

STATES OF JERSEY

OFFICIAL REPORT

THURSDAY, 1st DECEMBER 2016

PUBLIC BUSINESS - resumption	2
1. Future Hospital: preferred site (P.110/2016) – amendment (P.110/2016 Amd.) - resumption.....	2
1.1 Deputy E.J. Noel of St. Lawrence:	2
1.1.1 Constable A.S. Crowcroft of St. Helier:	5
1.1.2 Deputy J.A. Martin of St. Helier:	6
1.1.3 Deputy M. Tadier of St. Brelade:	8
1.1.4 Deputy R.G. Bryans of St. Helier:	10
1.1.5 Deputy R.J. Rondel of St. Helier:	11
1.1.6 Deputy P.D. McLinton of St. Saviour:	13
1.1.7 Deputy J.M. Maçon of St. Saviour:	17
1.1.8 Deputy G.P. Southern of St. Helier:	19
1.1.9 Connétable J.M. Refault of St. Peter:	19
1.1.10 Deputy M.J. Norton of St. Brelade:	22
1.1.11 Deputy G.J. Truscott of St. Brelade:	23
1.1.12 Senator L.J. Farnham:	24
1.1.13 Deputy M.R. Higgins of St. Helier:	24
1.1.14 Deputy T.A. Vallois of St. John:	25
1.1.15 Senator I.J. Gorst:	27
1.1.16 Connétable C.H. Taylor of St. John:	30
1.2 Future Hospital: preferred site (P.110/2016) - resumption	32
1.2.1 Senator A.K.F. Green (The Minister for Health and Social Services):	33
ARRANGEMENT OF PUBLIC BUSINESS FOR FUTURE MEETINGS	35
2. Connétable L. Norman of St. Clement (Chairman, Privileges and Procedures Committee):	35
ADJOURNMENT	35

[9:30]

The Roll was called and the Deputy Greffier of the States led the Assembly in Prayer.

PUBLIC BUSINESS - resumption

1. Future Hospital: preferred site (P.110/2016) – amendment (P.110/2016 Amd.) - resumption

The Greffier of the States (in the Chair):

We are resuming the debate on the Connétable of St. John's amendment to the proposition on the Future Hospital: preferred site, P.110. I call on Deputy Noel to speak.

1.1 Deputy E.J. Noel of St. Lawrence:

This debate is not about left versus right or the Council of Ministers versus Back-Benchers or Scrutiny. This is about the most important public building that the 49 elected Members of this current Assembly will ever debate and ultimately make happen for the benefit of all Islanders and for generations to come. I cannot think of another project where some 50 alternative sites have been looked at. That is the number we have considered for the future hospital over the past 5 years or so and we have been right to do so. We have been following a process of robust independently advised assessment, review, States Members workshops and consultation. In doing so we have finally arrived at a preferred site to consider. Of course the Constable of St. John is well within his right to bring forward this amendment but it is somewhat disappointing that he has done so. It is particularly disappointing as this comes at a time when it would seem that the groundswell of public opinion is saying: "Just get on with it" and I sympathise with their frustration. It is also only fair and proper that a project of this magnitude should be reviewed by Scrutiny and if an amendment was to come one would have expected it to have come from Scrutiny. The fact that they have not put forward any amendment I think is very telling. I sincerely thank the chairman for his comprehensive and balanced speech yesterday and for his professionalism in these challenging times. Where would reviewing a Waterfront option yet again get us? Firstly, it would get us delays. The Constable believes that the delay would only be no more than 6 or 7 months. That may not sound much to the Constable but it is a significant amount of time for future patients, clinicians and staff. Any delay would almost inevitably lead to increased costs in terms of inflation along with many others, which we can ill afford at this time when we are trying to make savings. What about the businesses and residents that may be affected through the purchase of the preferred site? How easy is it for them to put their lives on hold, unsure about their future? Six more months will be a long time to them and they need and deserve more certainty today, not in 6 or 7 months' time. We need a new hospital as soon as possible. We have all heard the reasons why this is so important. Can we make do with what we have got for the next 6 months? Probably. Maybe just if we are lucky, but at what risk? Is delaying what we should be doing now if we do not need to? Absolutely not. There would be increased costs. The Minister for Health has already advised, as he said yesterday, the additional cost would range from some £10 million to £17 million. The chairman of the Scrutiny Sub-panel quite rightly stated yesterday that there would be difficulties in recruiting, retaining clinicians and staff if we accept this amendment, resulting even in greater non-financial costs, real people costs. We are in danger of being perceived as being unable to make decisions by the public, clinicians, staff and potential contractors. I agree that this is a huge decision and we cannot take it lightly, but we are not doing so. We are being considered in our approach. However, there comes a point when we just have to make the decision and I think we have definitely reached that point. It just is not credible. As politicians in question it goes much wider than that. I am talking about the suppliers and the contractors. We need these people to want to do business with us. We need them to want to compete and tender for our business, to keep their prices keen. We do not want them to build any risk factors into their prices or worse still, pull out

of the bidding process altogether. Tendering for business is costly for them and they will pick and choose what they bid for. If we look too uncertain or too risky they may simply not tender. I think the first paragraph of the Constable's report for this proposition is very telling and, as all good first paragraphs of a report should do, summarise the reason for his amendment. What leaps out at me are the words: "Precautionary measure to enable Members to have a full and proper debate on the hospital." I am not quite sure what he thought would happen without this amendment. Did he think it would just go through on a nod? There has been a huge amount of political engagement on this and of course that will continue. I think we have done our best to help with the understanding around this project and, again, this will continue. I think that a huge amount of work has been done by our highly competent joint Department for Infrastructure and Health and Social Services team, to get us to where we are today. This will also continue. We have not been working in silos. I join Senator Green in thanking the Future Hospital team for their outstanding exemplary efforts to date. Again, they will continue. But fundamentally, I think that Members have been provided with enough information to make a clear decision today. Let us not forget that more detail will come next summer when this Assembly gets to debate and hopefully endorse a fully worked-up scheme. I never thought the preferred site choice would go through on a nod. I have always envisaged that a full and proper debate both now and when detailed proposals are brought back to this Assembly. The Constable wrote in his first paragraph of his amendment: "If necessary give Members a choice when arriving at their decision." Surely the proposition itself deals with the "if necessary". Members have the opportunity to endorse or reject the proposition. Only if they reject the proposition does the "if necessary" come into play. This amendment is proposing a costly so-called precautionary measure that apparently may or may not be necessary. I certainly cannot support such a blatant waste of time and money. I urge Members not to fall into the trap of agreeing to this amendment because they cannot see that there would be any harm in doing so. No one has worked out the exact cost arising from the adoption of this amendment. This D minus site. However, the Constable has suggested that there would be £38 million worth of savings from this D minus site if it was to be adopted. Where is his evidence? What is the basis for making such a claim? Where is his independent verification? We have ours in the form of Ernst & Young, Gleeds, and now the Scrutiny Panel's own advisers, Concerto. The Constable claims that the cost of replacing Jardins de la Mer would be saved. That would be true but as the replacement was to be on the current site it would not be a big saving. Option D, not D minus, allowed for 140 car parking spaces, not the 560 that are needed, and that comes with a capital cost of some £20 million. Add to this the requirement for temporary car parking, to replace the current temporary car park on the Waterfront, it would have to be in the same area.

[9:45]

The only area available is the Elizabeth Terminal. We would have to build a deck above the Elizabeth Terminal, costing another £6 million. But that is option D. D minus does not even have the space for the 140 spaces let alone for the 560. But can I bring you back to the opening paragraph and the words that the Constable used? Do they fill you with confidence? The confidence you need to embark on a course that would lead to significant expenditure, additional expenditure, and delay? The current site is the site to run with. Let me finish with the 4 reasons, in addition to those already given, as why we do not need to consider D minus as an alternative site. Number one: at some point in the future the hospital is likely to need to expand. Health provision will change. This can easily be done on the current hospital campus site. We can extend into what would have been the old hospital. There would be no room for such an easy expansion on the Waterfront. Point 2: the current General Hospital has the significant great resource of the Patriotic Street Car Park being adjacent to it. Extra car parking on the Waterfront will be difficult. Point 3: the build from a D minus Waterfront site may be quicker in theory from when you get the first shovel into the ground. But I agree with the chairman of the panel, and others, that there is

currently not alignment on the use of the site. The masterplan is under review, for one. So there would be significant time needed in the lead up to starting the build. That on paper, the difference between option D - and I say option D because we have no idea how long D minus would take, that work has not been done - and option F would be easily eroded. So the 6 years and 8 months for option D versus the 8 years for the preferred site, that difference will erode quite quickly. Finally, point 4: the preferred site works because of the linked Patriotic Street multi-storey car park creating, in effect, multiple ground floor areas. If Members look at the A3 sheet I distributed yesterday morning they will see that the Constable's D minus site cannot accommodate a similar like for like increased height solution. The increased height solution is why we have been able to come up with site F, the flexibility, the special case for a hospital, why we have been able to go higher than normal planning would allow. That special consideration still would not fit on the D minus site. The reason for that, the D minus site cannot provide the required effective ground floor area, and this was the reason. The D minus site was considered in the winter of 2012/2013. We looked at a large number of different configurations of possible sites on the Waterfront within the M.O.G. (Ministerial Oversight Group) subgroup. It is because it did not comply and we could not get it to comply with the 20,000 square metres of effective ground floor space that it got rejected. The Constable's site is simply too small. It is 20 per cent smaller than the minimum required. It does not have any mitigation of a 13-storey car park butting up to it. Members will see that some of the coloured blocks can be accommodated on the site but not all of them; not in total. Far from it. Any D or D minus site would require significant enabling works, which would include relocation of the current car parking, some 525 spaces to be provided elsewhere in the immediate area, and as I already mentioned, the only area possible for that is to build a deck above the Elizabeth Terminal car park area at a cost of an additional £6 million. It would require major drainage works under the site. It would require decontamination of the site. It would require major flood prevention works as flooding the basement of an apartment block in a storm is one thing, doing the same for a hospital building is in a completely different league. That 6-lane road, be it above or below ground, will still need crossing. In the Constable's resignation speech from the subpanel some 2 weeks ago, he cited his only reason for doing so, and I quote from Hansard: "The proposition was lodged late and the very short period in which the Scrutiny Panel had to examine in detail such an enormous and vast project has meant that the panel has been unable to produce their report in ample time." He was not quite correct. The panel had the draft report and proposition before the scheduled lodging date and due to a technical reason, outside of the Minister's control, it was a single day late. In fact the Scrutiny Panel themselves did end up producing their report and publishing it in ample time. We are grateful for them for doing so. I hope, like me, Members do not want to prevaricate; they want to get on with the project. They see the benefits. They listen to what the majority of the public are saying and they vote against this amendment and then after debate ultimately endorse the preferred site. **[Approbation]**

Deputy M.R. Higgins of St. Helier:

Sir, can I ask a point of clarification?

The Greffier of the States (in the Chair):

Point of clarification, Deputy Higgins.

Deputy M.R. Higgins:

The Minister said as part of his speech about flooding risks. Can he tell us whether any of the apartment blocks on that site or the Radisson Hotel or any of those businesses have experienced flooding, in the way that he suggests the hospital might be subject to flooding?

Deputy E.J. Noel

I am not aware of any flooding in recent times, but we are facing climate change and we do know that over the life of this hospital, which is some 60, 70-plus years, we will have to do something about our sea defences in that area. This is a long-term asset for the Island, not a short-term gain.

1.1.1 Constable A.S. Crowcroft of St. Helier:

I am, as Members will know, fully appreciative of the importance of Private Members' propositions and the ability of any Member to bring a matter to the Assembly for debate. This particular one, however, does illustrate the democratic deficit that exists in our Island because of the way our Parliament is structured. I cannot help but observe that the mover of this proposition represents, I do not know, 20 per cent of the number of constituents of electors that I represent, and therefore when it comes to voting time, when we press our buttons, the electors of St. John will have approximately 4 or 5 times the political influence, the power, over this decision than the residents of St. Helier in which the hospital is to be situated. I find there is something rather strange about that. But that is only an observation because I do not believe that this Assembly will approve this amendment. I cannot see why it would when both Scrutiny and the Council of Ministers agree that it is a bad idea. I do not really know why we are making heavy weather of it given that both sides of Government, if you like, are agreed that it should not proceed. I am not going to repeat all the good reasons that have been explained both by Scrutiny and just now by the Minister for Infrastructure. I am going to refer to a couple of points made by the proposer in his speech, which I believe need challenging. He said a couple of times that this Waterfront-like option - or D minus - is the popular option. I would challenge him to show the evidence of that. I understand there was a *J.E.P. (Jersey Evening Post)* online poll. These polls of course are available to everybody who has an iPhone or a laptop, not just in Jersey but across the world. Indeed a recent online poll about whether to extend the Town Park had me quite mystified because about the same number of people voted not to extend a park in the centre of St. Helier as voted presumably for town cramming. But of course we do not know who those 46 people were who supported town cramming above an extended park, any more than we know that the people who voted in this particular poll support a Waterfront option, and if so, what option they support? It is, as other Members have said, Waterfront-like. It does not provide the space for the hospital, either the present hospital or a future hospital, to grow that the original Waterfront option provided. Indeed, the Constable of St. John did in passing ask me for my views, I was engaged in something else at the computer, he was engaged in writing his proposition. He just asked me what I thought and I said: "Well, hands off Jardins de la Mer because I will fight for every square inch of open space that currently exists in St. Helier and I will not see it compromised." I take my hat off to him, he has pulled back the boundary of the new hospital to allow Jardins de la Mer to continue. But I have to wonder in what state this particular park can continue with a hospital built right up to its boundary. These buildings are not hermetically sealed from the land next to them. There is no question that Jardins de la Mer would not remain in its present state if the hospital was built right up to its edge. Other Members have spoken about the fact that there is no room on the Waterfront for the hospital to grow. The Constable also referred to the sinking of the road and said that it would be quite easy to access the car parks because the road is going to be sunk. We do not know that the road is going to be sunk. My personal view is that we do not need to sink it to make the Esplanade Quarter work and to make it connected to the rest of the Waterfront. We have a masterplan review about to start on the Waterfront, and the Esplanade Quarter in particular. So let us not assume that the road is going to be sunk. Let us assume rather that the present volumes of traffic along the front, separating the Jardins and the Waterfront site from the rest of town, will be maintained and it will probably get worse before traffic reduction measures are finally put through by this Government and accepted by the public. So there is going to be a significant problem for access. I would say why not keep this site that we currently access as a General Hospital, we all know how to get there, there are issues with Gloucester Street but they can be overcome. Let us stick to the site that we know where the

traffic works and let us not waste more time and more money in pursuing this idea for the Waterfront. The views of the new hospital, I must agree with the Constable, that if you built the hospital on the Waterfront perhaps if you took away some of the other buildings and gave the whole of the Waterfront to the hospital you could have a very nice Waterfront hospital. But the cynic in me questions whether those wonderful views of St. Aubin's Bay would indeed be enjoyed by the patients. I am not sure they would. I think they would be enjoyed by the private clients of the hospital and the executives, but that is perhaps a cynical view. I would simply say we have no arguments, serious arguments, in favour of further delay. The public are fed up with the fact that this exercise has already cost more than it should have done and it has taken longer than it should have done. Let us accept the views of Scrutiny and the Council of Ministers and reject the amendment. **[Approbation]**

1.1.2 Deputy J.A. Martin of St. Helier:

I would like to say it is a pleasure to follow my Constable but not today. He is the Constable of St. Helier and he has had a go at the Constable of St. John for bringing this amendment. I absolutely commend the Constable of St. John to give us this debate. I was on the Ministerial Oversight Group with Deputy Noel, the Deputy of Trinity, and many others. I saw this plan, it must have been 5 or 6 years ago, this great big block over Patriotic Street. The staff, the clinicians, who you are all worried about, and the management said: "No. This will be too disruptive for the patients and the staff over the next 10 years." So fast forward, 6 years on we are on the hurry up to spend nearly £1 billion by this Council of Ministers again. It is not ... it is nearly £1 billion. I have had it explained to me. "We cannot have any more delays." Why are we on the hurry up again from this Council of Ministers? "It has got to be done. People are fed up." No, people are fed up ... you have got one chance to get this massive project right and who said the Waterfront was not right? It has been the right decision and anybody who listened, and I really listened and saw it this morning, the Deputy of St. Ouen's speech yesterday clearly said he was going to be a little bit negative. He went on to say he and his panel were very miffed, basically.

[10:00]

They thought the decision on a Waterfront site should have been brought to this House. It has been up there at the top since 2012. But the Council of Ministers in 2013, as the Deputy said, Scrutiny said, went out and did an economic impact study on the Waterfront and a hospital. I have not seen that report but there is something in between the lines yesterday saying: "We do not know what impact a hospital will have on Jersey's Financial Centre. We do not know." Think of any hospitals you have been to in the City ... can I just stick with the City of London? You have the big finance there, you have massive headquarters of this bank, and then you have the London hospitals all dotted around. Have they had an effect on the finance industry? But, no, you have put that out there. You put that in here and people start to get a little wobbly. It might have an impact on the Finance Centre. No. The Waterfront was in different disguises the best site when I was there. We talked about how does this ... getting rid of KFC, Pizza Hut and Cineworld and moving it that way. You eat too much Pizza Hut and KFC and go to the pictures you are in the hospital most of the time. It is absolutely mad. There was not that much resistance but then - and the Deputy of St. Ouen said it yesterday - the opportunity cost lost for the rich to live on the Waterfront or to have more financial offices on the Waterfront. We were promised a speech from the Minister for Housing about social housing on the Waterfront. They were given 40 when it was Senator Corrie Stein, and they said: "Do not come back for any more, you will not get social housing on this very, very, very expensive land. So do not even come back." They are talking about rich flats for the rich. That is what they are talking about. So do not be miffed off about solve our housing crisis but ... heard it on the radio earlier but the Minister did not stand up and mislead this House and say: "Do not put it there because I am going to put social housing there." I do applaud her for that.

Then we have got the Minister for Infrastructure, and he was with me on this group. He knows this is not the preferred site. We had the dual site before I left was the preferred site. We were trotting that round every Parish Hall. People's Park, it was absolutely the best site because obviously the people of St. Helier did not want it and most of the Island did not want it. This is not a preferred site. This is the site of last resort at the moment for this Minister. I am not going to support him. If we do not get this amendment I am not voting. I am sorry about delay and the absolute, the Minister for Infrastructure is worried about the tenants around the area. I have been written to by tenants around the area and not even been consulted by the Minister. Anybody around there up to date and they will not be. They do not mind another 6 months' delay but the best one: we might be putting off contractors who want £400 million of work over the next 10 years. I can see them getting their white vans and on the boat so they take up the whole of the Condor, if it is going that day. They would be over here. Absolute red herrings. If we put the decision off today we will not get a contractor who wants 10 years' guaranteed work at probably nearer £500 million, by the time we get there, because there is a massive contingency, and loads of costings not in there. The costings for the new Patriotic Street floors are not done. This miracle of Patriotic Street, has anyone ever tried lately to park? I was at outpatients the other week. I had to go right to the top. I would be lucky if I wanted to go to the top but I wanted to be on the ground floor. So I have got to go up and go down. But for the Minister for Infrastructure to say it is all about transport. He would need to put another 500 space car park, and that is the best we have got for the future innovation of our transport. I am talking to the Constable of St. Helier here who is absolutely looking for a transport strategy for St. Helier. Nobody thought: "Where is the bus station?" Is it a Hoppa ride away? Could you have buses over there? It is what they do in the U.K. (United Kingdom). No parking ... do you know how much parking is in the London Hospital? £5 for half an hour. So they have the Hoppa buses. You park out. The bus station, yes, it is the wrong side of the 6 lanes but it is there. It is something that we thought about when I was on the Ministerial Oversight Group and now ... I absolutely get amazed as well, the Minister is speaking to the man in the square, Senator Ferguson speaks to the man at the cheese counter, Deputy Noel, he knows everybody, what everybody wants because ... sorry, he did not want to go out and ask the people what they wanted the other day. No. You cannot have it both ways. You really miffed me. The Constable of St. John should be absolutely applauded. The Deputy of St. Ouen should have insisted that Scrutiny should have brought this as an opinion because I do wonder if they really ... go back and have a look, if you have your walkie-talkie things on you or your iPads, look back at what he said yesterday. Because I was amazed when Senator Routier stood up and went: "Oh, what an excellent rendition from the Scrutiny Chair. He absolutely agreed. We gave him thousands of papers. They read them all and they absolutely said: 'This was the best site'." Did he really listen to anything that the Scrutiny Chair said? Because he was negative. He all but said there was not balance; he was negative. We did not have the debate, we will not have the debate. The only debate we have got is to go and win it ... yes, it will be a bit of delay. This picture here, I have been in this. I have been in the Radisson, in this restaurant. I have been there with the Constable of St. Helier and I have been with the ex-Minister for Health. Right at the top of the Radisson is a round restaurant room that looks right out over. Now you imagine a hospital next to that, when you can get rid of KFC, Pizza Hut. And there is a song that goes on, is there not? You have a fantastic ... you all know sitting here, looking me in the eye. I am telling the truth. I have been on this panel. I have looked at this site. It was the worst site. They went out for 6 years and they came back and today it is their preferred site. We are again backed up to the wall, we are on the hurry up. If you do not support it today the sky is going to fall out of the world. I am saying if you do support it today the sky will fall out of your world. Deputy Noel said another 6 months delay. This is not going to be finished in 6 months. It is not going to be started in 6 months. I want the right site. Where even if I was having family over here and I were not putting them in hospital, I was putting them in a hotel, where would I pick? One stuck in the middle of Gloucester Street or the Radisson overlooking.

These are healthy people. Do not tell me this is the caring, our last resort, people are fed up, clinicians will not come here. Clinicians all round the world are doing specialisms now. We have a hospital that should be catering to the size of the community, the 250,000 to 300,000 people. So that is why you are not getting your clinicians. It has got nothing to do with ... you might have a little bit of old ... go and see where some of the hospitals they work in the U.K. Centres of excellence. The buildings have been there for 150 years. Centres of excellence. It does not wash with me. I have a long memory. I am telling the truth. I was on this Ministerial Oversight Group right at the beginning and the very, very first thing I saw was this. So I absolutely know it is not going to be the panacea for all. The clinicians did not want it. The management did not want it. It will be disruptive for the staff. I will leave it there. I think people will see that I am going to support the Constable but this falls ... I am not supporting this site because I know it is the worst site, and without the answers, just because you published it today and printed it out, the way we are going to finance this without that being answered, that being answered, that being answered, you want me to pass the site today? Never. Never. It is absolutely reckless. This is what we have been treated to again on the hurry up from this Council of Ministers, I said it the other day. Scrutiny is always looking backwards. Why did you not do that? Why did you not do that? Here we are again today: "Cannot be delayed." Absolutely rubbish. I will leave it there. Thank you.

1.1.3 Deputy M. Tadier of St. Brelade:

I am pleased to follow Deputy Martin even if she has stolen all of the best lines. She takes the best lines and then makes them better anyway, so that is probably a good thing. The Constable of St. Helier did say that the cynic in him thought that the new hospital, were it to be built on the Waterfront with all its great views, would have no healing value because of course that would only be reserved for the wealthy private paying patients and no doubt all the other patients would be kept underground somewhere without any windows. I tend to think that it is a great site and I know when I have been up to Overdale it is not just the people who are bed-bound, hopefully for a short period of time, but it is also the family, they go up. It creates a nice ambience and you can take the wheelchairs out and families with the patients can go and sit in a nice area with a nice view. That obviously helps in the general healing process. But I do not call myself a cynic but certainly the realist in me tells me, like Deputy Martin, that if we do not build on the Waterfront and we build on the current site, we will see housing on the Waterfront site. I think that goes without saying. But we will not see the much needed social housing that we need and that we could build down there because it is too good for our people in social housing because they are too low, they do not earn enough, they are not worth enough. The realist in me says I know that will be put out to luxury flats, which will not help the housing situation we have got in Jersey, which will not help young families who are aspiring to buy in this already very expensive Island. If they are able to rent then it would certainly push the rental prices up in an already very expensive market. I think that is realism; that is not cynicism. But sticking on the point of cynicism we know what Oscar Wilde said about cynicism. The Constable of St. Helier will know that just as well as any of us in the Assembly. He said that it is those who know the cost of everything and the value of nothing. Surely that is the legacy that we have got for decades and we see this with the current political progeny of former generations who are doing exactly the same, making exactly the same mistakes that their predecessors did. Because of course we know that the Waterfront is an exemplar of town planning and getting the best out of publicly-owned sites, is it not? Because once we have got valuable sites like that what do we decide to do? We decide to put a swimming pool down there when we have already got a swimming pool, which is very well loved, and very well washed its face at Fort Regent in a functioning sports centre. We say: "No, we will put this down there because we need that to be anchor. We will also introduce a clause which says: 'We cannot have any other public swimming pools within a certain radius.'" Elsewhere I suggest that might be called corruption. Certainly it is very untoward to have those kind of business practices going on.

Of course because we want to be different and promote our own Jersey culture, we will put a KFC down there, we will put a Cineworld, and we will put some other generic food places and bars down there. We know we can trust these guys because they are the money men and they are the ones who are looking out for the best future of the Island. As I have said, of course I do not think we want to see Jardins de la Mer go, and that is not even being suggested. But this has obviously been put forward by the same people, who are quite willing to put a hospital on People's Park even though we in the Assembly did not have all the options before us. Let us be real about this. We know that there will be a hospital built. We know that when the hospital is built it will be accepted because it will be part of the environment and once it has been there for 10, 20 years people will not be able to imagine it being anywhere else, which is partly the difficulty we have got at the moment. The *status quo* is obviously quite powerful. But in all of this we have to learn a lesson. The first question is why should it take a Constable from a relatively small Parish, a rural Parish, to come back to the Assembly and say: "I do not believe I have got the facts that I need to give me the wherewithal to vote for this and to support it." Because I think although the Constable of St. John and myself come from different political starting points, and I think many of us in this Assembly do, quite often we arrive at the same conclusions. Not all the time of course but I think we are both believers in process. You cannot have due process if the facts are not given properly. I think this is the lesson to learn, which we never seem to learn, is that this Council of Ministers have just kept everything behind closed doors. So we are not given the facts. It is only at the point when it seems too late and we are told: "This is a *fait accompli*" and how often do we get told that by the man or woman at the cheese counter or wherever we might take our opinions from?

[10:15]

The public know that more and more what gets presented to this Assembly is essentially a *fait accompli* and even when it is not the Council of Ministers seem to be able to stand up and tell us that is the case. Even when the facts seem to speak in the other direction. Let us go through the chronology slightly. We know we originally had a position which was we will rebuild on the current site and then that was many years old. That was told as that is not the best option. Then we are told: "Oh, well let us build on People's Park" all of a sudden. "That is good because it is an open site. Open site is preferred because it saves the hassle of having to rebuild on a hospital." The last thing you want, we were told in this Assembly, is to start creating a building site next to an existing hospital because it is very costly to build and to rebuild on an existing site. Not to mention the disruption it will cause to the patients and to the staff. But then of course they found it would have been political hara-kiri to build on People's Park because it was politically a non-starter from the very beginning and they did not have the vision to see that there would be riots. Not just from people in town but taking more green space away from the Island when it is already at a premium. Then we find out about the Waterfront. We find out that there is a space at the Waterfront but we all know that it is far too valuable to give something to the Island which is going to serve them for generations, for decades to come, because the key thing is to make a quick buck to sort our finances out. How many people have we spoken to right across the Island, right across the political spectrum, who said: "Why are they building a finance centre, a block for finance, on the Waterfront, on the Esplanade, when there are already loads of offices in town? When the private sector can build their own offices themselves. Would that not be a much better place for a hospital?" We just nod our heads and say: "Yes, absolutely. You are right. Of course it would be a better place for the hospital but unfortunately we are only politicians and politicians in the Island do not run the show. It is done through some system of arcane smoke and mirrors in the backrooms and we do not have any say over how that works." That is the honest answer, or a variation thereof, that we have to give to our constituents. Of course nobody in the private sector builds hospitals for themselves. So it is obviously up to the state to build hospitals, so there is no shortage of people who can do and indeed will be building private office blocks. So that is the starting point that we

have to face when trying to explain this to our constituents. I think that is just a true representation of what happens. Let us put on record that we should not at any point in this process undermine the very valuable work that the staff sitting up in the gallery behind here, the officers in the hospital, have put into this process. I think they have been working very hard. I think in many ways they have been put in a difficult situation because there has not been any political leadership in this process and we have been messed around, they have been messed around, and the public have been messed around with these different options which completely change. Many of us have stood here during question time and asked the Minister to explain his particular version of double-think because he seems to be able to come to this Assembly one week and say: "This is the best site" and then come a few weeks later or a few months later and say: "No, that is not a good site at all. The original site which was the worst site is now the best site." But we have been very polite in this debate up until now. We know what the underlying problem is. Is that process cannot be followed because we have one or 2 very loud individuals in the Council of Ministers who will bang their fist on the table and say: "No, it is my way or no way at all." You are not building on the Waterfront, Ministers, even though it is the best option, the best clinical option, it is the cheapest option and it can be done a lot quicker than the current site that is now the preferred site. Eurasia has always been at war with East Asia, even when it is not the case. This is now the preferred site. It has always been the preferred site in this double-think type of world. I am sorry that that does not wash. I suspect at the end of this process we will get a hospital bill. It will be built on the preferred site of the Council of Ministers but it will be again a pyrrhic victory because every time we go through this process when the public are not stupid, States Members are not stupid, even though most Members will keep their heads down and not say that the Emperor has no clothes. They know what is going on and they know where the real power lies in Jersey, and it is not accountable and it is not in the best interests of the people of Jersey. That argument has been put on record. We know that in the future we will have a hospital that will function. People will go there. But I am very concerned about the way that developments are going in Jersey and that we are not looking after the best interest of Islanders. In fact, the suggestion is that the Constable of St. John is delaying this. I do not see the Constable as a reckless man by any means and I think that simply by putting this option on the table, and if it turns out that the Waterfront option is the best option, we can find that out pretty quickly. We could find that out, I am sure he will address this in his summing up. We should know that within the next 6 months to a year. It takes less time to build the Waterfront option. So we would be saving time in the long run and I think that is certainly something which is quite attractive to me. Let us at least put it on the table. But the process here, lessons definitely need to be learned. We cannot let one man rule the show, especially somebody who has got the reverse Midas touch when it comes to planning and development especially in that particular area.

1.1.4 Deputy R.G. Bryans of St. Helier

I listened intently yesterday to the debate and in particular the sort of architectural ideas relating to this particular hospital. It reminded me of a quote from an American architect could Louis Sullivan who said: "Form ever follows function." The concept of that is that you shape and design your building, whatever it may be, around the primary function of whatever it is you are building. So in this particular case a hospital. I do not know about other Members of this Assembly but when I go into hospital I want to get out of it as quickly as possible. I want to spend the least amount of time in there but be treated as effectively as I possibly can. So in this particular case I think the design of the hospital is vastly important. At the behest or the request of the chief officer, I went to see a Lean project in the hospital some weeks ago employing the concept of Kaizen, a Japanese idea. "Kai" being change and "zen" being better; so change for the better. I saw a small film about the journey of a patient going through a hospital and then I witnessed 10 individuals, doctors and nurses, all lining up to discuss how they had worked on this project. I was utterly captivated. I thought it was fantastic that alongside the work that we do, and all the hard work that we recognise

them for, they had worked on this project together and worked on a process of reducing the amount of time that a patient had to spend in a hospital. The concept behind it all was red and green days. Red days being days when the patient was not treated particularly effectively and green days where they were. That is what we had seen on the film. Then they had taken this project on to deal with it locally. So here we had 10 hard-working individuals with heart, passion and creativity, doing the best they can for the people of this Island. I just thought it was utterly fantastic and the more we can learn about what they do I think the better. I was taken with what the Constable of St. Saviour said the other day about contacting people to discuss the matters that we were dealing with here in the Assembly. I have taken every opportunity, rather like Deputy Martin, to talk to doctors, nurses, clinicians, surgeons, at every opportunity I could. I was just talking to a surgeon the other day at the opening of the Mosque, and asking the question: "What did they think about the hospital situation?" and their answer was always the same. "Build it. Build it here and build it now." Deputy Brée constantly reminds us of who we represent when we sit in here; the electorate. I, like all Ministers, are acutely aware of that. We are also aware that we are chosen by the Assembly to play our roles as Ministers and as leaders to take difficult decisions. We make those decisions after consulting with as many experts as we can who provide us with crucial information. Why? Because we are not experts. We heard yesterday from both the Governor and the Chief Minister about the art of listening. Like many Members here I listened hard to what is being said. So I feel positive in the act of making the right choice, making the right decision, and pressing the right button. Which brings me to my colleague on my right, the Deputy of St. Ouen. A lawyer and, as has already been said, a diligent and meticulous panel chair. He described how the Scrutiny Panel had trawled through countless amounts of material, consulted with experts, commissioned a report, all of which led him to the conclusion that it was imperative that we build the hospital as quickly as possible. The thing that really captivated my imagination and resonated with me was what these experts said, which is we had constructed an enviable health plan, a vision that needed a new hospital at the heart of its delivery. This had to be constructed as soon as possible. Not only that, but one of the preferable sites was the one that experts and the Minister for Health and Social Services had recommended, namely the current site. Accessible, in the heart of the community, aligned with our vision. The plan we have agreed as an Assembly is best for Jersey. So, we have consulted with our own highly qualified experts, we have consulted with independent experts, we have our own Scrutiny Panel to examine the detail, and the conclusion reached is the same. Build it, build it here on the preferred site, and build it as quickly as possible. Our electorate expect it. Our health teams deserve it. The future well-being of our Island depends on it. We need to create something that is positive, something that we can be really proud of that is a 21st century solution to the problems that surround it. I will reject this amendment.

1.1.5 Deputy R.J. Rondel of St. Helier:

I am both the Assistant Minister for Infrastructure as well as a St. Helier Parish Deputy, so I do have 2 perspectives to consider on this issue. From a Parish perspective I am pleased that the Council of Ministers was prepared to listen to the people eventually. As you know, I was against the People's Park site, as were others. This site was withdrawn. I have also heard a lot of public opposition about the Waterfront site. Would we have another campaign to withdraw it as an option? I do not know. What I do know, or at least what I firmly believe, is the preferred site is generally supported by the public and does have my support too. It was not my own original preferred site. That was Overdale. But we will all have our own preferred site and they will always differ. I believe we have now moved on. Trying to redirect public support is a time-consuming process. Although it seems the building time of a hospital on the Waterfront would be quicker than building on the preferred site it is clear there would be a prolonged period of public engagement, not to mention the issues over political alignment. I have seen first-hand the need for a new hospital. I want to expedite it, not delay it. The costs of delay are not just monetary. They are

delays in improving the patient care, something which is very close to my heart. **[Approbation]** I am not trying to shroud-wave by any means here but surely it is incumbent upon us to deliver improvements for the Jersey public as soon as possible, not just the public but the staff, from the porters to the clinicians. We know other sites have been considered and it is a shame there was not one site that stood out head and shoulders above the rest. One site that everybody could support. But we are a small Island with limited space. It is always going to come down to judgment call. Deputy Martin was referring in her speech to a refurb of the existing building, not I believe the preferred site option.

Deputy J.A. Martin:

No, I was not. Do not put words into my mouth. I saw this site. It was not the refurb, it was the big building at the back.

Deputy R.J. Rondel:

I apologise, that is what I had understood. I did hear the Deputy on several occasions, the Kentucky Fried Chicken and the Pizza Hut or, as she was trying to say: “Kentucky Fried Chicken and the Pizza Hut Boom Boom”, that is how the song should go.

[10:30]

Perhaps because of that she possibly could visit the hospital, but perhaps could also visit the swimming pool or the gym as well. We have provided a lot of information in order to make a decision. There has been a process in whittling-down the options which we have had the opportunity to influence. A preferred site has been decided upon. It seems to me to be a backward step to open up debate again. There comes a point where we, as a responsible Assembly, need to make a decision and get on with it. Yes, we want to make sure that States money is being well spent and we will judge that when we see the business case. But please, let us take a step forward today, not a step backwards. I am also looking at it from the point of view of those homes and businesses around Kensington Place and the surrounding area who will be affected by the new site. Their lives and livelihoods are going to be disrupted. They may well be listening or indeed watching us today. They are trying to plan their futures, some may be seeing it as an opportunity and some may be concerned about what the future holds for them. Whichever way they look at it, it will involve huge change. Anyone who know a little about change and the effect it has on people will know that indecision and lack of clarity will have a detrimental effect on those concerned. I attended the drop-in sessions organised for neighbours at the hospital in September/October. Most of the neighbours in the surrounding area had leaflet drops, it was in the press, so they all had an opportunity and a lot of them did take up this opportunity to come and speak to the team. While some appreciated that they would be more disturbed than others by the announcement, none have argued against the need for a new hospital and they understood why the current site is the preferred site. Again, like most Islanders, I know first-hand about the patient experience. That term is used to encapsulate everything from arriving to leaving that directly or indirectly affects the patient. This is something that I know the team are keeping at the forefront of planning and developing the future hospital. What I see as a huge benefit for the preferred site is for all those people who come by car. The benefits that can be achieved through the linkage to Patriotic Street Car Park are quite superb. At the moment it feels that you are always walking around the hospital to get into it, especially when the Gwyneth Huelin wing access is closed. A huge benefit for patients and a huge benefit for visitors. Going to the hospital as a patient or visitor can be stressful enough. We need to be making it easier. What this great idea of linkage to the carpark will do. I know not everyone will be coming by car and as a supporter of sustainable transport I do not necessarily want them to. So I am pleased to hear there is also a lot of potential for improved bus, cycle and walking access. I believe we have a great opportunity here of providing a really, really good hospital, somewhere

where we can be proud of so let us do it, please. Let us just do it. Please vote against this amendment and for the proposition. Thank you.

1.1.6 Deputy P.D. McLinton of St. Saviour:

I must say how wonderful it is to have an opportunity to follow the Deputy and his amazing speech in here. It is just great to have him in here. Thanks a great deal to the wonderful staff as well who helped him recover, the wonderful health staff who must be listened to. Confession time. There was a time when I thought the best place for the hospital would be the Waterfront. Then shock, horror, probe I availed myself of some facts. I sat in on a numerous amount of meetings with experts, clinicians, the people who work within the hospital and I have facts at my fingertips. Facts should help inform this, so I think we should maybe have some. Sorry, it is a big sigh and it is well meant. Preferred option first. Has been subjected to searching review by the Scrutiny Future Hospital Sub-panel in private and public hearings, the preferred option has been developed with and reflects insights from States Members. One of the best things we ever did was get everybody in the room and ask them their opinion. I think it should always be like that. I think we would be much better functioning as a system if we engaged people more often, took them on the journey. That is where we failed in the first place. That is why we are in the pickle we are in. We do not want to carry on being in a pickle so thank you to everybody who took part, all the States Members. More about that later. Yes, the preferred option has been extensively reported in social and other more traditional media. It has been shared with and developed through over 80 meetings with Health and Social Services Department staff and discussed extensively with the clinical staff. It has been shared with and discussed with Islanders in a variety of different forums ranging from Parish Hall meetings, coffee mornings, work place receptions, in the hospital entrances and the outpatient departments. The project team has even been out canvassing Islander's opinion in the street. In other words, lots and lots and lots and lots of time has been spent considering what people really think and feel about the preferred option. I am not entirely clear what or who helped the Constable of St. John to develop and scrutinise the site option in his amendment presented for our consideration, some States Members may have contributed, the media. Yes, it has been reported that there are other options. The aforementioned Health and Social Services Department staff, there may have been some chats with them; may have. News of this has entirely passed me by. He said in his opening statement yesterday, and I quote: "I think the hospital would be better on the Waterfront than preferred site." Note "I" in that statement. What we have in this Assembly and what you hear from the real people who matter, the people outside here, all the time is this place is filled with amateur experts derailing important things perpetually. When I was not in this Assembly I was out there, amateur experts. It is ridiculous, it is sickening and we are going through it again today. We pay a great deal of money to real experts for their advice and then we ignore it again and again and again. We get criticised for ignoring it and then we bring it forward and we ignore it again. What is going on? I will tell you what is going on, ego is what is going on. Get over yourselves, some people. I was born for this. The preferred option we will be debating later is completely different in this respect because it has been studied. We have asked the questions, we have gone to the experts. I make these points because as we have learned over the years, and especially in response to some events earlier in this year, there is much more to developing a viable site option for the new hospital than looking at a map and going: "There." You would think we got a bow and arrow and went: "Twang, that will do." Oh no, we have looked at this in depth. We seriously considered bringing in all the paperwork and binging it on the table there so you could see how much work has gone into it, but frankly someone would give themselves a hernia just carrying it in. This is what we have to balance the amount of paperwork. Just picture the amount of work that has gone into this and: "I do not know, we will build it there." This site has to be subjected to the intensive review of Ministers and other States Members, Scrutiny, the media, hospital clinicians and non-clinical staff, and last but certainly not least the

general public. Islanders who will use the hospital in the years to come. It was nice that Deputy Martin gave us a posit history of the States Assembly but we are talking about now. You cannot keep putting off decisions because of things that happened in the past because you are just running around in circles. You know, the absolute truth is if you want to avoid walking in potholes, do not walk backwards looking for the potholes you fell into before. Turn around and go in the direction you are going in, forward. Learn from the past, move forward. Do not keep on going back to the past and saying: "We got it wrong, we got it wrong, we got it wrong, we are going to get it wrong again." You are getting it wrong because you keep looking backwards. Now is the only moment you are alive, move forward. Learn the lessons of history, do no keep regurgitating them again and again for your pathetic ego.

The Greffier of the States (in the Chair):

Deputy, through the Chair otherwise you are insulting them.

Deputy P.D. McLinton:

Sorry, Sir. Members' pathetic ego, some Members. Okay, this hospital, the one we proposed, the preferred site, can be accessed with ease. A hospital that will not only be fit for use on the day it opens but will be future-proofed with room for expansion if necessary. Now, here is the thing, I would love to draw your attention to the map marked "Deputy Noel"; there it is. The size and shape it is right now. If you flip over and you drop it on to the Waterfront site, it does not fit. You could talk about housing on there all you like but if you build a hospital on it it does not fit. Have you ever tried putting a tent back into the bag it came in? It used to fit, it does not fit any more. This has not even got the decency to fit in the first place. Yes, you would have to build it really tall but if you build it really tall, the views the Constable said you will get, you will not, it will be too chunky so you will not get the views. The arguments can be shot down one after the other because these are not the arguments of an expert, these are the arguments of an amateur expert, plain and simple, as is evidenced. The site proposed in this amendment and the type of hospital that could be built on the site has undergone no such scrutiny. Why? Because we know it does not work. States Members are therefore faced with considering an untried and untested opinion developed in isolation from contributions of key stakeholders in what probably was a few days before the Constable's membership of the Future Hospital Scrutiny Sub-panel ended. It is about relevance, needing to be relevant. States Members are asked - please forgive my unparliamentary language, it is not that bad ...

The Greffier of the States (in the Chair)

I probably will not so do consider it before you say it.

Deputy P.D. McLinton:

Okay, I think this might just be on the edge, Sir. Just might be. Have been asked to take a punt on an option that the Constable of St. John at the eleventh hour thinks might be worth a bit of a look at. Oh, we looked. Incidentally the option really is not Option D, the like-for-like. It is not Option D. I am sure the Constable did not mean to mislead the Assembly but it is not Option D. It is not like-for-like. This is D minus. This is Island deserves far more than D minus. What we want is the preferred site. While the Constable will get a very good idea of what States Members think, as he is, about the D minus option, the Constable has no idea what the stakeholders, the wonderful hospital staff, the wider public and the patients, potential patients and others think. Why? Because he has not asked them.

[10:45]

You, as an Assembly, represent the people of the Island of Jersey and you, as an Assembly, need to think ... we are always told to think very, very seriously - and I hope we are thinking very, very

seriously - about any further delay and its increased cost. The Constable of St. John claims to be very much a man of figures. Try these on for size. Between £1 million and £2 million per month we delay this. Per month. Makes chartering a private jet seem like peanuts, does it not? I know. The ego of this place sometimes. We want a choice, we want a choice. The last time we gave everybody a choice the Minister was told that he should grow some ... excuse me, he should be courageous and commit to something. He tries to commit to something and you say: "We want choice." What is going on? White is black, black is white. There is the uncertainty as well. The uncertainty that it will have potential to damage the possibility of the Island ever having a modern general hospital to meet the health service challenges facing future generations when you are long dead and gone. You, your children, your grandchildren, your great-grandchildren will be using this facility. Now, we will have to go up and deliver a D minus scheme should the amendment go through. This will have to have the same level of development as the preferred site, i.e. from July to November we have spent so far on the preferred site. Assuming we can use Option D information for some of this, we might be able to do it in 3 to 4 months but we will have to repeat 80-plus meetings that we have had with the clinical staff. We will have to go through the whole lot again. We will, we will, because you have to go back to people and ask them what they think. You have to, that is what you are saying in here. You have to go and ask. You have to go to the people, so you have to go back and say: "Right, what do you think?" Then the amendment assumes we can twin-track and present outcomes without delay. We cannot imagine that following completion of the 2 parallel studies that we would then recommend the site without significant stakeholder engagement again. Therefore, we can stick some more months on that. Remember £1 million to £2 million per month. The parking: yes, the parking. Option D, the original D, is an allowance for 140 spaces, not the 516 needed; that would cost about £20 million in CAPEX. There is also the £6 million for replacement of temporary parking as well. The numbers are racking up. Six months of notice that was mentioned. It is good to see Senator Ferguson back again, away from the cheese counter. Worth mentioning now when they build places, not her neighbour's properties but places like hospitals they take a lot of time and trouble over the noise, cutting down as much as is physically possible and it is worth pointing out that the construction site is the furthest distance from the patient wards as possible as it just so goes. So they will not hear it, it will be the other side. Noise mitigation measures in modern construction techniques are used to minimise impact on patients and will be. I would suggest the delay associated with the Constable's amendment is more of a risk to patients. Far more. Looking at Outlook 1 of 3 on the heavily researched paper that the Constable gave us. The obstructed view here in the foreground is being knocked down. Yes, it is being knocked down and rebuilt. I have to say it is a pretty good view there, it is not bad. It is a better view than the Radisson would get on the Waterfront because you will be able to spread the wards out more. That would be a better view for most. There will be no views over plant rooms as they will be inside the building. Views over flat rooms will form only one part of the vista, natural light into rooms will be maximised and the rooms high up will minimise the noise from street level as well. We are not just guessing here. A lot of work has been done on this. It is not just guess work. Views from inpatients on the preferred site will be exceptional even with 2 extra floors on Patriotic Street. We worked it out as modelling has been done by experts. The Constable has estimated £38 million reduction in cost to the Waterfront but he has no basis for this cost reduction and it is not recognised at all as being reasonable by people who do this for a living. It has been mentioned already about the Waterfront masterplan that is now under review. There will be delays in association with that, we do not doubt it. Now, the Constable of St. John may have conjectures about support or otherwise. When I say "may" I say will have conjectures as the whole amendment is built entirely around conjecture rather than actual evidence. So I will give you some evidence. We worked closely with States Members listening to their insights on how to move beyond what earlier in this year seemed an increasingly intractable problem. To give you a sense of the size of States Members contributions in the 6 events since March this year, workshops repeated to allow

the widest attendance on briefings as possible, all but 2 non-ministerial States Members have attended these events. We honestly and deeply thank you for your time, your trouble and your input. We hoped it would be enough to not to have to go through this. We organised meetings in Parish Halls, these attended appallingly. In fact we had lots of Members who chatted about it, did we not? If somebody did walk through the door we went: “Ooh, ooh” and were all over them: “Talk to me, talk to me” experts everywhere. But people did turn up and what we discovered in our chats in the Parish Halls was we are probably doing this wrong. So we had a good chat, the Constable of Grouville I think it was mentioned it in passing about how good it would be to go out and engage where people are, to go to the people. We thought: “Obvious” we are always willing to listen, always willing to learn. So the Constables kindly set out for us the kind of events that would have the potential to be a good opportunity to meet parishioners in larger numbers in more familiar ways. So off we went to coffee mornings, parishioners’ lunches, car boot sales, sports centres, Christmas markets and so on. When we went to the events we were warmly welcomed because we were engaging with people and asking their opinions. We built on this go-to approach and talked with patients while they waited for their outpatient appointments, because otherwise they were sitting there looking at posters on the wall, so we talked to them about what they thought. We went to the hospital staff in their place of work, to the public in the street as they went about their daily business and whatever ways we could think about. We monitored social media for the sentiment about the preferred and other sites, and what did this tell us? In broad terms, well it told us a broad degree of support for the preferred site. Interestingly it told us more social media posts expressed a sentiment about St. Saviour’s, the old hospital site, than the Waterfront. Told us that. As we mentioned a broad degree of support for the preferred site and a “get on with it” attitude. This amendment is a “not get on with it” amendment. We have had no such positive messages about the option in the amendment. Now, I have no doubt the option will find sympathy among some stakeholders, I do not doubt it. Understandably support for sites other than the preferred site will endure. We have heard in our engagement continuing regard for the Waterfront; Overdale, even though that is up a hill, you could not get ambulances up on a nasty day; the dual site; Warwick Farm, big stonking building up there, that would look great and it is up a hill, but people still like what they like; St. Saviour’s, yes, as I mentioned, and, yes, there are still people who would like us to build it on People’s Park. Still people out there. While I understand and respect the rights of Islanders to express these enduring affections they do little to contribute to us making a decision today. When we ask people a direct question: “Are you in support of the preferred site?” we saw that about 70 per cent of the people we asked were in favour, about 15 per cent not in favour, with the balance being neutral or unknown. We should talk about the *J.E.P.* I used to do these in radio so you said: “Have you an opinion on A or B?” If you got 10 responses, 7 were pro and 3 were against, you could certainly say 70 per cent of people, you would not tell them how many people responded. We have been to hundreds of people and asked them. You cannot base this on a poll in the *J.E.P.*, you cannot, this is far more important, this is life-changing. This will echo through history. This is not you flexing your muscles in here.

The Greffier of the States (in the Chair):

Again, Deputy, I am not doing that.

Deputy P.D. McLinton:

Members, sorry, the word “you” is coming out so much. If only we could stop some Members using the word “I”. We acknowledge that not everybody supports the preferred option either in the Assembly or in the wider public. The debate would be much poorer if such unanimity did exist. But, we do know in the months since the announcement in June we have not seen ... this is what we have not seen. We have not seen a campaign group with the objective to remove the preferred site from consideration by States Members. We have not seen petitions against the preferred site.

We have not seen partitions in favour of an alternative site. We have not heard of public meetings organised in opposition to the preferred site and we know what one of those looks like. In fact, I still have in my mind a picture of the Minister for Health and Social Services in a suit of armour waddling to the front in the Town Hall, because that is what he maybe should have been wearing that day, it was quite something. It was quite something. Hecklers were heckling hecklers. You have never seen anything like it. We have not seen websites dedicated solely to the opposition to the preferred option. We have not seen sizeable correspondence with Health, Infrastructure or other Ministers either for or against the proposal. We have not heard of similar sizeable correspondence forwarded by States Members to Ministers. We have not heard of significant numbers of enquiries made of the project team, either directly or through the Future Hospital website. We have not heard anybody kicking up about this. "Get on with it" is what we have heard. Now much as I enjoy standing up here, I wish I did not have to do this right now. When emotion and reason are in opposition, like People's Park, reason: it is a good place to build a hospital logically, but emotion, oh you are never going to have that. When emotion and reason collide, emotion always wins. I guarantee you the emotion that you will feel if you vote for this amendment, it is going to be huge out there. They are going to start talking about the amount of delay in this. We cannot afford it. Let us not treat this delay lightly. This delay has huge ramifications. We cannot delay any further. If we want to raise any emotions at all about looking to the future, we must ensure we leave a legacy of a fine hospital for generations to come. The proposed site, the preferred site, it has its strengths and it has its weaknesses. It has its risks and it has its benefits, like all other ones. It is not the perfect site, no; it is the best site we have now. This site, the preferred site, has been subjected to searching and rigorous scrutiny and independent insurance. It is like we have shared with key stakeholders who have given their time and expertise more generously than we could ever have hoped for in scores and scores of meetings and many, many events that have helped us shape and test its benefits and manage its risks. In other words, a site which is nothing like that described in the Constable's amendment. If you support the Constable's amendment today, we will have to repeat and duplicate all of the work we have done in developing the preferred site. We have to test it with stakeholders and then assure this work ... and I truly believe - I truly believe - with all that done, we will end up exactly where we are today back at the preferred site but millions out of pocket.

[11:00]

We will start debating the preferred site again. We will end up back where we are chasing our tail again. We may not even be this Assembly. Imagine that, we will have to kick it all around again. Do we really want to go there? Concerto Partners, the Scrutiny Sub-panel independent advisers, concluded: "Continued delay will also result in increasing cost and collateral damage that could be far reaching, disenfranchising the clinicians and other key stakeholders." The people you are here to represent. I urge you to vote against the Constable's amendment for this and so many reasons you have heard today.

Senator L.J. Farnham:

May I raise the default on Senator Ferguson but, while saying that, say that she did email this morning but I did not get the email until after registration that she had a medical appointment, which is why she was late, just for the record.

The Greffier of the States (in the Chair):

That is now on the record. Deputy Maçon.

1.1.7 Deputy J.M. Maçon of St. Saviour:

Like many Members when this first came along, my thinking was very much that had it been me I would have been grateful for police, fire, hospital all on one site down on the Waterfront, but of

course that was not to be. However, there are some things which I will highlight that are still an ongoing concern for me. We know with the preferred option site we still have the issue of compulsory purchase knocking about with potential appeals, so I think we have to treat the figures that the Council of Ministers has provided us with, with still a little bit of caution here as to how secure we can be. After that, of course, there is still the planning process. Any appeals that will go on with the planning process though, again, the issue, which is the concern of the Council of Ministers, we want to go with this particular site option because if we went for the other one it would cause inordinate amounts of delay and that would ramp-up the costs. Let us not think of going with this preferred site, there are not huge issues with the actual delay process going forward anyway. Let us just keep that in mind. Deputy McLinton talked about we need to listen to experts and if you follow that through to its logical conclusion it kind of seemed like he was proposing that we move to a technocracy and move away from a democracy. We are lay people in here and to be fair when propositions have ... of course, when Deputy McLinton said: "We must listen to the experts" a lot of the States Members said: "Yes, of course we will, that is absolutely right." To which I thought to myself: "Clothier, Carswell." Now, to be fair with Deputy McLinton, as an individual he had that report so I do not need for that to be seen as any criticism of him, I am just highlighting that for other Members. I think, however, we are making the decision today, because even though we know that the promise of the plans that will come back, sitting through the police station debate we know that many of the same arguments will come back. So once this decision, debate is ... oh we are bobbing along a quorum, I best be quick. We know that the issues that will come back will be: "You cannot possibly chuck this out, this money has spent, finally got somewhere, we have done all the ..." The same arguments that we have had today will happen in that debate and therefore the States Assembly will not be able to chuck it out. Let us be honest with that. So we are making the decision today. We have heard that the proposed site, what the Constable of St. John is asking for, any site is a compromise over the best site that was People's Park. But what we have also been told is that the preferred site will work, physically it will work and that I think that is very important. I remember going around my constituency when we had the debates originally, I did knock on almost every door in the District and certainly the feedback that I got was either the Waterfront or the General Hospital site as is proposed now. So certainly for my constituency that is the sound that came back. So therefore what am I getting from my constituents now? It is very much we need to stop wasting a lot of money and just get on with it. We have a site that works, we have a site that can progress, it may not be the best, there may still be issues, the Waterfront site might give the better kind of healing environment with the views and therefore what is being proposed may not be the best but it might be the one we just have to go forward with because that is the way forward. So I think on balance, after spending a lot of time over what will be one of the biggest decisions the States will make and one of the biggest capital projects going forward. I really do feel that we have a viable site going forward is what is proposed. It is not perfect and there are huge concerns and they will be delayed. The figures that the Council of Ministers have produced to us today must be taken with a pinch of salt because there will be more delays, it will cost more but I am not knocking the Council of Ministers, they have produced the best figures with the information that they have today. The things I have mentioned cannot be foreseen entirely. So trying to be fair. We have had the issue of climate change and rising sea tides and all this type of thing against the Waterfront site and I kind of think to myself: "Yes, but if the sea is going to rise by that much in that time, as an Island it means we have a lot more to worry about than just the hospital, should that come to pass. So I think on balance regrettably I do not think I will be able to support what the Constable of St. John was asking for today because we do have a site which clinically works and given the amount of money through some very, very poor processes that originally happened from the Department for Health, which have been worked on, I think we do have a way forward here and so that is why I am unable to support the Constable of St.

John today and will be supporting what has already been brought forward, but with those concerns still having to be considered. Thank you.

1.1.8 Deputy G.P. Southern of St. Helier:

Let us just think for a minute about why we are here debating this particular amendment brought by a Back-Bencher and in his proposal, why in particular he was saying: "I have seen the numbers but I cannot tell you because they are all confidential and to tell you the numbers I would have to breach that confidentiality and I cannot do that." Why then are we debating this amendment on the back of not having seen the numbers? Why? Because the Minister for Health and Social Services did not come to this Chamber saying: "We are at decision time, folks. Here is a set of numbers and considerations attached to building on the current site" the preferred site, what they keep calling the preferred site: "and here are the numbers on the only viable alternative, which is the Waterfront." Why? Because the Ministers had made up their mind a long time ago and the exercise we have been through is whatever the solution is it is not the Waterfront. Why should that be? Why? Because as my colleagues mentioned earlier, and Deputy Martin has said, because the Council of Ministers has set its mind against building this particular facility on the Waterfront because there is a £30 million to £40 million opportunity in building luxury accommodation there and that is why. So the exercise has been whatever numbers go into this, whatever opinions go into this, not the Waterfront. Certainly looking at the process one would have to say that appears to be what has happened. So on this most important debate we started off with the 4 site options: Waterfront, People's Park, Overdale and the building 2-site centre on site. Building on the current site was there largely as a marker because the criteria were: it should be land owned by the States, it should be an open site because that reduces build time, reduces cost and if we have an open site we can build as we want so we can take into account all the clinical needs and the clinical adjacencies that are required in order to build a functioning modern hospital today. Lo and behold, what came top of that list were the Waterfront site and People's Park. But that left People's Park which is not owned by the States, it is owned by the people of St. Helier. Hence, People's Park and their objective. So after some disturbance and on the part of the people that was taken out. What does that leave? That leaves the Waterfront, which has less build time, less cost and can be adjusted to meet exactly the clinical needs. It is presented, and we are told, that if we adopt this amendment today then we will have to go back and repeat the 80-plus meetings that we have had with clinician staff to adjust this and address that and talk about adjacencies and what do you need and where should it be. We will have to repeat those 80-plus meetings. Why? Let us look at that process. Why? Because we made up our mind and what was the bottom? What was the worst option we have converted somehow into the best option. We have done it with extensive modelling, remodelling and 80-plus consultations, talking to clinical staff, making sure we have it right, making sure we have one option right. Hence no mention today of the Waterfront apart from all the reasons why you would not take the Waterfront and start from there. We have a completely skewed version of events. Complete skewed version which says: "Here is the case for what we want do, and we made up our mind some time ago and we spent some considerable time persuading clinical staff that this will meet the need, but not the alternative and could that be made to meet your needs." So we have the case for the preferred option and against the Waterfront. That is why we are debating this particular amendment today and why we do not have the full figures and we do not have an informed decision because the Ministers decided not to bring that decision to this House. We should be debating for and against 2 options; we are not and that is a singular failing of this Council of Ministers not to do things in the proper manner.

1.1.9 Connétable J.M. Refault of St. Peter:

Listening to the debate I have to share a lot of the ground with many other Members who said they would prefer to see the hospital built on the Waterfront. That is where I was around about 5 years

ago because the Waterfront was an empty piece of land, it had opportunity and it was potentially available. However, also at that time, along with Deputy Martin, we pushed forward the idea of demolishing the AquaSplash and all the buildings already along there and place them back up at Fort Regent to enable us to have a far better hospital down there that was far more accessible and the ability to have car parking on site. The costs, when we added them up, of reproviding those facilities elsewhere and also the break clauses that the current operators had was phenomenal. It was not viable therefore to look any further at the Waterfront at that particular time. As I say, I have been on this journey for 5 years. It even started before that in 2010, I was on the forerunner of the Ministerial Oversight Group for the hospital. I was on the Ministerial Oversight Group for P.82 - Reformation of Health Services, which had the need for a new hospital at the centre of the development P.82 back in 2010.

[11:15]

So I am well steeped into the history and every wrinkle and turn that we have gone through over the years bringing us to where we are today. We oscillated during that period of time over many different options, part-refurb, part-rebuild, part-double site, budget constraints imposed upon us which forced us down routes we did not really want to go to, worked with a tremendous amount of clinicians and expert advisers over those years. People from KPMG, Ernst and Young, Atkins listened to all of their advices and challenge them at every single turn to make sure that we were getting the right sort of conclusions. We have reached the point today where we are here making a decision based on expert advice from many different people, not just one but many, many different people. Even the Scrutiny Sub-panel advisers, Concerto, they have some challenges in their report but overall their report says: "You are going in the right direction but the single biggest risk is delay in this project." That risk is not only to the project of the hospital itself, it is also a delay in delivering the necessary advance of P.82. P.82 will fail if we do not get on and support this hospital move because it is central to the delivery of health services going forward. I have to say, when I saw the proposition coming forward, I was quite irritated with a fellow Constable - who like me has a lot of contact with the people of the Island, we are very close to them - who after seeing all the work we have gone through has come forward with this proposition. Surely he knows what has been going on and listened to many, many people in many different ways. Yet, at the same time, when I got over my initial irritation I thought he was right in many respects because he has made us challenge. I have gone back into the department since this has been lodged and I have challenged some of the things that we have already decided. I wanted to test how we have come to some of the decisions, what was the evidence behind them, to make sure that we were going down the right track. So in many cases what the Constable of St. John has done has made me, in particular, and others, because we knew we were coming to this debate, renew our views and prove that the evidence we were getting was correct. With regard to the site, the previous Constable of St. John had his own good idea, he wanted the hospital out at St. Saviour at the St. Saviour's Hospital site and he is probably still adamant about that today. Many other people who wanted it in different places, the Millbrook playing fields. Why not, it is an open piece of land. It is quite convenient, right on the edge of a double carriageway at Victoria Avenue. Why can we not put it there? But at the end of the day it comes down to, as Deputy Rondel put, is about the patient experience. We can build a hospital anywhere we like, we have the power to do that but that does not mean to say it would be a viable performing hospital. It has to factor in - I cannot remember, as somebody on that side said - the intended use of it. Once you have put the intended use in it you then have to change your views about where it goes. The Jersey Annual Social Survey I was only looking at a couple of days ago, just reviewing it, in there there is a graph - I cannot remember the exact numbers - where they were talking to people over 64 about their lifestyles. "Do you suffer from medical conditions that severely hamper your life either mildly or in a major way?" The figure - and I cannot remember but I will be corrected by somebody I am sure - was either 46 per cent or 49 per cent of

those people said: “Yes, I do have conditions that affect my mobility and ability to enjoy a good life.” So we have to think about those people and how they get to the hospital and how they get to their clinics. I want to give you a little personal story, just for the moment. My little granddaughter is 14 months old tomorrow on 2nd December. **[Approbation]** Thank you very much. In the teeth of Storm Angus she was lucky enough to go straight to the door at A. and E. (Accident and Emergency) in the evening, my son and daughter-in-law took her in there. It made me reflect looking at this proposition and the plan that the Constable of St. John has provided, the yellow line, the walking distance and I thought about if we did build this one down the Waterfront my son and daughter-in-law would probably have to park in Patriotic Street, with Storm Angus coming straight up Patriotic Street from the coast - south-westerly storm it was - and fight their way across a 6-lane highway with their sick daughter, trying to keep her weather proof. Then I also thought about those 46 per cent or 49 per cent of adults, elderly adults, also trying to do that same sort of journey. When they could have still gone to Patriotic Street Car Park and walked across a bridge straight in the hospital. For that reason alone, that is why I cannot support going down to the Waterfront. But it is more than that. The picture that I think the Constable of St. John provided us showed the new hospital is only 5 storeys, no bigger than the Radisson. I am afraid it is going to be a lot bigger than the Radisson. The smaller you make the footprint then you have to make it taller. Even so, a hospital storey is nigh on 2 storeys of any other building, it has to be that much and the reason for that is because you need the height in the wards, the aeration of the spaces, but above that all the services that are required have to be provided in the space above the ceilings which you and I see when we go into the hospital and the wards. Gone are the days ... I am sure everyone has been into the hospital at some time in the not too distant past and seen the array of piping and equipment on the walls. That is no longer acceptable because it is a place where bacteria can hide and that is where your hospital-acquired infection centre lives and they make it very, very difficult. The modern way is they come down on a pod, on a single pod, a single point that needs cleaning. All that equipment is there in a modern hospital. That is why these floors have to be so much greater. I can remember myself being very critical of Cineworld, that horrible block right on the edge of our major highway in St. Helier. Well can you imagine the scale of hospital of probably approaching the height of Cyril Le Marquand tower but much wider right on the edge of our major highway? I cannot. Well, I can but I do not want to think about it. It is unacceptable, wholly unacceptable and I believe wholly unacceptable to the planners as well. If I go to Concerto, I do not know how many people have read the Concerto report but while we are on the subject of planning, they have a very good section in here that basically sets out the Island Plan that we have agreed to - on page 83.8 - “Proposals for the development of new and additional primary and secondary healthcare facilities or for the extension and/or alteration of existing healthcare premises will be permitted provided that the proposal is within the grounds of existing healthcare facilities or within the built-up area.” That is what our Island Plan that we have agreed to says on that particular item. So even within the risk profile in the Concerto report they say that planning is going to be the major risk, another one of the major risks, in getting this project delivered through. Let us say we agree today the Constable of St. John’s proposition is correct and we should go down to the Waterfront, the time taken to go through and override the decisions we have already made in the Island Plan will take a long time, apart from all of this work we will have to do get there. How many of you have been down to the back of the hospital? There are 3 entrances: one off the Parade, one off Kensington Place and off Patriotic Street to the service yard at the back. Have you seen the amount of activity that goes on down there? The lorries that turn up carrying the large canisters of medical gases and all the other heavy equipment. Just to give you a scale of the sort of things that we need to provide and create a yard that is not even accounted for on the plans that has been proposed today. Just looking at some numbers, just to give the Constable of St. John some more numbers. Laundry items, we provide 1,658,908 items of laundry, that was in 2014. That is required for the hospital. This includes 100,000 blankets, just over 250,000 pillowcases, and believe it or not 1,000 lots a week, that is

trying to keep the hospital clean. On top of that there is 1,500 to 2,000 meals to be delivered and it has to be readily available to hundreds of staff on 3 changeovers covering the 24 hours a day, and extra in cases of Island emergencies, and we need to make that provision so that they can all get there to do the work that we require them to do. On top of that it has to be readily accessible for ambulances and fire services - I will come back to fire services - and also the police when they are called in to deal, particularly on weekend nights, with aggressive people who have come into A. and E. and they need to go and assist the staff in containing those people. One of the main objections that I would have, going back to my fire service years and my views on that, is that a very tall, very consolidated building, constrained building, shoehorned into an area just because we want to put it there does not give the opportunity of lateral evacuation through the building. That means we have to take people up and down stairs because we cannot use lifts, because we do not have a safe place that we can move them from one part of a floor to another part of a floor behind fire hardened doors within the safety, rather than have to take them out into the street because we have no other opportunity. That will not be a problem in the proposed site because it has far more lateral space to be able to do those evacuations. Also from a firefighting point of view, I am sure the Fire Chief will make his own comments when it comes down to the time of planning. If you look at the preferred site, the Fire Service can access no matter what direction the wind is coming from. They cannot go out to sea when the wind is coming from the south-west and there is a major fire. They will have to fight the fire, if they can, inside the smoke plume and all the debris is coming with them. I do not believe it will pass the Fire Chief's assessment when it goes to planning for those reasons alone, because he will not be able to mobilise, to protect the numbers of people who are in there. We are talking about potentially 300 laying in beds, ill and many of them unable to even self-evacuate themselves. There are many, many reasons why I now am fully convinced that the preferred site is where we have to build - and I do mean have to build - because we cannot delay any longer. There have been delays in the U.K. where hospitals have hung on and hung on and we have seen all the negative press that has come out of that about hospital viral infections and poor standards because the hospitals are no longer fit for purpose. We delivered a fixed asset survey not that long ago which says that the hospital is no longer fit for purpose and we are sticking plasters on it now to keep it going, to get us through this design and build period. I will not comment on the other buildings down on the Waterfront. I am very much aware of the negative comments that they are going to be flats for rich people. Well, housing mobility is something I aspire to, the more people that come out of lower cost housing to move into those flats creates more lower cost housing for people to move into in the first place. That is what upward mobility means. That is what I started out my life in. A flat to my first house and now into a bigger house. That is what they call upward mobility and each step I made created an opportunity for other people below me coming on to the ladder. That is what that high value housing will do. It will also deliver some extra profits coming back to the Exchequer, to the Treasurer, the Minister for Treasury and Resources looking there with a big smile on his face hopefully. At the end of the day, I have a vision, it is quite a simple vision, the Deputy of Trinity had a similar vision, her vision was slightly different. When we spoke about the new hospital, going back to probably the 2-site option time, she had this wish to see all the cars removed from the front of the Granite Block and the gardens reinstated. I am going back to the days when people used to come out and sit in the gardens with their families in front there. I have a similar vision except it is in a different place, because now with the amount of traffic we have I would rather see that garden on the back of the Granite Block, contained on 3 different sides where patients can come out into the gardens and meet up with their families, perhaps even enjoying a sandwich and a cup of tea from the cafeteria there. That is the vision I want to see, families having access to their nearest and dearest in a nice health campus there rather than being shut inside in a shoehorned building down on the Waterfront. Thank you very much.

1.1.10 Deputy M.J. Norton of St. Brelade:

You will be glad to know that much as I wish to have said a lot more, it has already been said by some excellent speakers, so I will keep this fairly short.

[11:30]

I think what has become clear is there is no perfect solution and trying to find a perfect solution would take an infinite amount of time and we do not have an infinite amount of time. I think it was Patten that said it was better to act on a good solution than it is to delay on a perfect solution, or something along those lines. We have the facts for a very good solution, a solution that is expandable, future-proofed and also adds-in a campus environment, which is very important. If we want to grow our own in terms of experts and hospital staff, you need a campus environment. You would not have that with Option D minus, as I think it is called. We need a campus environment. We need expandability, we need future proofing, we need ease of access, we need parking. It is unfortunate that it is an inconvenient truth for some - I think it is termed - that there are skewed arguments on either side. The skewed argument appears to be: "You can put it anywhere as long as it is on the Waterfront" because that throws a spanner in the works just as much as those can accuse other of saying: "Oh, you want it anywhere as long as it is not on the Waterfront." The fact is D minus does not fit as far as I can see and I am no expert but that is what the experts are saying. To be in an Island in an economy where we have the strength and the wherewithal to build a new, modern, fit for purpose, future-proofed hospital says a great deal about who we are and where we live and the success of the place that we live in. I find it disappointing that we can spend so much time pulling apart an Island I am immensely proud of, knocking it, saying how terrible it is when in other parts of the world they would be celebrating the fact that we have the wherewithal and the strength and the economy to be able to build a brand new 21st century hospital. Please do not tell me we are broken, please do not tell me we are broke, please do not tell me we do not care. We do, that is why we are grasping the big issue of health and future-proofing it. To do that we need a campus, we need expandability and we need the right site. It seems clear from those that have spoken already and from those that have examined and scrutinised that we found the right site. Let us move on, let us build it, let us celebrate that we are building it. To reiterate what the Connétable of St. Peter said, of the proposer the Constable of St. John, thank you for bringing it to our attention, thank you for making us re-examine and look closer. It is important that we all do. Thank you for your thoughts. Thank you but no thank you, we have a site.

1.1.11 Deputy G.J. Truscott of St. Brelade:

First of all I am going to park my ego on the side here. I was elected 2 years ago, top of the poll, 1,200 people, I have this finger, I do a lot of reading, a lot of research and I push the button the way I believe the people who elected me want me to do. So that is where I am coming from in this one. I will keep this particular part of my presentation short. I do feel that the Waterfront is the wrong place to put the new hospital. Its accessibility is the major issue for me. It is also the fact of the future-proofing that is so important. It may be cheaper at the moment to build it but later on when the population grows we may have to expand it and I think it is just the cost of doing it at a later time might be prohibitive and you just could not expand. I think that would be a major problem. South of the underpass, as a Jerseyman, I am ashamed of what has happened there. It is one of the reasons I got into politics. We really deserve, as an Island, a Waterfront to be proud of and I think we have got what I call "Ole Paradiso" because what is a swimming pool doing there, what is a cinema and various other things? We should, and we have the opportunity, to build a Waterfront that should be internationally renowned and something as Island we could be very proud of. We did not and that is a great regret. I think anybody that had a hand in that, previous Members, they should hang their head in shame, quite frankly. So just on the basis of accessibility, expandability, we can do a report - and I admire you for doing what you have done - we could throw money at this but I still have that issue at the end of the report. It is just money, as far as I am concerned, that

would be wasted. I am, as the Minister for Health and Social Services knows, in favour of using the preferred site. We had a meeting and he very kindly took me around the estate and I did see that the place is basically crumbling and falling apart, and we had a very good productive couple of hours and I thank him for that. I think the light bulb moment came obviously with the connection to Patriotic Street. I think that, for me and you obviously, has made such a difference. I have great reservations regarding various issues. As you know, the funding has been I think resolved by the Minister for Treasury and Resources and I thank him for the presentation the other day that he and the Treasurer gave us. I think that was excellent and it does offer a solution going forward, and I thank him for that. I have a definite problem with the size of the hospital and P.82, major reservations. As the Assistant Minister for Social Security I fully appreciate now that we have this huge ageing demographic wave approaching us. Currently there are 14,000 of us - I say us, I am fast approaching that particular age - over 65 and by 2035 there is going to be 28,000. In terms of kneecaps and hips and various other things, we are going up to 56,000 knee caps to look after. I am just very concerned about the actual size that has been proposed. I know we have P.82. That is still under debate, I really want to see that thrashed out and some projections and figures produced to tell us what we will be spending on that initiative in time to come, but we can leave that for later on in the debate. I thank the Constable of St. John but as I say I just cannot support him, thank you.

1.1.12 Senator L.J. Farnham:

Just a quick question for the Constable of St. John, I believe he alluded to the fact that he had details or information on the costs and that is a big part of the argument. I do not believe that the Future Hospital team have costed his options, I am not sure if anyone has costed his options but perhaps he could just give some detail on his costings and information when he sums up.

1.1.13 Deputy M.R. Higgins of St. Helier:

I came into the States with the intention of going along with actual proposals from the Minister for Health, however I have been reading while this debate has been going on today the Future Hospital Funding Strategy and it is giving me a worry. Let me go back first of all just to some of the comments that have been made. Deputy Rondel wants a hospital and he wants it as quick as possible, but the truth of the matter is a clean site would deliver a hospital a lot faster than building on the existing site. So even when we talk about there may not be enough room, to be perfectly honest the vast bulk of the project could be completed far faster than it would do with the existing site. As far as the clinical staff are concerned, I have been having some hospital assessments as well recently and I have taken the opportunity to talk to staff. They obviously would like a decision as quickly as possible. They would like a new hospital as quickly as possible. I am not 110 per cent convinced that building on the site is going to deliver that. Now, the future funding project is P.130 and I hope another Member of the Scrutiny Panel can tell us, were they aware of the costs that were contained in P.130 and fully aware of the costs of the proposed site by the Ministers? What the document says in part, it is estimated that the capital cost for £466 million, more detailed work will be needed on design, planning and procurement to turn this indicative estimate into a final cost. It says: "Part of the current proposal is to make use of Patriotic Street Car Park to access the new hospital. The development costs of the car park have not yet been worked through with sufficient detail to assess whether the £466 million will be sufficient to include these costs. A further feasibility work is to be carried out and design decisions have to be made. These will enable more accurate estimates." Also in the document it says: "The costs estimate incorporated all the main works to the main hospital together with all the related relocation, site acquisition and enabling works and associated fees. This is an indicative estimate founded on an area-based assumption that significant further development and design work as well as planning and procurement will need to take place before final costs can be proved. It also says the costs include work required to repurpose the Granite Block but not any other legacy buildings for non-clinical

use.” I find this one strange: “The cost of acquiring property not under public ownership and part of the site proposal are included.” I find that rather interesting because every time we have looked at buying private property, if the owners do not want to sell at the price they are being offered it will end up going to the court. It will not be this House or the officers determining the cost of that property, it will be the court and they will start off with what they think a market value is and it goes on, but we have no idea what that cost will be. Even though they are saying at the present time it is included in the £466 million. Let me just go back to that one phrase. “The cost of acquiring the property, not under public ownership and part of this site proposal are included, as are the costs to build temporary clinical blocks to free-up space needing to be cleared to allow a single build and the cost of relocating the corporate functions. The cost of demolishing or redeveloping the remainder of the existing site not required for the future hospital has not been factored into the £466 million cost estimate.” So just reading through this thing I am starting to get rather concerned. Let alone the idea of borrowing. I have been one of the people in the past who has always urged the States to borrow for various things such as major projects of this type, however when I start looking at the figures I start getting a bit queasy because we are talking about going up to 16 per cent of G.D.P. (Gross Domestic Product) which is quite a staggering amount of money for this Island. I do know that, okay, we could go through all the figures but we have not got the figures for what the alternative site would be. The Constable of St. John may have seen figures, I do not know. I have not seen figures for what building a hospital on the Waterfront would be and therefore, as I say, I am very, very queasy about this. I think we have almost got the cart before the horse. We are debating now in principle going toward the preferred site, but we have not gone through all the costs and we have not looked at all the implications for the costs and see whether we agree with them. So I think we have the cart before the horse and on that basis I am not sure that I can support the preferred option of the Ministers. Glancing through the Scrutiny Panel’s report, you see constantly, why was the Waterfront being ruled out? Because Ministers did not want it there is what it comes down to. It comes down to they are looking at the return they expect to get from luxury housing. I do not agree with the Constable of St. Peter, upward mobility and people selling their homes will take up these ones. A lot of them will be coming from outside the Island. We all know that young in this Island are having a major problem even getting on the property ladder, most of them are going to be renting, I cannot see that site being used for upward mobility or social mobility by Islanders, especially young people. I think I am going to stop at this point.

[11:45]

All I can say is I came in yesterday with the intention of supporting the Minister. I am now starting to have some serious doubts and to be perfectly honest no one likes delay and everything else but we are talking about the biggest and most costly project we have ever had in this Island. We are looking at funding it through borrowing which was an awful lot of implication that had to be looked at, a clean virgin site, which is what most of the Waterfront is, could be a much more cost effective site than what is being proposed by the Minister. So, as I say, I am going to listen to the rest of the debate but I am not convinced that I am going to follow through with my original thoughts of supporting the Minister.

1.1.14 Deputy T.A. Vallois of St. John:

I cannot help but think to myself that if we were having the debate of the preferred site when we were supposed to have the debate on the preferred site, which would have been about 18 months ago or so, this option would have been it, if we listen to the Minister’s comments, because the appraisals and the evaluations that went on during that time identified the Waterfront as technically the most appropriate option at that time. I stand here because I formerly had the misfortune of sitting on the Ministerial Oversight Group and to say it was probably one of the most unproductive and most hideous meetings I had to attend is probably an understatement. We have got to this

position here now and I think the Council of Ministers ... and I will myself apologise to the team for the time it has taken, the arguments that have been had and I think to a certain extent the disrespect that has happened during the course of this whole debacle over the hospital site. I find it absolutely astonishing that we are at this point and I hear Ministers talking about the delay: "We cannot delay it any further, this, that and the other." I do not think that does their arguments any good whatsoever because a lot of this delay has happened in that Ministerial Oversight Group. They can stand up and say: "No, it did not, this, that" but it did. I was there. I saw it. I was absolutely frustrated like you could not believe when it got to July last year when we were going: "Oh, let us look at another option. Let us go back and look at this option." We have to take accountability and responsibility for being in that position and allowing that to happen. The mistake that happened was that we did not go into workshops right at the beginning of this term with all States Members. That was the mistake that happened. Would we have spent that extra £5 million? Probably not. Probably would have spent some but not the £5 million that was spent to get us to this point now. I stand here and say if we had had that workshop then would the preferred site that has been put forward be on the table. I think it would. The reason why I say that is because if we look at the way that it is worked up to this point we had the ridiculous dual site option that was proposed and I stood at election time, nobody stood against me, but I stood at election time and I said: "I do not want a dual site option. I do not want that option that is on the table because refurbishment ..." I have a long-term condition. I have to regularly use that hospital. The care that I get from that hospital is phenomenal, okay? **[Approbation]** These people are working day-in, day-out to provide the one thing, the one thing that I think some of us take for granted, the best health that we can possibly want. Not all of us have the opportunity to have the best health and a lot of us have to use that hospital. I am grateful for their patience and their determination to get on and do what they have to do. We get to the point where we have had the dual site. It was £297 million. Then you get to the next year, all of a sudden it has gone up by something like £123 million or something along those lines. We are being told it is going to cost £420 million to do a dual site option which a lot of people thought was outrageous. Not just because of the cost but because of the way it was potentially going to work. A lot of people have said: "It is not necessarily the site. It is about the accessibility and the care and being able to get there when I need to get there. It is being able to ensure that my family and myself are ..." it is the accessibility issue. It is the caring issue. We get to the point where the Waterfront was the right option and I sat on that Ministerial Oversight Group and I, with others on that Ministerial Oversight Group, said: "Let us go with the Waterfront option", because that is telling us, all the experts and the technical information, everything we were provided with at that time, was telling us that that was the appropriate site to go for. The only reason, I think, if I can find the information, why everything kept getting delayed, and it will be of no surprise ... it stated that: "Whereas the outcome of the appraisal may be clear in technical terms the high political risks associated with developing the Waterfront site, Option D, in the current climate mean that sensitivities have been undertaken on an increased programme and the potential for loss of income to the States from the loss of the Jersey International Finance Centre as a worst case ... but these did not affect the ranking of the option." Did not affect the ranking of the option. So technically, from experts, it was the right option but high political sensitivities. See, we really do not do ourselves any favours, do we? I am not prepared to stand here and talk about ... I have got the absolute utmost respect for my Constable and I think he is doing the right thing. He is giving the option for us to all speak out on this and say what we think, what we have seen and how it has happened and he has absolutely every right for doing that and do not dare anyone say otherwise. We have a lot of information here but not everything is in the clear and the Constable has stated that he was not to give the numbers out because he was on the Scrutiny Panel, then he came off the Scrutiny Panel and there are complications with those particular issues. Of course, we have that element of parliamentary privilege which sometimes suggests otherwise with Members. So I get to this point of saying ... I look at the Waterfront site and I ... after all the discussions I have

had, the expert information, speaking to various people, and the most finest element ... I am not saying that I do not have any concerns about the preferred site because there are a few concerns. I am worried about where certain things are going to go. How is it going to work in terms of care but I am being asked for the site area. That does not mean I just press a button: "See you later, Minister, go and sort it all out." It means I press a button and then I am going to be on that Minister's heels right up until the next elections because I want to make sure that we fundamentally have the right hospital for the people of the Island. The site which is being proposed now, for me, I have always said it and I will continue to say it, the site where the hospital is now will always, has always been probably the best option for the hospital because of all the arguments about accessibility and just everything around there. The roads. The structure. The ability to interact. The fact that you have got the majority of your population in St. Helier. However, what I did not agree with on the dual site option before the last elections was the fact that it was a refurbishment. Now, what is happening here is it is the back part of the hospital that we are being asked to take down and rebuild and we are going to attach that to a car park which, whether people like it or not, and no matter how hard we try to stop people using their cars they will use their cars. If they are in an emergency they are not going to think: "Oh, hang on a minute I am going to wait half an hour for the bus to get to the hospital. My wife will just have to hold that contraction in for the next half an hour before I take her down to the hospital on the bus." This is the issue. I think there are concerns in terms of ... my concern is the disturbance to the remaining side of the hospital while these works are going on. The Waterfront option. For me it is not about the value of the land or the potential value of the land. No, we will not get any social housing on that land. I am sorry but absolutely, no, we will not. It is for people that can afford ridiculous amounts of money for penthouses and all those types of things. The affordability in terms of the people in the Island cannot afford those types of prices because that is going to be a prestigious area. I mean it is overlooking Elizabeth Castle and all those areas around there. Sorry, but I just ... if someone can convince me otherwise and absolutely commit to it here and now, fair enough, but I do not believe it one iota. I have a lot of respect and I always have and I always will for my Constable and we work extremely well together. That might surprise some people, politicians working well together but we do. If this had been on the table, if this had been the position back in July last year and the preferred site that we are looking at from the Council of Ministers now had not been on the table and we had not had the workshops that we had, the opportunity to go and speak to the Future Hospital team, to engage with the Future Hospital team, to explain our fears and concerns about ... because they are never going to be relayed. No matter what happens there is always going to be a problem. There is always going to be a risk. There are always going to be issues. If we had not had all of those things then I would be supporting this option, the Waterfront option, but that is not the case. We are in a completely different time. If we do delay it, and I am not going to try and make big things out of this, but I just ask that you remember what happened last time. Although the dual site, I was completely against that, that increased, I mean literally within a year, by £123 million. Cost is important. Value for money is important but for me the care, the hospital, the health and social services side of things is the most important thing and I do not want to mess around with that. I will be voting against this amendment and I will hope that whatever the decision is, whether this amendment is approved or whether the preferred options are approved, that we all take the responsibility that we have as elected representatives to not just sit here and press a button but to keep on at the Minister and the department to ensure that the right hospital and the care is provided following this.

1.1.15 Senator I.J. Gorst:

I am pleased to follow the last speaker because the truth of the matter is that there is no ideal site in Jersey for this hospital that we need to build. I think that is one of the frustrations that Members

have verbalised during this debate and during previous considerations and during workshops and during their engagement with members of the public.

[12:00]

Only last night someone said to me: “Well, I still do not understand why it cannot be at St. Saviour. Just knock the old building down, you have got a clean site and put on a bus every 15 minutes. Failing that why do you not just rezone a greenfield site somewhere because elsewhere in England they have hospitals outside of major towns?” The truth is, there is no ideal site that somewhere does not have a drawback; be it transport, be it access to facilities, be it height, be it taking away green space, be it removing a garden or a park in St. Helier. It is against that fact that the previous Minister and the current Minister have tried to work with experts to bring forward a preferred site. Therefore, we are struggling with whether, on balance, the preferred site, while it has the risks that Deputy Maçon referred to, of course it does, is still going to deliver a good hospital for our Island and community into the future and importantly, as the Deputy of St. John has just said, delivering good quality care. I was pleased to follow the Deputy of St. John because I think she said that if this site had been on the table, if workshops had been held earlier, this is the site that probably would have been the preferred site earlier and I think she is right. When we step back from all the work, all the conversations, all the consultation, all the work of the experts, people have said: “Why can you just not build it on the existing site?” We know why you cannot do that, because the cost of refurbishment of the old buildings would be prohibitive and the concerns about the risk of the implications to care while you were undertaking that work would have been such a risk that we would not have wanted to put our community through it. Therefore, the next best option is this preferred site. But the Constable again is right to raise the issue of the Waterfront site because the independent report said that there were merits to that site but there were also risks. There are also drawbacks, as there are to every site. What the Constable is asking today is to keep the Waterfront on the table and to do extra work on it but let us just be clear about what the site is that the Constable is asking us to consider. It is not the proposal that has been previously reviewed, analysed and considered. It is a taking of the floor plate of the preferred site and putting it on the Waterfront, in effect mirroring the height and the floor plate thereby getting over one of the risks of the Waterfront site, which was the removal of green space and we heard the Connétable of St. Helier say he would have fought for any site on the Waterfront that took Jardins de la Mer, and he would have fought against it because that was a risk that he was not prepared to live with and he is right to do that. That would have been consistent with his parishioners’ and Islanders’ views about People’s Park. The Constable has then, however, not taken the multi-story access ability of the preferred option and translated it down to the Waterfront site. That, to my mind, is one of the flaws of the proposal which others have referred to as D minus because you cannot have a smaller footprint without having the ability for that vehicular access on more than one level. It stops to work then as a model. The Constable also said or referred to in his opening comments about numbers, about the proposal that he was putting forward as being cheaper for a number of reasons. I am not sure if he referred exactly to inflation but I know in other conversations he has been raising his concern that he has about inflation rates, applications to the project or various parts of the project. I do not want to get too technical on that because I find it interesting. I know the Constable does but I am not sure that any other Member listening does. But the time that you start a part of the project which could be discrete and undertaken discretely does mean, in your project appraisal, that for that you can use a different inflation rate and that affects the ultimate costing. What it does not mean is that you can translate that inflation rate from one discrete earlier starting part of a project and simply apply it to the whole of the other project, which is why you need to, in some cases, use that different rate but you, of course, have said that when you apply your cost of capital to the overall project but I see I have lost you so I shall stop. They are important factors in why the Constable thinks that the D minus could be delivered, I think in his words, far cheaper. It

is appealing but when I look at the numbers I do not see that vastly reduced cost that he thinks might be available by going for D minus. Do not take my word for it. Do not be bamboozled by the technicalities of such methodologies, as interesting as they are to some of us, take the words of the Concerto report which said of the assessment process, this is important, which said of the assessment process that it had been carried out in a fair, consistent and comprehensive manner. That is the assessment process. That is assessing option D with the preferred site. A fair, consistent and comprehensive process had been undertaken when assessing the sites. I just want to stop there and say that some other Members have said that States Members were not party to the numbers around that assessment process and of course for important reasons detailed numbers have to be kept confidential. The Constable has seen them, as he rightly said, sitting on the Scrutiny Panel, but Members have all been invited to a confidential briefing to see those numbers. So there was the opportunity for Members to interrogate those numbers, to talk to the experts and to understand the implication and those technical differentials that I have just touched on there. The Concerto report was clear. Ministers have been criticised for complimenting Scrutiny, that is the world in which we live, but that report said that the preferred site would deliver a safe, efficient and modern hospital. We know that of the preferred site because it is what the Concerto report said. We know it also of the option D at the Waterfront but that is not what this amendment is proposing. This amendment is proposing that further work is done on a new option that changes D, changes the footprint, changes various parts of that option and therefore we do not, today, know that the option that the Constable is proposing will deliver a safe, efficient and modern hospital. In fact when we start to undertake a high level review of what the Constable is proposing I think we can quite quickly come to the conclusion that it probably would not but we do know that the previous option would. I want to then touch on the Deputy of St. Ouen's speech which, obviously right, was not completely overwhelmingly supportive of the preferred option. It was nuanced. It was balanced. It picked up on what the expert report had provided to the Scrutiny Panel and said that the States had not had an option to consider the Waterfront option D in the way that we are doing the preferred option today and that is absolutely right, but by accepting the amendment nor will it have. It will have the option of doing further work on something which we do not know whether it will deliver a safe, efficient and modern hospital. Let us come back to the critical point. There is no ideal site. There are risks and there are, to some extent, compromises of whichever site we choose. Whatever our decision today, some members of the public will this evening no doubt say to us: "But have you thought about Field such and such in my Parish?" I can guarantee it. We must point the public back to the massive amount of work that was undertaken, sometimes, I agree with the Deputy of St. John, far too slowly. We have had arguments about sites. We have had arguments about the downsides. We have had meetings which I think the Deputy was trying to describe as frustrating; indeed they were. Indeed they were but that is the process of government. That is the process of decision making when there is not an easy off-the-shelf answer. But on balance the preferred site, having looked at tens of sites across the Island, including St. Saviour Hospital, including greenfield sites, including some of the other sites that other Members have mentioned, some more controversial than others. What the Minister is now proposing as the preferred site for all the reasons that the experts tell us and for all the reasons that Members gave in the workshops, it is the right site for us to deliver a hospital that will be safe, that will deliver an efficient health service and will be modern and fit for the future, of that we can be certain, I was going to say this morning but today. Let us just say today, that if we make a decision to move forward with this site today we can be certain that an assessment process, which has been reviewed by experts, says that the sites have been reviewed on a fair, consistent and comprehensive basis and the preferred hospital will deliver a safe, efficient and modern hospital. We cannot say that for the amendment and therefore I do not criticise the Connétable for bringing it forward like his Deputy because he has created an opportunity today. If we want to deliver for our community as soon as we can, and I am sorry that it has taken so long to get here today, but if we want to do that as soon

as we can, bearing in mind the complex survey called a 6-facet survey, which basically means there are 6 rather major areas of the hospital that are going to need today quite a lot of work on them and it is only going to get worse into the future.

[12:15]

If we want to make a positive decision to deliver a safe, efficient and modern hospital which will deliver the care that we know needs to be delivered into the future then I ask Members to reject this amendment.

The Greffier of the States (in the Chair):

Does any other Member wish to speak on the amendments? If not, I will call the Connétable of St. John to wind up.

1.1.16 Connétable C.H. Taylor of St. John:

I would like to thank everyone who spoke and those who made very kind comments about me. I would also like to put it very clearly on record the help that the officers, particularly in Health, over the work they have done, it has been immense and it has been a massive project and they have engaged as much as possible with us in this Assembly. In particular, 2 officers have been truly outstanding. I am pleased to follow the Chief Minister when he says no site is perfect and, yes, that is always the case and I think some Assistant Minister somewhere keeps saying the problem with perfection is it takes too long to achieve or something. One of the main reasons I want 2 sites progressed, and I am not saying I want the Waterfront and we must decide here today on the Waterfront, that is not it. What I want is an equal level of evaluation put on the Waterfront to compare with what has been done on the existing preferred site to give us the choice to compare apples with apples rather than a pineapple with a peach. What if, at the end of the period that the Minister for Health is proposing to come back to this Assembly before the summer recess, what if the price is suddenly, as in the previous case on this hospital site, goes up £123 million and instead of looking for £466 million we are looking for £600 million? Do we continue down that avenue or do we say: “No, we cannot afford that. We will have to look at another option.” That is where there will be a big delay but by bringing both the sites together any uncertainty that might come out of the woodwork can be mitigated. The biggest issue here is we must have a new hospital and we must have it as soon as possible. That is not starting digging in the ground. That is the finish, opening the doors, with some member of royalty hopefully coming and cutting a ribbon. That is the point at which I wish to get to as quick as possible. I know that there will be unexpected surprises along the way. The Minister for Treasury and Resources always talks about prudence. This amendment is prudence personified. Senator Farnham asked about the figures and how I came to cost reductions. There have been changes in specifications on the existing preferred site and it is merely a matter of transposing those across. One of the most completely mysterious figures is that one suffers greater inflation in a shorter period of time than you would over a longer period of time. One of the biggest pluses for the preferred hospital site is that we will suffer lower inflation on this Island over an 8-year period than if we did over a 6-year period by building the Waterfront. Quite how the Waterfront has that effect on inflation I do not know. The Assistant Minister for Health, one of them, said: “The biggest problem of this Assembly is we do not listen to the experts.” Yes, practise what you preach because the site with the cheapest, lowest risk, earliest delivery, from his own experts, is the Waterfront. I have read the report and I support the experts. Sorry, I am trying to read my own notes but as I wrote them without my glasses on it is rather difficult. The sub-panel, and here again I praise professionalism, the difficulty of arguing with a lawyer and the Deputy of St. Ouen has done a first class job. **[Approbation]** But if Scrutiny was given sufficient time we could, perhaps, have looked at the financial side, which Concerto did not do. We could have produced our report prior to the deadline for amendments and instead of me standing here it

could very well be the chairman of the committee who would be standing, having brought this amendment, because I have had a lot of support from members of the committee in producing this amendment, and I would like to thank them. I am personally convinced, because I had the difficult choice, resign from the committee and produce an amendment or wait and allow the committee, the subpanel, to produce its report with a recommendation that perhaps the Waterfront site should be examined. What would have happened to that report? Brilliant report, on the shelf, dead and buried and this debate would not have taken place. So I say to the Chief Minister and I say to the Council of Ministers, you must allow Scrutiny the time to do its job in a timely manner so that reports are produced before the lodging deadline so that any Member, including the panel itself, has the ability to bring an amendment if that is necessary. Deputy Martin, I always enjoy listening to her, said it has been the top site since 2012. She was subsequently corrected by the Constable of St. Peter who said it has been the top site since 2010. Well, if you go back to the late 1980s it was the Waterfront Advisory Group, an eminent and exceedingly wise group, and I know that if the Bailiff were in the chair he would agree with me because at least 2 members of that group went on to become Jurats. Their preferred site for the hospital was the Waterfront and where the cinema and the swimming pool are we would have the police station, fire station, ambulance station, all in one place so as to save money. Instead we have a swimming pool which costs us money. I will just briefly touch on the People's Park and it was very interesting that when Concerto arrived, complete with their suitcases because it was a very rushed occasion, they said: "The taxi driver brought us past People's Park and he pointed out the window: 'That is where the hospital should go'." They asked us: "Why is the hospital not going there?" I said: "Well, you would not build a hospital on Hyde Park, the equivalent." So I think that puts it into perspective and there I criticise the Council of Ministers again or possibly the Minister for looking at People's Park when it was clearly a no go to such an extent in the first place. We keep hearing that the site is not big enough. The site is 60 per cent larger than the current preferred site. The main building on the current preferred site is a footprint of just under 10,000 square metres. The site on the Waterfront is just under 16,000 square metres, 60 per cent bigger. I have been trying to think how to explain to Members what that extra size really means. Basically it means that instead of you getting an annual salary of £45,000 a year you get an annual salary of £75,000 a year. Now, I dare any of you to tell me that that is not much bigger. The current hospital preferred site works because of the car park. You can drive on to the level, walk across, straight into the hospital. No, you cannot because I have received a note: "Patriotic Car Park is currently full. You will have to park either at Pier Road or Green Street because Patriotic Street is full." It is also very interesting that Gaspé House is only half or two-thirds full and when you put another 600 or 700 workers into that building where are they going to park? So we are going to have to make Patriotic Street, 2, 3, 4, 5, 6 stories taller. In fact I suspect the car park would have to be taller than the hospital to fit in all the cars. Then this issue of: "Well, you can park your car and walk across into the hospital at multiple entries." I have thought about this, yes, you have driven on to level 2 in Patriotic Street Car Park but you want level 4; that is full. So you take the lift in the car park, a draughty lift in the car park, and then you go to the walkway into the hospital. Well, I would rather prefer to walk into the hospital into the lobby area, into the warm and take a lift in the warm to the 2nd, 3rd, 4th floor. It is a little more comfortable than doing a lift in a car park. I think I have just about gone through all my notes. One footnote though is Jardins de la Mer. It is probably one of the most underrated parks on this Island. When you go there you will see lovely granite that has been carved in a way of ships, the benches in the way of waves. It is a truly outstanding area. I met a tourist there who was, I do not know, somebody to do with architecture, and he said: "This is absolutely amazing but why-oh-why can you not sweep the sand away and keep it clean and tidy?" So perhaps that might be something that can happen in the future. The main reason I bring this amendment is to give this Assembly the choice. We have not had the figures. The work has not been done on option D minus, as the Minister likes to refer to it, but: "Trust us, we are the Council of Ministers. We know best and we have no ulterior motives

other than the patients and the people of the Island.” Well, it is not that I mistrust the Council of Ministers but I am a farmer.

[12:30]

I know what promises from Ministers and from politicians are like because throughout my entire career in farming listened to the promises each year with great anticipation which come Christmas, at the end of the year, resulted in spam and no turkey. That is why I think that everyone here should be given the full story of both sites and both sites be progressed together so that we can make an informed decision. It is purely about this Assembly making decisions which I am led to believe is supposedly the case rather than just rubber-stamping readymade decisions. I call for the appel.

The Greffier of the States (in the Chair):

The appel has been called for. Members are invited to return to their seats. The vote is on the amendment to P.110. If all Members are present I ask the Greffier to open the voting.

POUR: 9	CONTRE: 29	ABSTAIN: 0
Senator S.C. Ferguson	Senator P.F. Routier	
Connétable of St. John	Senator P.F.C. Ozouf	
Deputy J.A. Martin (H)	Senator A.J.H. Maclean	
Deputy G.P. Southern (H)	Senator I.J. Gorst	
Deputy K.C. Lewis (S)	Senator L.J. Farnham	
Deputy M.R. Higgins (H)	Senator A.K.F. Green	
Deputy S.Y. Mézec (H)	Connétable of St. Helier	
Deputy S.M. Bree (C)	Connétable of St. Clement	
Deputy T.A. McDonald (S)	Connétable of St. Peter	
	Connétable of St. Lawrence	
	Connétable of St. Mary	
	Connétable of St. Ouen	
	Connétable of St. Brelade	
	Connétable of St. Martin	
	Deputy of Grouville	
	Deputy of Trinity	
	Deputy E.J. Noel (L)	
	Deputy of St. John	
	Deputy J.M. Maçon (S)	
	Deputy S.J. Pinel (C)	
	Deputy R.G. Bryans (H)	
	Deputy of St. Peter	
	Deputy R.J. Rondel (H)	
	Deputy A.D. Lewis (H)	
	Deputy of St. Ouen	
	Deputy M.J. Norton (B)	
	Deputy of St. Mary	
	Deputy G.J. Truscott (B)	
	Deputy P.D. McLinton (S)	

1.2 Future Hospital: preferred site (P.110/2016) - resumption

The Greffier of the States (in the Chair):

So we now return to the main proposition. Does any Member wish to speak on the main proposition? In which case I call on the Minister to conclude the debate.

1.2.1 Senator A.K.F. Green (The Minister for Health and Social Services):

I am sure Members will be relieved to hear that I do not intend to spend a lot of time summing up because I think we have done a lot of work today. I would like to thank all Members and my good friend, the Constable of St. John, even though we do not agree, for a lively and informed debate today. While we heard some red herrings I am very encouraged by the level of knowledge and understanding that my fellow States Members have on this issue. I agree with the Deputy of St. John, if only we had had those workshops earlier we would be having this debate earlier. I cannot argue with that. I give my commitment to continue to work with States Members because if the Assembly accepts this proposition we still have a lot of work to do. We have got to get the outline planning permissions first and start to work up the details and I give my commitment particularly to the Deputy of St. John to work with us to ensure that we do provide that first class patient experience. After all that is what we all want. We want nothing more or nothing less than something that we would like to see our family, our mums, our children, if they have ever got to go into hospital, we want nothing more or less than what is good enough for them then it will be good enough for everybody else. I do not think I want to go on too long really but my predecessor that stood and sat in this seat, former Senator Le Marquand, always said regularly and perhaps it is a quote I need to continue on: "The downfall of a good plan is the quest for a perfect plan." I think he got it from some German philosopher and I think that is where we are today. We have got a really good plan. We can give a legacy, leave a legacy for the Island of Jersey that will not only give them a good hospital for the future that is future-proofed in terms of expansion because who knows the way medicine is going. We have been looking at, for example - we are not able to, but we have been looking at, for example - whether we could provide much needed radiotherapy in Jersey rather than going away. It is not possible but who knows technology may change. It may be possible. Who knows, we may not even need radiotherapy and we will have space to develop within that campus changes in medicine if it is needed. No, when it is needed. It may not be in our lifetimes. It will be in other people's lifetimes. Over 3,000 Islanders have got involved in our focus groups and gave us their opinions. Yes, there were some that said the Waterfront. There were some that said People's Park. There were some that said St. Saviour's, and that was the second most popular site strangely enough, but given that 60 per cent of patient journeys start in St. Helier and end at the hospital ... in the U.K. if you put a greenfield site hospital, moving away from the town, you are moving closer to another community. In Jersey if you put a hospital at St. Saviour you are moving completely away from the community and not closer to very many people when you look at the way the Island is populated. So I think I have said most of what I want to say. We are still on a journey. We have got a lot of work to do but it would be wrong of me not to pick out a few people to thank. First of all, it has been a very difficult journey for myself personally. I do not think I will ever forget the evening in the Town Hall over the People's Park but it was an eye-opener in many other ways for me. The support I had from 2 Ministers in particular on that evening, the Chief Minister and the Minister for Infrastructure, was outstanding and they have continued to support me and I am really grateful for that support. **[Approbation]** Because, believe it or not, while I am quite a stubborn person it would have been very easy to have thrown the towel in on that day. Other Ministers that have supported me ... well, Assistant Chief Minister, Senator Paul Routier, has worked consistently with the working party and has provided that sound, that sensible, that ordinary advice that is so important and I am very grateful to him. I am really grateful to the Minister for Treasury and Resources for the innovative funding system that he has come up with. Might I add at that stage too the work that Treasury have done. Nobody knows the hours that Treasury officers have put in to looking at all the different options, the weekends, and I am really grateful to them. The chief officer of Infrastructure and my own chief officer and the managing director for Health and Social Services have been absolutely fantastic in supporting me. We would not be where we are, me and the team; it is not about me. So I would like to say thank you to them. The Constable of St. John I think very kindly mentioned the officers in the future

hospital and I know the 2 officers he was particularly thinking about but the whole future hospital team have been amazing. You will never know the hours they have worked, not just every working schemes, not just in coming back to challenges that I or the other members of the team have made but the hours they have worked going out and engaging and consulting with the public at car boot sales, at coffee mornings and these are happening at weekends and in the evenings and they deserve a huge round of applause and support. **[Approbation]** It would be very wrong of me though not to thank the former Minister for Health and Social Services who set the motion running, who set the basis, the foundation, on which the whole of the new health service is going to be based, on which a new general hospital, if accepted today, will be part of it. Again, you will never know the hours that that Minister put in and I am very grateful for the work that she did. Surprisingly, I think people have been surprised. I would really like, again, to thank the ... and I say surprised, I do not find it surprising but some people do, that I am thanking the Scrutiny Panel for their work. The thousands of documents that they have worked on. The questions that they came back on. The work they did with their independent advisers and the balanced and considered report led by the chairman, the Deputy of St. Ouen, we will never know how important that was and it was very important. I know they have worked very hard and I really grateful and look forward to working with them to develop the scheme further. So I thank the chairman particularly. Of course I should not sit down without thanking my 2 Assistant Ministers who perhaps kept me standing upright at times, always provided that sensible different challenge. One brought continuity. One brought a new pair of eyes and I think the team has been better for that. With that I ask for the appel. **[Approbation]**

The Greffier of the States (in the Chair):

The appel has been called for. Members are invited to return to their seats. I ask the Greffier to open the voting.

POUR: 34

Senator P.F. Routier
 Senator P.F.C. Ozouf
 Senator A.J.H. Maclean
 Senator I.J. Gorst
 Senator L.J. Farnham
 Senator A.K.F. Green
 Senator S.C. Ferguson
 Connétable of St. Helier
 Connétable of St. Clement
 Connétable of St. Peter
 Connétable of St. Lawrence
 Connétable of St. Mary
 Connétable of St. Ouen
 Connétable of St. Brelade
 Connétable of St. Martin
 Deputy G.P. Southern (H)
 Deputy of Grouville
 Deputy of Trinity
 Deputy K.C. Lewis (S)
 Deputy E.J. Noel (L)
 Deputy of St. John
 Deputy J.M. Maçon (S)
 Deputy S.J. Pinel (C)
 Deputy R.G. Bryans (H)
 Deputy of St. Peter
 Deputy R.J. Rondel (H)

CONTRE: 3

Deputy J.A. Martin (H)
 Deputy M.R. Higgins (H)
 Deputy S.M. Bree (C)

ABSTAIN: 0

Deputy S.Y. Mézec (H)
Deputy A.D. Lewis (H)
Deputy of St. Ouen
Deputy M.J. Norton (B)
Deputy T.A. McDonald (S)
Deputy of St. Mary
Deputy G.J. Truscott (B)
Deputy P.D. McLinton (S)

The Greffier of the States (in the Chair):

Before I call on the Connétable of St. Clement we have had 2 documents presented today, Comptroller Auditor General Code of Audit Practice and Control of Housing and Work (Jersey) Law 2012 for essential employment status policy guidance December 2016. Connétable of St. Clement, for the arrangement for public business.

ARRANGEMENT OF PUBLIC BUSINESS FOR FUTURE MEETINGS

2. Connétable L. Norman of St. Clement (Chairman, Privileges and Procedures Committee):

Our future business is as per the Consolidated Order Paper except with 17th January, projet 123: Millennium Town Park: additional open space, lodged by the Constable of St. Helier will be deferred probably until May while the planning application is dealt with, but with the addition of projet 130 of the Minister for Treasury and Resources, the funding for the new hospital. That will also be on the 17th. The 12th December is a Monday and we shall be commencing on Monday at 2.30 p.m. to deal with questions before we go into the Budget debate the following day which I would expect would last 2 to 3 days.

The Greffier of the States (in the Chair):

Very well, the States now stand adjourned until 2.30 p.m. on Monday, 12th December.

ADJOURNMENT

[12:43]