



# **Future Hospital Review Panel**

## **Witness: Political Oversight Group**

Monday, 2nd March 2020

**Panel:**

Senator K.L. Moore (Chair)  
Connétable M.K. Jackson of St. Brelade  
Deputy M.R. Le Hegarat of St. Helier  
Deputy K.F. Morel of St. Lawrence  
Deputy R.J. Ward of St. Helier

**Witnesses:**

Deputy Chief Minister  
Assistant Minister, Health and Community Services  
Director General, Health and Community Services  
Interim Project Director

[13:05]

**Senator K.L. Moore (Chair):**

Thank you for joining us for this hearing of the Future Hospital Review Panel. We are very interested to hear from you all. I think we do not need to go through the terms of engagement, everybody should be quite familiar, but we will start with our traditional introduction so that we have everything properly recorded. I am Senator Kristina Moore and I am the Chair of this review panel.

**Deputy K.F. Morel of St. Lawrence:**

Deputy Kirsten Morel, member of the panel.

**Connétable M.K. Jackson of St. Brelade:**

Connétable Mike Jackson, member of the panel.

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

Deputy Mary Le Hegarat, member of the panel.

**Deputy R.J. Ward of St. Helier:**

Deputy Robert Ward, member of the panel.

**Director General, Health and Community Services:**

Caroline Landon, Director General, Health and Community Services.

**Assistant Minister, Health and Community Services:**

Deputy Hugh Raymond, member of the Hospital Panel.

**Deputy Chief Minister:**

Senator Lyndon Farnham, Deputy Chief Minister and Chair of the Hospital Panel.

**Interim Project Director:**

Richard Bannister, the Interim Project Director for the Hospital Panel.

**Senator K.L. Moore:**

Thank you. Let me just qualify that your roles are the ...?

**Deputy Chief Minister:**

Political Oversight Group.

**Senator K.L. Moore:**

Political Oversight Group, exactly. Thank you. It is a bit confusing with panels here and there. We will stick to panels and you can be Political Oversight Group, yes?

**Deputy Chief Minister:**

Okay, yes.

**Senator K.L. Moore:**

Good. So, starting with that Political Oversight Group, it is now 10 months since the Chief Minister - very nearly 10 months - published I think it is R.54, which set out his way forward for the hospital project. What progress have we made of late to be able to report to the public?

**Deputy Chief Minister:**

Can I refer the panel to the report that was presented to the States towards the end of ... in September and my further statement to the States Assembly, both of which provided updates of the work that the Political Oversight Group had done and advised States Members on ... updated States Members on the progress. I intend to make another statement to the Assembly at the sitting on 10th March or 9th, whenever is appropriate, which will then provide the latest update of progress because since the last ... well, since September the momentum has started to build and we have got some important announcements to make over the course of the next month on the completion timings of the project. So I am proposing to make a statement then. We are also planning a workshop for States Members after that statement in March.

**Senator K.L. Moore:**

Will that report to the Assembly contain the site selection decision?

**Deputy Chief Minister:**

No. As has been previously stated, the site selection process has now officially started; 81 potential sites have made their way to the list. The citizens panel who are taking the first steps in that have already begun their work and the timescale for going through that process to a shortlist and then on to a proposition to the Assembly with the preferred site will be as previously stated, September. I am saying now again that proposition will be for the States Assembly in September with the preferred site and if any ... perhaps Richard would like to add anything if necessary on that.

**Interim Project Director:**

No, that is absolutely clear. We are going through a sequential process, which ends with a proposition ready for consideration in the first week of September.

**Deputy K.F. Morel:**

Sorry, Minister, with the greatest respect, and I do look forward to 9th or 10th March and your statement, but you did not answer the question that was asked, which was to provide an update on the work you have done since we last spoke to you. Would you provide us with an update on the work you have done since we last spoke to you?

**Deputy Chief Minister:**

Right, okay. I was looking at the subjects you were planning to ask during the debate, which would enable us to do that. We are at the final submission stage now. Hang on, I will just get this in order. Okay, so we now have a delivery partner appointed in Mace, so fully engaged and are now managing the project with the Project Director. We are at the final submissions stage now for the design and

delivery partner. In actual fact, we are at the evaluation stage of that process, so we are down to the final 2 in the selection process for that, so sometime in the very near future, and Richard will confirm the dates now that you think we will be appointing the design and delivery partner. So that process is almost completed.

**Interim Project Director:**

It is the beginning of April that we will have concluded the evaluations and have a recommendation of who the preferred partner is to work with.

**The Connétable of St. Brelade:**

Can I just chip in on that one, Minister? I do not know who is best to answer. There was concern with what I might describe as the shenanigans of the last project that contractors would be unwilling to come on board. Has it been easy to find delivery partners with our revised proposals?

**Deputy Chief Minister:**

It is always a challenge to find the right design and delivery partner, but I think we had a very good choice. Richard, would you like to ...

**Interim Project Director:**

We had 3 companies who expressed an interest. All 3 were carried forward to the tender stage. We are now down to 2 and obviously we are aiming to get down to one before the beginning of April.

**Senator K.L. Moore:**

Forgive me, but if I recall correctly in September we were told that this role would have been appointed in January of this year, so what has caused the delay?

**Interim Project Director:**

I think the P.M.O., which is the Project Management Office, was appointed prior to Christmas. The delivery partner procurement process was originally planned for later in this year but has been brought forward to April of this year. It might just be we confused with the terms in relation to the Project Management Office and the delivery partner.

**Senator K.L. Moore:**

I was quite aware that we appointed Mace in November and as far as we had understood what we were told in September.

**Deputy K.F. Morel:**

The States Assembly were advised on 21st January that you were in the final stages of selecting the design and delivery partner for the new hospital.

**Interim Project Director:**

Okay. Well, as I say, we are down to 2 and we will know who the preferred one is at the beginning of April.

**Senator K.L. Moore:**

Why is it taking longer than anticipated?

**Deputy Chief Minister:**

It is not. It is being done sooner than anticipated. It is your interpretation of in the final stages.

**Senator K.L. Moore:**

Or what you said in September, which was ... in September we were told that what the timeline set out was the delivery partner would be appointed in January. It is a direct quote.

**Deputy Chief Minister:**

As Richard said, the project management were appointed in November.

**Deputy K.F. Morel:**

This is nothing to do with project management.

**Deputy Chief Minister:**

I think you are misinterpreting.

**Deputy K.F. Morel:**

We are not misinterpreting.

**Senator K.L. Moore:**

No, we clearly understand the difference between a delivery partner and a project management office.

**Deputy Chief Minister:**

So the design and delivery partner was due to be appointed later this year. That has come forward now to the end of March, beginning of April.

**Interim Project Director:**

The only thing it could be is we have an expression of interest stage. The expression of interest stage finished on Christmas Eve and the evaluations were done through Christmas and announced in January. That is the only thing I can think that could be that we cross-referred to there.

**Senator K.L. Moore:**

Okay.

**Deputy K.F. Morel:**

We will return to the update that you were providing us, Minister.

**Deputy Chief Minister:**

Sure. Planning guidance, I wrote to the Minister for Planning last year. He has recently provided the planning guidance now, so we are digesting that. It is very useful to have that now so we can avoid ... so we can fully understand all of the planning requirements in advance, so when the planning submission is finally made we are hopefully going to avoid a lot of the pitfalls that perhaps were not avoided last time round. Again, Richard, would you like to add to that?

**Interim Project Director:**

The Minister for Planning has gone to consultation with his supplementary planning guidance. That consultation period is still running. It runs for 6 weeks and has got approximately 3 weeks still to run.

**Senator K.L. Moore:**

We will touch on that again a bit later, I think.

**Deputy Chief Minister:**

Then just to finish, now the site selection process has begun in earnest and the systems panel is established and has begun their work. So that is the progress to date.

[13:15]

**Deputy K.F. Morel:**

Thank you. Just with regard to that progress, can I ask when did you last meet as the Political Oversight Group? When was the last meeting?

**Deputy Chief Minister:**

14th February.

**Deputy K.F. Morel:**

I would just like to say that the last minutes we have received were dated October 2019 and they were sent to us in December. Can I ask why this is the case?

**Deputy Chief Minister:**

That is news to me and if that is the case it is completely unacceptable, and I apologise.

**Deputy K.F. Morel:**

I have been told on many occasions by Ministers and Assistant Ministers that the idea is to give us information in as close to real time as possible. I cannot find any minutes earlier than October 2019 and there is a 2-month delay between the meeting and then us receiving those minutes, so this is far from real time. I know that we are number one on your risk register and so I do not understand how you are mitigating us as a risk, given the long delays we have in receiving your minutes.

**Deputy Chief Minister:**

If that is the case, then I cannot defend that. Officers have been instructed to give you the minutes as soon as they have been approved and I am surprised just to hear that now at the hearing. We are trying to develop a good rapport. This project is so important to Islanders, we should not have to be waiting to these public hearings to come up with this, so I am surprised to learn that, and I will find out why that has not been happening.

**Senator K.L. Moore:**

We will be very grateful. Thank you.

**Deputy Chief Minister:**

I will make sure that you are brought right up to date as quickly as possible and I do extend the invitation to please make contact with me or any member of the oversight group at any stage if there are concerns like that.

**Senator K.L. Moore:**

Thank you. It is appreciated. Can you perhaps tell us how many meetings have occurred since that last minuted meeting of 3rd October?

**Deputy Chief Minister:**

Not off the top of my head but we are meeting approximately every 2 to 3 weeks.

**Senator K.L. Moore:**

Okay. You have given us a flavour of what has been achieved in those meetings in your opening answers. Shall we move on now to the next area of questioning, Constable?

**The Connétable of St. Brelade:**

Indeed. We spoke of site selections. Can I ask, firstly, has the public consultation on the site selection ended?

**Deputy Chief Minister:**

Yes.

**The Connétable of St. Brelade:**

What sort of numbers of responses did you get from the public on that?

**Deputy Chief Minister:**

We did one final sweep, if you remember, just to make sure no new sites had come to light. That ended ... Richard, what was the end date?

**Interim Project Director:**

I cannot remember the exact date.

**Deputy Chief Minister:**

It was January, I think.

**Interim Project Director:**

It was in January.

**Deputy Chief Minister:**

Yes, end of January and, as I understand, there are 81 sites now on the final list for consideration. A lot of the sites that were suggested in the final sweep to the public had already been suggested and were already on the list, but the final number is 81.

**The Connétable of St. Brelade:**

Did you utilise the at least 2 Gleeds reports that provided advice to the former hospital planning group, which probably did most of the work anyway, I suspect?

**Interim Project Director:**

Yes, we did.

**The Connétable of St. Brelade:**

Have they been consulted again in this wave of work?

**Interim Project Director:**

Have Gleeds been consulted?

**The Connétable of St. Brelade:**

Yes.

**Interim Project Director:**

No, Gleeds have not been consulted. We have got Gleeds work, the analysis they did, but we want to make sure that we go back to square one with this process and do the full analysis again and not try and use predetermined decisions that were made before.

**The Connétable of St. Brelade:**

Maybe this is one for the Assistant Health Minister, Deputy Raymond. I believe you are quoted as saying that the consultation was a paper job and then we had the other Assistant Health Minister, Senator Pallett, saying that he does not see the point of the consultation. Can you comment on that?

**Assistant Minister, Health and Community Services:**

My view was that because of the sites and the number of sites, most of the sites knock themselves out. Therefore, I used the phrase "a paper job" to say, for instance, some of the sites have already been built on, so it was a paper job. It was a question of going through and that was one of the reasons, having spoken to the Project Director, that there were quite a few sites that disappeared off the list purely because they could not be used, and they were already off the list. Therefore, with all due respect, I just used the words "paper job".

**The Connétable of St. Brelade:**

Going back to the Gleeds report, did you distil between the results of this latest consultation and the Gleeds report, the net difference, if you like?

**Assistant Minister, Health and Community Services:**

I did and I can say that with all honesty. I say down with the Director General, John Rogers, who gave me the Gleeds report. I have to confess I spent an afternoon going right through it, so I have gone through it because it was then that I picked up all sorts of things, not being in the previous Government, to understand where we were. One of the essential things in that was the cost, because one of the issues that came up was that this was costing money and were we using that

information, and as far as I was concerned we were using the information that was given. All we did was just a little bit updating the Director of Health with regards to moving on because it was done 3 or 4 years ago.

**The Connétable of St. Brelade:**

Were there any realistic new sites that came out of that discussion?

**Assistant Minister, Health and Community Services:**

There was not and there was, only because I am not au fait with the Island as well as some other people are and there were sites there that I had to ask where they were. I did not even know where the sites were because the names were coming. So I looked through all those and that is why, because if you notice that I quoted 61 because that was originally ... basically, if you went back to the old sheet of paper, the Gleeds report said 61, 62 sites. I think it was 64 in the end, was it not? But there were sites on there that I did not even contemplate, did not even know.

**The Connétable of St. Brelade:**

In terms of the timeline, are you adhering to the shortlist of potential sites in April with a view to lodging a preferred site in September still?

**Assistant Minister, Health and Community Services:**

Yes.

**Deputy Chief Minister:**

At the latest. I would envisage the States debate, having the debate in September on the final preferred site.

**The Connétable of St. Brelade:**

The States Members will be the final arbiter of that decision, would you suggest?

**Deputy Chief Minister:**

Yes.

**Senator K.L. Moore:**

When considering these sites, what footprint of the hospital are you considering? Are you still working to 64,000 square metres?

**Deputy Chief Minister:**

No. We have deployed a new sequential sort of site test, which is a range of questions that has been carefully constructed, which will eliminate sites as the process is conducted. Perhaps I could ask Richard ...

**Interim Project Director:**

The questions are made up from clinically-led questions, which are used to derive the square footage that you are referring to. Also the timetable comes for clinical reasons, but we are also engaging a citizens panel to help us with the criteria that we should be applying to sites from a patient or Islander perspective. Finally, we are using the S.P.G. (supplementary planning guidance) that is out for consultation at the moment to come up with the questions. We are hoping that the citizens panel, when they conclude their work, will be able to present to us a sequential test of questions that we can apply to all 81 sites equally to determine how many sites are left for consideration and, therefore, end up on the shortlist.

**Senator K.L. Moore:**

You are still considering what the optimum size footprint of the hospital would be?

**Interim Project Director:**

There is still some refinement going on in relation ... it is down to what needs to be on the ground floor and the clinicians have a very good idea of what needs to be on the ground floor and with the health planners are converting that to a square footage.

**The Connétable of St. Brelade:**

Has the input from clinicians changed from the last iteration?

**Deputy Chief Minister:**

Considerably, and may I ask Caroline to update you of the process now that is being led by Ashok.

**Director General, Health and Community Services:**

As you know, we have appointed a Clinical Director for the hospital project and he has been engaging with our clinicians, with our A.M.D.s (assistant medical directors)(?) around what would be the optimum model of delivery for the hospital and what that would look like and what those adjacencies ...

**Deputy Chief Minister:**

Caroline, could you just give a bit of background on our Clinical Director? I am not sure if the panel has that.

**Director General, Health and Community Services:**

He is Professor of Surgery at Oxford University. He is a vascular surgeon and he has been on projects around building particularly acute hospitals internationally and within the U.K. (United Kingdom). I think for us it was very much about having somebody who was not partisan, who was absolutely outside of the process and who was able to engage the clinicians and have credibility and does not have any vested interests. In 2 years he will be gone, a year now, less than a year, a year and a bit now. It is still the clinicians' great concern. I was at the Medical Staff Council last week, taking them through - similar to this really - where we are through the project plan and even though they are acknowledging that they have been consulted, they are still scarred by the previous experience. I had one of our very eminent surgeons saying: "Last time I did this, Caroline, I talked but I was not listened to." So it is an ongoing process and that is what Ashok is paid to do, to ensure that the clinicians' voices are heard.

**The Connétable of St. Brelade:**

Are the clinicians unanimous in their response or are the views diverse?

**Director General, Health and Community Services:**

I am yet to meet a body of clinicians that would be unanimous in their response, in my career, but, yes, I would say that I am confident to say our clinical leaders are supportive around what we are trying to do. They want to deliver a building that is future proofed and delivers the best outcomes for Jersey and they are invested. They all live here, most of them have lived here a significantly long time, so they are very invested in making sure it is right.

**The Connétable of St. Brelade:**

Do the views of, shall we say, the more invested clinicians, those who have been here for longest perhaps of a more senior age, differ from the newer clinicians, people who have been in the Island for a shorter time? Do you notice any particular pattern?

**Director General, Health and Community Services:**

I think we have a body of clinicians who are united on let us build it and let us build it, so it is future proofed. This is an opportunity that you get nowhere else and they recognise that, so the message I took away from M.S.C. (Medical Staff Council) last week was: "Come back and tell us where you are building it and what it is going to look like." They just want to build it because the care we are delivering within our current environment is not the optimal care for our patients and that is their number one priority, to be in a building that is fit for purpose.

**The Connétable of St. Brelade:**

Clearly the team have been visiting hospitals in the U.K. and in Europe. Are you able to tell us which ones have been looked at?

**Deputy Chief Minister:**

Sorry?

**The Connétable of St. Brelade:**

Are you able to tell us which hospitals in the U.K. or internationally have been looked at to give input into the site selection?

**Deputy Chief Minister:**

A group have visited a number of hospitals. Are you talking in relation to the design and delivery partner?

**The Connétable of St. Brelade:**

Well, I think probably both, yes.

**Deputy Chief Minister:**

Yes, the procurement. We are in the middle of the procurement process now and the design and delivery partner, but a team led by Caroline and Richard visited in a number of countries a number of the hospitals that have been built and commissioned by the current design and delivery potential partners. Perhaps you could give a bit more detail on those visits?

**Interim Project Director:**

Only to say that it would have been remiss of us not to visit the products that these designers and builders are claiming that they have delivered, to speak to the people that were involved in the projects, who commissioned them, to find out what the pros and cons are of working with those organisations and to talk to the people that are now operating those hospitals just to check that it is a product that stands the test of time. That is the primary reason for why those visits were carried out.

**Director General, Health and Community Services:**

It is commercially sensitive around the names of the hospitals, but we absolutely went and saw best in class, both in the U.K. and internationally, and saw some fantastic organisations that I have never seen in 30 years of working in health. We saw some great buildings.

**Deputy K.F. Morel:**

I am sorry, these are public buildings, therefore their names are not commercially sensitive, therefore I would like you to answer the question that was asked again, which is: which hospitals have you visited nationally and internationally?

**Deputy Chief Minister:**

We are not going to answer that because you would be able to identify the delivery partners if you answered that, so we are not doing that. I am quite happy to give you that information in private.

**Deputy K.F. Morel:**

So you are not giving publicly available information, which is the names of hospitals?

**Deputy Chief Minister:**

Richard, would you like to explain the confidential aspects?

**Interim Project Director:**

Naming of the hospitals would determine who the designer was, who the builder was or whatever. Therefore, it would give unfair opportunity for collusion in the market, which would put us on the back foot in terms of being able to get the best commercial terms with the 2 bidders available.

**The Connétable of St. Brelade:**

I am grateful to Richard for that comment. Can I ask then in the light of that, did your minds change or did your thoughts change as a result of those visits? Did it feed into the ...

**Director General, Health and Community Services:**

Yes, absolutely. Absolutely I think it did. Absolutely. We saw some really innovative architecture that absolutely would be right for Jersey but, more pertinently, would absolutely be right for delivering care, completely differently to the way care is delivered elsewhere. It is very innovative. I think we are very clear that we want to be cutting edge, ground breaking. Some of the hospitals we saw would be perceived within their jurisdiction as being that but when we went and saw the hospitals they were not. We saw some fantastic stuff and when we can reveal the names to you, you will be able to see.

**Deputy K.F. Morel:**

I assume you will send those names on a confidential basis.

[13:30]

**Deputy Chief Minister:**

I will speak to the officers, but I am wondering if we might even ... I am quite happy to share some information in private with the scrutiny panel, but it is certainly not for public consumption at this stage, for the reasons Richard gave.

**Deputy K.F. Morel:**

That is fair enough, but we expect those names to us as the scrutiny panel on a confidential basis.

**Deputy Chief Minister:**

Well, I am going to consider it. I am going to consider it on advice.

**Deputy K.F. Morel:**

If you cannot trust scrutiny with that sort of information, then I believe that what you are saying is you do not trust scrutiny.

**Deputy Chief Minister:**

I think so. I think so, Deputy Morel, but you are not going to order me to do things. I am going to consider it ...

**Deputy K.F. Morel:**

I am not ordering you. I am requesting the information.

**Deputy Chief Minister:**

I am going to consider it on the advice of my officers and I very much hope we can share it with you, because I do trust the scrutiny panel and we have a good ... I thought ... I hope we are developing a good relationship and I want to adhere to that.

**Senator K.L. Moore:**

We do.

**Deputy K.F. Morel:**

If I could say then if you were not to provide us with those names then I would see that as a breach of the relationship and a breakdown in that relationship. So if you do require a good working relationship going forward, I would suggest you think about that when deciding whether or not to send us that information.

**Deputy Chief Minister:**

Yes, but I am going to take advice. As I say, it is an important stage of a confidential process.

**Senator K.L. Moore:**

But we do have a code of engagement which does clearly identify confidentiality to be observed.

**Deputy Chief Minister:**

I am pretty positive I am going to be able to provide that to you.

**Senator K.L. Moore:**

Thank you.

**Deputy R.J. Ward:**

Can I just ask a quick question? Just to go back, you said about clinicians being consulted. Is that wider clinicians as well? Surgery and so on I get, but the wider sort of clinicians that may be taken into the new hospital from other areas that are perhaps around the Island at the moment. What sort of level of clinician have you gone down to?

**Director General, Health and Community Services:**

It has predominantly been clinicians within the acute hospital because they are still going to be provisioning care within the acute hospital, although as part of our conversations with a broader clinical body around the Island, around the care model, we have discussed the hospital because everyone is aware that the care model has an impact upon the size and provision of care. But the predominant engagement has been with the clinicians within the hospital.

**Deputy R.J. Ward:**

Have you taken account of the comments that were made before from the previous hospital of those who did not believe that they were consulted and is that beyond the acute clinicians? Some of those who are not acute clinicians also considered that they were not consulted before.

**Director General, Health and Community Services:**

I absolutely agree and I think it is our intention to engage with as many people as we can do who deliver care clinically and that will be an integral part of this process. So the presentation that we did to the medical staffing body in the hospital last week, we are going to be doing that to the primary care body, we are going to be doing that to the dentists, doing that to the sector. We want to engage as many people as we can in the decision-making.

**Deputy M.R. Le Hegarat:**

The Health Panel is scrutinising the Jersey Care Model, and this is a separate panel. However, can we just have an update in relation to the PwC report and when that is likely to come and whether that will have any impact on the future hospital and size, et cetera? Even though we are doing them

separately and they are pieces of work that need to be done separately, I just want to ensure that we are still on track for the end of March.

**Director General, Health and Community Services:**

We absolutely are. We are on track for that report to be ready, then it has to go to P.O.G. (Political Oversight Group) and then we will share that widely. I anticipate that that report will be shared probably mid-April. Yes, it will have an impact. It will not have an impact if they come back and say: "It is not going to work. You need to go right back to basics" but if they come back and say 70:30, 60:40, whatever, then we will need to take their recommendations and work on them, because we think from the work that they have been doing they have thought of stuff that we have not thought of and we do think they are going to make some recommendations for change, that it will impact upon what the hospital looks and feels like, but we need to wait for those recommendations. We have kind of stood back from it so that it can be impartial.

**Deputy Chief Minister:**

I wonder if I could ask officers, as it is a public hearing, to try and avoid acronyms wherever possible.

**Director General, Health and Community Services:**

Sorry, apologies.

**Deputy Chief Minister:**

For my benefit as well.

**Senator K.L. Moore:**

That is very helpful. Just the final point there on the PwC report, it has potential to change the footprint of the hospital because it could define a greater or fewer number of beds that are required for the hospital. In terms of your timing and the sequence that you have described this morning, this report will be published at a later date to the final site selection?

**Deputy Chief Minister:**

The care model will inform but it will not dictate the hospital because the political will is that we have a hospital that is future proof and being future proof means there is plenty of room for expansion and that is going to be driving the size and the shape and the location of the hospital.

**Deputy K.F. Morel:**

Can I ask what length of time? When you talk about being future proofed, what length of time are you envisaging it being proofed for?

**Director General, Health and Community Services:**

Our anticipation would be 25 years but the conversations we are having is about a health campus model, so that we would have the space available to be able to expand or to be able to change the face of the facility. Some of the organisations that we went and saw, particularly internationally - and Richard will be able to talk better than me about this because it is building stuff - have built on a site but have put in footings and architecture that enables them to quickly build on top in a modular form or to the side. So I think we are trying to be as flexible as we can because healthcare will change, so even if the report comes back and says: "You need a 400-bedded hospital", will we need a 400-bedded hospital in 10, 15 years? It is about having a site that is able to flex, either to grow or to shrink.

**Deputy K.F. Morel:**

Do you expect to be able to do this within a highly constrained land environment?

**Director General, Health and Community Services:**

I think we do. I am not as au fait with the sites, but I think that we do. That is the preferred option.

**Deputy K.F. Morel:**

Is that land sitting there waiting to be used?

**Interim Project Director:**

There are 81 sites that we are analysing. We have a guide as to what should be on the ground floor, which we are converting to square footage, and that includes all of the facilities that need to be accommodated in ...

**Deputy K.F. Morel:**

What size guide is that?

**Interim Project Director:**

Sorry?

**Deputy K.F. Morel:**

You said there is a guide that you are using, so what size is that?

**Interim Project Director:**

The guide is these are the type of uses that we are going to put into the hospital and those uses need the following things on the ground floor. It is things like this amount of drop-off space, this amount of pick-up space, this amount of space on the inside for reception and the other uses.

Around that core on the ground floor the flexibility is built, whether it is up or out or whether it is inside the building where the pipes and wires, for example, might be placed in the perimeter walls and not the internal walls, so that the internal walls can be moved in due course should clinicians or nursing staff or whatever work out that they need to operate differently within the building. The flexibility comes from the detailed design from the inside but also the ability to be able to extend or contract should it be needed.

**Deputy K.F. Morel:**

Just very quickly, when you are talking about drop-off and pick-up space, I assume you are also thinking in terms of the carbon neutrality and the sustainable transport plans, and so you will be minimising the amount of space that is given up to cars.

**Interim Project Director:**

The aspiration is to be carbon neutral within the deadlines that have been set by Government.

**Deputy K.F. Morel:**

But will you be minimising the amount of space set aside for car parking?

**Interim Project Director:**

I think the carbon neutrality comes from various different sources and that is part of our brief in terms of how we are going to achieve it. It is not just about car parking spaces or electric ambulances or anything like that.

**Senator K.L. Moore:**

The ground floor footprint that you have described, have you attributed a certain square meterage to that?

**Interim Project Director:**

We are still working on that this week. We are aiming to do the minimum square footage and the reason that we are aiming to do the minimum is because we do not want to inadvertently rule out sites at the moment. Of the 81 sites that can accommodate the minimum, that is what we want to try and achieve and, as Caroline said, it might be that it is more of a campus, which means that we do not have one monolithic building. It might be that we have buildings with adjacent buildings, and we are analysing from that perspective as well. Of course, car parking is the third criterion that we need to be able to accommodate within a certain distance.

**Senator K.L. Moore:**

I had understood from previous comments this afternoon that you had whittled the sites down to a small number, but you are still literally looking at 81 sites?

**Interim Project Director:**

To rule the sites down we have to look at them from a clinical perspective, which includes the square footage work, from a patient perspective, which is the work of the citizens panel, and from a planning perspective, which is the work of the supplementary planning guidance that is out for consultation at the moment. The questions that we apply to the sites to see whether they meet those criteria or not will come from those headings.

**Senator K.L. Moore:**

Today you have used the phrase “sequential testing” a number of times but for us laypeople perhaps you could describe exactly what that means technically and how that differs from the previous site selection process.

**Interim Project Director:**

We are asking the citizens panel not only to help us come up with the questions that we should be applying to the sites, but we are also asking them to tell us in their opinion what order those questions should be applied. It could be the case that the testing of the site has some no-brainer things like, for example, the minimum size or the delivery timetable or something that would maybe rule sites out early and there is no point in considering other things such as distances to car parks or need for additional car parking or whatever it might be.

**Senator K.L. Moore:**

Surely access would be one major issue for most of them.

**Interim Project Director:**

I am sure access is going to end up on the list, yes.

**Director General, Health and Community Services:**

And response times. We need to get the response times right.

**The Connétable of St. Brelade:**

I am not sure, Minister, if this is a question for you. Is the COVID-19 outbreak throughout the world influencing your decision-making process in the hospital building?

**Deputy Chief Minister:**

I will defer to the Director General.

**Director General, Health and Community Services:**

We have our business continuity plans in place, as we would have for any major incident that would occur, so I am confident that we are able to cope if we have any cases in Jersey.

**The Connétable of St. Brelade:**

In terms of size, I think that is probably what I am getting to in terms of bed numbers and even maybe to car parking as mentioned earlier where we see on the TV people being tested out of their car windows. Will we be in that situation, but I think the important question is over bed numbers?

**Director General, Health and Community Services:**

Absolutely, and some of the organisations that we saw were able to demonstrate to us how you could be more flexible around beds. You may not have the beds, but you can have the bedhead services that you can roll out, so in effect you just bring trolleys in. We learnt some really good ways to manage.

**The Connétable of St. Brelade:**

You would not anticipate trolleys in corridors then?

**Director General, Health and Community Services:**

Absolutely not. Absolutely not.

**Deputy K.F. Morel:**

I was going to say that sounds more like a N.H.S. (National Health Service) failing to me to just bring trolleys in.

**Director General, Health and Community Services:**

Bedhead services. That is not N.H.S., no. That is bedhead services in the walls of wards, more bedhead services than you require and then you bring beds in. It does not necessarily have to be trolley but if we were in a pandemic situation, yes, it could be a trolley.

**Deputy R.J. Ward:**

Can I ask a question on that? You talked about flexibility, if you like, of a hospital to be future proofed in terms of beds, and I get that. What is the sort of realistic range of the number of beds that you could plan a hospital for? Is there a range of 100, 50, 200 in terms of you would build initially with this many but you could have this many more or this many less depending on if you have a wonderful healthcare model where nobody needs a hospital anymore because we are all so incredibly healthy, which is great, but we may also need more beds, depending on situations that arise? What is the

sort of range realistically when you are building a hospital of the number of beds that you could plan for to future proof it, given the space that we have, just so we get some idea of a figure if you have one?

**Deputy Chief Minister:**

It is very difficult to put an exact number on it. I suppose you could say it could be between 200 and 1,000, depending on what sort of eventuality you have to deal with.

**Deputy R.J. Ward:**

Well, that is why I am asking. I do not mean in terms of a pandemic, because that is a particular situation. I get that. I mean in terms of there is a lot of interest on the Island in bed numbers.

**Deputy Chief Minister:**

I know there is.

**Deputy R.J. Ward:**

I am just trying to get some idea of ...

**Deputy Chief Minister:**

From a political point of view the guidance here - it is a will, I think - is to make sure that the building has the flexibility to provide the amount of bed numbers we need. That means not necessarily expending on more than we need but having the space and the flexibility to increase that, rapidly if possible, depending on the circumstances but Richard can ...

**Interim Project Director:**

The hospital will have a heart, which is all about the diagnosis and the measurements and all the things that need to be done, the exploration, and then obviously the other services are built around that. Of course, that comes down to good design and in our brief we can talk about flexibility but at this stage, but we do not know what site we are working on and, therefore, we cannot get into the good work of how the design would fit on to the site. That is why we are working at the moment on minimum areas and not trying to get too deep into design until such time as we have got the site and our design and delivery partner.

**Senator K.L. Moore:**

One of the fundamental questions during the previous process was the single bed versus ward discussion. Are you still working towards a single-bed unit model or is that different now? Listening to your answer, Director General, about providing additional bedhead service points, that leads one to consider that that would be a small ward or a larger unit than a single-bed unit.

[13:45]

**Director General, Health and Community Services:**

I would absolutely have thought that before I visited an international hospital, which demonstrated how you can have flexibility around putting in additional bedhead services so if indeed there was a requirement to bed an extra 50 people how you can have flexible structures within ... I am not very good at building stuff. Flexible walls that move to create either a single or a ward area. It is about putting the services in the walls so they are there, so you can access them if you need to. Of course, ideally we would not want to have 50 people in a ward, so we have single or quad rooms, but we would have the ability to do that, which I do not think we had considered before, and we are still thinking of single rooms. Sorry, I did not answer your question. We are very much wanting to have single rooms, apart from within the areas, of course, where you will need bays where we have to do observation. But predominant care will be delivered in single rooms.

**Deputy R.J. Ward:**

Sorry, I think when you mentioned trolleys I was equally as worried about trolleys in corridors, but bedhead services you are referring to. If this was a room in the hospital, it might be used for one function but there would be built in at the beginning all of the services, so oxygen, electricity, monitoring, access to whatever, which at the drop of a hat, if needed, could turn this into a functioning hospital ward in the future. Is that what you mean?

**Director General, Health and Community Services:**

Absolutely. Deputy Ward, please be assured there is no intention to put any patient in Jersey on a trolley in a corridor, but I am being truthful with you. If we suddenly had to bed 200 patients tonight, then unfortunately some of those patients would be on trolleys until we could get the beds.

**Deputy R.J. Ward:**

That is why I said a pandemic is a different situation.

**Director General, Health and Community Services:**

Absolutely. In an emergency situation we would seek to give the best appropriate care to patients and that may require some patients to be on a trolley temporarily. I would suggest that is still better than patients being in the back of a van or at home unable to access care, but it is absolutely not an intention to put patients on trolleys.

**Deputy R.J. Ward:**

That is good. It was more about bedhead services and what it means, that is all. Google is a wonderful thing.

**Deputy K.F. Morel:**

I was going to ask. That sounded like jargon to me.

**Director General, Health and Community Services:**

I am sorry. Apologies.

**Deputy R.J. Ward:**

You can get a nice image of it if you look.

**Senator K.L. Moore:**

Okay. Shall we move on to the Project Management Office?

**Deputy K.F. Morel:**

Just before we go there, just trying to get the final answer: what is the minimum size ground floor area you are working to?

**Interim Project Director:**

I cannot tell you that today.

**Deputy K.F. Morel:**

You cannot?

**Interim Project Director:**

No.

**Deputy K.F. Morel:**

All right. Minister, with regard to future proofing, what population size are you looking at for the Island? What population projections are you using to find a hospital going forward?

**Director General, Health and Community Services:**

That is the work that PwC are doing.

**Deputy K.F. Morel:**

So PwC know. You should probably ask them to speak to the Migration Policy Panel as well.

**Director General, Health and Community Services:**

They are talking with the relevant people in Government around what those projections look like, because it is an integral part of testing the model.

**Deputy K.F. Morel:**

Will we be able to request that information from them, because it would be interesting given that nobody seems to know the size of the population?

**Deputy Chief Minister:**

Yes, absolutely. It is a key piece of information that is going to be required for the site selection process and design and build. We will share that with you as soon as we have it.

**Deputy K.F. Morel:**

Minister, a Project Management Office was appointed in November 2019. What work have they been undertaking since then?

**Deputy Chief Minister:**

Richard?

**Interim Project Director:**

They have done a detailed analysis of the timetable and all of the activities that they need, or we need to undertake and build within that the proposals for how the approvals will work, including how we can find moments to pause, engage with scrutiny, et cetera, to achieve a timetable. That work, I understand, is being the subject of a workshop you are doing with the Assembly; is that correct?

**Deputy Chief Minister:**

Mace have drilled down into the detail of the whole scheme and how it pans out. Once we have got the information finalised and we are happy with it, I intend to have a workshop and presentation for States Members in mid-March.

**Deputy K.F. Morel:**

Have you seen this detailed analysis yet of the timetable?

**Deputy Chief Minister:**

Yes, I have seen the first section of it.

**Deputy K.F. Morel:**

You have seen it?

**Deputy Chief Minister:**

We are still fine tuning.

**Deputy K.F. Morel:**

Has this been passed on to scrutiny in real time as you have been telling me you will be doing?

**Deputy Chief Minister:**

No, not yet because we are still ... it is still a work in progress.

**Deputy K.F. Morel:**

But you have seen this work in progress?

**Deputy Chief Minister:**

Yes.

**Deputy K.F. Morel:**

When will we be able to get it? I would assume that would be before the workshop with States Members.

**Deputy Chief Minister:**

I am anticipating the next couple of weeks I would have thought, so it is very close. Once we have got it to a position where we are happy with it, we will go straight ... it will go to you, go to scrutiny first.

**Deputy K.F. Morel:**

Is there any other work the P.M.O. has been doing?

**Interim Project Director:**

The prime piece of work they have been doing is the procurement of a delivery partner and running that process.

**Deputy R.J. Ward:**

Sorry, can I just ask a quick question? I am not obsessed with bedhead services. Would that not have been a part of the previous hospital planning as well? Would that not have been ... is that not part of any modern hospital build?

**Director General, Health and Community Services:**

Not necessarily.

**Deputy R.J. Ward:**

Was it part of - same question - the previous hospital build, do you know?

**Director General, Health and Community Services:**

My understanding was that the intention was that we were going to build a 400-bedded unit, so perhaps the conclusion was that they did not need to put in additional bedhead services, but it is generally not standard.

**Deputy R.J. Ward:**

Okay.

**The Connétable of St. Brelade:**

In terms of project management, I am aware Richard is interim and I think we have been pleased to have you among us, Richard. Do you have a replacement lined up?

**Deputy Chief Minister:**

Not at present. Not at present, but the process to find a replacement is underway.

**The Connétable of St. Brelade:**

I think he is quite an integral part of the team.

**Deputy Chief Minister:**

He is an integral part of the team, a very integral part of the team. Did you want to add anything?

**Interim Project Director:**

No.

**Deputy K.F. Morel:**

May I ask, just with that in mind, what is the difference in the work between the Project Management Office and the Project Director?

**Interim Project Director:**

The project manager is providing the rigour, the processes, et cetera, to create the platform necessary for all of the skills within the team to be able to do their thing in a joined-up way and to be able to co-ordinate their activities.

**Deputy K.F. Morel:**

What does the project director do?

**Interim Project Director:**

The project director provides direction to the team whereas the project manager does not provide direction to the team.

**Deputy K.F. Morel:**

Very interesting. With regard to the Project Management Office, back in the last minutes we had from October it says that you were concerned that: "Procurement and recruitment was becoming a risk to the project as resources are not currently available to develop the outputs in the care model and progress project timelines as initially planned." Is this still an issue?

**Interim Project Director:**

The procurement processes have been slower than we originally envisaged they would be, not for any bad reasons as such. It is just that there are things that we found out when we went to the market, et cetera, that have changed the way we have had to approach things.

**Deputy K.F. Morel:**

They are such as?

**Interim Project Director:**

There is nothing in delay as a result of that procurement process. I mentioned earlier on that the delivery partner has been accelerated through the programme rather than delayed and that has enabled us to recover quite a lot. We have recovered all of the time that was lost in the early stages when we were trying to assemble the initial team.

**Deputy K.F. Morel:**

Do you still have problems with recruitment?

**Interim Project Director:**

Recruitment. I think recruitment is difficult. I think the Project Director procurement for it is an example. We have been working on it for a while and it is not easy to find the right people to come and do the role.

**Deputy K.F. Morel:**

Do you have a timeline for when you expect a Project Director to be appointed, Minister?

**Deputy Chief Minister:**

This year, and we are putting it together now and it depends on Richard's circumstances.

**Deputy K.F. Morel:**

Going forward, what will the Project Management Office's relationship be with the design and delivery partner?

**Deputy Chief Minister:**

Sorry, say that again?

**Deputy K.F. Morel:**

Going forward, what will the P.M.O.'s relationship be with the design and delivery partner?

**Interim Project Director:**

Part of the Project Management Office's role is to act as the contract administrator for the delivery partner. The form of contract that is being used is the new engineering contract, which is known as N.E.C. The N.E.C. defines the contract administrator as project manager; for clarity, how the Project Management Office will act as project manager in accordance with the N.E.C. contract under which we are appointing the delivery partner.

**Deputy K.F. Morel:**

Excellent. Thank you.

**Senator K.L. Moore:**

The Deputy Chief Minister talked about the special planning guidance that the Minister for the Environment has produced. What are your first views in relation to that?

**Deputy Chief Minister:**

I am relieved we have it. There was a little bit of time between the request and the receipt of it, so my first thoughts are I am pleased we have got it. My own views on it are I think it provides extremely important and useful guidance for this particular project and once we have the design and delivery partner appointed we can really ... with this in place it means that they can proceed with the design in a timely fashion.

**Senator K.L. Moore:**

It really identifies what is not acceptable to the current Minister for the Environment rather than what would be acceptable. Do you find that a helpful framework to work within? The guidance really sets

out what is not acceptable to the Minister for the Environment. It talks about massing and blight and issues like that, but is that helpful?

**Interim Project Director:**

It is helpful. It gives us clearer criteria so that we know the things that he is going to have to apply at the time that he is analysing our application, so it is helpful in that respect.

**Senator K.L. Moore:**

But in terms of identifying what the public interest test is, which I think is what the Deputy Chief Minister asked him to really identify, he skirts around that issue somewhat and says public interest is very important but there is no definition given to it. Had you expected a clearly defined public interest test?

**Deputy Chief Minister:**

One of the key differences is the level of interaction now we are carrying out with all the various stakeholders, so we have got a very clear process that engages far more than we did last time the clinical aspect of this. We have the citizens panel now, a panel of our citizens working on the public interest.

**Senator K.L. Moore:**

Given the guidance that you have received, how do you now, as a decision-making body, define public interest or not going forward?

**Deputy Chief Minister:**

I am not trying to be pedantic here, but we are the oversight group. The decision-making body will be the Council of Ministers and ultimately the States Assembly. While we have some quite prescriptive guidelines here, there are other aspects that the Minister has clearly found appropriate to leave a bit more open and the public test I guess could be quite subjective at times.

**Senator K.L. Moore:**

Do you feel, Deputy Chief Minister, that a critical piece of infrastructure such as a hospital does require different consideration to other buildings that might be considered necessary in a small community but not absolutely essential?

**Deputy Chief Minister:**

In the aspect of having a hospital, absolutely yes, but I also agree that we do have to be mindful of our planning aspirations. This does need some very special consideration and, of course, this work also has to dovetail eventually into the forthcoming Island Plan. But I think the planning guidance

we have here is arguably far better than we have previously had, and we certainly intend to use it fully. It is imperative, the timescales are imperative. I think one of the big risks here is the planning issue. We certainly cannot get into a position like last time when the whole project had been taken to the stage and it was stopped in its tracks by planning for perhaps that the planning guidance was not carefully enough adhered to.

**The Connétable of St. Brelade:**

Do you see the citizens panel mitigating that? You referred to it earlier and I do not know if I have seen anything which particularly suggests that the citizens panel should influence that. Is that your understanding?

**Deputy R.J. Ward:**

Can I just say one thing? I think when you refer to it as a panel of citizens, that is a much better description than a citizens panel. I have tried not to say it all the way through this hearing, but I feel I have to say it now, the use of "citizens", panel of citizens. It has not used the process that a selection of a citizens panel would use. It has not. You cannot apply for it and I think that is really important because it is a different group of people and it is different from other citizens panels that are genuinely using that process of setting up in other areas of government. I just want to make that statement.

[14:00]

**Deputy Chief Minister:**

They applied and they were appointed under a certain process, so I will refer to them as a panel of citizens.

**Deputy R.J. Ward:**

Yes, I think that is really important, but a panel of citizens, that is something I can sit here and think that is fair enough.

**The Connétable of St. Brelade:**

I am grateful for the Deputy making that point.

**Deputy R.J. Ward:**

Sorry. I have tried not to say anything, but I cannot go any further.

**The Connétable of St. Brelade:**

The relationship between the public interest test and citizens panel, do you see the citizens or panel of citizens achieving that or, shall we say, informing the public interest test?

**Deputy Chief Minister:**

I certainly see it being an important part of informing the process. I think it will be very important.

**The Connétable of St. Brelade:**

Do you feel that the Minister for the Environment will be of the same view?

**Deputy Chief Minister:**

Well, I very much hope so.

**The Connétable of St. Brelade:**

I think we have seen in the previous iteration the decision coming down to the Minister himself and that, I think, gave others cause for concern and himself. I would like to understand that he will be considering the use of the panel of citizens, if you like.

**Deputy Chief Minister:**

I think that is possibly a question for the Minister, but I would think it highly unusual if he decided not to do that.

**Senator K.L. Moore:**

In addition to the citizens panel, the Minister is also talking about having a committee to help him decide, make his decision.

**Deputy Chief Minister:**

The Minister for the Environment?

**Senator K.L. Moore:**

Yes.

**Deputy Chief Minister:**

Yes. Many would argue that this decision is too big to be made by a single Minister. The Assembly has made decisions now to grant housing consents by a panel and a committee. There are some Members that might think the Minister could ask the Assembly to make the final decision, get the final decision. But I do agree this is a huge decision for one Minister.

**Senator K.L. Moore:**

I think the public might just give anybody a gold medal who manages to decide to build this hospital and deliver it within a reasonable timeframe.

**Deputy Chief Minister:**

What we are going to do is we are going to get this hospital built. This hospital is going to get built and it is going to be built on time and it is going to be ...

**Senator K.L. Moore:**

When is on time? The Chief Minister said to the Chamber of Commerce that 2028 to 2030 was his sort of identified delivery window.

**Deputy Chief Minister:**

I am going to ... I might well allude to that in the next statement to the Assembly.

**Senator K.L. Moore:**

You can push your neck out here a little bit perhaps.

**Deputy Chief Minister:**

I am not prepared to ...

**Senator K.L. Moore:**

It is important.

**Deputy Chief Minister:**

Yes. What I will say is the hospital will be built and commissioned no later than 2028, no later than 2028 at this stage.

**Senator K.L. Moore:**

Do you think that is a reasonable timeframe, especially given that the office strategy will be complete way before then?

**Deputy Chief Minister:**

Do you mean that is too long or too soon, 8 years from now?

**Senator K.L. Moore:**

I am asking for your opinion.

**Deputy Chief Minister:**

I think it will be built no later than 2028, sooner if we can.

**Senator K.L. Moore:**

Do you think that is acceptable to the public, given that this has been going on since 2012?

**Deputy Chief Minister:**

I think up to 2028 is acceptable. Past 2028 would not be acceptable. That is my own view. We should be ready to announce that imminently, possibly through a statement to the Assembly in March, if not to the workshop estates members shortly after, and we will keep scrutiny informed in advance. Before I make that public, I will share that information with scrutiny.

**Senator K.L. Moore:**

Thank you. The issue of financing, of course, is still undecided. In the report that was published last year by the Chief Minister, and again in the press release published in July, we were told that the first phase of this project now was going to cost £2.6 million. How much of that has been spent to date?

**Deputy Chief Minister:**

Just under £500,000; £499,000 has been spent as at the end of December 2019.

**Senator K.L. Moore:**

Okay. Are you expecting now that that sum of £2.6 million will be an underspend, we will see an underspend?

**Deputy Chief Minister:**

Well, no, because we are starting to gain momentum. We now have the project managers on board and that is starting to incur cost, budgetary cost.

**Deputy K.F. Morel:**

Can you remind me how much is the contract worth?

**Deputy Chief Minister:**

Not off the top of my head. Can you help with that, Richard?

**Interim Project Director:**

The total contract is in the order of about £1.8 million. That is their total contract.

**Deputy Chief Minister:**

For the whole project but I do not have the split with me. Of course, once we appoint the design and delivery partner then their costs will come in straight away, so we are going to see the costs now start to increase in line with the budget.

**Senator K.L. Moore:**

At what point will you consider that phase 1 is complete and you are moving on to phase 2?

**Interim Project Director:**

Phase 1, the end of it was supposed to be the date that we made the planning application. We were considering making an outline planning application, which was the approach that was taken last time on the project. We are taking regard of what is included in the suggested supplementary planning guidance and we have also done a more detailed analysis of the timetable, as we spoke about earlier. We think that we might change our approach to planning and go for a detailed application the first time rather than an outline and then a further reserved matter application, which would mean that the overall timetable will be quicker and less risky, but the actual date for submission might go back, which might have an impact on the cost because we need to go into more detail during stage 1.

**Senator K.L. Moore:**

Then once the delivery partner is settled and you move into phase 2, where then will the money come from, as that money has not as yet been attributed, has it? You can join the table if you wish to.

**Deputy Chief Minister:**

We have, as I understand it, approval for up to £7 million from Treasury. Then as the rest of the budget is put together, then once we know we are getting towards the final amounts, that is ultimately a decision for the States to take, not just agreeing the spend on the hospital but how we might finance that as well, whether it be out of reserves or by borrowing or a mixture of both.

**Senator K.L. Moore:**

Has this Council of Ministers given any thought to their appetite for borrowing? Of course borrowing rates are at an all-time low and much lower than they were at the last time that the previous Council of Ministers was considering a bond issue.

**Deputy Chief Minister:**

Yes, that is an issue that is being considered at the moment, but of course it is difficult until we get the final decision from the States. That is one of the reasons why the timeline is so important,

because we need to get the funding model agreed and approved as quickly as possible to take advantage of financial markets.

**Senator K.L. Moore:**

Given the quantum of money that is at stake, it is a relatively, I would imagine, complex process in terms of decision-making and going to markets or defining and creating another way of raising the money to pay for a major piece of infrastructure. What is the direction that the Council of Ministers are taking or considering at the moment?

**Deputy Chief Minister:**

It is not incredibly complex; it is important. I think the work around that can be put together fairly quickly and presented to the States in a proposition and the Council of Ministers will be asked to consider that. I am not sure of the timescale yet because it depends on the appointment of the design and delivery partner, but yes.

**Senator K.L. Moore:**

Okay, so you are talking about a simple borrowing of money to finance the project or will it be a blended solution?

**Deputy Chief Minister:**

It is up to the Assembly. I mean, we have seen all sorts of different views. If you ask 20 States Members, you would probably get different opinions of how we do it ...

**Senator K.L. Moore:**

So the Council of Ministers does not have a view?

**Deputy Chief Minister:**

... but that is ultimately a decision that the Minister for Treasury will be leading that piece of work. I think once we know the costs and we have sort of done the work with the design and delivery partners, we advance into the planning process, then the Minister for Treasury will be leading on that, engaging with States Members and going through a process which will lead to a States decision with the right solution. I cannot say more than that. If you want to ask my own view, I think a blended solution will probably be the outcome, but there are some Members that do not like borrowing; there are some Members that think we should borrow it all, depending on the markets.

**Senator K.L. Moore:**

Do you consider that this hospital project will cost a considerably different amount to the previous estimate?

**Deputy Chief Minister:**

I do not think it will be considerably different. I would like to think we could do it less than the previous estimates, but I think it is going to be in a similar ballpark.

**The Connétable of St. Brelade:**

Did your visits to other hospitals, international and national, influence your financial projections in any way?

**Deputy Chief Minister:**

I will have to ask Caroline.

**Director General, Health and Community Services:**

I do not think we have made any decisions. The hospital that we thought was the best hospital Richard tells me will break the bank, but we can definitely take some inspiration from it, but we are not enough advanced yet to be able to answer that question.

**The Connétable of St. Brelade:**

You have looked at Rolls-Royces, but you have declined at this point ...

**Director General, Health and Community Services:**

No, we have not declined. We would like to take some of the Rolls-Royce, but we probably cannot afford all of it.

**Senator K.L. Moore:**

Of course the financial model for the Jersey Care Model will sit alongside that, I imagine.

**Director General, Health and Community Services:**

Yes.

**Senator K.L. Moore:**

Yes. When will that be defined?

**Director General, Health and Community Services:**

Again, that will be end of March, so that is a simultaneous piece of work around the costing of the model, again just with the caveat that if the PwC operational recommendations are different, then that will impact upon the financial recommendations, so that will be fairly iterative, but there will be that report at the end of March, that initial report.

**Senator K.L. Moore:**

Now, I think back in 2018 it was identified that keeping the current hospital open for 10 years was going to cost in the region of £65 million. Is that estimate still valid or is it considered that it might have changed with the passage of time?

**Director General, Health and Community Services:**

We have done that piece of work, have we not, Richard? Do you have that number?

**Interim Project Director:**

I do not have the numbers, I apologise. We have a piece of work that shows the forecast costs of dealing with all of that backlog maintenance required to the hospital estate and the new investments that need to be made to replace pieces of kit and that is on a planned basis. We are trying to map to see whether there is a substantial change or uplift in cost at any moment in time to help to define the drivers, the timetables that we have to work to to have the new facility up and operational.

**Director General, Health and Community Services:**

We can share that with you though, because that piece of work is happening with other States departments.

**Senator K.L. Moore:**

That would be most helpful. Thank you, that would be helpful. Why have you gone through that process again, if I might just ask? Was there an issue about the previous work that was done, or you just wanted to double-check it?

**Director General, Health and Community Services:**

I think we just wanted to be clear, particularly around our backlog maintenance, the scheduled spend of £5 million this year, how we are going to spend it, what is that going to look like as a roll-forward view. I am not convinced, looking at the previous work, that we did that forecasting in the detail that we want to do it, particularly because it will impact upon what we want to build, so that is a piece of work that Richard and his team have been doing with John Carter, which is going down into minutia of if we wanted to make it absolutely fit for purpose, what would it look like year on year, and then what is the impact of that on building a new hospital, so we can make that comparator and ensure that we are spending the money right.

**Deputy R.J. Ward:**

The future Care Model will be in place to some extent before ... in 8 years' time or whenever for the hospital, 2028, so it will have an impact. Does that have an impact on the need in terms of

replacement of our current hospital? Do you envisage some of the money, on some areas of the hospital being built, spent on areas of delivery of the future Care Model facilities for that elsewhere? Will that not change that amount of money that is needed or ...

**Director General, Health and Community Services:**

Yes. I think it is going to be a really drawn-out, fluid process. If PwC say: "Yes, it is a goer, but you need to amend 20 per cent of it" and then the Assembly goes: "Yes, we think you need to go ahead with this" then absolutely we will start. I think that debate is in June, so that work will start then over the summer. I think it will be iterative around the impact of that work and the success of it upon what the actual hospital looks like, but the Care Model will be in place prior to the build, again if it is agreed.

**Senator K.L. Moore:**

Just to be clear in terms of where we are going from here, obviously there is the PwC report that will come out and then the delivery and design partner will be decided upon, the project director. In terms of the Assembly's involvement, if we have understood correctly, the next proposition that will come to the Assembly in relation to the hospital will be sites in early September. Is that correct?

**Deputy Chief Minister:**

Yes. I have undertaken to update the Assembly approximately every 8 weeks, 8 to 12 weeks, and also we plan to have a number of other meetings, if necessary, outside the Assembly to keep them informed.

[14:15]

I am expecting that the Council of Ministers will agree the final approved site for lodging in the summer for debate in September, so the next proposition the Assembly would be asked to approve the site.

**Senator K.L. Moore:**

In terms of public engagement, how do you sense the public feel about this project at the moment? Did you, through the selection consultation, gauge some sort of feeling/feedback?

**Deputy Chief Minister:**

I think we all know there is incredible frustration, not just among the public but among politicians as well. We all are part of the public and we want to get this hospital done and so what they want is action now and that is what we are going to deliver.

**Senator K.L. Moore:**

But it is not oven-ready yet.

**Deputy Chief Minister:**

No, it is not, but we are going through, we are doing it properly. We are absolutely doing it properly this time and we face some tough questioning here today which I am pleased about, but ultimately it is up to this team to deliver. That is an undertaking that has been given.

**Senator K.L. Moore:**

Could I just ask you to elaborate a bit on the: “We are doing it properly this time” comment? Because: “We are doing it properly” has in the large part been revising and going back over what was done in the past and I think it is sometimes misunderstood or disputed as to whether the work that the £41 million-odd was spent on in the past was value for money or whether it is being disregarded. So (a) to you as the sort of P.O.G. lead, which one is it, and (b) what does: “We are doing it properly this time” mean?

**Deputy Chief Minister:**

We were both members of the previous government and I do not think we were directly involved in the hospital project, so we were at C.O.M. (Council of Ministers) when we were seeing the progress or lack of it. I guess when I say we are doing it properly, if it had been done properly last time, the hospital would be being built now. My view might differ, but my view is that we did not engage properly with the clinical process, we did not engage properly with the public. We allowed far too much speculation. There was, I think, little leadership. There was a drive to get it through on a site that was deemed not universally accepted or appropriate. The result was it was left to a Minister for Planning to refuse the planning permission at the end of the day and I think there was a culture then of the more money ... “Let us spend money, let us get it going” because the more money you spend and the more advanced you make it, the harder it is to row back. But some of these comments are my views and might be slightly controversial, but I think that is why we are where we are. One of the things we are doing now is we have learnt from that and that is why there is a far greater, far higher level of engagement with clinicians, with the public and with the planning process. In terms of the money, some of it we cannot use and some of it we can. This is something that Richard can explain. The money, the £40 million-odd that has been spent, some of the work done is incredibly useful to us; some of it has to be written off, regrettably. Could you enlighten the panel, please, as to ...

**Interim Project Director:**

Yes, so as we go through the process, the information was prepared at a similar stage of the process last time and we are using it. There was a mention earlier on some of the work that was done by

Gleeds, like the outline business case; for sure we are using that information. What we are not doing is just saying: "That was the answer last time and therefore is the answer this time." We know, for example, our hospital brief this time is different, it has mental health there. We have a different approach to emergency arrivals and so on. It means it is different, so we are not trying to just rely on what we have done previously. In terms of the engagement, we are making sure that we set out a sensible approach to things, but then sticking to that approach rather than allowing things to come in and influence from the side as we go along. That can only be done by just good planning, good engagement and although it might seem frustrating - and I accept that it seems frustrating on the opposite side of the table, that things seem to take a long time - we are moving at the best pace we possibly can to get it right, but also to achieve the timetables, which have not changed since the last version of the project.

**The Connétable of St. Brelade:**

Talking about side influences, Minister, do you see the 2022 election process affecting this project?

**Deputy Chief Minister:**

No, because I think that all the work that needs to be done will have been done. Hopefully the hospital, everything will have been agreed, approved, financed and the hospital will be ... we will have spades in the ground. I think hopefully by the next election it will not be an election issue because everybody will be breathing a huge sigh of relief and saying: "Thank goodness, they are getting on with it."

**Deputy K.F. Morel:**

There has been talk on that line of bringing the election forward to October 2021. Do you think that would have an effect?

**Deputy Chief Minister:**

I have not heard of that, no.

**Deputy K.F. Morel:**

You need to speak to P.P.C. (Privileges and Procedures Committee).

**Deputy Chief Minister:**

Okay, fine.

**Senator K.L. Moore:**

You have outlined, I think, today some of the clinical engagement that is going on, but let us go back to the public engagement, which is the other factor you identified as being an issue last time. You

say that it is better this time, but could you tell us perhaps how many members of the public engage with you on a weekly and monthly basis?

**Deputy Chief Minister:**

I think it is time now that we all have to demonstrate some leadership. One of the things that happened last time is the public view was always there and there is such a broad range of views from the public. I can tell you now that when the States make a decision where to build it, not everybody is going to agree. We are going to have to accept that. I believe the previous work was side-tracked by that and influenced by that and there was no leadership shown. Now we are on the back of what I think is a very good process. We have engaged with the public, we have done one final sweep, a public appeal for one final sweep. We have a panel of citizens now that are going to stay as part of that process until we reach a preferred site to bring to the Assembly for a decision. Now, that preferred site might be subject to debate, it might be subject to amendment, it might be another Member or the Scrutiny Panel. Hopefully we are going to work collaboratively with the Scrutiny Panel - I apologise for you not having the minutes; I am very disappointed you have not, and we are going to put that right - and work in as real time as possible. It is not always possible to work in real time because we have to ... I would rather feed you information that is final and correct for your scrutiny than something that might need further work. But that is why I think that the current process now will succeed, and we must not allow ourselves to be side-tracked by hundreds of different public opinions because the decisions we are making are objective, based on fact, based on evidence and based on good participation and work with the stakeholders. That is why I think we have got a very good chance now of moving to the next stage.

**Senator K.L. Moore:**

Thank you. Panel, do you have any further questions?

**Deputy R.J. Ward:**

Yes, just to go back to talk about sustainability, are you considering things such as the future sustainability in terms of we are in a very changing world, so in terms of heating of the hospital and using ground source pumps, also temperature as well and the range of temperature and the weather that we may encounter in 25, 30, 35 years of the hospital and so on? Are those considerations coming into the build as well, because they will be real, in an environment that has to be very stable by definition with the hospital itself?

**Deputy Chief Minister:**

I will give an overview and then perhaps Richard could give some technical detail. Deputy Morel talked about the car park and the carbon neutral aspect. Transportation and access to the hospital is paramount and important and our argument is not with the wheel, it is with the combustion engine,

so a lot of space for vehicles to park is not necessarily good for our carbon neutral aspirations because ... I am sure we are going to be using the wheel to get around ...

**Deputy K.F. Morel:**

No, because it is appalling for our land use aspirations. If cars sit there doing nothing in a car park, that is not the best use of any land.

**Deputy Chief Minister:**

I think when it is a means of access, going to and from a place like a hospital, it might be.

**Deputy K.F. Morel:**

I can understand the need for access, but ...

**Deputy Chief Minister:**

It might be a good use, but in other aspects of the Island, I tend to agree with you.

**Deputy K.F. Morel:**

Car parks are not the best use of any land.

**Deputy Chief Minister:**

This is a conversation I would ...

**Deputy K.F. Morel:**

Because they sit there, for hours a car will sit there doing nothing. You cannot expect me to accept that is the best use of land.

**Deputy Chief Minister:**

Unless of course you own the car park and you are charging the car to park there, then it is a very economically useful use of the space, but that is one of the challenges.

**Deputy K.F. Morel:**

So you are thinking of N.H.S. pricing when it comes to hospital car parks. Is this another matter you are thinking of?

**Deputy Chief Minister:**

I would not like to see a situation where the hospital is charging for car parking, but that is probably a discussion for another day. The point I am trying to make is technology is changing so fast now

and that is why the build has to take that into account because the technology we deploy initially might need to change rapidly in the years ahead. Over to you, Richard, to explain.

**Deputy K.F. Morel:**

Sorry, just referring into that, because one of the questions I have is what technology assumptions are you making?

**Interim Project Director:**

The answer is yes to your question. The design teams that are coming forward have to show us their credentials in terms of having delivered stuff, but also the access that they provide to the ideas that are out there to help us to do the right thing, so absolutely, yes, it is in our brief.

**Deputy Chief Minister:**

What sort of technology are we looking at?

**Deputy K.F. Morel:**

What technology assumptions are you making? Are you ...

**Interim Project Director:**

We are making assumptions in relation to the performance of the hospital in terms of it being fully digitally enabled and things of that nature, but we are not making any assumptions at the moment as to what the right package of measures is that we should make to create the environment and the sustainable to run - economically and also in terms of consumption - hospital. That will come through the design period.

**Deputy K.F. Morel:**

When you say "fully digitally enabled" what does that mean?

**Interim Project Director:**

Getting rid of paperwork. You might be able to give ...

**Deputy K.F. Morel:**

So it is digital records?

**Director General, Health and Community Services:**

We saw a hospital that was serviced by robots, so supplies will come down to the floor, food will come down to the floor supplied by robots and the amount of space that was reduced by these

robots going up and down the building was amazing. It was like Star Trek. We would like that, or we would like some version of that.

**Deputy K.F. Morel:**

This is present-day technology, which is absolutely fine.

**Director General, Health and Community Services:**

Absolutely, yes.

**Deputy K.F. Morel:**

So you are making your assumptions based on present-day technology ...

**Director General, Health and Community Services:**

No, we are not making our assumptions ...

**Deputy K.F. Morel:**

... and not what may be available possibly in the future?

**Director General, Health and Community Services:**

No, we absolutely are looking to the future and we have got our digital experts doing that, but the digital world moves even quicker than the medical world, so I think what we are trying to do is be as innovative as we can around the architecture so that we are able to grow with technology and with medical innovation, but some of the stuff we saw will be fantastic for us here in Jersey.

**Deputy Chief Minister:**

Can I just make a caveat to the earlier comment I made about hoping to do it within the same envelope? Obviously there might be some technology options available to us that are absolutely fantastic but might be expensive. There is a ...

**Deputy K.F. Morel:**

Going back to what you talked about, Minister, about summer being when we get the site selection as a proposition, are you suggesting that you will be lodging the proposition in September or we will be debating it in September?

**Deputy Chief Minister:**

I had originally undertaken to lodge it in September, but I would like the Assembly to debate it in September. If we were to debate it in September it would have to be lodged during the summer.

**Deputy K.F. Morel:**

In which case, how do you expect Scrutiny to undertake its work appropriately, given that last year with the Government Plan and trying to get Ministers, who appeared to be mainly on holiday during the summer, to respond to Scrutiny was an almost impossible task?

**Deputy Chief Minister:**

I think this project is important. We have to work year round on it, I am afraid.

**Deputy K.F. Morel:**

Can we assume that all Ministers, with regard to this project, will be available throughout the summer?

**Deputy Chief Minister:**

I cannot speak for other Ministers, but I can guarantee you that this Minister and his team will be committed to this and we will work through the year around the clock if we have to.

**Deputy K.F. Morel:**

So if we want public hearings in the middle of August, you will be here for public hearings in the middle of August?

**Deputy Chief Minister:**

I will be available; I will be available.

**Deputy K.F. Morel:**

Thank you.

**Deputy Chief Minister:**

If you are, I will be.

**Deputy K.F. Morel:**

Scrutiny does not stop, no.

**Deputy Chief Minister:**

We do not stop, not for this project.

**Deputy K.F. Morel:**

Resourcing the build, obviously we are talking about a very large project here. We talked about recruitment in a different matter, but with regard to resourcing and providing human resources for

the project ahead, where do you expect to house them and how many people do you expect to have ... the other way around. That should have been how many people do you expect to have, where do you expect to house them and what kind of work permits do you expect them to be here on?

**Deputy Chief Minister:**

Fine, okay. Richard, can you deal with the first 2?

**Interim Project Director:**

We have some accommodation needs, as you say, for the workforce to do the build, but we have workforce needs beyond that as well for the workers that we are going to need to be able to operate the hospital and the health service as we go forward. We are keen that whatever we do now has a legacy value in that respect, but we also are keen ...

**Deputy K.F. Morel:**

What does that mean?

**Interim Project Director:**

That means that if we build it for a joiner, then it can be converted for a nurse. We also hope that there are ... is it step-down? Is that the correct word?

**Director General, Health and Community Services:**

Yes.

**Interim Project Director:**

This step-down approach, where people leave the hospital but go into an environment where they are still in care. Again, there is no reason why accommodation that we build now for a joiner cannot be converted or built in such a manner that it can then be used as a step-down facility for the new Jersey Care Model.

[14:30]

So accommodation is critical, not just for now, but also with a legacy use once the hospital is up and running.

**Deputy K.F. Morel:**

Given that we are talking about a need of 7,000 homes in the Island as we stand and we barely have the room for them, where do you expect to put this extra accommodation, Minister?

**Director General, Health and Community Services:**

That is around our campus approach. It is difficult now if you are a doctor and you come on-Island and you are based in Hue Court and you are working in Gloucester Street and your education is in a basement, in effect. That is why one of our aspirations is a campus approach so that we can have a flexible site that we can have a decent education centre on, and we can look to provide some accommodation, even if that is on-call accommodation.

**Deputy K.F. Morel:**

It does sound like the footprint for the site has grown somewhat considerably since the last hospital project.

**Director General, Health and Community Services:**

I think it is an iterative process around aspiration. We will not necessarily be able to do it, but that is our aspirational vision.

**Deputy K.F. Morel:**

I still find it hard to understand that you do not have some sort of concept, some sort of ballpark figure for the size of the footprint of this campus.

**Deputy Chief Minister:**

You have changed the question. It was for the size of the hospital aspect of the campus. The campus might contain many other things other than the hospital.

**Deputy K.F. Morel:**

How large, Minister, do you expect the campus to be?

**Deputy Chief Minister:**

What is the question?

**Deputy K.F. Morel:**

What size do you expect this campus to be in square metres?

**Deputy Chief Minister:**

Big enough to deal with what we need to provide for Islanders.

**Deputy K.F. Morel:**

I asked for square metres, Minister.

**Deputy Chief Minister:**

I cannot give you that at the moment because we are still in the planning process.

**Deputy K.F. Morel:**

I find it very hard to believe that you are at this stage and you are unable to give us that. Given what we are thinking of putting in, accommodation, education, various other things that have been mentioned and therefore thought about, I find it hard to believe that you have not then come to ...

**Deputy Chief Minister:**

Well, I find it hard to believe that you appear to be naïve enough to be asking me for exact square footage of something that we have not designed yet.

**Deputy K.F. Morel:**

I am asking for the ballpark figure that you are using because I find it hard to believe that one is not being used at the moment.

**Deputy Chief Minister:**

Would you like to give a ballpark figure?

**Interim Project Director:**

No, certainly not. We are working on that. We are working on the stuff that needs to be accommodated in a ground floor space, to determine what a minimum requirement might be.

**Deputy K.F. Morel:**

I am trying to understand what that minimum requirement is.

**Interim Project Director:**

It does not have to all be in one place. If we are going for a campus model, the accommodation can be local to, but it does have to all be squeezed into that space. If we try and combine everything together, we will not find a site on this Island where it can all be on one space because it is a complex matter. At the moment we are working hard to determine the minimum. Do not forget we are trying to accommodate all of the new uses that we are trying to put into the hospital. That is why we cannot just rely on the previous work that was done.

**Senator K.L. Moore:**

The previous Gloucester Street site was a campus because it had Westaway Court and that was described as a campus development. How is this one going to be a progression in terms of the campus model? The Director General has talked many times about the new hospital being an acute

care unit. However, I was surprised to hear the Interim Manager refer to mental health earlier as he did, because one would assume if you have an acute hospital then mental health would not necessarily be ... the whole of the mental health facility would not be an acute hospital, so how does that work? Is mental health going to be in a different part of the campus?

**Director General, Health and Community Services:**

The aspiration again - because you have asked for all our aspirations - is that mental health is collocated with the acute so that we get that parity of care, but at the moment we have little mental healthcare that is delivered in the community, it is all delivered within the unit. We envisage that that mental health unit will look very different. Again, I imagine that Deputy Le Hegarat is probably hearing the comment about the step-down. We are not expecting to build huge step-down facilities because that is just beds in another place because step-down is better facilitated within your own environment. But at the moment we have 2 step-down beds, so it would be useful to have accommodation that was flexible on the site with a handful of beds that we could step down patients into. For us, it is about having a campus of health, not necessarily a campus of acute care delivery and using that accommodation flexibly so that other providers of healthcare are able to access the facility, so G.P.s (general practitioners), third sector and so on.

**Deputy K.F. Morel:**

For the sake of clarity, could you explain to me what you mean by “campus”?

**Director General, Health and Community Services:**

For me, when I am having the conversation - and I am just one of many people having that conversation, because it is not just my voice - if we are looking at providing the very best that we could, it would be really useful to have collocated health delivery. It would be useful to walk on to a site where you had health education as well as healthcare delivery and where you were not just providing acute care, but were providing a forum for where voluntary agencies could come in, run workshops, run café areas, drop-in coffee. We would like to do all of that in one area.

**Deputy K.F. Morel:**

That is what I mean. To me “campus” is one site. That is the point of campus whereas ...

**Director General, Health and Community Services:**

But Richard has been very clear ...

**Deputy K.F. Morel:**

... sorry, Richard, you suggested there would be than one site.

**Director General, Health and Community Services:**

Richard has been very clear, because when we initially did this it was the size of about 17 football pitches and could not be built even on the Island, so we had to scale that down. The reason that he is not able to give you the number, because at the moment we are having the conversations of what must we have on the ground floor, what would we like and how can we marry those asks. It is not being obtuse about the number; it is we are not at the number. We are still debating it.

**Deputy K.F. Morel:**

No, I have moved on from the number, it is just that I understood "campus" to be one site and then Richard started talking about having more than one site.

**Director General, Health and Community Services:**

Richard has been very clear that even if we get down to a minimum size footprint, the site selection may suggest that we need collocated sites. My understanding is - I am not good on the geography - that some of the sites allow that, so ...

**Deputy K.F. Morel:**

In which case it would not be a campus, it would be a multi-site hospital.

**Senator K.L. Moore:**

That was what was under consideration is 2012 when the ...

**Deputy Chief Minister:**

Can I come in? You are steering ... I think you are trying to almost put words into our mouths. First of all, I am reluctant to comment because there is an independent process going on. We are asking the clinicians, the panel of citizens and we are looking at our planning guidance. If all of that work says the preference is for a campus, as much on one site as possible, then that will guide us. That process is meant to be independent, so I do not want officers or politicians sort of ...

**Deputy K.F. Morel:**

Minister, can we go back to the build? For the sake of resourcing the build, how many construction workers do we expect to be having to bring into Jersey to resource this build?

**Interim Project Director:**

Our delivery partners have made some estimates of that and they have given 2 different answers, so we will have to wait and see.

**Deputy K.F. Morel:**

What is the range of those answers?

**Deputy Chief Minister:**

I would like to perhaps give some information in private.

**Deputy K.F. Morel:**

Will there be local company involvement in the build?

**Deputy Chief Minister:**

Yes.

**Interim Project Director:**

Yes.

**Deputy Chief Minister:**

Very much so.

**Deputy K.F. Morel:**

So we can expect to see local builders, construction workers, in all their many skills, involved?

**Deputy Chief Minister:**

I very much expect to see strong local involvement.

**Deputy K.F. Morel:**

How do you expect the local industry to resource it then, given that we have a very vibrant - and some say overheating - local construction industry?

**Interim Project Director:**

There are a variety of measures that are being proposed in terms of how we are going to resource this. Both of the companies that are bidding at the moment have local partners as part of their makeup of their team, not just as subcontractors but as lead parts of the team. We know that the difficulties of delivering things locally are well and truly embedded within the approach that is coming forward, but we are definitely going to need to get some skills from elsewhere, we are definitely going to need to invest in people on the Island to be able to get them ready to be able to respond to the need. Whatever mechanisms we put in place of terms of recruiting and training need to be then carried on for the recruitment and the training and whatever of the nurses and everybody else who we are going to need to be able to run and maintain the hospital once it is finished.

**Deputy K.F. Morel:**

I get the feeling this hospital alone is going to see quite a considerable significant population increase as a result of it. Is that correct, Minister?

**Deputy Chief Minister:**

Possibly on a temporary basis. Let us be realistic, we are building ...

**Deputy K.F. Morel:**

We just heard that it would carry on beyond the construction.

**Deputy Chief Minister:**

I am not going to speculate about that. I do not think it will. The work that the Population Group has done with the Chief Minister will elaborate on how we can manage these sort of challenges, so we would advise looking at that first. But I see, as with any big project, we will have to import some labour to deal with it, but it will not be permanent.

**Deputy K.F. Morel:**

Will you though accept when the project is underway, when asked for the figures on how many people have been brought over to do this project, if you use let us say a local joiner and that local joiner then has to hire someone from outside the Island to undertake that person's own work in their own separate contracts within the Island, that that is the hospital requiring someone being brought into the Island even though the hospital, the States of Jersey, have not employed that person?

**Deputy Chief Minister:**

It could be, but that does not necessarily mean it is permanent labour. It depends on what the conditions are on the licence with which they are coming.

**Deputy K.F. Morel:**

No, but just so you have a handle of the statistics and the figures as they carry on.

**Deputy Chief Minister:**

Yes, I know. It is a valid point and that has to be managed very carefully because we must not allow permanent population increases to establish themselves from these sort of projects.

**Deputy K.F. Morel:**

Absolutely.

**Deputy Chief Minister:**

We have been managing that very closely.

**Senator K.L. Moore:**

Does anybody have any further questions on the hospital? Just one quick area of questioning, if I may. The catering facility at St. Peter, according to a recent F.O.I. (freedom of information) request which was published towards the end of last month, it stated that would be up and running by the end of last month. Is that now up and running?

**Director General, Health and Community Services:**

My understanding is it is, but I will have to come back to you on that because I cannot give you a definitive answer, but I think it is.

**Senator K.L. Moore:**

Yes, if you could provide us with that qualification, I would be grateful.

**Director General, Health and Community Services:**

Yes, I will do.

**Senator K.L. Moore:**

Lovely. Okay, if there are no further questions, I shall close the hearing and thank you all very much for your attendance.

**Deputy Chief Minister:**

Thank you very much.

[14:40]