



## Hospital Review Panel

### Review of the New Healthcare Facilities Programme

## Witness: The Minister for Health and Social Services

Friday, 12th July 2024

**Panel:**

Deputy J. Renouf of St. Brelade (Chair)

Deputy S.M. Ahier of St. Helier North (Vice-Chair)

Deputy A. Curtis of St. Clement

Deputy K. Wilson of St. Clement

**Witnesses:**

Deputy T. Binet of St. Saviour, The Minister for Health and Social Services

Mr. C. Bown, Chief Officer, Health and Community Services

Ms. J. Hardwick, Programme Director, New Healthcare Facilities Programme

Ms. D. Bratch, Interim Business Lead, New Healthcare Facilities Programme

[14:31]

**Deputy J. Renouf of St. Brelade (Chair):**

Good afternoon and welcome to this review hearing of the Hospital Review Panel. I would like to do the formal stuff first, draw everyone's attention to the following. This hearing will be filmed and streamed live. Recording and transcript will be published afterwards on the States Assembly website. Obviously, all electronic devices in the room, if they could go to silent please. We will do introductions. I do not think there is going to be anybody joining from the back of the room so just we will do a round of introductions. So if we could begin with that, I am Deputy Jonathan Renouf; I am the Chair of this panel. On my left?

**Deputy S.M. Ahier of St. Helier North (Vice-Chair):**

Deputy Steve Ahier, Vice-Chair.

**Deputy A. Curtis of St. Clement:**

Deputy Alex Curtis.

**Deputy K. Wilson of St. Clement:**

Deputy Karen Wilson.

**Deputy S.M. Ahier:**

If you would like to, Minister.

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

Deputy Tom Binet, the Minister for Health and Social Services.

**Programme Director, New Healthcare Facilities Programme:**

Jessica Hardwick, the Programme Director.

**Interim Business Lead, New Healthcare Facilities Programme:**

Deanne Bratch, Interim Business Lead for the programme.

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

Chris Bown, Chief Officer, H.C.S. (Health and Community Services).

**Deputy J Renouf:**

Thank you very much indeed. So we will get going. I would like to just start by saying a thank you from our side of the table to the team for cooperation and help as we have got underway to do this work and to just acknowledge that we have had good cooperation from the team and the Minister. We very much appreciate that and we all understand the importance of this work and the importance for this work to proceed at pace. We have also referenced that we appreciated very much the tour that we were given of the various sites connected to Overdale and Gloucester Street and the attendance of the Minister and others there. That seems to be a good start for us all. If I could begin with a question, a scene-setting question really, Minister, could you set out an update on the overarching timeline, what are the steps that we can expect to see over the next few months?

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

Everything is going roughly according to the plan that has been in place for over a year. Possibly, would you say, a few weeks, 2 or 3 weeks in delay of where we were expecting to be, but pretty much on time. As you know, the outline business case should be with you at scrutiny on the 31st and the plan is to include it in the Government Plan. But I know you have a proposition to do otherwise, and that is going to be debated, as I understand it, on Tuesday.

**Deputy J Renouf:**

So the outline business case will come, the Government Plan will come, what can you tell us about the sort of progress of work that is leading to different stages of it, for example?

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

As I say, I am better to hand over to one or 2 of the 2 girls, because they know those things much more intimately than I do.

**Deputy J Renouf:**

By all means.

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

I think that is if you want an accurate picture.

**Programme Director, New Healthcare Facilities Programme:**

In terms of the outline business case?

**Deputy J Renouf:**

No, I am thinking in terms of just the work programme, what things are you looking at as landmarks over the next few months that the public will see and think progress is going on.

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

Practical work.

**Programme Director, New Healthcare Facilities Programme:**

So I think people will see progress in terms of the demolition works that are happening at Overdale. Obviously that has been possible because of the decant of all of the services that were delivered from Overdale previously and they have all moved into the facilities that have been delivered like the Enid Quenault Health and Wellbeing Centre. They have moved into St. Ewolds from the from the Westmount Centre, which is only a relatively recent lease as you know, through the Standing Order 168 process. We were able to take that lease from the Parish of St. Helier, carry out some minor works and move people into that facility. It is only because those people have moved from

the Westmount Centre that the whole of the site is now available for demolition. That building will start to come down in the next few weeks, and then should be complete by autumn this year, so that will definitely be a landmark. I think another landmark will obviously be the Government Plan and, as we have just talked about, the fact that that is going to be lodged in the next few weeks. It includes a chapter on the new hospitals, new healthcare facilities, setting out the funding that had already been set out last year, at the end of last year, for that capital sum of £710 million to deliver the first phase of the programme. So that will be another milestone. As Deanne says, the outline business case, which is really the justification for that expenditure, showing what the costs are, but also the benefits, that document will complete its governance, complete its internal scrutiny, and of course be handed over to you for the assurance that I am sure that you will bring through scrutiny over the summer months. For then, depending on the success of the proposition next week, either to back up the debate that will follow as a consequence of that, or for in the Government Plan towards the end of this year.

**Deputy J Renouf:**

What about a planning application?

**Programme Director, New Healthcare Facilities Programme:**

A planning application will also be ready, so I think we have put more recently that it was going to be quarter 2, quarter 3. We hope that we are going to have a soft draft of the planning application towards the end of this month for then lodging through August.

**Deputy J Renouf:**

So lodging in August, and have you been involved in discussions with planning officers to get to the point where you feel confident that you are getting a good chance of success?

**Programme Director, New Healthcare Facilities Programme:**

So we have asked for formal pre-application advice from planning officers. We have had many, many, many meetings with regulatory authorities, with planning authorities. When I say regulatory authorities, I am talking about the highway authorities who are obviously important. We have the Parish of St. Helier, who obviously are an absolutely key stakeholder, because some of the highway network is theirs and some of the adjacent verges that we might want to use in places is theirs. The active travel route is through their parkland. So we will need their agreement. Also, of course, we have had lots of meetings with Planning and the Jersey Architecture Commission as well. We have some meetings next week. But, as I say, what we would really like is some formal pre-application advice from them, which then those comments can be hopefully taken on board.

**Deputy S.M. Ahier:**

One that is obvious, St. Helier, have you had any direct negotiation or conversations with the Roads Committee and have you met and presented to the Roads Committee recently?

**Programme Director, New Healthcare Facilities Programme:**

So we have got that in our diary to do through July and August, so we have been asking for a meeting to be able to present to the Roads Committee because obviously they are a key stakeholder.

**Deputy A. Curtis:**

Just on the planning side, have you spoken with the Minister for Environment as to whether he has intentions on how it will be determined and then if that will have an impact on your timelines?

**Programme Director, New Healthcare Facilities Programme:**

So I think that we are going to write a letter to ask the Minister for Environment for his view. Sorry, I am speaking, I should ...

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

No, no, no, you carry on and talk the detail.

**Programme Director, New Healthcare Facilities Programme:**

However, the previous view was that, I think, until an application had been received, it would be very hard to prejudge the kind of determination process that there might be from the planning application.

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

We are not anticipating a planning inquiry.

**Programme Director, New Healthcare Facilities Programme:**

We do not. We do not know, it is the Minister for Environment.

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

It is not for us to determine. It is obviously a reduced programme compared to the one that has already passed, so we are hoping for that to be the case.

**Deputy J Renouf:**

Just finally on timetable, can you say anything about what might be expected in the next year, let us say, on other aspects of the programme, such as the redevelopment of Kensington Place or the Health Village or any of those aspects?

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

I think it is safe to say, and I will hand over for more detail, but in principle the focus has been on delivering the acute, just as well in many respects, because, certainly on the ambulatory site, there is still some ideas coming into the frame now about what might go on there. So I think if we had put too much focus on that, it probably would have been wasted already. So the idea is to get everything in, get the planning application through. That buys us a little bit of time and then we can start coordinating what is going to go elsewhere. So, in an ideal world it would be nice to have it all sorted out, but I think we have got limited resources that we can put in at any given time. So the idea is to get the planning application in, then change the focus slightly. I do not know if either of you want to add a little bit more to that in terms of the detail of that?

**Programme Director, New Healthcare Facilities Programme:**

Yes. I think the public will see some progress hopefully on that site over the coming months. Because we always said that we would really like to go out to procure an advisor team for the Kensington Place, Jersey General ambulatory site. We have done a little bit of work proving what might be possible on that site. But really that work there really needs to be progressed in order to come up with a more complete plan, I suppose, before we would then go through more detailed design processes. So we had hoped to go out for an advisor team this year and they will enable us to develop those plans along. We also know that the ex-Andium site that has been procured for the new healthcare facilities, we are very mindful that there might be some uses of that site that would be very useful for the operation of the Jersey General Hospital as it exists today. So we have been talking to H.C.S. about what they might want to use that site for. There is certainly estates uses of that site, they are bursting at the seams. I think the fact that there is scanners in car parks shows that it is a really tight site and I think that ideas like contractor compounds, for example, where at the moment there is no facility for such things. At the moment there is a number of operational vehicles being parked there. There is an element of storage on the site. Could we do something like staff welfare on that site, because there is not very many showers for people who might want to cycle at the moment. So I think there is some really positive uses of that site that could be in the kind of medium-term meanwhile use. But of course, knowing that in the longer term we have got the ambulatory facilities to deliver and obviously that particular site is absolutely key to delivering that future delivery, because otherwise you have got nowhere to work.

**Deputy J Renouf:**

Moving on, Minister, just in the context of the politics around this, you said, I think to the last panel, that you were confident that you had political support for the multi-site programme. I wondered whether now we have had a change in the Council of Ministers whether you still feel you have complete support among the Council of Ministers?

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

I think I can speak comfortably about the Council of Ministers. I think that is fully supportive and I would hope that the remainder of the Assembly remains fully supportive. Because, as you can see, the programme of work has not even changed to a minor extent. So we are in no different position now than we were 6 or 12 months ago. So, unless somebody knows something I do not, I am planning on the Assembly being continuously supportive.

**Deputy J Renouf:**

Yes, I was wanting you to confirm that the Council of Ministers is completely behind you.

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

Yes, absolutely, yes, they are very much behind it, yes.

**Deputy J Renouf:**

Clearly the Chief Minister had taken a different view at various points.

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

No, that is all resolved and it has not been a matter for discussion from the outset.

**Deputy J Renouf:**

Thank you. The programme has a ministerial group and I wondered if you could tell us how many times they have met, who the members are, could you just brief us a little bit about the functioning of that group?

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

We have broken things down, we have changed the way we operate a tiny bit. We were finding that the meetings with 20-odd people in a room plus was really being counterproductive. There was a lack of focus. So we broke things down. I cannot recite it all, I could read it all to you, I have got a complete schedule here that I am happy to share with you afterwards that shows how that has been broken down. But all the same people have been met and what we are finding is that we bring smaller parties in and there is a great deal more focus, the non-executives are in, the 2 clinical leads come in separately, so in that smaller context everything seems to work that little bit better.

**Deputy J Renouf:**

I do not quite understand, when you say, "When they are in", when they are in what?

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

In meetings. As I say, there is a schedule here, I think is it 22 different?

**Interim Business Lead, New Healthcare Facilities Programme:**

Yes, so what happens is there is a weekly political lead meeting, which obviously the Minister attends with his Assistant Ministers that meet with the programme team. Then, once a month, there is a standing invitation for other Ministers to join that. So in one in 4 of those it can be all Ministers rather than just the political leads. In addition to that, there is a 6-weekly cycle of meetings with various Ministers to discuss risk just as a separate subject. So those are the 2 ways that other Ministers get involved in the political cycle.

[14:45]

But obviously this Minister is a part of the Council of Ministers, so part of the agility of this framework is, if there is anything that needs to be raised with the whole of the C.O.M. (Council of Ministers) team, we just have the ability to take any issue up to them. That was the cornerstone of that change. So, more frequent and smaller meetings, but with the option of others joining whenever they want to try to keep up with what is obviously a very challenging programme. It was felt that that was a more agile way of dealing with the decision points than meeting in bigger groups less often. So that was the context of that.

**Deputy J Renouf:**

That is very helpful.

**Deputy A. Curtis:**

Are many Ministers taking up that standing invite to the monthly session?

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

Sufficient to be useful. Occasionally, people cannot turn up, the Chief Minister cannot attend every one for obvious reasons. But, yes, there is a very good buy-in, yes.

**Deputy J Renouf:**

Have there been any political, let us not say disputes, but have there been any sort of knotty issues that you have had to deal with at that meeting?

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

Not that I can think of offhand, and, fingers crossed, it remains that way. So it has been smooth.

**Deputy J Renouf:**

Thank you.



**Deputy S.M. Ahier:**

Are there any minutes from those political, the monthly meetings, are there any minutes published?

**Interim Business Lead, New Healthcare Facilities Programme:**

We have them, we take minutes of all of our political meetings, all meetings in fact.

**Deputy S.M. Ahier:**

Is the panel permitted to have site of them?

**Interim Business Lead, New Healthcare Facilities Programme:**

We have provided the minutes that have been requested and we can provide the other minutes as requested, yes.

**Deputy S.M. Ahier:**

Thank you very much.

**Deputy J Renouf:**

Over to you, Steve.

**Deputy S.M. Ahier:**

Thank you. Please can you describe the current processes in place for managing the risks associated with operating in the General Hospital or in regard to the ageing facilities, the ageing facilities at the General Hospital.

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

Okay, you are asking me to describe?

**Deputy S.M. Ahier:**

The processes for managing the risks.

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

I am not in a position to provide that level of detail.

**Programme Director, New Healthcare Facilities Programme:**

So I think as well, this is the new healthcare facilities team, and as you point out, Chair, it will be the Chief Officer of H.C.S., who would probably be best placed to answer that question because we are charged with the new facilities and, while we are very, very mindful of that being our strategic case

essentially as part of our outline business case, the need for a new hospital is absolutely because of the 6-facet survey that was undertaken there that highlighted areas of risk to the existing facilities that of course are being managed by the estates team. It is really the estates team within H.C.S. who are managing those maintenance risks.

**Deputy J Renouf:**

I am happy to hear from Chris on that. I think it is worth pointing out it is part of our terms of reference to ensure that.

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

I will make a comment on it after Chris because Chris has the detail. I would rather hear from Chris and then I will just make an overall comment.

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

This is about managing the existing risk on the estate?

**Deputy S.M. Ahier:**

Yes, please, Chris, thanks.

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

We have about £5 million a year that have been allocated, we have a similar amount for 2025 that has been put forward in the Government Plan. It is, my words, probably sticking plaster type efforts just to ensure that things are safe, fire safety is maintained, that the leaking roofs are patched up, so there is nothing significant really. It is very much about keeping things going until such times as we are able to move. So the level of risk is managed, but there is risk there and I guess the reason we are obviously pursuing a new hospital. But it is as safe as it possibly can be considering the funding that we have got and the state of the buildings.

**Deputy S.M. Ahier:**

Are there any particular current focuses of interest around risk management in the General Hospital?

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

As regards to the estate, no. I think it is more general. We had some issues around, I am trying to think of the name now, but what is the cement problem?

**Deputy J Renouf:**

The RAAC (reinforced autoclaved aerated concrete).

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

Yes, you are an engineer, that is it. In pathology where we have had to do some remedial works, we got some additional funding to do that. So those things pop up every now and again, but generally it is routine maintenance, just keeping things going and keeping it safe for patients and staff.

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

I would make the comment, because I know we are being filmed from a public assurance point of view, it is a very, very good team there, consistent team. It has been led by the same individual who knows the job inside out and the talks are consistent about making sure that the funding is available, the appropriate amount of funding to take us from now to the point at which the acute moves out.

**Deputy S.M. Ahier:**

Finally, what are the priority maintenance and refurbishment works to take place in the General Hospital for the remainder of the year? I presume that is for Mr. Bown as well.

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

It is and I must admit I do not have the list on me, so I do not want to guess. We can certainly provide that to you in writing. There would be a whole range of different things that we are spending that on, but no particular sort of big item, but I will get John Carter, the head of estates, to provide that.

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

In future meetings, if you wanted to focus on that, and if you let us know in advance, we will bring John Carter across and he can answer chapter and verse on all of it.

**Deputy J Renouf:**

We see this meeting as a baseline exercise, in a way we are just letting you know what we are interested in and getting your basic information.

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

I am just saying, if it was a point of particular interest, he would be the right person to have here.

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

John will be able to give you a great deal of detail if you wish.

**Programme Director, New Healthcare Facilities Programme:**

We do have some of that detail and I think it is probably right that we pass that over to you after the meeting if that is acceptable to you.

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

There is a programme of works for the last 4 years here.

**Deputy S.M. Ahier:**

Thank you.

**Deputy A. Curtis:**

We do have a couple more questions on this if we surface them just now to baseline and then, Chris, maybe this is something either you can answer now or bring back with those who are more informed, focusing in a bit more on this year in the General Hospital and works funding was agreed in the 2024 Government Plan for refurbishment works. It was just for the panel to understand year to date really what works have been undertaken with that money. We have acknowledge you said that much of it is going on ...

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

I am going to have to get that back to you because there will be a lot, but generally small things.

**Deputy A. Curtis:**

Okay, great.

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

We are definitely going to spend the £5 million.

**Deputy J Renouf:**

That is good to hear, I think, is it not. I think we might as well move on from that subject area, we did have a few more questions, but I think, given your answers, I think it is a good idea to move on. Can you, for the benefit again of the public perhaps, provide an update on the demolition work at Overdale and where that has got to and how you see it progressing from here?

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

Once again, we had a site visit, as we have just been told, the main Samarès building comes under, they have done the soft strip. I think the main demolition starts in 3 weeks from now approximately, give or take, it might be a fortnight. Ongoing from there, as I say, I am not aware of the absolute detail of the demolition on the site but I do not know which one of you might be able to further that?

**Programme Director, New Healthcare Facilities Programme:**

Yes, I mean they are going to work from south to north, towards the crematorium, in demolishing that building and that will conclude September/October this year.

**Deputy J Renouf:**

So the entire demolition will be finished by then?

**Programme Director, New Healthcare Facilities Programme:**

Yes, I mean, there are some small elements of demolition that might be left, but they will probably form the next phase of the project rather than forming part of this. There is also Thorpe Cottage, which needs to be recorded. At the moment the contractor is using that as their base. So in time that will come down as well.

**Deputy J Renouf:**

Then it might be useful for the public to understand the efforts that have gone on there to make the site to be efficient about the use of materials in the site.

**Programme Director, New Healthcare Facilities Programme:**

Absolutely right, so part of the planning condition was to be able to submit a site waste management plan. That site waste management plan set out the fact that we were going to reuse as much of the material as we possibly could and so, on a site visit, you will see lots of spoil heaps and essentially they are the material that we will be able to use in the next phase of construction for things like roads or for laying down mats that you might need in the future to be able to construct. So, in the end, I think it has been very useful. There has been other initiatives that have taken place there. So, for example, any timber, if it was useful to Acorn, then we have made that available to them and they have been able to collect that material and obviously been able to reuse that material. I think there is some steel on site at the moment, we are looking for a home for that, so if anybody is interested then they can contact us. So it is absolutely recognising the fact that obviously solid waste for the Island is an issue. There is planning application at the moment, I think I heard it might have been approved this morning, but I am not sure. That is our colleagues in I. & E. (Infrastructure and Environment), but we are keeping track of it. So we want to absolutely minimise waste and we will continue with that philosophy. Any material that can be reused, obviously we will look to do that.

**Deputy S.M. Ahier:**

Attention was drawn to the panel when we visited about the asbestos issue. We wondered how that is being dealt with and how it is being disposed of.

**Programme Director, New Healthcare Facilities Programme:**

A key element of construction works is to make sure that whoever you employ to do your asbestos work has a licence to do that work. We have used licenced providers in order to safely remove the asbestos and obviously deal with its disposal in a manner that meets all of the regulations. That is all complete now.

**Deputy A. Curtis:**

Do you think that the practice being taken for demolition and remediation of the site should be really shared with the public? Are there lessons the wider industry can learn from the way you have tackled such a large site?

**Programme Director, New Healthcare Facilities Programme:**

I would love to take the credit, but I think that the industry are very innovative and what we have been able to do there you would see reflected Island-wide. Sometimes there is not always a use for that material, so it is making sure that we have got innovative uses of that material going forward I think that is going to be the key. We are lucky, we are a big site, we have got lots of opportunity for filling on the site as well as for temporary uses. So we are able to manage it ourselves. But I can see on other sites that perhaps are more constrained it is how then it would be dealt with and the kind of reuse of that material. But it really is my colleagues and I. & E. who would be the experts in that area, I think.

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

You could not have done that on Gloucester Street, for example, could you?

**Programme Director, New Healthcare Facilities Programme:**

Well, it is the crushing of the materials on site that becomes quite problematic in a very urban setting.

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

It has been a big plus in terms of saving transport.

**Deputy K. Wilson:**

Can I just ask a question about your engagement with the public around the demolition; how is that going?

**Programme Director, New Healthcare Facilities Programme:**

So we have had neighbourhood forums, we have got a member of the audience who is a regular at our neighbourhood forums, takes a very big interest in them. What we have tried to do is tell people what we were planning to do. We have kept in contact. There is some members of the public who have contacted us so, for example, there was a spoil heap that was close to one of the residences,

they informed us, we arranged for it to be reduced in height and then they were satisfied with that. So we have tried to be approachable and if there is particular issues we have tried to address them. I think it was one of our neighbours at a neighbourhood forum that pointed out that perhaps our signage for the crematorium was not the best and so we improved it. Hopefully that has helped the crematorium and our site. So we have really tried to be proactive with our neighbours and, if they had any problems, we have tried to deal with them.

**Deputy K. Wilson:**

Are there any particular access issues that are emerging as a result of the work that is going on up there that need consideration at all?

**Programme Director, New Healthcare Facilities Programme:**

What kind of access?

**Deputy K. Wilson:**

Road access issues.

**Programme Director, New Healthcare Facilities Programme:**

Do you mean like vehicles going to the site?

**Deputy K. Wilson:**

Yes, general traffic.

**Programme Director, New Healthcare Facilities Programme:**

Well, because of the amount of operation that we have managed on site, we have really been able to reduce the number of vehicles. There has also been a very strict mandate that larger vehicles should exit north towards St. John's Road and Tower Road, and the smaller vehicles are allowed to go down Westmount Road. I think that some people, unfortunately, that message was not heard and so I know that the contractor has done site talks, toolbox talks, to reinforce the fact that it was really important that people follow their traffic management plan that is in place for the works. So it has been managed.

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

Safe to say that, up to this point in time, there has not been a great deal of toing and froing from the site, other than the operational vehicles on the site. When you start doing the dig out, that is going to be different, when you are bringing in building materials, that is when you are going to see a real uptick in terms of transport to and from the site.

**Deputy S.M. Ahier:**

Getting back to the piles that we were talking about, there is a lot of aggregate being collected, is that going to be recycled within the project?

**Programme Director, New Healthcare Facilities Programme:**

That is what we hope to do. We think it is sufficient material for us to be able to use on site. We do not believe there will be a surplus.

**Deputy J Renouf:**

In terms of what is going to happen to the site next, you are going to finish in November, I think you said, the demolition. You are putting in a planning application. So there will be a gap where the site will be clear, but nothing will be happening, is that your expectation?

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

If you know more detail than I know, but the plan is to have some continuous work and I think a certain amount of dig out can be done based on the previous planning application. So I think the idea is to maximise the work that we can do within the premises of the permit that has been granted and stuff like site hoardings and so on. But once again these two ladies are closer to the detail than I am

**Programme Director, New Healthcare Facilities Programme:**

That is absolutely right. We are trying to do as much as we possibly can under the previous permit, but not go too far, because obviously it is a process and at the end of the day we can only do what we can do within the permit that we have.

[15:00]

We have certain conditions to clear, so everything that we do, we have to submit our methodology to the Planning Department, the Regulation Department, and it is only when they agree that we are able to do the work. So I suppose we hope that we will be able to discharge the conditions around hoardings to some extent, it is a matter of public safety, so we think it is probably quite an important task to make sure that the site is safe. There is some ground clearance that we can do. We have still got some areas of hard standing, things like asphalt, it is harder to recycle, so that might end up having to go down for disposal. But there is other areas that we might be able to grab up and use in some meaningful way. We have got the reduced level dig that, depending on the ground conditions, we may or may not be able to do. Then there are things like the construction site itself, so it is going to need a drainage supply, it is going to need an electrical supply, does not matter what you are going to do there, it is going to need those things. So there is works like that that we hope



to continue on so that we can continue with progress really, with that construction starting in 2025, we are going to have a fantastic basis on which to start that construction.

**Deputy J Renouf:**

Can I clarify just one thing about the planning application that is going in, is it a global planning application that will cover, not just everything on site, but the access roads, any work that is being done right the way down to town, anything to do with that site will be in one planning application?

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

It is an entirety. It is all in one piece.

**Deputy S.M. Ahier:**

Thank you. Now, moving on, Minister, the panel understands that a questionnaire on the Overdale Acute Hospital design concept concluded on 4th June. Please could you provide an overview of the number and range of responses received?

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

I am not in a position to give you that in full; once again I have to put that to ...

**Deputy S.M. Ahier:**

Yes, if anyone else has knowledge of it.

**Programme Director, New Healthcare Facilities Programme:**

Yes, so I think that there was about 1,700 people who went to visit the virtual exhibition itself, and we received over 200 responses from that questionnaire. The really good news for us was that the majority of those returns agreed with the strategies that we had set out at the virtual exhibition. So that included things like the timeline, people strongly agreed that we should deliver in accordance with the timeline that was set out.

**Deputy J Renouf:**

Nobody was saying we should slow it down.

**Programme Director, New Healthcare Facilities Programme:**

I am not saying nobody. The vast majority were definitely agreeing, and strongly agreeing, that we should. Likewise, the other kind of concepts that were set forward in terms of stepping down the building away from neighbours, things like the landscaping strategy, things like the do minimum for the highway, I think the active travel route was perhaps the thing that people saw least benefit in, but people still agreed with the concept of providing one.

**Deputy S.M. Ahier:**

According to the responses, how has the survey been analysed and incorporated into the design process in relation to the planning submission for the site?

**Programme Director, New Healthcare Facilities Programme:**

Absolutely. So that was the kind of main purpose of doing that consultation. Really, in terms of the planning application, that is perhaps why we are slightly behind where we thought because we had such a good response back, we do want to make sure that we can incorporate as much as we possibly can. I suppose the fact that most people strongly agreed with their strategies that we put forward was really good news, but there were perhaps some elements that might have come up that we might not be able to incorporate, but at least we are having a think about how we might be able to do anything more. People have asked about more stepping of the building. It is going to be difficult because of the function provided by the buildings. But I guess we are looking again, seeing what we can do. I am not sure we will be able to deliver on that one. You will see how we have responded to each of those when we submit the planning application. With it will be a statement of community involvement and that will set out, this is what you told us, this is what we have been able to do, these things we were not able to achieve because of the various constraints either of the site or the brief.

**Deputy J Renouf:**

It sounds like we might be setting aside quite a few weeks for reading that application.

**Deputy S.M. Ahier:**

Will you be releasing to the general public all the responses, the written responses that you received to that questionnaire?

**Programme Director, New Healthcare Facilities Programme:**

I think that we would not release all of that in that detail, but I think we will reflect it in the statement of community involvement, yes. That is a public document, of course, all the planning documents will be publicly available.

**Deputy J Renouf:**

Was there anything that spiked in there in a sort of problematic way, anything that made you think, I was not expecting that criticism, or that angle?

**Programme Director, New Healthcare Facilities Programme:**

genuinely, I do not think there was anything that really took us by surprise or we thought, no, we must ... No, I do not think so.

**Deputy J Renouf:**

Okay, that is good.

**Deputy K. Wilson:**

Thank you. Minister, the panel understands that the previous Government facilitated a discussion forum between the construction and supplier industry in November last year. It was in relation to the programme specifically. Could you advise the anticipated split between off-Island contractors and local contractors in relation to the programme? Do you know the details of that?

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

In terms of providing an absolute split, is it still not a little bit early in the day? The engagement with the local construction industry is continuous, it is ongoing. I think you had one this week, yesterday, so we are just trying to ascertain how that is going to work. But that will be pieced together as we get closer to appointing a main contractor. I do not know if you have got anything else to say on that, because I know you have been liaising with them a lot?

**Programme Director, New Healthcare Facilities Programme:**

Yes, and I guess this comes back to the programme of works, does it not, and how much we can deliver locally that is outside the main building, as it were. So I think here, the projects that we were talking about yesterday was obviously demolition, which was completed by the Jersey Development Company, the Facilities Management Hub, which is refurbishment of the Jersey Water building. We have just been out to tender for some advisors for that. That will be a local team working on that project. We have got the Westmount Terrace development, which is just trying to have a meanwhile use for those properties there. Again, we have just had the tender returns on that for appointment of a design team to do those studies, to be able to see what we can meaningfully do. There is all of those development works that we talked about that we can split out from the main contract that can come early, so the things we have talked about as well as things like the site welfare and offices, for example. We can have a good guess of the contracting team that we might need in the future and consequently the facilities that we might need. In fact, we have got to have that information anyway because we have got a planning application to submit with all of those details. We have got the Westmount Road and St. Helier Highway minor modifications that we are going to do now, as well as the drainage for the hospital itself. We have to get the stormwater down towards the West Park surface water separation scheme. We have got to get a new foul connection in. We have got electricity connections to get in.

**Deputy K. Wilson:**

So how are you managing the whole sort of procurement of the contractors to manage that scale of work?

**Programme Director, New Healthcare Facilities Programme:**

So we are using the portal, the Government of Jersey proactive portal, and a clear message to contractors yesterday and designers was for everybody to go and have a look at that portal and make sure that they are making use of those opportunities.

**Deputy K. Wilson:**

Are you getting a lot of interest from contractors on the Island?

**Programme Director, New Healthcare Facilities Programme:**

At the moment, the ones that we put out were mostly for the advisor team, but we did have a room full of contractors yesterday evening, which was really good to see, where we could talk through all of those schemes and ...

**Deputy K. Wilson:**

On-Island contractors?

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

Yes. We just said there is a full schedule, an up-to-date schedule of where we are, and that is available to you if you want. That may change a little bit over time, but I think that is certainly, at this point in time, the ...

**Deputy J Renouf:**

Just to flip it, just for a moment, if you do end up requiring contractors from outside the Island, what feelers have you put out and, if it ends up coinciding with South Hill redevelopments and St. Saviour redevelopment and so on, there may be a lot of work going on and you may need to draw in from elsewhere. So, is there a contingency plan for that, because that might expand or contract according to where we are at the time you are building?

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

I have got a couple of comments, but I will make those at the end, if you want to put in more of the detail.

**Programme Director, New Healthcare Facilities Programme:**

Yes, so I think, with it being healthcare facilities, the thing that is different is all of those mechanical electrical services. They are something that are very different from the kind of developments that we normally do on Island in terms of office and housing. It is just another level and the criticality of it obviously from the clinical perspective, you cannot get it wrong. So we know that we will need some help in delivering these facilities, we think, it cannot all be done on-Island. But we do not know what combination. So, as you say, what we really want to have is some conversations with people about how can we best blend that expertise in that area with the supply of and capacity and capability of contractors on-Island. So we have just started with those conversations now. We have ...

**Deputy K. Wilson:**

That is helpful. I think one of the things that we just wanted to get for the public was to just understand what kind of skills you might be looking for that perhaps are not available in the Island at the moment and how you are going to raise the interest in that going forward. That is really what the question is about.

**Programme Director, New Healthcare Facilities Programme:**

So we have already started the conversation. There are frameworks within the U.K. (United Kingdom), within Europe, there are people who build healthcare facilities. We have already had a few conversations with those people, but we need to do it in a much more open way. So I suspect what we are planning is some procurement process where everybody who might be interested in delivering these facilities could express their interest and then we can then have some more formal procurement process. But it will be some sort of blended team that we are looking for.

**Deputy K. Wilson:**

Will you look to the construction industry to help you with that or is this something that will be taken through the programme?

**Programme Director, New Healthcare Facilities Programme:**

That is really the purpose, exactly. Yesterday, after the meeting, we are going to issue a questionnaire to the local industry to say how do you see yourself fitting within this picture, how can you help us to deliver this, because we need the whole Island to work together basically to deliver this thing, it is such a big thing.

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

Just to go back to your original question and I may have got this wrong, but were you expressing a concern that we might be over-absorbing local capacity and leaving the remainder of the industry short of capacity? I just wondered if that was where the question was ...

**Deputy J Renouf:**

It is more that, in the focus on making it an Island project, we might miss the fact that we are going to need help from outside and we may not have advanced as far down that road as we have advanced down the road of engaging with local contractors.

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

There has been an appreciation, as you have heard, from the outset as to these good folk know exactly what we have not got here, and that has been understood from all of the experience that you have had in previous projects.

**Programme Director, New Healthcare Facilities Programme:**

Also the conversations that we are having with the local construction industry as well.

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

I would say there is great clarity in what can be provided locally and what is required from elsewhere.

**Deputy K. Wilson:**

Thank you. Can you confirm whether ministerial oversight of contractors appointed to undertake works on the programme remains with you or with the Minister for Infrastructure?

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

The ministerial involvement only happens at £10 million plus, it is not the day-to-day stuff, but that rests with the programme I think. That would rest with me I think. That is my understanding unless somebody knows information to the contrary.

**Deputy J Renouf:**

Somebody comes steaming in through that door.

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

If Andy wants it, he can have it of course.

**Deputy K. Wilson:**

If we were to look in the programme manual, we would find the clarity around that.

**Interim Business Lead, New Healthcare Facilities Programme:**

You will find that it says there is a scheme of delegation published in the programme manual that sets out that, yes, and the individual layers of those authorities.

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

Thank you, Deanne, that is reassuring.

**Interim Business Lead, New Healthcare Facilities Programme:**

No problem, Minister.

**Deputy K. Wilson:**

All right. The panel understands that the overarching programme of work is made up of a number of projects, as you have clearly articulated. Can you just outline again for the benefit of the public how the work is going to be split among contractors appointed to undertake programme works? So how are you going to do that? How are you going to decide how you are going to appoint the contractors?

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

I am not quite sure of the detail of that, I am not quite sure the meaning of the question, when you say how are you going to decide?

**Deputy K. Wilson:**

Yes, so given the sense that you have got a number of projects that are going on, are you going to have a main contractor with subcontractors or have you got a different way that you are going to do it?

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

That is my understanding is that you are going to have a main contractor and draw in as many as you can. But, as I say, some of this will be underway and done with local contractors before the main contractor comes on site. So it is a progressive thing but, in terms of the shape of the main thing, there will be a main contractor. In terms of how that main contractor interacts with the local contractors is yet to be defined, unless you can offer more refinement to that, I think that is basically it.

**Deputy K. Wilson:**

Okay. Will you be able to give us some idea about who is responsible for managing the procurement process on that basis and in what way they are going to be able to pick up that particular issue?

**Programme Director, New Healthcare Facilities Programme:**

The programme team fundamentally will set out what we think the procurement process should be. That will be formalised in the coming months. So they are papers that you will receive yourselves about how we see that procurement process rolling out over the next few months.

[15:15]

In essence, we have got a Commercial Management Group now that we have set up so that we have monthly meetings with the Commercial Department in the Government of Jersey to make sure that anything that we are proposing would conform to any of their requirements in terms of the Public Finance Manual, in terms of their commercial framework. So it is really for the programme team to set out, I believe, the procurement process, but clearly that needs to be approved by Commercial Services who fundamentally are linked into Treasury now.

**Deputy K. Wilson:**

Do you foresee any particular issues with the fact that you have got some contractors working on some aspects of the programme prior to appointing the main contractor?

**Programme Director, New Healthcare Facilities Programme:**

I guess in Jersey we are all used to working with each other all the time, are we not? We all have work relationships, professional relationships with various contractors. When we did the analysis, we have placed contracts with many of the contractors that there are on Island. I think that fundamentally part of any procurement process would be that check on capability and capacity and that is what will need to be proved through the procurement process in order to demonstrate that it can be delivered in the timeframes we need. So I think that all of that will be part of any procurement process.

**Deputy K. Wilson:**

I get that with the procurement process, but I am just thinking in terms of the main contractor, do you want to pick up on that?

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

Carry on with the question because I think I know where you are coming from, if you repeat it just to make sure we are clear.

**Deputy K. Wilson:**

It is really about you have got a range of contractors already in place and, if you were to appoint a main contractor, how you might manage some of those.

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

Yes, you are worried about the interface between somebody coming in and starting work on a site that a number of other people have contributed to. As I say, I am not a specialist in this area, but in



a minor I have done similar things and you have to be very, very clear about what responsibilities rests with who at any given point in time.

**Programme Director, New Healthcare Facilities Programme:**

Yes, that is absolutely the answer. We have to be very clear. So that will be built into performance processes.

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

As I say, if you appoint somebody at a very early stage, they are responsible for everything at the beginning, but you pay the price for that. So I think the line that has been taken here is to try to make it as economic as possible and as efficient as possible. We have gone down this road but you are quite right to identify the point that you have to be very, very cautious when you have got a number of people involved in terms of where responsibilities lie on an ongoing basis.

**Deputy K. Wilson:**

Yes, okay, thank you.

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

That is a point well made.

**Deputy J Renouf:**

The funding and Government Plan question, which obviously we will be debating next week, you were part of the Government that brought forward at the last Government Plan, which included the words that we would bring forward a standalone proposition to seek approval for delivery of phase one of the programme and its financing. What has changed in your mind to change the approach?

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

Looking at the way things have developed and the fact that nothing has basically changed, there are no surprises to anybody, the budget remains the same, the programme remains the same, and our timing remains broadly the same. I would say the point to make here is that it is the Government Plan that has changed and not us. So, on that basis, it just makes sense to put it into the Government Plan. That is my take on it.

**Deputy J Renouf:**

When it was written a year ago, though, we were not anticipating a huge change either, yet still there was that commitment to do it on the basis of transparency.

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

That question supposes that there is going to be a lack of transparency in the way we are doing it here and I do not see that at all. A year ago, we were not aware that things would have gone as smoothly as they have done and that things would have stayed exactly as they are. So I think we are in a good position now and that is where we are hoping to go.

**Deputy J Renouf:**

The other point that we have raised in the proposition is to do with other costs that go beyond the pure funding of the of the acute. Do you not feel that it would be better for the Island to understand what those costs are likely to be?

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

Not at all. That is the point at which we really would come into disagreement, because I think that stands a huge chance of derailing the programme. As we have already made clear, there has not been a huge emphasis on the other 2 sites at this point in time because everybody is clear that we need an acute facility. Now, 95 per cent, and I might get the percentage slightly wrong, of the focus has been on making sure we get that underway, get a planning application in. What we are putting on the ambulatory site, as explained earlier on in this meeting, is still something of a movable feast. We are undertaking discussions with people, we are looking at the charitable sector, and wondering whether there could be a hub for the charitable sector here. Been doing a lot of work with public health in terms of having a new illness prevention programme, which might require facilities for screening and so on. So really what we are trying to do is ascertain all of the moving parts that need to be put together on that site. Similarly, with the with the site at St. Saviour, that is still a slightly movable feast. So there will come a time where we have to settle down and say, right, we have got as many components as we can together now, everything is outdated from the day you start building, but we want to leave it until the appropriate last minute before we start that planning process. If we had to stop now and do all of that work, price it all up and come back to you, I do not know how many months that would put on to the programme and that would really be fatal. So I would resist that wholeheartedly and will.

**Deputy J Renouf:**

The other aspect of it though is that it is very, very hard for the Island to know whether it is getting value for money if it does not know, for example, things like what facilities might be down in Gloucester Street and up in the hospital because there may be inefficiencies in that arrangement. For example, you might have to double provide x-ray facilities or whatever. But we just do not know because we do not have visibility. So it is very difficult to judge whether we are getting value for money.

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

No, I do not agree at all. I think, as each day goes by, we are closer and closer to knowing. Once you have got total clarity on what is going at the acute centre, and would you agree that we are pretty much in that position now, by virtue of knowing what you have got on the one site, you pretty much know what, as a consequence, will be needed on the other. But there are other component parts that will be on that site and they are still movable. So long as what you are doing on the one site, and you have clarity about that, and you have got to get on and do it, you get on and do it. I do not have any problem at all about the way things are going and the timelines that we have got about the other 2 sites. But I do fear that, once again, if we get into this business of absolutism, we are going to absolutely have carnage. That is something I will resist wholeheartedly. We have said all the way through this, we have got a timeline, we are going to do our level best to stick to it. I cannot see there is a value for money issue here at all.

**Deputy J Renouf:**

You do not accept that, because you are not on one site, that there must be some inefficiencies compared to being on one site?

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

I think we have accepted from the outset that there might be some inefficiencies. There are some benefits as well and they have to be traded off against each other. But none of that results in a value for money issue.

**Deputy J Renouf:**

Well surely it does. I mean, accepting we have a multi-site hospital programme, it is still valid to ask what are the inefficiencies in that the taxpayer may end up having to pay for?

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

The only other way of amending that would be to go back to the drawing board and starting the whole process over again.

**Programme Director, New Healthcare Facilities Programme:**

We do have the outline business case, of course, which does explore the revenue costs of the multi-site solution and does demonstrate that there is very little difference from a revenue perspective in terms of trying to deliver an acute facility around the existing Jersey General Hospital, not to modern day standards, not to deliver all the good adjacencies that you will get on the better site, it really is the poor relation to having new facilities at the acute hospital. But it demonstrates the value for money case in terms of it is not double the cost to run it in that way. Remember, we do not have a single-site solution for healthcare at the moment on the Island. There are many different healthcare facilities across the Island. Yes, there will be a slightly different separation of services, but that does

not mean to say that it is going to double the cost. We can absolutely prove that in the outline business case, and we can also demonstrate the alternative, which is to be able to ...

**Deputy J Renouf:**

We are at a slight disadvantage here.

**Programme Director, New Healthcare Facilities Programme:**

You are not and you are not.

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

It makes no odds, the principle is quite simple. We are this far down the road and we are very close to putting in another planning application. If you went back to the sort of do-nothing or do-minimum solution, you are back where you started and we go through the whole argument again of starting the whole process again. Are we going to build on Gloucester Street, are we going to identify another site.

**Deputy J Renouf:**

I do not think in any way we want to go back to the drawing board. What we want to do is to understand the costs so that when we make these decisions we are fully sighted on all the costs, including not just the cost of building an acute at Overdale, but the costs that arise out of the multi-site solution.

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

We are not in a position to deliver that now, and we are not going to be, I think we have to accept that. You have to accept, if there was a financial crash or there is World War 3 or something else, you may just have to say to yourself, well, we have got our acute hospital and we just have to make do with what we have got at the ambulatory site in extremis. So what we are on the point of having is at least we are going to have an acute hospital. These things run in phases. That was the whole idea of this, so that we had the flexibility, we had the financial flexibility, that if the circumstances changed, we could move accordingly. That has not changed.

**Programme Director, New Healthcare Facilities Programme:**

I think there is information available, so I think firstly the strategic outline case information update that was issued before the end of the previous Government, last year in November, does already set out the fact that the revenue costs do not double as a consequence of the proposal that has been put forward. Remember that the comparator in that case is not the everything in one place comparator, because that is already demonstrated through the critical success factors that that was not a viable solution in terms of the financing of such a solution. So that was already ruled out on

other terms. So the thing that is compared in the business case is the proposal which is to have the acute facility at Overdale and a do-minimum alternative as you require as part of the green book Treasury business case process. So that is the comparator. In that comparator essentially that is trying to do the absolute minimum to the existing Jersey General site, but even then you end up building decamp facilities because, when hopefully you get to speak to John Carter, the big restriction on what he can do is essentially they are full at the seams. So there is only a limited amount of work that he can do without displacing or disrupting people. So, in the end, you end up building decamp facilities, but then you do not have the proper adjacencies of them. But that is the comparator that you will see in the strategic information update. All of that revenue costing information is there. I believe that all of that information is available to the scrutiny panel.

**Deputy K. Wilson:**

Just again for the benefit of the public, could you just outline when those assumptions were updated?

**Programme Director, New Healthcare Facilities Programme:**

Which assumptions?

**Deputy K. Wilson:**

The financial assumptions that you have just outlined.

**Programme Director, New Healthcare Facilities Programme:**

Which financial, I am not clear on the ...

**Deputy K. Wilson:**

In relation to the S.O.C. (Strategic Outline Case).

**Interim Business Lead, New Healthcare Facilities Programme:**

There have been 2 updates. There is one for the Strategic Outline Case update, which was in November, and then we have updated the financial assumptions for the O.B.C. (Outline Business Case), so that is based on information that was updated from various sources within Government, such as the statistics, demographics, all of that has been played into the financial modelling that exists.

**Deputy K. Wilson:**

Thank you.

**Programme Director, New Healthcare Facilities Programme:**

Also of course the key difference between that, we called it Siri, because it is just such a mouthful say the Strategic Outline Case Information update, and the outline business case is that we have the concept designs. So of course that is the whole thing about the business case process, that as you go along in time, you get more and more information in order to back up some of the assumptions that were made at the time of the previous business case. So now we have concept design, so now we have a cost plan that says the designs that you have, concept designs, it updates the capital expenditure on that and we are still within the £710 million. Remember, that is for the whole of the acute facility. It is doing something on the existing site and it is also doing some works at the Health Village as well. That is all within the business case.

**Deputy K. Wilson:**

Can I just also ask, is the O.B.C. going to be made public?

**Interim Business Lead, New Healthcare Facilities Programme:**

So a summary document will be made public. The O.B.C. itself will remain private and part of that is it is an incredibly complex document. Some of the feedback we have got from the review is, of the 180 pages that I enjoy reading, is that it is very, very dense and it is essentially a financial case with lots and lots of strategy around it. So our idea is that we will translate that into a much shorter summary document which gives the key messages that people can understand that is more accessible to the public.

**Deputy K. Wilson:**

But if a member of the public wanted to see the O.B.C. in full?

**Interim Business Lead, New Healthcare Facilities Programme:**

Because we have a lot of information in there that is commercially sensitive, we would not release that.

**Deputy K. Wilson:**

Again, for the public, could you just outline what that would be?

**Interim Business Lead, New Healthcare Facilities Programme:**

So it has an awful lot of detail around very complex information around the capital programmes, individual elements of each of the projects, so all of that is very sensitive information for when we go out and do our procurement. Because that is the cornerstone of the O.B.C., it is very hard to redact that so that you get the document and then it is meaningful. It is much better to give an overall summary, which just takes all of that away and really explains it in terms that people can understand.

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

You have mentioned a number of times value for money and the way we are looking to handle this is what is most likely to deliver absolute value for money.

[15:30]

**Programme Director, New Healthcare Facilities Programme:**

Remember what outline business cases do in the United Kingdom. Every single Trust, if they want money from central Treasury, they will produce an outline business case. It is a document that is produced in order to compare to all of the other documents to inform decision making about which hospital will be built. In our case, that is not the argument that we are having here. We are having the value for money argument. The value for money argument comes about through good procurement process, finding the right partners, having really robust contract management processes throughout that process. It is not necessarily an exploration of the outline business case. The time that we will really know what those cost estimates are is once we have got a partner and they say: "This is how we are going to do the work and this is how much we think it is going to cost". So all the rest of the information that is in the outline business case are cost estimates, of course based off benchmarks from the United Kingdom and elsewhere, but taking in the Jersey factor, they are our best estimate of cost at this stage. That is why in the end they are commercially sensitive documents that it is very hard to find on the Internet.

**Deputy J Renouf:**

Thank you very much. I am aware that we have just gone past our time by a whole minute, so I would just like to say thank you very much to officers and the Minister for attending, and Mr. Bown as well. For our attendee in the room, a very special mention. We will resume the debate about the question of the proposition and funding and so on next week. But, beyond that, I look forward very much to future engagements with the officers and the Minister on the project. Thank you very much indeed.

[15:31]