



Future Hospital Review Panel

New Healthcare Facilities Programme

Witness: The Minister for Infrastructure

Thursday, 21st September 2023

Panel:

Deputy S.Y. Mézec of St. Helier South (Chair)
Deputy L.V. Feltham of St. Helier Central (Vice-Chair)
Deputy R.J. Ward of St. Helier Central
Connétable M.K. Jackson of St. Brelade

Witnesses:

Deputy T. Binet of St. Saviour, The Minister for Infrastructure
Mr. C. Bown, Interim Chief Officer, Health and Community Services
Mr. A. Scate, Chief Officer, Infrastructure and Environment
Ms. J. Hardwick, Acting Programme Director

[16:00]

Deputy S.Y. Mézec of St. Helier (Chair):

Thank you and welcome to this hearing with the Future Hospital Review Panel, a hearing with the Minister for Infrastructure. Just for the benefit of the tape, we will go round the table as usual to introduce ourselves. I am Deputy Sam Mézec. I am the Chair of this panel.

Deputy L.V. Feltham of St. Helier Central:

I am Deputy Lyndsay Feltham. I am Vice-Chair of the panel.

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

Deputy Rob Ward. I am on the panel.

Connétable M.K. Jackson of Brelade:

Constable Mike Jackson, panel member.

Interim Chief Officer, Health and Community Services:

Chris Bown, Interim Chief Officer, Health and Community Services.

The Minister for Infrastructure:

Tom Binet, the Minister for Infrastructure.

Chief Officer, Infrastructure and Environment:

Andy Scate, Chief Officer for Infrastructure and Environment.

Acting Programme Director:

Jessica Hardwick, Acting Programme Director.

Deputy S.Y. Mézec:

Thank you. Minister, just before we ask the first question, can you just confirm that you have read and understand the scrutiny notice in front of you? It is not your first time here so you should have read it before.

The Minister for Infrastructure:

I am sure.

Deputy S.Y. Mézec:

Yes, indeed, good. Okay. Thank you very much. The first question to kick us off, first round of questions, is going to be about governance issues. The first question is just to ask you, Minister, if you can tell the panel what point the new healthcare facilities programme has reached and what the public can expect to see next.

The Minister for Infrastructure:

Well, as you know, we have issued the draft Government Plan. We have included the figures as we promised, albeit that we are not asking for those full figures at this point in time. We are asking for £52 million to carry the project through to next summer, at which point there will be a full business case. In the meantime, we are hoping to come up with operating costs by November. You are also aware that the Enid Quenault Health and Wellbeing Centre has been ... well, it is going to be officially opened next week, but it is already in operation.

Deputy S.Y. Mézec:

Thank you. You mentioned the Enid Quenault centre. In terms of determining exactly what will be on the Overdale part of the hospital, the first project in the programme that we can see next, at what stage are you within that?

The Minister for Infrastructure:

Well, subject to the funding, we will be moving forward to ... we have reached the strategic outline case and we are moving beyond that now towards the full business case. As I said, there is work being undertaken at the moment to do revenue costings. That is a comparison between ... quite a complicated comparison because it is going to be between what the ... there are 2 stages to it because obviously the acute will come before the ambulatory. So it will be operating in 2 different ways. The acute will be the acute going forward but the ambulatory will change as the buildings change. So there will possibly be some differentials there as well. That will be done as a comparison against what the existing operating costs are. It is quite a complicated operation to separate those things through.

Deputy S.Y. Mézec:

Sure. Okay. How familiar are you with the programme management framework that is being used for the governance of this programme?

The Minister for Infrastructure:

When you say familiar with the framework?

Deputy S.Y. Mézec:

Yes, the official ... it is the Government's framework for a programme like this.

The Minister for Infrastructure:

Framework. I have it all laid out here. I am familiar with it and it is all sitting here. As I say, it is the same framework as we have been working with from the early stages.

Deputy S.Y. Mézec:

Okay. Thank you. In this programme, could you define exactly what your role is within it and how that is distinguished from the Minister for Health and Social Services' role in it?

The Minister for Infrastructure:

Well, I have political responsibility for the delivery side and the Minister for Health and Social Services has political responsibility for ... as the client.

Deputy S.Y. Mézec:

Okay. So in that role, what role did you play in determining the options for the siting and developing of the healthcare facilities that have been selected for this?

The Minister for Infrastructure:

As you know, we went through a whole programme and a whole consultation process and what we have come up with is as a result of that whole entire process, which was agreed at ministerial level, at Council of Ministers level, before the ... from the outset as a result of the 100-day review.

Deputy S.Y. Mézec:

Yes, but what was your role specifically within that? I am sure other Ministers will have contributed to it. What was your contribution to that?

The Minister for Infrastructure:

What the actual contribution to that is in physical terms? Because as you know, being politically responsible for the delivery side is being politically responsible. That takes the form of obviously carrying out my role on the ministerial group and the Council of Ministers, but in addition to that - and it is not part of the formal process - I have a weekly meeting with the team to be briefed on various aspects either that the team feel that I should be briefed on or that I would like to be briefed on from the team. That is an opportunity for me to raise issues and discuss them informally so that I am better informed when I get to the ministerial group.

Deputy S.Y. Mézec:

Okay. Could you explain to us the detail in the ministerial end of the decision-making process which led to the choice that you have made for the acute hospital being located at Overdale versus ... you have been briefed about 2 options there. What was the ministerial process that led to that?

The Minister for Infrastructure:

The ministerial process was for everybody to read through all of the details that had come up in the recommendations. If you recall, all of those recommendations were substantially better for the acute at Overdale and the ambulatory in Gloucester Street and Kensington Place, every single one of them, and I think they were all one tier better and in one instance it was 2 tiers better. So I think we did not take a lot of persuading when you read through the evidence to go with that and it was unanimous.

Deputy S.Y. Mézec:

Were there any representations at any point in that for the reverse iteration?

The Minister for Infrastructure:

Various discussions took place and there were various challenges, what if this and what if that, but I think for me and for most of us the evidence was overwhelming.

Deputy S.Y. Mézec:

Okay. The Government reached the conclusion that a single site would not be large enough to deliver all of the services required under the Minister for Health and Social Services' care framework. Can you explain how that decision was reached, given that the Minister for Health and Social Services' care framework is not really finished?

The Minister for Infrastructure:

No, that is quite correct. We are in an awkward position, are we not, and I think we all recognise that. The Our Hospital Project was based on the Jersey Care Model, which has subsequently been scrapped. The most recent analysis indicates that it was 138 beds short and certain elements that perhaps should have been included were removed because there was not enough space on the site. So I think we had little choice but to go in the direction that we are going in at the moment.

Deputy S.Y. Mézec:

What kind of representations did you receive from your health colleagues about this, given the point in which they are in determining the care framework?

The Minister for Infrastructure:

That was quite varied and I would say there was more opposition to it at the outset than there was subsequently and as we went forward and came through with the evidence. I think the more evidence that was produced, the more buy-in that there has been. I think you can understand that after 10 years a lot of clinicians wanted a hospital and they wanted it in a hurry and they were not interested in the politics. Disappointingly, in some cases they were not particularly interested in the funding. As you know, the Our Hospital Project would now be approaching something like 1.1 and if you speak to the Treasury that just is not affordable. So I think we are where we are and we do not really have an awful lot of alternatives.

Deputy S.Y. Mézec:

You said the opposition was stronger at the start and as you presented more evidence ...

The Minister for Infrastructure:

I believe so, yes.

Deputy S.Y. Mézec:

Are you confident that it is because of more evidence being presented or was it an acceptance of political reality that political decisions had been made and they were not going to overturn them?

The Minister for Infrastructure:

I think we are looking more at an acceptance of financial reality because that is the thing that we have had to make plain to people, is if we wanted to go back to Our Hospital we would have to find and fund £1.1 billion worth of borrowing all at once. There are implications for the construction. I think we were looking at having to have 700 people on the Island and we were committed ... well, we had a break point which we exercised, but we were at one stage committed to I think the eighth largest construction company in the world on a contract that I think could have been quite difficult for us going forward.

Deputy S.Y. Mézec:

Okay. Does anyone else have anything on this?

Deputy L.V. Feltham:

You mentioned in one of your answers about the number of beds in the previous plan not being enough, but we now know that the acute site is going up at Overdale. Where are the other beds going?

The Minister for Infrastructure:

They will be going on the ... some of them at the health village. So a number of the beds will be going on the acute site and the remainder at the health village ...

Deputy L.V. Feltham:

Do you know at this point ...

The Minister for Infrastructure:

... which has dementia and rehabilitation.

Deputy L.V. Feltham:

Okay.

The Minister for Infrastructure:

In terms of the precise split of the beds I would probably hand over to Jess because I do not carry precise numbers for each individual section in my head, as you might understand.

Deputy L.V. Feltham:

That is okay. I was just trying to calculate how, when you said this is going to be a smaller build-up at Overdale but we are going to give more beds, I just wanted to clarify where the beds were.

The Minister for Infrastructure:

Well, it is a smaller build but the emphasis will be on operating theatres and beds and obviously the day-care patient stuff will be removed from that. That is what enables it to shrink. That is what gives you the reduction in size, not the reduction in beds. So there are probably slightly more beds at Overdale but you have taken away a big chunk and that is the day care, that is the outpatient facilities.

Deputy L.V. Feltham:

Thank you.

Deputy R.J. Ward:

When you say the £1.1 billion was not affordable, do you mean in terms of the mechanism of payment that was put in place, i.e. all in one go? Because we are often asked questions about numbers and affordability, but we do not know what the overall cost of the new project could be, which could theoretically be more than that. I think in a public hearing the public would like to hear the answer to the question, which is the £1.1 billion is a figure that is not affordable but the position is perhaps that we will spend more but that is affordable. On the day-to-day running of people's lives, that is a really difficult thing to get across for people to understand, that we spend more but it is more affordable.

The Minister for Infrastructure:

I will try and be specific and that is because, as with anything, the longer the period of time the more affordable it is because you can manage your borrowings, your cost of your borrowings, over that time, can you not? You get more income over a longer period of time. It is not that complicated, really.

Deputy R.J. Ward:

Right, so ...

The Minister for Infrastructure:

It is a little bit like in your own home. You might want some household goods and a car and everything else and a holiday. You do not buy it all in year 1, do you? You keep earning and you keep taking percentages of your money to furnish yourself with the things that you feel that you want or can afford.

Deputy R.J. Ward:

Or you take it on credit over a longer time and burden yourself with more debt, which is what a lot of households end up getting in trouble with.

The Minister for Infrastructure:

That is what a lot of businesses do and that can be made to work, yes.

Deputy R.J. Ward:

Okay. It was just that question of affordability.

The Minister for Infrastructure:

Yes, you are right to ask the question but I think one has to be clear about it. There is an element of risk in borrowing £1.1 billion in the current climate. You start accruing large sums of interest from day 1 on one major facility.

Deputy R.J. Ward:

Just the thing about you said ... you keep saying multi-site. It will definitely be multi-site, it is not just 2 sites?

The Minister for Infrastructure:

It has been very, very plain from the outset: acute, ambulatory, health village. Those things have been clearly stated.

Deputy R.J. Ward:

And the Enid Quenault centre.

The Minister for Infrastructure:

Yes, and, of course, the one that is finished ... we are talking about future developments, yes.

Deputy R.J. Ward:

Just to be clear on that, that was all.

The Minister for Infrastructure:

Yes, to be absolutely crystal clear, yes, there is no change to that.

Deputy S.Y. Mézec:

I have one more and then I will come to you, Constable Jackson. So just from me, and bearing in mind what you have just said, is there an absolute consensus on the programme's ministerial group and on the Council of Ministers that this is a multi-site programme?

The Minister for Infrastructure:

I believe so.

Deputy S.Y. Mézec:

Okay. Thank you.

The Connétable of St. Brelade:

Minister, hindsight is a wonderful thing, but in your view is the Infrastructure portfolio the right one to be leading this programme, particularly because in the last iteration it was led by the Deputy Chief Minister and the one before that it was the Minister for Health and Social Services? What do you think you can offer to the party which they have not been able to, shall we say?

The Minister for Infrastructure:

It is not really for me to say, is it? It was deemed appropriate. Major capital projects usually sit with Infrastructure. This just happens to be an extra big one. I have to be honest and say that I welcomed it. I certainly was not fighting shy of it. It is a major challenge and it is extremely important for the Island. I think logically as a delivery it belongs with Infrastructure and I think under the circumstances a view was taken that that was something I was comfortable to do. Did the powers that be think that I was capable of doing it? Hopefully they did and hopefully it is going reasonably well. So everybody may have a different view on that, but that is as well as I can explain myself, I think.

The Connétable of St. Brelade:

Good answer.

Deputy S.Y. Mézec:

Did any other Ministers want to make representations?

The Minister for Infrastructure:

I did not see a queue anywhere, no. **[Laughter]**

Deputy S.Y. Mézec:

Okay. Thank you.

Deputy L.V. Feltham:

We are going to talk a bit about the programme and delivery of the programme. So, firstly, could you clarify exactly what healthcare facilities the States Assembly is being asked to approve by this Government? Maybe let us start in a short time period. So what are we going to be asked to approve in the next 6 months and then ...?

The Minister for Infrastructure:

The next 6 months is funding to take the programme forward to a full business case and provide ... correct me if I am wrong, is it R.I.B.A. (Royal Institute of British Architects) stage 4? You mentioned 4A. I am familiar with R.I.B.A. stage 4. The A and B you would have to explain if people want that explained. That would take that to ... the funding that we have indicated would take that to completion. As you know, the final 35 million would sit in 2028, and it also allows for a sum of money to bring forward the other 2 projects, principally the ambulatory and behind that, a short distance behind that, is work on the health village.

Deputy L.V. Feltham:

Okay. So what timeframe are we talking about for approving a spade in the ground?

[16:15]

The Minister for Infrastructure:

I think at R.I.B.A. stage 4 that is ready for submission for planning permission. You would know a little bit more about the precise nature. We were discussing on the way as to whether it would be passed by the Planning Committee or go to ...

Chief Officer, Infrastructure and Environment:

We would expect to get to the 4A on the acute hospital let us say summer of next year, ready for spades in the ground sort of late 2024, getting into 2025, effectively I think 2025.

The Minister for Infrastructure:

Depending on planning.

Chief Officer, Infrastructure and Environment:

Depending on planning, of course, yes.

Deputy L.V. Feltham:

So the plan at the moment is to get a spade in the ground for an acute hospital at Overdale by 2024?

The Minister for Infrastructure:

No ...

Deputy L.V. Feltham:

2025?

The Minister for Infrastructure:

Early 2025, I think. Let us be ... let us not commit ourselves to something that ...

Chief Officer, Infrastructure and Environment:

Yes, so after planning we have then got to go into mobilisation on technical design contracts and so on and so forth, so we said 2025 for construction commencement.

Deputy L.V. Feltham:

Then the other components of the programme, when are we expecting to get approval for a spade in the ground on those?

The Minister for Infrastructure:

Too early to pin that down precisely, I think. It would be wrong to suggest that we could give you a precise date for that.

Deputy L.V. Feltham:

Will that be in this term of office?

The Minister for Infrastructure:

A spade in the ground on the other sites?

Deputy L.V. Feltham:

An approval for a spade in the ground for the other sites in this term of office?

The Minister for Infrastructure:

I would think by 2026 possibly, yes.

Acting Programme Director:

They are coming on behind, so there will be an element of spend for the ambulatory site and the health village as well. So that is why in the Government Plan it talks about the proposal that it is for the delivery of the acute hospital but meaningful starts on ambulatory and the health village. So that would include some buildings on those sites. But that would be for the overall Government Plan.

Of course, the funding that has been asked for right now is to do with developing the Overdale acute design and planning to the stage 4A that the Minister mentioned. That would be complete next year.

Deputy L.V. Feltham:

Just to clarify, that is more or less repeating work that had been done previously on the other project? So we are not further forward than we were this time last year?

Acting Programme Director:

I think we are because we have a planning permission in place, so actually when you talk about a spade in the ground you are talking about construction, I suspect. So the construction would start then but we are actually starting demolition. We have already started demolition up at Overdale so there will be some spades there and they will be in the ground and that is now.

Deputy L.V. Feltham:

The planning permission that is in place, that is not for this project. What advice have you had from planning officers around whether you can make any assumptions about whether you will get planning permission for another plan, even if it is on the same site?

Chief Officer, Infrastructure and Environment:

At the moment the quick answer is we have not had any assurances obviously from planning that any future scheme will be approved, so at the moment that scheme is going through a redesign. So in terms of the money spent on the previous scheme, there was a lot of money spent certainly on the outside of the building and the infrastructure of the site but also a lot of money spent on what spaces we need inside the building. So a lot of those internal space designs will be reutilised in this building, although we are going to be needing to stack it differently and with different things.

Deputy L.V. Feltham:

I will move on because I am conscious we are expanding ...

Chief Officer, Infrastructure and Environment:

Yes. So we have not had a planning green light at all at this point.

Deputy L.V. Feltham:

Okay. All right. I think you have already answered this, but I just want to double check. The client for this programme you have mentioned before is the Minister for Health and Social Services. Yes. What client specification have you and the programme team had from the Minister for Health and Social Services and her department?

The Minister for Infrastructure:

That has basically been a programme of engagement with all of the people in Health and that has come together over the course of time. It has not been done in terms of a formal presentation of: "This is what we want" because as we said at the beginning of this, when we came to office just over a year ago the Jersey Care Model was put to one side and a new care model is being developed as we speak. So we have had to run in tandem with that and that has been done by virtue of consultation with everybody in the process as we go forward.

Deputy L.V. Feltham:

I suppose where I am getting confused, and it is a matter of public record, it was in our public hearing with the Minister for Health and Social Services, that the Minister for Health and Social Services said that as far as she was concerned what she had requested was a 2-site option and what was being looked at was a 2-site hospital.

The Minister for Infrastructure:

I have no record of any formal request from the Minister for Health and Social Services for 2 sites at any stage.

Deputy L.V. Feltham:

Has there been any formal request for 3 sites?

The Minister for Infrastructure:

No. The Minister for Health and Social Services has been present at every meeting, every meeting that she has been required to be, to the best of my knowledge, where 3 sites have been discussed. I mean, it has been in the public domain and I am not aware of ... are you aware of any formal request to reduce the number of sites?

Acting Programme Director:

So there is a functional brief that exists. It was approved as part of the process that has brought us to today. Currently, that functional brief has been circulated to the clinical operation and client group. We are receiving feedback on it. We have had no feedback in terms of the health village, which is a component of that functional brief.

Deputy L.V. Feltham:

So at this point in time it could be said that the health village may not be an integral part of the programme?

Acting Programme Director:

No, because I believe that the strategic outline case includes for a health village at this stage.

Deputy L.V. Feltham:

Okay.

The Minister for Infrastructure:

I think we need to state very firmly that what we have planned is what we have planned.

Deputy L.V. Feltham:

Okay.

The Minister for Infrastructure:

I do not think we can be ambiguous about that and I do not think the public would want us to be ambiguous either.

Deputy L.V. Feltham:

Okay.

The Connétable of St. Brelade:

Just to pick up on the timing element and spades in the ground, we have had meetings with the planners with regard to the ambulatory side to try and gauge their views, if you like, so while we have not had a planning application so we cannot say anything, which is fair, really my question is: when do you anticipate submitting a planning application for Gloucester Street?

Chief Officer, Infrastructure and Environment:

So in terms of planning, there are, I hope you will be pleased to know, conversations going on with both planning authority and highway authority in what we would call a pre-application process. So there are conversations going on. Obviously, a formal position will not be taken until the designs are firmed up and we get a planning application. So we anticipate planning application I would say by the end of quarter 2 of 2024, planning decision, so we will be working on the planning application. As the Minister said, we will want to be getting on with the design work to inform a planning application as we turn out of this year going into 2024. So the money in the Government Plan is to get us to those stages.

The Connétable of St. Brelade:

So you do not know what the result will be with any certainty but you like to think it would be satisfactory. Towards the end, then, probably of 2024 you would expect a response from planning?

Chief Officer, Infrastructure and Environment:

Yes. It does depend on the route the decision takes. Obviously, that is a matter for the planning service and the planning Minister, the Minister for the Environment, so that will be known when an application is in existence. But we would hope to get a planning decision if we say summer of 2024, that sort of ... I know that is a broad ... maybe a 3-month window, but it is that sort of timescale.

Acting Programme Director:

Could I just clarify? You did say Gloucester Street but did you mean Overdale?

The Connétable of St. Brelade:

No, no.

Acting Programme Director:

Because that is ...

Chief Officer, Infrastructure and Environment:

Sorry, I am answering ...

Acting Programme Director:

... was for the Overdale site. So for the Gloucester Street site, as we have said, that is following on behind. So I suspect that any planning application for that would be the following year.

The Connétable of St. Brelade:

Right, okay. So that is autumn 2025 then, yes.

Acting Programme Director:

Yes. Notwithstanding the fact that there might be some other planning applications that might come forward, because obviously that site at the moment has been left as a construction site and obviously it would be good to make sure that we use that properly in any intermediate period. So there might be some planning applications associated with that coming forward. But in terms of any ambulatory facility, that would be behind the Overdale and that is partially because we have done a lot of the work. The work at Overdale was a lot more advanced. There was a lot more survey information that we can reuse. We have had an environmental impact of the Gloucester Street site for the previous applications, but they are a lot more out of date than the information that we have up at Overdale. So it is just going to take a longer timeframe to come forward with that first application, but I suppose the fact that Andium previously did have a positive determination on that site, again if we are within that envelope we would like to be hopeful about the development prospect of that site.

The Connétable of St. Brelade:

Thank you.

The Minister for Infrastructure:

I think it is safe to say that both the acute and the ambulatory, this model and the modelling suggests that both of the finished products will be much more appropriate for the size of the site that is available to them than anything that has gone before, and the same applies to the Gloucester Street site. What is planned for that going forward, the modelling suggests that it will be much more appropriate.

The Connétable of St. Brelade:

Hopefully we have learned something from previous iterations. That is good. Thank you.

The Minister for Infrastructure:

Yes. Let us hope so.

Deputy R.J. Ward:

I think the question has been asked. So the programme itself is ... things like the village which you are talking about and these other programmes, other parts of the whole programme, are they separate pieces of work from the projects which are currently in scope? Because I am seeing what is in scope at the moment is Overdale and ... or Overdale and then Gloucester Street in some way but we do not know when yet. So are they ... should they be viewed, the other parts, as separate parts?

The Minister for Infrastructure:

They are integral parts of a programme but within that they are separate units of development, yes.

Deputy R.J. Ward:

So it is a whole programme but you will not have, for example, planning permission for each part of the programme, even though it is integral?

The Minister for Infrastructure:

No, we will not be doing all at the same ... there is a ...

Deputy R.J. Ward:

Is that a risk that one of them could go wrong?

The Minister for Infrastructure:

I think the biggest risk would be not to proceed at full pace with an acute hospital. That is the ...

Deputy R.J. Ward:

That is a different risk.

The Minister for Infrastructure:

I think everybody agrees that that needs to be progressed at speed.

Deputy R.J. Ward:

Okay, that might be the largest risk but it is a different risk. The risk I am asking you about is if you are building a ... part of the argument seems to be that there will be more beds and those beds will be in the village. I keep forgetting what it is called; the village, let us just call it the village.

The Minister for Infrastructure:

The health village.

Deputy R.J. Ward:

The health village, I should remember that one, health village. But at the moment that is a very separate project and there is no planning permission for it. The risk I am asking you about, if there is a risk - because that would be a greenfield site probably - that that is not agreed, then the programme has not worked and you end up with a very different set-up because you will not have the extra beds. You will have the acute and the ambulatory, which is great, that part of it is done at some time. Do you see what I mean by that is a risk?

The Minister for Infrastructure:

But as you go through these various phases you have to bear in mind when you free up Gloucester Street by moving everything to the acute, you still have all of the beds in Gloucester Street available to you to make use of if you see fit or if you have to maintain some of those for a period of time. What the building of the acute does is present you with a host of different options which allow you to use timing slightly differently if that makes sense. The additional thing is that we hope that we have found somewhere for rehabilitation and that is in a unit that has been completely refurbished. We had a visit to that and it is almost as if it is a new build. So you could find that a long-term arrangement there might allow us to delay having to build those for a period of time going forward. It would seem sensible to utilise, and they really are brilliant facilities, perhaps for the useful life of the facilities themselves, which as I say in a programme situation allows you to spread your spend over possibly a longer period of time in part. There are other elements to the St. Saviour health village that could progress in front of that, but all I am saying is once you have your acute you are

then presented with a number of different options where you can fine-tune what you are doing with the monies that are available to you. Hence the importance of getting the acute unit done.

Deputy R.J. Ward:

Yes. So would that mean that all ambulatory services are moved to Enid Quenault well-being centre at some point when you develop Gloucester Street?

Acting Programme Director:

No, that is not the intention. There would always ...

Deputy R.J. Ward:

So you would be building while there ... you will be using it while there is building going on?

The Minister for Infrastructure:

They will be separate. Nowhere in the programme were we intending to try and do a building, in the same way as we have done at Clinique Pinel, where there were people in beds on one floor and we were working underneath on another. That is not in the plan anywhere and will not come into the plan. So any development on the site or on adjacent sites will happen separate to the operation of the hospital itself.

Deputy R.J. Ward:

Okay. So there will be services remain at Gloucester Street but you are saying they will be separate?

The Minister for Infrastructure:

Yes, the ambulatory will be there, yes.

Acting Programme Director:

I guess the most acute patients, one of the things that was examined within the feasibility report was about those most acute patients and those people who are most ill, they would be up at Overdale obviously as soon as that acute hospital had been delivered.

Deputy R.J. Ward:

Okay. So you were asked the question about Samarès ward and you have a long-term solution. I think everybody knows about that because it was mentioned in the public domain.

The Minister for Infrastructure:

Yes, it is in the public domain, yes.

Deputy R.J. Ward:

What is your ... do you know at this stage how much ... so how much smaller will the acute facilities at Overdale be than the Our Hospital development proposed at the same site?

The Minister for Infrastructure:

I think were we at 48,000 square feet for ... give or take at the current programme. We were at 61, so it is ...

Deputy R.J. Ward:

Okay. Square feet, is it?

The Minister for Infrastructure:

No, metres, square metres.

Deputy R.J. Ward:

I was going to say ... [Laughter]

Chief Officer, Infrastructure and Environment:

That is an open figure, though, because there is a lot of work going on on design.

Deputy R.J. Ward:

It is quite important, actually.

The Minister for Infrastructure:

It is.

Deputy L.V. Feltham:

Can I just ask: what is the difference in height compared to the previous?

The Minister for Infrastructure:

One and a half storeys. Is it one and a half, equivalent of, standard ...?

Acting Programme Director:

I think so far all we have done is those feasibility studies that are providing block and stats and demonstrating what is capable of being delivered there. I think the detailed design is what we are going into next and it is only after that process is concluded that you will really be able to confidently say how many storeys more or less it is. I think it is fair to say that we have talked about the volumes; they are significantly smaller.

[16:30]

But we are also staying to the west of Westmount Road so we obviously have learnt the lessons of the previous application, that people found the previous scheme too tall, so we are doing all we can to make sure that the next one is at least a storey smaller than previously.

The Minister for Infrastructure:

The reason I said one and a half storeys is that the medical storey is one and a half standard storeys.

Acting Programme Director:

That is absolutely right, yes.

Deputy L.V. Feltham:

Obviously, I do not know what difference that makes. Does that mean that people will still ... people were quite worried about what impact it would have on the landscape, that you could see it on the top of a hill. Will you still be able to see it?

The Minister for Infrastructure:

You will still be able to see it but the impact will be reduced.

Acting Programme Director:

I think it is fair to say that on those visual impact assessments what is really important is the shape and form of the building as well, and all of those will change through the next phase of design, really thinking about those long-distance views and how they can be least impacted.

Deputy R.J. Ward:

Okay. Just final question: it is a staged approach because of the budgets which is integral to what you are saying, so how will the budgets for each project be monitored and reported? Because they are separate projects, Overdale, Gloucester Street, health village; maintaining it every year, I imagine, cost as well. So how are you monitoring them and reporting those budgets as you go?

Chief Officer, Infrastructure and Environment:

So the programme has a dedicated head of finance working within it. There is a head of finance business partner for the project so we have a finance function built into the programme. Part of that function is to keep an eye on the money that we are committing to and being spent. Ultimately, that gets reported through to the governance layers. We have the project board, for instance, and then obviously the ministerial group, as we would do in any other project; obviously this project is just

bigger. But for every other project we do it is a very similar approach. We have a finance representative on the board and their job is to oversee with the finance function where the money is being spent and keeping a track of all of that. Clearly, as part of the ... on the side of that, that is about what we are spending and keeping a track of spend. The other side of the equation is for us as a team to be designing something we think we can afford in the first place. So the cost control also starts at the design stage as well.

Deputy R.J. Ward:

Yes, that would be on any project surely, but are there flags built in there at those points that say these are the risk flags, that we are a quarter of the way through but it seems that we have spent half the money allocated? Because things can go wrong. Look at Bellozanne when the company closed down and it had to be taken over. That was probably a good thing in the way it worked out, but to some extent those risks always exist, especially at the moment.

Chief Officer, Infrastructure and Environment:

Our job in setting the project up is making sure that we are being realistic as to what the expected costs are, including contingencies and optimism bias, which is another form of contingency effectively. So we need to make sure that the overall funds available for the project have enough contingency within them to bear any unforeseen circumstances. But the job really in the first instance is to make sure we are designing something that meets the client brief but also meets an affordability envelope. So that is where there is often a bit of a tension and push and pull around that, but that is the main job.

Deputy R.J. Ward:

That is the £710 million for Overdale that was published?

Chief Officer, Infrastructure and Environment:

That is the number that is going into the Government Plan for Overdale and it includes a bid on the other sites, yes.

Deputy R.J. Ward:

Preparation work for the other places?

Chief Officer, Infrastructure and Environment:

Yes.

Acting Programme Director:

But remember that is not in the Government Plan this year. That will come forward separately as a separate request. All that is in the Government Plan this year is an indication of what the costs are likely to be as ...

Deputy R.J. Ward:

But the 4 years are there.

The Minister for Infrastructure:

Yes. That is what we promised and that is what we have delivered. It is pretty accurate.

Acting Programme Director:

But part of the ...

Deputy R.J. Ward:

I think that is not compulsory yet but ...

Acting Programme Director:

Part of the work of the programme team is, of course, making sure that we have properly profiled the budget. We have an expectation of what the costs will be and as those costs come in ... and, of course, that is the work of the quantity surveyors who will be involved in the programme to also make sure that we are only paying for what we should be paying for. If there is any variations, whether that is because of a difference, i.e. something like the ground conditions, that perhaps is outside their responsibility that then they would be properly covered. So it would be the normal project surveillance that took place to make sure that we understood what the costs were and where they were likely to be incurred.

Deputy R.J. Ward:

Okay. I think that is everything on that section.

Deputy S.Y. Mézec:

Okay. Anything to add on that? Okay. Deputy Feltham.

Deputy L.V. Feltham:

We just mentioned the Government Plan. Why was the decision taken not to approve the money for the acute unit and the development of Gloucester Street as part of the forthcoming Government Plan?

The Minister for Infrastructure:

I think that was basically in discussion because we thought the Assembly might not be best pleased to be sanctioning £700 million without sight of a full business case. So what we thought the sensible thing to do was to ask for the money to take us to that point and reveal the figures, the expected figures, as accurately as we could at that time so there were no surprises.

Deputy L.V. Feltham:

So obviously some indicative figures are within that Government Plan. Are you expecting that to change?

The Minister for Infrastructure:

Not radically. Jess can comment more accurately but we are fairly certain, I think, that those figures will not change substantially at all, will they?

Acting Programme Director:

I mean, I think ... I suppose that the reason that they are indicative by definition there might be some change, but they are obviously based on solid estimates done at this particular point in time. If through the analysis that we are going to do between now and when that proposition is submitted there is a change, then there might be a slight change in the number. But certainly on the basis of all of the information that we have to date, the cost estimates that we have to date, that is the information that has been provided ...

The Minister for Infrastructure:

I think the point to make is that we could not have provided anything more accurate at this stage. So what we have is what you have access to, as the best you could possibly do.

Deputy R.J. Ward:

Can I just ask is there a sort of in-built variance in these projects? So whenever you undertake a large project like that, whatever your initial estimates are, you would have like a 10 per cent error rate, 15, 5? It is a genuine question about these projects, whether there is a standardised error rate built in?

Acting Programme Director:

I suppose when we talk about risk contingencies, that is exactly the case. At the different stages of a project as you get further along you have more information and then your costing information should become more precise. So that error bar, as it were, might vary ...

Deputy R.J. Ward:

But do you have one? Is there a standardised one?

Acting Programme Director:

Yes.

Deputy R.J. Ward:

Is it like 10 per cent?

Acting Programme Director:

We have used standard methods in order to calculate each of our different contingencies that we have, including this thing called optimism bias, which is based on a number of different variables.

Deputy R.J. Ward:

Okay. So is that figure the worst-case scenario, the best-case scenario or the middle?

Acting Programme Director:

That number that is currently in there is our best estimate of what the costs will be. They are our best indicative costs.

Deputy R.J. Ward:

So it would be the middle. Yes. Okay.

Deputy L.V. Feltham:

I suppose what is confusing me about the decision not to proceed with approval in the Government Plan is that would give you a certain level of assurance that the Assembly is content with that amount of money being allocated to the project. Because at the end of the day the deliverable is not going to change, so I am struggling to see why we might be in a different position in the summer of 2024.

The Minister for Infrastructure:

It is a very vexed question. I can tell you on the record that a lot of time was spent discussing how best to proceed in terms of whether we put it through all in the Government Plan or delayed it and just gave the indicative figures.

Deputy L.V. Feltham:

Because what position would that put you in in the summer if the Assembly did say that they did not approve that budget?

The Minister for Infrastructure:

It would put not just us in an awkward position but it would put the Assembly in a difficult position and it would put the public in a difficult position.

Deputy L.V. Feltham:

So would you not be in a better position getting the approval at the end of this year?

The Minister for Infrastructure:

Yes, and as I say, it is a very vexed question. You can go either one way or the other. It would have been awkward to go to the Assembly and say: "We are looking for £700 million approximately and by the way we do not have the full business case." So there was a risk in being told: "Well, you cannot have that either." So either way round there was no ... there is no guarantee now. There would be no guarantee next summer. What we tried to do is to prepare the ground by saying that we have revealed the figures, which we have done, and they are the best figures that we can ... so there will not be any great surprises coming next year. I think the Assembly knows what is planned. They know why it is being planned. They know the process that we have gone through. They know the indicative figures. Then if something outrageous happens between now and next summer I would hope that we would carry the Assembly with us.

Deputy L.V. Feltham:

So the figures that we get next summer, is it your intention to provide the estimated cost range for the whole of the new healthcare facilities programme at that point?

The Minister for Infrastructure:

No. What, the whole programme, the 12 ...? No. Well, we could not, could we, because we do not know the extent to which we may be able to get, for example, the rehabilitation facilities to last longer than ... as I say, why would we spend the money if we can get good use out of a new facility for, say, 15 or 16 years? So those are the decisions that will be taken as we progress down the programme. It is a short, medium and long-term plan. You have much more certainty with the short term, reasonable certainty with the medium and less certainty with the long.

Deputy L.V. Feltham:

Okay. I will hand over.

The Minister for Infrastructure:

I hope that answers your question reasonably.

Deputy R.J. Ward:

Just on that, I think the reason you keep getting asked this question and the reason it keeps occurring to me is if I am voting on one part of a hospital, I would at least like an indication as to whether the other bit is going to be more expensive, so the next bit is going to be the cheapest bit, which is the ... because I would imagine that the Overdale bit would sort of be the least expensive because it is clear up there, but what do I know? That is the whole point. We need to have some sort of certainty and I think that is ...

The Minister for Infrastructure:

Square meterage is much greater there and that includes ...

Deputy R.J. Ward:

Okay, so it should be the most expensive part?

The Minister for Infrastructure:

... that includes the hospital wards, the hospital beds, the operating theatres. Correct me if I am wrong, that is by far the more ...

Deputy R.J. Ward:

The most expensive, only twice as expensive as the rest of the bit?

The Minister for Infrastructure:

... it is the more complicated, more expensive part of the hospital. If you are looking at outpatients, it is less complicated.

Deputy R.J. Ward:

Cheap as chips.

The Minister for Infrastructure:

No, those are your words, not ours.

Deputy R.J. Ward:

Just trying to help, you know.

The Minister for Infrastructure:

If only it were.

Deputy R.J. Ward:

So, okay, sorry, I was just trying to get ...

The Minister for Infrastructure:

As I say, the further you get through a programme of works the more cost certainty you get. What we have said, we have committed all the way along, is that as soon as we have access to stuff that is in reasonable shape you will get the information. We cannot come up with information before it is available to us.

Deputy R.J. Ward:

Yes. Okay.

The Minister for Infrastructure:

We would all like more certainty, would we not?

Deputy R.J. Ward:

There has been certainty of the cost of the other project, that it cannot be afforded, but there is not certainty on the cost of this project. That is all it is. That is what I think ...

The Minister for Infrastructure:

One is a project and one is a programme.

Deputy R.J. Ward:

Okay, so it is a semantic difference.

The Minister for Infrastructure:

A fundamental difference, not a semantic difference. It is a very real difference. You are wrong to refer to it as a semantic difference because it is not, if you do not mind, with respect.

Deputy R.J. Ward:

No, that is all right.

Chief Officer, Infrastructure and Environment:

We would hope that certainly the proposition in the summer of next year will be focusing on the acute hospital project, so we will have a lot more certainty at that point what that project design is and what the costs around that project are.

Deputy R.J. Ward:

Okay.

Deputy S.Y. Mézec:

That leads me on to what was going to be my question there. You said that it will focus on the acute unit. Is that an entire focus or will any of it refer to other bits of the programme?

Acting Programme Director:

So I think as in the Government Plan it talks about a meaningful start on the Kensington Place site as well as the health village, so it is not just for the delivery of the acute facility. It is also starting in those other selected sites.

Deputy S.Y. Mézec:

Okay. What can you tell us will not be included in that, then?

Acting Programme Director:

The remainder of the work on ... **[Laughter]**

Deputy S.Y. Mézec:

I think I walked into that one. So can I ask for a less vague answer? Are you able to be more specific on what you are anticipating we will see when that outline business case is presented and what, therefore, we will be asked to approve that is not based at the acute unit? I am starting in my head to see the acute unit. It is harder to see the other bits, but when I come to vote on this in the end I will have risks in my head about what happens next. What if there is a problem on that? Is it okay to give a green light to this when X, Y and Z has not been reconciled yet? So with the separate parts of the acute unit, what is likely to be in that outline business case?

Acting Programme Director:

I think it is likely to be following further consultation with Health and Community Services, those elements of the ambulatory site and the health village that they consider will be most helpful to them in their service delivery over the next 4 years. So they are likely to be the things that we would come forward with first if we are able to afford it, and I think that that is the key, is it not? It is that the concept of this programme approach enables you to do it in deliverable bites and always making sure that you are not over-committing in each of the financial horizons. So that is why I suppose we are not able to fully lay out everything because we are concentrating on the bit that we are doing first, just like you would on any programme; for example, if you were looking at schools where you might know that all of them need replacing but you have to start somewhere.

Deputy R.J. Ward:

I do not think that is an analogy.

Deputy S.Y. Mézec:

Will what is presented in that and if it is approved ... I am going to put this back to the Minister. With what is due to be presented and approved in that moment next year, how does it set the Government up for those next phases and will we be left in a position where our hands are tied and we have to pursue those later phases in exactly the terms that you have been thinking about them now, or is there an ability to rethink things afterwards if we decided that something had changed or we needed to reformat?

[16:45]

The Minister for Infrastructure:

That is probably a more complicated question than you even realise that it is.

Deputy S.Y. Mézec:

You should wait for my supplementary. **[Laughter]**

The Minister for Infrastructure:

I might even ask you to say it again. I think I know what you are getting at. Does it pin the Government into an immovable position? Well, the planning of the ambulatory is probably more complex than the planning of the acute insofar as you know what you want in an acute hospital and it is all being built in one. What we have to do at the ambulatory is find a way of knowing what the overall site needs to deliver, have a plan for that, but also make sure that that plan reflects an ability to possibly build it in stages as it becomes affordable, still making sure that you can use the new parts and the old parts in conjunction with one another. So it is quite a complicated one. What it does allow and should allow for is a change in the timing. It does not, I would suggest - and this is just a suggestion because I am not a technician in these elements - but it does not suggest a lot of leverage in changing some things fundamentally. Because if it is designed to work, it is designed to work. So if you have a requirement ... unless the requirement, unless the delivery of health services over that time changes substantially, and you do not know what artificial intelligence is going to come up with and suchlike, we really do not know. But you have to make a set of plans based on the information that is available to you at any given point in time. So what we are trying to do with the ambulatory is build in some flexibility into that in terms of timing. It is the timing element that will be more changeable, in my opinion. You wanted a ministerial view and I am happy to pass it over for the technical one as well. The timing element will be more flexible than the actual usage of the various segments but, having said that, if you are building it in a number of ... if you are building in, say, 4 main sections, at each stage you could possibly change each subsequent one depending on where it is in the framework of development. Does that make ...?

Deputy S.Y. Mézec:

It helps for where I want to bring the supplementary question in. It is because in 2026 an event is going to take place that could well be very disruptive to all of this and that is, of course, the election. We have seen disruption to previous projects because of political priorities changing, which is all legitimate in a democratic society. But given that spades in the ground to build the acute unit, not demolish but build the acute unit, is in 2025 and there will not, I am presuming - and correct me if I am wrong - be spades in the ground to start building and delivering on the ambulatory site in this political term of office, are you setting things up so the next Government is in a difficult position if it finds itself in, for example, a worse financial situation? You say that is the situation you inherited for the past one. The next Government might say the same about this one.

The Minister for Infrastructure:

They might.

Deputy S.Y. Mézec:

Is it able at that point to drastically change your plans if it felt it was necessary to do so?

The Minister for Infrastructure:

I come back to the explanation I gave. What it will be able to do is change the timing because you have to bear in mind that at that point in time you still have all the residual buildings in town anyway. So at each stage ... and that is why I say the planning of the ambulatory is quite a complex situation because you want to plan it in such a way as you provide maximum flexibility to take into account the possible political disruption. But what you are talking about there more is not so much political disruption as financial and economic climate disruption, is it not? Basically, if there was a collapse in the economy where would we be? Is that the question or is the question if we had a complete change of Government and people come in and say: "This was a rubbish idea in the first place. We are going to turn it on its head"? Because they are 2 slightly different things and they could even be worse because they could be in combination.

Deputy S.Y. Mézec:

One of the things I am trying to get at with that is that if your plan goes ahead as you intend it to, Jersey will not have a period of time where we are missing a service because of that transition because you are transitioning ambulatory services to another site when you will want ... let me start that again. You are transitioning the acute services up to Overdale and when you then begin on the Kensington Place site, there are still services being provided. We are not pushing the pause button on services for a period of time while all this work goes on?

The Minister for Infrastructure:

No, no, all the ambulatory stuff remains in the Gloucester Street site, but the thing is you then have the entirety of the Gloucester Street site at your disposal should you wish to expand it or make ... I mean, you could in a worst-case scenario keep with that and refresh and renew various parts of it to make do and mend for a period if you had to. That is not what the plan is here. The plan is to provide an option to move forward but in the event ... and this was the whole *raison d'être* of having a programme of works that if you run into trouble you can still survive and still provide the services, albeit that they would not be ideal. That is not the road that we are going down. That is not the intention here. It is not a quick and easy fix to just get acute and let the rest die.

Deputy S.Y. Mézec:

I think that is getting close to what I am trying to find out here. So in this term of office if you get your decisions passed as you want to and then another Government takes over in 2026, could it say at that point: "This is enough for now. We are not going to proceed with the future phases of that" and would we at that point be left with a health service and facilities that are good enough for the people of Jersey in the meantime?

The Minister for Infrastructure:

Or could be made good enough with a minimum of spend, because you bear in mind that the facilities that we have in Gloucester Street are tired but you would have a much bigger footprint within which to operate so you could move services around while you refurbish. There is a lot more flexibility once your acute is done. What I want you and I want the public to be assured of is that what we are doing is in the best interests of the public to provide as much flexibility as we can both economically and in terms of any political disruption. What we do want to do is come up with something that is so rational and so logical that if a new Government comes in they can look at it and say: "That makes perfect sense. Let us continue with it," bearing in mind that we may have to change the timing.

Deputy S.Y. Mézec:

Yes. That has not happened in the past 2 elections, has it?

The Minister for Infrastructure:

No, but it does not mean that it cannot happen.

Deputy S.Y. Mézec:

Okay. I admire your optimism.

Acting Programme Director:

I am acutely concerned about public finance on your point there as well, that you cannot be seen to be binding the hand of any future Government, and that is a really important point to make. So

obviously the acute at Overdale would be well under way at that point and one would assume that that would be completed. There would be something on Kensington Place and some start on the health village as well. They would have to be started and finished and there would not be ... they could not be half finished as such. We cannot only allow for it to be half finished. We know we have to finish whatever we start.

The Minister for Infrastructure:

Treasury have made that point to us very, very clearly that everything we do has to marry up with that and be deliverable within that.

Deputy R.J. Ward:

Can I just say one thing on that? Because you said it would be a start on the others ...

Acting Programme Director:

Yes, so a building that is complete, a building that is complete on Kensington Place and something that is complete at the health village as well.

Deputy R.J. Ward:

Before the next election? Not before the next election? I do not understand that. I got lost there.

Acting Programme Director:

No, within the money set aside, because we have said that part of the monies that we have predicted might be needed as part of the capital programme that comes forward in part of the proposition next year is for the Kensington Place site and for the health village site. So they would be for complete buildings on those sites. We are not saying it is the whole of the brief for whatever goes at the ambulatory and the whole of the brief for the health village, but that comes back to the earlier point about what it would be, and it would have to be a building because we have to be able to start and finish it.

The Minister for Infrastructure:

It is safe to say we are not talking about anything majorly substantial within that. We could be looking at perhaps a small set of temporary buildings on the Kensington Place site that complements ...

Deputy R.J. Ward:

So it could be 3 ... sorry, it should be 3 projects started?

The Minister for Infrastructure:

No. There will be no substantial start on either of the secondary sites, will there? There may be some ...

Acting Programme Director:

There will be something started and finished within the monies that are set aside within the overall spend of the £710 million, yes.

Deputy R.J. Ward:

On all 3 sites? This is different from what you said at the beginning.

Acting Programme Director:

No, because we said we wanted to make a meaningful start ...

Chief Officer, Infrastructure and Environment:

That is within the Government Plan period as opposed to the election period.

Acting Programme Director:

... within the Government Plan period within ...

Deputy R.J. Ward:

Meaningful start is one of those ... okay.

The Minister for Infrastructure:

Nothing on the scale and I think we have to make it plain that with the sum of money that is available to us the scale of things is markedly different.

Acting Programme Director:

No, that is right, it is not for the 100 per cent of the brief.

Deputy L.V. Feltham:

So it could be a shed? **[Laughter]**

Deputy R.J. Ward:

I was not going to say that.

The Minister for Infrastructure:

Going to the other extreme, it could be a shed, but that is not what the intention is.

Acting Programme Director:

I do not think there is one of those in the brief.

Deputy R.J. Ward:

Sorry, I just ...

The Connétable of St. Brelade:

I would just like to probe into Gloucester Street and the anticipated phasing of what might take place there. I would be interested in Chris's views from an H.C.S. (Health and Community Services) point of view what sort of lead time you would need to make that work. There are phasing experts. How would they look at this?

Interim Chief Officer, Health and Community Services:

I guess because we have not got to the detail it is difficult to make any sort of assumptions or guess what might happen, but I think the Minister's point about once you have moved acute out, which is the big one, you are left with an estate, some of which is in better condition than others. You may wish to look at whether you move the outpatient department a bit, whether you need refurbishment, whether we want to do more physiotherapy there and, indeed, whether we want to make better use of the Enid Quenault site. Because, again, we have only just moved in. We want to review that in, say, 6 months' time, look at its occupation, how well it is being used. So I think there are a whole range of options so I do not think from the point of view ... the big move and the most difficult and technical move, of course, is moving the acute services. There is obviously some well-tested experience in how you move acute services, which I have done in a previous life, from one place to another. The ambulatory is simpler. You are talking about services that only operate during the course of a working day so you can do things more easily out of hours, at nights and the weekends. So for that part, depending on how we want to use the existing estate - and I think that is more than just Gloucester Street, I think we need to look at all the estate to max it out really - it would not take ... it obviously needs a period of time to plan but nowhere on the scale of moving acute services. So once we know and we start that work, because of course we have not started planning the ambulatory in any detail at all yet, I think as we know what is going to be there and what we are going to move, then we can start looking at how we might use the Gloucester Road site as the interim period while the other buildings and developments are going on. So I think that work is still to be done.

The Connétable of St. Brelade:

So with the experience of clinicians grumbling in the last iterations about acute working alongside a building site, that will not occur and the ambulatory being alongside a building site is not of great concern. That is really what you are saying, is it not?

Interim Chief Officer, Health and Community Services:

I think it is how you use the estate, is it not, and it is how you plan that and how you isolate areas and shield them off. It is not unusual for hospital developments to happen with clinical services being provided. In fact, just thinking about my experience, that is most typically the case because you can never necessarily enjoy a brand new hospital. You have to plan how you operate at a point where there may be some building work going on, but I think one would hope that we would not be talking about extensive building work. It is the sort of make do and mend to make it acceptable rather than lots of demolition.

The Minister for Infrastructure:

Every effort will be made to make sure that we completely separate new build from existing operating hospital, and I think the site with purely ambulatory on it should be big enough in order to avoid that. As I say, we have had that at Clinique Pinel on a much smaller site. It has proved extremely expensive, horribly time consuming and a cause of great strain for all concerned.

Interim Chief Officer, Health and Community Services:

It is not ideal but you can do it.

The Minister for Infrastructure:

It is not ideal and I think we can avoid it. I think it seems that that can be avoided.

The Connétable of St. Brelade:

Thank you. I just want to sharpen up on one little thing on the timelines again. We had got to the point where there was the suggestion of planning permission sort of late 2024. Now, from planning permission you then get to detailed drawings and bylaws. Is it your anticipation that might be 3 months, 6 months?

Acting Programme Director:

I think that that is why we have the start on the site at Overdale in 2025 to make time for, as you say, from between that permission to then the building bylaws and the remainder of the technical design.

The Connétable of St. Brelade:

In terms of who does that, is it the project or is it planning?

Chief Officer, Infrastructure and Environment:

The project does the detail for planning and building then to approve. So the technical details ... the planning application is produced by the project team and then obviously the technical designs and contracting thereafter is the technical team, to be approved by the planning and building service.

The Connétable of St. Brelade:

You will probably bring in manpower to do that, I take it?

Chief Officer, Infrastructure and Environment:

Certainly on the project side, yes. Yes, there will be people working within the project team to do the technical work for us, yes.

The Connétable of St. Brelade:

Thank you.

Deputy S.Y. Mézec:

Anything else on this? Okay, over to Constable Jackson for the next round of questions.

The Connétable of St. Brelade:

Okay. Well, really it is the team element that interests me. H.C.S. has not really produced yet a workforce plan, a clinical strategy or a care model which support current and future health services. What impact will that have on the development and the cost? Where are you with that?

Interim Chief Officer, Health and Community Services:

From the point of view of the workforce plan we need to make some assumptions about workforce to feed into the business case, and that work has started. From the point of view of the model of care or, indeed, the clinical strategy for health, that is something that still needs to be developed.

[17:00]

Again, we can make a number of assumptions around how services are going to develop and, indeed, through the functional brief and the involvement of clinicians in drawing up that functional brief, they themselves will have views and ideas about how their particular specialty of health services are going to develop. So technology, the use of medicines, et cetera, will influence the building. I think the point that has been made earlier that is ... because we do not have that clinical strategy as we sit here today, then the buildings need to be flexible enough to accommodate that strategy. Of course, the big mistake would be - and this certainly has happened in the National Health Service in the U.K. (United Kingdom) - is to make buildings too small, so be overly ambitious about what might be provided out of hospital. It is inevitable because we see this pattern across the

world that more and more activity can be provided outside of an acute hospital setting, maybe through an ambulatory care setting or at home and more familiar with those things. We do need to be flexible enough to accommodate any future changes in the way the health services are provided.

The Connétable of St. Brelade:

If I can just explore the workforce plan, which in Jersey is a big, big issue, getting staff over here, at what point will you be able to develop that because that is really quite fundamental, is it not?

Interim Chief Officer, Health and Community Services:

We can make some assumptions now about what we are going to need. For example, there will be elements where we need to have some duplication between acute and ambulatory. Radiology might be a good example where you might need services on both sides. You would need to be able to make some assumptions about the numbers of people and types of people you need to staff that arrangement compared to what we have got now. We would need to have taken into account, of course, staff to service any increase in beds. You can make a whole range of assumptions that the detailed work and the important work, of course, is getting to a point where you say, right, we need 5 more of these and 6 more of those and 10 more of those and develop our recruitment strategy to target those numbers. As we are doing it and see here today, we have significant vacancies in health where we are targeting particular areas where we want to improve recruitment. From the point of view of the numbers of people we will need in 5, 6, 8, 10 years' time will be based on assumptions, will be driven by the clinical strategy, because depending on the clinical strategy depends on the model of care, depends on the number of people and the types of people we would need. I think I have probably said at other hearings in reality we are where we are, you would not start from this position, but we have to ensure that we remain flexible in that case. It would be nice, would it not, if we had had the clinical strategy? We could then develop the workforce plan and then develop the estate that supports that. I am afraid that is not where we are and indeed perhaps where many jurisdictions never have the luxury of that sort of logical order, so we have to just be flexible.

The Connétable of St. Brelade:

I suppose I am looking at long waiting lists and we have not quite got over that bit yet, so we do not want to compound that issue. What is your understanding of the basis on which costs have been developed for the projects putting forward for the Minister and how changes will be reflected in the financial management of the overall programme? How do you see any cost changes which might arise as Gloucester Street or St. Saviour moves on? Will they have any influence over the overall cost of the programme?

The Minister for Infrastructure:

Are you referring to the capital cost or the operating cost?

The Connétable of St. Brelade:

Yes, the capital cost.

The Minister for Infrastructure:

As I say, we are looking at short, medium and long term. The short-term costs should not vary dramatically because it is a greenfield site and it is a single build. As I have said, you come to the ambulatory, which is a complicated one. The health village is relatively straightforward; ambulatory is complicated. It is difficult to pin down exactly what changes may or may not occur as a result of changes that happen between now and as that progresses.

The Connétable of St. Brelade:

I suppose the only change could be whether you can get hold of the greenfield site, whether it gets planning approval and at what cost, although ...

The Minister for Infrastructure:

In terms of the health village site.

The Connétable of St. Brelade:

The health village, yes.

The Minister for Infrastructure:

I was going to say perhaps we might be accused of being naive and being over-hopeful but I think there is a very good argument for it and it can be designed as such. We are not talking about tall buildings and they are a complement to the buildings that are sitting there already. We are hopeful that if common sense prevails that will not be overly difficult.

The Connétable of St. Brelade:

Is there a willing seller?

The Minister for Infrastructure:

That is under negotiation at the moment.

The Connétable of St. Brelade:

Going back to staffing once again, it is not only H.C.S. but can you explain how staffing levels in all aspects of the programme, from the development to construction to the healthcare and emergency

services personnel, have been and will be considered? Obviously, they will have a big influence and ...

The Minister for Infrastructure:

They will but I think I can hand over to Jess because the consultation with all of those parties is continuous, it is ongoing, is it not?

Acting Programme Director:

Yes.

The Minister for Infrastructure:

Yes. I mean, we stay in constant touch with people as the plans develop, so we talk to the various blue light ambulance services and so on as we go.

The Connétable of St. Brelade:

Are they receptive to the proposals? Have they made any suggested changes, do you find?

The Minister for Infrastructure:

I can say that they are being very co-operative in doing everything they can to try and help us to find solutions to the various problems that have emerged.

Acting Programme Director:

I think you yourself ...

The Minister for Infrastructure:

Yes, I did and it was not a stunt. I was invited by them to be put on a stretcher and put in an ambulance and then we ran off to the Esplanade and they blue-lighted me up to Overdale.

The Connétable of St. Brelade:

It was that road.

Deputy S.Y. Mézec:

Please tell me there are pictures of that.

The Minister for Infrastructure:

I had said no pictures because it was not a stunt. They wanted and I wanted to know for myself what it felt like going round that bend and so on.

Deputy L.V. Feltham:

What did you learn from the experience?

Deputy R.J. Ward:

Yes, what was it?

The Minister for Infrastructure:

They had a little window and, to be honest with you, on the main bend I could feel that I was going round the bend, and I have to bear in mind I was not lying there with 50 broken bones but it was not a traumatic experience. Yes, it was videoed on the front seat as they were doing it. I want to be able to say that I had done it myself and it was a useful exercise. You could have been more comfortable going round the bend by slowing up a little bit and you would have lost 3, 4, 5 seconds on the journey time. But, as I say, in the overall scheme of things I was over in Bude a few weekends ago and they said they found an ambulance was an hour waiting time. If we had 5 seconds and when somebody is in an ambulance and they have got paramedics working with them, well, one has to say is that the be all and end all? Would it have been worth £20 million on a road for that extra 5 seconds?

Acting Programme Director:

But I think the purpose was to be able to understand their concerns, to exactly understand with each element of the road, to witness it himself and so ...

Deputy L.V. Feltham:

What are their concerns? You have just said that they have concerns. What are they?

Acting Programme Director:

I think there are concerns no matter what site you are on from an ambulance perspective. When you are doing highway changes to a road you would expect consulting with the Ambulance Service and you would ask them what they might see as being issues and what they might see as being opportunities.

Deputy L.V. Feltham:

What were the issues?

Acting Programme Director:

On the road I think that the bend itself is something that I think all drivers were aware of, so I think that was a particular element ...

Deputy R.J. Ward:

It is not a problem to you, that bend anymore.

The Minister for Infrastructure:

Another concern is meeting other traffic, so the Traffic Department, the Ambulance Department and the team here are working on possibly having emergency traffic light situation that halts all traffic up there. If the ambulance is coming up everything grinds to a halt, so they get a completely clean run at it. These are all the things that are ... and I have to say there are various positionings of the traffic lights and they are timing all of that, too. There is a lot of work going on and all the departments are being very constructive and very helpful to try and find a cost-effective resolution that works.

Deputy R.J. Ward:

One of the big arguments against Overdale before was that bend and the issues about it; that has gone now and are you okay with that?

The Minister for Infrastructure:

It is a work in progress. The ideas are coming up and they are getting better all the time, we are getting closer and closer to ...

Deputy R.J. Ward:

It should not have been an issue in the first place.

Chief Officer, Infrastructure and Environment:

The difference that we have got between the 2 projects, one project had all of the visits to the hospital, effectively, on the Overdale site. Ambulatory is the vast majority of visits on a daily basis to the hospital site currently. Keeping ambulatory where it is does lessen a significant amount of trips to the Overdale site.

Deputy R.J. Ward:

But that was not the issue with that bend. The issue with that bend was the ambulances going up at full speed. I am just checking that you are happy that that has now been solved.

The Minister for Infrastructure:

It is in the process. I think we are close to having full agreement.

Deputy R.J. Ward:

Okay.

The Minister for Infrastructure:

But I know that we want to see it so there is an absolute tick in the box.

Chief Officer, Infrastructure and Environment:

Yes, with less traffic movements to a site, the acute hospital will generate less movements than the Our Hospital hospital because it had a lot of other things in it. It gives you more flexibility in your traffic management and things like that, so access to the site can be from another route. I think the main change on the Our Hospital proposal had one significant access up and one significant access down; it was all in that one route, whereas plans now would be we can lessen that impact and access can be from different directions.

Acting Programme Director:

It is an ongoing process, we are right at the very, very beginning of the process, so I think it would be very dangerous to say that there is any solution that anybody is happy with because there is a lot of consultation to go on.

Deputy R.J. Ward:

Yes, there is. When you say ...

The Minister for Infrastructure:

We are consulting with the Parish Roads Committee. Everybody that can be involved is involved all the way through. The other thing and to make the point ...

Deputy R.J. Ward:

Okay, that is all okay but when you said from different directions, sorry, just if I say, for example, First Tower Road, that all of those will be opened up with access to the hospital.

Chief Officer, Infrastructure and Environment:

With some of those roads, so Tower Road coming up from the west is trickier arguably than coming up Westmount Road I would say. We need to work, we need to still assess where we feel the best access points would be. The Our Hospital proposal was very much a single road up, single road down type proposal. They had quite a lot of traffic management to the other side to the site to prevent a lot of traffic going in different directions. I guess the main difference here is ambulatory creates a lot of traffic and a lot of people going to visit for a daily basis; there is a lot of patients in and out on a daily basis. That will stay in town where town can deal with it more effectively.

The Minister for Infrastructure:

We must not underplay the significance of the difference because correct me if I wrong once again but I think what we are taking up to Overdale is 10 per cent of the footfall, is that ...

Interim Chief Officer, Health and Community Services:

Yes, in terms of visits to the hospital I think.

The Minister for Infrastructure:

Yes, yes, in terms of traffic is it 90 per cent reduction ...

Chief Officer, Infrastructure and Environment:

On a daily basis about 90 per cent is for ambulatory, 10 per cent is about acute. There is still a significant amount of acute activity, of course, but generally you get taken to the acute and on ambulatory you take yourself and I think there is a big difference between the 2.

Deputy R.J. Ward:

Does that include staff?

The Minister for Infrastructure:

Sorry?

Deputy R.J. Ward:

Does that include staff?

Acting Programme Director:

That is from a patient perspective.

Deputy R.J. Ward:

Okay, okay.

Acting Programme Director:

You need to look at all of the other trips that will be made.

The Connétable of St. Brelade:

Driving further around the bend, Minister, what is your understanding of how the procurement process will drive best value for public finances? What flexibility is being built into the process to reflect global conditions which we do not know about and the unlikelihood of work being done under fixed-price contracts, which is ...

The Minister for Infrastructure:

In all honesty I am better to hand that to Jess because she is dealing with it on a day-to-day basis.

Acting Programme Director:

As you know, it is a different model this time than previously and the procurement strategy will come forward in a commercial case that will be presented next year as part of any backup to any proposition. However, the intention is not to go out to tender until there is more certainty, and that would be for whatever framework of contractors we were looking for for the acute site. I think all of that is a work in progress. It is something that we want to discuss with the local construction industry and be able to understand how they would like to come together to be able to contribute to building the acute facility. But I think in terms of the contracting strategy, as you say that has changed significantly recently. It is very different in the U.K., as it is in Jersey. But what we will be trying to do is optimise value for money and optimise the amount of work that can be done by a local industry. They are all things that we are exploring to try and find the right model.

The Connétable of St. Brelade:

What do you think the contract options might be for us?

Acting Programme Director:

They could be enormous because you could have something like some sort of alliance contract where everyone, all of the different parties who want to come together do so. Each gets a portion of the work under certain mechanisms, to reward everyone if you do well and penalise people if you do less work. What we would really hope in the programme approach is that some will be very traditional contracts where we do the design ourselves maybe and put it out to tender and that might be one of the smaller schemes. What we are trying to do, there is lots of different ways that we could approach the work and what we would like to do is have a dialogue with industry to understand how it might best suit them. Do they want to work together? Would they prefer that there is a number of discrete packages they could tender for and win all of it?

The Connétable of St. Brelade:

Given that we do not really have that many big projects over the years, certainly not of this size, can we see any experience in the U.K. of where they put, shall we say, in place modern contracts to accommodate changing global needs?

Acting Programme Director:

I think everyone is in the same boat and I think everyone is exploring all of the different contract alternatives at the moment. I am not sure anybody has settled on the ... I think different authorities

in the U.K. are going to different contract themes, so they are all of the things that we would look to explore over the next period.

The Connétable of St. Brelade:

What balance has been struck between the need for transparency and a clear tender process and commercial sensitivity because these things all come into it? What is the process of ensuring that contractors are not building additional risk and contingency in the price, given that due to lack of information ... we talk about optimism bias but it can go on and on and on and I just wonder if that is something that can be controlled in any way.

[17:15]

Acting Programme Director:

I guess that is exactly why we are not just doing it the same way as we did it last time. Even with the future hospital, that was done in a different way again to the previous time. I think that that is exactly why we are exploring all of the different options but trying to keep that commercial tension for as long as we can but, of course, also finding the right partner with the right behaviours as well. It is really, really important and fundamental for any of the kind of newer forms of contract.

The Connétable of St. Brelade:

I think it would be useful at some point when you get further down the line, for us as a scrutinising panel, to understand what methodology you are using when it comes to that.

Acting Programme Director:

Absolutely. As I say, I am not trying to hide that from you at this point. It is definitely a work in progress and, in fact, there is a long workshop tomorrow to try and exactly establish what the different options might be and what, given current financial circumstances, we think the best approach is. As I say, because there is a lot of different projects in this programme there will not be one size fits all, and I suspect we might have lots of different contractual arrangements to deliver different types of work.

Chief Officer, Infrastructure and Environment:

Yes. I think, ultimately, the conversation we will be having with all of our suppliers is who holds the risk? Under a fixed-price contract generally the risk sits with the contractor. They have signed up to a price; they hold the risk. I think those days are disappearing, certainly in the current climate. There is a conversation about how we structure that risk appetite. From a very simple project, Government can buy materials and be the direct purchaser, ask someone to work with those materials for us. There could be things like project bank accounts, for instance, so that money gets

placed in it so that we are not asking the supplier to use their own cash flow to go and buy lots of things. There are different things that are now being thought about to balance that risk and who holds the risk on materials, supply and those sort of things.

The Connétable of St. Brelade:

Presently, does Government procurement come under your department, Minister, or is it Cabinet Office?

Chief Officer, Infrastructure and Environment:

It is in Treasury and Resources, yes.

The Connétable of St. Brelade:

Is it? Okay.

Chief Officer, Infrastructure and Environment:

Yes, Treasury and the Exchequer.

The Connétable of St. Brelade:

Would you expect them to be handling this, the procurement element of the hospital construction project?

Chief Officer, Infrastructure and Environment:

We would expect the project ... it is of such a size to have some of its own dedicated commercial expertise within it. Clearly, we also talk obviously to the commercial team as well in Treasury. Yes, a bit of both.

The Minister for Infrastructure:

To be done in conjunction between them.

Chief Officer, Infrastructure and Environment:

Yes, it does, yes.

The Connétable of St. Brelade:

Are they manned up in terms of manpower to be able to deal with a project of this size, do you think, or does that need strengthening?

Chief Officer, Infrastructure and Environment:

We have had people from commercial services sort of overseeing and working with us on the project. As we go into these more sort of detailed stages I think we will, as part of our own project team, also have to buy some of those resources in to supplement the project. If we are looking at Government spend terms, it is a Government department in its own right, so it is of a sort of scalable size. I think we need to have a bit of a hybrid approach. We certainly need to work with commercial services in Treasury but we also need to have some people doing some commercial work for us within the project as well.

The Connétable of St. Brelade:

Those conversations would need to be starting, I suppose, mid-2024 or sooner.

Acting Programme Director:

No, we are starting those conversations now, yes.

The Connétable of St. Brelade:

Are you? Good, yes.

Acting Programme Director:

We would be looking for them to be very, very mature by that stage.

The Connétable of St. Brelade:

Good.

Deputy L.V. Feltham:

Going back to the question earlier around approving funding in the Government Plan, how many of those contracts ... will you have entered into contracts with people that require the funding that has yet to be approved?

Acting Programme Director:

No, because we would not be able to do that.

Chief Officer, Infrastructure and Environment:

No. We have a certain amount of money to take us through to obviously the Government Plan stage and then once that is approved we can then commit to expenditure beyond that point.

The Minister for Infrastructure:

The expectation is that we are going to carry on working with the same people we have been working with today.

Deputy L.V. Feltham:

The £52 million that you are asking to be approved in this Government Plan, what is that going to be spent on?

The Minister for Infrastructure:

Bringing everything to a review stage for the acute and doing some planning work on those 2 sites ...

Deputy L.V. Feltham:

But what is the expenditure on?

The Minister for Infrastructure:

I can hand over to Jess who can be a bit more specific but that is it in essence, is it not?

Acting Programme Director:

Yes, it is predominantly for developing the designs and applying for planning permission for Overdale, including all of the survey work that we might need to do to supplement anything that we had previously, update some of that because of things like planning. We do need to have up-to-date surveys for things like ecology, so we will be doing those works, as well as some demolition works, as well as other planning and design works for Kensington Place. Also, sorting out the site a little bit to make sure that it is a lot more presentable to its neighbours on Kensington Place.

Deputy S.Y. Mézec:

Okay, anything else?

Deputy R.J. Ward:

Can I just ask one thing which concerns me? I am getting more of a concept of this staged project because you decide how much you can afford at each stage. The concern obviously is then there comes a point where we say we just cannot afford this anymore. Is there a scenario where we will say, well, you know what, we have built the acute at Overdale, it is a bit small, there is a bit of space, so we will stick the rest of it up there anyway, and we will have gone full circuit in 10, 15 years and be back to square one and basically spent a vast amount of money?

The Minister for Infrastructure:

Make sure I heard that right, did you say stick the rest of it up there anyway? Are those the words that I heard?

Deputy R.J. Ward:

Yes, the acute bit.

The Minister for Infrastructure:

No, the acute is acute.

Deputy R.J. Ward:

The ambulatory.

Interim Chief Officer, Health and Community Services:

There will not be any room. By design it just would not allow you to do that; that is not an option.

Deputy R.J. Ward:

I ask the question because when you have changes people may be looking for a simple solution when there is not one. I think it is the question that Deputy Mézec was asking regarding once you are down a line, how far do you go? Because I think you are stuck down that line, you have got to be, otherwise you end up with ...

The Minister for Infrastructure:

Yes. The way I look at this is that we can be critical of it and it is right to be critical and to ask questions, but I would say: what was the alternative? I genuinely think that, given the situation that confronted us, what we have done is the best that we can do under the circumstances. We cannot predict 10, 15 years ahead. What we can do is prepare for it in an orderly way and leave ourselves in a position where we are in the best position that we could have possibly been, given our starting point. I will come back to that. There is nothing guaranteed in life and all we can do is make the very best of the situations we have got and we just hope that you agree that that is exactly what we are doing. I would put the boot on the other foot and say ...

Deputy R.J. Ward:

There is not enough information on what is happening yet to make that conclusion from anybody. It cannot be because we do not know half of the project.

The Minister for Infrastructure:

But that is simply because we cannot produce that any quicker than we can produce it.

Deputy R.J. Ward:

We do not know the overall cost, do we?

The Minister for Infrastructure:

I would say to you if there is a different way of doing it and a better way of doing it, excuse that expression, if you have got any ideas we are all ears. But I genuinely think that what we are doing ...

Deputy R.J. Ward:

Minister, that is a really trite statement because ...

The Minister for Infrastructure:

No, it is not intended to be a trite statement to ...

Deputy R.J. Ward:

... we are stood here without this team behind us, so we are asking questions. I am just trying to ask questions about ... we started off with this is not affordable and it is now going to cost more. We have a phased approach and I get that, I understand that.

The Minister for Infrastructure:

Yes.

Deputy R.J. Ward:

There will be points if things happen it might not be affordable and we would not be a good Scrutiny Panel if we did not ask you about what happens if it becomes unaffordable then.

The Minister for Infrastructure:

No, no, in fairness ...

Deputy R.J. Ward:

I am pretty certain that anyone watching this will ask that same question. What happens then if we run out of cash? It is a simple way to put it but that is a real concern. As somebody who lives here, certainly my concern because I might need these services one day and I want them to be really good. I am getting old.

The Minister for Infrastructure:

I am closer to that than you are. But I was not intending to be trite at all, I am just trying to say that what we are trying to do is put the Island in the best possible situation that it can be, given the starting point.

Deputy R.J. Ward:

Okay.

The Minister for Infrastructure:

Otherwise we are in danger of going round and round in circles.

Deputy R.J. Ward:

No, I think I can agree with that.

Deputy S.Y. Mézec:

On that note I will come close to drawing this to a close now because we have got through all the questions that we had planned to ask. The final question from me then: is there anything imminent in the next few weeks that this panel ought to be preparing for to scrutinise?

The Minister for Infrastructure:

Nothing that springs to mind. Can anybody think of anything here that we have not produced or forwarded that we might or could have done or should have done?

Acting Programme Director:

In the next few weeks?

The Minister for Infrastructure:

I do not think there is anything ...

Acting Programme Director:

We are developing, as you said ... we are working on the revenue costs. We do think that we will have information on those, whether it is the next few weeks or a little bit longer than that. That is the timeframe that we are working through. We are also working through the values and the benefits that also come from the scheme because, of course, we have been really focusing on costs today, but the other side of it is the value and benefit of the scheme to Islanders of delivering new healthcare facilities. We will be coming forward with costing information on those benefits as well.

The Minister for Infrastructure:

I do not think I would be out of order in saying we are happy to have informal meetings between now and the next one so that you are fully informed by the time we come to the next public one.

Deputy S.Y. Mézec:

Okay, excellent. Thank you very much. Thank you, Minister, and to your officers as well for this. Thank you to anyone who may be watching online and to my fellow members and supporting staff as well. Thank you very much, and on that note I call the hearing to a close.

[17:24]