



Scrutiny Office

## Health and Social Security Scrutiny Subpanel Future Hospital

**FRIDAY, 4th NOVEMBER 2016**

**Panel:**

Deputy R.J. Renouf of St. Ouen (Chairman)  
Deputy J.A.N. Le Fondré of St. Lawrence (Vice-Chairman)  
Deputy T.A. McDonald of St. Saviour  
Deputy J.A. Hilton of St. Helier  
Connétable C.H. Taylor of St. John

**Witnesses:**

The Minister for Health and Social Services  
Assistant Minister for Health and Social Services  
The Minister for Infrastructure  
Project Director, Jersey Property Holdings  
Project Director, Health Brief  
Chief Officer, Department for Infrastructure  
Hospital Managing Director  
Chief Officer, Health and Social Services  
Director of System Redesign and Delivery, Department for Health and Social Services  
Director of Estates, Department for Infrastructure

[14:43]

**Deputy R.J. Renouf of St. Ouen (Chairman):**

Ladies and gentlemen, thank you. Can I apologise that the recording equipment was not working in the Blampied Room, so we quickly had to retire to this room. We will do our best with it because it occurs to me that, Ministers, if you want any of your officers to assist you with a question we need to get their responses on the record of course, so if they could come and speak into a microphone. To begin the formalities: this is a meeting of the Scrutiny Subpanel looking at the future hospital and we are sitting for ... 2 and a half hours has been allowed so it is quite a long time and we understand that. So if anyone participating feels that they wish to stand up or leave the room please do so. Ministers, if you would like to ask for a comfort break at any time, then we can accommodate that. But otherwise we would like to go all the way through and the emphasis is on asking questions around the future hospital and we hope you can give us concise answers to the questions and not your own statements on this occasion because it is an opportunity for the Scrutiny Panel to find out information it needs to do its work. So because we are recording this we need to introduce.

**Deputy J.A.N. Le Fondré of St. Lawrence:**

Because of the tapes, do we want the officers at the back to introduce themselves now as well? I suppose we should.

[14:45]

**The Deputy of St. Ouen:**

Yes, we should. So we will introduce ourselves by each of us announcing our names and then I will ask, Ministers, to introduce yourselves and members of your team. So I am Deputy Richard Renouf, chairman of the subpanel.

**The Deputy of St. Ouen:**

Thank you, ladies and gentlemen, and welcome. Welcome to members of the public and media. Minister, I want to begin by referring to the Gleeds Management Services report. Gleeds has been your technical adviser and they have carried out a benefit risk and cost assessment of a number of options, excluding the People's Park. Can you tell us what was the best ranked site by weighted benefit?

**Project Director, Jersey Property Holdings:**

By weighted benefit?

**The Deputy of St. Ouen:**

Yes.

**Project Director, Jersey Property Holdings:**

Best ranked site in value for money terms? Option D in your sort.

**The Deputy of St. Ouen:**

Option D?

**Project Director, Jersey Property Holdings:**

Which is the waterfront. But it has to be said it was very marginal.

**The Deputy of St. Ouen:**

Okay, we will consider the margins but the best option by weighted risk?

**Project Director, Jersey Property Holdings:**

So by weighted risk score, the lowest risk score was option D.

**The Deputy of St. Ouen:**

So in both cases the better option for benefit and risk appears to be option D, which is the waterfront location. So, Minister, may I ask why that was not taken forward as the preferred site?

**The Minister for Health and Social Services:**

I am really surprised that you ask that question ...

**The Deputy of St. Ouen:**

Please answer our question.

**The Minister for Health and Social Services:**

... because you were at the States Members workshops when we worked our way through the 50 different options that we looked at but concentrated on a number. For example, the People's Park was a really good site and rated well on the risk but it is undeliverable. States Members also told us at that sitting - and I will come back to the benefits of patients in a second if I may - but States Members also told us in the several workshops that we had with them that politically the waterfront for some was undeliverable. So we have a need for a hospital. Hang on, I have got to get this out. We have a need for a hospital. We have a need to get on with it. The ageing population that we need to be catering for is not going to stop ageing in order that we can spend even more time trying to deliver something that will eventually turn out possibly to be undeliverable. The extended south side site at the hospital, option D, has a whole host of benefits that are not on the waterfront. For example, to give you an idea of the size of the waterfront building, it would run from the Radisson, it would be 7 floors high, it would take out the whole of Jardins de la Mer, and it would

stop at the La Fregate. There would be very little ... all the parking space would be taken. You can get some parking underground but you could not get sufficient. The plan was to have a bridge. I ask you, a bridge from the bottom of Gloucester Street to take the infirm, the elderly, the sick, the young, across that road to the new site. That is one thing that really worried me and I have always said and I have always been upfront about the access to the building. The second point is that we are not just doing a short-term plan. We are doing a plan for the future. The current site development, south side of the Granite building, will give us not only a really good hospital with very good access through Patriotic Street because it wraps around there. It will give us development potential for the future and, dare I say it, in 70 or 100 years' time it gives you the new site for the next new hospital.

**The Deputy of St. Ouen:**

So, Minister, do you not accept the technical adviser's assessment that the waterfront would deliver greater benefits with less risk?

**The Minister for Health and Social Services:**

If I accepted the technical assessment I would be building on the People's Park.

**The Deputy of St. Ouen:**

We cannot do that, Minister, so what was the reason you did not proceed with the waterfront as the preferred site?

**The Minister for Health and Social Services:**

I just gave you the reason. On top of that we consulted with the public; "consulted" perhaps is not quite the right term, because it was not a formal consultation, but it was recorded nonetheless. We did road shows. We went round and we spoke to the public. There were some, believe it or not, in support of the People's Park. There were some in support of the waterfront, and I will come back to the waterfront again in a minute. But there were many, including States Members, at a number of different workshops that said: "Do you know what? We would prefer to put it on the current site." We could not put it on the current site under the limitations from Planning before. Once there was an indication that we could go high - because it was the height for the building that prevented that - that, in my mind, became the most politically acceptable, the clinically good hospital for patients. I would like to just say something about the waterfront as well. If we allow the development of the housing to go forward on the waterfront, as planned in the Island Plan, then that is going to generate a significant income. I will not say it will be directly used to pay for the hospital; that will help to pay. It is some money coming towards government income and will help to pay the £460 million bill for the new hospital.

**The Deputy of St. Ouen:**

You referred earlier, Minister, to Members telling you the waterfront option was not politically acceptable. What were the reasons given to you?

**The Minister for Health and Social Services:**

The Constable of St. Helier is on record - on Hansard - as saying he regards the green space of the Jardins de la Mer in the same frame as he regarded the People's Park, and that we will have the same battle. He is not the only one but he is on record as saying that in the States.

**Deputy J.A. Hilton:**

Minister, can I just ask you a question? After you withdrew the People's Park option from the sites being considered, did the Council of Ministers discuss ... was there any discussions around whether the waterfront option should be revisited?

**The Minister for Health and Social Services:**

No, not directly. We had discussions about sites but not the waterfront in isolation.

**The Minister for Infrastructure:**

Can I just put this into context? EY Assurance have independently assured the assessment work and having said: "With a difference of less than 2 per cent in benefit and net present value [that is the whole life cost] the States of Jersey should be relatively indifferent between the 2 options." That was an EY independent assurance. When you look at the figures between the capital expenditure and the net present value ...

**Deputy J.A.N. Le Fondré:**

We will get on to those later.

**The Minister for Infrastructure:**

You are looking at a £1 million difference between the 2 sites on £4 billion.

**The Deputy of St. Ouen:**

How much was the difference?

**The Minister for Infrastructure:**

The waterfront site is £4.002 billion, and the third option from our point of view being the existing site and the third option from our point of view being the existing site is £4.001 billion. Now £1 million difference on a total net present value of £4 billion.

**The Deputy of St. Ouen:**

Have I not seen figures that talk about £480 million and £460 million?

**The Minister for Infrastructure:**

The capital cost is £466 million using part of the existing site and £469 million for the waterfront, so the waterfront is slightly more expensive by £3 million. Like for like, there is nothing to choose between those 2 sites so surely we should be building the one that we can get a serviceable hospital in the quickest possible time.

**The Deputy of St. Ouen:**

And what is the quickest possible time?

**Chief Officer, Minister for Infrastructure:**

Just to reiterate on time. Time is a key factor in all these calculations because the inflationary factors built into these figures are based on the time, which is one of the reasons the refurbished hospital site became a massively expensive number, which is option C. One of the difficulties, and we discussed this in the political workshop if you recall, was regardless of which site comes out on top and how close it is, if there is a political discussion about whether the waterfront is in or out and it takes an additional 2 years, that is a massive cost to this project regardless of what the outcome was. Now the challenge the Council of Ministers face is there was a lot of resonance around extending the current site and that, they believed, gave them a quicker to market project, which we believe as well. The waterfront will not be quick to market because of the political challenge around it, and the people in this room know that challenge full well. So it was another massive risk to this project, way beyond the numbers here of a delay of an additional 2 years.

**Deputy J.A.N. Le Fondré:**

Just to put you on the spot, Mr. Rogers. Could you just expand on “knowing those challenges full well”?

**Chief Officer, Minister for Infrastructure:**

In what respect?

**Deputy J.A.N. Le Fondré:**

You just said: “... the people in this room know those challenges full well.” For the record could you just elaborate on what those challenges were?

**Chief Officer, Minister for Infrastructure:**

Well, there has been a challenge about the use of the waterfront over the last 5 years.

**Deputy J.A.N. Le Fondré:**

Where from?

**Chief Officer, Minister for Infrastructure:**

From a political perspective.

**Deputy J.A.N. Le Fondré:**

Is that from Executive, non-Executive, States Members?

**Chief Officer, Minister for Infrastructure:**

It is a political debate that happens all the time.

**The Minister for Health and Social Services:**

The Constable has already told us, and other Parish Deputies have told us, Jardins de al Mer is as sacred to them as the People's Park.

**The Connétable of St. John:**

Could I come in here, Mr. Chairman? I am very concerned that figures have been brandied around that are contradictory to those that we have been given. We have been given figures that the current proposed site, the new build on the hospital site, is £490 million versus £460 million on the waterfront. So those are figures that we have been given. If we are being given different figures on a day-to-day basis, or whatever, somewhere down the line we have got to have the truth. You said, Minister ...

**The Minister for Health and Social Services:**

Hang on a second. No, I am not accepting that we are not telling the truth.

**Deputy J.A.N. Le Fondré:**

We have got to have clarity.

**The Connétable of St. John:**

Clarity then.

**The Minister for Health and Social Services:**

Fine.

**The Connétable of St. John:**

The other issue is, Minister, you said the waterfront option was 7 storeys high. The plan I have here given to us is 4 storeys high. Four hospital storeys ...

**The Minister for Health and Social Services:**

That is 7 domestic storeys.

**The Connétable of St. John:**

... and it is still lower than the Radisson.

**The Minister for Health and Social Services:**

I was trying to paint a picture; most people would not know what a hospital storey is. They would know what a 7-storey domestic building would look like.

**The Connétable of St. John:**

Again, we need clarity.

**The Minister for Health and Social Services:**

You have just received clarity.

**The Connétable of St. John:**

It will be lower than the Radisson.

**The Minister for Health and Social Services:**

No, it will be higher, as high as the Radisson.

**The Connétable of St. John:**

Not according to this. Also on this, it does not build on Jardins de la Mer.

**The Minister for Health and Social Services:**

I do not think that is the option we were ...

**Project Director, Jersey Property Holdings:**

Could I clarify for the Constable? We have provided information, which the Constable refers to, which relates to benchmarking on a like-for-like basis in quarter 3 2015. Those are the numbers that the Constable refers to. We have also re-costed the option F scheme in quarter 2016 and those are the numbers that the Minister is referring to in capital terms. In relation to the scheme the Constable is holding up, that was a notional scheme that we looked at to see whether avoiding

development on Jardins de la Mer would improve the benefits, risks and general position of that hospital and the view in the round from there.

**The Minister for Health and Social Services:**

So the scheme, I am just looking for the ... scheme D, as designed, is exactly as I described it. We did look at it. We were looking at whether we could do something different. Officers will tell you, if we were looking if we could do something different on the current site it was considered only right that we looked to do something different on the waterfront site and on the Overdale site. The plan you are looking at is a notional idea, not the one that was put forward as part of the sites. The plan you are looking at was the notional idea and which is unacceptable. Unacceptable because the building is ... to get the building on that square footage it is in that particular site, because of the shape of the site, the building is so dense that you will have numbers of parts of the building with no windows whatsoever. No natural daylight.

[15:00]

**The Connétable of St. John:**

Could you tell me what the total area ...

**Deputy J.A.N. Le Fondré:**

We are going there.

**The Connétable of St. John:**

We will come there later.

**Deputy J.A.N. Le Fondré:**

Can I just pick on a couple of questions? Just to be clear: option F delivery time how many years, Minister?

**The Minister for Health and Social Services:**

I do not know the answer to that.

**Deputy J.A.N. Le Fondré:**

In your report it says 8 years. So can we have just ...

**The Minister for Health and Social Services:**

That is what I have got technical advisers for.

**Deputy J.A.N. Le Fondré:**

So we do agree it is 8 years.

**Project Director, Jersey Property Holdings:**

Correct.

**Deputy J.A.N. Le Fondré:**

For option D, what is the delivery time please estimated?

**Project Director, Jersey Property Holdings:**

. 6.5 years [as the equivalent total programme for Option D, compared to the total programme for Option F of 8 years as stated above].

{So you need to change reference to five years below}

**Deputy J.A.N. Le Fondré:**

Five years? Thank you. Can we just clarify on the cost point factually please because I am trying to get to the facts? In terms of the ... we are using figures from Gleeds so could we confirm from Gleeds the capital cost on page 28, I think, for option F? I just want to get the basis down please.

**Project Director, Jersey Property Holdings:**

This is change request 25 you are looking at?

**Deputy J.A.N. Le Fondré:**

Sorry. It is the latest version from Gleeds that we have got.

**Project Director, Jersey Property Holdings:**

The capital costs on page 29 of the change request 25 report show option F at £490 million and that is cost phase of quarter 3 2015.

**Deputy J.A.N. Le Fondré:**

So that will change. But I am trying to get to a point. The cost base for option D?

**Project Director, Jersey Property Holdings:**

At the same time?

**Deputy J.A.N. Le Fondré:**

Yes.

**Project Director, Jersey Property Holdings:**

Is £470 million.

**Deputy J.A.N. Le Fondré:**

Is it fair to say that the differentiating cost between the option being preferred at the moment in terms of what is going to the States - there is a follow-up question to this - and what seems to have been the best performing option, so let us say option F and option D, is roughly £20 million.

**Project Director, Jersey Property Holdings:**

In CAPEX terms, correct.

**Deputy J.A.N. Le Fondré:**

Thank you. Just also for clarity, could you explain the difference between the £490 million under option F and the £466 million that is in the proposition? Briefly obviously.

**Project Director, Jersey Property Holdings:**

Okay, so since quarter 3 2015 the inflationary indices that we look at in relation to the capital cost of project F decreased..

**Deputy J.A.N. Le Fondré:**

So essentially the £466 million is the equivalent ... £490 is now £466?

**Project Director, Jersey Property Holdings:**

Correct.

**Deputy J.A.N. Le Fondré:**

Can I therefore ask: what would be the equivalent for option D?

**Project Director, Jersey Property Holdings:**

We have not done that calculation but it would be proportionally similar.

**Deputy J.A.N. Le Fondré:**

So if we stick to there is roughly a £20 million differential it will be ... the sums will be different but the differential will be roughly the same?

**Project Director, Jersey Property Holdings:**

Correct.

**The Deputy of St. Ouen:**

For the benefit of members of the public and media here, I mean to say when we talk about option F, that means the preferred site at the existing General Hospital. When we talk about option D that means the waterfront site. Minister, we were talking about the Gleeds report. Is it planned to publish the Gleeds report to assist States Members?

**The Minister for Health and Social Services:**

I think we will be able to publish some of the Gleeds report. Some of it is actually commercially sensitive because some of it will tell the potential contractors when we go out to tender what sort of price they should come in at and of course obviously while we do have a ballpark figure what we do not want to do is say: "We will aim for this under each part of the package."

**The Deputy of St. Ouen:**

No. So redacting the commercially confidential information ...

**The Minister for Health and Social Services:**

So we will publish what we can to assist States Members. In fact we have already arranged a further States Members' workshop because sharing some of that information in the States Chamber would be, if not impossible, certainly very difficult. We have already arranged for ... I cannot remember, I think it is 16<sup>th</sup> of this month to meet with States Members to do just that sort of thing.

**The Deputy of St. Ouen:**

Minister, in your proposition you say that the preferred option involves some adjustment in the Health brief. Can you explain what you mean by that?

**The Minister for Health and Social Services:**

Yes, for a start the square footage - or metrage is probably a better term - that we needed as the footprint for the hospital is smaller. It is approximately half the size of the square metrage that we were looking at at People's Park and the waterfront. But because of that we have to go higher. So we end up with the same amount of square footage, or metrage to be modern. The clinical adjacencies remain intact and secure but what it does mean, and again you will have to go to my advisers if you want more detail. But what it does mean is ideally all the things that people come in to visit just for the day would have been on the ground floor. With this scheme some will be on the ground floor and some will be on the first floor. But it is beautifully facilitated by the fact that they will be able to access that from Patriotic Street Car Park, unlike now where if you come out of ours and have to go to the hospital, you can park in Patriotic Street and you have to walk all the way round the building. You will be able to go straight into the building at whatever floor because

there is going to be more than one entrance from the car park at whatever floor. That is going to make life much easier for mums and dads with pushchairs, for the infirm, for the elderly.

**Deputy J.A.N. Le Fondré:**

We will come to Patriotic Street later.

**The Minister for Infrastructure:**

What effectively is being proposed are multiple ground floor levels. It sounds a bit of a strange thing to call it. An entrance on the first floor a ground floor, but by utilising and integrating Patriotic Street Car Park effectively you have a number of ground floors.

**The Deputy of St. Ouen:**

I think we want to ask a few more questions later on about Patriotic Street but, panel members, is that sufficient? We must press on.

**Deputy J.A.N. Le Fondré:**

Very quickly, Minister for Health, you made reference to: "Revenue from housing on the waterfront would contribute to directly" ...

**The Minister for Health and Social Services:**

Not directly.

**Deputy J.A.N. Le Fondré:**

Directly or indirectly. Do you know how much that is?

**The Minister for Health and Social Services:**

No, I do not. But it is fairly obviously, if you are going to build ... because that is out of the Property Holdings ...

**Deputy J.A.N. Le Fondré:**

What we are trying to understand is what the thought process is ...

**The Minister for Health and Social Services:**

I can ask Treasury to let you have what the income would be from that. But it is fairly obvious, if you are going to build hundreds of homes and sell them then that is going to generate an income, which you want.

**The Deputy of St. Ouen:**

Thank you for that offer. Constable Taylor, do you want to move on to our next question?

**The Connétable of St. John:**

Yes, this comes under risk and the need to bring out Gleeds quote: "The construction of a new hospital on the site of the existing General Hospital remains physically challenging." Could you outline these physical challenges?

**The Minister for Health and Social Services:**

It is not me that wrote that. It is the Concerto ...

**The Connétable of St. John:**

But it is you that is coming forward with the proposition.

**The Minister for Health and Social Services:**

Yes, but I did not say ...

**Deputy J.A.N. Le Fondré:**

No, it is Gleeds. It is your consultants.

**The Minister for Health and Social Services:**

Let me just explain and then go into detail with officers. We are going to give the contractor a site roughly south of the ... a line from the Granite building. So if you take a line west to east or east to west from the Granite building, and everything south is going to be a site. In terms of deliverability, that is nothing like the risk. I think it was option C where you were going to renovate and develop around because you have got a clean site.

**Deputy J.A.N. Le Fondré:**

Sorry, Minister ...

**The Minister for Health and Social Services:**

Hang on, I am answering your question. Please let me ...

**Deputy J.A.N. Le Fondré:**

Basically we have got 2 options on the table. We have got option F, which you are bringing to the Assembly, and we have got potentially option D, which is the one that Gleeds says is best performing.

**The Minister for Health and Social Services:**

Yes, I know.

**Deputy J.A.N. Le Fondré:**

We do not need to worry about options A, B, C or whatever.

**The Deputy of St. Ouen:**

We are asking you about physical challenges.

**The Minister for Health and Social Services:**

But we do because lots of people have muddled up C with F. So we do need to show there is a distinct difference in a new build on a clean site alongside the current hospital to a renovation of the old building. So what we are talking about is a new building. What disruption will there be? There will be some noise, there is no doubt about that. I am not going to deny that but we have done a whole report on that and I will let officers take you through that. It is a pity that Concerto did not ask for that report. We have done work on that. It will be no different, might I suggest, to when we had to work alongside Spectrum when they built all that accommodation alongside the hospital. Because we are not working in the hospital, we are working alongside the hospital. But if you want more information on the risk assessments and the work that has been done, as I say, it is a pity Concerto did not ask for it. They made reference to it but did not ask about it. Did not speak to officers as to what work they had done to mitigate that risk.

**Deputy J.A. Hilton:**

So what work have officers done to mitigate that risk?

**Project Director, Jersey Property Holdings:**

Hospitals are built in urban environments all the time around the world. Indeed the current hospital was built with adjacent buildings next to it being constructed afterwards. So that is not uncommon. Gleeds are familiar with many developments where this has happened. Indeed our own Jersey Property Holdings service is very familiar with developing major parts of the hospital in situ. So there are a number of different ways to manage and mitigate noise, dust, disturbance. What we have done so far is we have identified all the sensitive receptors on the hospital site.

**The Deputy of St. Ouen:**

Sorry, what is a sensitive receptor?

**Project Director, Jersey Property Holdings:**

That is a good point because I am on to jargon straightaway; apologies. A sensitive receptor might be someone working in pharmacy or in pathology working on a microscope, for example, who has to concentrate very closely without vibration or noise interfering with their work. So working with Helen and Bernard's colleagues in the hospital we have identified who is sensitive and where we could relocate them, where we could reinforce the windows, where we could reorganise the Pathology Department to address those sorts of concerns. The last meeting we had, which was earlier this week, the clinicians were happy with where we were heading with regards to that particular department. There are lots of departments potentially affected but we work with each of them in term to identify their risk and manage and mitigate. Where we can we will use noise reduction measures in construction. It will be a Considerate Constructors Scheme and we have done that previously on the Island on very large constructions and the local economy and indeed international contractors are well used to those requirements going forward. So it is not something we are unfamiliar with on-Island or in the development market.

**Deputy J.A.N. Le Fondré:**

I think what we are more concerned about is the noise and vibration to patients and obviously doctors and nurses, et cetera, in the hospital; less worried about externals in a way. Your last focus I presume is more on external disruption, is it?

**Project Director, Jersey Property Holdings:**

No, not really considering constructors is internal stakeholders and external stakeholders.

**The Minister for Health and Social Services:**

When you look at the distance of the majority of patients from the scheme, the majority of wards - there are some wards in the Granite building, not many, that does not mean that we should not do all we can to reduce the inconvenience - but the majority of patients are in what is commonly known as the 1980s block on the parade, which is far further away than we were from Spectrum when they were developing. A building is a building, it does not matter whether it is a hospital or a block of flats.

**Deputy J.A. Hilton:**

Do you accept that Spectrum is across the other side of the road?

**The Minister for Health and Social Services:**

I do.

**Deputy J.A. Hilton:**

With the amount of deep piling that is probably going to have to take place on the site when you start building that would have a bigger effect than what was being produced in Spectrum?

**The Minister for Health and Social Services:**

When they built the 1980s building in the 1980s, I was on site. They managed to do that alongside an existing hospital without causing too many problems. While I am not technical and you need to ask the builders, piling is very different to what it used to be; it is more drilling than slamming. Hospitals across the world, but particularly in London, do this all the time and manage to do it and mitigate the risk and the inconvenience to patients. There is nothing new going on here that has not happened somewhere else, Great Ormond Street for example.

**Chief Officer, Department for Infrastructure:**

It is worth mentioning the big benefit of the scheme is it is a separate hospital, it is a separate building, and the key thing for the build, the buildability, perhaps using prefabrication so prefabrication will cut down the noise and the disturbance on site and build it a lot quicker, is because it is separate. This is a new site on the existing site and it is very different. One of the things, your point on foundation detail and how that is done is something absolutely we need to focus on. It is not going to be because you are piling brick which is going to be knocking 7 bells out of it, because for residents and all the people around there that is not going to be acceptable. It will have to be a different type of mechanism that will mitigate those risks and it is something we are looking at and we are working on in the contract and design.

**The Minister for Health and Social Services:**

They have managed the pile above the Premier Inn hotel in the middle of town. I will not say it has not been inconvenient for vehicles but without a huge inconvenience to the residents or businesses in that area.

**The Connétable of St. John:**

Can I bring you back to our question plan? In order to get an empty site, there is a lot of work to move the various departments out. The critical path analysis, has this been undertaken and what are the risks involved?

[15:15]

**The Minister for Health and Social Services:**

I do know the overall picture in terms of clearly we need to move everything from the Gwyneth Huelin which is mainly outpatients - there are one or 2 other things like renal dialysis going on

there - and the Peter Crill which is the admin block, but we have looked at this. I do not know if you want to go into detail.

**Project Director, Jersey Property Holdings:**

I will answer part of it. The critical path is looked at every week, Constable, and we can share that with you if you are interested. It does move over time but, yes, the relocation projects are on the critical path. At the moment the Westaway redevelopment is on the critical path but it does move around as well.

**Deputy J.A.N. Le Fondré:**

Can I just be clear, you have got a critical path analysis?

**Project Director, Jersey Property Holdings:**

Yes.

**Deputy J.A.N. Le Fondré:**

So you can show us when you come in next week.

**Project Director, Jersey Property Holdings:**

Yes, why not.

**The Minister for Health and Social Services:**

I think the thing that put my mind at rest on this one is doing it this way you leave the greater majority, if not all, it is only renal dialysis really that moves ... you leave all the inpatient services operating in the buildings that they are currently in. The energy plant that services all that, all that remains. That runs as a distinctly separate hospital while the new one is being built on the new site alongside.

**Project Director, Health Brief:**

It is worth reflecting on the physical infrastructure, rightly, the building. Since July we have had 76 meetings with teams directly and indirectly affected by this and the engagement with those teams is providing the kind of reassurance that we can make these moves safely on the critical path. I can talk in detail about those meetings. They are supplemented with a list then of departmental meetings where we are talking to staff generally and other stakeholders. The infrastructure is absolutely critical to get right but we have to get the people right who provide the services to patients. We are being advised by them and working with those teams and I am happy to talk in detail if that was required.

**The Connétable of St. John:**

Thank you. The proposition itself on page 11 states: "Clinical directors and the wider consultant body represented through the Medical Staff Committee have given a pragmatic response to the preferred option. Their view recognised that building on a separate site with a turnkey solution would minimise disruption to services in the transitional period. Issues specific to the preferred site such as the potential for disruption caused by noise, dust and vibration during the construction phase have been identified and all of these can effectively be mitigated. The Medical Director has summarised his colleagues' views as acknowledging the need to proceed without further delay and, while understanding the risk of building a new hospital adjacent to the existing one, the risks associated with doing nothing far outweigh these risks." Can you just elaborate on the risk of doing nothing?

**The Minister for Health and Social Services:**

Well, the risk of doing nothing is - and I will ask Mrs. O'Shea and Bernard to answer in detail in a minute - that we have a hospital that has a failing infrastructure. We are already having to spend considerable sums just to keep it safe for patients. We are trying to plan a health service for an ageing demographic but that is happening now. They do not stop ageing while we mess around; they are ageing now. The hospital today is full. If we were to just lift up what we are doing in today's hospital and put it into a new hospital, wherever it went, we would need a much bigger hospital, so we have already started to change the way that we are doing things. With the hospital we have got now - and I will ask them to come in with detail - if you go back and look at the incident that happened in Mid Staffs where they had patients dying and a public inquiry and you look at all the factors that led up to that, we tick all of those boxes and it is only due to the work of the staff that keeps us out of the danger zone. We cannot keep doing that. I do not know if you want to go into detail.

**Hospital Managing Director:**

The clinical directors are obviously worried about the current state of our hospital and what might present problems to us over the next few years. They are concerned that any delay will just enhance those risks. KPMG told us we would run out of capacity in beds by winter 2017, which is next winter. We are obviously doing work to try to mitigate against that but we know that we do not have any more capacity. We have issues with air-handling and air-conditioning and the hospital is not air-conditioned in a lot of the rooms. Our maternity unit, if you compare it with units in the U.K. (United Kingdom), we do not have any piped Entonox, which is the analgesic gas; we do not have any plumbed-in birthing pools; we do not have any en suite rooms; we do not have any baths on the delivery suite. The environment is very out of date and is prone to failure, which is why we are spending a lot of money on it. The clinical directors are saying we need a new hospital and we just cannot afford any further delay, so they are being pragmatic.

**Deputy J.A.N. Le Fondré:**

We were just picking up because it is the wording of the actual comment in the proposition where it says the risks associated with doing nothing far outweigh these risks, which I think we all agree with, which is what you have just expanded on. I think what we were curious about is that in theory 8 months ago there were 4 options proposed to be put to the public. One was obviously People's Park and that has gone; 3 others and now you have introduced a variation on one of those, if you like, or a better variation. Surely there is not a risk of doing nothing; it is a case of which site you put it on. In other words, in terms of here looking at the comment that the risk of doing nothing compared to the disruption is worse, absolutely agree. The risk of doing the disruption against a turnkey solution, what would be the preferred option of the clinicians?

**Hospital Managing Director:**

They would obviously prefer a turnkey because it does not take all of this transition work that we have got to do in terms of preparation. What they say to me is it delays the problem and they do not feel confident that we have agreement on any other site but this one.

**Deputy J.A.N. Le Fondré:**

Out of curiosity, and I think this is a comment from the Minister, if there was not agreement on some of the other sites - the waterfront is the obvious one but the others - why was that going to be put to the public or why was it put to the public at the time that the public consultation was going to go out?

**The Minister for Health and Social Services:**

You are looking at it through slightly rose-tinted glasses.

**Deputy J.A.N. Le Fondré:**

No. I am saying you went to the public ...

**The Minister for Health and Social Services:**

Hang on, let me answer.

**Deputy J.A.N. Le Fondré:**

No, hang on, Minister. You went to the public with A, B, C, D ...

**The Minister for Health and Social Services:**

Let me answer the question that you asked me, please. We went to the public with, as you say, A, B, C, D. The ballgame changed completely when the People's Park came off but what we had learnt in that time was an awful lot from the public. We had engaged with the public. As I say, I

hesitate to call it a formal consultation because while it was professionally done, formally done, it was not what the Government circles would call a proper consultation, but we got a lot of feedback from patients, from the public. There were some: "Why are you messing around about? Get it on the People's Park." There were some, very few, for Overdale and there were some for the waterfront, but the vast majority, and I mean the vast majority, of the public said: "We would like to have it where it is now." When we took that information to the I think it was 4 - I might be reminded - workshops of States Members, we worked through all the different options with them and it has become quite clear that was the one that we could deliver quickly with States Members blessing because they described development on the current site within reason, stretch the planning things, particularly in height; that is their comments: "We want a special place where special things happen and we would like it on the current site." So, politically it became quite clear that this was deliverable quickly.

**The Connétable of St. John:**

You said you went out to consultation with the public. One of them ...

**The Minister for Health and Social Services:**

I did not use the term "consultation". I used the term "engagement".

**The Connétable of St. John:**

Engagement. You came to St. John's Parish Hall and I believe you had 5 parishioners come in during that afternoon.

**The Minister for Health and Social Services:**

That is correct.

**The Connétable of St. John:**

I just wonder how many people came to the road show you had.

**The Minister for Health and Social Services:**

Well, it varied. St. John was probably one of the lowest. You were at most of them, I think, Bernard.

**Project Director, Health Brief:**

It is a very good question in terms of the usefulness of Parish meetings. One of the things we have learnt very clearly, in fact Constables have helped with this process since then, is the emphasis has now changed from setting up meetings like that for people to come to, to us going to where the footfall is and engage. That has been enormously helpful and thank you very much,

Constable Taylor, for your help in that in St. John's Parish. That is about visiting - and it is interesting to do this - car boot sales, coffee mornings, fairs, sports centres and so on. What we find when we do that, and we have done this, is that 80 per cent of people currently are expressing positive opinions about the current option. We have not asked them about the other options because now the preferred option is this. That might change. But in terms of the point you make, the small numbers of Parish Halls does not mean that those are not useful things to do. It means it tells us there are other things we need to do in our engagement.

**The Connétable of St. John:**

What will the clinical staffing requirements be for the new hospital?

**Project Director, Health Brief:**

We are in the process of a work stream we are calling the benefits realisation work. What that does is it starts to say if we work with teams, and we are working with all those teams to say what does their future service look like, that has a set of implications for workforce, the kind of workforce. Until we have completed that work, I cannot give you a precise answer to those questions. It does have implications for staff and we are in the process of quantifying those. I think we are due to bring those back in May, Will?

**Project Director, Jersey Property Holdings:**

Yes, we have a target of May that has been formally stratified in our outline business case.

**Deputy J.A. Hilton:**

Is the proposal still to have mainly single-bed rooms?

**Project Director, Health Brief:**

The project brief currently has 100 per cent single rooms and we are working on that at the moment.

**Deputy J.A. Hilton:**

So it is 100 per cent single rooms?

**Project Director, Health Brief:**

Single en suite rooms. Just for clarity, 100 per cent never means 100 per cent because you have areas like critical care, paediatrics, A. and E. (accident and emergency) and they are not generally 100 per cent single. The final percentage, and I think this is important, is not to focus on the number, the percentage, but to do the work that says at least that number being an output of that work not an input. But the answer is yes, in broad terms.

**Deputy J.A. Hilton:**

In your experience, would it be fair to say that generally speaking you would have a higher level of, say, nursing staff with single rooms rather than 4 or 6-bedded bays?

**Project Director, Health Brief:**

The evidence does not indicate that. What the evidence indicates - and the best study of this is Pembury Hospital, which was the first 100 per cent en suite general hospital in the U.K. - there is a transition period where staff are getting used to working in an environment of 100 per cent single rooms and that is the point where you might need to augment staffing. What is really interesting is the international evidence that this concern about single rooms is a peculiarly U.K. and N.H.S. (National Health Service) focus. If you go to the States or to France or to other international jurisdictions, this is not something that exercises them. But the point you make is a good one. We need to attend to both the number and type of staff. What I would say then is how those staff operationalise those numbers. An illustration: if you go to any of the wards now in the hospital you will see a centralised nurses station where nurses congregate. A new hospital with 100 per cent single rooms will have distributed nurses stations so nurses are physically closer to patients. Then finally there are some design solutions to manage single rooms in particular ways.

**The Minister for Health and Social Services:**

Can I just add to that? While I am not technically competent like Bernard is, I recently visited Addenbrooke's to see patients from Jersey who were receiving radiotherapy there. In fact, one of our colleagues had just left; I went to see him but he had just left. They had just changed their renal wards to 100 per cent individual rooms.

[15:30]

I asked that very question and they have made no change in their staffing levels at all. Although it is only 2 wards that they have recently changed, but they have made no change at all.

**Deputy J.A.N. Le Fondré:**

We are about 5 minutes behind where we should be on the timings so that is why we are trying to move the questions forward a bit. I think probably you are going to direct this to Will but I will ask the Minister. In fairly high level terms, what does the actual £466 million include? There is a follow-up, which is what does it not include?

**The Minister for Health and Social Services:**

I am going to direct it because I would not want to mislead you. I do have a view, a belief, but I might miss something.

**Deputy J.A.N. Le Fondré:**

In general high chunk terms, please.

**Project Director, Jersey Property Holdings:**

Okay. It includes the cost of relocating those services that we described earlier to repurposed buildings and other locations, some of which are permanent and some of which are temporary. It includes the development of the new hospital in full. It includes tying into Patriotic Street Car Park. It includes an allowance for purchasing the land which we need in order to acquire a site that is large enough. If I have missed anything out I apologise.

**Deputy J.A.N. Le Fondré:**

We can pick it up on the next question, because the following question is, and this is picking up from the proposition: what does the cost not include? Particularly, for example, the proposition says: "The cost includes works required to repurpose the Granite Block [and I think we might like to expand on that] but not any other legacy buildings for non-clinical use." The query is, for example, staff accommodation, office accommodation, catering, educational facilities are the ones that are left out. Could you tell us what is not included in these costs? Those are areas we picked up but what are the issues that are not in there that will be coming down the line?

**Project Director, Jersey Property Holdings:**

Staff accommodation in terms of the replacement for the key worker solution at Westaway Court is not included because we have not concluded the feasibility analysis of a replacement solution, but we understand it is likely to be a revenue cost as well rather than a capital cost because of the way we are likely to approach that.

**Deputy J.A.N. Le Fondré:**

Any indication of what that means? Are we talking about 200-odd units type of thing? Is that the number? How many are you replacing at Westaway?

**Project Director, Jersey Property Holdings:**

Westaway will be 51 single-bed units. You would know better than me what that would cost but we have indications that we have shared with Treasury colleagues on that. What were the other things? The Granite Block. It does include an allowance for redevelopment of the Granite Block.

**Deputy J.A.N. Le Fondré:**

All of it?

**Project Director, Jersey Property Holdings:**

All bar the top floor and we are not likely to use the basement apart from for plant. It is effectively to provide the education centre in its new form adjacent to the new hospital.

**Deputy J.A.N. Le Fondré:**

So that cost is included?

**Project Director, Jersey Property Holdings:**

That is included.

**Deputy J.A.N. Le Fondré:**

Staff accommodation, we do not know the rough amounts. Office accommodation? I have seen a number somewhere that implied £27 million. I am not sure if I am misinterpreting.

**Project Director, Jersey Property Holdings:**

I do not recognise that number but it is somewhere in all these ...

**Deputy J.A.N. Le Fondré:**

I am sure it is.

**Project Director, Jersey Property Holdings:**

The office accommodation, the leadership functions in Peter Crill House and the education facilities, we have a double move for those facilities allowed for in the cost, so a move to a temporary facility while the construction takes place and then a repurposing of the Granite Block that we have described to bring that leadership team and education team back.

**Deputy J.A.N. Le Fondré:**

So that is included in the costs?

**Project Director, Jersey Property Holdings:**

Correct.

**Deputy J.A.N. Le Fondré:**

Okay. Catering, moving of the catering site, is that included?

**Project Director, Jersey Property Holdings:**

That is included. There is a revenue cost assumed in the generic economic model for a lease assumption for that facility, because again we think it is a revenue cost.

**Deputy J.A.N. Le Fondré:**

So that is included?

**Project Director, Jersey Property Holdings:**

It is included in the generic value for money assessment.

**Deputy J.A.N. Le Fondré:**

Is it included in the £466 million?

**Project Director, Jersey Property Holdings:**

No, because it would be a revenue cost.

**Deputy J.A.N. Le Fondré:**

Right. Do you know roughly how much, ballpark?

**Project Director, Jersey Property Holdings:**

We do but we are not giving it because it is commercially confidential.

**Deputy J.A.N. Le Fondré:**

The reason I ask is as States Members we need to know what we are signing up to.

**Project Director, Jersey Property Holdings:**

Correct, but for commercially confidential reasons we would not give away that information.

**Deputy J.A.N. Le Fondré:**

Are you going to be able to tell States Members what that number is?

**Project Director, Jersey Property Holdings:**

Under commercially confidential, yes.

**Deputy J.A.N. Le Fondré:**

You want me, this is not on the panel, as a States Member to sign up to something that is going to cost £466 million.

**Project Director, Jersey Property Holdings:**

I do not want you to do anything.

**Deputy J.A.N. Le Fondré:**

You want me to approve this proposition, I assume, but what I want to know is what am I signing up to and I need to know the whole picture. That is what I am trying to get to. In terms of the stuff that is not included, if you take the present site and its present uses with staff accommodation and the office accommodation and everything else that is on there, what is the likely differential, in other words functions that are not included in the cost but will need to be replaced, ballpark? I would have hoped at this stage you should be able to give me a rough idea.

**Project Director, Jersey Property Holdings:**

We think we know but because it is commercially confidential I am not going to say in a public forum what that cost would be. So, without somebody else in higher authority than me, that is the only thing I can tell you.

**Deputy J.A.N. Le Fondré:**

Minister, can I make the point that I think we need to know? If it is £1 million I do not really care; if it is £50 million I do care.

**Project Director, Jersey Property Holdings:**

It is certainly not tens of millions and it is not £100,000.

**The Minister for Health and Social Services:**

I would be happy to tell you privately in confidence.

**Deputy J.A.N. Le Fondré:**

Okay, but let us establish that within the £466 million there are some extra costs to come, some are capital and some are revenue?

**Project Director, Jersey Property Holdings:**

There may well be some minor capital costs. We have done a proof of concept. We are now doing the briefing and during that process we get more and more detail and then we do the detailed design. You will be familiar with this.

**Deputy J.A.N. Le Fondré:**

Yes, I am not worried about the detail. What I am talking about is functions, is big stuff.

**Project Director, Jersey Property Holdings:**

We would envisage that our contingencies can cover all of the issues that you talked about.

**The Minister for Infrastructure:**

Those same issues are going to be the same for any site. It will just be a different ...

**Deputy J.A.N. Le Fondré:**

We will keep going because we will come to that in a second. Next question: site values. Within the sensitivities in this stuff that we do see in Gleeds, we are assuming that there are some site values included in the appraisal for option F versus option D. We are just trying to understand the ratings here. Are you able to tell us what those site values might be?

**Project Director, Jersey Property Holdings:**

No, we are not because they are commercially confidential, but we do have them.

**Deputy J.A.N. Le Fondré:**

Why would they be commercially confidential, because they are both owned by the States? We are not talking about the compulsory purchase; we are talking about the site value of the General Hospital versus the site value of the waterfront site.

**The Minister for Health and Social Services:**

But the site value of the waterfront, if we developed where we are on the current site, that site value would become a commercial asset to be dealt with by the States.

**Deputy J.A.N. Le Fondré:**

You must know whether it is worth £20 million, £100,000 or £50 million.

**Project Director, Jersey Property Holdings:**

It is set out in the report for you, Deputy.

**Deputy J.A.N. Le Fondré:**

Okay. If you can tell me the page reference, that would be helpful.

**Project Director, Jersey Property Holdings:**

Okay.

**Deputy J.A.N. Le Fondré:**

Going forward, what are the future total revenue costs estimated to be for the new hospital, annual?

**Project Director, Jersey Property Holdings:**

Sorry, do you want to direct that to somebody else while I do this for a second?

**Deputy J.A.N. Le Fondré:**

Can we perhaps try and establish that and get that back, please?

**Project Director, Jersey Property Holdings:**

We can tell you that the net present value assumes an annualised cost, beginning with the current revenue cost to the hospital and an assumption in relation to the change in activity over time, which equates to the expected change that we are anticipating in relation to the activity of the hospital, change in the ageing population, change in the model of care.

**The Minister for Health and Social Services:**

That would be similar for every one of the options.

**Deputy J.A.N. Le Fondré:**

I agree, but then the following question from that is what is the differential, in other words relative to what is the operating costs and the revenue costs at the moment for the hospital and what are we going to be facing going forward with the new building?

**Project Director, Jersey Property Holdings:**

It depends when you take that view, I guess, and obviously the value of money has declined as well.

**Deputy J.A.N. Le Fondré:**

When the building is completed.

**The Minister for Infrastructure:**

The revenue cost is dependent on our demographics as well.

**Deputy J.A.N. Le Fondré:**

You must have an assumption on the demographics.

**The Deputy of St. Ouen:**

Yes, but what does your planning tell you? When we open the new hospital in 8 years' time, what is the revenue cost for the first year?

**Chief Officer, Department for Infrastructure:**

Generally speaking, the building will be more efficient so the actual utility costs of the building will come down.

**Deputy J.A.N. Le Fondré:**

Yes, but there will be staff costs and other things that will go up.

**Chief Officer, Department for Infrastructure:**

Because of the clinical adjacencies and the design of the hospital, there will be a significant amount of efficiency from there. What the hospital does will change every 10 years in terms of technology and medical science and the cost of drugs and all those things in another iteration, but on day one this will be a more efficient building both in terms of its clinical adjacencies, how it operates, and also in the actual cost of the utilities that are provided.

**Deputy J.A.N. Le Fondré:**

Yes. So in the total round, hopefully you can give a sort of high level: this is what we are now and if you do not do anything this is where it is going to be in 8 years' time and this is what we are projecting those costs will be with the new build.

**Chief Officer, Department for Infrastructure:**

The challenge with that is if you do nothing then the biggest difference is additional capital costs you have got to spend on the existing hospital, which then adds more disruption in the future.

**Deputy J.A.N. Le Fondré:**

Do you have that work done? Is there a high level assessment somewhere?

**Project Director, Jersey Property Holdings:**

Yes, there is.

**Deputy J.A.N. Le Fondré:**

That is fine. Let us just stop there.

**The Minister for Infrastructure:**

To go back to the KPMG work that was done when I was Assistant Minister for Health and Social Services, the do nothing option with the existing building, et cetera, will cost significantly more in revenue terms than a replacement hospital.

**Deputy J.A.N. Le Fondré:**

Minister, I am accepting that. I am just asking what they are. That is it. We are trying to move forward a bit.

**Project Director, Jersey Property Holdings:**

Can I give you the references for those 2 questions? Site valuations are set out in appendix 20 to change request 25. That includes a breakdown of those assumptions and there is an investment summary within there. There is also an investment summary in appendix 19, change request 25, which does include an annualised generic economic model that includes an assumption in relation to the revenue cost of operating the hospital, both in facility management terms, separate lines for those, and then the operational cost of replacement equipment and also then the operational cost of the activity of the hospital. It is important to refer you back to what Bernard said about the benefit intervention modelling that will change that and improve that as we drive through the improvements to the model of care and hopefully end up with a better revenue and capital solution.

**Deputy J.A.N. Le Fondré:**

Thanks. Quickly, in the projected plans, in other words we have done the building, £466 million or whatever; after that within the projections for the next 10 years or 15 years after the building is done, are there any ongoing capital costs that are likely to be coming through?

**Project Director, Jersey Property Holdings:**

We have included in the generic economic model that I have just referred to a summary for those ongoing lifecycle costs, is what we call those over a ...

**Deputy J.A.N. Le Fondré:**

So that is just normal replacement. What I mean is there is nothing ... you are not going to come to us when the building is halfway through and say: "By the way, we need to spend another £20 million on this function." Sorry, the Minister is not going to come to us.

**Project Director, Jersey Property Holdings:**

I would refer you to the fact that health changes very rapidly and I would not pre-empt what that would look like in that period of time, but we have assessed, based on the best information we have today, what that lifecycle cost will be, based on modern hospitals that are operating now.

**The Minister for Health and Social Services:**

So that is the costing side but it is also fair to say we are trying to design as flexible a building as possible because we know that when we finish the building some new treatment will have come along or some old treatment will have disappeared and you need to do things differently.

**Deputy J.A.N. Le Fondré:**

Okay. We will keep going, if you do not mind.

**Chief Officer, Department for Infrastructure:**

Keeping on the design, which is you build flexibility in the design because what we do know is it will change and looking back in history we know that. The change over the next 10 to 20 to 30, 40, 50 years will be even more extraordinary than it has been over the last 20 years, so we have to have a building that is flexible for the future.

**Deputy J.A.N. Le Fondré:**

I think we agree. Moving forward, I am assuming Will, but please feel free to direct elsewhere. I am looking at the Gleeds report, which is pages 33 to 34, this is the request 25, and I just want to ask some components, and I accept there may be some ... it depends if you can talk about them or not, around some of the sensitivities that were included in the assumptions. For example, on sensitivity 2 under, for example, option ... we are just trying to compare how D to F, just to understand the risk weightings and the costs. For example, sensitivity 2 says: "Loss of income from the Jersey Finance Centre as a result of option D." The query was, for example, having looked at various parts of that, is obviously as far as we are aware, option D did not touch the Finance Centre at all so we are wondering why there was a loss of income included in that assumption.

**Project Director, Jersey Property Holdings:**

Yes. When we put together change request 4 in the like-for-like assessment that the Minister requested when he became Minister in March and April 2015, and the Minister has asked for the potential economic impact assessment of loss of income to the Jersey International Finance Centre to be considered and treated as a sensitivity and that is what that sensitivity considers.

**Deputy J.A.N. Le Fondré:**

So just to be clear, you are assuming that there would be a loss of income if you built a hospital across the road from it?

**Project Director, Jersey Property Holdings:**

When you say "I am assuming", the ...

**Deputy J.A.N. Le Fondré:**

The assessment here.

**Project Director, Jersey Property Holdings:**

The assessment was not done by Gleeds. That was an economic impact assessment done by the States of Jersey Development Corporation to feed some information into the project. It was validated by the States Economist.

[15:45]

**Deputy J.A.N. Le Fondré:**

Right, okay. I think that will probably do at that point. I think I will also ask then, under sensitivity 6, and, again, a fairly large number on there, which says: "Lost tax receipts and G.V.A. (Gross Value Added) should Finance Centre not proceed." I am assuming that is as a result of building a hospital across the road from it. I was quite curious as to why.

**Project Director, Jersey Property Holdings:**

That is an economic impact assessment, which is commercially confidential, it explains why.

**Deputy J.A.N. Le Fondré:**

Yes, that is why I am not mentioning ... oh, it explains why. Are we able to have access to that?

**Project Director, Jersey Property Holdings:**

It is a Treasury document.

**Deputy J.A.N. Le Fondré:**

We will rephrase that; personal to our advisers.

**The Minister for Health and Social Services:**

It is not my document to say yes or no to.

**Project Director, Jersey Property Holdings:**

I think previous Scrutiny Panels have had access to it, I believe.

**Deputy J.A.N. Le Fondré:**

Okay. Moving forward, this is in the public domain, as far as I am aware. There is reference to relocation works and in the M.T.F.P. (Medium Term Financial Plan), and in these appendices as

well, it makes reference to a figure of £44 million. So how much is specifically forecast ... I presume that figure is specifically for option F.

**Project Director, Jersey Property Holdings:**

Yes.

**Deputy J.A.N. Le Fondré:**

How much results from a choice of building on the General Hospital site as opposed to a different clean site? So for the sake of argument, in my terminology, if we know we have got temporary buildings having to be moved because, yes, it is a new build but it is on an existing operational site and has to be shifted, what is the differential?

**Project Director, Jersey Property Holdings:**

So we would ... every single site that we look at has a different set of enabling works and a different set of relocation works so they are never ... there is not a generic set of enabling works or a generic set of relocation works. The £44 million is associated with what we would call relocation work so are directly as a result of developing on Gwyneth Huelin and Peter Crill House.

**Deputy J.A.N. Le Fondré:**

Okay, but do you have an assessment somewhere? Again, we are just trying to understand ... the reason we are focusing on D is obviously Gleeds identify it as the best technical performing option, if you see what I mean, and notionally the cost is less. We are just trying to understand the difference between there.

**Project Director, Jersey Property Holdings:**

So it takes slight ...

**Deputy J.A.N. Le Fondré:**

Okay. In our interpretation of it, yes, okay.

**Project Director, Jersey Property Holdings:**

Your interpretation.

**Deputy J.A.N. Le Fondré:**

What we are trying to understand is in the cost differential side of things if option D was ... if we are going to try and compare like-with-like, what in terms of the ... presuming if there was an assessment done at the time. If the relocation works were £44 million for the General Hospital site what were relocation works for option D?

**Project Director, Jersey Property Holdings:**

I will not be a second and I will give you the figures.

**Deputy J.A.N. Le Fondré:**

Okay, right. Do you want to listen while I move on to the question or shall we let you just gather your thoughts?

**Project Director, Jersey Property Holdings:**

Okay, yes.

**Deputy J.A.N. Le Fondré:**

Because there is a similar question which is, what is meant by abnormal works? How much they are and are they a specific consequence of the specific scheme?

**Project Director, Jersey Property Holdings:**

So if someone wanted to take abnormal works I can explain while I look up the relocation works cost. I think the abnormal works are things that are specific to the site. So we have what is called a departmental cost which is effectively the cost of building a hospital to fit on a site and then we have abnormal works, which is an unfortunate term, it is also known sometimes as "on costs", which relates to building on that specific site in that locale. I will give you an example. If we are building on the option F site you have to have large foundations and higher value external treatments to the building so those would be included in there. I am still looking for option D.

**Deputy J.A.N. Le Fondré:**

Okay. I will let you gather your thoughts on the earlier question first because I do want to come back to the abnormal but I think we need your undivided attention.

**Project Director, Jersey Property Holdings:**

Okay. So there is about £9.5 million of off-site highway improvements for the waterfront site.

**Deputy J.A.N. Le Fondré:**

So £9.5 million.

**Project Director, Jersey Property Holdings:**

Yes, £9.5 million in change request 21, and I am referring to page 75, and about £13 million of other, what we call, non-works costs which are the other costs that are necessary to make that site happen. That includes things like relocating car parking, which would be lost as part of that for example.

**Deputy J.A.N. Le Fondré:**

Right, okay. So just to be not too simplistic but am I wrong in saying that that is about £22 million to £23 million in total in relocation works as opposed to £44 million for the existing site?

**Project Director, Jersey Property Holdings:**

That is about right.

**Deputy J.A.N. Le Fondré:**

Okay, fine, and those are included in those cost options?

**Project Director, Jersey Property Holdings:**

They are from ...

**Deputy J.A.N. Le Fondré:**

Right. Let me go on to abnormal works then. I will ask the question. I do not want to breach confidentiality but we are talking large round sums. Hopefully we are not going to do that. I have a figure on the site works abnormal and then I have a figure that is about a third of the size. What I would like to ask is: what are the abnormal works in quantum associated with the General Hospital site?

**Project Director, Jersey Property Holdings:**

In terms of option F?

**Deputy J.A.N. Le Fondré:**

Yes.

**Project Director, Jersey Property Holdings:**

Give me a second to find the right pages.

**Deputy J.A.N. Le Fondré:**

I think it is 15. While you are doing that ...

**The Deputy of St. Ouen:**

Perhaps I can just say something to the panel about our order of questioning. As panel members, we had some questions around the transition phrase and decamp plans coming up. I think we have already dealt with, potentially, those sort of things. So when Deputy Le Fondré has finished questioning, and it could be soon, I will ask Deputy Hilton to move on to the use of Westaway Court.

**Project Director, Jersey Property Holdings:**

Those are mainly to do with enabling works, traffic improvements around the site.

**Deputy J.A.N. Le Fondré:**

Okay. Could you give me an amount please that I should be working on?

**Project Director, Jersey Property Holdings:**

I have not got one to hand I am afraid but I can do after the meeting certainly.

**Deputy J.A.N. Le Fondré:**

If you could.

**The Deputy of St. Ouen:**

Again it was asked in writing.

**Deputy J.A.N. Le Fondré:**

That is okay but I think we would like to know what those are please.

**The Minister for Health and Social Services:**

We will provide that.

**Deputy J.A.N. Le Fondré:**

Okay, good. Finally, I think ... well, at least my final set of questions. I was going to say it is an A, B, C. Now, D on the one we are looking, page 27, 7.15, refers to a modified acute services strategy which entails the temporary and permanent leasing premises for the off-site food production units. We have touched on some of this already. Now, you, I think, suggested that it was a revenue implication on the catering side.

**Project Director, Jersey Property Holdings:**

There is a capital sum for relocation and revenue possible for leasing.

**Deputy J.A.N. Le Fondré:**

Yes, okay, but you have not yet got a site identified or agreed.

**Project Director, Jersey Property Holdings:**

We have got 5 sites under consideration. We have got a preferred site but again it is commercially sensitive.

**Deputy J.A.N. Le Fondré:**

No, that is okay. How much, you probably cannot tell me. The numbers are in the relocation costs anyway. How long for? Is this a permanent lease?

**Project Director, Jersey Property Holdings:**

That would be a commercial decision. The Director of Property Holdings would take that decision as whether it made sense to purchase the property or tried to purchase the property or whether to lease it.

**Deputy J.A.N. Le Fondré:**

So potentially there is a capital cost there.

**Director of Estates, Department for Infrastructure:**

Sorry, if I could just complete it for a second. The important thing here is that moving the catering off of the site is an activity that has been considered for some while and would happen even if this project was not happening. So the lease solution may be an interim solution prior to a permanent solution to locate off site in a different location or maybe a solution that persists for a long time in the location that is identified. It will depend on the suitability. It will depend on the longevity and the availability of that solution but the situation of having catering activities onsite within a general acute hospital; it is not good use of the space. We are extremely space constrained in the current hospital, more so during the relocation works, but similarly in the new hospital when it is built we are space constrained and that is a function that does not need to be on the site.

**Deputy J.A.N. Le Fondré:**

Okay, thank you. Can I direct, I am guessing that way, in the ideal world should catering be on site or not?

**The Minister for Health and Social Services:**

I think it is probably a better way this way.

**Deputy J.A.N. Le Fondré:**

All right. We are not allowed to refer to former lives, Minister, I believe.

**The Minister for Health and Social Services:**

I am not referring but I am using former experience. If you were to ask me, it should never have been onsite and hospitals throughout the whole of the U.K. have, for years, taken the facility off site. We are using the system that they are using, which is commonly known as "chill", but to help people basically it is food that is cooked and then reheated the same way as you buy a meal from

Marks and Spencer. You would not take up valuable space to cook it and chill it and then send it to the wards for reheating on the same site. The whole purpose, apart from the quality of the food, is that you have this done remotely and then bring it on to site.

**Deputy J.A.N. Le Fondré:**

Okay, that is fine. You will be delighted to know I think I am ... yes, I think I am done. Thank you very much.

**Deputy J.A. Hilton:**

So the panel would like ask you some questions about Westaway Court and how that is going to be used. My understanding is that Westaway Court will be refurbished.

**Project Director, Health Brief:**

Repurposed is a more accurate word. There is an important distinction and probably Will is going to say something.

**The Deputy of St. Ouen:**

Yes, please explain.

**Project Director, Jersey Property Holdings:**

Okay. So the Westaway Court proposal, which is change request 25, is to strip the building back to its core. So effectively that requires us to retain the structure of the building but not windows or any features. We have a new part of the building which links the building to improve its linkage and effectively the building is completely repurposed. So refurbishment does not really do it justice which is why we have a different word because it is a fundament ... it is almost like a rebuild.

**Deputy J.A. Hilton:**

Okay. I know outpatients will move into Westaway Court. Can you just tell us which specialities are moving there?

**Project Director, Health Brief:**

At the moment it is a point in time.

**Hospital Managing Director:**

It is a point in time. We can tell you our thinking at the moment. We are looking at physiotherapy, podiatry. We are looking at clinical investigations, cardiology and respiratory medicine and at the moment we are ... whether this one is temporary or permanent but we are looking at dermatology.

**Deputy J.A. Hilton:**

Okay. So those are the specialities that you think will be moving there. So are they moving on a temporary basis or a permanent basis?

**Hospital Managing Director:**

With the exception of dermatology, which we are still debating, because one of my desires is to make Westaway Court more for people living with long-term conditions. So I would like to see diabetes in there ultimately as well, and that is obviously at Overdale at the moment and will not be going anywhere until the final stages. So dermatology may well be temporary. The others are likely to be permanent.

**Deputy J.A. Hilton:**

Okay. Has the suitability of the building been assessed for what you are proposing for all the different things?

**Project Director, Jersey Property Holdings:**

Absolutely.

**Deputy J.A. Hilton:**

I wanted to ask, is there going to be any duplication of equipment or anything by moving outpatients? I know originally when we had the dual site option with Overdale there was duplication with path and various other things. I was just wondering, is there any duplication?

**Project Director, Health Brief:**

It is important that we are not talking about the dual site here and the words are very important. We had a dual site and we have been here before ... this is about a campus solution which says that you can provide different services in different locations. In answer to your direct question, for example, physiotherapy; I am going to use just as an illustration. Physiotherapy has an inpatient function which will remain on the General Hospital site and predominantly outpatient and ambulatory treatment, so we might have to have an equipment store on the General Hospital site because what we do not want is physiotherapists wheeling equipment over the green. So the answer is, in a large part, no, but in a small part, in terms of operational efficiency and equipment maintenance, yes, we may have some small duplications.

**Deputy J.A. Hilton:**

Okay. You have outlined briefly, I think, about the work that needs to take place at Westaway Court so there is not any major structural work required to repurpose?

**Project Director, Jersey Property Holdings:**

As I mentioned, I think there is a small extension that we are talking about but it is not a major piece of work, no.

**Deputy J.A. Hilton:**

Okay. One of the panel's concerns is about the lack of parking at Westaway Court and I think it is my understanding that you have got 6 disabled spaces.

**Project Director, Jersey Property Holdings:**

It is 26 spaces overall on the site.

**Deputy J.A. Hilton:**

Overall?

**Project Director, Jersey Property Holdings:**

Yes.

**Deputy J.A. Hilton:**

That is for the public as well as ... will there be any staff parking at Westaway Court?

**Project Director, Jersey Property Holdings:**

No staff.

**Deputy J.A. Hilton:**

No staff parking.

**Project Director, Health Brief:**

To facilitate the front of the building the way ... the kind of building Helen describes there in terms of the long-term provision, there will be drop off and pick up disabled parking. So it is about keeping the flow of patients moving through that. So certainly staff car parking, absolutely not. That will be at other places and that is typical of those kind of facilities.

[16:00]

**Deputy J.A. Hilton:**

Okay. Are you confident that with our ageing demographic and the fact that the specialities that you are providing at Westaway Court, are you satisfied that the parking will be enough for those

people? I am thinking about the elderly who may not be very mobile. Are you satisfied that there will be enough parking there?

**Project Director, Health Brief:**

Well, there is a detailed piece of work that we are undertaking at the moment which looks at those flows and I think that it is fair to say we would imagine a kind of an internal transport system to augment that as well because people will still use Patriotic Street Car Park but what we need to do is make sure that people are able to get from Patriotic Street Car Park to Westaway Court where needed. We have not worked the detail of that through but that is in train.

**The Deputy of St. Ouen:**

Is that identified as an issue to be addressed?

**Project Director, Health Brief:**

Yes.

**The Deputy of St. Ouen:**

You are not simply going to ask people to drive to their appointments, park in Patriotic Street and get to Westaway Court?

**Project Director, Health Brief:**

No.

**Project Director, Jersey Property Holdings:**

That is why there is the drop-off facility for those people who are being dropped off. There is an access facility for those with disability challenges. I think the transport assessment that we have shared with you in change request 25 explains some initial modelling. We are going to do a detailed transport assessment as part of our planning process which is underway at the moment. You may have seen a traffic survey around the hospital taking place at the moment. So from the clinical engagement work that I have been listening to, as it has been happening, we do not anticipate a lot of people needing to travel backwards and forward for example between the 2 sites in patient terms. So the facility has a reasonable capacity but we have got detailed work to do on that to make sure it is going to be fit for the future. I think it is very difficult to know how many of those services will stay in that hospital because obviously the move is to do things out of hospital as well.

**Project Director, Health Brief:**

If I can link that to the previous ... the benefits work we are doing shows that there are potential gains for us in terms, for example, our new to follow-up ratio. It is probably the case that we would like to see more activity delivered in the community because patients are currently still making journeys to the hospital. So when we have finished that work we will know what the quantum of the kind of journeys needs to be and that will occur in tandem with the transport assessment.

**Deputy J.A. Hilton:**

So you are doing that piece of work currently?

**Project Director, Health Brief:**

Yes.

**Deputy J.A. Hilton:**

When do you expect to have the results of that work?

**Project Director, Jersey Property Holdings:**

The benefit analysis will be finished, as we described, largely before May next year and the outline business case is finished towards the end of 2017. We will hope to finish the transport assessment about the same time next year, May next year.

**Deputy J.A. Hilton:**

Okay. Are you able to give us any information on the costs and revenue costs of operating 2 sites as opposed to the one?

**Project Director, Jersey Property Holdings:**

That is in the generic economic model that we described to you.

**Deputy J.A. Hilton:**

Okay. Also what do you expect the life expectancy of the building to be at Westaway Court when you have completed the work?

**Project Director, Jersey Property Holdings:**

Okay. So we have got a 30-year provisional estimate but we have modelled it over 60 years with a major refurbishment this time after 30 years.

**Deputy J.A. Hilton:**

Okay. When was that built; Westaway Court?

**Project Director, Jersey Property Holdings:**

I believe it was the late 1990s.

**Deputy J.A. Hilton:**

No.

**Project Director, Jersey Property Holdings:**

It was refurbished in the late 1990s. So it has had its roof redone and all its windows done in the 1990s.

**The Minister for Health and Social Services:**

It was refurbished in the 1990s and ... no, it was the very late 1960s if not early 1970s it was built because it was the temporary police station in 1968. Then it was all knocked down and rebuilt. I cannot remember whether that was 1970 or 1969 but it was around that time.

**The Deputy of St. Ouen:**

But are there cost implications of the fact that this repurposed Westaway Court will be useful for 30 years before we have to spend a lot more capital on it?

**The Minister for Health and Social Services:**

How do you mean "are there cost implications"?

**The Deputy of St. Ouen:**

Minister, you have spoken about building a new build hospital to last 60 years. I have heard sometimes 60 sometimes 90. But this element of it will not be quite rebuild and we will have to be addressing it again in 30 years et cetera.

**The Minister for Health and Social Services:**

Let us be clear, sorry.

**Chief Officer, Department for Infrastructure:**

If we found the structure of this building ... well, the initial survey we have done it is perfectly fine. Lots of buildings of this age I doubt will last another 100 years. If we find the building is flawed then we will build a new building. There is no point in compromising the whole of life cost of this building for that gain. The gain we have got here is simply the repurposing is coming back to the core structure. If the core structure is of good condition, as we have done with our car parks recently, when we had a plan of knocking down and replacing them and we did not need to do that. So it is a case of getting the best value out of the asset over the longer term. So we feel

then every 30 years is not uncommon to put in and it is not a compromise that will affect the whole of life cost and the end period of the project but if we find that there is a flaw in it then there is no point in spending any money, and we will do another solution, but the current assumption from the information we have is repurposing gives the medical outcomes we want and it does it at a slightly better value cost than building a brand new building.

**Deputy J.A. Hilton:**

Okay. The accommodation currently in Westaway Court. How many units will you losing?

**Project Director, Jersey Property Holdings:**

We will not be losing any.

**The Minister for Health and Social Services:**

No, but it is currently housing.

**Deputy J.A. Hilton:**

It is housing for medical staff.

**Project Director, Jersey Property Holdings:**

It is. So there are 51 units at Westaway Court and one penthouse.

**Deputy J.A. Hilton:**

I have got 214.

**Project Manager, Jersey Property Holdings:**

I do not where you got that from.

**Deputy J.A. Hilton:**

From Mark Richardson.

**Project Director, Jersey Property Holdings:**

That might be the total number of key workers across the whole health estate.

**Deputy J.A. Hilton:**

Right, okay. No, I thought my question was about Westaway. Okay. No worries.

**Project Director, Jersey Property Holdings:**

We can provide you with a breakdown ...

**Deputy J.A. Hilton:**

Okay. That will be fine. So you have got 50 ... sorry, how many units did you say?

**Project Manager, Jersey Property Holdings:**

Fifty-one.

**Deputy J.A. Hilton:**

Fifty-one units in accommodation. So how are you going to handle losing that amount of staff accommodation?

**Project Director, Jersey Property Holdings:**

We are not going to lose it. We are re-providing it in a different way.

**Deputy J.A. Hilton:**

How do you intend to provide it in a different way?

**Project Director, Jersey Property Holdings:**

Well, we are working with Andium to develop a key worker solution or re-provision.

**Deputy J.A. Hilton:**

Right, okay. There must be a cost attached to that because I guess at the moment Health are providing this amount of housing and if you are going to go to another provider do you know what the cost is ...

**Project Director, Jersey Property Holdings:**

We refer you to the previous discussion because that was what the question was. So we have some indicative numbers that are commercially sensitive so we are not going to put them out in the public domain today but as we develop detail we can share that with you.

**Deputy J.A. Hilton:**

All right. Thank you.

**Deputy J.A.N. Le Fondré:**

Can you provide them to us in the next couple of days, high level?

**Project Director, Jersey Property Holdings:**

They are not really in that sort of state at the moment but I will take advice from others.

**The Minister for Health and Social Services:**

I think basically the concept we are trying to get away from is that Health should not be a landlord.

**Deputy J.A.N. Le Fondré:**

Okay. We have got no argument. All we are trying to do is get an idea ...

**The Minister for Health and Social Services:**

So we are finding an acceptable workable solution for key workers.

**Deputy J.A.N. Le Fondré:**

The argument we are trying to get to is again, what is the cost that we are signing up to?

**Project Director, Jersey Property Holdings:**

It is not that you asked that question, with respect, and we said it is not in tens of millions. It is not any ...

**Deputy J.A.N. Le Fondré:**

Hundreds of thousands.

**Deputy J.A. Hilton:**

On some of the information that we have received when the hospital is up and running and operational, presumably the 1960s and 1980s building; is the plan for those to be demolished?

**The Minister for Health and Social Services:**

That is a good question. I do not know who wants to answer it but there is a not a plan for them at the present time.

**Deputy J.A. Hilton:**

I am sure I have read somewhere that there is a view of providing housing on part of that site. The reason I ask that question is because I thought that part of the thinking of remaining on the existing hospital site was to provide you that future proofing by demolishing, presumably ...

**The Minister for Health and Social Services:**

Okay. I will let officers answer the detailed question but let me put the concept to you. Whatever goes there will be something totally in the control of Health. So we may have some temporary activity that either generates income or provides, possibly using Andium, some medium term, I have not talked ... medium term key worker accommodation but whatever goes there that whole site will be designated a Health campus. So you are spot on when you said ... so we solve the

problem of development in the future, because there will be development in the future, medicine changes all the time, and dare I say the new hospital in 100 years ... but I do not know if anyone wants to talk particularly about the 1980s building.

**Chief Officer, Department for Infrastructure:**

What we have done ... this project is complex and I am sure you have glanced through enough documents to realise that. One of the things we have done as a project team is we have taken the future use of those areas out of scope at this stage, except the ground floor, which is part of this project. So the sort of master planning around that future of the Mental Health Strategy; there is so many other iterations in terms of repurposing of that land and this team has got enough to do in terms of the complexity in the project we have got now. There is lots of opportunities there and we are not saying that we have not got a plan for that at the moment.

**Deputy J.A. Hilton:**

So you are basically saying ...

**Chief Officer, Department for Infrastructure:**

There are many plans but we have not done any work on it.

**Deputy J.A. Hilton:**

Okay. So you have not got a firm plan for the 1960s and the 1980s building when the new hospital is operational at the current time. So potential demolition costs of those 2 buildings are not included in the capital sum delivering the hospital?

**Project Director, Jersey Property Holdings:**

No, definitely not. The 1980s building is ... all the residual buildings are connected in the same building census is what will operate the residual hospital while we develop the new one. They are physically connected as well so the 1960s building is connected to the 1980s building.

**The Minister for Health and Social Services:**

I am advised that the 1960s building will have to, at some time, come down. The 1980s building is not suitable for clinical medical use but may be a sound building for other use, mental health or whatever, but we are just concentrating on this project at the moment.

**The Deputy of St. Ouen:**

My understanding from reading is that it is a key assumption that an element of the residential site is to be used for what is called compensatory residential development.

**The Minister for Health and Social Services:**

Possibly.

**The Deputy of St. Ouen:**

What does the key assumption mean? That everything is modelled on that?

**Project Director, Jersey Property Holdings:**

Just to be clear, the Minister asked for a like-for-like assessment and we have made residential development assumptions assuming that those sites became free on all of the options that we have considered, whether that is the waterfront, Overdale, the existing site, People's Park. We have made residential assumptions for those sites to be cleared up. So in the like-for-like assessment that is what is included as an assumption and there is an appendix which defines that assumption. That is not the plan for redevelopment of the site until the distinction.

**The Deputy of St. Ouen:**

Okay. Thank you. Now, I think it is Deputy McDonald who has a set of questions.

**Deputy T.A. McDonald:**

Indeed. Somebody has stolen my thunder because I was going to talk to you about or question you about site definition but we seem to have covered most of that.

**The Deputy of St. Ouen:**

No. Please can you clarify that?

**Deputy T.A. McDonald:**

Well, yes. The first question would be, with the reference to the proposition, does the preferred site include the Granite Block, the Engineering Block, the 1960s extension and the 1980s extension?

**The Minister for Health and Social Services:**

No. Some of it and clearly the preferred site for the new hospital takes a line south of the granite block. That is the new hospital. The Granite Block is part of the project which will be done after. That is right? The 1980s and the 1960s are the current hospital and that is why the scheme works because we can continue to run a current inpatient hospital, ancient though it may be. We can continue to run it while we are building the new hospital.

**Deputy T.A. McDonald:**

Right. So as things progress how is it proposed to use each of those parts of it?

**The Deputy of St. Ouen:**

Deputy McDonald, if we get there can I look with the Minister closely at the proposition because you are asking the States to approve 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. But I read that as meaning the whole of the current Jersey General Hospital site ...

**The Minister for Health and Social Services:**

With respect, Chair, there is a map attached to that that shows what we are talking about.

[16:15]

**The Deputy of St. Ouen:**

So, okay, I have looked at the map. Yes, I have read the whole of the proposition ...

**The Minister for Health and Social Services:**

I am sure you have. There is no doubt about that.

**Project Director, Jersey Property Holdings:**

The reason we put the clarification in there, Constable, is because ... sorry, Deputy, is that the relocation projects do affect the whole of the site. But if we have missed out the old site I think States Members would reasonably have said: "Well, the relocation projects affect that site." So I think it is very difficult to not make that distinction.

**Chief Officer, Department for Infrastructure:**

Because there are internal changes to the existing site to enable the new site to have a demarcation. So the reform proposition is correct in terms of there will be an effect, based on the information we have got provisional links in site in terms of what we need to do so we can get through the next 8 years.

**The Deputy of St. Ouen:**

After 8 years will the General Hospital site include the granite block and the 1980s and 1960s block?

**Project Director, Jersey Property Holdings:**

The education centre and the leadership offices are a fundamental part of the future hospital so they will continue to be so. The 1980s and 1960s blocks, the engineering block and the pathology block will not need to be part of the future hospital provision as we foresee it.

**The Minister for Health and Social Services:**

So that is part of the site available for other health related use.

**Chief Officer, Department for Infrastructure:**

It could be repurposed so it could be a combination of those things.

**The Deputy of St. Ouen:**

The difficulty, Minister, is that when the proposition comes it is in black and white.

**The Minister for Health and Social Services:**

We do not print them but we provided it in colour.

**Deputy J.A.N. Le Fondré:**

No, I think it is metaphorical anyway.

**The Minister for Health and Social Services:**

We provide it in colour. We are not responsible for whoever prints it for you.

**The Deputy of St. Ouen:**

No, I know you are not responsible but it is what has landed with States Members and you clearly ...

**The Minister for Health and Social Services:**

Well, I am sorry, Chair, but if you had said I would have brought you a coloured version.

**The Deputy of St. Ouen:**

It might be important. I would like to know what is going to be the site for the new General Hospital which is defined as the current Jersey General Hospital site.

**The Minister for Health and Social Services:**

The site for the new General Hospital is exactly as I have described. Take a line from the Granite building, east to west, and go south. That is the new hospital. The Granite Block becomes part of that and the rest becomes vacant.

**Chief Officer, Department for Infrastructure:**

Part of the expenditure is on the existing site so it is within the red line.

**Deputy J.A.N. Le Fondré:**

Can we just confirm that that is the diagram? It is from Gleeds.

**The Deputy of St. Ouen:**

That is from Gleeds.

**Deputy J.A.N. Le Fondré:**

That is from Gleeds but it is that diagram that I am trying to find ...

**The Minister for Health and Social Services:**

We did a really nice coloured one, in different coloured shadings, to show exactly what you are asking. Sorry, that you did not get it.

**Project Director, Jersey Property Holdings:**

If it is not sufficiently clear I think we would want to reissue it for States Members.

**The Minister for Health and Social Services:**

We will print you one off ourselves. Chairman, if I can just speak my mind, it is also in colour on the website.

**The Deputy of St. Ouen:**

Well, you see I am a dinosaur and I do not use the website.

**Deputy T.A. McDonald:**

An important question. Are the costs for their future use included in the project costs?

**Chief Officer, Department for Infrastructure:**

Future use of what?

**The Minister for Health and Social Services:**

No. So the cost of decommissioning, who is going take that cost into ...

**Project Director, Jersey Property Holdings:**

I can take that, yes. When you say the costs of the future operation of the hospital, those are not part of the capital scheme that we are developing but there are revenue cost consequences obviously of all of those capital investments and we have made an estimate of those in our generic economic model which is included in the appendix to the Gleeds report.

**Chief Officer, Department for Infrastructure:**

Were you referring to the 1980s block, 1960s block and are we to ...

**Deputy T.A. McDonald:**

The 1980s and 1960s and the 1980s block, yes, obviously, and the Granite Block and Engineering Block as well.

**Project Director, Jersey Property Holdings:**

Okay. That would be excluded from the assumed ongoing maintenance costs of the hospital, as per the Gleeds report. It would be included in that.

**Chief Officer, Department for Infrastructure:**

Because if there was an alternative plan with the services then providing perhaps mental health stuff or accommodation or whatever then that scheme will stand on its own.

**Deputy T.A. McDonald:**

Right. It will be a standalone.

**Chief Officer, Department for Infrastructure:**

Yes. The majority of the sort of lower build and certainly engineering blocks are way beyond their useful life now and so there is a ... there will be much sort of decommissioning ...

**Deputy T.A. McDonald:**

Yes, we have seen them for ourselves. So any other questions on that or ...?

**Deputy J.A.N. Le Fondré:**

Got one but hopefully it is short. It is really going back to your radio interview, Minister, yesterday, I think it was, where you were saying: "North of the site will be a health complex, health campus, health designated site."

**The Minister for Health and Social Services:**

Yes, I have said that today.

**Deputy J.A.N. Le Fondré:**

Okay. That is just ideas in your mind at this stage. There are no plans, no costings.

**The Minister for Health and Social Services:**

Exactly. There are no plans ...

**Deputy J.A.N. Le Fondré:**

There is more to come down the line, is what you are saying there.

**The Minister for Health and Social Services:**

Well, we know that we need to develop better facilities for mental health services. We know that we are going to have to expand the new hospital in the future. We know that we are going to need a new hospital in 100 years' time. The last thing I want is for the Minister, or whatever they might call the person in 100 years' time, is to go through all this. I want a plan that has got long-term planning in it. So it was not as quick as you thought.

**Deputy J.A.N. Le Fondré:**

No, that is fine.

**Deputy T.A. McDonald:**

Adjacencies. Reference has been made about the advantage of Patriotic Street and access at different levels thereby allowing better adjacencies and thereby justifying a smaller footprint. Why does this achieve a better adjacency result than say using a lift?

**The Minister for Health and Social Services**

Because you will be using lifts but you have only got to go down there today and have a look at people parking in Patriotic Street, having to walk to the Gwyneth Huelin Wing, and we are talking about the young and the infirm, when it is like the weather has been today. They cannot get straight in to the building. If you do not butt up to the car park and then link it like the Grand Marché, you could put 100 lifts in and it would not make any difference. What this allows us to do, because of the multi-level access, is to put things that people would ... start from the beginning. The general principle of the hospital building, there are some areas you want to keep the public out of and so normally you try and put all the things that the public come to on a regular basis on the ground floor. We are not able to do all of that on the ground floor on this site. We are able to do it on the ground and the first floor but they can come straight in. They can park, put little Johnny in the pushchair, put granny in the wheelchair and they can walk straight in to the building. That has got to be better than walking across a bridge from Gloucester Street to the waterfront. That has got to be better than the current setup where at night they have to park in Patriotic Street and walk right round to the Parade.

**Deputy T.A. McDonald:**

Yes, exactly. I can see that but how do you see, or what is the impact, on this extended use by the hospital on what is now one of the busiest car parks in St. Helier?

**The Minister for Infrastructure:**

We know there was a structural survey done on the Patriotic Street car park. We know that we can build at least 2 more floors on to that car park, in a similar way that we have expanded the capacity at Green Street. We have done it once before in another car park. We know we can do it again. It is about the timing of that, when we do it, because we were planning to do a refurb on Patriotic Street Car Park and we would like to do that at a similar time. So we can increase substantially the capacity at Patriotic Street to accommodate its extended use for the first few floors to be dedicated for the hospital.

**Chief Officer, Department for Infrastructure:**

We have a great opportunity in that the Minister is in charge of both projects from a political level so the alignment is probably quite rare in lots of jurisdictions where the Patriotic Street Car Park can be re-purposed on probably the north end to suit the hospital use and it is in our gift, which is great in terms of joint equipment. The car park is now utilised by many staff and many visitors to the hospital. I do not expect the uses to change predominantly with the new hospital. What we are trying to do is promote other forms of transport into the hospital and one of the key benefits of a hospital being in town is people can get to the hospital without using the car but provision for the car for the elderly, for the infirm, for people with disabilities has got to be the priority and the link across from Patriotic Street into the new hospital, and the new hospital entrance I think is going to be a game changer in terms of this design and one which I think we should be really pleased with. In terms of our current strategy for refurbishing the car parks; we have taken this one out of our current programme for the simple reason that we want to align the design standards and the linkage exactly with the architects that are employed on the hospital scheme so we can tie it in and it can look like a coherent solution.

**The Minister for Health and Social Services:**

But you are also widening, John, your review of public transport and having better links with LibertyBus so that people can get to the hospital, not be dropped off ... I was going to say the Grand Hotel but I am showing my age. I think it is the RBC building. I think it is the car park now but looking at whether we can drop people right at hospital if they are using public transport.

**Deputy T.A. McDonald:**

So obviously with extra floors envisaged what is the cost going to be of those and if so, are those already included in the cost of the project?

**The Minister for Infrastructure:**

They will be included in the final cost of the project and to give you ...

**The Deputy of St. Ouen:**

Of the hospital project?

**The Minister for Infrastructure:**

Yes ...

**Deputy J.A.N. Le Fondré:**

So they have been or they will be?

**The Minister for Infrastructure:**

They will be.

**Deputy J.A.N. Le Fondré:**

Is it in the £466 million?

**The Minister for Health and Social Services:**

No, they are not.

**The Minister for Infrastructure:**

But they will be.

**Project Director, Jersey Property Holdings:**

We do not know whether we need them yet because we have not finished our transport system that we described earlier.

**The Minister for Infrastructure:**

But to give you an indication, we put an extra deck on Green Street for, memory, £1.5 million. Within budget, so you are looking at 2 more decks would be less than £3 million.

**Chief Officer, Department for Infrastructure:**

Again, we have an opportunity to our trading account which again the Minister will argue with himself about where this is funded from.

**Deputy J.A.N. Le Fondré:**

That, at present, is not in the £466 million?

**Chief Officer, Department for Infrastructure:**

It is not in the £466 million. There will be a revenue link from that.

**The Minister for Health and Social Services:**

The linkages but not the 2 new floors.

**Deputy J.A.N. Le Fondré:**

Can we just move on? I know there are lots of things to say. We want to just try and get the answers then we move forward because we know there is quite a lot to say. Okay, I am sorry.

**Deputy T.A. McDonald:**

No, that is fine. Carry on.

**Deputy J.A.N. Le Fondré:**

Sorry, Chairman, just moving me along. Right. I am guessing again, Minister, to Mr. Gardiner but let us see. Very quickly just to get on record, proposed footprint of the new build please?

**Project Director, Jersey Property Holdings:**

It is just around 10,000 square metres on the ground floor.

**Deputy J.A.N. Le Fondré:**

Yes, that is the footprint. That is fine. Can you confirm that is smaller than previously?

**Project Director, Jersey Property Holdings:**

Yes, it is half.

**Deputy J.A.N. Le Fondré:**

Okay. I was going to say ... that is the next question, is how much? So the previous one was 20,000 square metres and now it is half.

**Project Director, Jersey Property Holdings:**

No. Previously it was about 17 and half I think off the top of my head. I can confirm the precise amount.

**Chief Officer, Department for Infrastructure:**

Two ground floors.

**Deputy J.A.N. Le Fondré:**

That is okay. Could you just estimate what the total floor area of the future hospital, including Westaway Court and any uses of the granite block, are?

**Project Director, Jersey Property Holdings:**

It is about 46,000 square metres I believe.

**Deputy J.A.N. Le Fondré:**

Okay. How does that compare with the general current floor area?

**Project Director, Jersey Property Holdings:**

38,500.

**The Minister for Health and Social Services:**

With a lot of wasted space.

**Deputy J.A.N. Le Fondré:**

Okay. So that is fine. So ...

**Project Director, Jersey Property Holdings:**

That does not include some of the outpatients that we are bringing back from Overdale so ...

**Deputy J.A.N. Le Fondré:**

Okay. That is fine. I am done.

**The Deputy of St. Ouen:**

Minister, I see from a recent Ministerial Decision made by the Minister for Treasury and Resources in connection with the building number 5 of the Jersey International Finance Centre, that he has proposed that the waterfront site option D be included as a security for that development. Are you aware of that Ministerial Decision?

**The Minister for Health and Social Services:**

I see the Ministerial Decisions but if you want to ask him about that you will have to ask him.

**The Deputy of St. Ouen:**

Yes. Has it been discussed with the Council of Ministers?

**The Minister for Health and Social Services:**

No.

**The Deputy of St. Ouen:**

It has not. Do you consider that it, effectively, excludes option D?

**The Minister for Health and Social Services:**

The Council of Ministers has already made it clear the options that it wishes to pursue.

**The Deputy of St. Ouen:**

Yes, but we have not yet arrived at the States decision upon it. But has the Ministerial Decision, effectively, excluded option D?

**The Minister for Health and Social Services:**

Well, let us be clear, we are not going forward to a States debate with options, we are going forward with a recommended site. So, the use of that site and the use of the Finance Centre falls totally and properly within the remit of the Minister for Treasury and Resources. If you wish to question him then you should do so and I cannot answer those questions.

**The Deputy of St. Ouen:**

Yes, but with corporate responsibility, is it ...

**The Minister for Health and Social Services:**

No, we have alignment and I am trying to think of the right word; I do not interfere in Treasury matters and he does not interfere in hospital and health matters.

**The Deputy of St. Ouen:**

I will move on and I will ask Constable Taylor to deal with others.

**The Minister for Health and Social Services:**

I suggest you ask the Minister for Treasury and Resources.

**The Deputy of St. Ouen:**

We will but we note your responses, Minister.

**The Connétable of St. John:**

What discussions have taken place with the Minister for Treasury and Resources and this is with reference to funding the new hospital?

[16:30]

**The Minister for Health and Social Services:**

Right, okay. I know that he came to a private meeting. I do not know if it was the Corporate Services Panel or whether it was this panel.

**The Deputy of St. Ouen:**

I think it was this subpanel.

**The Minister for Health and Social Services:**

I am aware of what he told you but it was a private meeting. He has assured me that in the next 2 weeks, and so has the Chief Minister, that we will see a report and proposition with a full-funding option up for the hospital.

**Deputy J.A.N. Le Fondré:**

Can I just ask a very brief one, are you aware of those options at this stage?

**The Minister for Health and Social Services:**

All I know, from discussions I have had with him, that it is a blend. I do not think anybody has ever been surprised by that. I bond the use of the Strategic Reserve and I asked today if he was yet in a position to tell me how much would be Strategic Reserve and how much would be bond and he was not in a position to do that today.

**The Connétable of St. John:**

Right, I think really these are more for the Minister for Treasury and Resources, the rest of them, rather than here. Okay, thank you.

**The Deputy of St. Ouen:**

Okay, I will ask Deputy McDonald to deal with question 50 and onwards.

**Deputy T.A. McDonald:**

Certainly. Talking here about governance, with reference to our adviser's concern, so the lack of experience within the project team, could I invite each of the project team members to tell us their qualifications and give us a potted history of their work experience since, for example, the year 2000?

**The Minister for Health and Social Services:**

Yes, you can and we will but I found that comment quite insulting because it had not asked the project team what experience they had, what qualifications they had and so to make that assumption without first asking the question is presumptuous. In my view, there are so many inaccuracies in it. A lot of that report is a cut and paste of a U.K. Trust Jerseyfied very badly, but the team will answer their qualifications. Could you include Gleeds, Ernst & Young and KPMG?

**The Deputy of St. Ouen:**

The members of the project team.

**The Minister for Health and Social Services:**

No, they are all part of our project team.

**The Minister for Infrastructure:**

They are part of the project team. The project team, it is a blend of local talent, which is extensive and expert talent that we have brought in from the U.K., i.e. Gleeds, as you would expect to be on a project of this size.

**The Deputy of St. Ouen:**

Yes, I fully accept they would be acting as your consultants, is that correct?

**The Minister for Infrastructure:**

They are part of the team.

**The Minister for Health and Social Services:**

Part of this team, yes.

**The Minister for Infrastructure:**

This is a team effort.

**The Deputy of St. Ouen:**

Yes, and they would be acting as your consultants.

**Deputy J.A.N. Le Fondré:**

They are not civil servants.

**The Minister for Infrastructure:**

No, they are not civil servants.

**Deputy J.A.N. Le Fondré:**

Right, thank you, so can we just stick to the experience of the civil servants ...

**The Minister for Infrastructure:**

No, that was not the question, John.

**The Minister for Health and Social Services:**

No, that is not the question: it is what skills do we have available to advise me, the Minister, on taking this project forward?

**The Deputy of St. Ouen:**

Okay, could we deal with it in 2 parts? Please explain, who are the civil servants on the project team, their qualifications and experience and then how that is supplemented by external consultants?

**The Minister for Health and Social Services:**

Yes.

**The Minister for Infrastructure:**

There is a substantial piece of work that we could take up the rest of this hearing, if you want to or we can provide it in a letter.

**Chief Officer, Department for Infrastructure:**

Do you want a brief résumé?

**The Deputy of St. Ouen:**

A brief résumé from all of these 4 persons here.

**The Minister for Health and Social Services:**

Yes, we shall provide that in writing.

**Chief Officer, Department for Infrastructure:**

Can I just say, as a consulting engineer who has served the States of Jersey since the early 1990s, who then became a civil servant, I found this comment outrageous and I think it is ... particularly in regard to the fact that not one person has spoken to me of my D.f.I. (Department for Infrastructure) team from Concerto. I have delivered many projects and I can tell you now I have never delivered a hospital, that I had never delivered an Energy from Waste plant when you were my Assistant Minister, I had never delivered a clinical waste incinerator when I delivered it in 1996, I never automated lock, as I did in the 1990s and try and do it then. As professional people you get the expert advice, you go through a process, we have recruited the best team I have ever seen to deliver a hospital and we have the best people around this table who are 24/7-guaranteed working on this project. I found the statement in this report outrageous and it is insulting to all the people sat here who have put their life and soul into this project for 5 years. I will get them to provide a brief résumé of their commitment to this project and their expertise and ...

**The Deputy of St. Ouen:**

Can we do that? Can we do that now?

**Chief Officer, Department for Infrastructure:**

But the key thing we have got is delivering major capital projects on a small island. Myself and Will and Ray are the people demand than anybody else in the history of this Island.

**The Minister for Infrastructure:**

Can I have the same for the individuals from Concerto that wrote this report?

**The Minister for Health and Social Services:**

I can tell you that I have looked at C.B.H.N.D.(?) ...

**The Deputy of St. Ouen:**

But it is not about individuals, this is a consultancy firm that has done extensive work for the N.H.S. in the U.K. and it is the firm that has issued this report and ...

**The Minister for Health and Social Services:**

But you have to accept, Chairman, that this is a report that has got so many things wrong, it is not just a matter of ...

**The Deputy of St. Ouen:**

No, I cannot accept that, Minister.

**The Minister for Health and Social Services:**

Hang on, yes, you have to. It is not just a matter of professional opinion. It is not just a matter of their professional opinion. For example, I will just give you one that really shows ...

**The Deputy of St. Ouen:**

Minister, can we deal with the governance issue and you have said that you would give us a résumé?

**The Minister for Health and Social Services:**

Yes, well how can they say that the health service in Jersey is funded by insurance when it is funded by taxation, that is just one of the many inconsistencies that is going right through this report?

**The Deputy of St. Ouen:**

Minister, it is easy ...

**The Minister for Health and Social Services:**

This is a cut and paste U.K. report badly altered to include Jersey.

**The Deputy of St. Ouen:**

Minister, I can understand why you would wish to defend your department and the health service.

**The Minister for Health and Social Services:**

I am not defending my department, my department can defend itself.

**The Deputy of St. Ouen:**

The fact is, Minister, these are ...

**The Minister for Health and Social Services:**

I feel sorry for you having to work with this poor-quality report.

**Deputy T.A. McDonald:**

We are dealing with the biggest, most complex ...

**The Minister for Health and Social Services:**

Exactly.

**Deputy T.A. McDonald:**

... most costly project this Island has ever seen and is likely to ever see. There are concerns about this shared responsibility because it relies on staff who have extensive portfolios of their own, including operational leaderships on a daily basis, which results in a programme with insufficient focus on delivery and on risk.

**The Minister for Health and Social Services:**

Says who? Says who?

**Chief Officer, Department for Infrastructure:**

Fundamentally wrong.

**Assistant Minister for Health and Services:**

Says the report; the flawed report.

**The Deputy of St. Ouen:**

Okay, then can we understand what is the expertise?

**The Minister for Health and Social Services:**

But the author of the report did not even speak to some of the officers leading this scheme.

**Deputy J.A.N. Le Fondré:**

Can we just calm down? Can we just ask for a very quick résumé ...

**The Minister for Health and Social Services:**

No, but I am not going to have you take up to my team a question like that.

**Deputy J.A.N. Le Fondré:**

We are asking, could you explain to us very briefly, very simply, it has been done in the past ... hang on, in a minute, it has been done in the past from previous hearings under different panels, what is the kind of experience ...

**The Minister for Infrastructure:**

We said, Deputy, that we will provide that in writing.

**Deputy J.A.N. Le Fondré:**

Right, can I ask a question, Minister? Chairman?

**Project Director, Health Brief:**

Can I give one illustration?

**Deputy J.A.N. Le Fondré:**

We are not trying to be ... we just want to ask, could we just ...

**Project Director, Health Brief:**

I have 35 years' experience working in hospitals. I have 20 years' experience working at senior level. I have worked on building a hospital that is in operation now, from S.O.C. (Strategic Outline Case) to F.B.C. (Final Business Case) at Pembury Hospital, I have it here for you. I have a B.Sc. (Bachelor of Science), and M.Sc. (Master of Science) and a Ph.D. (Doctor of Philosophy). I have clinical qualifications and I have worked at the highest level with senior clinicians and I have worked in service transformation and strategic redesign. The job I came to before I came here, I worked at Barts Royal London and I commissioned the largest intensive care unit in London. At all levels I have delivered a hospital and I have worked in acute services in the context of rapidly

changing strategic circumstances in the health economy. I have experience at building a hospital and I have experience significantly working with clinicians and other stakeholders to make sure we get the right hospital for this Island.

**The Deputy of St. Ouen:**

Okay, that is helpful.

**Hospital Managing Director:**

Bernard is full time on the project. He does not have any other operational ...

**The Deputy of St. Ouen:**

Does any other member of the project team wish to assist us?

**Hospital Managing Director:**

I am happy to go next. I have 33 years of working in acute hospitals. I am a trained nurse. I have postgraduate diploma and I am qualified up to Master's level. I worked on and commissioned and ran an extension to University Hospitals of Leicester that was about the same size as this new build, even though it was an extension there and a much bigger hospital. I helped build and plan and run a new Cardiology Unit in Northampton and I helped commission and build and run a new Renal Unit in Plymouth. I was Chief-Executive level at Plymouth Hospital, which is a 900-bedded tertiary centre in the south-west and I have at least 20 years' of management experience. I am not full time on the project team. I do have an operational workload in my job but I am here to support Bernard and I am here to make sure that the clinical teams within the hospital understand the process that we are going through and that we build the right hospital. Between us 68 years of acute hospital working.

**Project Director, Jersey Property Holdings:**

I am Will Gardiner. I come from a slightly different background and I have spent the last 20 years working on major capital projects in London initially, where I worked on a private finance initiative and scale projects in London, which was a scheme of up to £1 billion over a long-term outlook. I then came to Jersey to build the Energy from Waste facility. It was the largest single capital project the Island has ever done up until now. Then I, as some on the panel know, was involved in a major service transformation of the Housing Department, as it was, to Andium and which was outsourced in 2012. Then I joined the Future Hospital Project and I have been on the Future Hospital Project for 5 years and I am solely dedicated to that project.

**Director of Estates, Department for Infrastructure:**

I am Ray ...

**Project Director, Jersey Property Holdings:**

Sorry, I forgot to say I am also qualified up to Master's level in Environmental Impact Assessment and I am a chartered member of the Institute of Waste Management ...

**The Deputy of St. Ouen:**

Sorry, a chartered member of the ...

**Project Director, Jersey Property Holdings:**

A chartered member of the Institute of Waste Management Environmental Assessment.

**The Deputy of St. Ouen:**

Thank you.

**Director of Estates, Department for Infrastructure:**

To add that Will is also full-time on this too and I think I ought to add that Will and Bernard's full time is extremely full time and I could not have in any way whatsoever doubt their ability to deliver this project. However, as somebody who oversees, as well as the Director of Estates, I will give a very brief résumé. I have a Degree of Economics. I am a chartered accountant by profession, public sector chartered accountant. I have worked in the public sector since 1985, which sounds like a long time and is. I have worked in the U.K. in central government, in local government delivering capital projects. I have worked in Jersey since 1998 as head of corporate capital delivering the Treasury side of the capital projects process. I was responsible for allocating the capital resources, overseeing the delivery of those projects from a Treasury perspective. Within the 10-year period that you are discussing I have moved into Property Holdings where I was the head of capital delivery and finance director within Property Holdings. I am now Director of Estates in Property Holdings. We deliver the vast majority of capital projects that are construction based and we have an excellent track record of doing that.

**The Deputy of St. Ouen:**

Thank you.

**Chief Officer, Department for Infrastructure:**

I have not got as many qualifications that everybody else ...

**Director of Estates, Department for Infrastructure:**

I do have a Master's Degree in Real Estate as well.

**Chief Officer, Department for Infrastructure:**

Okay, right, can you stop there, please? I have only one degree. I am a Chartered Engineer and I have been doing projects in Jersey since 1990, predominantly as a private sector consulting engineer and I only became a civil servant and then my career changed in 2004. In that period we have delivered many capital projects, the biggest one is one myself and Will delivered, which was the Energy from Waste plant that delivered on time, on budget. Perhaps not many people know it but we also took on £5 million back-up for contracting in terms of performance. Secret delivering capital on a small island is very challenging and you can get the best, shiniest person from across the world to come in but unless they understand islands, they understand how contractors work, how islands work, how logistics work in islands, they will fail. What we are exceptional at, this team, is understanding the Island context. We have to go out and sell us as a client. We have to go out to the market. We have to know what we are doing. We have to be confident. We have to be an intelligent client and we have to get the best value for money possible for the States of Jersey. This is the best team I have ever seen for doing that. We have also recruited an exceptional bunch of advisers who have an incredible work ethic, which nearly matches Bernard and Will's, and they have huge expertise in delivering this project. I am very confident that ... it is slightly strange that I am in infrastructure and my own background is in waste and canals and roads and sorting out liquid waste. But what I would say is my understanding of how to deliver difficult capital projects that no one loves, and the Energy from Waste plant is probably the biggest one, and what we are doing is the sewerage treatment works, is that expertise is here in this room. The fact that I am doing it was because this project was a Treasury project from Property Holdings. When the previous Treasury left the organisation I was brought in to help and to advise the team because of my expertise in terms of capital and that was 2 years ago from this Christmas.

[16:45]

I spent a year doing that, helping Richard Bell, who was Ray's equivalent in Treasury but looked after revenue. Then from 1st January this project became my responsibility, which I was very happy to take on because of the calibre and quality of the team. Whether this fails or succeeds I will be the person carrying the can, so the responsibility is very clear here. Julie and her team are the client specifying if they are working with sort of medical things. The combination of Treasury with the money, myself and my team with the expertise in terms of delivering and Julie and her team in terms of client responsibility, is a balance of those 3 things that makes this project probably one of the most exceptional projects you will ever see because normally there is an imbalance. Normally the client has too much control over the specification and, therefore, overspends, while the Treasury has a position where they have too much control, so there is not funding for it. But having the 3 people at senior level in control means that this project will be the

best project this Island has ever seen and probably the most important project this Island has ever seen.

**The Deputy of St. Ouen:**

Thank you to you all.

**Deputy T.A. McDonald:**

Just before we finish, could I just ask one more question?

**The Deputy of St. Ouen:**

We have not finished yet.

**Deputy J.A.N. Le Fondré:**

Sorry, I want to just try and get to the point.

**The Deputy of St. Ouen:**

Yes.

**The Minister for Health and Social Services:**

We could have let you have all this in writing anyway.

**Deputy J.A.N. Le Fondré:**

It is useful to put it in the public domain as well.

**The Deputy of St. Ouen:**

Yes, I am glad this is being recorded and I am pleased, so ...

**Chief Officer, Health and Social Services:**

Shall I kick off? I am the Chief Officer of the Health and Social Services Department, as I know you are aware. I have 35 years' experience of working in health services and, more latterly , in social services. I have worked at board level for 28 of those 35 years. I have been a Chief Executive for 16 of those years. I have a Master of Arts and a Masters of Business Administration and I also have a professional diploma in Health Services Management. My role of necessity is a broad-ranging one. As the chief officer of the department I play a corporate role in the Corporate Management Board, as well as running the Health and Social Services remit. My particular contribution to the project is from a system wide and management transformation perspective. I came into Jersey 6 and a half years ago. In that time we have set out for the States and had adopted by the States a wide-ranging service transformation programme, which you have very

kindly and very sensibly, I would like to say, invested in for a number of years and you have a wide range of new services coming into place. Key to that is obviously the development of the sustainable and fit-for-purpose hospital, as part of that new system of health and social care. My role has been to act as the senior responsible officer co-ordinating the health brief input. I am not a hospital manager by background. I rely on the support that I get from Helen, as the Hospital Managing Director. The team that I have brought to bear to support our Infrastructure colleagues is vastly experienced. There are people not here today who we could have brought and who would have contributed to the conversation, in particular Tony Riley, a very experienced Director of H.R. (Human Resources) and O.D. (Organisational Development) that helps with the workforce aspects of the health brief and Jason Turner, as you know, our Director of Finance and I.T. (Information Technology) who has brought the I.T. perspective to this piece of work. Together, as the team, we are taking forward the health brief, supporting our colleagues in Infrastructure to bring forward the right scheme.

**Director of System Redesign and Delivery, Health and Social Services:**

I have a Masters in Health Economics and Management. I have a postgraduate qualification from the Association of Corporate Treasurers, Diploma in Health Management, PRINCE2 qualified, a Diploma in Achieving Business Excellence, among other qualifications. Started working in the health service in 1992. I have worked in operational management positions in primary care, in mental health, in acute services. I was at KPMG for 12 years before coming to Jersey at the end of 2010. At KPMG I led on our whole system health and social care transformation work. I also led on our telehealth and telecare work. I completed a number of projects, including turnaround projects, cost-reduction projects, system change, transformational-change projects, P.F.I. (Private Finance Initiative) and P.P.P. (Public Private Partnerships) projects within public sector, including the health service and defence and including a £650 million Public Private Partnership project around facilities management.

**The Minister for Health and Social Services:**

All of that is supported by KPMG, Atkins, Gleeds, EY, MJ Medical and Arup. So, how they could say we do not have a professional team, it is insulting frankly.

**The Deputy of St. Ouen:**

Minister, Concerto said they would have expected to have seen somebody with experience of building hospitals, that would seem to be the norm, so ...

**The Minister for Health and Social Services:**

In Gleeds we have an organisation, that is just one that I am picking out, that advises people on building hospitals all over the world. When we get round to awarding the contract then we will appoint a builder. You do not appoint a builder until you know what you are going to build.

**The Deputy of St. Ouen:**

But beforehand, Minister, do you think that is the answer to the criticism that we ...

**The Minister for Health and Social Services:**

No, they did not do their work.

**The Deputy of St. Ouen:**

Can I just finish my question? The answer to the criticism of Concerto, are you saying, is that you have Gleeds to advise you?

**The Minister for Health and Social Services:**

No, the answer is that Concerto did not do their work.

**The Deputy of St. Ouen:**

If Concerto are saying from their experience of advising many hospital trusts in the U.K., they would have expected to see somebody with experience of building hospitals, how do we deal with that? Can you ...

**The Minister for Health and Social Services:**

Gleeds have vast experience of building hospitals. We have huge experience of helping with building hospitals, commissioning hospitals, developing hospitals in the officers here. If they want to see a builder on site you do not appoint a builder. Let us go back to the 1980s building, when that was built once all the monies were put in place, once the scheme was understood, then a management contract, a management builder, Higgs and Hill, was appointed to run the scheme to whoever was John's counterpart at the time. They have it wrong. They have not come and asked us, that is what I find so insulting. Not only have they questioned the integrity and the experience of my team ... and, by the way, you could not get a better team and you could not get closer alignment politically in the U.K. than you would get here. The Minister for Infrastructure working very closely with the Minister for Health, you would not ever see that sort of work going on in the U.K. Not only did they not come and ask us, they made an assumption that I find incredible. I cannot tell you how angry I was about that comment.

**The Deputy of St. Ouen:**

Deputy McDonald, he has some more questions.

**Deputy T.A. McDonald:**

I can see things from your perspective, Minister, but, at the same time, I look upon Scrutiny and I am led to understand that it is the policing aspect of the States. It keeps a watching brief. It does a job fairly, impartially and everything else.

**The Minister for Infrastructure:**

Based on evidence.

**The Minister for Health and Social Services:**

Look, I think we have it slightly out of context. I am not questioning the role of Scrutiny.

**Deputy T.A. McDonald:**

Right.

**The Minister for Health and Social Services:**

I think Scrutiny, through no fault of their own with the best will in the world, have a pig's ear of a report and you are right to question us over the points that they raise because that is your job.

**Deputy T.A. McDonald:**

That is my duty, it is.

**The Minister for Health and Social Services:**

What I am saying is though, a lot of the points that they raise are based on incorrect assumptions that I would have expected better from consultants frankly. Things that they could have solved if they had asked the questions, not even just ask the right questions, that sometimes that is a matter of interpretation, but come and spoke to the team.

**Deputy T.A. McDonald:**

The real concern, like it or lump it I am afraid, I cannot use any other expression because, as I say, I am not here to be popular, I am here to do a job, appears to be the total lack of a totally independent outside expert. It is not for me to query anybody's qualifications or otherwise but I suspect or I believe that on a task of this size and expense and magnitude ...

**The Minister for Health and Social Services:**

I hope you would say that in public to KPMG, Atkins and Gleeds because I would like to see their response, and EY and Arup and ...

**Chief Officer, Department for Infrastructure:**

We have an independent on the project board called Graham Underwood.

**The Minister for Health and Social Services:**

My gasp is absolutely flabbered, to be perfectly honest with you and I do not want you to think that I am questioning the role of Scrutiny.

**Deputy T.A. McDonald:**

No, no, no, I do not.

**The Minister for Health and Social Services:**

I welcome Scrutiny, I want to work with Scrutiny to get this project where we want it and this report is flawed. Yes, this report is flawed.

**Deputy T.A. McDonald:**

Not at all. Exactly but at the same time please accept that we have a job to do and we have to do it as thoroughly, as openly and transparently because we are here representing the people of this Island.

**Assistant Minister for Health and Social Services:**

The Scrutiny process is not up for discussion here, it is not. We are saying that the information in the report is flawed.

**The Deputy of St. Ouen:**

Could Mr. Rogers just elaborate on the independent member you were talking of just now?

**Chief Officer, Department for Infrastructure:**

Yes, Graeme Underwood is our design champion who is nearly retired, I think, but we will keep him on because he, again, has had a full career in terms of design and hospital proportionality. I am going to say something quite ... a hospital is just a big building. We build big buildings. Ray is just in the final throes of building a police station. We build lots of big buildings. Hospitals are complex but we have the expertise here with 68 years of expertise in Helen and Bernard. If we have not got the expertise we will find it from somewhere. We are committed to Jersey as much as anybody. This is team Jersey. This is a once-in-a-lifetime opportunity. We are not going to

take risks and just make it up as we go along. We will get the right people. The difficulty is not building a hospital, it is building anything in Jersey and if you have done any building in Jersey that is a big challenge and without that expertise that is probably the biggest risk this project will face.

**Deputy J.A.N. Le Fondré:**

Can I just ask one query because I think we probably do need to move on from the area, that I am glad we have had the response that we have had? Please know we wanted to get it on the record, that was the point, okay.

**The Minister for Health and Social Services:**

Yes.

**Deputy J.A.N. Le Fondré:**

You have made reference to the independent chap, sorry, I cannot remember his name.

**Chief Officer, Department for Infrastructure:**

Graeme.

**Deputy J.A.N. Le Fondré:**

To Graeme Underwood, okay, Mr. Underwood; can you just run through his actual role in terms of, is he there to sort of challenge what is going into it? How does that come together?

**Chief Officer, Department for Infrastructure:**

Yes, he is the design champion and we are still ...

**Deputy J.A.N. Le Fondré:**

How does he kind of fit into the team?

**Chief Officer, Department for Infrastructure:**

He sits on the project board.

**Deputy J.A.N. Le Fondré:**

Okay.

**Chief Officer, Department for Infrastructure:**

His role is to basically challenge the ... as part of the healthy challenge that we try and do ourselves so that we are not missing anything.

**Deputy J.A.N. Le Fondré:**

Yes. The structure at the moment is you have a project board at officer level, which is chaired by yourself I presume and, essentially, it is staffed by everyone else in this room.

**Chief Officer, Department for Infrastructure:**

Pretty much.

**Deputy J.A.N. Le Fondré:**

Okay, and ...

**Chief Officer, Department for Infrastructure:**

Plus the other Treasury representative and Julie's team.

**Deputy J.A.N. Le Fondré:**

Okay, thank you very much.

**The Deputy of St. Ouen:**

Okay. I would like to thank all those members of the project team that have told us about their experience and expertise. But dealing also, Minister, with the Concerto report, and I have heard your criticism of their criticism that the Island lacks an integrated strategy. They expected to see a document showing how all elements of our healthcare system worked together.

**The Minister for Health and Social Services:**

Totally and it is a pity they did not read what they were given with ...

**The Deputy of St. Ouen:**

They did and they did not see what they were expecting, Minister.

**The Minister for Health and Social Services:**

I am sorry but they could not have read it then because ...

**The Deputy of St. Ouen:**

They did read it, Minister.

**The Minister for Health and Social Services:**

No, I am sorry, they could not have read it because you have ...

**The Deputy of St. Ouen:**

You cannot say, Minister, what our consultants read or did not read, you must assume ...

**The Minister for Health and Social Services:**

Nor can you, you must assume they did not by the comment they made because they were provided with the Health and Social Services, *A Way Forward*, a document that is P.82, which sets forward the direction of the health service for 10 years on. They were provided with an acute strategy, an acute care strategy. They were provided with the primary care strategy. I do not know if they were provided with a mental care strategy. But if they came and asked the people that knew, if they were not sure about some of that information, that could have been provided and I can hand you over to colleagues. But how they can say that we do not have a plan, the plan was approved by the States.

**The Deputy of St. Ouen:**

No, Minister, they did not say we do not have a plan, they have said that many of the elements are in place. I would not call P.82, which was a beginning, was it not, it was a go-ahead by the States to deliver the strategies? It is not an operational document. They were looking for something that is far more operational, showing what we are doing today, what we are planning today, overarching all the strategies.

**The Minister for Health and Social Services:**

Yes, and if they were looking for that why not come and talk to the people that do it?

**Chief Officer, Health and Social Services:**

As you quite rightly say, Chairman, P.82 was an over-arching document which set out the vision for Health and Social Services for the States of Jersey, which was signed off in 2012. It was a very comprehensive document in the sense that it did not just say: "We think it should look like this." There were a lot of elements set out about what would need to be put in place and there was a funding package put around it that suggested we would need to invest over a 10-year period in order to deliver that new vision. However, it did not stop there. As I know that you are all aware, because there have been briefings to Scrutiny - both this Scrutiny and the previous Scrutiny Committee - underneath that we have a range of strategies. All of those strategic documents were provided to Concerto, so it was not just acute services, it was the mental health, the primary care, the out-of-hospitals business case, so there was a comprehensive suite of strategies which sit under P.82. Then underneath that, getting to the actual operational implementation of P.82, are all of the outlying business cases which each year we produce and which feed into the States for them to produce their revenue plans and then their Medium Term Financial Plan. A whole suite of our business cases were also provided to Concerto and that

amounted to some 700 pages worth of detailed implementation. I suspect it was probably impossible within the timeframe for them to really drill down into 700 pages of detailed documentation, because I would find it a difficult task, but I do not feel it is a just criticism to say that there is not an operational plan. There is a detailed operational plan. In fact, Rachel spends her life producing the iterations of that plan and commissioning them out either to our services in the hospital and community and social services, or out into third-sector providers and primary care, but I do not know if you want to add to that, Rachel.

**Director of System Redesign and Delivery, Health and Social Services:**

I think that is a comprehensive overview of exactly where we are and we can also provide examples of the work that we have been doing in the last 3 years to demonstrate progress.

[17:00]

**The Deputy of St. Ouen:**

May I ask therefore if there is a higher-level plan which looks at whether any of those strategies conflict with each other or how they are working together as a whole Island strategy?

**Chief Officer, Health and Social Services:**

We have a transition steering group, for want of a better name for it, which brings together all of the stakeholders, all of the partners, so a number of my senior staff clinicians, nurses, representatives from Family Nursing and Home Care, from others in the third sector, from primary care practitioners. It has been our job for the last 6 years, as a group, to look at all of those pieces of work that are produced to test them for consistency. Every business case that we put through to the States for funding has gone through that group of stakeholders. Underneath that group, there are a number of project boards which are implementing those strategies. To illustrate, because it is pertinent to this particular piece of work, the acute service strategy sits at the heart of the new hospital and the new hospital sits at the heart of the strategy. You have heard us say before that unless we change the way we deliver acute services, the new hospital will not work, so we are bringing forward proposals all the time about how we can change the acute service, but while we were drafting, and Bernard was the architect of that, he constantly went out to all of the other programme boards, the primary care, the mental health, the out-of-hospitals, he talked to all of the stakeholders and he constantly iterated: "If we say this in acute services, will that still work with mental health, will that still work with primary care?" We have constantly iterated that and that is how the business case is linked together. We are, as a transition steering group, constantly looking to see: "Does it work or does it conflict?" If it conflicts, we debate in that group: "How can we de-conflict it?"

**Director of System Redesign and Delivery, Health and Social Services:**

Each of the business cases has specific sections in them that demonstrate what the linkage is with the other business cases. As Julie said, we have a number of implementation groups underneath the transition steering group, one for mental health, one for out of hospital, et cetera. The leads for each of the business cases sit on each other's groups to make sure that there is a constant iteration, so that Bernard sits on the out of hospital board and the mental health board and various others to make sure that we are constantly have a cross-system view and iterating not only when we are doing the strategic planning, but as we are doing the implementation as well, because it would be remiss of us to only talk when we are doing planning and forget to talk once we start to implement. We also call the leads together once a month in a special integration meeting and these are the subjects that we talk about. We make sure that we continue to talk so that we understand what each other are doing and continue that sharing. The acute modelling, so the modelling that underpins the bed numbers that Bernard has been doing with one of the deputy directors of finance, is also mindful of the impact and interactions, particularly with the investments in community services. You will have heard us say many, many times that the size of the hospital is very much dependent on the continued investment in the community services to make sure that only people that need to go into hospital go into hospital. We have had some successes around that, which again we shared with the Concerto adviser, particularly around things like rapid response and reablement, which is having an impact on people's lives every day and keeping people out of hospital, to drive that productivity and efficiency, the right use of resources and better lives for Islanders.

**The Deputy of St. Ouen:**

So all that integration is happening in all the workstreams?

**Director of System Redesign and Delivery, Health and Social Services:**

Yes.

**The Deputy of St. Ouen:**

Does there need to be a record of the findings of your progress in that constant integration? Because Concerto did not find that, obviously, and ...

**The Minister for Health and Social Services:**

They did not ask for it, Chairman.

**The Deputy of St. Ouen:**

I can see that it may be happening, Minister, but how can we document that so that that assurance can be there?

**The Minister for Health and Social Services:**

I will let Rachel answer, then I would like to make a little comment. Go on.

**Director of System Redesign and Delivery, Health and Social Services:**

What I have just explained to yourself, Chairman, we explained to the Concerto adviser in the interview. We provided a large number of documents afterwards with an open invitation for her to talk with us if anything was unclear or she needed anything further, but she did not come back to us. We do have additional documents that we could have sent her if she needed them, minutes from mental health board meetings or out-of-hospital board meetings, which give that demonstration of the fact that we do discuss these integration issues at every meeting.

**The Deputy of St. Ouen:**

Okay. Minister, I know what you want ...

**The Minister for Health and Social Services:**

Not schemes as big as this, but I have written reports as a consultant myself in the past. If I make a statement, I evidence it. There is no evidence for half the statements in here at all.

**The Deputy of St. Ouen:**

The advisers were setting out what they would have expected to see, a document which shows the integration of all the strategies.

**The Minister for Health and Social Services:**

Which is there.

**The Deputy of St. Ouen:**

It may be happening, but the question is: is it documented?

**Chief Officer, Health and Social Services:**

I believe we do have documentation through the use of minutes and reports we have produced setting out the progress we are making. Every year we set out very clearly for States Members - and many of you will remember receiving this - the sort of report of the year and the new services that have come into place and how they have come into place. They are all cross-referenced back to P.82 and to the various strategies. I do believe we sent them that information, but as I say, it is a lot of information to synthesize. Had we been asked, we could have synthesized it for them differently, but I think they did get most of that information. I can only comment - I did so when you asked me for my résumé - that I do have extensive experience both within the N.H.S. (National Health Service) and now in Jersey of strategic and system-wide redevelopment and

transformation. I can honestly say we have a suite of material here of a depth and breadth that I have never seen in other parts of the N.H.S. That is not because they do not try to do it, it is because we have all of our stakeholders in one place and we can work with them in a very intimate way, that we can make the progress we are making, and also because States Members have had the foresight to invest, which sadly is not happening in the N.H.S. at the moment.

**The Minister for Infrastructure:**

Chairman, can I ask when the first draft of the Concerto report was produced?

**The Deputy of St. Ouen:**

Deputy, I cannot remember. It was in the summer.

**The Minister for Infrastructure:**

Was it in March?

**The Deputy of St. Ouen:**

No, definitely no. A first draft was reported. We asked Concerto to carry out some further research and they came to meet with members of the department and received a lot more information. It was August, certainly not March.

**The Minister for Infrastructure:**

I was advised that the first draft was in March, but it was in such a poor state it was sent back.

**The Deputy of St. Ouen:**

No, nothing was sent back.

**The Connétable of St. John:**

They had not even been engaged at that time.

**The Deputy of St. Ouen:**

They might have been engaged, but we were on hold ...

**Deputy J.A.N. Le Fondré:**

It had not been launched, as it were.

**The Deputy of St. Ouen:**

... because we were waiting for future hospital plans and the Minister was having a time of reflection. People were engaged, but we were all having time to reflect.

**Deputy J.A.N. Le Fondré:**

Yes, we would have loved to have had it in place in March, because we would have had time to do the work that should have been done then.

**The Minister for Infrastructure:**

To clarify that in writing, when you received the first draft, what happened to it?

**The Deputy of St. Ouen:**

We received a first draft and we asked ... I will find the document. 9th August, yes. Then we requested and the department was very happy to provide further information.

**Assistant Minister for Health and Social Services:**

Might I ask a question, bearing in mind some of the stuff that we have heard today, with the Chairman's indulgence? Does the Scrutiny Panel stand by the report?

**The Deputy of St. Ouen:**

We have not reached any findings yet.

**Assistant Minister for Health and Social Services:**

By the report, not findings.

**The Deputy of St. Ouen:**

We have to take with due seriousness what an expert adviser comments, do we not?

**The Minister for Health and Social Services:**

Of course you do, and I understand that, but when it is blatantly wrong, I have to point that out to you. I am not trying to in any way undermine the Scrutiny role, but I cannot leave things said about my department and my Island that are blatantly untrue, poorly researched and not evidenced.

**The Deputy of St. Ouen:**

Minister, I can certainly understand why you would want to defend your department and perhaps why you have come to that view, but could you perhaps consider whether sometimes it is useful for all of us in an Island context to expose ourselves to some examination from outside, just in case we are going down the wrong track?

**The Minister for Health and Social Services:**

Absolutely, which is why we use people like KPMG and Atkins. I had a Scrutiny report produced by Deputy Hilton and the team on the housing scheme and that was an outstanding piece of work which did inform a couple of areas where we had not given enough thought to, but that was evidenced and correct. There is so much that is incorrect in here.

**The Deputy of St. Ouen:**

Minister, you must form your view, and I hear what you say, but I hope you will consider - it might not change your view, but I hope you will consider - carefully whether there are areas where we could do even better than what we are doing.

**The Minister for Health and Social Services:**

Of course I will, but where it is right to do so.

**The Deputy of St. Ouen:**

It may be around documenting that work on integrating strategies; it may be about considering whether we need some additional element to the governance of the project. You may, after consideration, find yourself satisfied that: "No, we are okay" but I hope you will accept a Scrutiny report ... no, it is not, it is an adviser report at the moment.

**The Minister for Health and Social Services:**

Yes, it is the first time I have seen that.

**The Deputy of St. Ouen:**

Yes, and consider whether there is anything in that that should be addressed and might lead to change and improvements, because that is what we are all here for, to make sure that we get a future hospital delivered that is safe and efficient.

**The Minister for Infrastructure:**

That is a very good point, Chairman. It is the first Scrutiny-published report that is not a Scrutiny report.

**The Deputy of St. Ouen:**

Oh, I think Scrutiny ...

**The Minister for Infrastructure:**

Because you have not issued a report on this, you have issued a one-page introduction.

**The Deputy of St. Ouen:**

Yes, partly because of the timetable that we are working to. We have a debate at the end of this month and an important piece of evidence which does need to be considered. We did discuss this with the Greffier.

**The Minister for Health and Social Services:**

But, Chairman, I pointed out my concerns about the draft report in August and it has still gone ahead and published as was.

**The Deputy of St. Ouen:**

Because you are concerned, Minister, we must not suppress an adviser report, surely.

**The Minister for Infrastructure:**

But that concern was based on the fact that the report is inaccurate; it has errors in it.

**The Deputy of St. Ouen:**

You will say it is inaccurate. This is a finding from consultancy.

**Deputy J.A. Hilton:**

It has been extremely difficult for Scrutiny, waiting for reports. We only got the final report on 7th October. It makes it extremely tight for us to deal with anything, it really does, the whole time, and you must appreciate that.

**The Minister for Health and Social Services:**

No, I understand that. I want to work with you, Jackie and team, I want to work with the Scrutiny Panel and I value the Scrutiny work, but I cannot just sit here and accept such a poor report. There are some comparisons here that just do not stand up; there are statements in here which are factually incorrect. Just to use a very simple one, the way the health service is funded, according to this report, is through insurance. It is funded by the Government.

**Deputy J.A. Hilton:**

But I think today we have put it on the public record. A lot of our questions have been based around the work done by your consultants and we have got out on record a lot of answers to questions that the public would be quite rightly asking. I think that is really, really important, that some of those questions that they would be asking, the answers have come out today, so it has been a really, really useful exercise.

**The Minister for Health and Social Services:**

That side of the exercise has been fantastic, yes.

**The Deputy of St. Ouen:**

I think we should draw to a close, unless there are any really urgent questions. Jackie.

**Deputy J.A. Hilton:**

Can I just ask as a point of clarification, are you currently operating the 297 beds?

**Hospital Managing Director:**

No, we do not have 297 beds.

**Deputy J.A. Hilton:**

How many beds have you got?

**Hospital Managing Director:**

About 247.

**Deputy J.A. Hilton:**

Two hundred and forty-seven. Does that include Samarès Ward?

**Hospital Managing Director:**

No.

**Deputy J.A. Hilton:**

So it is another 29 on top of that, okay. How many new beds are planned for the new hospital?

**Hospital Managing Director:**

The modelling work at the moment, because that is iterative, I think it is likely to be 283 now.

**Project Director, Health Brief:**

The answer is we will not know until we have finished the modelling work. We can model the number of beds, but we have to know the number of wards and that will drive the number of beds, so until we have finished the model of work it would be premature to hang on to a number. Just on a factual, there are 26 beds at Samarès, not 29. There are 20 currently operational and another 6 will come onstream very soon.

**Deputy J.A. Hilton:**

So there is not a large addition to the number of beds. I know that is because you are seeking to provide care in the community.

**The Minister for Health and Social Services:**

Yes, which the report says we are not.

**Deputy J.A. Hilton:**

Anyway, I know that is one of the major plans of health work and the thing that really, really concerns me with an ageing demographic and numbers increasing all the time - and your Director of Hospital Services saying that you are working at full capacity at the moment - is the lack of nursing beds available. That situation has been made worse by the fact that the nursing home out at the north of the Island is not opening. So I have real, real concerns that that major plank of your proposed future health model is really ...

**The Minister for Health and Social Services:**

We have got some good news for you on that, and perhaps it will make you less slightly concerned, but I will hand you over to Rachel.

[17:15]

**Director of System Redesign and Delivery, Health and Social Services:**

There are a number of pieces of work that are continually in train. One of them is around making sure we have got the right flow into and out of the hospital, the build-up of the community services, which I have already mentioned, whether that is rapid response and reablement, step-up/step-downs for bedded, reablement facilities, the older adult mental health work, some of the community palliative care that we have funded through P.82, long-term conditions, pulmonary rehab. As you know, I could go on and on.

**Deputy J.A. Hilton:**

I know, but nursing beds.

**Director of System Redesign and Delivery, Health and Social Services:**

On the nursing beds, I have been doing some market position work and some market stimulation to understand exactly how many beds do we have, nursing and residential, where we are over-supplied in residential bed. That has been a real success of the long-term care benefit, because more people are able to now be cared for at home rather in a residential bed, so we have got residential bed capacity, spare beds in residential.

**Deputy J.A. Hilton:**

I know that.

**Director of System Redesign and Delivery, Health and Social Services:**

We need beds in nursing, so I have been talking with all the providers about switching some of their residential beds into nursing beds. I am not able to talk about it publicly, because there are commercial sensitivities, but I know there are a number of nursing home providers or new nursing home providers that are actively developing plans to increase the number of nursing beds in Jersey, some by the end of this year, some next year and some within 5 years.

**Deputy J.A. Hilton:**

Okay. So you are confident that this winter we will get through the winter without people remaining in hospital who should really be in nursing beds somewhere else, you are confident that that situation is not going to arise?

**The Minister for Health and Social Services:**

“Confident” might be a bit strong, but we feel we have got a very good chance of getting where we want to be this year, yes.

**Chief Officer, Health and Social Services:**

But the caveat that we would also have to put on the table is the effect that norovirus could have. As you know, because we have 6-bedded bays, if we lose one bed in a bay due to norovirus, we lose the whole bay.

**Deputy J.A. Hilton:**

But you can understand the way the panel, if we have ...

**Chief Officer, Health and Social Services:**

Absolutely, that is why we have been doing the work in the market, to stimulate that provision.

**The Minister for Health and Social Services:**

It has been a huge worry for us politically and for the team to deliver, but a lot of work has gone on behind the scenes, as Rachel said. It is not for us to announce what other people are doing, but we know that it is happening.

**The Deputy of St. Ouen:**

Okay, so we are looking forward to something. Now, having asked my panel if they had any burning questions, I discover Deputy Le Fondré has got one.

**Deputy J.A.N. Le Fondré:**

I have just got one that I think hopefully is easy, says he, for the hospital. I do not know where you have said this, Minister - I am guessing again Mr. Gardiner - but anyway, what are the population assumptions that we are working on for the hospital? Do you want to come up to the microphone?

**Project Director, Jersey Property Holdings:**

I can answer in relation to change request 25, which was produced before the latest announcement of the States Statistics Unit.

**Deputy J.A.N. Le Fondré:**

Sorry, this Gleeds report here that we have been given, which is August this year, is 25?

**Project Director, Jersey Property Holdings:**

Yes. This is prior to that assessment and it is based on the central assumption that 350 heads of household per year core assumption, built from the existing activity on the hospital through the model. But we will have a look again at the new assumptions that have come out when the Council of Ministers decide on what the central policy assumption will be and we will adjust our projections accordingly.

**Deputy J.A.N. Le Fondré:**

I have got one follow-up question, because it is currently one of the elements in the room: 350 has never been hit in God knows how many years.

**The Minister for Health and Social Services:**

But more important than the number of the population is the make-up, the demographic make-up ...

**Deputy J.A.N. Le Fondré:**

No, I accept that, but there is obviously a consequence of ...

**The Minister for Health and Social Services:**

... of the population, because we know the young and the elderly are the ones that need the most support. That is not to say we differentiate between them. That is what we are planning for. But that is another advantage of this site: this site, if it needs to expand in years to come, it can. The waterfront cannot.

**Chief Officer, Health and Social Services:**

I think the issue here is that we start our planning assessment from the activity we are already doing and we are already looking after 100,000 people. We are not looking after 80, we are looking after 100,000 or 106,000, as it may be now. I think if the higher-end projections from the Population Office are the right ones, the impact of that in terms of the hospital would be felt in the next iteration of the hospital, because it will be as those people age, you will have a larger cohort still of older people. The people who are tending to come in over the next 10, 20 years are going to be younger, working-age people. They may have some impact on education because they will have children, they may have some impact on our maternity services because they will have children, but they will not be bringing elderly people with them. That will work its way through as they come on to the Island and they age.

**Deputy J.A.N. Le Fondré:**

When you say the next iteration, you mean in 30 or 40 ...

**Chief Officer, Health and Social Services:**

In 50, 60, 70 years' time, when you are looking at the next hospital, you will have a different pattern of your demographic which will be driven by the people who are joining the Island's population over the next 10 to 20 years, but they will not have an immediate impact on our plans for this hospital.

**Deputy J.A.N. Le Fondré:**

I will hold that thought and think about it.

**The Deputy of St. Ouen:**

I would like to conclude the hearing there and thank everybody for your contributions. Minister - 2 Ministers - may I thank you and your teams? It has been very helpful to us.

**The Minister for Health and Social Services:**

Chairman, can I just say that I do support the Scrutiny role? I am very unhappy about this report, but I want to work with you to deliver a good scheme for the people of Jersey.

**The Deputy of St. Ouen:**

As you know, Concerto are in the Island again next week and working with you and we look forward to a productive relationship.

**The Minister for Health and Social Services:**

Thank you.

[17:21]