



Future Hospital Review Panel

Public Hearing

Witnesses: The Minister for Infrastructure and the Minister for Health and Social Services

Friday, 24th March 2023

Panel:

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

Deputy L.V. Feltham of St. Helier Central

Connétable M.K. Jackson of St. Brelade

Witnesses:

Deputy K. Wilson of St. Clement, The Minister for Health and Social Services

Deputy T. Binet of St. Saviour, The Minister for Infrastructure

Ms. J. Hardwick, Client Project Director, Infrastructure, Housing and Environment

[15:02]

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

Okay, thank you and welcome to this hearing of the Future Hospital Review Panel. This is our first opportunity to question you since the publication of R.32, so thank you very much for being here. For the benefit of the tape, we will go round and introduce ourselves. I am Deputy Sam Mézec. I am the Chair of this panel.

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

I am Deputy Lyndsay Feltham. I am a member of the panel.

Connétable M.K. Jackson of St. Brelade:

Constable Mike Jackson, member of the panel.

The Minister for Health and Social Services:

Karen Wilson, Minister for Health and Social Services.

The Minister for Infrastructure:

Deputy Tom Binet, the Minister for Infrastructure.

Deputy S.Y. Mézec:

Great, thank you very much. We have an hour and a half scheduled to get through this hearing, so we will try and get through as much as we can. Deputy Binet, to start I just want to ask you if you could summarise what you are setting out to achieve.

The Minister for Infrastructure:

In basic terms, making sure that the Island is provided with suitable and appropriate hospital facilities.

Deputy S.Y. Mézec:

What progress has been made so far?

The Minister for Infrastructure:

I think you are probably aware there is no progress that has been made since we last spoke, other than the fact that on a day-to-day basis things continue to develop through the team that is working on the project.

Deputy S.Y. Mézec:

When do you think you will see your next milestone in this progress and what do you intend for that to be?

The Minister for Infrastructure:

That will be the production of the initial plan, which will be end of May, I think it is safe to say. Yes, end of May.

Deputy S.Y. Mézec:

Thank you. What do you believe the final completion date for this entire project will be?

The Minister for Infrastructure:

The completion date for the entire project will be ... well, we are hoping to run exactly in accordance with the schedule that was produced in the 100-day report. There has been no ... I think I am correct in saying as well that there have been no changes to that schedule. There is a schedule which depicts each section and the start and the completion dates. That is the schedule we are working to and the schedule at this point in time we still think is achievable.

Deputy S.Y. Mézec:

The final date in that is?

The Minister for Infrastructure:

I think it is 2031, but that is the section to be the very last part of the development.

Deputy S.Y. Mézec:

Thank you. This iteration of a project is, as far as I can work out, the first to not feature the word “hospital” in its headline title. It refers to “new healthcare facilities” instead. Why have you made that distinction and what does that mean to you?

The Minister for Infrastructure:

Well, because there will be several points of delivery and, as you well know, the likelihood is that Les Quennevais will be kept for the longer term, which is something that is different to the model that we currently enjoy, and that the principal area of having one General Hospital will be divided into 2. That said, it could be argued that to a lesser extent we have a General Hospital and we do have Overdale which copes with the rehabilitation and so on, so we have that model in essence but this is an extension of that model and taking more from the main site on to a second site. So, we could refer to it as a 2-hospital project because it is basically going to be delivered ... the main case will be delivered over 2 sites.

Deputy S.Y. Mézec:

If you said “the hospital” to any Islander, they would imagine the building on Gloucester Street now, even though we have healthcare facilities elsewhere in the Island. Which do you envisage, if any, would be seen by the public as “the hospital”?

The Minister for Infrastructure:

That will only really be properly defined when the consultation is over and the various adjacencies have been decided upon and agreed with all concerned. You have to bear in mind it is not for me to make that decision and that decision ... it is too early in the process for that decision to be made.

Deputy S.Y. Mézec:

Do you think this distinction between talking about a hospital project and new healthcare facilities programme has been explained adequately?

The Minister for Infrastructure:

I think, yes, I would suggest that to anybody who follows it closely enough, and I would suggest that most people do, it is not a difficult principle to get your head around. That would be my take on it.

Deputy S.Y. Mézec:

Okay. So to test you then, of all of the sites that you are looking at to have healthcare facilities spread out over, of those you are looking at now, can you sum up what you would want the public to see each site as being ... as the purpose of each site in the eyes of the public, if that question makes sense? I can rephrase it if I need to.

The Minister for Infrastructure:

I think I see what you are driving at, but the point at which that becomes clearer and the point at which it could be properly articulated to the public is the point at which the next stage report is actually delivered. That should be able to define it much more precisely.

Deputy S.Y. Mézec:

Okay. Anything on this? Okay. One of the anticipated milestones that is mentioned in R.32 on page 6 is the appointment of the client team for feasibility studies. Has that been achieved yet?

The Minister for Infrastructure:

Are you ... when you are talking about the client team ...?

Deputy S.Y. Mézec:

That is the words that are used in that table, "Appoint" ...

The Minister for Infrastructure:

Without access to ... I mean, you are quoting from a page in the report that I have not got, and if you had ... if I had known that you said "study page 32", so if you could explain a little bit about what you are trying to get at, I am sure I can help with it.

Deputy S.Y. Mézec:

I can read you the entire line.

The Minister for Infrastructure:

It might be helpful, yes.

Deputy S.Y. Mézec:

It says: "Appoint client team for feasibility studies, date January to February 2023." If you need an officer to explain that ...?

The Minister for Infrastructure:

No, I think I can safely say that the answer to that ... I stand to be corrected but the answer to that is yes because it is work in progress and we are now March. So yes, in that context, if that is what the question means, then yes, that is done and is under way.

Deputy S.Y. Mézec:

Okay, thank you.

Deputy L.V. Feltham:

I have some questions for the Minister for Health and Social Services first. What direct input have you had so far in the formulation of the latest functional brief?

The Minister for Health and Social Services:

So we have had a number of meetings with the design team and the project team to understand the process that we are going through. Functional briefs are the ones that have already been outlined. I think you will recall that Deputy Binet talked about the fact that we would be building on the work that had already been done, and so the process that we are going through at the moment is to work with the clinical teams to oversee those functional briefs and review those and, of course, I am involved in the political oversight of that.

Deputy L.V. Feltham:

You are content as Minister for Health and Social Services that there is enough clinical and healthcare input into those briefs at the moment?

The Minister for Health and Social Services:

So I have done some checking in with front-line staff to make sure that they are engaged and obviously this is a programme that is still going on because this is a systematic approach to the way things need to be reviewed. So for those people who have been involved so far I have not heard anything untoward about that. The thing that I think is critical in all of this is that we have got the front-line staff engaged in the review of these functional briefs and what I want to make sure is that we have the totality of those organised in a way that actually reflects the views of the clinicians and the practitioners in the hospital. As I say, we have not completed that yet but that work is ongoing.

Deputy L.V. Feltham:

When do you expect to complete that work?

The Minister for Health and Social Services:

I think we have been given a deadline ... I think is it May?

Client Project Director, Infrastructure, Housing and Environment:

Yes, I think in the ...

Deputy S.Y. Mézec:

Sorry, it is not a good idea to talk not in front of a microphone for the benefit of ...

The Minister for Health and Social Services:

Sorry, if I ...

Deputy S.Y. Mézec:

If an officer does need to come up, could you ask them to come up and introduce themselves?

The Minister for Health and Social Services:

Yes, just because some of these timescales gel, I think, there is so many of them, so I think it would be helpful to have an officer present.

Deputy S.Y. Mézec:

Please introduce yourself with your title as well.

Client Project Director, Infrastructure, Housing and Environment:

Jessica Hardwick, the acting programme director for the new healthcare facilities programme, and the answer to your question is that in the report itself it talks about March being the target for the functional brief. As the Minister for Health and Social Services has explained, we are well under way with that work. It might be that that continues a little bit longer to give more opportunity for engagement, but obviously we are working to that overall timeline of May 2023 for the works to be complete.

Deputy L.V. Feltham:

Thank you. Who will sign off on that functional brief?

The Minister for Health and Social Services:

So, as you know, we have had a change in the accountable officer in Health at the moment. We are currently in a period of transition and we have Dr. Anuschka Muller who is deputising for that position at the moment. But I am hoping that by the time we come to sign these off that it will be the accountable officer that replaces the person who has just left, to sign those off.

Deputy S.Y. Mézec:

Can I ask ... if that is somebody coming externally to fill that role, that is quite a lot to ask them upon arriving to take up that role in short order. Is that something you are comfortable with?

The Minister for Health and Social Services:

If there is an external, then I will look at that to see whether or not we need to put any other arrangements in place, and obviously we need to comply with the Public Finance Law around that. But at this moment in time I need to be able to just complete the process that I am going through for the replacement of the post holder and I will be able to update the panel about that in due course.

Deputy S.Y. Mézec:

Thank you.

Deputy L.V. Feltham:

Within the senior officer steering group, are you content that healthcare and clinical requirements are receiving the right level of representation?

The Minister for Health and Social Services:

I think we need to evaluate this as we go along all of the time. At the moment, I think the staff who are engaged in this are contributing to the process. At the moment, I have not been made aware of the need to do anything different, but one of the things I do want to seek assurance on as we go forward is that there has been enough engagement. As I have said to the project team, if we find that there has not, then I will make that right before we sign anything off.

Deputy L.V. Feltham:

We have heard from the Minister for Infrastructure that the location of different services is yet to be determined. How will the representation from the healthcare and clinical professionals influence that scope of what goes where?

The Minister for Health and Social Services:

Well, this is critical to the success of the project in my view. So their views about how clinical work is organised and how it operates will obviously drive the developments as well as the balance between how we effectively cost it and how we manage the space and the various locations that we

have available to deliver healthcare going forward. So, for me, it is really important that we have the clinical expertise to provide the brief for the Minister for Infrastructure and his team to be able then to go and develop the appropriate facilities on our behalf.

Deputy L.V. Feltham:

Who at the moment is providing that clinical expertise?

The Minister for Health and Social Services:

So there is a clinical group. We also have a clinical adviser. Would you like to explain the broader clinical project team arrangements around that?

Client Project Director, Infrastructure, Housing and Environment:

We have a number of different groups that we engage with across Health and Community Services. So that includes the clinical and operational client group we have meetings with. We have had meetings with the medical staffing committee.

[15:15]

Deputy L.V. Feltham:

Just for the benefit of the public, could you let them know who is on that? What type of people are on that client group?

Client Project Director, Infrastructure, Housing and Environment:

Yes, it is clinical and operational people, so it will include the executive group of Health and Community Services as well as heads of section are also invited to those meetings, as well as the operational managers. So it is quite a broad group. The medical staffing committee is made up of many of the clinicians, senior clinicians, within Health and Community Services, and of course the drop-in sessions that have taken place, that was an invitation to all of Health and Community Services. Within the project team itself, we have a healthcare planner, M.J.M. (MJ Medical), who have been involved in the project since 2012 or 2013, I believe. We also have Llewelyn Davies Architects, who were responsible for the previous design and were involved in many of the clinical user groups that again were with each of the different departments involved in the design of the hospital. So it is very broad and comprehensive. Of course, part of the project team itself is ... we have the assistant director of the hospital, so she has very, very good working knowledge of the clinical and operational practices there.

Deputy L.V. Feltham:

Thank you. Deputy Binet, I had a question for you around the accountability of the programme and the workflows. I note that you are the Minister that is responsible for the delivery of the programme. Is that correct?

The Minister for Infrastructure:

That is correct.

Deputy L.V. Feltham:

Then the accountable officer is ...?

Deputy S.Y. Mézec:

Could I just ask you to move the microphone in front of you? Sorry.

The Minister for Infrastructure:

The accountable officer, how do you mean, for the ...?

Deputy L.V. Feltham:

For this programme. In some correspondence that we have just received today - so forgive me for not being across it because I literally received it before this meeting - it says ...

The Minister for Infrastructure:

I think it is probably the same information that I had that I was ... yes, carry on.

Deputy L.V. Feltham:

It says it is the Chief Officer, Health and Community Services. So how does accountability flow from the Minister for Infrastructure to the Chief Officer for Health and Community Services?

The Minister for Infrastructure:

Does it not flow in the other direction? I am going to have to ask Jess, I am afraid, because as I say, without the actual flowchart here in front of me ...

Deputy S.Y. Mézec:

There is another microphone there.

The Minister for Infrastructure:

Sorry.

Client Project Director, Infrastructure, Housing and Environment:

So we have a number of governance groups, I suppose it is fair to explain to audiences at home, and they include the ministerial group on which sits the Minister for Health and Social Services, the Minister for Infrastructure, the Minister for Treasury and Resources, and the Chief Minister. Then we also have the senior officer steering group, which includes the Chief Officers of Infrastructure, of Health and Community Services, and is chaired by the Chief Executive Officer of the public service. So in the end the Jersey Public Finance Manual suggests that the sponsoring organisation, which in this case as the client group is Health, fundamentally they are accountable for the success of the project, rightly so because it should be to their brief, to their requirements, to their specifications. But we also have the notion within the Public Finance Manual - and really it is one of my Treasury colleagues, I suppose, who might better answer this - responsible for ... we have different ... the supplier department as well as the user department, so I think it is right that the supplier department, which in this circumstance is I.H.E. (Infrastructure, Housing and Environment), the organisation with the most experience in delivering a project, it is from there that the senior responsible officer sits, but the accountable officer will remain with Health and Community Services. So while it seems like that might be a mismatch, in the end it is putting responsibility and authority in the right place for those with the right experiences. It matches the experiences, I suppose, to the officers and fundamentally all of it is governed by governance groups at which all of the different parties sit. So there is not an isolated line between Chief Officer and Minister because we have the governance groups on which those parties sit, so it is more a matrix approach than a direct line approach, I suppose.

Deputy L.V. Feltham:

So from a programme management perspective, that makes sense. How does that work from a ministerial perspective?

The Minister for Infrastructure:

It works through the various operations that have just been described by Jess, and I have to say all of this is set out for us ... I think it is predetermined for us. We have to ... as I understand it, it is in the Public Finances Manual and everything that we do has to marry up with that. So I do not think there needs to be any concern about that not being correct.

Deputy L.V. Feltham:

Okay. With regard to risk management, are there any updated or new risks or issues that you need to make us aware of since we last met?

The Minister for Infrastructure:

We went through the risks at our last meeting with the Political Oversight Group and I do not think there is anything new that has emerged. Correct me if I am wrong.

Client Project Director, Infrastructure, Housing and Environment:

No.

The Minister for Infrastructure:

I do not think that I can recall any from the discussion that we had and that was some 2 weeks ago.

Deputy L.V. Feltham:

So nothing has been added to the risk register around the resignation of the accountable officer?

The Minister for Infrastructure:

That may well have been, but we have not met since that event. So I think we are due to meet again next week so from an operational point of view ... and Jess would know that because that is a day-to-day operational matter. Is that something that would have ... presumably that would have been ...?

Client Project Director, Infrastructure, Housing and Environment:

I think the risk register will be amended for the next meeting of the ministerial group. I think that if we looked at the risk register at the moment, it already reflects that there are a number of key individuals and there is always a risk around each of those starting and finishing, which I suppose is the normal matter of things. In the end, it is all about the arrangements that might be in place to ensure that there is continuity of responsibility and authority.

Deputy L.V. Feltham:

Due to recent events, have you had to put any mitigation measures in place?

The Minister for Infrastructure:

That will be, I think, Minister, for you to answer.

The Minister for Health and Social Services:

Thank you. At the moment, clearly the post holder who is the accountable officer at the moment remains in post until 31st March. We have somebody deputising for that individual at this moment in time and I have not considered that to be a risk at the moment. It is certainly an issue that we need to address, but it does not present itself as a risk at this moment in time.

Deputy L.V. Feltham:

It has been escalated to an issue?

The Minister for Health and Social Services:

It is an issue, yes.

Deputy L.V. Feltham:

Thank you. Then with regard to recent events within the building and construction industry with Camerons, have there been any updated risks or issues with regard to the capacity of the construction industry locally and its potential impact on this programme?

The Minister for Infrastructure:

I think it cannot be denied that it presents slightly less opportunity than would otherwise have been the case for that work to filter back down into the local industries, but without saying too much, it may well be that there are other firms that are changing their status and there may be the emergence of another possible company. So I think these things over the course of time possibly will level out.

Deputy L.V. Feltham:

Okay. Perhaps when you have the updated risk and issue register you could forward that to us.

The Minister for Infrastructure:

As I say, I do not think that would constitute a risk so much as a lost opportunity.

The Connétable of St. Brelade:

Do you think that the Camerons demise will make people think twice about going to fixed price contracts?

The Minister for Infrastructure:

I think the whole global economy has to give us pause for thought about what sort of contract we enter into and, as I say, it is work in progress. I think probably between now and putting the first spade in the ground you might find some of the international building firms in trouble. We just live in very uncertain times and I think we just need to pay very close attention to the type of contract that we put in place. We are not at that stage yet but we need to monitor events as we go.

The Connétable of St. Brelade:

Do you envisage an open book type contract?

The Minister for Infrastructure:

It is too early to say. There are certainly no decisions made in that regard at this point.

The Connétable of St. Brelade:

Finally in terms of risk, we have seen the departure of the Chief Executive Officer, once again a key player in the whole structure. Do you see that being a risk?

The Minister for Infrastructure:

Well, I am going to have to bow to somebody with more knowledge than me. I see this as being a disadvantage, certainly. Whether that would feature as a risk you would be better placed to judge than me, having 6 years' experience, but is that something that you would deem to be a formal risk? I think it is ... to be honest with you, I think it is a difficult question as to whether you define it as a risk.

The Connétable of St. Brelade:

It may be a political question, in which case whether the Minister for Health and Social Services ...

The Minister for Infrastructure:

Well, it is a slightly difficult one to answer with a straight yes or no.

The Connétable of St. Brelade:

It is, yes.

The Minister for Infrastructure:

In an ideal world it is a situation that one perhaps would not have wanted, but these are the things that happen, so yes, it is ...

The Connétable of St. Brelade:

It is unfortunate we have seen 2 departures virtually or seeing 2 departures in tandem, and I appreciate there are date issues but ...

The Minister for Infrastructure:

In fairness, I think that was completely separate. That would be my guess.

The Connétable of St. Brelade:

Yes, for whatever reasons, but what, Deputy Wilson, do you see that ...?

The Minister for Health and Social Services:

If I can comment, I think when there is transition through such a large project like this, there will always be risks and issues that emerge, and I think the thing that we are working on at the moment is the business continuity of that. So that will provide certainly some assurance that from a system process procedural arrangement that should not deviate from the programme of work that we have

set out. I think the stewardship of that at a political level clearly is something that will remain until there are alternative arrangements agreed and identified between the chief executive and the Chief Minister in relation to succession, but I think the most important thing is at the moment we will be making sure that we have those business continuity plans in place in terms of the accountability both through the executive arm and also through the political arm.

The Connétable of St. Brelade:

I suppose just to turn the question a little bit, if I may, a new appointee as Chief Executive Officer, would you envisage that individual having some capability within this whole project, if you like? Would it be a person that has experience of developing large projects such as this?

The Minister for Infrastructure:

Is that a question to either one of us?

The Connétable of St. Brelade:

Well, whoever can come up with the best answer.

The Minister for Infrastructure:

I may not come up with the best answer but I will try and answer it. I do not know that it is particularly essential. I think the project has to be viewed as a project in its own right and the specialisations that are required have to be applied to it. I do not think it is particularly vitally important that a new Chief Executive has particular skills in this area. That would be my ...

The Connétable of St. Brelade:

So perhaps the Director General of Health might be more pertinent in that case, would you suggest?

The Minister for Health and Social Services:

In a sense, we are the client, so I think there are 2 things, are there not? There are the specialist skills in terms of the clinical knowledge and the clinical expertise and clinical experience around the role of being the client and specifying what requirements there are. I think that, as the project director has already laid out, the way in which the governance is organised means that this is a collective responsibility to get the client brief and the client requirements set out in a way that can be responded to by somebody who has the technical expertise, who knows how to build buildings and construction of hospitals and whatever.

The Connétable of St. Brelade:

I suppose what I am getting at is: is this not an ideal opportunity to identify an individual and on the job description it will say "experience in building hospitals" perhaps?

The Minister for Health and Social Services:

I think the Chief Officer role for Health is so broad and it is about managing a system. Clearly, there may well be people who might come forward who have had that experience, but to make it an essential requirement I think that we need to consider that but I do not think at this moment in time that that expertise would be invested just in the Chief Officer's role because I think they are focused more on the system of healthcare which is not just about clearly building buildings but it is about making sure that their knowledge around services is critical.

Deputy S.Y. Mézec:

The next questions are focused on the sites and scope. Minister, could you tell us what work has been done to identify costings that would be needed to be spent on using and maintaining the current hospital facilities at Gloucester Street for the duration of this programme?

The Minister for Infrastructure:

In terms of where we go with that, we have had further meetings with John Carter, who is in charge of all of the maintenance. He is just about to undertake a refreshed survey. He last carried out a full survey in 2019. I met him about 10 days ago and we agreed ... we have made available another £40,000 to carry out a refresher view of that same process, to go through all of the same things again to compare where we are now 4 years on and to reassess what the requirements are. That is pretty much getting under way as we speak.

Deputy S.Y. Mézec:

Do you have any anticipation of what that might conclude and how things have changed since the last one?

[15:30]

The Minister for Infrastructure:

I can only obviously take my guidance from him. He is a guy that is very focused on what he is doing and I do not think there will be any huge variations from what he was anticipating because he really is on top of the job. So we will find out when that report comes through, but I do not envisage it, in accordance with what he has told me, being significantly different.

Deputy S.Y. Mézec:

Do you have any idea of a ballpark figure of what the cost of maintaining the Gloucester Street hospital facilities are going to be for this programme?

The Minister for Infrastructure:

I think the original figure that had been put to one side was £5 million as a sort of a base per annum, as a base cost, with variations either side of that. Obviously, the latter years of that situation would be the ones that would be subject to change, depending on what comes out of the existing hospital at any given time to be relocated.

Deputy S.Y. Mézec:

With this re-evaluation about to happen now, what flexibility do you have in case that identifies that things have deteriorated in ...?

The Minister for Infrastructure:

We have met with the Minister for Treasury and Resources and, as we said, I think it was the first thing on our list in the 100-day report was that whatever else we would do, we would commit to maintaining the hospital with whatever resources were required to make sure that it did the job until the new facilities were finished, and that situation has not changed.

Deputy L.V. Feltham:

I am just thinking of the timing of where we are in the calendar year. I am sure that officers have started working on business cases for any growth bids required for the Government Plan. So is an officer currently working on such a bid for any additional funding that may be needed to maintain the General Hospital at Gloucester Street?

The Minister for Infrastructure:

We do not have Andy Scate with us but I do not know that I need to ask because I think that will be dependent on what this report has to tell us, and that will be out in plenty of time before the next Government Plan.

Deputy L.V. Feltham:

So you are confident that by the time Ministers get around the table to discuss priorities for spending while they are formulating the Government Plan you will have a robust business case?

The Minister for Infrastructure:

The required information, yes, that is very much the intention, yes. This is something that is certainly very close to my heart, this work. From a personal perspective, it is what I was very much aware and everybody else is very much aware that we have to do, is to make sure that hospital has the resources that are required for the duration for the period of time that it is going to be used.

The Connétable of St. Brelade:

Just to pick up on that one, it is not overly clear to me whether we are coming out of Gloucester Street 100 per cent. You mentioned moving to the new facility. It is not 100 per cent clear where the new facility is. So what is your take on that?

The Minister for Infrastructure:

Well, in terms of sequencing, Overdale has an existing planning permit now. It is going to be much easier to start building something and complete it up at Overdale than it will be in Kensington Place because, as I am sure you are quite aware, we have an energy centre that sits right in the middle of the site. We are now looking at properties at either end of Kensington Place to see if we can get a larger footprint, and if we are able to do that then we obviously need planning permission to move the energy centre as far out the way as we can so it is well situated going forward and we have maximised the footprint for the section that is going to go on Kensington Place. That is going to take some time, so I should imagine ... and you can look at the sequencing that we had in the original 100-day report. It indicates that Overdale ... something will be under construction at Overdale before the eventual construction that starts to take place on Kensington Place.

The Connétable of St. Brelade:

So we will see something in Kensington Place/Gloucester Street and something at Overdale and something at Les Quennevais?

The Minister for Infrastructure:

That is right, yes.

The Connétable of St. Brelade:

Moving on to ...

The Minister for Infrastructure:

Sorry ... yes, I probably did not finish the explanation completely because once the whole of Gloucester Street is decanted, the Kensington Place section will be designed in such a way as that where the Gwyneth Huelin Wing sits at the moment, whatever other facilities that may be needed can be bolted on as an L shape into the back of that situation. So, if you like, that is phase 2B. I think that is detailed on the schedule as well, is it not? That is why it is that last bit that takes it into 2031.

The Connétable of St. Brelade:

So it is building in flexibility?

The Minister for Infrastructure:

Yes, and making sure that we do not do any building work on a live hospital where we have ... in the same way as unfortunately is taking place at Clinique Pinel and caused all sorts of delays and extra expense.

The Connétable of St. Brelade:

Moving on ... sorry.

Deputy S.Y. Mézec:

Sorry, so in the report it says that the first phase of work being delivered by the end of 2027 will enable many services to be decanted from the current Jersey General Hospital site on to a new build Overdale facility. So can you just confirm if it is intended that this decant will include acute services?

The Minister for Infrastructure:

I am not in a position to confirm that. That is something that is work in progress and those are the sort of things, those are the details that will be available towards the end of May.

Deputy S.Y. Mézec:

Okay. So my next question was going to be: when will you be able to provide certainty to those living in the area around Overdale about the extent of that decant? Where does that fit in the timeline?

The Minister for Infrastructure:

Well, when you say the extent of the decant, are we talking about when we are going to be able to tell people around Overdale what the total square meterage will be and what the bulk of the building will be? Is that the question? Because it is a slightly ...

Deputy S.Y. Mézec:

What is happening in their neighbourhood, what kind of stuff will be up there and all the rest?

The Minister for Infrastructure:

Yes. Basically, they will only really know properly when there is a set of plans delivered that say: "Here is the outline and here are the implications for you."

Deputy S.Y. Mézec:

Okay.

The Minister for Infrastructure:

I mean, they will know in principle at the end of May but in terms of detailed planning, that can only come when you have it drafted up and you have a set of plans and they can look at that and they will know what the exact implications are. What I will say, and I think I am very comfortable in saying, is that whatever will be up there will probably be significantly smaller than that which they could have expected had we run with the Our Hospital project, so that should be a piece of good news for them.

Deputy S.Y. Mézec:

Part of what they were expecting previously were significant changes to the roadways around there. Is that still, or at least alterations to the roadways, still part of what you are considering?

The Minister for Infrastructure:

What we are looking to ... we are looking to keep this contained to minor works. As I think we have been pretty consistent in this in saying that we could almost use the road as a demarcation line and say that we are going to try not to spend anything on the wrong side of the road or nothing significant and not make any changes, not demolishing all the houses, not spending £20 million or £30 million on a roadway and not relocating the bus stop. That is fairly central to our thinking in all of this.

Deputy L.V. Feltham:

Can you define what you mean by "minor works"?

The Minister for Infrastructure:

Well, not tens of millions of pounds. If part has to be taken off the bend ... we are getting down into points of detail but as an overall statement, and that is all we can make at the moment, the intention is to minimise the spend and the infrastructural destruction on the east side of that road that runs across the front of Overdale.

Deputy L.V. Feltham:

Sorry, can you just describe which is the east side of the road? I am just thinking that is the ...

Client Project Director, Infrastructure, Housing and Environment:

The town side.

The Minister for Infrastructure:

It is that side.

Client Project Director, Infrastructure, Housing and Environment:

The town side. So you have Westmount Road running up north/south, and then if you imagine St. Helier would be on the east and then St. Aubin's would be over to the west side. So at the moment

the existing healthcare site is to the west of Westmount Road and then there is the fields and the houses to the east of Westmount Road.

Deputy L.V. Feltham:

Okay.

The Minister for Infrastructure:

It is the bowls club, the road, and the 12 or 13 of the 14 purchased houses. That is the area.

Deputy L.V. Feltham:

When will you give some certainty around the bowls club?

The Minister for Infrastructure:

I think we have given them 99 per cent certainty now. I certainly hope so. I have been to see them a number of times to try and let them know that they can carry on. There is certainly nothing in our plans at the moment that involves relocating the bowls club, is there?

Client Project Director, Infrastructure, Housing and Environment:

I know that ...

The Minister for Infrastructure:

Help me confirm that.

Client Project Director, Infrastructure, Housing and Environment:

So at the moment in regards to the bowls club, it is clear that what we want to achieve is healthcare facilities minimising the amount of works that are done to Westmount Road, and obviously one of the objectives of the study is to determine what is possible, what it would be possible to build in various different sites, without having to relocate the bowling club. So it is the subject of the study at the moment. So, as the Minister has said, it is certainly intended to try and minimise that. We will not have the conclusions of those studies until May.

Deputy L.V. Feltham:

Will that have a knock-on impact on other surrounding roads?

The Minister for Infrastructure:

How will what, sorry, have an impact?

Deputy L.V. Feltham:

So if there is less work being done on Westmount Road, will that have an impact on, say, Tower Road, St John's Road?

The Minister for Infrastructure:

I think the construction of something at Overdale that is different to what is there at the moment is going to have an impact on every road that comes to and from Overdale, but the important factor is that given the intensity of traffic movement will be lessened by virtue of the fact that you have something roughly half the size, then it is going to have a lesser impact than anything else would have done had the main hospital building been constructed. That is just a deduction just by virtue of the size of the place.

The Connétable of St. Brelade:

Just one last one on this, probably from Jess as a civil engineer. The sharp bend, is there much that can be done with that in reality to soften it?

Client Project Director, Infrastructure, Housing and Environment:

I think that is exactly the studies that we are doing at the moment is to establish what is the minimum that we could do to that bend while still achieving the objectives of obviously getting everyone safely to and from any facility that existed on the top of the hill. Then part of that, as you know, is to do with the number of trips that are generated, what those trips are, are they in an ambulance, are they in operational vehicles, are they in buses, are they in cars, and all of that will help determine what the layout of that road would need to be and, therefore, what the impacts might be. So that is what we are working hard on.

The Connétable of St. Brelade:

Well, we look forward to seeing the result. Moving west, Minister, you have alluded a few times now to a long-term future for the former Les Quennevais School as a healthcare facility. Are you still committed to that as a course of action?

The Minister for Infrastructure:

Yes.

The Connétable of St. Brelade:

What sort of timeline or length of life do you anticipate it having?

The Minister for Infrastructure:

Twenty years give or take, 20, possibly 20-plus.

The Connétable of St. Brelade:

Is that being made as a formal decision? How is that going to be implemented or communicated, shall we say?

The Minister for Infrastructure:

In terms of a definite duration it is hard to ... I am sure that if things go according to plan and that is run for the next 20 years, before the 20-year period expires people will be looking at it, assessing the condition and wondering where they go with it. So I do not think ... it is not really possible to sit here and put a definitive date on it, but the view is to try and get 20-plus years of use out of the facility.

The Connétable of St. Brelade:

Is that dictated by financial reasons or the clinical outcomes or the needs of staff or patients for that matter being considered?

The Minister for Infrastructure:

I am sure that the Minister for Health and Social Services will elaborate but health systems tend to change over the course of time. It is very difficult to sit here and predict where we will be with health systems 20 years from now. They might have changed moderately. They might have changed in some revolutionary way. I do not know, but I think we can only set about planning for what we know at this point in time. Bear in mind that they are refurbished buildings and as much as a lot of money is being spent and the refurbishment looks like it is going to be first class, you cannot keep a building running for ever. So, as I say, the whole business of healthcare facilities is going to be under constant review, is it not, particularly as they are being built on 2 or 3 different sites and at different times? So there will be a review process and I am sure that that is a question that will have to be asked of other people much further down the line.

The Connétable of St. Brelade:

Minister for Health and Social Services, are you satisfied that the direction of the programme and the current relocations, particularly those to Les Quennevais, in the most immediate future meet the needs of staff and patients and Jersey's Future Care Model?

The Minister for Health and Social Services:

That is quite a multiple answer question, if you do not mind, Connétable. So, I think the first thing, just to reiterate what Deputy Binet has said, is that healthcare is a dynamic, changing service. So I do anticipate that over time the function of that building that is available will change irrespective of whether it has a 5, 10, 15, 20-year life cycle. I think the second thing about it is that some concerns have been drawn to my attention from some clinical staff about the relocation and some concerns

have also been brought to my attention from patients, but we are currently working through some of the mitigation. Particularly, concerns have been raised around the transport routes and I know the Minister and the team are starting to address some of that. I also know that there has been other political calls on the reason, on the function of the school, but we are committed to providing the facilities for the duration that we need them at Les Quennevais in the most appropriate and safest way. I think there will always be some moderation; there will always be change. We may well see services over time go in and out of there. I particularly want to keep a focus on the issue of access because one of the things that people have talked to me about is the issues of access are important to them. What I do not want is for anybody to be disadvantaged by relocating that. So we will be doing everything we can to make it easier for people to be able to access those facilities. I also think and previous experience tells me that when you are designing services on multiple sites you cannot please all of the people all of the time, so you will see quite a proportion of the population that value it and you will also see some people who really struggle with it.

[15:45]

So I think we have to work to get the most optimal solution for people that we can and constantly listen to patients and service users of those services so that we can perhaps put some additional mitigation in place that would best serve their needs over time.

The Connétable of St. Brelade:

Have you got any change management structure in place? There is always a natural human resistance to change. I just wondered what framework you have put in to deal with that.

The Minister for Health and Social Services:

Jessica as the project director will be able to give the finer detail on this, but there has clearly been quite a lot of engagement with the clinicians. I myself have been up to speak to particularly the clinicians at Overdale. I have not seen everybody. People are concerned about what we are going to do with Samares in terms of the longer term position around that, but that is all up for review as part of our planning process. But our concern at this moment in time is to engage the staff in the transition and the move, and I know the project lead, the clinical lead to the project, has been actively working with people to listen to those concerns and trying to work around the solutions that best fit not only their practice but also that actually deliver for their patients as well.

The Connétable of St. Brelade:

What about fellow Ministers?

The Minister for Infrastructure:

Sorry, I was just harking back to the question previously. I think what we must not do is lose sight of the fact that the move to Overdale was on the books in any event. That was something that was under way and whether we wanted to do something or whether we did not, we were confronting 5 years of operation at Overdale in any event. I would say that given that we are now looking at it in the longer term I think there are really some changes that have started being introduced that take that into account. I think it is fair to say that some of the traffic management issues and the parking are being done now that probably would not have been done if it had been temporary. Is that not the case? My understanding of it is that we are changing some of the parking arrangements to improve access. We have a bus contract that is coming up for renewal, and all of that, once the thing gets under way and we start to see how it operates, we can look at bus movements and bus functions for when we renew the contract. So I just think there is a lot of focus on making sure that this works. The truth of the matter is the fact that it was going to happen anyway, you would probably be in the same situation now with people looking at it and saying as we get closer to decanting various operations and putting them into Les Quennevais that this sort of thing would have been happening anyway; how do we best make this work properly?

The Connétable of St. Brelade:

Going to, shall we say, planning permissions which are extant and any that may be needing to be submitted in the light of its longer term need, where are we with those at the moment?

The Minister for Infrastructure:

Well, in terms of Overdale ...

The Connétable of St. Brelade:

No, in terms of Les Quennevais.

The Minister for Infrastructure:

In terms of Les Quennevais, I do not think there is anything that is particularly required in planning terms that differs from where we are at the moment, other than the fact that we are looking at making some parking changes. I do not know what the status of those actual applications are at this point in time, that sort of operational detail that ...

Client Project Director, Infrastructure, Housing and Environment:

It was just a planning application, so there were not any conditions on the planning application or the permit that limited its use. So I do not think that there ... obviously if we were to change substantively the plans in relation to what the building was doing, then we might have to make a separate application, but currently my understanding is we would not need to make a new application for Les Quennevais for the services that we are planning to put in there.

The Connétable of St. Brelade:

I seem to remember when we went up there, there was a large flat roof area and there was a thought that that might be developed with another floor. I do not know if that is still the case.

Client Project Director, Infrastructure, Housing and Environment:

At the moment, those plans are not being progressed for that flat roof to be ...

The Connétable of St. Brelade:

So is there any particular additional work that needs to take place to make it more of a longer-term facility, do you think?

The Minister for Infrastructure:

In my understanding it was just landscaping and possibly the flat roof may at some point in time be reroofed and insulated. But we went through a process and it was deemed that it was better to get on, get the thing into use now, and do that as an additional exercise later in the process.

The Connétable of St. Brelade:

In terms of communications with residents, any particular issues there?

The Minister for Infrastructure:

I do not think so. There is nothing that has arisen ... as I say, because obviously the residents there were expecting this for the foreseeable future anyway, so what we are doing now does not come as any great surprise to them. I think they are probably, from what I can ... anecdotally, some people view the idea of it being a long-term facility as good news and others are less keen. You would probably find it is the same split as people who are keen or not keen on it being a short-term facility.

The Connétable of St. Brelade:

Given that there will be change there, would you envisage reviewing arrangements or perhaps continuing meetings with the local residents just to ensure everybody is content?

The Minister for Infrastructure:

I think that has to be ongoing, yes.

Deputy S.Y. Mézec:

The report, R.32, does not make reference to facilities for mental health care, so could you just confirm the status of that in all of this and whether that is deliberately being excluded from that?

The Minister for Infrastructure:

I think the words “deliberately excluded” would be incorrect. The main focus at the moment for mental health facilities is that we are looking to finish the £9 million investment that is taking place at St. Saviour’s Hospital. That is due to open at the end of June and we had a visit last week. No, it was earlier this week, and that is on target. So there will be some greatly improved facilities available. The whole of the mental health facility piece of work, that is coming into focus now and probably once we find out what the main split is for the main hospital functions, we can then look at what the implications are on the 2 sites. At that point in time we will know what extra areas are or are not available and obviously what may or may not be required in the longer term and where that then is going to be located.

Deputy S.Y. Mézec:

So are you considering making longer-term use of that site that has just had the £9 million investment?

The Minister for Infrastructure:

Well, obviously that will have to be utilised for the immediate future and, as I say, it is a £9 million spend and it is a significant improvement on what we have at the moment. Part of this will be to see how that operates. Probably best to hand over, I think, to the Minister for Health and Social Services because we are straying into territory that is ...

The Minister for Health and Social Services:

Thank you. I think as we all know the work that is being done at St. Saviour is an historical piece of work that was done on the back of the health and safety review almost 6 years ago. That response is now coming to fruition, but that was really to create an improvement on what was. The thing that we have to make sure is that in the new design of the facilities that we are going to be providing mental health will absolutely be an integral part of the offer that we want to make to Islanders. Mental health care, as people will know, like other aspects of health care is constantly evolving and changing, and what we do know is that the facilities at the moment do not offer the totality of the provision that we need. I am particularly concerned about inpatient facilities for children, which we have not got in place at the St. Saviour site. I am also particularly concerned about people who require a high level of security, which we do not provide, but also we want to make sure that we have a mental health service that is conducive to recovery. What I would want to encourage Islanders to be involved in is the design of what a mental health facility should look like in the future. After all, it is going to serve their purpose and their needs. At the moment, I think what we have is a facility that is best able to meet those needs as they are now but over longer time we do need to factor these into the new health facilities going forward.

Deputy S.Y. Mézec:

Do you want to see the main mental health facility that Jersey's health service provides remain in the location that it currently is by St. Saviour's Hospital in the long term?

The Minister for Health and Social Services:

Some of the evidence that we have is that that is not the safest way to provide mental health care. There is a concept called parity of esteem, where you have the ability to address the physical and mental health needs of individuals. We would want to be able to create an integrated approach to the way we deliver mental health care in the future, and that then gives parity for people with mental health problems to be able to access physical healthcare services, get the emergency response in the way that they should, but also that it connects them into mainstream healthcare. I think for too long people with mental health problems have suffered with stigma and isolation as a consequence of perhaps models of care that have been quite historic. We really do need to modernise our mental health offer.

Deputy S.Y. Mézec:

Does that necessitate co-location, in your view?

The Minister for Health and Social Services:

In terms of the way in which services can be provided, for an Island of our size, yes. If you were living in somewhere like Australia, that would be a challenge, I would imagine. But what we are trying to do is get economies of scale and what we need to think about, not only in terms of the facilities, is how we develop our future workforce. We need to be able to build a workforce that can start to deliver both health interventions as well as mental health interventions and work across the piece.

The Minister for Infrastructure:

I am sure the Minister for Health and Social Services will not mind me saying this because it was one of the first things that she said to me when we took office is that particularly in regard to mental health services the location of them should take into account to a large extent the service users and the families of service users because they are the people that are most affected. I think the location really ... there has to be, I am sure you would agree, a comprehensive consultation process where we ask people how they feel about that. So that is bolted into the work that is going on.

Deputy S.Y. Mézec:

Do you think that position is clear based on what has been published by the Government so far? Because we have gone from a position where the old set of plans - or I should technically call them the current plans until the Assembly officially agrees to move on from them - had a degree of clarity

about where mental health services would be provided. Your position now, you must accept, is less definite and have you communicated that effectively?

The Minister for Infrastructure:

It has to be and I am sure ... well, I will not answer for you, but from a constructional point of view what you are comparing it with is something that was at the end of a 4-year process where everything had been decided upon and now we are reviewing that and obviously the mental health services are part of that review, so in the same way as every other item of healthcare provision is being reviewed in terms of its location. So, yes, mental health is playing that part in the same way as every other element of healthcare is.

The Minister for Health and Social Services:

If I might, Chair, I might also say that we do need to perhaps give some different thought to the solution around this from what went before. I think there needs to be a greater emphasis placed on the needs relevant to people's mental health needs in the Island. We are seeing an increasing demand for services and I do not think the previous options that were available would have adequately met that need.

Deputy S.Y. Mézec:

Okay. Any other questions on this?

The Connétable of St. Brelade:

That is interesting. So what you are suggesting is that perhaps we have not got sufficient capacity at the moment?

The Minister for Health and Social Services:

Our service arrangements, from an environmental perspective but also a workforce perspective, a treatment perspective, the demand for mental health care is increasing and so we must be in a position to be able to respond to that. When I have looked at the plans previously I think there were some gaps in those plans that we do have an opportunity now to reassess our current position and plan appropriately going forward.

Deputy L.V. Feltham:

We touched earlier on the workshops that were held with staff last week. What was the intention of the workshops and what did you get out of them?

The Minister for Infrastructure:

I think we both ... and I am sure our opinion on this is going to be much the same.

The Minister for Health and Social Services:

So I think the project team have set these up as a result of the work to re-engage staff in the design and the development of the new health facilities and to approach them with a view to gaining their perspective on some of the options that might be available or that they should be considering in terms of how things could look going forward. So previously my understanding is that staff were asked about their particular preferences and where clinical adjacencies could be and the idea behind the functional review process was to go back to staff and to start to talk to them about potential ways in which those services could be organised around the particular site locations which have been identified.

[16:00]

So, for example, staff have volunteered and have previously suggested that one way that we might want to organise services is to consider hot and cold sites, and there is a variety of options that the health planner in consultation with the clinical lead and also with the clinicians and the project team have produced with a view to them reconsidering these among themselves and to just get a sense of what might be a preference for them in terms of the way we go forward.

Deputy L.V. Feltham:

Within oral questions on 21st March, the Assembly was informed that there had been 59 attendees over 19 workshops. How satisfied are you about that level of attendance and do you think that that shows that this particular method is engaging the staff?

The Minister for Health and Social Services:

Well, I would have wished for it to be much more attended than that and I do not think it is representative, but I think we need to review why that is the case and how we can start to build the engagement with the staff again. I think the project team's attempt to try and go out in a very short period of time to try and elicit people's views was hugely commendable in the sense that I think there was something like 19 sessions that were put on. I think we are also in a position where staff are tired, concerned that their time is being taken up to contribute to this process again, and I think we have to find a different way to be able to engage them if those attendance figures have not produced the kind of engagement that we need.

The Minister for Infrastructure:

I hope you do not mind and I know you prefer to take answers from Ministers, but this is not a copout. I think it is probably wise to hear from the person that has organised and undertaken the engagement process. I think that is in the public interest for that to be explained in more detail by the person.

Client Project Director, Infrastructure, Housing and Environment:

I think to address the Minister for Health and Social Services' concerns, one of the things that was also part of the feedback we collected was how healthcare staff wanted to be consulted with in future and what the engagement could look like going forward. We are just collating that feedback from all of the submissions that we did get in order to better design a consultation in the future. It is also fair to say that, as we said, the production of the functional brief is ongoing and part of the reason for that is to enable the video that was produced that explained the different clusters of healthcare that the Minister for Health and Social Services has explained will be distributed to staff on the intranet and the Slido will be open for health and care staff to provide their feedback. So we hope that we will be collecting more feedback and that can feed into the functional brief going forward.

Deputy L.V. Feltham:

How did you come to the conclusion that a workshop and information on the intranet was the best way of engaging with healthcare staff?

Client Project Director, Infrastructure, Housing and Environment:

Well, I guess our concern of that was exactly the reason why, in the questionnaire that is now going to go out, asks the question: "How do you want to be engaged with?" Ideally, we would have had that response before we would have started the questionnaire but I suppose you have to start somewhere. So that is where we have started and then we will learn from the feedback and try to do it in a different way. I think the drop-ins were one forum but, as we have previously explained, there are lots of other meetings and forums from which we take feedback including one to one meetings and the video has also been sent around to heads of service, so there have been lots of different ways that we have tried to collect it. That is not the only channel that we have tried to use.

Deputy L.V. Feltham:

What percentage of healthcare staff has access to the intranet on a day-to-day basis?

Client Project Director, Infrastructure, Housing and Environment:

I think that that is a fair point, which is exactly why the drop-in sessions were held in person and over a very broad period of time to allow people to attend during work, if that was possible, or outside the hours of work. The event was notified on notice boards and by informing people on the wards that those sessions were going to happen.

Deputy L.V. Feltham:

If somebody was working in a front-line position and unable to go during their shift, were they paid to go outside their hours of work?

Client Project Director, Infrastructure, Housing and Environment:

I do not believe they would have been paid to go outside their hours of work. However, I also know that the clinical lead for the programme has also offered, to anybody who is interested, her time in explaining their clustering and to receive that feedback so we have tried to offer it in as many ways as we possibly can.

Deputy L.V. Feltham:

How has the survey been distributed?

Client Project Director, Infrastructure, Housing and Environment:

The survey is distributed online. That is a fair point but I think if anybody had said that they were unable to do it online, then they could have filled in the information and posted it to us.

Deputy L.V. Feltham:

That is the point, is it not? If they cannot see it online, they cannot tell you if they cannot do it online.

Client Project Director, Infrastructure, Housing and Environment:

No, but there has been posters around departments to say how people could get involved in the process.

Deputy L.V. Feltham:

Obviously, some healthcare staff may watch this hearing. How can they get involved in the process?

Client Project Director, Infrastructure, Housing and Environment:

Well, I think it would be appropriate to get in contact with the healthcare lead for the project, Michelle West, and they can provide their feedback to her.

Deputy L.V. Feltham:

How can they do that?

Client Project Director, Infrastructure, Housing and Environment:

Well, I am sure that they can pick up the telephone. She is very well known within the department. She often meets with people from those services.

The Minister for Health and Social Services:

I think it is fair to say, Chair, there is a lot of engagement that is needed and over the last couple of weeks I have been doing night visits at the hospital and also walking around the hospital trying to

encourage and suggest to people they offer their views into the project. What I can tell you is that there is still a lot of conversation and people are expressing their views in between the teams. The task I think that we can revisit is to get them into the process which allows those views to be captured.

Deputy L.V. Feltham:

When people are expressing those views, what mechanism are you using for recording them?

The Minister for Health and Social Services:

These are conversations, so you can have 2 or 3 conversations. People have expressed all sorts of views. We have another project team meeting shortly. I cannot remember the date of it but this would be some of the feedback that I would be bringing back to the Fiscal Oversight Group in terms of the issues that we have been talking about with staff.

Deputy L.V. Feltham:

How do you intend to weight that feedback within the functional brief?

The Minister for Health and Social Services:

I do not have a mechanism for doing that. That is, again, something that we can take back and talk about. I think people just offer you a perspective. Even if you are just present, people will just offer you a perspective even though you are not seeking it so the codification of this, I think, is difficult. I think what is really clear is that we need to step up the communications to make sure that we can codify it and we can build it into the system of consultation and engagement that we have set up already.

Deputy L.V. Feltham:

Would you consider giving staff paid time to do that if they are unable to attend a workshop during their shift?

The Minister for Health and Social Services:

I think we need to have a look at it to see what we can do to facilitate as much engagement as possible.

The Minister for Infrastructure:

I think I just make the point and just remind everybody that we do meet very frequently and if anybody on the team has any concerns about public engagement they are free to offer their thoughts on how that should take place at any of those meetings or any time in between because we all have access to one another almost on a daily basis so there are no sort of walls anywhere in the process.

Deputy L.V. Feltham:

Did Ministers attend the workshops?

The Minister for Infrastructure:

Sadly, I had intended to and I am afraid, like the Minister for Health and Social Services, meetings were pretty much back to back and I did not get to that particular one. I have attended other consultation meetings in the past but I was not able to get to those with 3 days back to back. I think they clashed with the States sitting on one of the days.

Client Project Director, Infrastructure, Housing and Environment:

They did.

The Minister for Infrastructure:

So, yes, it was very difficult.

Deputy L.V. Feltham:

Was it attended by senior officers?

The Minister for Infrastructure:

Jess can tell you the whole background to it.

Client Project Director, Infrastructure, Housing and Environment:

No. We wanted to create an environment in which people could share their views freely and so, even though the Ministers did want to become involved, we also were slightly concerned about them becoming involved because we wanted people to be able to give their views freely. So it was led by the person responsible for the liaison with H.C.S. (Health and Community Services) within the project and L.D. (Llewelyn Davies) and M.J.M., who are the healthcare planners and the clinical lead who have had so many conversations with so many of the staff through H.S.C. over the years. I think that they had a good, thorough understanding of what people were saying and had a good perspective to be able to record their views and those meetings were recorded.

The Minister for Infrastructure:

Can I say for the record, casting my mind back, I could have attended some of the Monday morning meetings and I had intended to but I discussed it and I was advised that it perhaps might put people ill at ease and make them feel less like sharing their thoughts? So on the Monday it was a conscious decision not to go when I did have a small amount of time available, so just in case you think that we are not on duty or not caring about what goes on. It was the same situation for the Minister for Health and Social Services.

The Minister for Health and Social Services:

I was just going to say this way of engaging with people, I think visibility is really important as much as asking people to fill in a questionnaire so I think that is why we want to step up that kind of engagement, but I take note of that you said about codifying it. We do need to find a way to codify it and I will give some thought to that particularly around conversations when people are just expressing themselves.

Deputy L.V. Feltham:

How many staff do you have now in Health and Social Services?

The Minister for Health and Social Services:

Yes, about 2,500. That is people across the piece but you cannot capture the essence of every conversation. But what we should be able to do is have some sort of system where we can input the themes of those conversations and then do some trends to see what is being said and quantified across the piece. I think that was the purpose behind some of those events that the team have set up, which is try to capture the data in a way that gives us an indication about what people say on a formative basis.

Deputy L.V. Feltham:

Thank you. Then with regard to broader communications, where are you at with the communication strategy for the programme?

The Minister for Infrastructure:

We now have somebody dedicated I think 3 days a week, somebody that is experienced and that has been especially selected for the purpose. I have a meeting with him next week to make sure that we have a very comprehensive package. Communication is slightly difficult. On the one hand, you want people to be informed when there is something to say but you do not want to pester people with nonsense when there is nothing to say because you really do not want to aggravate the public by sort of keep pushing hospital facilities on to them. So what we have taken the decision to do is to be very clear about what we want to say and when we want to say it. So, yes, it is a communications programme that really has to marry up with what there is to say at any given point.

Deputy L.V. Feltham:

Thank you, and obviously there are different stakeholder groups.

The Minister for Infrastructure:

Yes.

Deputy L.V. Feltham:

The general public is one but what specific groups have you been engaged with since the launch or since you have been communicating around this particular programme?

The Minister for Infrastructure:

You are probably better to answer that.

Client Project Director, Infrastructure, Housing and Environment:

So we are definitely in the process of putting together the communications strategy and I think the strategy has existed for a little while and has been agreed at the ministerial group in converting that into a plan which sets out the objectives and also the different stakeholder groups that we want to be talking to. I believe the Minister has already mentioned the citizens' panel, which we are very keen to reinvigorate and make sure that we follow the right process so that people can understand their work and obviously have the right balance, if people from the panel as it previously existed would be interested but perhaps we invigorate with some new members. So I think that there will definitely be the citizens' panel and other groups that proved successful last time, but I think it is fair to say at the moment that that is a work in progress that we are seeking to advance as soon as we can. Obviously, one of the key aims of this strategy will be to present to people what the programme is doing and the outcome of the feasibility studies in May making sure that people do understand all of the messages through the mandate that was presented and also what the feasibility study means. So I think we are going to try and use lots of different channels to try and communicate with people about what the programme is seeking to achieve going forward.

[16:15]

Deputy L.V. Feltham:

I think it is fair to say that communication around the previous project was not without issue, so how have the lessons learned from those issues that arose last time been taken forward or how will they be taken forward to ensure that the communication this time around is done well and communities feel like they are being listened to?

The Minister for Health and Social Services:

I have to say it is a recognised priority of ours. I do not carry all the knowledge and experience of what happened on the last occasion but I think we are taking a reasonably fresh look at this. As I have said, people had 10 years of this so I think we have to be cautious. I think we have set out all that reasonably well in terms of what the intentions are at the moment. We are going through a period where there is not much that is really newsworthy, but as we head into May I think that is

going to change. We are putting that programme of work together now so that, as we get into a point where we have more to say, then we know what we are going to say and who we are going to say it to. So there is work in progress to a point, I think.

Deputy L.V. Feltham:

Have you documented the lessons learned from the previous ...?

Client Project Director, Infrastructure, Housing and Environment:

We are currently in the process of doing that. So we have had a series of workshops. Those workshops will continue and then we will capture all of that. We have a process that is set out within the programme manual which really sets out the programme management, which is a health check on what has happened, what we think the reason for those things happening were and consequently the lessons that could be learned as a consequence that covers all of the different areas of the programme. Obviously, there are some things that we already have in train such as the shape of the client team which is different from last time. We have not just gone out and procured a design and delivery partner from the very start of the process. There has been a firm decision made to do a certain amount of work ourselves and then obviously, as part of the feasibility studies, will be a consideration of the best way of going forward and what the shape of that team should be and when the procurement should take place in order to best deliver the healthcare facilities. All of that will be formed from the lessons learned from the previous projects in all of those different areas.

Deputy L.V. Feltham:

I am quite surprised that this project is so far down the track before the lessons learned from past ones have been documented, so when is that piece of work going to be finished?

Client Project Director, Infrastructure, Housing and Environment:

I think in the next couple of weeks we will be concluding that piece of work, but while we are finalising the documentation of that, that is not to say that we have not recognised and understood what those lessons learned are. Of course some of those come from our ministerial group in the mandate that they have provided to us in terms of the direction of travel.

Deputy L.V. Feltham:

Okay, we will look forward to seeing that work when it is completed.

Deputy S.Y. Mézec:

Anything else at all?

The Connétable of St. Brelade:

That is all from me, thank you.

Deputy S.Y. Mézec:

Ministers, we have just over 10 minutes to spare. We have got through our question plan so I thought I would try my luck and just ask if there is anything at the end of this you want to take the opportunity to let us know that might be helpful at this point.

The Minister for Infrastructure:

You have caught me off guard. I am sure if I had a chance to think about it there probably would be, but off the top of my head, that is difficult. I do not know if you have anything.

Deputy S.Y. Mézec:

Yes, it is not a trick question.

The Minister for Infrastructure:

No, I just was not expecting it at this moment.

Deputy S.Y. Mézec:

It is just if there is anything else that we have touched upon that would be helpful to be in the public domain at this point.

The Minister for Health and Social Services:

I think your point about the engagement with clinicians, service users and patients, we have launched a user engagement panel in H.C.S. which I am hoping again will provide some intelligence to the project as to the views that local people will have about hospital facilities. Also I think the important message that I would want to put out to staff is to please, please express your views. I know some people feel tired because they feel this is the second or third iteration and I do not think we would shy away from the fact that the expectations people had over time are affecting them given the decisions. So what we have to do is we have to re-energise people and we have to make sure that we are all aiming for the same thing, which is to provide better healthcare. So my issue, if you like, Chair, would be to say that we will take away this issue around engagement and we will start to consider some of the feedback we have received today and do some more active work around that.

Deputy S.Y. Mézec:

Thank you.

The Minister for Infrastructure:

If I had one thing to say that I think it vital is the public engagement because an awful lot of people could be paying for this and using this facility and I think, as an observer from the outside last time, public opinion tended to be forgotten and I think people just went on a journey that they were going in a certain direction whether they liked it or not. To some extent, that might be responsible for what eventually happened. So I think when we spoke to the citizens' panel, they did describe themselves as being used as "useful idiots", I think was the term that was used, when we had some engagement with them. So I think the way we reconstitute that and the way we continue to keep track of what people out in the street think is vitally important for us as well because the success of this will be about engaging with absolutely everybody from all sides in equal measure.

Deputy L.V. Feltham:

If that public engagement then led to people saying to you: "We do not like this element of what you have planned", how would you change what you are doing?

The Minister for Infrastructure:

That is a difficult question. I think, to an extent, the engagement with the public has to be based on presenting them with defined facts. That is why we did not revisit the site selection process because it just reopens a whole lot of wounds and sets you back. I just think that this has to be carefully managed and engagement with the public has to be: "Here is how things are progressing" and it has to run through essentially from the hospital staff and then out to the public as to what is and is not possible. Then there are possibilities of elements of fine-tuning but what we are hoping to do is to be clear about what we are doing, and if we do it properly, then the public in the main should run with that in any event. It is about us making the right decisions in the first instance and that helps I think to keep the public confident about the process that is taking place. In other words, if we are sensible about what we do, then there should not be too much of a problem in terms of how the public perceive it. Does that not make sense?

Deputy L.V. Feltham:

No, I am just trying to equate that with what you said earlier around the previous project. You said it was presented as: "That is what we are doing" and I am not going to paraphrase what you said.

The Minister for Infrastructure:

Yes, I can understand why you might see some light between those 2 things. Well, there is light between those 2 things because I am not saying the same thing. I think that people just barged ahead and they did not take any notice of public opinion. That would be my view.

Deputy L.V. Feltham:

Okay, so what you are saying is you will take notice of public opinion.

The Minister for Infrastructure:

We want to be engaging and keep the public informed and hopefully present them with sensible decisions. That is really what I am trying to say and I think if we take the right decisions and what we do is correct, then there will not be too much public anxiety. That is what I meant about communicating. Not communicating every week and pumping out lots of stuff that people do not want to hear. It is just a case of giving the right information in a timely fashion.

Deputy L.V. Feltham:

If public opinion was different to your opinion, what step would you take?

The Minister for Infrastructure:

Well, I think we have to gauge that and see how we go as the process evolves.

The Connétable of St. Brelade:

What about other Ministers and States Members? Do you feel you have the buy-in from those?

The Minister for Infrastructure:

I think in overall terms, we have to accept that we have because the funding has been accepted by the Assembly. I think some names will spring to mind. There will always be people that are less happy than others and that is just the nature of politics, is it not? They might be much happier internally than they make out. I do not know but there we are.

The Connétable of St. Brelade:

Have you got the support of the Council of Ministers?

The Minister for Infrastructure:

The support of the Council of Ministers, yes, I think without exception, yes. I have not heard any dissent in that regard. I knew it was not a good idea to take you up on your offer of extra questions.

Deputy S.Y. Mézec:

Sometimes it is helpful to open a can of worms at the end. Okay, thank you very much, Ministers. Thank you to all the officers on both sides who have supported this. Thank you to the media and any members of the public who may be watching and, on that note, I call this hearing to a close.

[16:23]