

**WRITTEN QUESTION TO THE MINISTER FOR INFRASTRUCTURE
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QUESTION SUBMITTED ON MONDAY 19TH FEBRUARY 2024
ANSWER TO BE TABLED ON MONDAY 26TH FEBRUARY 2024**

Question

“Regarding the refurbishment of Clinique Pinel, will the Minister –

- (a) state the estimated completion date and when he expects the facility to be operational;
- (b) explain the reasons why it has taken 5 years to progress this work;
- (c) detail any measures that exist to prevent any further delay;
- (d) advise the total spend on the refurbishment scheme since commencement; and
- (e) detail the reasons for any variation in spend to the original allocated budget?”

Answer

(a) State the estimated completion date and when he expects the facility to be operational:

The main contract works are complete. Some additional upgrade works pertaining to a number of existing doors/fire doors have been requested by the Health team before occupation and there has also been a request to provide some additional anti-ligature ironmongery. Actions have been taken to provide and install the additional items as soon as possible.

Part of the remodelled/refurbished building is presently being occupied by Cedar Ward.

The decision to operate lies with the Health Department.

(b) Explain the reasons why it has taken 5 years to progress this work:

This has been a very complex project acknowledging that the facility remained live throughout the works, the contractor has been through a series of changes and there were a number of changes in Health personnel which caused amendments to scope and requirements. Over the life of the project, there have been a number of heads of mental health who have each had a different view of the project.

While the original feasibility study was undertaken in 2016, the scope of work has increased significantly since the project began in terms of additional operational needs. For example, 303 architect’s instructions were issued which resulted in 750 variations.

In addition, as works evolved, so the need to address legacy fire safety issues with the building prior to the project starting emerged; these only became apparent once the area was vacated and intrusive works commenced.

Clinique Pinel now has access to 40 operational bedrooms – 26 en-suite bedrooms on the ground floor and 12 on the first. There are a further 2 bedrooms on the first floor that have access to a shared bathroom. The original scheme had 33 bedrooms – 26 en-suite bedrooms on the ground floor and access

to 7 existing bedrooms on the first floor. A place of safety and a seclusion room have also been added to the project scope.

(c) Detail any measures that exist to prevent any further delay:

As noted above, the main contract works are now complete and the project is in a defect rectification period.

(d) Advise the total spend on the refurbishment scheme since commencement:

The estimated final cost of the project including the 'essential upgrades' to the existing Orchard House, the internal alterations and extensions to Rosewood House, and the internal alterations and extensions to Clinique Pinel Rosewood House is £10,229,145.00.

(e) Detail the reasons for any variation in spend to the original allocated budget:

The cost increases were as a result of 2 key issues: first, the scope of work increased significantly from that initially envisaged. The original feasibility study in 2016 was priced at £2m, however that was subject to a number of scope changes that saw the price increase to £4.3m in 2019 and with changes introduced during the tender phase by the health department that sum grew to £7.9m. Subsequent cost growth has arisen due to additional building works for fire mitigation that emerged as the construction was undertaken. The second key reason for variation was the fact that this project could not be stopped for COVID and the pandemic and a protracted period of very bad weather resulted in some very serious delays to the programme.