, it would raise significant Planning issues and would challenge the land use, urban design and economic ambitions for this key part of the town. Accommodating such a large institutional building on a prominent waterfront site would have dramatic and far reaching impacts. The loss of Les Jardin de la Mer would be a significant conflict with Planning policy (SCO 4) and it is difficult to see how it could be re-provided / compensated. It is likely that there would also be heritage impacts, including harm to the setting of Elizabeth Castle. This option raises some significant Island Plan challenges.
370. The final alternative I considered was Peoples Park. I am well aware that this site option is locally controversial. I am also aware that, whilst scoring well as an option in earlier assessment work, it was withdrawn from consideration by the then Health Minister, in the light of public opposition. In pure Planning terms, the location is sustainable, accessible and very close to the existing hospital. The key Planning issues would centre around the complete loss of an existing open space, which is also a Grade 3 Listed space. A case could be made that the public benefit of the new hospital justified these losses and the existing hospital site could, in part, provide compensatory new park provision. Its development for a new hospital would significantly change the townscape in this part of St Helier, although the West Mount escarpment would mitigate some of the effects and impacts of large buildings on this site. There would be some adverse impacts on residential amenities, views and vistas and the settings of Listed buildings. This option, along with all the others, raises Island Plan tensions and challenges.

Main Issue (IX) - Summary Findings

371. My assessment is that, in Planning terms, there is not one 'stand out' alternative site option that would be clearly superior in Planning terms. However, there are a number of realistic alternative site options that could

physically accommodate the new hospital. Clearly, each of these would avoid, or at least radically reduce, the adverse demolition / construction impacts, including the disruption to the existing hospital. Each would also, rather obviously, avoid the scheme specific Planning harm that I have identified with the current proposal. However, each of the alternatives would come with its own set of significant adverse environmental effects and consequent tensions with the Island Plan.

372. The presumed environmental effects, and the severity of tensions with the Island Plan, would be very different for each alternative site option. Some of the alternatives would raise quite fundamental and strategic tensions, whereas others could be seen as broadly in line with the plan but still likely to result in some significant adverse effects.
373. Making comparisons between the application proposal and the alternatives is not a straightforward matter, as there is only one worked up application proposal. Furthermore, it is inordinately difficult, to weigh one set of adverse environmental effects on one site to a different set of adverse effects on another, without entering the political realm.
374. The initial alternative sites question that I posed was: *are there alternative site options that would clearly avoid those adverse effects or substantially reduce them?* My finding is that, based on the evidence before me, the answer is 'no'. There is no perfect site, but there are alternatives that could deliver the hospital project with different environmental effects and consequences.

CONCLUSIONS AND RECOMMENDATION

375. The Planning issues and implications concerning the development of a new hospital in Jersey are some of the most complex and difficult the Island is likely to face. The issues really do represent a 'once in a generation' moment and the consequences are profound and far reaching. The new hospital will be a very large building, costing a significant amount of public money and it needs to serve the Island for many decades to come.
376. It is important to remember that my assessment here is one that is framed by Planning considerations and, in particular, whether the application proposal complies with the Island Plan. However, Planning is just one part, albeit a very important one in my view, of that once in a generation decision.
377. I have found through the conduct of two Inquiries, that 'Planning' and wider political and community matters are inextricably linked. Indeed, it is difficult to disentangle pure 'Planning' matters from these wider issues. As a result, I have heard all sorts of views concerning Jersey's political governance, its politicians, the site selection process, the project team and even matters concerning industrial relations within the health service. These are unusual matters for a Planning Inspector to be faced with, but they do underline the complexity and importance of the issues and their implications.

Key findings

378. My first finding is that the need for the new hospital is supported by evidence and is widely accepted. I concluded following the first Inquiry that the need for a 'new' hospital, in some form, is well evidenced and undisputed. Nothing has changed to alter that conclusion, other than the passage of another year compounding the case. This is a material and weighty Planning consideration.
379. My second finding is that the form of the application in 'Outline', supported by maximum parameters and design guidance, is a legitimate and valid form of planning application. It does enable the broad acceptability of the proposal to be assessed in Planning terms. However, the limited detail of the submission does inevitably create some complications and issues, and the extent to which 'design' related matters can be assessed is limited.
380. My third finding is that, in broad spatial terms, the application proposal would be in a sustainable and accessible location. This accords with the Island Plan's spatial strategy (Policy SP 1), its sequential approach to site selection (Policy SP 3) and Policy SCO 2, which directs healthcare developments to the grounds of existing healthcare facilities and / or the built-up area. Subject to more detailed measures, I assess that the

proposal could also contribute to the objectives of Policy SP 2, in terms of the 'efficient use of resources', and to Policy SP 6, which seeks to reduce dependence on the car. The proposal's compliance with the strategic thrust of the Island Plan and its high-level strategic policies attracts considerable weight in its favour.

381. My fourth set of findings concern design, townscape and visual impacts. The proposals will result in a mixture of townscape and visual impacts with some positive, neutral and negative impacts. The Parade area will enjoy the greatest townscape and visual enhancements, but there will be will tangible negative impacts, notably in Kensington Place, Newgate Street, Patriotic Street and when viewed from approaches from the west. Some of these impacts will be quite dramatic and adverse. There are unresolved design issues and concerns, which indicates that a full justification in urban design terms has not been demonstrated. To some extent these findings are a direct product of the Outline nature of the application, but they also arise from a parameter design which pushes beyond the urban design 'comfort zone'. Notwithstanding the positive aspects of the design (and its much calmer form than the first application), the proposal would breach the relevant policies (SP 7, GD 7, GD 1(6) and BE 5). These breaches would normally lead to a refusal of planning permission.
382. My fifth finding concerns heritage. I assess that the proposals would involve material breaches of Planning policies which seek to protect Jersey's heritage from harm. The proposal would not physically destroy any heritage asset and would deliver some very positive benefits through the renovation and re-use of the Grade 1 Listed Granite Block, opening up new views of it and securing associated public realm improvements. However, it would introduce very large and tall buildings into the immediate vicinity of this extremely fine and significant Listed building. These impacts are harmful and unacceptable in Planning terms.
383. The proposal would also cause permanent and notable harm to the settings of Listed buildings on Kensington Place and Edward Place. There would also be harm to the settings of Listed buildings and places in the wider vicinity, notably those on Peirson Road and the parks to the north-west. Notwithstanding the positive heritage aspects of this scheme, each of the instances of identified harm represents a breach of Policy HE 1 of the Island Plan and the strategic 'high priority' given to the protection of the historic environment, enshrined in strategic Policy SP 4. These policy breaches weigh against the proposal and would normally lead to its refusal.
384. My sixth finding concerns impacts on the amenities of neighbouring properties. I assess that the Westaway Court proposals are broadly acceptable in amenity terms. However, I consider that the main hospital proposals are likely to result in notable and significant adverse impacts on

residential amenities. Residential properties on Kensington Place, Newgate Street and Patriotic Street will suffer notable reductions in daylight and, in some cases, these effects will be exceptionally severe. There will also be a significant loss of sunlight to, and consequent overshadowing of, residential properties on the north-west side of Kensington Place (which includes a number of Listed buildings). These daylight and sunlight impacts will affect a significant number of properties and these impacts would be unreasonable. The proposals breach Policies GD 1 and GD 3 and this would normally lead to a refusal of Planning permission.

385. My seventh finding concerns transport and access matters. I am satisfied that, subject to specific junction and highways works, the completed development could operate without causing undue impacts on the highway network or highway safety concerns. Measures such as cycle parking provision and the implementation of a Travel Plan could promote and encourage sustainable travel and these could be secured by Planning conditions. The proposal would accord with the respective Island Plan transport policies and this weighs in the proposal's favour.
386. My eighth finding concerns demolition and construction impacts. I assess that, if permitted and implemented, this major demolition and construction project would result in widespread and protracted impacts on neighbouring homes, businesses, the local road network and the wider area. It would also impact on the existing hospital itself and this is matter of significant concern to many health workers and others. These are largely the inevitable consequences of a major construction project in a constrained town centre setting and are not, in my view, matters that are pivotal to the determination of an Outline Planning application. However, they are clearly matters that the Applicant, and wider States government, must recognise and manage if it implements this scheme.
387. My ninth set of findings concern a range of 'other matters'. I assess that the building itself could achieve a high degree of sustainability in terms of its performance. I find that there will be adverse socio-economic impacts through the loss of homes and businesses, but these can be justified in policy terms. Matters concerning crime, flood risk and wind effects have been assessed and do not present any reasons for withholding Outline Planning permission.
388. My tenth set of findings concern Planning conditions and obligations. Should the Minister be minded to grant planning permission, I endorse the set of Planning conditions and draft heads of terms of a planning obligation that have been submitted to the Inquiry.
389. My eleventh finding concerns alternative sites. Based on the evidence before me, there is no obvious alternative site that could clearly perform better in Planning terms. There is no perfect site, but there are alternative

options capable of accommodating a new hospital, although each would bring with it a different set of adverse environmental effects and conflicts with the Island Plan.

Conclusions - The Planning balance

390. Judging the overall Planning balance of these findings requires an assessment against the Island Plan as a whole.
391. Weighing heavily in the proposal's favour are the spatial and locational factors, which accord very strongly with the strategic thrust of the Plan which directs new development to the most sustainable and accessible locations. These factors enable the proposal to score highly in terms of its transport credentials as the hospital, which is major trip generator, would be highly accessible by sustainable modes of travel. Also weighing in the proposal's favour is its comprehensive redevelopment approach, which would remove a significant collection of largely unattractive and negative buildings and replace them with an integrated set of new buildings, improving certain townscapes and introducing some potentially attractive areas of public realm. A further consideration which could be seen to weigh in the proposal's favour is its deliverability and the consequences of delay, although this matter is complicated by political factors.
392. However, weighing against the proposal are the significant negative impacts that would arise in terms of the settings of heritage assets. Whilst no above ground heritage would be destroyed, the setting impacts on a number of Listed buildings, including those of the highest grading, would be severe. These are impacts that the Island Plan directs will not be allowed. Also weighing against the proposal are significant harmful impacts on the amenities of numerous neighbouring residential properties. These impacts are unreasonable and, again, the Island Plan directs that the development should not be permitted. There are also some adverse townscape and visual impacts along with some design concerns. These impacts are, in my view, a product of the fact that the site is not quite large enough to comfortably accommodate the proposed scheme. Again, the relevant policies instruct that the development should not be allowed.
393. A consequence of implementing the proposal will be significant and protracted impacts associated with demolition and construction. This is an important matter to recognise, but I do not regard it as pivotal to this planning determination.
394. Weighing all of the positive, neutral and negative factors in the planning balance is a complex task. However, the adverse effects and impacts are significant and demonstrable and are matters that are fundamental to the Island Plan, and indeed the Law. Put simply, the Plan says that

developments that would result in the adverse effects that I have identified will not be permitted.

395. As a result, a logical Plan-led conclusion is that planning permission should be refused due to the significant Planning harm that will be caused.

Is there sufficient justification for departing from the Island Plan?

396. These findings lead to the consideration, as the Law allows, of whether there is 'sufficient justification' to depart from the provisions of the Island Plan. What constitutes a sufficient justification for overriding the Plan's provisions is not defined, but there can be little doubt that providing a much needed new hospital to serve Jersey's population could provide such a 'public interest' justification.
397. However, it is not appropriate for a Planning Inspector to make that assessment, as it has become a matter that is now inextricably political. What I can say is that the current scheme is far superior to the first scheme. The Applicant's team has worked hard to produce a calmer, more sophisticated and refined proposal but, despite the progress, significant Planning harm would still result. What I cannot say is whether there is sufficient justification for accepting the identified Planning harm and departing from the provisions of the Island Plan, or whether other site / brief options should be revisited. Those are political assessments and decisions on this critically important, once in a generation project.

Formal recommendation

398. In the circumstances, on the basis of the evidence before me, I set out my Plan-led recommendation that the application should be refused for the reasons I have identified. However, I caveat my recommendation by inviting the Minister to consider whether there is sufficient justification in the public interest for accepting the significant Planning harm, and conflicts with the Island Plan, that I have identified, and granting Outline planning permission for the application proposal.

RECOMMENDATION: That, unless the Minister considers that there is a public interest benefit that provides a sufficient justification for making a decision which is inconsistent with the Island Plan, planning permission should be REFUSED for the following reasons:

Reason 1 (Heritage): The proposed main hospital development, by virtue of its siting, size and mass, would not preserve or enhance the settings of numerous heritage assets. It would cause serious harm to the immediate setting of the nineteenth century Grade 1 Listed building within the site, which would be overwhelmed and dominated by the imposition of large, tall and imposing modern buildings in its immediate setting. The settings of Listed buildings on Kensington Place and Edward Place would also suffer

serious harm from the proximity and imposing presence of the new blocks. The proposal would also harm the settings of Listed buildings and places in the wider locality, most notably the many Listed buildings along Peirson Road, Victoria Park, People's Park and Westmount Gardens and Lower Park. As a result, the proposal conflicts with Policy HE 1 of the Island Plan and with the strategic high priority given to the protection of Jersey's historic environment set out in Policy SP 4.

Reason 2 (Residential amenity): The proposed main hospital development would, by virtue of its siting, size and mass, lead to unreasonable harm to the residential amenities and living conditions of neighbouring residential properties. In particular, a significant number of residential properties on Kensington Place, Newgate Street and Patriotic Street will suffer notable reductions in daylight and, in some cases, these effects will be exceptionally severe. There will also be a significant loss of sunlight to properties on the north-west side of Kensington Place. As such, the proposal is contrary to Policies GD 1(3) and GD 3 of the Island Plan 2011 (revised 2014) which seek to protect reasonable expectations of amenity and mediate the Plan's support for higher density development.

Reason 3 (Design, townscape and visual impacts): The proposal, by virtue of its likely size, height and mass as set out in the submitted parameters, would result in a building that would be too large for this restricted site. In addition to significant heritage and amenity harm (Reasons 1 and 2), the proposal would also result in localised adverse townscape and visual amenity impacts, most notably in Kensington Place, Newgate Street, Patriotic Street and when viewed from approaches from the north-west, from where the building would appear imposing and out of scale. This conflicts with the Island Plan's strategic Policy SP 7 (Better by design) and with Policies GD 7 (Design quality), BE 5 (Tall buildings) and GD 5 (Skyline, views and vistas).

P. Staddon

Philip Staddon BSc, Dip, MBA, MRTPI

10 December 2018

APPENDIX 1- INQUIRY DOCUMENTS LIST

Procedural and General Documents	
INQ1	Letter dated 17 May 2018 from the Minister of the Environment to the Inspector regarding the Terms of Reference for the Inquiry
INQ2	Ministerial Notice to hold an Inquiry, 24 April 2018
INQ3	Public Inquiry Notice, 18 May 2018
INQ4	Letter dated 17 July 2018 from the Minister of the Environment to the Inspector regarding the Revised Terms of Reference for the Inquiry
INQ5	Proposition by Deputy Labey
INQ6	Terms of Reference of the Policy Development Board
INQ7	Inspector's Response to the Minister - Amended Terms of Reference, 23 July 2018
INQ8	Minister's response to INQ7
INQ9	Pre-Inquiry Meeting Agenda
INQ10	Notes of the Pre-Inquiry Meeting
INQ11	First Draft of the Inquiry Programme
INQ12.1	Questions and Main issues - Theme 1 - The case for the application
INQ12.2	Questions and Main issues - Theme 2 - Design principles and parameters, townscape and visual impacts
INQ12.3	Questions and Main issues - Theme 3 - Heritage
INQ12.4	Questions and Main issues - Theme 4 - Amenity impacts
INQ12.5	Questions and Main issues - Theme 5 - Transport and Access
INQ12.6	Questions and Main issues - Theme 6 – Demolition and construction impacts
INQ12.7	Questions and Main issues - Theme(s) 7 - Other matters
	Questions and Main issues - Theme 8 – Planning Conditions and Obligations
INQ12.9	Questions and Main issues - Theme 9 - Alternative sites
INQ13	Statement of Common Ground between the States of Jersey Department for Infrastructure (the Applicant) and the States of Jersey Development Control (the Planning Authority)
INQ14	Draft conditions agreed between the States of Jersey Department for Infrastructure (the Applicant) and the States of Jersey Development Control (the Planning Authority)
Documents submitted at the Inquiry	
INQ15	Phasing diagram presentation-Bruce Preston
INQ16a	Design Principles Presentation Part 1
INQ16b	Design Principles Presentation Part 2
INQ17	Jersey Metro Apartments Planning History
INQ18	Listing Description for St Saviours Hospital
INQ19	Listing Description for People's Park
INQ20	New Hospital staff survey, Hospital Policy Review Board
INQ21	Daylight and Sunlight Presentation, Dan Lister
INQ21a	Table of the number of properties affected
INQ22a	Appendix D1, Water Depth, presented by John Smith
INQ22b	Appendix D2, Water Depth, presented by John Smith
INQ22c	Appendix D4, Water Depth, presented by John Smith
INQ22d	Appendix D5, Water Depth, presented by John Smith
INQ23	SPG Practice Note 18 – Environmental Impact Assessment, submitted by Mr McCarthy
INQ24	Information on short-listed sites, submitted by John Baker
INQ25	Information submitted by Mr Cabeldu

INQ25a	Letter from the Minister to Mr Cabeldu, omitted from INQ25
INQ26	Closing submissions by Development Control
INQ27	Closing submissions by the applicant
Documents submitted after the Inquiry	
INQ28	Notes of the Jersey Architecture Commission Design Review, 5 October 2018
INQ29	Report of the Hospital Policy Development Board
INQ30	Response of the Minister for Health and Social Services, to the Report of the Hospital Policy Development Board
INQ31	Health and Social Security Scrutiny Sub-Panel, Future Hospital Project: Interim Report, November 2016

Consultation Responses	
CON1	Department of the Environment, Historic Environment Team
CON1a	Further response from Department of the Environment, Historic Environment Team
CON1b	Department of the Environment, Historic Environment Team (amended plans/documents)
CON2	Department for Infrastructure, Operational Services - Drainage
CON2a	Further Response from Department for Infrastructure, Operational Services – Drainage
CON3	Parish of St Helier Roads Committee
CON3a	Parish of St Helier Roads Committee (amended plans/documents)
CON4	Department of the Environment, Natural Environment Team
CON4a	Department of the Environment, Natural Environment Team (amended plans/documents)
CON5	Department of the Environment, Environmental Health
CON5a	Department of the Environment, Environmental Health (amended plans/documents)
CON6	Department of the Environment, Environmental Protection
CON7	Department for Infrastructure
CON8	Department for Growth, Housing and Environment, Transport Policy
CON9	Department for Infrastructure, Solid Waste

Statement of Case and Evidence of Development Control	
DC/SOC	Statement of Case on behalf of Development Control
DC/1	Proof of evidence of John Nicholson
DC/1a	Appendix A - Proposition P.82/2012
DC/1b	Appendix B - 2015-2018 Strategic Plan
DC/1c	Appendix C - Proposition P.110/2016
DC/1d	Appendix D - 26 March 2018 Pre-Application Advice
DC/1e	Appendix E - Jersey Architecture Commission Feedback
DC/1f	Appendix F - Design Guidance for St Helier SPG
DC/1g	Appendix G - Consultation Feedback: Historic Environment Team
DC/1h	Appendix H - Herold –V- Minister for Planning and Sea View Investments
DC/1i	Appendix I - Therin –V- Minister for Planning and Warwick
DC/1j	Appendix J - Highway Authority Map
DC/1k	Appendix K - Consultation Feedback: Highway Authorities
DC/2	Proof of evidence of John Nicholson on Alternative Sites – Theme 9
DC/2a	Appendices to Proof of evidence of John Nicholson on Alternative Sites – Theme 9

Statement of Case and Evidence of the Applicant	
APP/SOC	Statement of Case on behalf of the Applicant; Department for Infrastructure, on behalf of the Minister for Health
APP/P1	Proof of evidence on Clinical Need, Bernard Place
APP/P1a	Table of appendices
APP/P1b	Appendix CN1: 'Health and Social Services: A New Way forward' (P.82/2012)
APP/P1c	Appendix CN2: Jersey population projections 2016 release
APP/P1d	Appendix CN3: Future Hospital Stakeholder Engagement Summary 2014-2018
APP/P1e	Appendix CN4: P.3/2016 People's Park: Removal From List of Sites Under Consideration for Future New Hospital
APP/P1f	Appendix CN5: Future Hospital Preferred Site – Stakeholder Engagement Report 2016
APP/P1g	Appendix CN6: P.107/2017 Future Hospital Approval of Preferred Scheme and Funding 2017
APP/P1h	Appendix CN7: Stakeholder Engagement Report Addendum June 2017
APP/P1i	Appendix CN8: Future Hospital Scrutiny Review Panel transcripts 17 March 2017
APP/P1j	Appendix CN9: Future Hospital Scrutiny Review Panel transcripts 20 March 2017
APP/P1k	Appendix CN10: Future Hospital Scrutiny Review Panel transcripts 10 November 2017
APP/P1l	Appendix CN11: Future Hospital Scrutiny Review Panel transcripts 13 November 2017
APP/P1m	Appendix CN12: Jersey Evening Post Hospital Feature October 2017
APP/P1n	Appendix CN13: Statement of Community Engagement March 2018
APP/P1o	Appendix CN14: ComResGlobal Report Summary March 2018
APP/P1p	Appendix CN15: Notes from the Neighbourhood Forum meetings
APP/P1q	Appendix CN16: News release about the Neighbourhood Forum meeting July 2018
APP/P1r	Appendix CN17: News release about the Hospital Policy Development Board July 2018
APP/P1s	Appendix CN18: Communications and Engagement Strategy 2018
APP/P1t	Appendix CN19: J3 Legacy programme report May 2018
APP/P1u	Appendix CN20: Six-facet survey of the existing hospital estate 2015
APP/P1v	Appendix CN21: The Green Paper – “Caring for Each Other, Caring for Ourselves” (May 2011)
APP/P1w	Appendix CN22: Hospital Pre-Feasibility Spatial Assessment Project Strategic Outline Case (WS Atkins) May 2013
APP/P1x	Appendix CN23: Refined concept addendum to the Strategic Outline Case (WS Atkins) October 2013
APP/P1y	Appendix CN24: Review of policies September 2017
APP/P1z	Appendix CN25: Imagine Jersey 2035 (2008)
APP/P1aa	Appendix CN26: St Helier Development and Regeneration Strategy (2008)
APP/P1bb	Appendix CN27: Strategic Plan 2015-2018 (2015)
APP/P1cc	Appendix CN28: Acute Service Strategy 2015-2024 (2016)
APP/P1dd	Appendix CN29: Health and Social Services Department Business Plan (2017)
APP/P1ee	Appendix CN30: A Mental Health Strategy for Jersey 2016-2020 (2015)
APP/P1ff	Appendix CN31: Out of Hospital and Long-Term Conditions OBC 2016
APP/P1gg	Appendix CN32: The Digital Framework Policy (2017)

APP/P1hh	Appendix CN33: A Sustainable Primary Care Strategy for Jersey 2015-16 (2016)
APP/P1ii	Appendix CN34: Jersey Carer's Strategy (2017)
APP/P1jj	Appendix CN35: HSSD Informatics Strategy 2013-2018 (2013)
APP/P1kk	Appendix CN36: Disability Strategy for Jersey (2017)
APP/P1ll	Appendix CN37: Future Jersey 2017-2037 (2017)
APP/P1mm	Appendix CN38: CO025 – Addendum to the Site Options Appraisal (2016)
APP/P1nn	Appendix CN39: Generic Benefits Realisation Table
APP/P1oo	Appendix CN40: Modelled Benefits Realisation Table
APP/P1pp	Appendix CN41: Minutes of Special Project Board meetings 25 September and 22 October 2014
APP/P1qq	Appendix CN42: Site Options Appraisal (Gleeds) April 2015
APP/P1rr	Appendix CN43: Updated Site Options Appraisal to include People's Park (Gleeds) September 2015
APP/P1ss	Appendix CN44: Future Hospital P110/2016 'Future Hospital: Preferred Site'
APP/P1tt	Appendix CN45: User Group Meetings – HSSD Staff
APP/P1uu	Appendix CN46: Neighbourhood Mailing Examples
APP/P1vv	Appendix CN47: Engagement Timeline
APP/P2	Proof of Evidence on Design, Clive Lewis & Kieren Morgan
APP/P3	Proof of Evidence on Urban Design, Rodrigo O'Malley
APP/P4	Proof of Evidence on Townscape, Peter Radmall
APP/P5	Proof of Evidence on Heritage, Will Holborow
APP/P6	Proof of Evidence on Planning, Fiona Sibley
APP/P6a	Appendix P1: Affected Neighbours Daylight and Sunlight Inspections Statement
APP/P6b	Appendix P2: Response to Public Comments on the application
APP/P6c	Appendix P3: Response to Statutory Consultee Comments on the application
APP/P7	Proof of Evidence on Daylight and Sunlight, Dan Lister
APP/P8	Proof of Evidence on Construction Impact, Bruce Preston
APP/P9	Proof of Evidence on Noise, David Hiller
APP/P10	Proof of Evidence on Transport, Alex Welch
APP/P11	Proof of Evidence on Flood Risk, John Smith
APP/P12	Proof of Evidence on Energy and Sustainability, Tom Slater
APP/P13	Proof of Evidence on Waste, Bob Hudson
APP/P14	Proof of Evidence on HIA, Charlotte Clark
APP/P15	Proof of Evidence on Consideration of other sites, Richard Glover
APP/P15.1	Appendix OS1: Proposition P82/2012 - 'Health and Social Services: A New Way forward'
APP/P15.2	Appendix OS2: Hospital Pre-Feasibility Spatial Assessment Project Strategic Outline Case (May 2013) – Report
APP/P15.3	Appendix OS3: Hospital Pre-Feasibility Spatial Assessment Project Strategic Outline Case (May 2013) – Appendices
APP/P15.4	Appendix OS4: Refined Concept Addendum to the Strategic Outline Case (October 2013) – Report
APP/P15.5	Appendix OS5: Refined Concept Addendum to the Strategic Outline Case (October 2013) – Appendices
APP/P15.6	Appendix OS6: Jersey Future Hospital Project, Change Request No 4 (CR04) Site Options Appraisal (April 2015) – Report
APP/P15.6a	OS6 Appendix 1 – CO004 Brief
APP/P15.6b	OS6 Appendix 2 – Verification of previous site deselection

APP/P15.6c	OS6 Appendix 3 – Site boundary red line plans
APP/P15.6d	OS6 Appendix 4 – Site appraisal plans
APP/P15.6e	OS6 Appendix 5 – Local infrastructure transport plans
APP/P15.6f	OS6 Appendix 6 – Technical site appraisal
APP/P15.6g	OS6 Appendix 7 – Town planning assessment
APP/P15.6h	OS6 Appendix 8 – Functional area estimates revised
APP/P15.6i	OS6 Appendix 9 – SoJ relevant activity data
APP/P15.6j	OS6 Appendix 10 – Health planning and stacking
APP/P15.6k	OS6 Appendix 11 – Site massing
APP/P15.6l	OS6 Appendix 12 – Site engineering plans
APP/P15.6m	OS6 Appendix 13 – Programme
APP/P15.6n	OS6 Appendix 14 – Proposed construction phasing compressed rev
APP/P15.6o	OS6 Appendix 15 – 20 – Cost data (Commercially sensitive)
APP/P15.6p	OS6 Appendix 21 – Site reuse proposals
APP/P15.6q	OS8 Appendix 22 – Benefits and risk analysis (Commercially - sensitive)
APP/P15.6r	OS6 Appendix 23 – Residual risk registers
APP/P15.6s	OS6 Appendix 24 – EY assurance outcomes – interim (Commercially sensitive)
APP/P15.6t	OS6 Appendix 25 – Design Champion report
APP/P15.6u	OS6 Appendix 26 – Clinical assurance
APP/P15.6v	OS6 Appendix 27 – Other assurances (not used)
APP/P15.6w	OS6 Appendix 28 – Data book
APP/P15.6x	OS6 Appendix 29 – Schedule of enquiries
APP/P15.6y	OS6 Appendix 30 – Development log (Commercially Sensitive)
APP/P15.6z	OS6 Appendix 31 – Future flexibility
APP/P15.6aa	OS6 Appendix 32 – Discounted variants
APP/P15.7	Appendix OS7: Jersey Future Hospital Project, Change Request No 18 (CR18) Site Validation Study (August 2015) – Report
APP/P15.8	Appendix OS8: Change Request No 21 – Updated Site Options to include Site E Peoples Park (September 2015) – Report
APP/P15.8a	OS8 Appendix 1 – Brief
APP/P15.8b	OS8 Appendix 2 – Previous site deselection
APP/P15.8c	OS8 Appendix 3 – Site boundary red lines
APP/P15.8d	OS8 Appendix 4 – Site appraisal plans
APP/P15.8e	OS8 Appendix 5 – Local transport assessment
APP/P15.8f	OS8 Appendix 6 – Technical appraisal
APP/P15.8g	OS8 Appendix 7 – Town planning assessment
APP/P15.8h	OS8 Appendix 8 – functional area estimate
APP/P15.8i	OS8 Appendix 9 – States of Jersey relevant activity data
APP/P15.8j	OS8 Appendix 10 – Health planning and stacking
APP/P15.8k	OS8 Appendix 11 – Site massing – Part 1
APP/P15.8l	OS8 Appendix 12 – site engineering plans
APP/P15.8m	OS8 Appendix 13 – Proposed construction programme
APP/P15.8n	OS8 Appendix 14 – Proposed construction phasing
APP/P15.8o	OS8 Appendix 15 – 20 – Cost data (Commercially sensitive)
APP/P15.8p	OS8 Appendix 21 – Site reuse proposals
APP/P15.8q	OS8 Appendix 22 – Benefits and risk analysis (Commercially sensitive)
APP/P15.8r	OS8 Appendix 23 – Residual risk register
APP/P15.8s	OS8 Appendix 24 – EY assurance outcomes (Commercially sensitive)
APP/P15.8t	OS8 Appendix 25 – Design Champion report
APP/P15.8u	OS8 Appendix 26 – Clinical assurance
APP/P15.8v	OS8 Appendix 27 – Other assurances (Commercially sensitive)

APP/P15.8w	OS8 Appendix 28 – Data book
APP/P15.8x	OS8 Appendix 29 – Schedule of enquiries
APP/P15.9	Appendix OS9: Proposition P110/2016 - Future Hospital: Preferred Site
APP/P15.10	Appendix OS10: Proposition P107/2017 – Future Hospital: Approval of Preferred Scheme and Funding
APP/P15.11	Appendix OS11: Table of all sites considered

Comments on the Planning Application	
COM1	Comments by Mr C McCarthy
COM1a	Supplementary comments by Mr C McCarthy
COM1b	General Objections
COM1c	Information regarding the public being misinformed on the unnecessary health risks to patients
COM1d	Objection to proposed multiple site hospital proposal
COM1e	The Acute Service Strategy Easy Read document
COM1f	The role of appropriate JAC design expertise
COM1g	Strategic Plan Non-Compliance - Tower Of The Sick
COM1h	6 September 2018 email to Planning Inspector for a fair Public Inquiry
COM1i	Inadequate, misleading and incorrect public inquiry for an access only planning application
COM1j	SPG 22 - Outline Planning Applications and the submission of reserved matters
COM1k	Objection to no consultation for the HIA
COM1l	Composite of submissions made by Mr M McCarthy

Statements of Case, Following Notice of the Inquiry	
SOC1	Statement of Case by K Spittle
SOC2	Statement of Case by E Falle
SOC3	Statement of Case by Sir N Bloomfield
SOC4	Statement of Case by D Moon
SOC4a	Supplementary Statement of Case by D Moon
SOC4b	Further Statement of Case by D Moon
SOC4c	Further Statement of Case by D Moon
SOC4d	Further Statement of Case by D Moon
SOC5	Statement of Case by Mrs A Howell
SOC5a	Supplementary Statement of Case by Mrs A Howell
SOC5b	Further Supplementary Statement of Case by Mrs A Howell
SOC6	Statement of Case by Mr A Howell
SOC6a	Supplementary Statement of Case by Mr A Howell
SOC6b	Further Supplementary Statement of Case by Mr A Howell
SOC6c	Audit Commission Report Decision Making Future Hospital Site Selection
SOC7	Statement of Case by J Scott
SOC8	Statement of Case by National Trust for Jersey
SOC9	Not used
SOC10	Statement of Case by Ian Linden
SOC11	Statement of Case by M De Bourcier
SOC12	Statement of Case by Mrs B Bedford
SOC13	Statement of Case by Ms P Alexandre
SOC14	Statement of Case by Mr S R Crick
SOC15	Statement of Case by Ms A Cornall
SOC16	Statement of Case by Mr R Marett

SOC16a	Supplementary Statement of Case by Mr R Marett
SOC17	Statement of Case by Ms V Harding
SOC18	Statement of Case by Mr A Dodd
SOC19	Statement of Case by P Battrick
SOC20	Statement of Case by Mr S Abraham
SOC21	Statement of Case by Mr S O'Neil
SOC22	Statement of Case by Mr J Gready
SOC23	Statement of Case by Mr J Falle
SOC24	Statement of Case by Mr O Samson
SOC25	Statement of Case by Ms S Parrott
SOC25a	Supplementary Statement of Case by Ms S Parrott
SOC26	Statement of Case by Mr A Lewis
SOC27	Statement of Case by Mr M Hayden
SOC28	Statement of Case by Mr M Godel
SOC29	Statement of Case by Ms M Cartwright
SOC30	Statement of Case by Ms S Buckley
SOC31	Statement of Case by D Vitalini
SOC32	Statement of Case by Michel Trehorel
SOC33	Statement of Case by Jean Sim
SOC34	Statement of Case by Cosette Desvergez
SOC35	Statement of Case by David Cotillard
SOC36	Statement of Case by Ruth & Chris White
SOC37	Statement of Case by Phil Wells
SOC38	Statement of Case by Sylvia Pinel
SOC39	Not used
SOC40	Statement of Case by Ms K Le Feuvre
SOC41	Statement of Case by Carol Hector
SOC42	Statement of Case by J Grigg
SOC43	Statement of Case by J Ghose
SOC44	Statement of Case by Janette Gabrielsson
SOC45	Statement of Case by Susan De La Mer
SOC46	Statement of Case by Paul Creavy
SOC47	Statement of Case by Daniel Baugh
SOC48	Statement of Case by Mrs V L Bartlett
SOC49	Statement of Case by Bruce Willing
SOC50	Statement of Case by Jill Ruby
SOC51	Statement of Case by Nigel Pearce
SOC52	Statement of Case by Berbadette Palmer
SOC53	Statement of Case by Michel Morel
SOC53a	Supplementary Statement of Case by Michel Morel
SOC53b	Supplementary Statement of Case by Michel Morel
SOC54	Statement of Case by Lilian Linden
SOC55	Statement of Case by Maureen Le Voguer
SOC56	Statement of Case by Brian Hotton
SOC57	Statement of Case by Hilary Hallows
SOC58	Statement of Case by Mike Dun
SOC59	Statement of Case by Heather Cinnamond
SOC60	Statement of Case by Samantha Blampied
SOC61	Statement of Case by Paul Turner
SOC62	Statement of Case by Anne Moorhouse
SOC63	Statement of Case by Jean Lelliott,
SOC64	Statement of Case by Andrew Le Quesne
SOC64a	Supplementary Statement of Case by Andrew Le Quesne

SOC65	Statement of Case by Jill Bartholomew
SOC66	Statement of Case by Kate Quigley
SOC67	Statement of Case by Ian Macmichael
SOC68	Statement of Case by John Baker
SOC69	Statement of Case by Vivien Ayyun
SOC70	Statement of Case by Richard Le Sueur
SOC71	Statement of Case by Mr Richardson
SOC71a	Supplementary Statement of Case by Mr Richardson
SOC71b	Further Supplementary Statement of Case by Mr Richardson
SOC72	Statement of Case by Ian Nicol
SOC73	Statement of Case by Jane Blakeley
SOC74	Statement of Case by Nola Webster

Comments Following the Revised Terms of Reference	
SOC75	Statement of Case by Mr Wilton-Davies
SOC76	Statement of Case by Dr Rosser
SOC77	Statement of Case by Margaret Marquis
SOC78	Statement of Case by Gary Hudson
SOC79	Statement of Case by Gerald Howe
SOC80	Statement of Case by Darren Hodges
SOC81	Statement of Case by Keith Hadley
SOC82	Statement of Case by John Carlow
SOC82a	Supplementary Statement of Case by John Carlow
SOC83	Statement of Case by David Cabeldu
SOC84	Statement of Case by Michael Barnes
SOC85	Statement of Case by Roger Atkinson
SOC85a	Supplementary Statement of Case by Roger Atkinson
SOC86	Statement of Case by Ian Bravery
SOC87	Statement of Case by Michael du Pré
SOC88	Statement of Case by Graham Bisson
SOC88a	Supplementary Statement of Case by Graham Bisson
SOC88b	Further Supplementary Statement of Case by Graham Bisson
SOC88c	Article from the Jersey Evening Post
SOC88d	Further Supplementary Statement of Case by Graham Bisson
SOC89	Statement of Case by Eileen Murfin
SOC90	Statement of Case by Robbie Thorne
SOC90a	Supplementary Statement of Case by Robbie Thorne
SOC91	Statement of Case by Alan Pearce
SOC92	Statement of Case by Rob Duhamel
SOC93	Statement of Case by Julia Childs
SOC94	Statement of Case by Rodney de Gruchy
SOC95	Statement of Case by A Powell
SOC96	Statement of Case by Margaret Hansford
SOC97	Statement of Case by N le Q Blampied
SOC98	Statement of Case by P Therin
SOC98a	Supplementary Statement of Case by P Therin
SOC99	Statement of Case by Mrs P Surcouf
SOC100	Statement of Case by Dr Ng
SOC101	Statement of Case by Dr Miklos Kassai
SOC101a	Further Statement of Case by Dr Miklos Kassai

SOC102	Statement of Case by John Henwood
SOC103	Statement of Case by Ms Summers Shaw
SOC103a	Jersey General Hospital Asbestos Summary

Comments Following the Deadline for Submissions	
SOC104	Comments by Mr N Danby
SOC105	Comments by Mr E Bennay
SOC106	Comments by Ms S Prescott
SOC107	Comments by Mrs S Cole
SOC108	Comments by Mr J Valiant
SOC109	Comments by Mr R Thorne (see also SOC90)
SOC110	Comments by Paul Battrick MBE (see also SOC19)
SOC111	Comments by Mr D Wishart
SOC112	Comments by Mr C Soloman
SOC113	Comments by Mr C McCarthy (see also COM1)
SOC113a	Further comments by Mr C McCarthy (see also COM1)
SOC113b	Further comments by Mr C McCarthy (see also COM1)
SOC113c	Further comments by Mr C McCarthy (see also COM1)
SOC113d	Further comments by Mr C McCarthy (see also COM1)
SOC113e	Further comments by Mr C McCarthy (see also COM1)
SOC114	Further comments by Mr Richardson (see also SOC71)
SOC115	Comments by C Turpin
SOC116	Comments by E Opfermann
SOC117	Comments by A J Dessain