

STATES OF JERSEY

OFFICIAL REPORT

THURSDAY, 7th OCTOBER 2021

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[9:30]

The Roll was called and the Dean led the Assembly in Prayer.

PUBLIC BUSINESS - resumption

The Bailiff:

Before I resume the debate on the amendment to P.80, I was asked to make a ruling by email concerning the answer provided to Written Question 383 which the Constable of St. John asked of the Minister for Health and Social Services. The question divided into 4 parts and the answer provided was also in 4 parts. The only query arises in connection with part (a). Although part (a) was answered to a very significant extent it did not directly address the state of the Ministers' knowledge, which was the main thrust of that question, in other words it asked whether the Minister was aware and answer (a) did not provide that information. Accordingly, whereas the answer to a significant extent is in accordance with Standing Orders, to the extent that that part of the question, part (a), was not answered in the way that it was asked, it is not in accordance with Standing Orders and accordingly I direct that a revised answer be provided to that limited extent.

1. Our Hospital – Budget, Financing and Land Assembly (P.80/2021): second amendment (P.80/2021.Amd.(2)) - resumption

The Bailiff:

We now resume the debate on the amendment to P.80 lodged by the Future Hospital Review Panel and next listed to speak is Deputy Lewis.

1.1 Deputy K.C. Lewis of St. Saviour:

I did sort of shoot myself in the foot a little last night saying I could finish in 5 minutes to take us up to 5.30 p.m. but I think that can still be accomplished by not repeating everything everyone else has said. I would like to hold my hand up and remind Members that originally I was in favour of redeveloping the General Hospital in Gloucester Street. I had hoped we could purchase the hotels and guest houses in Kensington Street and build a new wing there, we could then decant the older wings into the new Kensington wing and then demolish and rebuild them. There were problems with this as patients would have to put up with unbearable building noise and the 1793 wing has protected status. Our predecessors did well extending the wonderful granite 1793 wing in Gloucester Street with the Parade wing of course, Gwyneth Huelin wing and other extensions. One major problem of extending the Gloucester Street Hospital is synergy. Nothing would be where it should be and patients, doctors and nurses would have to walk long distances. I will not talking about the plumbing in the cellar as that has been well covered. Besides the medical team, I would also like to congratulate the maintenance team who kept this leaky old ship going through the years. Unfortunately any rebuild there would only last about 10 years. The new hospital at Overdale would last at least 25 years before any major modifications are needed. You can only extend so much and then you must rebuild the hospital on a fresh site. A clean sheet so that everything can be planned meticulously. That new site is Overdale and when completed will be a first-class hospital. We cannot, however, delay as to vote for the amendment would necessitate the redrawing of the plans and subsequently delay the building of the new hospital. It will cost a lot of money but it will last well into the future. In finishing, I would be delighted if the new hospital was named the Queen Elizabeth Hospital.

1.1.1 Deputy D. Johnson of St. Mary:

Having had our overnight cause for reflection, perhaps I can begin, if you will forgive me, by restating the main objectives of this amendment. It is simply to restrict the size of the expenditure on the hospital and, in conjunction with that, restrict the amount of borrowing. There is no suggestion or amendment that we need to relook at the site. That is a battle previously fought and maybe not satisfied to everyone, but we are where we are as they say. Similarly, we do not question the need

for a new hospital. Those Members who have emphasised that are, in a way, speaking the obvious. We are fully appreciative of that and endorse the need for a new hospital as soon as is proper. Further, we do not need to be told that the new hospital is for the benefit of our children and grandchildren. That is very much in our thinking. As the chair of the review panel mentioned in her opening remarks, and as confirmed by our own advisers, the problem is that we have not sufficient information to determine whether the actual cost proposed is accurate enough. The Chief Minister in particular went out of his way to complain that we have not made any positive suggestions as to where the savings could be made. That is not within our ambit to be able to do. I have in front of me a reply from our advisers at one stage that said: "We have data that indicates a range of area per bed space generally between 100 to 177 square metres with some specialist hospitals sitting above the higher range but the actual area depends on the mix of single rooms and other clinical accommodation matched to the demand and capacity modelling." It is the latter that is key to the ability to determine whether size and scale of the hospital is appropriate, without that and a schedule of accommodation to match a high level area of expectation, any explanation could be wildly inaccurate. That is the key to the panel's first amendment. We and our advisers have not been provided with the relevant information to enable them to determine whether the proposed expenditure is indeed appropriate. They have based their figures on a range of other hospitals and could see that within the range, maybe at the higher range, the costs for a building of this size is not inappropriate. What they do query is whether the actual size is appropriate for Jersey. I note there that we have, during the course of this consideration from the beginning amended our title to the hospital from being a world class to a first class and then one that is fit for Jersey. I am not sure whether the language in the earlier reports has similar come down to ... or should I say I am not sure whether the actual facts as far as expenditure is concerned have come down to match the reduction in the hyperbole.

[9:45]

The other aspect is the level of borrowing. I appreciate that the director of the project has gone out of his way to emphasise that he appreciates himself that it is an enormous cost and is a rightful concern to members of the public. In his interview report in the *J.E.P. (Jersey Evening Post)* only at the weekend he went on to explain his own position in respect of his personal property. It was a major decision for him to buy his own property and he worried about it but X years later the rise in the house prices has justified his decision. I am very pleased for him, of course. There is an alternative viewpoint. If I may put my own position in, I think, the 1990s, when I purchased my own property I did so in what was then a recognised way with the assistance of an endowment mortgage. For those not familiar with this scheme, it is one where the transaction is effectively in 2 parts. On the one hand you borrow the sum from the bank and agree to pay interest on that sum on a regular basis. As far as capital repayment is concerned, that is secured by a life assurance with profits policy where your life is assured for the amount you borrow and for the fixed term of the mortgage and on the basis and anticipation that after a period of 20 years or whatever it is, the value of that fund will be not only sufficient to discharge the capital sum but give you some element of change to help you in your retirement. Chance would be a fine thing, I might say. The deficit at the end of the period or towards the end of the period amounted to one third of the total borrowing and left me with what I would say is a challenge. I raise that point, not to highlight my personal circumstances but to suggest that the matter of funding we have here is, in a way, equivalent to an endowment mortgage. We are borrowing against the perceived and hoped-for increase in value of the fund. Yes, if all goes well it would be sufficient to discharge but if it does not we have a problem, and more to the point our children and grandchildren will have a problem. It is that which I sought to highlight. Various Members have asked what will be the position in the event of growth in our funds not being along the lines to date and quite properly in one sense the Minister for Treasury and Resources replied to the effect that she had no reason to believe that it would not continue and in that sense we congratulate the investment department on their performance to date but there is no guarantee that can continue. In my own situation, no one had foreseen the economic crash of 2008. There are uncertainties out

there and there is no way we can guarantee. It is for that reason that I believe that it is appropriate and judicious to restrict the borrowing. In some ways I compare our situation as that of a trustee. Perhaps I am biased here, I was in legal practice for many years and acted in that capacity in many instances. I simply question whether because the Assembly is in fact a trustee of the trust assets, is it a judicious decision trustees should make and could they leave themselves open to a claim by beneficiaries should things go wrong? I suggest that we could. It is for that reason that I think it is judicious to restrict the amount of borrowing. Again, I return to the basic point that we make the amendments not with a view to breaking the main proposal, and I do resent any suggestion to that effect. We have the interests of the public and future public in our children and grandchildren at our heart and it is for that reason and that reason only that we make the amendment. I do also question whether accepting this amendment does in fact delay the project to the extent that it is suggested. Modifications could surely be made. I note that several million pounds has been spent on the design stage, it is not as if we are having to start from scratch. I do not seriously believe that accepting this amendment does delay this by 18 months or 2 years to the extent suggested. I do urge Members to support our amendment. Thank you.

1.1.2 Deputy R.E. Huelin of St. Peter:

The tenet of this debate is about whether or not we have a hospital in early 2027. Where we are all in agreement is we need this hospital in 2026, 2027. I could understand this amendment if the cap set by the Scrutiny Panel was set at £693.2 million. I am being specific, 693.2. That is calculated at £804.5 less the £111.2 million worth of contingencies. You will note I have not included inflation in that because we know what is going on in the world at the moment, we are seeing escalating prices and it will be irresponsible not to include inflation as a figure. You will note I have not included contractor contingency in that because a contractor would not wish to take risk without having some form of contingency to work with that risk. They would not enter into the final contract. That I have had confirmed. I could support it if it was that case. I could support it if the Assembly was asked then to come back and approve any of those contingencies but we do have a fine process between the political oversight and Treasury to ensure we do not make any unnecessary spend. Let me briefly address digital. The reality is digital is an H.C.S. (Health and Community Services) project. What the O.H. (Our Hospital) team are doing is ensuring the infrastructure is there to give full flexibility to deliver the constantly evolving digital health provision of the future. In tech terms that is called feeds and speeds. Provision is to enable international care on Island. This means the real subject matter experts do not physically need to be on Island but can do detailed diagnostics remotely. As healthcare become more detailed and specialised this enables us to have a huge global pool of experts at our disposal. In Jersey we are fortunate to work a model of one nurse to 6 patients. For comparison, the U.K. (United Kingdom) is 1:8 to 1:10. This ratio will be maintained. I believe Senator Moore mentioned in her opening speech that she did not review the review from Mott MacDonald. I can say that in 1.7 of the O.B.C. (outline business case) it states quite clearly that Mott MacDonald were considered and I have had an email confirmation from them saying: "We confirm our appointment under your instructions to review and provide assurance commentary on the draft O.H.P. (Our Hospital Project) O.B.C. by Ernst and Young over the period of May to August this year." Mott MacDonald clearly did review our O.B.C. We have an opportunity to secure finance at an all-time low level. Let us remind ourselves that our fellow Crown Dependency, Isle of Man, secured £400 million at 1.625 just 2 weeks ago. We really must appreciate what a bargain that is and will not continue for ever. Jersey, as we know, is not in control of its interest rates so we must look to the U.K. for our indicators. It is clear the sooner we are allowed to go to the markets the more likely we are to secure something similar. I ask you again to go to page 39 on the O.B.C. to indicate what the financial implications and benefits of that are. It is very important to realise that there would be a fixed price for the entire term. Fixed for 40 years, no inflationary costs at all. Fixed for 40 years. It is also important to realise we can repay early with minimal or indeed no consequences. So what does that mean? It is institutional pension funds who use such financial instruments to provision

their pension commitments many, many years in advance. As we all accept, it is highly likely interest rates will rise. If they rise the pension funds will be keen to exit the bond with us and place their money elsewhere at a higher return. The decision to trigger this repayment is ours. This gives us fantastic flexibility and control. Now the benefit is to borrow £756 million cheaply and, subject to discussions obviously with the bond issuer, pay back without that penalty. The O.H. Project and, indeed, Treasury are supported by Senator Gorst in his speech: “We will keep a keen and prudent eye on expenditure so we could return unspent contingencies or surplus investment returns.” What I find a concern is that Scrutiny’s advisers are happy with this funding strategy so why should we ignore it. Now, it appears to some that £804.5 million is a big number. It is, but look at how much we will pay for healthcare over the next 40 years. If we assume £250 million per year today or the £230 million that Senator Farnham mentioned, times 40 years, with 2.6 inflation, that is just over £16 billion. £16 billion over the 40 years we will spend on delivering healthcare to this Island. That is a chunky number. The spend on the hospital - you can do your own maths - is therefore really relatively very small. That is what we are debating. What could be more important than the health of our Island for generations to come? To have a facility for those £16 billion to be spent in effectively. Let us look at the practicality of what will happen. The project team will have to start the clinical consultation again. The reason they have to do that is it is square pegs in round holes. As I have mentioned, the figure I said before, the £690 million, would be acceptable because the project could continue as it is. But as that has been reduced they are going to have to go back and start all the clinical consultation. I am sure the working, dedicated consultants and nurses are looking forward to this, especially when they have got to a point of getting excited again about the likelihood of a new hospital. We have heard it will take another 18 months to 2 years consulting to reverse engineer - and the implications of reverse engineer in my experience is not good - all the clinical requirements into a lower fixed budget. That is what we are asking. Decisions of what not to include will have to take place. Decisions of what clinical service will or will not be able to be delivered. Decisions of what compromises will have to be made. At the same time, the negotiations with our design and build partner will have to recommence if they are still willing. Indeed we may be forced to have to go back out to tender. Let us not forget that we were not inundated at the first instance with potential partners. They were not queuing around the block to do business with us. Let us not forget that the U.K. are planning on building 40 hospitals in the next 10 years. Now, these are rich pickings for the few global construction companies who have the skills and experience in delivering hospitals to which we aspire. Given the uncertainty of working with Jersey will any potential constructor want to invest the huge sums of money in submitting such tenders. What makes this even worse in my mind is the Scrutiny advisers say we are paying an acceptable amount for the scale of hospital we have planned, yet we want to disrupt this process. I want to now highlight the point that is of greatest concern to me. It appears that approximately half of us are convinced that accepting this amendment will not cause any delay. How do you know? All I see are nodding heads of disbelief when this reality is mentioned in speeches. You are all stationary now. Double check this, no one - and I mean no one - from Scrutiny has spoken to our design and build partner to confirm that they are still able and willing to deliver by the end of 2026. To me this is shocking. We are being told as an Assembly that it will not make any difference to the timescale, yet no research and evidence gathered has been done with a partner who we will work with to deliver.

[10:00]

The fact that they are a partner with their own objectives and not a subordinate appears to be passing us by. I cannot believe this assumption and disrespect. We are so close. We have a project that both Government and Scrutiny agree is correctly priced with a funding model that both sides agree is appropriate. Yet it appears this amendment wants to put financial caps on what can be built. If I were one of the hundreds of clinician who have invested hours and hours into informing this clinically-led design, if I was one of the many teams of experts who have listened and designed a superb offering, I would think this amendment is a vote of no confidence in their expertise and

professionalism. This, let me remind you all, is the same expertise and professionalism medically that we rely on to fix us when we are ill. Regrettably Scrutiny I do not believe - in my view - have given us the consequences of their amendment. I will leave you all with a realistic picture. Add 10 years to all of your ages and imagine you are visiting relatives and loved ones in Plémont or Corbiere wards, or entering an unchanged A. and E. (accident and emergency) with small children. Let there be no doubt this will be the result of supporting this amendment.

1.1.3 Deputy S.M. Wickenden of St. Helier:

Good morning, everyone. I have been here in the Assembly for many more years than some other people that are supporting this amendment now so I have been here to see how the hospital debate has gone on over the last 7 or so years. From the Gloucester Street proposals that we had last time that had changed from the dual site at Overdale and Gloucester Street. Gloucester Street we thought we had going but one of the biggest concerns from the public and Scrutiny on that proposal was we had not done enough work speaking to the clinicians and the staff at the hospital. That was a real negative for the proposals that were put through. I fully agree with how we started this time round saying it is not acceptable to go ahead with proposals without talking to the very people that use our current hospital and that will be using and working day to day in the new one. This time around the whole approach has been led by professionals that use our current hospital, the professionals that are using whatever new guise of hospital we end up with. So I was a bit shocked when I was looking through last night and realised that the Scrutiny Panel had not gone and done the same approach. They had not gone and spoken to the clinicians to come up with their idea of what they wanted to go. It was very clear very early on, at the beginning of the review of the hospital, that we were going to do a clinician-led approach. That was said very early on. So why has Scrutiny, who is claiming to be evidence-based, not gone and spoken to the very people that the whole process started with. It shows a little bit of disrespect to our health professionals in my opinion to go forwards with this approach of we will be taking the outline business case and we will look at it from this other point of view but ignore the very people that started the whole process to find out why they have put their point of view across and why the whole hospital has been designed around their views and their rationale for why it should be the way it is. As the Deputy of St. Peter has just said, these are the very professionals that if your children are sick and you take them to the hospital you expect to trust their views and their medical expertise and the like. Why are we now not trusting them for how our hospital should be put together and how different wards should be next to each other and the same. It beggars belief that that would be the way some Members of this Assembly are going forward. I keep hearing - and I heard again this morning, shockingly - that many Members want to support this amendment saying: "Well, I do not think it will cause a delay." No evidence to say it will not cause a delay. As the Deputy of St. Peter said, nobody has gone and spoken to the people that are looking to build this to say: "Will this lack of money cause a problem or a delay and, if it did, where would that delay be? Would it be at the beginning or at the end?" I do not think it will snow at Christmas. I have no evidence to back that up but to say: "I do not think it will cause a delay, let us just take a load of money off without doing that" is irresponsible, is ill-advised and it shows a complete disdain. Let me use Senator Mézec's words, there seems to be a very strawman argument to ... we want a hospital, we want it as soon as we possibly can and we want it at Overdale. We just do not want to pay this much for it. Why? Because we do not think you need the money or we do not want to put the Island in debt. It does not hold muster. I am absolutely shocked by this amendment, I am shocked by the disregard it has shown our health professionals, I am shocked at the disregard it is giving to this Island and I am shocked at the disregard it is giving to this Assembly. I absolutely will not be supporting this amendment and I am shocked that anyone who does.

1.1.4 Connétable S.A. Le Sueur-Rennard of St. Saviour:

I am afraid Deputy Wickenden is going to be very upset with me because I am voting for this amendment. I have been in the States since 2011 and I have been to more meetings about a new

hospital than I have had Parish Assemblies. Anne Pryke was one of the ladies in charge when I first joined and she had a very good plan but then that was shot down. Then we had Senator Green and that was shot down and we are where we are today. I just find it very, very disappointing. I, like a lot of Members, have had many emails, phone calls and messages asking me to please vote for Scrutiny's idea because they are panicking about the large sums of money, cannot even visualise the noughts. When I was listening to Senator Gorst yesterday I got the impression that although he was going to vote for the large row of noughts, he was a little bit concerned about what was going to happen next. I just find that such a shame. As for all this blackmailing that it is going to cost us this and it is going to cost us that if we do not vote for it, no I will not be blackmailed, I am sorry. I am too old to be blackmailed and I am too old to have the wool pulled over my eyes. I find this extremely disappointing and, yes, the price will go up. Shall I tell you why it will go up? Because some bright spark in the committee has decided to close Simon's sandpit so everything in all our building things has to come now from the U.K. Mr Simon employed a lot of people who would pay tax, insurance and spend their money on Jersey shops. No, we are sending all this money again to the U.K. where they do not even pay tax half the time. Scrutiny have done their homework, they have done such lot and I think we need to give them the benefit and keep going with them. I will not be voting for all those noughts to be added on to a figure in front because I do not believe in it. Please, if you value your Island and the people who live in it, please, let us just go with Scrutiny who have done their homework and have come up with some figures.

1.1.5 Senator S.W. Pallett:

Like the Constable of St. Saviour I am afraid Deputy Wickenden is going to be shocked with my approach to this as well; but then again I do not think he will be surprised. I just want to start by saying that I was reminded yesterday by the Chief Minister of the approach that my party, the Progress Party, want to take moving forward; so I do not think it is any surprise the approach I will be taking within the speech this morning. I do not want to venture too far away from the central core of this which is around borrowing, but there are some other elements to this that I think do need some comment. During this debate the date of 2026 has been used quite often around a point where we need to in some way shape or form vacate the General Hospital and move into a new hospital. Let us be clear, both myself and my party colleagues - and I think more generally the Assembly as a whole - understand the need for new hospital facilities so I do not think there is any question about that. But in the intervening period - and it is not a particularly short intervening period, it is 5 years, possibly more because as much as we say things will be delivered on time we can never guarantee that - we have to carry on using the current General Hospital. I know from my time within the department that with the development of a risk register it became clear that there are a number of issues within the General Hospital that will need to be looked at and, if necessary, dealt with in the intervening period. We cannot let the current hospital decay to a point where it cannot be used. If there are issues with the current hospital that needs to be rectified - and there are - to ensure that we can deliver the level of healthcare that Islanders expect. So we are going to have to invest in the General Hospital whether we like it or not, and then that is going to cost tens of millions of pounds whether we like it or not. Our view, and the view of my colleagues, is that if we are going to reinvest in the General Hospital it would be better or certainly an alternative to look at the General Hospital as a site for a new facility, as we were back in 2017 and 2018. That is a party policy and that is something that we will stick by. But getting back to the point of looking after the current hospital, we are going to have to invest in it and that includes our mental health facilities. I listened to Deputy Pointon's speech yesterday and there is much I agree with him about but in terms of providing facilities for mental health or improved facilities for mental health because we know Orchard House, as much as it has been improved over the last 18 months to at least provide a better environment for care, it is not fit for purpose. Hence the redevelopment of a new site at Clinique Pinel which will provide new, improved facilities. Now, they might not be state of the art, world-class facilities, but they will be an improvement on what we have got and they will be able to get us through any

intervening period before we get to the point where there is parity of esteem between mental health services and physical health services on potentially one site. So I just want to make the point that we are going to have to invest in these services whether we like it or not, and in terms of a Progress Party point of view we are very determined to try to see that investment used wisely over the next 4 or 5 years rather than it being literally flushed down the toilet. There was much made yesterday I think around the desire and where we are heading in regards to Overdale, and if we want to make a statement about health services in the Island rather than making a statement about what the new hospital is going to look like and how fantastic it is going to be and the incredible design; the statement I would much prefer to see us making is the commitment to have a first-class service rather than carry on going on about this world class, first-class facility that is going to be built on a hill above St. Helier, it will be a monolith to design no doubt, overlooking our capital.

[10:15]

For me it has always been around the service and trying to ensure that the service we provide is the best possible for Islanders and whether that is done in an extremely good hospital or a first-class hospital or world-class hospital is irrelevant to me and I think it is irrelevant to most Islanders. What they want is to be able to see a doctor when they want to see them, if they have got an issue, go to the hospital and get it dealt within a reasonable timeframe and provided a service that they can be proud of and we can all be proud of. So I think there is a need here to bring this back to what our principles are, what our visions are and what we want for Islanders. It is not about providing a hospital (1) is unnecessary in terms of design, and (2) is unnecessary in terms of cost. There has unfortunately been over the last couple of days a little bit of fear factor thrown in; I hate the phrase “gun to the head” but I am afraid that is what it has felt like at times, that if we do not agree this today then there will be delays. Deputy Wickenden was one of many people that said there is no evidence that there will not be delays. Well there is no evidence that there will be delays, because at the moment we are not at the stage where a planning application has been put together and put into Planning. We do not know how long that process is going to take, and that is if the process runs smoothly. So in terms of delay we do not know where those delays are going to be. The more important thing for me is to get it right. Now, I and some of my colleagues fundamentally disagree with this Government but that is politics, and they should be respectful of the fact that other people have got different views and potentially see other directions in which to travel. But what I want to be clear on is that this is not about delays, this is about getting it right. This is about borrowing, and I am going to come on to borrowing now. It really worries me the direction we are going in, in terms of the level of borrowing. Like many people have said, I have got no issue about borrowing if it is the right level of borrowing and if it is for the right purpose. I think borrowing for a hospital is a reasonable purpose; I have no doubt about that. What does worry me is the level of borrowing. What we could end up with at the end of this political term is unprecedented borrowing that not only I think is going to have an effect on the ability of future governments to be able to plan and be flexible in terms of what they want to deliver but will definitely have an impact on Islanders moving forward, my children and my grandchildren. There has been a lot of talk about: “We want a hospital for our children and our grandchildren” but I do not want to overburden them with having to pay for that. I think it is important that how we do pay for this hospital is not unreasonable. I do not believe what is on the table with the proposition is reasonable and I fully support Senator Moore and her colleagues in bringing forward what I think is a reasonable proposal to limit the spending to what should be the overall cost. I am not going to go into the detail of pounds, shillings and pence; other Members have done that quite eloquently I think and detailed how the funding could and should work, so I am not going to repeat that. But I want to be clear, and I think of the words of Senator Gorst ... and Senator Gorst was quite clear that in his view this borrowing was the right borrowing but he wanted it with government borrowing. Well I hope he keeps his word because otherwise we are going to end up with £1.5 billion to £2 billion of borrowing and, I am sorry, I have not spoken to a single person outside the Assembly that thinks that level of borrowing is acceptable. So I hope he does keep to his

word on that but I cannot support £756 million of borrowing for the hospital and I think the approach taken by the panel is the right approach; it is a blended approach, it limits our long-term borrowing and long-term repayments and that is something I think that the vast majority of people that I have spoken to, the average man on the street, businesspeople, think is a prudent approach. I have spoken to many business people that think the borrowing that is being put forward by Government is far in excess of what it should be and that not only is concerning to them, it is concerning to me, it is concerning to hopefully more than half of this Assembly. I will finish there because I have probably taken longer than I wanted to, but on balance there is a despair outside of the Assembly with the public. I think the comments that have been made is that they think this hospital is never going to be built. It will be; I hope it is built where I would prefer it to be built, but we do have to build it and we do have to have better facilities for our medical staff and I do appreciate what they put in their letters and I do understand. I worked closely with some of them during my time as Assistant Minister and I know how desperate they are for new facilities but it has to come at a reasonable cost and, I am sorry, what has evolved within the main proposition is not reasonable and I am going to be supporting the review panel's amendment.

1.1.6 Deputy J.H. Young of St. Brelade:

It is a very important day. A very big decision, and it is one that I have given a great deal of thought to. Members will know of course that since my election I have withdrawn from the States and not taken part in any hospital debate because of my statutory responsibility to determine a planning application after a planning inquiry into this project. What we have today is in the absence there is no planning application currently, we have a substantive proposition which is really in 2 parts, parts (a) to (d) deal with the funding and the budget for the project and parts (e) and (f) deal with other matters. I want to speak on parts (a) to (d), the issue of budget cost. Of course, not being party I have similarly taken no part in the Council of Ministers' discussions on the hospital project ever, I have withdrawn. I have listened in to briefing meetings and not asked questions because I do need to understand where the project is going. So I am not going to talk detail, I am going to talk about some principles. Of course in a past life Members will perhaps know that I am a qualified public finance accountant and I did have responsibility for managing States capital projects in the past, back in the early 1990s in very different days, and of course before we had ministerial systems. Members will not be surprised to learn that the capital cost of all the major projects of the States has always been a matter of very great political importance and indeed public views. I think it is absolutely right that the capital cost of projects are subject to scrutiny and review and I think having taken part in some of those it is important that that process distinguishes between what are facts, what is possible, potential, what might be, and rumour and other stories because they are always widely, widely spread and I do not think we are in any different situation. But what has changed is in those days those matters were generally resolved in a less adversarial situation. In those days the Finance Committee of the day had a capital project subcommittee where all of the members had responsibility for those projects and indeed the committee members and those who had a view on it and the officers all worked together to try and resolve and that worked. But of course we are in different days where things are done more transparently, quite rightly, but I think it is important the issue of concentrating on the facts is recognised, the importance of that, and seeing the wood for the trees, if you like. I can remember one incident, for example, when there were disputes over the cost of a project - at the time we were building a school I seem to remember - I think the Members were saying: "We can build this school much cheaper than that" and lots of sites were chosen. In the end we took an aircraft and we went and visited it, and I remember we went to visit the school in the northeast of England and thought: "Well, this is a model for Jersey" I think Members took about 5 minutes to realise when they saw the standard of the build, the standard of design, how it had been built down to a price. I will not go into the details of it but that visit was highly productive and Members went ahead and it resolved the issue definitely, and that is an example of facts. But this is of course for us the biggest project that we have ever done and it is absolutely vital to the Island. Of course I do have experience

as well, as prior to that role I have just described I was director of finance for the health service and I had a role in the construction of that block we used to call the 1990s block; I think it cost us £30 million, I seem to remember. Like many States buildings of the day they have not stood the test of time. Standards, design, the specialist requirements have all absolutely dramatically improved. For example, look at Cyril, we just knocked that down, or just about to, The Limes and so on, they are all part of the projects of that day, standards have massively improved. I cannot think of any more important building than the hospital that serves our community, and the importance of the need to have the best that we can afford as a Government. Of course public expectations of health have changed. Clinical specialisms have developed, it was all generalists in those days - not now - and there is lots of requirements for different clinical space, standards and equipment and so on, all of which is very, very complex. It kind of reflects the science and the way it has changed, and the clinicians have responded to that but they need to be provided with the facilities to do so. Of course Jersey's population in those days was, I think, about 25,000 less people. The sad thing is - and I think this does need to be said and it is lessons for us in the future - unfortunately maintenance did not take place to the standard required from the off and there were a lot of disputes because Members sadly made budget cuts and did not provide for maintenance in the budgets at all, and we need to make sure that we do not repeat those mistakes of the past. My expectation would be that the team will have maintenance plans in place because we want this building to last, in my view, at least 50 years. It is very good to hear in the debate so far that the general consensus seems to be first of all on the need for the hospital, and also the draft Island Plan adopted the previous States' decision to site it at Overdale. I think there are some views that would still consider that decision on the site open, well, the opportunity there is of course to contribute in the debate on the draft Island Plan because the draft Island Plan that is going to the inquiry next month - and Members have all had the communication about that - that proposal is in the draft plan, that Overdale is the site. At the moment there are no amendments on it, but that decision will finally rest of course with the States in March when they debate the Island Plan.

[10:30]

Turning to the project itself, obviously I do not know the detail but I obviously know what I hear in the public briefings. This is a complex, multifaceted project. I have picked out several components; it is a hospital facility and its services, it has got support facilities like Sterile Services that are elsewhere, cooking and so on; those services which have to necessarily serve the building. It is has got major offsite access infrastructure and there is a new mental health facility, something which is desperately ... like behind everything, there was no mental health facility built in the 1980s. From Deputy Pointon's speech yesterday, Deputy of St. John, it sounded as if the last time a major investment in mental health was made was in the Victorian days. So that to me is really important. Of course there is the car park, the services, and then the education and this is not a luxury. This is not a luxury. Remember that the current General Hospital has a theatre, it is called the Halliwell Theatre, and what do you read, if one reads about the occupation, you find that Dr. Halliwell was a surgeon in the hospital during the Occupation that kept the Island's facilities going and that was named after him. It was so well-used for clinical reviews, clinical follow-up, education. Of course things have changed but it is great to hear that there is to be an investment in doing that, and that is tied up with the need to look after our own staff. Of course the design seems to be a campus, that is what I see, I hear a campus, and they all seem to link together, i.e. they are all put together in the plan. It seems to me that it must be for reasons of efficiency, and withdrawing from other sites which will then become available for other use. Of course all of that will involve temporary decanting during construction of current facilities but it is an integrated plan. I have worked on projects, but not on this one obviously, but I know that design processes are always iterative. One goes repeatedly over the same issues and a process of refinement takes place and designs evolve. It is really important I think that the element that I see loud and long, we have all had letters as Members from the doctors and from the nurses and the paramedics, and I am so grateful for their letters, because what it confirms

for me is that the clinical input of the statement of what is required at the facilities has been produced by our clinicians. I am absolutely delighted to hear that because when I wrote the supplementary planning guidance I made that a cornerstone of the guidance, that the design for the hospital should be led and fed by the clinical inputs. I did that because before I got elected I sat in a public inquiry and took place in it in the first - this is the first, not the second, I could not do that because I was the Minister by then - but the first planning inquiry into the cost of the scheme, and what I listened to was clinicians after clinicians lining up to say how they had not only not been involved but what had been done just would not work, and the problems with trying to provide services in a building site that major just was horrendous to them. So I heard those views being expressed but of course also there was not a design. What we had at that stage was an approach called Rochdale Envelope, which basically means that you get a plan and you draw a box around it and you size the box by its height, its breadth and its width, and you say: "That is the size of the box. What we are going to put in there is so many square feet." That is it, so that is what happened. Of course unfortunately it is true that that approach to project design is adopted at places in the U.K., hence Rochdale Envelope. The reason why Rochdale because is it was challenged in law, but it was brought here and we know what the outcome was. So what I think is really important is that in the approach to this design that the team have done, and I think this is where Members have to judge the facts. Because I have not been party to those processes about wide consultation. So the building will be designed in 2 ways, first of all inside out, that was what clinical facilities do we want and how would they be together and how should they interact internally, i.e. functional spec. Then also outside in, recognising that the buildings fit within the environment and you have to then factor in all of the landscaping and all of the infrastructure, and all that side of things. Those 2 processes come together in a design. What I see happening, and again I have not been at the table so I do not know the details, the work has been ongoing in this for some considerable time and what we are seeing is iterations of design and out of it should come a planning application, which will allow of these details to be judged, to be judged by the planning inspector when that inquiry is made and ultimately a report will come for a decision. So what will be the effect of this amendment passing? Obviously at this stage of the process what the design team would have to do, if it is adopted, if Members back it, would have to review all the aspects of the development and they will need to decide what parts of it to remove to stay within targets, what parts of it would they reduce in size. If that meant choices between different clinical facilities, which ones would go or maybe which ones would be deferred and done somewhere else perhaps. Then what about without the support infrastructure like a carpark, could we do that? Or maybe we do not. Those sort of questions will arise. What about the energy centre; the hospital will not run without that. What about the infrastructure; we need that. Of course you need to be able to get to it. We heard all those issues there, and my expectation is those issues will be aired very fully I expect at the planning inquiry. I am very confident in the planning inspector because the planning inspector will decide the scope of how that inquiry is run when the application comes, and I have absolutely no doubt that there will be some elements that the planning inspector identifies that needs attention because these are very top-quality professionals. So of course to allow that process of review to happen it is inevitable it is going to take time. I know in the past, for example ... here is a bit of an example of the risk of just trying to coddle something and the risk of coddling something together quickly is likely to be for the wrong decisions. Remember, when the General Hospital one application was refused then before I got into the States the previous administration gave a new application very quickly, within weeks, for General Hospital 2, which then of course ran into problems as well. So such a process of review would take time. It would take time because it will involve, my expectation would be, major changes. Of course ironically for me personally there would probably be a benefit, that I would be relieved of the job of having to decide a planning application of the planning inquiry, in fact we probably would not get a planning inquiry up before the end of term I do not think, very unlikely. I do not know, I will leave that to others, but the notion that there will not be a delay cannot simply be true. There will be, there will need to be to do things properly, to make sure we get ... we do not want to end up with a piecemeal project in that situation. It will

need to be rethought and that needs time. Of course if Members vote for the amendment it frees me of a job and I will not have to be worried about it; not that I am worrying, I would respond to my duty as best I can. But what about the existing building? We have heard from clinicians about the problems, and of course I personally I have not had problem experiences being in the General Hospital fortunately, but I have had relatives who have had experiences within facilities that are not right, and clinical decisions having to be made to relieve beds driven by the physical problems and restrictions that they have in that building to maintain it. Undoubtedly that delay would mean that we would need to be able to keep what is a grossly inadequate facility sadly going even longer. What will that do for our staff recruitment and retention? I cannot imagine what the reactions would be in people with raised expectations because they have joined the health service because they love the service, they love people. In the end you cannot disregard that. So there will be consequences of a delay, but it does not mean to say we have to be profligate in how we do things. Internal management of the funds of the way these things work, contingencies and optimism bias and all this kind of stuff; all of that could be managed within the professional structure of the project. It is not a question of just handing it over to a developer with a blank cheque, not at all. These things are routinely subject to scrutiny. I know that. I have probably gone on too long but we need this asset, and I have to be honest and declare an interest; I am 75 years of age now, I want that asset to be there. I want it to be there for my children, for my grandchildren, I want us to be proud of what we will do. Just one thing I will briefly mention, and Members will be surprised that if you like I regard myself as centre-left. When I went and worked for the health service I went in with an attitude that private healthcare was wrong. I have heard that view a number of times in this debate. Having worked in the health service I believe - and I have certainly changed my view - that it can be managed and if it is managed properly, and that is the hugely important thing, to make sure it does not get out of kilter between private and public sector services, that we get greater equality, that you can get a return of money to the public cost, to the public health service from the charges that one makes for all the facilities that one provides so it does not go just in the doctors' pockets. This was said earlier, you can reassign those facilities for public use, and of course we have got a lot of people in Jersey who have private health insurance and know that those monies go outside our economic system rather. Sorry for speaking at length but I have tried to speak about principles because I am not on the project, I do not know the details, but I absolutely feel that a decision to vote for this amendment, so parts (a) and (d) about the costs of this project, would cause delays and I do not know what the delays would be to the project but I do know the sort of choices that whoever picks up the pieces would have to deal with and I know they will take time. Personally I think those issues are unlikely to go well in the next Assembly. That is my feeling for the next situation. I shall not be supporting the amendment.

[10:45]

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

I would like to take people's minds back to the beginning of this debate yesterday when we had an excellent speech given by the Constable of St. John who told it as he saw it and as his parishioners see it, and laid out very clearly what he detected was the mood of people out there, our voters, and should be reflected I believe in our move today. Before we start any deeper into that I just want to remind people what we have Scrutiny for. Why do we have Scrutiny? We have Scrutiny to examine policy brought forward by Ministers and to critique it; to look for defects, to look for dangers, but not to devise alternatives. Scrutiny is not about coming with an alternative policy. That is not its job. Any critique from Ministers - and there has been lots of it - saying: "Look, they have not got the finished article, they have not come up with the alternative" is irrelevant. Irrelevant. What the Scrutiny Panel have done is to examine the policy brought forward by the Ministers and found some fault with it. Everyone knows that we are in desperate need of a new hospital. Everyone now I think accepts that that will be built at Overdale. What people find incredible is that it should cost quite as much as is suggested; £804 million to build a new hospital. When we examine what goes into the £800 million we see obvious things: the main works on the main hospital £200 million, energy centre

£27 million, mental health £12.3 million, a knowledge centre training up our workers £9.1 million, external works £25 million, carpark £10 million, highways £19 million, demolition £2.6 million, making a total of £311 million. Add to that what is called incidentals and contingencies what do you get? Well certainly if a bill comes to me giving me an estimate for putting a building up in my backyard I do not expect him to give a quote for £30 million plus contingencies which amount to £50 million and yet that is what we have got here. The feeling that the Constable of St. John remarked about translates into facts, as my colleague illustrated yesterday. I want to draw people's attention to and refresh their mind what those contingencies and incidentals amount to. So we have got £311 million for the actual build of the hospital followed by a contractor contingency £35 million, P.C.S.A. (pre-construction services agreement) - and have a think, do you know what these mean, P.C.S.A. costs are not clear to me - £34 million, design and professional fees - fair enough - £33 million, equipment £56 million, there has to be some equipment in the hospital, re-provision of services from Overdale £14 million, preliminaries - whatever they are - £53 million, inflation - it has to be built in - £34 million, overhead and profit £44 million, 9.5 per cent rate, decant and migration £0.6 million, optimism bias - and my colleague, Deputy Ward, focused on this yesterday - £38 million, government team cost - this is a government team that we already employ and pay - £39 million, client contingency - again not explained - £73 million, land acquisition and reprovision cost £34 million. So the contingencies and the incidentals add up to more than the cost of the hospital, and people out there - and I do not believe people in here - can credit that. How do you have contingencies at 1.6 times the cost of the hospital? It does not make sense. It does not make sense to the Scrutiny Panel either, and they have said so. The real nub of the issue - and I remind people we seem to have drifted off it - is what do we do now? Do we give Ministers permission today to go out and spend £800 million as they see fit with no regard to what this Assembly is saying? Or do we set in an interim work towards, something like £550 million, if you cannot manage within that envelope then come back to us so that we can accept that we need some more. What happens when you up budget and you think: "Yes, I must budget for this" what do you do? If you have got a top mark on that you spend it. You spend up to, up to always includes the target. What it is doing is saying: "Can you manage on this smaller figure?" By all means it is not a brick wall, it is not a stop, it is a: "Try and manage within this figure and if you cannot manage come back to us with carefully worked out and sensible plans as to how we are going to get the hospital." That is all it says. It does not - like Minister after Minister has been repeating - stop the whole process. It does not threaten, as the Minister for Health and Social Services almost appeared to do yesterday, it does not threaten maternity services. It is not a question of shroud waving and frightening people about: "Unless we get the full sum now [and it is now, on this vote] we will have to throw half the things that we really want out with the bathwater." That is not the case. As the Minister for the Environment has just said, a planning inspector will take his time to assess what is proposed and it will take time. An inquiry does not take place overnight; it takes place over a matter of months. So this argument that it stops everything and will cause a tremendous delay and we will get nowhere with it is not a real argument. I urge the Assembly to vote for the reasonable amendment of the Scrutiny Panel.

1.1.8 Deputy L.B.E. Ash of St. Clement:

I am pleased to follow Deputy Southern. Senator Mézec said yesterday he did want any more strongman, Government arguments; well he is lucky on this because I am not going to speak for the Government, I am going to do what I feel Senator Mézec and his party purport to do and that is to speak for the decent, working people of the Island and their families who cannot afford private medical care. Firstly let us get one thing straight with a phrase few probably would think I would not utter in this debate: Senator Moore is 100 per cent correct. We can build a cheaper hospital. Indeed those of you with not particularly brilliant memories, because it was not very long ago, will recall that we have built one, and for considerably less than this £500 million. We built the Nightingale Hospital. Yes, it was probably really a glorified tent which would not have lasted 10 years, let alone 50, it had no maternity facility, no cancer facility, no A. and E. facility, no mental

health facility. I could go on but it was a fairly limited facility that we did not really have to use, and thank goodness for that. But it was a hospital. You see there are hospitals, and there are hospitals. Can we have a cheaper one? Yes. Will it be as good as the one proposed? No, it will not. So the question that I am going to ask the Assembly is should we offer the population a first-class offering or a second-class one? We have heard a lot in the debate about the hospital staff and they do a fantastic job, and we hear it is all about the staff; if we pay the staff more, healthcare will be fantastic. It does not quite work like that. Do you feel that if we do not provide people with the finest facilities to work with they can perform? Unless they can work miracles they cannot perform to the extent they could perform surrounded with quality equipment. If Manchester City Football Club took the field wearing deep sea divers boots they would not win the Premier league, they would not even win against the Jersey Bulls. So what should we change in order to cut the cost, because that is what we are being asked to do, we are being asked to cut costs? Should we perhaps offer less on-Island, people could go away, they do now, perhaps more people could go away. If we cut the number of operating theatres and treatment rooms, which would probably then extend waiting lists rather than shorten them as we are currently needing to do. Should we just have wards rather than en suite facilities, providing privacy and dignity? I think while we are on the subject of privacy and dignity, currently many people say goodbye to people in hospital with a screen pulled around the bed, in full hearing of others within that facility. I spoke to someone the other day who said he was traumatised by lying in a bed and hearing someone die for the first time in his life. It is not a great situation. In a hospital with 75 per cent en suite facilities that will not occur. While I am on the subject of single occupancy it was said yesterday this will mean more staffing. That is not necessarily of course the case because with digital monitoring it negates a considerable need for staffing in single occupancy rooms, and I do not think I need to remind the Assembly that we have some of the fastest speeds in the world and some of the best connectivity and it is about time we used it. Also according to the chief nurse, who is the accountable officer, we have no nursing crisis, we have a patient/nurse ratio of 1:6 compared to the N.H.S. (National Health Service), which fluctuates between 1:8 and 1:10. Still, we would not want the facts to get in the way of a good rumour. Should we have a fit-for-purpose maternity and children's unit? We know from Deputy Doublet yesterday we absolutely should. Should we have a dedicated mental health facility on site or not? We know from Deputy Pamplin on numerous speeches in the Assembly that we most definitely should. This is the problem, is it not; everyone wants money saved but not on their mandate. A similar problem exists within our housing situation as well, we need more housing but not there, do not build it there. Should we offer our health workers a fantastic working environment or not? We should know that from Reform, that they definitely do, but they seem slightly undecided on whether or not because of the cost.

[11:00]

Do we wish to have a basic offering or an excellent one? Do we want a 21st century en suite offering or perhaps a 19th century ward offering? By "ward offering" I mean hospital ward, I do not mean Deputy Ward. Impressive structure that he is, I am not sure he would make a really good hospital, and on reflection he might be refused on height grounds by Planning anyway. Are we really suggesting we do not want a top-quality health offering for all Islanders? Do we really want to have a 2-tier health structure? I do not know whether Members will have watched it because it was some time ago but there was a really good anti-war film, a musical called "Oh! What a Lovely War" and there was a scene in that, that I think showed attitudes at the time and I hope and trust we have moved away from but at times maybe we have not. It is the scene when they are coming back from the First World War and the sergeant goes up and he says: "Ambulances are ready, Sir, Officers only." "Excellent, Sergeant, what about the other ranks?" Then he says: "Some lorry drivers have offered to take them to Millbank Hospital in their dinner hour." Very unfair. Maybe that is what we should do, maybe we should consider adopting a U.S. (United States) style offering, if you are familiar with the American healthcare system, it is a very excellent one if you have the money to pay for it and it is a pretty awful one if you do not. But that would save us money, perhaps we should head down

that route. I personally do not fancy heading down that route but if people want to ... could we extend it to schools? Should we bother teaching all 3 sciences, biology, physics, chemistry; could we just combine them into one sort of general science? Can we do away with P.E. (physical education?) It is a big area, is it not - a gym - it is not used a lot of the time, could we do away with that? I do not think we would dream of doing away with that. Maybe not teach foreign languages, that will be a bit of a saving. We would not dream of it. Why are we talking about doing it in our hospital? We talk endlessly about income inequality in this Assembly. Few areas is it more apparent than in health. We nod earnestly when people talk about affordable housing, with people talking about the minimum wage even though very few are on the minimum wage in Jersey, and indeed the free buses that we heard mentioned yesterday. In short it is lip service. It plays to the gallery; it makes a nice article for *J.E.P.* to write about and it gives those who are more biased, if you like, in the Assembly a stick to beat the Government. However, when it counts to take a massive leap towards equality that we now have in front of us we seem to have people who are satisfied to offer a substandard offering to Islanders who do not enjoy the luxury of private health insurance. Personally I find that a disgrace. Someone described me as a socialist for holding such views; I am not a socialist but I do believe that all Islanders are entitled to excellent healthcare as a matter of right. We have heard much talk of delay and I think Senator Pallett spoke well on this and he was honest. He spoke that he did not want to spend this money because he still wanted the facility at Gloucester Street. That is fine; that is an honesty. But to say that this will not cause delay is of course absolute nonsense. It is absolutely mad. If you take £200 million out of a budget we will need to redesign, we will work what can be provided, what cannot be provided, we will have to go pretty much back to the drawing board, we will have to talk to doctors as to whether they could do away with certain things within the hospital, we will have to decide whether certain rest areas will not be necessary, communal areas will not be necessary, take for example debate of censure, did we not, because it took so long for the report to come back on South Hill. South Hill was not flat but it still had to be worked on by S.o.J.D.C. (States of Jersey Development Company) of the implications for putting affordable housing within that. That took I think 3 months, maybe 3 months too long, but if you think it took that long to work out a simple block of flats can you imagine how long it is going to take to redesign the hospital. I can tell you the 18 months that has been suggested could well be a very, very generous estimation. Finally I will move on to the funding. I have rarely heard such nonsense. We are in a position to borrow at some of the most competitive rates ever seen yet we have people suggesting that we use our carefully built-up reserves that are yielding an average of 6 per cent. Now, I am not arrogant enough to predict credit agencies, I do not profess to know the capital markets inside out as many of the Assembly appears to, but I did work as a bond broker, I worked in the FTSE market, the U.S. bond futures market and the foreign exchange, and I do know that you do not have to have done any of that to realise that a fixed rate loan of 30 or 40 years give you security over your project costs. Many I have explained the financing to have not realised that we can fix a rate for 30 or 40 years and perhaps that has been a fault in our communications, but you can. They are genuinely surprised that we can get around 2 per cent fixed for 30 or 40 years. One lady I explained this to said to me: "Then why on earth would you use your reserves?" The answer of course is you would not. Thank you.

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

I open my speech today by saying categorically that I support the construction of a hospital at Overdale and concur with the several arguments put forward yesterday and today by others. I am not a medical expert and defer to professional advice. I do note, however, that the proposed hospital has swollen - if I can use a medical term - into a campus and with associated enlarged costs. I am familiar to a degree with the problems of large development in the Island having been responsible, together with Deputy Lewis, for the construction of our Energy from Waste plant at La Collette. It was in 2008 to 2010, the largest project ever undertaken in the Island and was paid for out of reserves. I was, as Minister at the time, kept regularly up to speed with that project and even survived a rescindment motion brought by the former Deputy of St. Mary who some may remember took some

3 hours to make his presentation. I shall not be speaking for 3 hours. There was a problem with finances stimulated by a failure by the Treasury to hedge the exchange rates at the time, and this cost a significant sum over the budgeted cost. So I would take this opportunity to ask the project team not to repeat that error. While circumstances at the time dictated a devaluation in the pound resulting in massive changes in currency exchange rates, and I mention this to emphasise the point that we have no control over world events and the effect they may have on our Island. I do appreciate the effect on staff in the workplace environment and the desperate shortage faced at present, necessitating cancellations and I hear today that theatre operations are cancelled due to staff shortages. There is of course absolutely no certainty that a new hospital will cure staff shortages and my suggestion would be perhaps that we should spend less on this project and pay them better. We in this Assembly make decisions based on the best and the latest information and, importantly, need to have confidence in that information in order to make those decisions. My difficulty is that the outline business case does not instil confidence in me. That has been catalysed by what could be described as obfuscation when details have been requested, either because the detail of the request was unknown or simply through unwillingness or lack of understanding. Requests for the cost of facility management have been met with a response: "We are working on it but we hope it will be less than at present because we will have a new building." That simply is not good enough and leads one to surmise there are hidden agendas to outsource existing services. I can only say that in other government departments this has proven to be an abject failure. We need to be aware of the whole life costs of this project to enable us to be absolutely certain that we are not being landed with a legacy of debt. Jersey has in the past stood out as an exemplar in its financial management. Why prejudice that? Let us be prudent. I say to the policy oversight group: be more commercial, stop shroud-waving, get a grip of the project and get on with it but remember who is paying for it; the taxpayer of Jersey. There are missing elements in this project, particularly with regard to ...

The Bailiff:

Sorry, someone spoke over the system. Could people ensure please that their microphones are turned off. Please continue, Connétable.

The Connétable of St. Brelade:

My lack of confidence surfaces once again in regard to the private wing or floor as suggested. I am not against the principle and we are told it could bring in £10 million per annum. The simple question in my mind is whether that is gross or net. We simply do not know, so how can we possibly be expected to make a decision on that basis? It is suggested that further compulsory land purchases may be necessary. I suspect there will be pockets of land that have been picked up by speculators. We must not be held to ransom and we need to move on with or without these properties, in my view. We do need to know details and I would suggest to Members who are saying that we should just get on with it at the proposed £804 million figure put forward that they are abrogating their responsibilities as States Members by making a decision without knowing the full detail. The eye-watering magnitude of the sums involved dictate that the scrutiny of this project is more important than ever. Do not criticise Scrutiny for doing its job. Some Members may not like it and that has been made very clear. This leaves me to comment on a remark earlier in the debate from Deputy Martin who suggested that it was only a vociferous view and some anoraks that disagreed with the concept of the massive expenditure and borrowing to match. I can assure the Deputy that Scrutiny have reached out as much as possible and noted closely the gov.je submissions. Many of these anoraks, in her words, are experienced business people, G.P.s (general practitioners) who have their own opinions and are very much in touch with the reality of day-to-day work and hospital staff, some of whom do not share her views. She indicated the silent majority wanted to carry on regardless of cost. I have no idea where she got that from but I would contend that the silent majority are angry with the approach this Government are taking to borrowing and a lack of control over spending. Control of spending or, more accurately, how spending will be controlled in this project, is deeply

concerning and gives rise to the proposed cap of £550 million in this amendment. There is no evidence of how spending will be managed. It became evident that putting a cap on the project would at this stage enable the project to move on but force the project team to come back to the Assembly should it be found that there is a need for increased funding. There is such a large proportion of the £804 million proposal directed to what the Minister for Health and Social Services described earlier as “boring stuff”. The pencils need to be sharpened and these costs properly analysed for all to see. The perception at present is that contingencies, optimism bias, contractors’ profit and overhead and inflation figures will be a slush fund or treasure trove for all involved to dip into. I would qualify that by saying that I would be the last to cast aspersions towards the integrity of anyone involved in the project but it is far from clear and does them no favours. I did ask at a recent meeting with the policy oversight group who was politically responsible for spending on the project.

[11:15]

We were advised that it was the Minister for Treasury and Resources; however, given that she was unable to be present at that meeting, she may not yet be aware of that but I am sure is well-equipped to discuss that further with the Deputy Chief Minister should she wish. This does raise the point of a need for proper controls which are not evidenced and have stimulated this amendment. We are told that Her Majesty’s Treasury Green Book best practice is used and that industry best practice has been incorporated in the cost proposals. But in answer to that, I would suggest that in the “Mike Jackson Green Book of best practice” it is not best practice to spend £804 million when you do not have it and without detailed cost. It is not best practice to borrow £750 million and sadly leave our children, our grandchildren and great grandchildren with debt for the next 40 years without any apparent semblance of robust spending controls. Senator Gorst, for whom I have the greatest respect, suggested that enhanced controls and careful management by the Treasury would be necessary but we have absolutely no evidence as to how that will be put in place. Moving to the thrust of the amendment, in particular costs, it comes down, in my view, to confidence. There has been so much disparity in figures: in proposed floor areas, in the cost of the mental health unit, in the numbers of Islanders with private health insurance that we cannot have at any certainty that what we have been told is correct. I cannot understand why there could not be clarity on this. Is it that the Ministers have been wrongly advised or have misconstrued advice given? Who knows? I feel that placing the cap as proposed on the project at this stage with the distinct object of giving the team a free hand to move on with it was a preferred solution as opposed to the reference back recommended by advisers. Let the policy oversight group come back to the States Assembly, the sovereign body. I would remind civil servants and U.K. imported experts that the States Assembly is not a rubberstamping body to request funds in the event that they fail to keep the project under financial control. But we are not an unreasonable body, we want this hospital built. It appears to me that the Deputy Chief Minister - nice chap that he is - is simply not in control of the project. I would remind Members that civil servants, with all due respect, are there to serve the Minister. This understanding seems to have disappeared. I ask, who is the responsible director for this project and what experience do they have in projects of this size? We honestly do not know. Does the Minister know? The lack of a clear management structure serves only to undermine, once again, my confidence in the project as presented. I conclude by emphasising that this amendment is not brought for political gain, it is not brought, as suggested by some, as a wrecking motion, it is brought as a result of a clear message from Islanders who see the proposed budget figure excessive and the level of borrowing as being insane. I urge Members to support the amendment.

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

It is not every day that a Member or the Assembly will be faced with a vote as large and of such magnitude as the one that is facing us. It is, as I think the Chief Minister said, once in a generation the Assembly will be asked to make such a decision. I have been listening and I have come with an open mind to this debate. It is without a shadow an eye-watering amount of money that we are faced

with but what is being offered up at Overdale, in my mind, will be a first-class offering, it has been clinician-led. All of our staff have had an input of what is going up there and it will be an amalgamation of healthcare as well. We can ask, as we have done regardless, it is just a hospital, it is an amalgamation of services on one site and I think that one-stop kind of shop really does appeal to me. But of course, it is going to be in financial terms a great deal more than just the original Gloucester Street offering. It is a given that the hospital at Gloucester Street is over, it is fast approaching its end of days. I think we will be lucky to get it through the next 5 years, and even then we are still going to have to spend a considerable amount of money on it, £6 million, going in the maternity unit there, quite rightly too. We have agreed the site, the access road, this is the next hurdle. This vote today is the next hurdle. The one after this will be the planning application and that is a major hurdle. Obviously, that will be the opportunity for every Islander again to have their say in a public forum, and I think that is essential and very important in this whole process. Regarding the planning, it is always going to be a challenge placing a hospital at the top of a hill on a headland being away effectively from along the sea level or the basin of St. Helier where you could at least build up. Plainly the Overdale site is vertically-challenged and I think we have seen that in the way that the volume and the mass has changed from 71,000 square metres to 65,000 square metres, I think will be the new iteration. I have to say when I first saw the architect's drawings in the *J.E.P.* the other day, the first ones that came along, I was astounded, shocked even, obviously being on Planning for so long, that anybody could think that that would, the first iteration, that tall building with a rather unusual roofline, would get through Planning because, in my personal view, that would have failed on skyline impact alone. The scale and mass on the skyline, it would have failed full stop. I will leave it at that because that is a policy, so I will not elaborate any more on that. As you say, today's vote and the planned hurdles still to come, there are plenty of things still to go through. It is about funding and financing, and I have been a Jerseyman, my parents were born just before the Occupation, and prudence, cautiousness with money and all those things I have been taught. I am very debt-averse and here I am contemplating an investment, and I can only repeat, it is an investment. I think the Constable of Trinity yesterday touched on this, we are investing in our health infrastructure. It will go on the one side as an asset on the balance sheet and what a wonderful asset it will be for future generations. I have concerns, and everybody is right, this is a 40-year term that this loan is being considered over and, without a shadow of doubt, in the next 40 years there is bound to be another financial crisis of some sort or some varying magnitude. I am sure we have all seen the bust-boom times of the 1980s, 1990s and all the rest. Of course, there is a degree of worry and angst over that, and who would not, but I was assured by the Minister for Treasury and Resources' words yesterday, Deputy Pinel, where she said that the model going forward has been fully stress-tested. I think her saying that - and it came out really well, I think 97 per cent probability that the Strategic Reserve could withstand significant shock and still be able to accommodate and pay the debt off - gave me reassurance. There was the other graph I think that was produced that showed if we were to take the money out of the reserve, how that would affect things and it is a significant money difference there as well. It all points to putting money into the reserve, as has been proposed, it makes good sense. Then of course, as Deputy Ash has pointed out, interest rates are at an historic low. It is a good time, quite rightly, to take advantage of that going forward. I was delighted to see that our clinicians and our nurses wrote to us and totally take on board the sentiment. They have all had an input to what is being proposed. They are the ones at the coalface, they are the ones having to deal in often very difficult circumstances, so I am more than keen to get them a new facility, something that the Island can be proud of. Let us face it, at one point in our life, at many points in our life, we are going to need the hospital one way or the other for sure. As you say, this is a tricky one. I have been in touch with a number of constituents and Islanders who have great concern about the sum but, let us face it, after decades of under-investment in our infrastructure, we have just not invested, there has been no forward-thinking, we have not got to grips with the population control and we just find ourselves where we are. I think it is time to stop procrastinating, I think we have done that for far too long. I think it is a time for being positive and I think we should all unite behind Senator Farnham.

He was tasked with this difficult job of delivering the hospital going forward and has taken some criticism for it. In fairness to him, he has got steely reserve and I admire him for that. As I say, hopefully at least we get it to the planning application stage. For me, that would be the next major step. But I will not be, as you have probably gathered, supporting the amendment and will be supporting the main proposition.

1.1.11 Deputy M. Tadier of St. Brelade:

There is always a risk on going relatively late in the debate in the sense that, especially when there has been an overnight recess, there is always the concern that Government will have nobbled enough people to get a majority overnight by offering the usual inducements or whatever they may be, political inducements, I should say, and saying: "If you vote for this then this." I hope that there are still Members out there who can be swayed either way. I think we need a good summing up by Senator Moore to convince some of the stragglers to put to bed once and for all the fact that there should be any delays in this. I think the vast majority of the Assembly want this hospital built on the current site. We accept that this may not have been our first choice. If it had been 10 years ago we might have put it somewhere else and for various reasons, including political acceptability, we are left with Overdale which personally, I do not think is too bad. I think there is nothing wrong with having a hospital on the top of a hill, a good social facility for the benefit of our community which can be seen by everybody rather than necessarily a derelict sports centre, which is what we are used to having on a hill. That said, I am not fully convinced that we need a new road for it but I am not going to get into that level of detail for my contribution. What I have noticed, for the benefit of course of going relatively late, is that you can address some of the direct points that have been made. I found it strange how many of the speeches have focused on Reform Jersey and our 5 members and our 5 votes, no doubt, because they know that we are not an insignificant voting block in this Assembly when we put our minds to it. They are saying strange arguments. They are saying that we should be supporting this because apparently we care about people. That is true, we do care about people and that is central to all of our values and the policies that we espouse, but there is a certain paucity of argument being put forward by people like Deputy Ash. I will just use him as an example; earlier Deputy Martin also used the same method of argument, effectively saying: "You should support this because you are socialists and you like amassing unnecessary debt beyond your means and beyond our means and we are supporting this even though we are not socialists."

[11:30]

Now that is a very strange argument. First of all, it is quite insulting because it tries to pigeonhole us but it also tends to then presuppose the position of other proponents of this amendment. For example, this is not our amendment, of course, it is an amendment which is brought by Senator Moore on behalf of the Scrutiny Panel which has been specifically set up to look at the Future Hospital Project. Yes, we are supporting this because we have looked and considered it very carefully. We have listened to the arguments in the various presentations that have been put forward and we realise that what we have been presented by Government does not stack up. But to finalise the last point I was making, it is almost like when Deputy Ash stands up he is saying: "We would expect this kind of amendment and support of Senator Pallett, Deputy Luce, Progress Jersey, Senator Ferguson, former Senator Bailhache" who has been very vocal, as well as some other prominent members in society who have said that we should support the amendment. But we would expect it from them because we know that they do not have the interests of the public at heart. They are all hard-nosed capitalists who like to crush and stand on the little person. Now I do not believe that. I think that the fact that these kind of arguments are being put forward really do the Government and the Alliance Party ... because, let us face it, there is clearly an Alliance Party whip on this as well, they are in Government. I will make the point now, I have been scratching my head trying to think about why on earth the Government would be putting forward spending plans which do not stack up, which are far beyond the magnitude and scale for even what an excellent hospital facility would require. I have

come to the conclusion, talking to other people as well, not in my usual circle, is that they want some kind of legacy to be left and that they are scared that they are not going to be back in power to deliver this project. They are worried that if they do not get it over the line today that they will have a hospital built but it just will not be their one and they will not be able to be in control of it. Now I will look at those arguments a bit more but I think I have got good reasons for putting that. I think they have allowed themselves to surround themselves by a group of self-affirming individuals and they are suffering effectively from what is known as “group-think”. Now, there were analogies made about in the past making the tough decisions such as the social security system that was implemented, the benefit system, pensions, et cetera, which the Chief Minister referred to, and Queen’s Valley, the flooding of Queen’s Valley, in which cases both were vindicated by hindsight. Now I would agree with that, I would have supported the social security system even in the face of some strong public pressure. I think the same with Queen’s Valley, although of course with Queen’s Valley it would be much better if we had had a sustainable population policy decades back which envisaged the fact that water supply would be a problem for a growing population, but I accept that. But the problem there is that they are not valid analogies because nobody is suggesting here that we do not have a hospital or we do not have a hospital on Overdale or that we do not have it as soon as possible. That is what was happening with the social security opponents and with Queen’s Valley they were saying: “Do not do that, we do not want it at all.” What we are all saying in this Assembly that I have heard today ... although I accept there are some voices on the extremes in civil society who want to go back to the drawing board, and to them I would say that I think you need to accept the fact that that hospital is going to Overdale, and it is not going to be delayed, and we need to push on with that. Because by continuing to suggest other sites like Warwick Farm and St. Saviour’s Hospital you are simply muddying the waters and giving credence to those who want to support the Government’s plans. I would like Senator Moore to disassociate herself from that position and give a reassurance to the Assembly that the hospital project, she fully supports it going where it is and very soon, even though that may not have been her initial preference and it may not be the preference of many of those who she surrounds herself with, or rather who she finds herself surrounded with. My concern is how much debt are we saddling future generations with and is it justified and is it proportionate? The figures that we have seen from Government I think do not stack up. I am also disappointed that the Government did not just accept this amendment. I think if they wanted to prove to us that there should be no delay rather than gambling on the strength of their argument and on the strength of their figures, they should have got around the table with Scrutiny and said: “Look, we can build this hospital for less and if there are areas where we need more money, we will come back to the Assembly as and when that spending is required with the relevant detail and when we have made the case, that money will be released by the Assembly when they are satisfied.” Now one of the points, the more I have heard of it, frustrated me, this gun-to-the-head analogy, this idea that Members are having a gun put to their head. What I would like to do is dismantle that argument and dismantle the gun indeed, and I will be doing that with the help of Monty Python. So for the slight relief perhaps of Members in the Assembly like Deputy Morel and Deputy Ash, there will be others who I know are big fans of Monty Python, what I would say is that, first of all, when dealing with an assailant with a weapon you have to disarm the assailant. Luckily, what we have with the Council of Ministers here is not a gun to the head, it is just a banana in a sock which they are pointing at us. When you take the sock off you realise that the Council of Ministers are just standing there with a banana and that they can do no harm. As Monty Python showed us, with the great John Cleese playing the drill sergeant-type self-defence instructor in that great sketch about self-defence against soft fruit, he says that you get the banana off him and you peel the banana and then you eat the banana, thus disarming him. Of course, what we realise here is that we do not have a gun to the head at all, we have a banana and that the banana can do us no harm because in fact the gun to the head is saying that there will be delay if we do not do this. There will be delays if you do not give us the exact money that we need. But of course that is not true, there will not be any delays over this. Then we are told: “But Scrutiny have not proved to us that there will not be any delays.” This is where we encounter one of those

logical fallacies that is being put forward again in the arguments over the last 2 days, is that you do not need to prove a negative. I do not need to prove to somebody that the Loch Ness monster does not exist. You need to prove to me that the Loch Ness monster does exist and you do that either by providing photographic evidence in this case or providing perhaps some evidence that the Loch Ness monster does exist, either a footprint or some discharge that has been left and could only have been left by a Loch Ness monster at the bottom of Loch Ness. What is even stranger is that there has not been any shortage of opportunities for the Council of Ministers, who do not support this amendment, to come forward and tell us what the delays will be. They are just saying: "Well you cannot prove that there will not be delays." If they said to us: "Look, there will definitely be a delay because we have to go back to the drawing board and we will have to change X, Y and Z, and that is why there will be a delay" but of course they have not done that. They cannot do that because there is an overwhelming desire and a strong message from this Assembly to get on with it and that strong message is also coming from the public. That brings me to the next point, which is that again we find ourselves in a situation where the Council of Ministers are taking the Assembly, and they are taking Scrutiny for granted, but primarily in this case they are taking the Assembly for granted. Because they are saying: "Look, we have already spoken to the builder and we have told them we want them to build us an £800 million hospital." In parenthesis, by the way, is: "We are not building an £800 million hospital, we are building a £311 million hospital and the rest of it is ancillary." I am not saying it is not necessary, but it is not directly for the hospital build. The build is a building that is a £311 million hospital, at least that is what they have been asked to do. The problem with that and the whole package that goes around it, I do not need to reiterate the fact, is there are so many contingencies in there and, I believe, so much double accounting that has gone on in there. Yes, of course, it is very prudent budgeting in a sense that it is probably vastly more than this Government needs to spend on the hospital but that is exactly why Scrutiny have come back and said: "Look, you do not need this money." It might be fair enough to do that if it was our own money, the idea that there is cheap credit out there. Now if you were taking out a loan and you needed to do some building work, I have some very recent experience with this, you might go to the bank and say: "I would like to borrow £10,000" knowing full well that what you need to build your renovations would only cost you £7,000 or £8,000 and you keep £2,000 or £3,000 in the bank. Like, Deputy Huelin told us, and I think this might have been a slip when he was speaking - not a slip in the sense that it is not true but a slip in the sense that it is true and it reveals something which may be central to Government's thinking - because he said: "If you borrow too much money of course, we can just give it back or keep it." I think that might be okay if you are doing that with your own money but why would we borrow much more money than we need to when it has to be underwritten one way or the other by the public and it has to be paid back by generations? I say that, saying that I do not have a problem with borrowing, I think that is the right model, and that we do borrow now while the credit is cheap rather than spending our reserves and we keep the reserves in the bank to ensure future credit. That does not mean that there might not be times we need to spend some of that we have got. My concern is we have already had an admission from the Assistant Chief Minister there that it does not matter if we borrow too much because we can keep it or pay it back. I would say: "No, I think we should only borrow exactly what we need to and then if you need more money, the prudent thing to do is for this Government or any future Government to come back and ask for more money." My concern is again that the Assembly is being taken for granted. If I were to speak to a builder and say: "Look, I want you to put an extension on my house but I have not spoken to my wife yet, by the way, but I will speak to her when she comes back and it will all be fine. It will all be fine. So I want you to put this extension on and I want you to use absolutely the best materials, that goes without saying, because I want the best for my house and for my wife." Then my wife comes back and says: "We cannot afford that, we can only afford this, even if we borrowed." So I have to then go back to the builder, and of course I will be embarrassed, and say: "Well, yes, I do not think we can use that top-quality Tungsten, I think we are going to have to go for slightly cheaper but perfectly adequate material which does not affect the quality of the build at all and is just as strong." I might have to

swallow some pride but the point is I should not have said to the builder to go ahead with that project because I knew that in order for it to be signed off and paid for I needed the consent of my wife. I think this is what has happened with the hospital project, is we have the Council of Ministers trying to threaten with their banana to our heads the fact that: “Well, there will be delays because we do not know if the builder will build a £500 million hospital for us and we will have to talk to them.” But the builder should build what we ask them to, they are our servants and the Council of Ministers do not know what is going to be approved by this Assembly until the Assembly has set the budget and told them to go ahead. So I think we have seen so many red herrings here from the Council of Ministers who have not told us, and know that this will not delay the project at all, that the delay will not happen, that the project will go ahead and it will go ahead at Overdale. So in a sense we are arguing not about the principle, we are arguing about some fine detail here. I do want to make some more general comments, I am coming towards the end, and I know it has been a long debate, but I think we all talk to members of the community, especially some of the older generation who perhaps have more time to come and talk to us who also have experience about either using the hospital directly for them or for their loved ones or anticipating the need to look at it and to use it in the future.

[11:45]

What they have told me, and which is also my concern, is that they are largely concerned, not simply about the fabric of the building but about what kind of care is going to be provided for in that building. While Deputy Ash says: “What do we want? Some kind of American style of healthcare?” my concern is that from what I have heard, the alarm bells that go off in my head when I have been to the presentations, is that it seems to be overly-predicated, this healthcare model, on private insurance and on private healthcare. Of course, it is perhaps natural that a long list of consultants in Jersey who are also doing private practice would want us to build the best and most expensive hospital that money can buy. I would say to Deputy Martin, I want to see the best hospital in Jersey, not that money can buy, but the best hospital that we can possibly afford. Inside that hospital I also want to know that we would have healthcare workers, whether they are doctors, nurses, whatever their job is, cleaners in the hospital, who are respected, who are well-remunerated, and I want to know that if we have a mental healthcare facility in Jersey, that we do not just blow all the money on a nice shiny building for mental health to tick the boxes but that we address some of the underlying issues that lead to people in Jersey having acute and aggravated mental health issues. What are those issues? This ties in also with some of the reasons I believe that we have a staffing crisis, not just at the hospital, but more generally in Jersey and also in the care sector, in the wider care sector. It is not simply that the building is not fit for purpose, we do not need to make those arguments anymore. We know the building is not fit for purpose. We need to make sure that people are not working long hours because they are in poverty wage jobs, that they are doing 2 jobs, that they do not get to see their children, that we are not storing up problems for the future where people are incredibly stressed, where young people and young families are falling into despair because they are seeing rental prices in Jersey going through the roof and they are also seeing the fact that no matter how hard they work, they are never going to be able to afford their own homes in our Island. This is exactly the problem for those in healthcare. The reason people are not coming over to work in our hospital is not simply because there are material issues in the fabric of the building, because remember doctors and nurses go all around the world to work in areas which do not even have proper hospitals because they are motivated by delivering health often in adverse circumstances, but the reality is that why would you come to Jersey where you have got to spend ages trying to find somewhere to rent, where you probably cannot ever buy, you may not even be allowed to buy, depending on the housing qualification that you have, rather than go somewhere else that truly values you? I do not see that any of this is truly being addressed and we are just focusing on the size and the show of the hospital. Now 75 per cent private beds. That sounds great, does it not? We are saying: “But we do not want people dying in wards, we prefer them to be dying in their private beds.” Is it just me who asks themselves: “Why are we sending people to hospital to die?” It does not matter whether you are in

a private bed or on a ward, you should not be going into hospital to die, hospitals are about making people better. There is palliative care there if people have end-of-life issues. People generally, I suspect, also prefer to die in their own homes surrounded by their loved ones, not in a private bedroom in a hospital or in a ward in a hospital. I think there are 2 separate issues here because if those 75 per cent of private beds needed to be funded through a model which relies on the fact ... and I heard it in the presentation, it relies on the fact that we know that so many people in Jersey have private healthcare that is not used. It is provided by their jobs but they do not use it. That is what one of the officers told us in the presentation, that there is a presumption that we want to get more people to use their private healthcare rather than it costing Government any money. Of course, if you over-extended on your credit by taking out an £800 million loan rather than something in the region of £500 million, you may well try and find inventive ways of trying to repay that debt. What we know from this Government and previous Governments is that they never fund the public good through progressive or even neutral taxation, it always ends up being regressive taxation. So of course the consultants at the hospital will sign a letter and say: "We want a hospital and we want it now." I hope that in future they also lobby us on other issues. I also note that when the nurses came out, the public sector workers, also the ancillary care workers in the community, saying that they wanted better working conditions, we know who was standing there shoulder-to-shoulder with them. It was Reform Jersey and some other Members in the Assembly and the trade unions. It was not this Council of Ministers who speak so highly now of their doctors at the hospital simply because they happened to agree with them. It is political convenience, nothing more. I am also concerned, I have to address these points, I am afraid, when the Minister for Housing and Communities again seemed to take, not just the Assembly this time, but the residents of Les Quennevais for granted when he said: "Look, I need this hospital to be built right now so that it can unlock other sites for housing like Les Quennevais." What does he mean by that? Is there a presumption that the old Les Quennevais School site will be released to him for housing? Because if that is his presumption, then he has got a battle on his hands from the residents of Les Quennevais and myself potentially because until we know what the options are for the old Les Quennevais School site, we simply will not roll over to accept that that should be some more high-density housing, whether it is social or whatever it is. There are many of us who firmly believe that should be a community use of that site and that there should be no presumption that it should be housing. Again, it just shows that the Government has been making all these plans, sitting around their tables moving the pieces around the jigsaw puzzle without taking the community with them. I think this is what we have seen here, is that there is this argument that is being put forward that seems to belittle and undermine anybody who does not want the Government's proposal versus what Scrutiny is putting forward and saying: "Well, it is going to delay this. You do not really care about the community you live in." But when there is so much widespread concern about the proposals being put forward from the left, right, the centre, from all sorts of people in Jersey, I think Government would do better to say: "We have listened and in hindsight they should have accepted this amendment." Now I do not know whether the Government is going to win today or whether Scrutiny will get their amendment through. What I do know is that if we support the amendment today and we give the green light for the Council of Ministers to go ahead and build this hospital within the parameters that have been set with the proviso that they can come back for more money when they justify it, if there are additional costs that they believe are absolutely necessary, then that will go ahead. Whereas if we do not do that, we have a highly-divided Assembly, we have a highly-divided Island, I believe, on this issue and they have not taken the public or the Assembly with them. They might win this by 24 votes to 22, who knows, but that, I believe, will be a pyrrhic victory for them and I think the sensible way forward that we can all agree on consensually is to support the detailed recommendations that have been put forward by Scrutiny. I encourage Members to think about being fiscally responsible but as well as socially responsible and delivering this with an envelope which is both realistic and can deliver excellent healthcare, not just in terms of the building but in terms of the actual care that is provided in the community and at this Overdale site.

1.1.12 Deputy S.G. Luce of St. Martin:

This is a debate about borrowing money. The fact that this borrowing is for a hospital is somewhat secondary because this is a debate about the best financial plan to fund the largest piece of infrastructure we will ever build. It is also a debate about the future. It is the future that is important because it is not those here in the Assembly today, those making the decision, that will ultimately have to pay for the borrowing, that will be future generations of taxpayers of Islanders but not us. This is not a debate about whether we want to fund a new hospital because we do; it is a debate about how we fund a new hospital. Despite the efforts of others, most namely the Chief Minister and the Minister for Health and Social Services yesterday, this is not a debate about the site being flawed, as the decision to build Overdale is, in my opinion, with many tens of millions of pounds to be wasted on an unnecessary road and tens of millions of pounds to be spent on an unagreed and yet an unapproved relocation to Les Quennevais which will create absolute chaos to residents there. It is not about the fact that the site will not pass the planning process. I remind Members that we will do well to remember the words of the independent planning inspector who when asked if there were alternative sites to Gloucester Street that would clearly avoid the adverse effects of building on that site, the current site, the inspector's finding was that, based on the evidence before him, the answer was a very clear no. The Chief Minister tried to explain lots of things in his long speech yesterday but he failed to explain why he wants all this money agreed before he has even submitted a planning application, let alone had it passed. This is not even a debate about whether we should just do it, as so many say, because if you really want to just get on and just do it then we need to look again and decide to renovate, rebuild and build anew on and around the current site in Gloucester Street. Because the unsuccessful planning application, the previous scheme mentioned by the Minister for the Environment - interestingly he spoke in this debate - is still even today much further advanced than the current plan we are talking about. It is not surprising that the application has yet to be submitted for Overdale because the design still changes on a weekly basis. If we want a less-expensive build, if we want a build that is quicker to completion, if we want a location that can be accessed by the public of this Island and is easier to get to, if we want a scheme that complies with our decision on the climate emergency and does not cover greenfields and car parks, if we want all those things, then we need, even at this late stage, and not too late stage, to look away from Overdale. After all, we are going to spend over £100 million on Gloucester Street in the coming years and that money must be well spent. This is a debate about funding and I will try, as hard as it is for me, to concentrate on the proposition and the amendments directly. I would like to share with Members a piece of advice I was given when I first started out in my own business career many, many years ago now. It was from my first bank manager when I turned up in his office and very confidently asked to borrow some money and set up an overdraft facility. He told me very clearly to go away, to come back with a plan to show him how I would pay off any loan and to show that my business was stable. The previous bond taken out by the States to fund Andium was done with a clear business case, a clear way to fund the coupon, a clear income stream and a way to pay for the borrowing but this proposed borrowing has certainly none of those, it has little certainty. Betting on the markets to fund the coupon, how often are we told that the value in an investment can go down as well as up? My parents always taught me not to buy anything unless you know how to pay for it. Wise words that I have used all the way through my business life in the private sector and ones that I hope States Members will heed today. I have been lucky, I have worked hard and enjoyed a relatively successful business career but if anyone had walked into my office and put a proposition in front of me that had a 58 per cent contingency in it, then I would be, at the very least, sending them back for more detail.

[12:00]

More likely, I would thank them for their input and say to go away and get some advice from someone else, someone else who could provide proper detailed costs and a much smaller profit margin and contingency. Even at this late stage, and at the very point of making this big decision today, the numbers we have been given over the last 2 days are full of inconsistencies. The cost of mental

health yesterday was £40 million to £50 million, yet the table we were given on Monday showed the number as just over £12 million. We have been told recently that income from private healthcare was £3 million, yesterday that number was over £10 million. There is also the confusion over the percentage of Islanders who have private healthcare, so Government cannot even agree among themselves as to the right number. Just like the ever-changing design, the numbers we are given are all over the place and not where Members should expect for a debate of this gravity. If an individual goes into a shop at lunchtime to buy a pint of milk, they will be told: “The price for the milk is £1 but we are going to charge you £1.58.” A young couple might go to buy some whitegoods in town, a washing machine, a spin-dryer or goods of that nature and be told by the shop: “Well the bill is £1,000 but we are going to ask you for over £1,500.” A small business owner might want to purchase stock for the coming year and be told: “The value is £10,000 but you need to give us over £15,000.” Or somebody might be going to build a property costed at £1 million to be told that they would need to find over £1.5 million to give to the builder. I will not go on but surely any of us that have any sort of business dealings right from buying a pint of milk up to funding large multi-million-pound developments, I say to you, think very carefully about these proposals. I say to Members that I think they can be sure of one thing today and that is if we vote over £800 million to this project then it will be spent. I urge Members to consider the future, those future taxpayers, those future Islanders. I cannot and will not support government plans and will subsequently be supporting the Scrutiny amendment. I just say this in closing to Members, £800 million, and I ask Members to dwell on that.

The Bailiff:

There is a note in the chat from Deputy Higgins complaining that there is an echo. Deputy, there is no particular echo within the Chamber itself; I am not sure if anything can be done about it but I am sure if something can be done, the Greffe will look at it now. Does any other Member wish to speak on the amendment?

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

I just want to say a number of things. First of all, before I start the substance of my speech I do want to say that I think it has been unfortunate there have been some rather sharp and unnecessary attacks on individuals in this Assembly by Members, particularly of the Alliance Party, I am afraid. I think that is a real shame. I also want to say, on a lighter note, that if socialism is defined by the amount of spending, then the Alliance Party sits in the most socialist government Jersey has ever had. I think that is something which needs to be noted. I also want to say that there is no bone in my body which wants to stop the hospital going ahead at Overdale. I am not interested in sites, I am not interested in, for the purposes of this debate, which wards, which services are not there, what are there, those are things for other debates on other days. I have been quite clear with Senator Farnham, who leads the hospital project, that I am interested in 2 aspects of the hospital particularly: they are financing and parking. Today we are talking about financing and that is where my interest lies and that is the only interest I have in this today. Back in 2014, if Members cast their minds back, not to the hospital debate, but to the Russian invasion of Crimea. Vladimir Putin marched into Crimea and the world looked on astonished and disgusted and appalled and Members of this Assembly felt the same way. In the 1690s, Peter the Great of Russia also waged war in Crimea, so why was Vladimir Putin doing exactly what had happened 320 years earlier? The reason was because of geography. Russia has no 24/7, 52 weeks a year ports. All the ports that Peter the Great had were covered in ice half of the year and once Ukraine starting making overtures to the west, Vladimir Putin saw Crimea as his only 24/7, 52 weeks of the year port disappearing before his eyes. Strategically he was faced with exactly the same decision that Peter the Great had to take 320 years earlier from his perspective and that was that he did not want to lose the 365 days a year access to the sea that would happen if Ukraine moved further towards the west. Geography determined his actions, geography determines the actions of rulers today, 300 years ago, 3,000 years ago. In the 1940s, the U.K. did not defend these Islands, the Channel Islands, because our geography meant that we were not strategically important within the

scope of the wider world war. Indeed, in the 1940s Churchill is reported to have said some very negative and quite nasty things about Islanders because he could not understand why we were not resisting the Nazis more strongly. In making these comments, he was showing his ignorance of Jersey's geography for we have no mountains in which to hide and from which to launch guerrilla attacks. We were not an Island that could stand up to the Nazis, our geography did not lend itself to doing so. Times change, technology progresses, but our geography never does. It does not matter how fast our internet speeds are or how regular the daily flights to London, we live on a tiny Island with no natural resources, no exploited natural resources, and with just 100,000 people. That does not change. These are the things that are guiding my thinking today. Jersey's geography is Jersey's geography, it will not change. The vulnerability that our geography lends to us will not change. Through this speech I am going to call on the thoughts of a political thinker some 4 years ago who in this Assembly really did sum up exactly how I feel today. One of those first things is the idea that debt is addictive. These were the words of the now Senator John Le Fondré in 2017 when addressing the financial funding of the Gloucester Street Hospital site. His view was that debt is addictive and in his view it is not in the Jersey psyche. He said that we have moved, in the time that he had at that point in 2017, been in this Assembly, into a borrowing culture. These words ring true to me today. When I look at the hospital funding, I do not look just at the £800 million for the hospital, I look at the £250 million for Andium and I look at the £400 million for the pension liability and I look at the £300 million for the COVID debt. In the words of Senator Le Fondré in 2017: "How do we justify what we are doing and the potential extra cost? Trust me does not work, I am afraid, not on £0.5 billion." Well, today we are £1.2 billion further in than that £0.5 billion. We are looking at £1.7 billion. It is the totality of that debt that is my concern. Yesterday Senator Le Fondré referred to me - and I remember it as the point of order that I raised or tried to raise - that we are not a household budget. I know this, but we are also not a nation state. We are planning for the next 40 years today. Whether we like that or not, that is what we are doing, because whatever debt we take on, whether it is the £400 million or the £800 million, that is going to be around the necks of Islanders for the next 40 years. In 40 years' time it is quite possible I will not be here, and more likely than not, I would suggest, in 40 years' time most of us in this Assembly will not be here. We will have gone to far better shores, I am sure, but the consequences of the decision we take will be here. That is the reality of what we are dealing with. That is 40 years. Senator Le Fondré yesterday suggested that household budgeting is much more short term. I want to reassure Senator Le Fondré that I am not thinking in a short-term manner here, I am thinking very much in a long-term manner. Over the next 40 years ... sorry, that is 40 years in which the ability for future generations to borrow or indeed use the Strategic Reserve will be rendered uncertain, precisely because debt is not endless. There is a limit to the amount that we will be able to refinance should we ever have economic problems in the future. We are not a sovereign nature; we cannot print money. It was interesting that in one of the many reports, the Minister for Treasury and Resources has cited Norway and Qatar as nations with strong credit ratings because of the strength of their reserves, but what the Minister ignores in that ill-fitting analysis is not only are Norway and Qatar sovereign nations with the ability to print their own currencies, but their geography determines that they sit on enormous oil reserves. Last I checked, Jersey did not enjoy the same benefit. At best, we have a speculative possibility of developing renewable energy to trade at some unknown point in the future. Unlike Deputy Truscott, I am rarely comforted by the words of the Minister for Treasury and Resources. Indeed, on Tuesday we learned that not only are her judgments in this particular matter of this financing based entirely on the belief that investment returns of the last 40 years will continue into the future, but she does not have any plan in the event that those returns do not cover the cost of interest payments. Indeed, from that we can surmise that Senator Le Fondré was correct back in 2017 when he expressed exactly the same concerns, and I quote from Hansard: "Now the argument is: 'Well, we will have to take other measures'." That is exactly what the Treasurer said to me in a briefing one or 2 weeks ago about this matter: "We will have to find other ways and take other measures." Senator Le Fondré continued in 2017: "Well, those other measures can only put taxes up. If your economy is in difficulties [he

continued] the last thing you want to be doing is pricing yourself out of the market.” In an economic crisis, do you want to put taxes up? In 2017, the now Chief Minister expressed his aversion to taking such risk in advance of Brexit uncertainty. That was the context he placed those comments in. Brexit in 2021 is far from settled. We see this literally in this Island every day, but now we also have a pandemic. We have sabre-rattling between China, the U.S., Australia and indeed the U.K. We have relationships with France breaking down before our eyes, supply chains being eroded, and we are beset by enormous inflationary pressures, which will lead to high interest rates in the coming year, indeed possibly by the end of this year. We are in the midst of enormous geopolitical shifts and they affect all of us, whether we like it or not, and those shifts create enormous uncertainty, uncertainty which means that not just future generations but indeed our own generation may well need to resort to the Strategic Reserve for support. Should that be the case, the debt we will have incurred will not only stop us being able to use the reserve directly, where it will be needed to churn out the interest repayments on these debts, and we now know the nature of the Strategic Reserve has changed for ever.

[12:15]

I am not against that, but we need to acknowledge it. The Strategic Reserve, should the reserve be needed, we will have to use it indirectly by leveraging it for more debt. In an emergency, we will not be able to pick and choose interest rates, we will have to pay all the market demands, and from next year or sooner, it will be higher than the 2 per cent we are suggesting today. Of course at some point, if times are really bad, the markets will stop lending to Jersey because we are not a sovereign nation. We have no exploited natural resources. We have an enormously imbalanced and honestly vulnerable economy and we will have a reserve tied up and paying for projects like this hospital. When I am faced with these realities, rather than take the head in the sand approach of the Minister for Treasury and Resources, I try to face them and ask myself, given these realities, should we borrow to the maximum extent or should we moderate our borrowing on a project like the hospital to ensure we have greater resilience for this tiny vulnerable Island, and in so doing, leave options for safety nets that we and future generations can use? So in the very worst of times, what happens in the event of default? We heard yesterday that the U.K. may not have a constitutional duty to intervene in such a situation, but the reality is the U.K. is likely to be our first port of call, because we will not be able to go to the I.M.F. (International Monetary Fund); we are not a sovereign nation. We will not be able to go to the World Bank; we are not a sovereign nation. We will just have to go and turn to Westminster should we not, at some point in the future, be able to pay our debt. If we do that, if on any given day in the future we ever turn to the U.K. to ask for help financially, that is the day that this Island loses its autonomy. I have shown that my position must be one that is clearly understood by the Chief Minister because it completely mirrors his position of 4 years ago. I am not motivated by party politics or personality politics. I want this Government to get going and build the hospital at Overdale, but when faced with the stark realities of today’s world or the unchanging realities of Jersey’s geography, I find that my position is best expressed in the words of Senator Le Fondré in 2017: “I am cautious; I am slightly risk averse. What my concern is is the level of debt that our future generations will have to fund if we have a problem.” Those were the Senator’s words - or then Deputy’s words - as written in Hansard. That is my sole concern, so an amendment that tries to enforce fiscal discipline is one that, given my and the Senator’s former views, I feel compelled to support because to do otherwise would be reckless and, in my mind, deeply irresponsible.

1.1.14 Deputy G.C. Guida of St. Lawrence:

There will be a couple of parts to this. I had a very nice speech written, but funnily enough, it seems that the absolute basics of this are still not being understood, so I will have to start from scratch. First of all, all of this is quite simple. It is not very complicated. We are asking for more detail and more data and I think we are at about, what, 1,700 pages of reports so far, but that is not enough, we still need a little bit more. No. The larger the project, usually the simpler the principles, because if simple

principles do not work when a project is that complex, there is no chance in the world that it will work. There is just no chance. If you want to build an Ikea somewhere, first principle, you need a 1 million people catchment area within 20 minutes. They do not look at the cost of doorknobs and they do not look at the cost of square metres, they look at: "Do you have 1 million people within 20 minutes?" For a hospital, it is very, very simple, and it is quite funny that we did not apply that earlier. The size is incompressible. It is the size you need. It is not the size you want, it is not the size you would like to have, it is the size you need. You look at your needs, your health needs, and you apply that. It is like a school. We have 500 students; we need a 500-student school. So, let us look at this from the beginning: let us make a 300-student school or let us make a 250-student school or a 400-student school. If you need a school for 500 students, you build a school for 500 students. You do not look at anything else, you just build a school for 500 students. The size of a hospital is defined by your needs. The second most important thing is the access. If you cannot get to the hospital you might as well not have it, and that is inescapable. Unfortunately, we have looked at this and did not think of the access half of the time, but this is absolutely essential. I still cannot believe that we are discussing square metres of access where access is the second most important thing for a hospital. If an ambulance cannot get to your hospital because there is a bicycle in the way, then it might as well not be there, so access is absolutely essential. I know we are going to discuss this again in the near future, but there should not be a discussion. Access is essential. One last thing, which is very important and quite unique to a hospital, is flexibility. Flexibility is very important. It is not essential. You can have a closed hospital that does not move for 50 years, but the truth is health changes every 6 months. The way we apply health, the way we use health, the way we expect health changes every 6 months. I cannot believe that we have been talking about private rooms by saying: "Oh my God, we need to be ..." and I am not talking about private patients, I am talking about rooms with one bed. That is what we are talking about here. We are not talking about 100 rooms for private patients, we are talking about rooms with one bed and we think that that is a little bit exotic. We have just had COVID, we have just had 18 months of COVID. Do you want your patients to give COVID to each other? Do you want your patients to give M.R.S.A. (methicillin-resistant staphylococcus aureus) to each other? Do you want your patients to die in front of each other? Do you want to suffer from the after-effects of a sex change with another 5 people in your room? Of course not. What about privacy in general? We know that there is a massive drive towards privacy in health. We have lost it in everything else. Our bank accounts are public, but there is a massive drive to privacy in health. If you are in a room with 6 people, I am sorry, there is no privacy. We have been discussing private rooms like that is a luxury that maybe we should not be affording. Mind-boggling, absolutely mind-boggling. Now size; let us go back to size. The current hospital, I do not think anybody in this room can say that it is plenty large, it has got plenty of spare space and it should have a few gardens in it because there is so much unwanted space. I do not think so. It is 40,000 square metres. It is an illegal building. If we built it now, we would not be allowed to run it. We would have to make it for the same services, for exactly the same services. We would have to make it 55,000 square metres to make it barely legal. Not comfortable, not better, barely legal. That is what is needed. We are talking about reducing that, about making it smaller because somehow our needs have decreased; so what, the population is smaller? I have not noticed that. The population is younger, it is healthier? I have not noticed that either. You know, this is very weird, there is less need for health, there are less treatments available, the treatments are less complex, it is just a pill, it is not 3 months of extremely complex cancer therapy. Just have a pill, that is how it works now, so you do not really need to go to hospital. Treatments are more complex. New treatments come in all the time. We have a larger population. We will have a much larger population in the next 50 years and an older population, so we need more space. If we just add to those 55,000 square metres mental health and the services already existing in Overdale, that is 65,000 square metres and that is what we are working on; 65,000 square metres. So, who in this room is going to come back and say: "Well, somehow for the next 50 years we need two-thirds of that and that will be enough, that will be okay? Two-thirds, 40,000; let us go back to 40,000 square metres. We can shoehorn

everything back into Gloucester Street and that will be fine”? I would really like somebody in this room to come up and say that exactly like that, 40,000 square metres, two-thirds of our existing health capacity will be enough to serve the needs of this Island to 2076. I have heard incredible things. So size is not compressible. We cannot make a hospital that does anything for this Island for less than 65,000 square metres. It is not possible, it does not exist, not in this universe. Now, the price. It is a little bit sad because I have a vague recollection that there is a finance law that says you cannot start a project until you have gotten approval from the Assembly for the total expense of the budget, including contingencies. So, if you do not have a full plan, if you do not have a very detailed plan with everything in it, you cannot start your project. Now, excuse our Chief Minister for being a chartered accountant and doing it properly, and instead of: “Oh my God, yes, it is a lot of money, but you have got everything in it, everything is in it” and we get castigated: “Oh no, no, start with something smaller and come back for more.” Well, I am sorry, that is illegal. We cannot do it. We have to have the whole plan on paper approved by this Assembly or we cannot put a brick on the ground, we cannot put a spade in the ground. Now, let us look at all this money that we are spending: £311 million for the build. Now, that is people and sacks of cement. That is the very, very basic figure. It is easy for planners to do it. You know that you have a wall, that is so many breeze blocks, so much cement, you make a list. Design: well, your architect has to do that design. It is usually about 10 per cent cost, so £33 million for design. £34 million for land: now, who would seek for one second, considering that we have to acquire most of this land by a compulsory purchase order, we are going to go out of our way to collect extra stuff that we do not need? This is the absolute necessary land. There is no other way of doing it, and because we are doing it through compulsory purchase orders, the price has to be right. We are not negotiating crazy prices. Those have been calculated. £44 million overhead and profit: now, that is a funny one, because nobody seems to understand that: “Oh my God, our builder is going to make £44 million.” First of all, this figure normally should be between 25 and 50 per cent. When your builder comes to your home and does something for you, he takes 50 per cent overhead and that is the minimum. He can do more. If he is an electrician or a plumber, he is going to take massively more, but he takes 50 per cent overhead. 10 per cent is a little bit short, it is very, very tight. You need to negotiate very well with somebody to say: “Within 10 per cent, you are going to be able to do all the overhead, all the management of all these things and keep a little bit of money for afterwards, have your own contingencies.” That is going to be very difficult. This is quite a low figure. So that is if you were building a home, that is what it would cost you. You cannot evade any of those costs. Altogether, £422 million. Now, 65,000 square metres at £422 million is £6,200 per square metre. That sounds like a lot of money. Has anybody bought an apartment recently or maybe a house or maybe a small office? You cannot get any of these, you cannot build any of these for £6,000. It is £7,000, it is £7,500, it is £8,000 and we are talking about apartments, not the most complex building. The hospital is residential, it is commercial, it is industrial all at once. There are more regulations for building a hospital than almost any other building on earth except a space shuttle. It is the most complex building you can have and here we have a price per square metre which is cheaper than an apartment in town. So, who here can say: “Oh, that is a bit expensive. We should really have it for less because it does not make sense. Look, in Madeira they have it for less”?

[12:30]

Sorry, if you cannot get an apartment for less than £7,000 or £8,000 per square metre, you are not going to get your hospital. It is quite a bit more complicated. Equipment: well, fortunately nobody worried too much about the equipment. It is about 15 per cent of the total. Well, an M.R.I. (magnetic resonance imaging) machine is £3 million, a C.A.T. (computed axial tomography) scan is £3 million, an operating theatre is £3 million. It goes on. Each of the rooms has gases, electricity, monitoring machines. £56 million, yes, no problem at all. Again, if I am wrong, I want to be told that £56 million is really, really, really too much to equip a hospital, that 15 per cent. Your home has more than 15 per cent equipment costs and now we are talking about a really, really specialised building.

Inflation: well, inflation is something that we will have to think a lot about very soon and I would like to bring this in now because this is going to hit us, this is going to be a very big problem in the future. It could be an advantage to us, but it might be a problem. With about £34 million in inflation - we have used the current rate - we have looked at the total. Again, take your calculator and prove me wrong. Preliminaries: now, that is a very interesting one, £53 million. Preliminaries, basically they have been spent. That is the amount of money we have spent talking to everybody, making new plans, saying: "Oh, you do not like the roof? Here is a new roof. Here is a new way of doing it." So, preliminaries is money already spent. It is very difficult to take out of the project, but it is also very important money because that is how we make the right project. That is how we make sure that this money is well-allocated and that this is the budget that we need. This here I say is the preconstruction service agreement and basically it is a little bit like a conversation you would have with your builder before he goes on to your roof and fixes it. When you do that with 100 engineers and a company that you have contracted for £300 million, you have to pay for it, you do not get it for free, you do not have this little chat and: "So the slates, if we could do them like this." No, it does not happen like that, you have to pay for it. So, until you have a contract with them, you can work with them, design with them, make sure that they can provide what you need in the end and you need to pay for it. It is not free, it does not come free. Again, if you think that this money is poorly spent and that we should not or that there is a way of saving it, please come back and tell me that this money is poorly spent. Contingencies: a total of £108 million contingencies. Now, again we are forced to put them there. It is something that is a legal requirement. We have to count contingencies. Now, for your project, what will happen? Usually if it is your build, it is your home, you think: "Oh, at the last minute I might want the room to look a little bit different or the window, so I put 5 per cent just in case." When it is a project like that - and I am going to go to extremes now, I am going to really, really look at stuff that would never happen in a million years - but say you have a pandemic and for 6 months there is no communications, you cannot get your material and all your workers are isolating, and you know about that. I know this is very, very far-fetched, but it happened, it could happen, it might happen, so unfortunately when it is a project that size and you have got 1,000 workers taking up all your hotels in town and having to be paid while they isolate while this thing goes around, yes, it takes up a lot of money. First of all, we are legally obliged to think about those things, but also the contractor will make sure that we are ready for those kind of things, because otherwise they will not sign a contract with us. If they see that: "Oh yes, you have got just the right amount of money, not a pound more and yes, if there is a little problem like that and you are stuck, it is our fault or it is an act of God, it does not matter very much" they will just not sign with us. They want to make sure that we can cover that, that those things can be predicted, that we are prepared for it and it is a legal requirement. We have to be absolutely certain that when we put the first brick on the ground we can put the last brick on the ground and that the hospital is delivered and all of this is there. Again, it is not complicated. I have built small things. I have spent a few billion pounds building stuff, so I have got a vague idea, and I have built a hospital. The people who have built hospitals here are our people, our civil servants. They have been doing this for 10 years. They have built one. They are the people who know and of course they are the last people that we ask. We just pick people off the street and ask their ideas, so yes, this is not complicated. What I have done is a bit of an envelope and a calculator. Come back to me and explain to me why 10 per cent design is too much when any architect will take that anyway, and we are talking about something absolutely massive, explain to me why £56 million of equipment is too much for a hospital and I am ready to listen. I am really ready to listen, but all this means that if we want 65,000 square metres of hospital, we need to pay £700 million or so and there might be contingencies, but it is something that might happen. So, the size I think we have discussed, reduction in wards. Yes, again, population shrinking and becoming healthier. Atriums and beautification: sorry, we are going to have the most visible building in the Island and it can be a bunker, that is fine. Also beautification is a tiny, tiny, tiny cost. It is not very important. We did it for the Energy for Waste plant. That thing cost us quite a bit more money just to make it square. It was not necessary. We just beautified it because, well, it would look

better if it is a block. We spent money on that and I think that was too much money. The hospital will be much, much less expensive to make look right and we have worked on it. Oh yes, I forgot a very important figure: the Government of Jersey team, £39 million. Now, we are talking about several years of quite a number of our people working to do stuff with the hospital. I wonder what they are going to do? They will verify stuff, because of course we scrutinise everything we do, so whatever the contractor is going to do, they are scrutinised when they spend money, when they ask us for money they will make sure it is scrutinised. That scrutiny will be checked and those checks, they will be scrutinised and then there will be reports written and somebody will probably ask for an inquiry, so of course we will have to do this inquiry. Oh, I forgot about the reviews, of course, and the reports, so yes, somebody needs to do that, and unfortunately, but most importantly, that is our supervision. That is to make sure that things happen properly. Yes, they are expensive because there are many very high-level people and they need to understand what is going on. Yes, we have discussed about other things, no knowledge centre, if they still have that, because it is not important to teach new nurses. Car park: I am working on carbon neutrality, but people going to hospital are going to use vehicles. I am sorry, people going to hospital are going to use vehicles. Some of them will be using ambulances; most of them will be using vehicles. They might be scooters, mopeds, cars, but they need to go somewhere. Of course, that is something, it is funny that we have to repeat all this time: there are 800 people working at that hospital. They go there at any time of the day, they need to be able to park somewhere if they do not come from a convenient bus route or walking distance. They need to be able to park somewhere. There are 5,000 movements a day in our hospital, the small one; 5,000 movements a day. Well, even again with those that use the convenient shuttle bus lanes or climb up the hill or cycle up the hill, it is still quite a number of cars. There is no way that we can have somebody come to the hospital and find the parking full. We cannot have full parking. I do not know if that has ever happened to you. It has happened to me, to go to hospital and find full parking and I cannot think of anything more horrible. I was lucky, I had a few minutes to spare to find somewhere else, but if you are in a hurry or if you are going to an appointment and your problem is that the parking in the hospital might be full, it is a catastrophe. I mean, what a design problem. So yes, let us lose the car park, it is not important. Highway works: well, I have said it before. If an ambulance cannot get there instantly at any time of the day, whatever the traffic load that your hospital has elsewhere, it does not work. I think that is about it. Now, financing options. I do not think we can do this for less money than we have put down. We are talking about £696 million if you do not put in contingencies, so that is our budget. That is our budget, it is almost £700 million. I do not think ... because I can use a calculator or on the back of an envelope, I do not think that we can do the hospital for cheaper. Now, how do we finance this? Now, we are unbelievably lucky because we can get it for free. This is unique. This is unique in history, that we could be able to provide this for free. If everything goes wrong, we might have to pay for it, but we can and we have to, because it is the hospital we need, but if a few things go our way, we can have it for free. Now, it is funny, because we think about our reserves, our reserves are a fund. They are a long-term investment fund. We are not trying to make a buck from one month to the other. We are not playing the market. We are looking at the long term. Between 1900 and 2000, anything invested in American blue chips made 10 per cent a year, the average. Of course, if we wanted to sell in 1930 or 1929, you were in trouble, but if you kept them, you made 10 per cent, 10 per cent over 100 years. We have a fund that has earned 6 per cent per year for the last 20 years. Now we say: "Oh, things could go wrong." Things have gone wrong. We have the internet bubble, people lost their shirt. We have had 2008, so many companies went bankrupt. We have had COVID. Things have been wrong, but if you have a long-term fund, it is quite safe. Most of you do have a long-term fund. It is called a pension. You look at it everyday thinking: "My God, my pension is going down", you will be destitute for the rest of your life. It is the same thought. It is very, very safe because it is long term and it is a fund, it is managed, it is diverse. If we plan on 6 per cent on year, very conservative, it has done that in horrible circumstances, it has done that in very bad circumstances. I wish my money had done 6 per cent a year in the last 20 years. I cannot say that. So, we have a very solid fund and

what can we do? Well, we can spend it, then we do not have it anymore, or we can use it. Spending it is silly. It is a little bit like having a business. I am a hairdresser and I want a house, so what I will do is I will sell the hairdresser business and with the money I will buy a house. No, you keep being a hairdresser and with your profit you pay your mortgage. That is all we are doing. It is really not complicated, there is nothing special here. That is all we are doing. Of course, this is our business; that is what we do. That is what we do, we manage funds. We are good at that. We have decades and decades of history of being very good at managing funds, so why we would all of sudden say: "No, no, this is not how. You need to just put the money there and then we can forget about it." No, you use it properly. Of course, we are again talking about borrowing. Now, there is one massive sin in borrowing, the ultimate sin, and it is very, very, very bad. It is borrowing for expenses. Now, if you borrow money to pay your day-to-day expenses, you are in very, very deep trouble. If you borrow money to buy an asset, even better, a productive asset, there is no problem. First of all, if I were a rating agency and I had looked at Jersey, I would say: "Okay, so they have £800 million and then they have an £800 million hospital, they have an £800 million hospital asset. They do not need to build one for the next 50 years. They are fine, they are good." So yes, that balances. No, wait a minute, they still have £3.5 billion in cash. No other country does. There are 2 countries in the world that have more reserves than Jersey.

[12:45]

Every country in the world owes about one year of G.D.P. (gross domestic product). That is the average, and since COVID, it has got worse. We do not have that debt, we have £3.5 billion, almost one year of G.D.P. in actual cash. It is extraordinary. We are fine. We really do not have a problem and what we will do is that we will borrow a sum of money against an asset and our business will pay for it, so what is the problem? Yes, there is an absolutely tiny risk, but if that risk materialises, what will happen is exactly what we could do today, just pay for it. So, pay for it now or try to grab it for free and maybe pay for it in 20 years, if there is an absolute catastrophe. No, no, do the right thing, get it for free. It is extraordinary, I mean, to do something like that, to design something like that and then to go to the public and say: "Your taxes will not rise." Can you imagine Boris Johnson saying that or Biden saying that? "Oh yes, we have got this new thing. We are really going to improve your health and your taxes will not rise." Oh no, no, no, let us just spend the money or tax people more, it does not matter. Now the important stuff. Somehow - and I keep hearing it, but it is really annoying - there is this notion that if you completely overhaul the project, it does not take any time at all, that the timeline does not change. Now, we are trying to build 65,000 square metres of stuff in 4 years, plus roads, plus gardens, plus all sorts of ancillary things, decanting, moving around, all this. We are trying to prepare a planning application for that and we are trying to have a public inquiry. We are trying to do all this in 4 years. Now, maybe not everybody has done so, but there is a timeline and I am pretty sure we have published it 5 times. There is a timeline on this and the timeline is precise to the week. We do not have a spare week to deliver the hospital in time. If we want it in 2026, everything that we have planned needs to happen on the day we have planned it to happen. Anything goes wrong and it is a delay, anything. Any small thing goes wrong and it is a delay. It is part of the cost, it is part of why this is expensive is because we are racing against time.

The Bailiff:

Deputy, I have to interrupt you. Standing Orders require at this time that I ask if the States wish to continue or wish to adjourn. I suspect you have a little bit longer in your speech.

Deputy G.C. Guida:

Maybe 5 minutes.

The Bailiff:

Yes, and so it is a question of do Members wish to adjourn.

LUNCHEON ADJOURNMENT PROPOSED

The Bailiff:

The adjournment is proposed. That is, I think, probably the correct thing to do in the circumstances and for you to continue your speech after the adjournment. You have also been asked to give way for a point of clarification from the Connétable of St. John. It is a matter for you whether you do so, but you could perhaps reflect upon that over the luncheon adjournment.

Deputy G.C. Guida:

I am happy to answer immediately.

The Bailiff:

Very well. Is the adjournment seconded? **[Seconded]** The Assembly stands adjourned then until 2.15 p.m.

[12:49]

LUNCHEON ADJOURNMENT

[14:15]

The Greffier of the States (in the Chair):

We now resume the debate on the second amendment to P.80. I think we resume on the speech from Deputy Guida.

Deputy G.C. Guida:

Now we are coming to the serious part. I understand the attraction, the attractiveness of asking this Government to come back to Scrutiny and to come back to this Assembly to beg for more money, and it is nice, it gives you a sense of power, and it is nice to keep control, keep the strings of the purse, so I understand that, but this just cannot happen. We know that there is a finance law that says that you can only start a build or any project once it has been financed, so unfortunately this notion - which is commendable - of saying: "Well, we will give you the money a little bit at a time" just cannot work here. I would like to reiterate that this is the most important vote, this one and the one about the main proposition are the most important votes that this Assembly will take, not during this term, but during this generation. This is the biggest project, this is the most important project and this is the most expensive project that Jersey has taken I know since the war, but probably even before that. This is absolutely, absolutely massive. Now, if this amendment passes, again I need to reiterate what happens, and the notion that it is without consequences, that it is just to push the Government to try to save a little bit money and then be very, very tight with their accounts just does not work. Our planning application is due on 15th November, so that is just a little bit more than a month away and we are talking about an absolutely massive document, because it is not just a planning application, there is an inquiry, there is a public inquiry following, so we are talking about a very, very sophisticated document that will be dissected by the public, that will be talked to death, that will be looked at at the minutiae level. We are on time. We are good, we can have that planning application for 15th November. As I said before, it is a matter of days whether we can or not. If there are any changes to the application itself, to the content of the application, it will not happen. We will not have a planning application put down for 15th November. Now, the public inquiry is led by an inspector. We had to book him 9 months in advance and we were quite lucky to find one. It was difficult, it was quite difficult to find an inspector of the right calibre who already had some experience of Jersey, because this is a very, very Jersey matter. You cannot come in and compare it to whatever would happen in the U.K. We found one. We had to book him 9 months in advance; we found one. If he comes here and there is no planning application ... well, if there is no planning application, he is not coming here, there is no inquiry, so days of delay on that planning application

means that this particular inquiry is not happening. If the inquiry is not happening, the other important date, which was around 15th April, the determination, which is already during purdah, will not happen, so we will not have decided whether we can have this hospital or not during purdah. We may have been working on a new planning application during this time, but again, we need to book this planning inquiry and it takes time. Then we have purdah, then half of us are not elected and a completely new Assembly comes in and it takes - as we know, as we have all experienced - at least a month before we have a working Government. We can hope that that is a working Government after having explained to the public why they messed up the hospital the previous time. We will start working on a new project, which we will probably call not Our Hospital, maybe Any Hospital, Anything Will Do Hospital Project. Now, what will happen for our contractors in the meantime? So they have a schedule too, and if you are a contractor of that size, it is a schedule that you programme years in advance. The big ones, 5, 10 years, because you say: "Oh, I am building that stadium in Saudi Arabia between 2026 and 2029 and I need 5,000 workers there" and you have got your 5,000 workers booked and all your supply channels and all your engineers booked for those 3 years, so our contractors are the same. They have booked their people; they have booked their supplies; they have booked everything for us for a certain date. If we come back and say: "We are a little bit late, the project is changing a little bit. Do not worry too much, but we are going to be late by about 6 months" if it is only 6 months, well, I am sorry, it does not fit in their plan. "Yes, we had 1,000 people programmed for you from 2023 to 2026, but I am sorry, if it is going to be 2024 to 2027, in 2027 we are building one in Germany, so sorry, that does not work." So, we lose them. Now, these contractors somehow are not very thick on the ground. This time when we put out this magnificent bid of £400 million, we got 2 offers, 2 people, 2 companies come back and said: "Yes. No, it is interesting, it is worth the trouble", 2 of them. If we lose that one, considering the immense competition that we have in the rest of the world, and if only in the U.K. The U.K. has this immense of programme of renewing the N.H.S. stock, so even companies that we are very familiar with, that have worked with us in the past, they will be too busy in the U.K., which is easy, they have their people, their workers are there. They do not have to ship them to Jersey. If we want to have those people again, it is going to be very, very difficult. We will have to be extremely attractive to them. We will have to give them a lot of money and absolutely gold-plated guarantees before they come back to Jersey, otherwise they will not try. Again, think about the planning, think about saying: "I have got 5,000 workers in the world and I am putting 2,000 in Jersey for those 3 years. Oh no, it has changed. Oh, it has changed again." "Yes, we are a little bit late, we are a little bit late, you know, if you could just push it over 2028 or something." It just does not work. It just is not possible. Finding somebody who just has the right amount of workers, machinery and everything available for those 3 years is very, very difficult. So, to say that small changes or a small change is not going to make a difference is ridiculous. This is not a small change, this is a 30 per cent change. This is months and months of change, if we really go flat out, a few months, but even a few months will completely mess up our agenda. It is not going to be a few months because we have another problem. When we went to see the clinicians, we had something extraordinary for them. We went to see them and we asked them: "What do you need?" and this is such a wonderful question; this is really a very, very good question to ask: "What do you need?" They were quite happy because they had not been asked that before, it was new to them. So, we go, we asked them: "What do you need in a new hospital? How will it work for you?" and they helped us; they really, really helped us. We looked at all the answers, we tried to build something around that. We built something that was in the end the same size as the health estate that we have today, so they did not go wild, but it is very, very good. It is a fantastic project. Now we are going to go back to them and we are going to say: "Well, it needs to be 30 per cent smaller, so you guys will have to fight against each other and tell us who is more important, who really needs the extra space, who can do without 50 per cent of 30 per cent of their space" and that is not going to work very well. They will be tired, they will be angry that there is an additional delay and they will not be terribly happy to try to work with us on cutting down the size of their workplace. I do not think it will work well. If it works at all, it is going to take years, it is going to take years. Now, the rest of

the world is not standing still. Something very weird happened that I did not predict, and I am quite surprised, but the whole economy was quite depressed during COVID. Everybody knows about that and we are quite clear with that, but at the exit from COVID there is this massive economic bump that we are experiencing. That we did not expect, so all of a sudden there are shortages of everything, including - and that is the most extraordinary - workers. It is not just us who have a problem and need to import people, it is the U.K., it is France. France does not have workers, France with 10 per cent unemployment ... sorry, for ever 10 per cent unemployment cannot find workers. There is this massive bump in the economy that is just that pent-up demand. Nobody has bought anything for 18 months and now they are all out and they want a new car, a new home and all sorts of things. It could be convenient, for example, if we borrowed money while it was very, very cheap, for example, right now, and all of sudden we have this inflation because there is so much demand and inflation pays for your debt. It is another form of free money if you have debt. If you have got cash, it is not terribly good, but if you have debt, it is fine, it makes your debt go away. If you have a fund, it is fine, the fund follows the inflation. It is based on real estate, it is based on companies, it is based on solid stuff. As long as you do not go too much into currencies, it is quite solid, it follows inflation, so that is fine. But if you try to borrow, your interest rate is going to be much higher, so now we are talking about £15 million interest rate if we borrow today, but if we borrow in 18 months' time, it might be 6 per cent, it might be £60 million, it might be £55 million every year just because we have waited and thought that we could do it better. This is an exceptional situation. We are at the absolute bottom of the interest rate curve with an outlook that only says massive inflation and growth in interest rates. There is another thing - and I keep saying it - we have been waiting for 10 years for the result of quantitative easing to happen, that massive amounts of money have been distributed. There is so much money, people do not know what to do with it. They pay to park it overnight in the Federal Reserve. They have opened a system to do that and there is 2.5 trillion dollars parked there, because nobody knows what to do with the money. Inflation is guaranteed. There is no stopping inflation. It has to happen and of course all these states who have now borrowed even heavier to cover their COVID cost will welcome that inflation. It is the only way for them to pay this debt, and of course that also means that for us, any cost that we wait to incur is going to be more, so this is a very, very sensitive time. We can borrow for very, very cheap, we have a good fund that can follow inflation and inflation will help us pay back our loan, but that is now, it is not in 6 months' time, it is not next year, it is right now. In 6 months time we might not be able to afford borrowing, so waiting really does not help us. There is no parallel universe where giving somebody two-thirds of the money makes things go faster or as fast.

[14:30]

It is not possible. We have to rethink the thing, we have to delay everything and we are looking at a plan that is precise to the week. If we stop it, if we delay it, it is going to cascade. It gets worse. I am so sorry, it really gets worse. Gloucester Street, the General Hospital, is in dire straits. We have heard from many, many people that Gloucester Street was in trouble. Every year it costs more to maintain, but what we have also looked at is the fact that there will be a point where it is not about maintenance anymore, it is about refurbishment. There is a date just around 2026 where we cannot keep working in Gloucester Street no matter how much money we throw at it, unless we start refurbishing it. That refurbishment is major works. It looks a lot like the Town Hospital project that we had in 2018. It is hundreds of millions of pounds while we work, while we have patients in town. When we start spending that amount of money on our existing hospital, there is no more for external projects. We just will not be able to finance something else, so we have this very, very dangerous date where somebody will say: "Well, that is it. We have too many lawsuits. We have got £100 million of lawsuits waiting because people got secondary infections and because there is sewage in the rooms" and all the sorts of things that are happening now. We absolutely have to follow regulations and just make this thing legal, and that is hundreds of millions of pounds. This is not fancy thinking. We modelled it. The team that is working on the hospital said: "What happens if we

do nothing? What happens if for some reason we mess up and we drop a deadline or something?” They said: “Well, that is it. 2026, that is when Gloucester becomes a catastrophe and costs so much money that we have to give up building our new hospital.” This is modelled. We can show you the paper, if it is not already in your files; so, this is really, really serious. I would like to tell you a little Soviet joke, so this is during the time of the Soviet Union, and a district management group is visiting things around a small town in Siberia. They visit a few schools and they look at a few factories and of course every time they go into a school people are very, very polite, but they do mention the fact if they could have a little bit more money: “Life is very, very tough, it is cold. We need a lot of heating, it is very difficult. If we could have more money” and of course the party cadre just say: “Well, the Soviet Union tries its best for all its citizens, but life is tough and the West is not helping us, so we are really sorry, we do not have any money.” The last thing that they visit is the local gulag and of course the gulag does exactly the same. It is even more decrepit, thank God, than the schools, but the gulag also goes: “This is horrible. Our prisoners are dying of cold in the winter, it is really, really bad. You need to do something” and the head of the delegation says: “Oh, it is fine. Yes, I understand your problem. Here is 5 million roubles” and they drink a lot of vodka, kiss each other and leave in the big vulgar limousines. In a limousine, one of the aides goes: “But I do not understand. We have been visiting stuff all day, we saw that school and that situation and that factory and this situation. Why the gulag?” and the old Russian apparatchik turned to him and said: “Dimitri, what are the chances of us going back to school?” Now, this is everybody’s hospital. Half of us will have our lives saved in this hospital. You can look it up. Half of us at one point will survive because we have this hospital. Our children, our grandchildren and nowadays our great-grandchildren will be born in it. To many of us, it will be the last place we see. As I said, this is the most important vote in a generation and I can understand the attraction of having the Government of Jersey come back to you to beg for money. I will beg. I am happy to beg. Scrutiny, Kristina, I beg you, I beseech you not to kill our hospital. What you see from your deathbed might depend on your vote. Now, my sincerity has been questioned and I am sure that there are few - maybe not present in this Assembly - that will question it. I can help with that. I will offer a trade. If Reform votes against the amendment and for the proposition, I will give up my political career. I will not stand in the next elections. They will have defeated not only their fiercest enemy [Laughter] but the leader of the largest party in Jersey, and for that I only ask for one thing: let our hospital live. Thank you.

The Greffier of the States (in the Chair):

Deputy, about 3 Members ask for points of clarification, if you will accept them. Deputy Guida, hello?

Deputy G.C. Guida:

Sorry, yes.

The Greffier of the States (in the Chair):

Three Members have asked for points of clarification on your speech, beginning with the ...

Deputy G.C. Guida:

I will try my best.

Connétable A. Jehan of St. John:

Some time ago, it seems, the Deputy mentioned that it was more expensive to build flats and houses in Jersey than it is to build a hospital. The Government report of 2019, the Altair report for development costs in Jersey, said that the building costs were £2,600. Can he tell us where he gets his figures from?

Deputy G.C. Guida:

Yes, I happen to be a developer, so it is sort of my job to build stuff. I have done so in France many times and I am finding it very difficult in Jersey because the cost of building in Jersey is more than £5,000 per square metre. I was there, I was present when Altair showed us their report and they were just comparing figures between London and Jersey, which I did not accept. I do not know the basis for those figures, but certainly there is nothing in Jersey that is built for £1,700 per square metre. Just for comparison, I looked at the International Finance Centre, so IFC 5 cost £37 million and is 6,900 square metres, so it is about £5,200 per square metre and that is the figure I have for building anything that I try to build in Jersey.

The Deputy of St. Martin:

The Deputy in his speech said that an application that is submitted next month would be checked by an independent inspector and a decision would be taken during purdah. The Planning Committee have been told very clearly they will be not taking or not allowed to take any contentious or complicated decisions during purdah. Can the Minister explain how this hospital will be allowed to be different?

Deputy G.C. Guida:

We have checked the law and it is possible for the Minister for the Environment to make this decision during purdah, as it is pretty much business as usual, but more importantly, because it is a public inquiry and there is an inspector report.

Deputy M. Tadier:

Did I hear the Deputy say that he was the leader of the Alliance Party when he made his offer to Reform Jersey?

The Greffier of the States (in the Chair):

Is that your point of clarification, Deputy?

Deputy M. Tadier:

It is. I think it is important to know, because he has put a very interesting offer on the table which could sway the debate if he was to [Laughter] ...

Deputy G.C. Guida:

Sorry, what was the question?

The Greffier of the States (in the Chair):

I think he was asking whether you are the leader of the Jersey Alliance.

Deputy G.C. Guida:

Yes, I am officially.

The Greffier of the States (in the Chair):

Thank you very much.

1.1.15 Deputy H.C. Raymond of Trinity:

I am not sure where I start after the last 2 speakers. It is going to be very, very difficult to follow through, but I was always told as a youngster - and getting on a bit these days - that it is much better to go through an experience and explain the experiences, so what I want to do for the next couple of moments is just go through some of the things that I have been through in the past and some of the things that I have been through over the last 3 years with regards to the hospital. I am probably the only person in the Assembly that has been on an N.H.S. board and I am probably the only person that has built a wing to a hospital in the U.K. I say that because I will repeat why I am saying it later on,

but that is the whole point of where I am coming from. When I came back here and they got me into politics into Trinity, of course one of our previous Deputies was a Minister for Health, so I had had discussions. When the P.O.G. (political oversight group) was set up, the Chief Minister asked if I would go on the board with P.O.G. and I said: "I would be delighted to, except for one thing" and that was the previous director general of the department said: "Could I have all the details with regards to the work that has been done over the last 10 years?" and from what I have seen from all the reports, the number of personalities and discussions that went on over the last 10 years is exactly what is happening now. Here we are again in 2021 and we are seeing the same thing. It is about personality, but here we are today discussing something that I will follow on from what the previous speaker said, and that is this is going to be one of the most important buildings that we ever put up, therefore you have to use everybody. I think in the past they made the mistake of not including clinicians and being able to talk to everybody. But I then look back on one of the agendas when we built the wing of a hospital in England and it is amazing. I am going back 25 years. The bottom line of the agenda read: "Make sure that you take the staff with you" and it is essential that we did not do that previously, but we are doing it this time. Then I go out there and hear in the Square on Tuesday the number of people that have expertise in almost everything that is to do with the hospital, from building it, directing roads, telling us who should be there, where it should go and yet none of them, I do not think anyone, has had the experience even in the Assembly to have anything to do with building such a large edifice. The building works, roads, were one of the biggest issues that came out, but the facts that are coming out, we have heard some for, some against, but they are not all correct and I think what has happened with this debate, it has got personalised into people's feelings. When you listened in the Royal Square, you would come away thinking: "My goodness me, what are we doing here?" but one of the points that was raised many years ago was that P.O.G. needed to make sure that they had the staff on board. The clinicians were essential to the hospital being built and there is no question of it. Then we get emails and then we get letters saying: "Oh well, only some of the clinicians have been heard."

[14:45]

You get all these confused writings, that nobody seems to know what is going on. You end up with, unfortunately, which I have sat through ... and I am a little surprised with some of the comments that have been made because they are not made about the hospital, they are made about personalities. I think it is essential that we move away from that. You are either for this amendment or you are against it. We have gone down the route, we have got the builders in place and we have spoken to as many people as we can speak to. Nobody has been shy about moving away, so we should get on. We should get on and start to build. We should make sure that this amendment ... which I will be voting against, not because I am a member of P.O.G., but because of the work and some of the experiences that I have seen. The opportunity I have spent talking to clinicians, nurses has been quite interesting. Now, unfortunately, for personal reasons I have had to visit 4 hospitals in the U.K. over the last 4 months and each of those 4 hospitals were in different parts of the country. I had the opportunity to be able to talk to doctors, clinicians. I had the opportunity to look at the wards and one particular hospital I visited, they are putting up huge extensions. Some of the figures I am hearing here about: "You can build it for £300 million", if you can build an extension for just £300 million, I am not sure where they are getting their figures from and I think that it is essential that you understand, all of you understand, that this hospital is going to get more and more expensive the longer we leave it. What I did, I built up a list of questions. and this I can verify, and each of the 4 hospitals I went to I asked very similar questions. How easy is it to get staff? Not easy. Then you get the explanations. People were coming out of university years ago wanting to be doctors. They do the first, second year and after their third year are finding that their friends are earning more and are not staying in the medical profession. That is causing problems. We used to have Australia, New Zealand, the Commonwealth areas providing people wanting to come in, qualify, and they stay here. It is amazing because of COVID and everything else going on, that has decreased. The other thing

is ... which is one of the things that I did ask, because I was sort of put in the position of being able to ask them, I said: "So why are they not coming here?" and the amazing thing was, if I use 2 countries like Pakistan, India, you can earn just as much by now going back to your own country than you can by staying here and earning. It was a way of earning here. That was one of the questions I put and they were virtually all the same answers from those 4 hospitals. The second thing was that most of them knew that we were building a hospital, which did surprise me, and that came about, having spoken to Patrick and a few of the other clinicians in our own hospital. The number of people that come over here in their sixth year, where they come over and just get experience by working in a hospital. But the most essential thing that when they go back is that what they say about our hospital in terms of: "It is getting old, is it not? We want to work in a modern place. We want to be able to know that we have got medical care at the topmost level and that we have got the medical information that we have." The other thing was that we are now going back to after the war, when it was decided that certain areas of the country built up things like that particular hospital dealt with fire situations or people being burned; there was another hospital with cardiac. What has happened over the last 20, 30 years in England is that people have tried to do everything. They are now realising they cannot do everything. Areas of the country now are being split down. You travel a long way to go to make sure you get the right treatment and the N.H.S. is struggling because they are having to put up with people not only dealing in their own area but also dealing with areas of where they are coming from. People will travel to work in a modern hospital and people will travel to make sure they get the right information and the right medical care. Then we went into this 100,000 population; you could sit down and break down the U.K. into 100,000 population and find out how many of those areas are doing specific works and there is very few because the 100,000 population that we have here we want to give the best medical advice but in a lot of cases we do need to make sure that we can go elsewhere, to make sure that our inhabitants get all the right medical advice. The other thing that came out, which I ask, which was all the doctors were agreeing with me on, and that is like any profession you join, the more work you do on a particular aspect of life the better you become. Therefore, sometimes when you start talking about Jersey. and we were obviously talking about Jersey all the time, and that is that people are not going to come here if they are only doing the operations 2 or 3 times a month, as opposed to 10, 15 times a month. It is essential that we make sure that if we are going to get people here that we have the ability to provide them with all the facilities we have. The message, basically, from those 4 hospitals - and I did learn a lot - was that you should stop prevaricating; you will only hinder the hospital. The more we delay this hospital, it is urgently needed now. I think the previous speaker was being quite polite really. We are now going to be in competition, not only for staff but also for people to come here and live here. I will pass on this one about, yes, it is expensive to come here. Are we paying enough salaries? But the point is people still want to come here to a modern hospital which is built, which is refreshing to work in, and to make sure that everybody enjoys working here. Now look at the hospital now and I will go back, let us say 30 years, I was asked 9 months ago to chair a committee, which I do not think many people ... I am not so sure, Minister for Health and Social Services. I was asked to sit on a committee and it is called the Health and Community Services Operations, Performance and Finance Assurance Committee. I am the only politician that sits on it because I chair it; that committee deals with every aspect of the hospital here in Jersey. What does it deal with? Money. We have to return our returns on every issue that we are talking about to the Treasury and, as you know, Health at the moment is £1.75 million; we are still trying to catch up because we are over budget. We have to look at everything. I had not realised but we have got something like 25, 30 departments that they deal with. I have this meeting once a month, 3, 3½ hours. I do not know some of the people that speak but you are dealing with primary care, prevention, intermediate care, mental health services, adult social services, women, children, family care, surgical services, medical services; that all costs money. We have accountants within the hospital that make sure that we have the money available to provide that. We even have now to have an action-tracker and a matters arising. We have a risk assessment, like we have in virtually every other State department. What is the risk? If I tell you the risk is getting worse and worse for the

simple reason the building is not capable of dealing with it. As you had heard before, 2026 was the time we are going to close. I am going to say now there are going to be areas of that hospital that could well be closed prior to that. What comes out of all of that is that the more we delay, that £800 million is going to be a lot more than what is being suggested is too high today. The second thing is we have got to realise we are never, ever going to be able to provide some of the medical care that some of the people in the Square were asking for the other day. When you look at the actual cost of running the hospital at this present time, added to which you involve things like ... and can I just say we are talking about maintenance here, central heating? We are not just talking about nurses. We are not just talking about clinicians, we are talking about the people that work the trolleys, the whole situation. When I hear people talking about the hospital as it is and then I have seen these other 4 hospitals over the last 4 months, I do realise that we are way, way behind. I will say it because I have said it before about Fort Regent and other places, Jersey has tended to build things but not look after them. The maintenance of some of the buildings - I will say schools as well - we build, walk away, we do not maintain. Without mentioning other parts of the Island, I could mention some of the things that I am involved in on the sporting side. We have built excellent places, but we have not maintained them. I will say to you all, finally, look at the costs of running our present hospital, it is going to get worse to maintain it, and I am not just talking about the healthcare; I am talking about running a building. There is a lot of you in here that have experience of running buildings and looking after properties. It is woefully tired, it is out of date, some places not fit for purpose. The one thing is that the risk assessments and some of the management situations we are looking at and we are talking to, it is frightening - I am not trying to be overdramatic - and that is what I chair. It is not chairing health, which is unusual because I can go through all the things that we have to look at and I can list all the things that the medical and clinicians do but they are all budgeted. Let us make this clear, please, again, I ask you to please think positively and think before you vote. You are all putting personalities and your own views sometimes and views of other people but just look at the reality. We need a new hospital, we need this amendment to be defeated purely to get on. Because I can assure you that if we do not the cost of this hospital is going to get more and more and more and that £800 million in 5, 10 years' time, I am sorry, ladies and gentlemen, that is going to be one hell of a lot more.

1.1.16 Senator L.J. Farnham:

There have been some really positive contributions to the debate. It has been quite a heavy debate but there have been some very positive contributions. For example, we all agree that we want a new hospital as quickly as possible and without further delay and that is progress. We agree to proceed with the Overdale site. I think we are maybe not quite unanimous, we know we have the Progress Party who have a different view; they want to take it back to Gloucester Street. Deputy Tadier asked Senator Moore to confirm her position because that was a historic position but I am not sure where she stands now on that but I think we do share the same views in relation to the fact that we must get on with it. We all want to achieve the very, very best possible healthcare and value for future generations. I just want to turn to one speech that I thought was noteworthy and that is the speech of Deputy Rob Ward at the beginning of the debate. He said how important it was for us to come into here with an open mind and then Reform Jersey have not come in with an open mind. It is odd that they made their position clear and then came in to persuade everybody to have an open mind and listen to the debate. But Deputy Ward also went on to talk about going forward together, and that is what we are all going to have to do at the end of this debate. In the coffee room chatting to Deputy Ward afterwards he let out a bit of a secret because not only is the Deputy a very good drummer but I understand he has taken up crochet in his spare time.

[15:00]

That, as I understand it, idea was suggested to him by his family because it was about the only time that he was quiet. **[Laughter]** Of course, my ears pricked up and me and a few like-minded States Members chipped in and we bought the Deputy a crochet set. **[Laughter]** If I could just pass that to

the usher and ask her to send that to Deputy Ward, perhaps he can keep that in his drawer for future States sessions. I have to address some of the accusations; it is probably too strong a word. This is not about it being personal; Members will know me, I do not make politics personal. Politics is about good debate, it is about strong debate and just because we disagree it does not mean we are being personal. We should avoid that at all costs. But I have to challenge some of what has been said. In the interests of keeping the speech short but it will not be that short, unfortunately - I will keep it as short as I can - it will involve a bit of repetition because I want to really push some of these points home. The first point I want to reiterate is that the panel's advisers agreed that the budget we were asking for is an appropriate amount to invest in a hospital of this size and scope and that is clearly stated on page 21 of Currie & Brown's report. They do go on to challenge whether we need one of this size; we do not dispute that. They state the estimated cost for the preferred new-build option has been based on the design and scale which is informed by the schedule of accommodation and that provided good quality detailed information. They go on to state: "The costs presented for the RIBA stage 2 design are realistic and robust." That is what they said. We have put together a realistic and robust budget, with significant allocations for contingency. I want to assure Members and reassure Members that those budgets have been put together robustly and they will be challenged robustly right through the project. The Scrutiny Panel's report appended to the amendment does not provide any firm basis for reducing the budget by a third. It does not explain how the £550 million figure was selected. The Chief Minister - I think it was the Chief Minister - said yesterday that one of the advisers, I am quoting here, stated: "Should the revised cash envelope be determined as an example of approximately £550 million?" That is what they have come up with and I agree with the principle of trying to drive down the costs, but that figure is not properly thought through. If it had been, we would be very pleased to accept the amendment. In fact, we would embrace the amendment if we could work with it without delay. We all want the hospital to be good value for money but reducing the budget without thorough and sound reasoning or a definite plan would result in an unacceptable compromise. The panel's amendment does, however, suggest certain project elements could be revisited. Members have touched on this; reducing the overall size of the hospital, which we have done and continue to do in the final stages of the design process, reducing the number of wards, which would lead to fewer beds and that is a separate debate. The bed numbers, we would either have too many or we have not got enough but reducing the number of wards would mean we had even less, reducing the atriums and what they refer to as the beautification creating a less peaceful and healing environment. We have all heard the stories of people getting superb treatment in the General Hospital but in a poor environment. In fact, in days gone by a member of staff in a conversation said: "Working in the General Hospital is like having a hangover without having been to the party the night before." Delaying the build of the knowledge centre and that would mean we cannot train or advance our staff. Reducing the size of the multi-storey car park, accepting access to the hospital, reducing the level of overheads and profits, which are already at industry-acceptable levels for a project of this type. It is a unique project and rest-assured we will continue to negotiate hard in all of those areas. It suggested we can reduce the amount of land purchased, which is an integral part of the design. We will only purchase the land and property we absolutely need to deliver the design. Reducing the allowances required for inflation and contingency, which have already been carefully calculated to avoid potential overspends. The panel's amendment does not seek to explore or understand the very real implication of revisiting these elements. Reducing the budget would mean that a new hospital for Jersey would not be deliverable by 2026 and that is the time when costs to maintain the estate will escalate sharply. A reduction in budget at this stage would cause further delay and have significant consequences, which would increase the overall cost of the project. I think we all have to understand that. That would adversely affect the financing costs, increase the inflationary impact, increase the uncertainty. If supporting the amendment today led to a delay of 2 years, which is very likely with the best will in the world, we have another 2 years of inflation to consider. In this uncertain world, in this post-Brexit uncertain COVID world, we can see that construction inflation is running high. We have highlighted that. We have allowed for it. But you

add another 2 years on of just construction inflation and that is probably the best part of £100 million on to the project for the delay, and that is not taken into account. For example, interest rates are at an historic low, borrowing at a fixed rate, as set out in our proposition, provides certainty; it inflation-proofs the bond repayments. If interest rates rise the bond repayments would not rise, they are fixed. Investment returns will cover annual financing costs and growth in reserves will repay the capital. I would like to refer to the speech of the Deputy of St. Mary and acknowledge the Deputy's observations about endowment mortgages, but this situation is just not the same. We already have significant reserves in place. Significant reserves against which the proposition suggests borrowing, which leaves considerable headroom once it has been fixed. As acknowledged by Deputy Johnson, our past performance of investment returns is excellent and I and many other Members remain confident in the thorough and sophisticated modelling undertaken by our investment advisers, which provides assurance that we will be able to meet our targets. For fear of repeating comments made by the Minister for Treasury and Resources yesterday, even in a stress scenario there is a 97.9 per cent probability that the Strategic Reserve will be able to repay the debt when it falls due. I am not a gambling man but those odds, you have to admit, are pretty, pretty strong. Rather ironically - I think Deputy Ward is crocheting - the cost of maintaining our current health estate will end up being higher than the annual interest payments of the bond if we do not act soon; that would be an interesting state of affairs to explain to Islanders. We did not take the bond because we are worried about meeting the bond repayments but the cost of maintaining the estate is higher. The panel suggests that the building size could be reduced but, again, they have provided no clinical or professional advice to support this statement. I do not believe the panel have had any formal conversations with the clinicians about this or the healthcare staff. The overall building size has already been reduced and this has been achieved as a result of detailed consultation with our clinicians and, of course, Members have seen the revised design plan. As I said earlier, we will continue to make sure the hospital is no bigger than it needs to be to maintain our clinical security and services and adjacencies. The concept designs for our hospital have been approved and endorsed by the Clinical and Operational Client Group, the Health and Community Services Executive Committee, the Medical Staffing Committee and all clinical service-user groups; they have all approved the designs. Jersey clinicians and healthcare professionals have spent well over 1,000 hours of workshop time to hone and refine the design to ensure there will be adequate clinical space and efficient clinical adjacencies, far more efficient than we have ever seen. This will ensure that modern and best healthcare practices can and will be employed at all times to serve the health needs of Islanders. Our clinicians are also acutely aware that there are financial constraints and they have worked to those in partnership with the clinical director and our project team to ensure that the clinical requirements are realistic and will provide good value for money over the long term, over the life of the asset. We have been criticised over staff strategy and facilities maintenance but to maintain the very tight targets of delivery we are having to run a number of work streams in parallel. But that does not take anything away from the process because the staffing strategy and facilities maintenance are iterative processes. We could not put in place now a staffing structure that is going to be spot on for a new hospital that opens in 4 years from now; it is impossible to do because the way we work is continuously evolving. But they work on their staffing structure regularly and I can absolutely assure Members that by the time the new hospital is open, the continued evolution of our staffing structure and staffing strategy will have evolved to make sure it fits absolutely perfectly into the new hospital. As for facilities maintenance, saying we do not even know how much it is going to cost to run the hospital, I am afraid is another red herring because at the moment we have a very disparate health estate. We have facilities maintenance programmes for 10, 20, 30 different properties. One thing that this does do, as we all know, is it consolidates all of our health estate into one site and we know that will present many advantages, many clinical advantages and many logistical advantages, and it will create advantages when we come to our facilities management. We do not know if it is going to be a bit more or a bit less but we know it is not going to be a lot more, we know it is not going to be a lot less. It is not a risk. We do not consider not having those details now a risk because, again, we are going to take a

lot of time working that out to make sure we have the facilities maintenance programmes in place at the right time that deliver the best value for money. I am just turning to some comments made by my good friend, the Constable of St. Brelade, who had the decency to say I was a very nice chap but then he went on to say the project was out of control and that, again, is another red herring; that is what we have seen thrown at us by a number of people, not just Members but members of the public. I make no criticism of the campaign groups. I disagree with a lot of what they say. I think some of their facts are confused and simply not correct.

[15:15]

But I make no criticism of them, I welcome that sort of engagement in our democracy. But to say that the project is out of control, I am sorry, is simply not correct. We have followed a superb process, unlike any other iteration of the project. We have a brilliant and dedicated team of officers working on this and we have an absolutely committed political oversight group. I am sorry if we come up with some things that Members do not like but that does not mean the project is out of control. I am sorry if people feel the communications or we have not managed to sort of get the whole Island behind us. This is a huge challenge, it is not easy, it is not easy to build an asset of this size and bring everybody on board because it is a hugely complicated project and it is difficult to share that understanding, the detail that we have with the public, especially when there are orchestrated campaigns against it. Again, I want to reiterate I make no criticism of those Islanders who quite rightly challenge us on these sort of things. We have been accused of holding guns to the head of Members and scaremongering but in the same breath the Constable of St. Brelade said we are going to be saddling our children and our grandchildren with a great deal of debt. I think that, again, I am afraid to say, is an over-exaggeration and is tantamount to scaremongering future generations. If we were to spend our reserves in the way suggested by the Scrutiny Panel, we would also be saddling our children and our grandchildren with a far smaller pot of reserves in 40 years from now, so let us not go there. I do not do personality politics, as Members should know, but please do not take these comments personally, Constable. I am a nice chap, not all the time, but this is purely a debate in which I disagree and want to point out the reason why. It has also been claimed that our spending is not being managed properly, and that is another area I want to reassure Members on. Just bear with me while I turn to my electronic support system. We have followed Green Book guidance and that is what Green Book is, it is guidance and we are working in line with our own Public Finances manual and the very best practice and that dictates how we manage expenditure, the cost of this project. Senator Gorst covered that briefly and I believe that the Minister for Treasury and Resources has as well. But I think in answer to Scrutiny Panel questions at a recent public hearing, either Treasury officials or the Minister for Treasury and Resources - I am sorry, I am not sure who - explained that we were establishing a framework around the authorisation of the use of the contingency funding, as an example, of how Treasury are going to work to exert cost control around the project. The intent is for Treasury officials involved in the various levels of the project to be given clear direction to ensure challenge of costs and, in particular, proposals to utilise that client contingency are robust and in assisting the accounting officers to fulfil their responsibilities for value for money and, of course, assisting our cost consultants on the project support with this additional rigour. We have chapter and verse on exactly how that is going to be done, which I am sure the Treasury will share it with Members. I would like to go through it now but I do not want to extend the speech for too long. But it is all there and the governance is very rigorous. The significant majority of clinicians and nurses employed by Health and Community Services are in support of the current plans for our hospital set out before us. But the possibility of yet more indecision and delay has led these groups to take the unusual step of publicly expressing through open letters to States Members their frustration at the support for the current project plans and the proposition before us today, and I am not surprised they are frustrated. Reducing the budget by over 30 per cent without adequate explanation or justification would completely undermine all of the good work they have done over the last 18 months. As I said, 1,000-plus of hours spent at hundreds of meetings, literally, and this would cause a significant risk

of disengaging and disenfranchising the medical staff and, of course, our other partners and professional teams as well. That is a risk that would be created if we supported the amendment today. Clinicians and healthcare staff support is vital for the success and the delivery of the new hospital and losing their support at this stage. No, it would not be challenging, it would be quite devastating for the project, as history has taught us. The design is being clinically-led and is agreed as appropriate for Jersey and our unique Island context. I say that again, we have a unique Island context here when we look at what we want to use our hospital and health estate for. Because, as I said before, we are having to build at least 5 hospitals into one building or into one campus. It is a general hospital, it is an acute and specialist hospital, ambulatory services, women, maternity and children and, of course, adult and children's mental health services. That uniqueness in our Island context is almost incomparable with any other project we can find and we have been compared against all sorts of other hospitals. Senator Moore, in her opening speech, spoke about a new-build hospital in Madeira but what she did not say is that the health service of Madeira comprises of 3 public hospitals - might be 4 with this new one, I am not sure - but have at least 3 public hospitals and 48 public healthcare centres, and that is not exactly a fair comparison. I do not know, I have not seen the granular detail. If we wanted to build a big square building in the middle of town with 500 beds in it we could probably beat that price, I do not know. It is almost impossible to compare a hospital build without all of the granular details in just about every single project. The Scrutiny amendment requires the budget to be capped at £550 million, inclusive of optimism bias, client contingency and other site-specific costs, including the road improvements and the reprovision of services and land acquisition. I have already explained briefly the impact of inflation over and above that on a delay. But let me just be absolutely clear as to why there will be a delay, and I am sorry again to repeat this but it really needs to be hammered home. At the heart of all the work we have done over the last 2 years is the ambition to get our planning application in. Originally it was September and because of the delay and the requirement from the Assembly to have another debate on access we had to push that date to November and that has driven us; that has driven the whole project. Because that is the very latest date we can put the planning application in without jeopardising our end-of-project target, which is the end of 2026. If we do not do that and this amendment passes, absolutely clear, we cannot just go into a room and put up a diagram of the hospital and put lines through a few things and mess around with the design. It has to be a lot more complicated than that, I am afraid. As I said, we spent about 18 months on this design and the requirement to, say, take off 2,000 square metres would mean we have to redesign 2,000 square metres to try and fit that 2,000 square metres into other parts of the hospital or decide what we have to take out. I am mindful of comments made by Members in relation to the Minister for Health and Social Services' speech. But that is a fact, if we are going to compromise this we have to compromise that, so that means we have to have a bit less of what our clinicians have said they need. What they need and what they want is different but we have got to really, really have a good plan, and that involves a lot of detailed work in redrawing it. It would look like this, we would have to redraw that, which would mean we could not get our detailed planning application in in November. We would have to go back to the team, the team would have to go back to the clinicians and we would have to start that process again. The estimates we have had from the team is we would look at 18 months. But even if that took a year it is still a year on to the project timing at least and, of course, that would push the delay into the next Assembly and I will come back to that. But we are talking about detail, we have also been criticised for the lack of detail and I am sorry about that because, again, I refute that. We have provided hundreds of pages of good quality detail and Scrutiny should accept that. They might not like the detail or they might want more detail and which we will endeavour to provide everything that they ask for. I have got a folder here and I refer to the high-level figures. Deputy Guida went through them and other Members have referred to them; I think Deputy Southern did as well. Behind all of those figures sits a huge amount of detail and I am looking at it now. I am looking at every single composite window, every single W.C. (water closet), sink, basin, light fittings, it is all here. Everything in there and costed and we have done that for the whole project and the information is available. If anybody wants to look at it we would be

pleased to provide it and Scrutiny have had it. I really do challenge the fact that they said we have not produced enough detail because we have produced a lot of detail but if they want more detail, let us know what they want and we will provide it for them. I hope we are going to have a constructive dialogue with Scrutiny moving forward because we are at stage 3 of a 7-stage or 8-stage project, so we have got a lot of work to do together. But if we push this into the next Assembly we do not know that we are not going to get tied up in debate about the location again. The Progress Party have made it clear about their intentions and Members will have to find that concerning. We want to try and avoid that. We want to try and get this, we want to try and keep the momentum going of this project so that the role of the next Government will be able to pick up with that momentum and push forward without having the opportunity to want to go back and start again. The Scrutiny Panel's amendment, if approved, as I said, would require a rework of just about every aspect of the project. Can we really afford to go backwards at this late stage? I do not think we can. In my opening remarks I talked about cost versus value and the value that will provide dignity and better care and value that will save lives.

[15:30]

Deputy Morel gave a speech about the future. Deputy Morel, and he is Assistant Minister in my department, I like to think good strong-working relationship and I respect his views; he is a deep thinker. He talked about the future in an uncertain world. I do not blame him, no one could have predicted what has happened to us recently and no one can accurately predict how the world is going to change, just as we have seen it change in the decades in the last century and the century before that. But we have all managed to evolve and improve. We cannot hide from the future. We cannot be paralysed by the fear of what it has in store for us. We have to embrace it and this project does embrace the future. After almost a decade of indecision and delay and escalating costs we now stand on the brink of delivering our new hospital, a hospital that is right for Jersey. We should make it right together, a hospital that can be and will be fully operational by the end of 2026. I could not even contemplate the Islanders' reaction should we let them down again. We must all remember the last elections and the hustings and just about everyone was dominated by this issue. Let us not step back, let us keep the momentum going forward. A vote for the amendment, whether we like it or not, is a vote for delay, whether it is a delay of a year or 2 years or 3 years, it is a vote for delay and there is no way round that. Let us keep the momentum going, please, for the sake of future generations of Islanders. I ask Members to reject the amendment.

The Greffier of the States (in the Chair):

Thank you very much. I am delighted to say we have been joined in the public gallery by His Excellency Mr. Abulhoul, the Ambassador of the United Arab Emirates and we welcome him to the Island and to our Chamber. **[Approbation]** I hope you have an excellent stay, Sir. Next to speak is the Constable of St. Lawrence.

1.1.17 Connétable D.W. Mezbourian of St. Lawrence:

On Monday evening I spent 4 hours in A. and E. with a family member, during which time I began to prepare for this debate. I wrote then that I was undecided on this amendment and even I was sure I would not be the only Member to find themselves in that situation. When the Constable of St. Peter spoke yesterday he almost took the words out of my mouth, that it was pleasing to be assured that at least 2 of us had come to the debate with open minds and we heard earlier from Deputy Truscott that he too was in that position. I have paid particular attention to what Members have said during the debate, finding myself, as I do often, swayed firstly in one direction and then in another. I was particularly struck by the speech of the Minister for Health and Social Services when he referred to end-of-life patients passing away with nothing but a plastic curtain to give them and their loved ones previously at such a time. It occurred to me that although we do not yet know the content of the proposition on assisted dying, I am certain that there will be reference to the appropriateness of the

physical environment required to allow for assisted dying to be undertaken with dignity. Yet that dignity is not guaranteed for those who pass away now in our hospital; that is a shocking situation that we are all obliged to acknowledge is happening and continues to happen. Some 6 years ago I was visiting in the 6-bed ward with no empty beds and every patient had visitors. We were all aware that in the end bed farthest from the door a family was gathered to be with their mother during her last moments. The drawn plastic curtain could not hide their distress, a distress they attempted to conceal while smothering their cries, just as everyone else in that ward, staff, patients and visitors attempted to give them privacy by not speaking during those final moments. I will never forget, having all looked away, as they finally left the ward, walking past us all in as dignified a manner as they were able, leaving their mother behind that curtain. What an awful situation, what an awful experience for everyone in that ward, particularly the elderly patients who were all of a similar age to the deceased. I am eternally grateful that when I lost my own mother a week later there had been a single room available for her to leave with the dignity that she and we all deserve. I am ashamed that the condition of our current hospital perpetuates, in some instances, death without dignity. During Monday's briefing in answer to a question I had asked we were told that 40 per cent of our population have private health insurance. I was astounded at that figure but yet it leaves some 60,000-plus of us relying on the health and medical care provided by the State through the auspices of the hospital. What we know without doubt is that that care is delivered in conditions that fall far below acceptable standards. We know that our health professionals are stretched, that they have constrained conditions in which they work and yet they all strive to deliver the best care that they can in those, quite frankly, appalling circumstances. We have heard directly from them in their system, both clinicians and nurses. I have taken the opportunity to meet with Ben Hughes, the neurologist who facilitated the open letter to us from his fellow clinicians. He told me that he had joined the hospital in 2014, now 7 years ago and that conditions at that time were poor. During the past 7 years he has seen those conditions deteriorate and he has seen his colleagues and all health professionals become more and more frustrated at the impact the conditions have on their ability to deliver acceptable standards of healthcare. They have spoken to maintain the high standards that they wish to deliver and which we, the public, expect and, dare I say, deserve. We pay our taxes, we expect first-class care. That brings me from the moral argument for getting on with the build at Overdale to the financial question; do we support the amendment, as so well-argued by Senator Moore or do we not, as so well-argued by Senator Le Fondré? Here I must pay tribute to the Scrutiny Panel for the report they have prepared for us and for their contributions to this amendment debate. I agree with Deputy Tadier who made it clear that it is not job of Scrutiny to identify any fiscal areas or the clinical and medical deliverables that would need to be reduced or scrapped altogether if we support part (a) of the amendment, part (a) being there would be a maximum expenditure cap for our hospital to project completion of up to £550 million; that cannot be exceeded without further approval from the States Assembly. But to quote from the Scrutiny report: "Crudely this would be setting a lower cost envelope that the clinicians would need to advise expectations around. Crudely, this would be setting a lower cost envelope that the clinicians would need to advise expectations around." Yet here we are with proposals for a hospital that had been reached by close consultation with those same clinicians who have identified everything that should be included within the new hospital, everything that is needed to deliver the first-class standards in healthcare that we expect in 2021 and beyond. What do the Island taxpayers want for their money? I have been lobbied by a small number of people who have asked that I support the amendment. I have been lobbied by a small number of people who have asked that I do not support the amendment. I have not heard, of course, from the silent majority; they remain silent. But, as both Senator Moore and Senator Farnham know, I make up my own mind. I vote in this Assembly having made best endeavours to read all documents, to attend briefings, to question, to listen to debate. Most Members have now spoken, we have heard excellent speeches in favour and against. Deputy Guida's speech was powerful. It was, I think, the most thought provoking we have heard. He too touched on end-of-life experience. He and others who have referenced the risks that we face if we delay the first stage in the ground at Overdale have been able to persuade me

that those risks of going back to the drawing board of increased costs to build, of the impact being detrimentally on staff morale, of deteriorating conditions in the general hospital, of increased costs to tackle those deteriorating conditions, of the risk to patients, of the risk that we will lose some health professionals, of the risk that parts of the current hospital will close, of the risk of losing the project team and, as importantly, that we risk continued death without dignity, those risks would not be mitigated by supporting this amendment, rather they would be increased, they would be heightened. Accordingly, I cannot support the amendment.

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

I came to the Assembly yesterday genuinely uncertain how I was going to vote on the amendment and the substantive proposition itself. I have listened to the one and a half days of debate we have had up to now and heard some very good speeches from both sides of the argument, with some of that I found worrying and others that were based on lifelong beliefs which I think are out of date in the modern world. I, like the Constable of St. Lawrence and others have said, have swung one way and the other during the debate. I have also been lobbied not only from people from outside the States but also from both sides of the States. But, as all Members know, I am a truly independent, free-thinking Member of this Assembly, I make my own mind up, so the lobbying efforts were wasted. What concerns me and what will sway my decision? Delay. One of the factors that does worry me is the prospect of delaying the hospital project, which, to my mind, has already gone on for far too long. We have all heard about the state of our current hospital, which needs to be addressed as soon as possible. A number of Members have stated that the Government has put a gun to their head when they say that if the amendment is adopted it will delay the project by 18 to 24 months. I do not accept this argument, as I believe there is a very good prospect of delay, whether it is 18 to 24 months and I cannot say what the delay will be but I personally fear a delay of just 8 months, which could lead to the project going on for much longer or being totally derailed. Why? Because we have a general election in 8 months' time, which could open up the entire hospital debate again, which could lead to longer delays and certainly at much greater cost.

[15:45]

We know the Island is divided on this issue and any delay will give all sorts of individuals and groups the opportunity for mischief. Much of the opposition from outside the Assembly is about the Overdale site itself. I was one of only 5 Members of the Assembly to vote against the Overdale site for the Future Hospital. I personally felt we were stitched up on site selection process in the sense that the 5 options that were put forward would almost certainly lead to Overdale being selected, as all the Constables and Deputies of the 11 other Parishes would vote for it as it was not going to be in their backyard and they would not have to face the problems associated with it. I personally preferred Warwick Farm or the waterfront but it was not to be and, as a democrat, I have accepted the States vote and I do not want to waste time and money revisiting it. I want to get the best hospital we can as soon as possible. Others, however, do want to revisit it, including the Progress Party in this Assembly, as we have heard this morning from their 2 sitting Members, Senator Pallett and Deputy Luce, the latter saying that the original plans were further advanced than where we are at the moment and will be cheaper. It is also being said that this is now their party policy and I have heard that they will be fielding as many as 40 candidates throughout the Island. I voted against the General Hospital site originally and if re-elected would vote against it again, as it is totally unsuitable for what we need. I like the campus hospital proposals that are being put forward at the present time. I would also rather not have to go through that debate again. I also agree with Senator Farnham and I would like to understand Senator Moore's position on the Overdale Hospital. Is she agreed that it is the correct site or will she join others and be seeking an alternative site if the current hospital project is delayed? I hope she will answer this question in her summing up. I thought Deputy Guida's speech was a tour de force and I know from personal experience how correct he was, and I found nothing that I disagreed with. In fact, in the 3½ years we have been in the Assembly, he has been in the

Assembly, I have grown to admire him for his clear thinking and research. Deputy Guida's speech mentioned that projects like this are planned out with detailed timetables, where each piece of the project is placed in a timeline which follows the logical process and identifies critical steps that need to be taken and in which order. This is known as critical path analysis and is the key to a successful project completion. What seem like minor delays can quite literally put a spanner in the works and cause excessive delays and/or cause costs to increase exponentially. I can say this with confidence as in a former career I worked as a professional buyer for Sir Alistair McAlpine, one of the largest construction companies in the U.K. at that time, at their head office in the U.K. and I worked on major national and international projects such as hospitals, motorways, sports stadiums and oil pipeline projects. What he also said about national and international contractors and the scheduling of their work and the impact of delay is totally true. I saw contracts that ground to a halt and had to be abandoned. I applaud Deputy Guida for his explanation of the £181 million contingencies. I will not repeat them. What he said was very clear and I concur with what he said. No matter what project you have, you have to have sufficient contingencies which as the project advances will be whittled down to specific figures. I also happen to believe that the checks and balances that the Treasury should be putting in to monitor the expenditure to make sure that no money is spent that is not absolutely necessary and will ensure no featherbedding. I am quite convinced that Scrutiny will be monitoring this like a hawk. Now, many others outside the States and inside the States are concerned with the cost and method of finance and I will come to this now. There are some people, like Deputy Morel, who absolutely hate the thought of borrowing, however in this day and age it is impossible to finance any major project without it, and in fact it is stupid not to in certain circumstances such as the situation we find ourselves in at the moment. Who for example in Jersey could afford a house? I do not think I could if I was starting out again on the salary of a States Member. If I could borrow, I do not believe I could even borrow, but people cannot afford out of their income and savings to buy a house on its own, they would have to borrow, and many major projects will have to resort to borrowing as well. I do believe - and I have stated it time and time again - our failure to deal with the housing crisis has been criminal. Now, I am convinced that what the Government is proposing to finance this project is the right way to go, and again I am going to repeat some of what has been said, but because we can borrow at exceptionally low interest rates at a fixed rate for 30 to 40 years. I think it was stated again by Deputy Guida, we are in a unique situation at the moment but as each month goes by the window of opportunity is receding and if it does recede it will add to the cost of financing the project. Interest rates are expected to increase possibly at the end of this year. Why? Because we are seeing many problems with supply chains because of COVID and other factors which are going on around the world, which are starting to push up costs, hence we are starting to see the start of cost push inflation. Part of this is because of worker shortages we have to pay more in wages to attract staff, and this pushes up costs. So, people who have been exceptionally poorly paid in the past may be getting higher wages, hopefully closer to a living wage, and I welcome that. I think we have treated our workers appallingly and many of them have been exploited, and certainly with the cost of living in this Island it is absolutely essential that they can earn more, but we will experience inflationary pressures. Now, Deputy Guida also made a very good point and that is that future inflation will help us to repay this debt. It is a fact that the basic rule of inflation is that it causes the value of a currency to decline over time, in other words cash now is worth more than cash in the future. Thus, inflation lets debtors pay lenders back with money that is worth less than it was when they originally borrowed it. Let me just give you an example of that. If you go out and buy a dishwasher today for £500 then that is what it is going to cost you, but if you borrow it over time, say if you borrow it over the 30-odd years, the £500 you are going to pay is worth in real terms, i.e. what you can purchase at that point, maybe £50. So, what we are trying to say is inflation erodes what you have to pay back in real terms. A number of people have mentioned we are landing our children and grandchildren with a debt going forward. Now, the hospital is an investment that will pay for itself, not only from the return from our Strategic Reserve Investment Fund but also in terms of the care it will give our citizens. Is it a burden for our children? I personally believe that it will

be an asset for our children and their children going forward in ensuring their future health and well-being. Deputy Morel, for example, was against borrowing and he quoted an earlier statement of the Chief Minister, who has now changed his view about borrowing because of the particular circumstances we have. Deputy Morel said that debt is addictive and he was worried about all the risks that will occur over the 30 to 40 years that will impact on our ability to repay the interest and capital at the end of it, and he gave examples such as Russia and Crimea. He mentioned inflation and interest rates. Now, the truth of the matter is we live in uncertain times and, for example, I think I am more concerned about an asteroid hitting the earth and wiping us out, or the fault on the island of La Palma dropping into the ocean and causing a tsunami which will spread out over the Atlantic and flood most of the east coast of the United States, possibly Jersey, and the south coast of the U.K. There are many things that are risks; some of them may or may not happen. Now, economic risk, yes, I agree we can have various crises. We had the 2008 financial crisis caused by the banks, and I make no apologies for saying that it was caused by the banks and the subprime mortgage market starting in the States, spreading to the U.K. and the drying up of liquidity. Yes, we will have things like that, the same as COVID will come, but as I think Deputy Guida or others have mentioned, we are borrowing over a long period of time and as long as we allow our investments not to be sold off to try and minimise a loss but take a long-term view then we are likely to find that the interest we receive over that 30 to 40-year period will cover the debt. If not, then we have to look at the situation then. But what is the alternative? The alternative is to use our Strategic Reserve now and either pay for it entirely, which I think would be a waste, especially with the prospects of growth over the next 30 to 40 years, or do it again, borrow a lower sum and then use part of the Strategic Reserve. I think that is going to be a problem; it will end up costing us more quite simply because of the fact that we will pay more in interest rates for the later sums that we go for. We have a particular window of opportunity now; I believe we should take it. One thing I learned when I studied economics, I have an economics degree, is that in the long run we are all dead; 30 to 40 years is a long time forward. Yes, I will not be here and neither will the vast majority of the States be here in 30 to 40 years' time. I do not want to saddle our children and grandchildren with debt but I genuinely believe that this is the best way of financing this project. I do believe we must grasp it. Now, there are some people in the States who have a total anathema to borrowing, and unfortunately they have opposing economic views to mine. I can remember when I came in the States how they insisted that the budget, States income and expenditure balance every year which meant that we had underinvestment in housing. The Minister for Housing gave all the money he received from rents into the Treasury at the time and spent no money on the housing stock which led to us having houses that were unfit to live in. That had to be rectified by agreeing to a bond for £250 million to cover the repair of the houses and also to build new ones. It also led to unnecessary austerity and a widening in the income inequality in this Island and the poor getting poorer and the middle groups also getting poorer. Senator Gorst, for example, is supporting the borrowing for the hospital but he stated he will not be supporting borrowing in the Government Plan. I know there are others who feel like him and there will be big battles going forward as to the future of the Island and what we can afford to do and cannot do. Deputy Ward convinced the States that we have a climate emergency and we have to try and do something by 2030. How are we going to cover the insulating of properties, the building the sea defences and all the other things that we have got to do to try and alleviate the climate emergency? The truth of the matter is we cannot do it by expecting the citizens to pay more for this, that and the other. We cannot do it by raising taxes; we are going to have to borrow for some of the things we want. So for all those who hate the thought of borrowing, get used to it, you are going to have to do some in the future otherwise we will not be able to do what we need to do in this Island to deal with these particular aspects. I have spent most of my time during this debate just listening and jotting down points and not particularly writing a speech. I think I have made the 2 main points that I want to make. I believe that if the amendment is passed it will cause delay. Not only do I think it will cause delay, it will bring this into the election and, as I say, I can see the whole hospital project unravelling and all those who want us to go to another site getting in on that and with a new

composition of the States it may well happen, and where would we be? We have already spent probably £70 million, £100 million, on hospital projects to date and got nothing. Are we going to write off that money? Are we going to delay things for more years while we debate endlessly the hospital, which will cost us more simply because of the delay and the advance of prices and the inflation?

[16:00]

No, I think we have got to make a decision now and although I do find some aspects of what the Government have told us over time confusing or inadequate, I do believe that we need to go ahead with this project and not delay. Every one of us will have to answer for how we vote today. I am prepared to, I will stand by it, I am going to stand for election and I will defend my attitude and my actions. Others will have to as well. But let us make a decision, let us get this hospital and let us go forward with it now. Thank you.

1.1.19 Deputy K.G. Pamplin of St. Saviour:

As Members can probably hear I am still struggling with my cold or flu, but that is why I have waited to go last because I wanted to see if I can have some sort of voice, so I will be as quick as possible. This has got nothing to do about me; this is about the future and what the Island needs in terms of hospital delivery, and this is the debate that we should have had when we debated Overdale as the preferred site choice. There was no debate then, and I do not live life with regrets but that will be one I will walk away from this Assembly shaking my head. We should have had that debate; we did not, so there has been an element of we are having that debate today. That aside, like the last 2 previous speakers I am totally independent, I am not a member of a party. I had a conversation with Senator Moore this week and Senator Farnham and I have attended all briefings and I have listened to what everybody has said and I am of course part of the Scrutiny Panel which scrutinises health. I was also the chair of the first Scrutiny review panel, the Future Hospital Project, that led to the rescindment debate that we had. At that time my panel had to pick up what was left from the previous panel and the previous Assembly, and to think of where we were then and what the new Chief Minister and team were proposing and how things would go. It became very clear that the biggest issue was delay and the costs that were coming down the line. In 2015 a sites option appraisal was undertaken by Gleeds Management Service that led the adviser to that Future Hospital Project to review the viability of all site options proposed for the location of the new General Hospital. The appraisal of the Overdale site proposed by the Assistant Chief Minister then and the report found that the capital cost of building Overdale was likely to be £434 million and that was in 2015. That of course did not include the various changes that were brought forward as back then there was not the mental health unit and other things, and there was the inflation and other things that people have mentioned, but I thought it was important to mention that we have been here before. We also noted in our report back then that the then Assistant Minister at the time came out in a media report to say that Overdale was looking like the preferred choice - I am paraphrasing a little bit - and he expected the new hospital to cost less than the current project as well, believing that the project back then would begin at the end of the year. We obviously raised questions to that as well, and then we had processes that other people have outlined, but I just wanted to bring it back to the equation because I had not heard it before. Lastly, my thinking is based on my experiences in the last 3 years and also what I have heard from experts who have taken part in this debate. After the election - as Members know - before I took the oath of office I had a visit to Orchard House, the mental health in-patient facility and, as I have said many times before, was completely flabbergasted with what I saw was the service that we were providing to people at their most critical need, a building that is still not fit for purpose and, as we are hearing, has been stretched because it has been housing under 18 year-olds, which is just not acceptable. That facility is still in place now. The replacement facility that we argued for with our Scrutiny report and was agreed by this Government and work was then started pre-pandemic and obviously continued despite the challenges, I am hearing is now delayed again. It

is just not acceptable. It is just not acceptable. We have young people in Robin Ward who should not be there, dealing with things they should not be dealing with, but they are. It is just not good enough. The future of healthcare, as many have said, is rapidly evolving. As we have seen with the recent mortality report that came out in 2020, which is very interesting obviously because it was the year of a pandemic. It was the lowest rate of mortality since 2014. The biggest impacts of course once again were cancers and cardiovascular and other illnesses, and of course COVID was there as well. But mental health was there as well, and also creeping up year on year is the impact of dementia and Alzheimer's. Our healthcare delivery is changing quicker than any of us realise, but at the same time so is modern medicine and digital works. Other jurisdictions around the world were a lot quicker than Jersey; they saw this happening. Gibraltar updated their hospital on-Island in 2003. The Isle of Man as well, 2003. Other islands have done similar. The Isle of Wight. I talk about islands because my view in this is it is unfair to compare to mainland hospitals because it is different. On-island we have challenges. One thing we should be looking towards is the hospital that is very close to us in Guernsey. How can Jersey and Guernsey continue working like this for the future? One for another day. So here I am in this debate looking at the finances of this project and, as others have said, the potential delay. So, I look forward to hearing Senator Moore's summing up because I am yet to make my mind up. I am waiting to hear the summing up, like I usually try to do. But one last thing, I volunteered myself to spend a whole 24 hours of my own life 2 years ago to learn how the hospital works. I spent a full 24 hours; I clocked in at 7.00 a.m. and I just shadowed a team. I did not really want to make a big deal of it, of course I did share the information I was finding through social media and the panels. But the one thing that was clear, the building is not the building, but the building in a hospital is our staff. I saw with my own eyes the going above and beyond, and the going above and beyond more than they need to because they are in a position that this project should have been dealt with years ago. I saw at 3.00 am in the morning decisions being made because an Islander came into the hospital complaining of an illness and within 90 minutes he passed away. They had to transform a whole hospital ward to make sure that he had the dignity to do so, but also so that they could give him the care that he and the family were needing. Staff members were called in, staff members carried on working; it was unbelievable. I then saw a porter go down to go and get the medical records and bring them up on a Co-Op shopping trolley. We have just got to get this done so whatever the outcome of this, no more. Our Island deserves better.

The Greffier of the States (in the Chair):

Does any other Member wish to speak on the amendment? If no other Member wishes to speak, I close the debate and call Senator Moore.

1.1.20 Senator K.L. Moore:

I would like to start by thanking everyone who has contributed to the debate. This is finely balanced and that shows the importance of the decision before us. What is clear is that we are united in our commitment to delivering a hospital for Islanders. What divides us is the extent to which we should commit the public's money to pay for it. Senator Farnham and the Council of Ministers argue that their project must keep pushing forward whatever the cost. Scrutiny, however, have been advised that the outline business case is inadequate and does not provide the justification for a hospital of this size and scale. There is no workforce strategy, no accounting for running costs, no sustainability plan, no digital strategy, no estate strategy, and the costs could rise rather than fall. So, do we just get on with it, never mind the details, or do we behave like an intelligent client, take a considered approach, and push back on the very expensive team that are working on this project to ensure that this important building will meet the healthcare needs of Islanders without risking our economic future? One of the many people who have stopped me to talk about this debate is a well-respected, retired director of a local company. They stopped to say good luck with the amendment. I responded by saying that Scrutiny is trying to be constructive, they responded: "Yes, but on this one you have to destruct the plan before you can be constructive." Let us not forget that the Island, along with the

rest of the world, is recovering from the impact of a global pandemic. This has provoked enormous levels of expenditure, disrupted our workforce, and caused damage to the businesses that are the engine room of our economy. Speaking last week at the excellent Digital Jersey workshop a partner from the highly respected consultancy firm McKinsey pronounced that in her view nations would have to consider either a 50 per cent increase in revenue or a 20 per cent cut in service provision and expenditure to recover from the damage of COVID of course. Let us not forget that our G.D.P. and productivity fell by 10 per cent last year. Members who have attended briefings about the Government Plan will have heard that it will be harder to make savings from 2022 and beyond because this Government will have already committed the funds. So how will a future Government address chronic staffing issues? How will a future Minister for Health fund the Jersey Care Model that seeks to offer more care in the community but lacks a plan to support the cost of it? The H.I.F. (Health Insurance Fund) will have already been raided at this rate, so where then? G.P.s are also seeing their numbers decline; people are struggling to get appointments now already for primary healthcare. Where is this going? So, in these uncertain times it is not a great moment to break with the prudent approach that has been the Island's watchword for centuries. This is a serious decision. As Senator Mézec identified, this is about our appetite for debt, one of the ultimate political issues. It could be said to be a test; when the chips are down will we act as the people who voted for us expect that we will. Members of the Government have spent the debate clutching at straws rather than defending their inadequate outline business case. They have chosen to cling desperately to their argument that we must not delay at whatever cost. The Government cannot even agree on the point of delay. Yesterday the Chief Minister stated that supporting this amendment would stop the project dead, whereas Senator Farnham and others simply talk of delay, perhaps one year, 2 years, I think I heard Senator Farnham say in his summing up 3 years. Well which one is it? It is simply not logical. The Assembly agreed the site in November last year so the project has been worked up since that point, including getting the team together. If we are generous, that has taken 10 months to get to this point so why would any further amendments cause significant delay? It appears that the Council of Ministers is slightly hysterical. This is not about delay anyway; in fact, the programme can keep moving forward. This is about protecting our budget and spending a justifiable amount on a project that is evidence-based. Do we want to see our Strategic Reserve continue to grow for future generations? Over the past 40 years there have been peaks and troughs but overall there has been stellar growth in markets. Our reserves saw an average annual return of 4 per cent over that period. We have heard from the Attorney General that there is no fallback if our finances experience a major correction. There will be no one to bail the Island out, therefore, we must maintain our strength to weather any storms that may be ahead and limit our borrowing. But as we all know, politics is not just about fitting things into boxes, it is about meeting the needs of a community, and healthcare is one of the critical services that we provide. Deputy Higgins is quite right; this hospital will be an asset for future generations, but it will not be an asset providing a return and it will require work and further investment, probably around the time that the bond matures. Holding Ministerial office is about being accountable, taking responsibility; it is not just about cutting ribbons and posing for the cameras. It is about decision making and delivering on manifesto commitments for the Island. Scrutiny has a job to do. We have sought the best possible advice and that advice clearly indicates that there is a problem with this plan.

[16:15]

Scrutiny have got their facts straight. What concerns us is that the Government has not. Our report has identified that the Government's proposed is itself arbitrary. It lacks justification and does not stand up to the level of expenditure that is being asked for. It lacks a number of key documents that should underpin it, such as the workforce plan, the digital strategy, the running costs. I went through them earlier. Senator Vallois hit the nail on the head when she noted the importance of having a business case that informs decision-making. It is that simple. Scrutiny is doing its job and drawing the issues to the attention of Members, a warning to those who offer unquestioning support to the

Government in their inadequate outline business case is that they would be a dereliction of duty. The Minister for Health and Social Services says do not praise staff and then ignore their views; well, he and his management team are ignoring the concerns of staff on a daily basis. As mentioned in the opening speech, there is trouble with the cost of living and poor culture is what is driving staff away, not the building. Yesterday the Chief Minister stated there is no staff shortage. Well, today operations are being cancelled once again due to staff shortages. Committing to massive debt and expenditure will only reduce the ability of Government to resolve these issues, they will not solve them, which is why we are calling for restraint. I have also a message for the Minister for Housing and Communities. If this Government was genuinely serious about housing it would not have pushed to stop the development of Ann Court, it would not have torn up plans to convert Cyril Le Marquand House into key worker accommodation, instead to provide yet another block of offices. The Deputy says he does not want to see a delay of housing being provided at Les Quennevais. Well, and I apologise, Deputy Tadier, but this hospital project is blocking the provision of housing on the old Les Quennevais School site, so do not talk to us about blocking the provision of housing. We do have to live with the decision that this Assembly will make today and the decision that we have made in relation to the site. Yes, the panel recognises, and I commit, that this site is a point of compromise in order to maintain the direction of travel. The Minister for Infrastructure shared with us his desire to name the new hospital the Queen Elizabeth Hospital. That would be entirely appropriate of course, but there is a word of caution. There are many hospitals that share that fine name, one of them in Glasgow was built for a similar amount as that which is being requested for sign-off if this amendment fails. That hospital which was built for £842 million in 2015 is known as a super hospital, it has 1,677 beds. This lays bare the meaning of Currie & Brown's conclusion that the price for this hospital would be correct if the scale was of a similar nature as that hospital in Glasgow. We do not have parity on the number of beds that the hospital will have or even the exact number of square metres, which has changed by the day in the past few weeks. However, what we can be certain of is that although, yes, we do need to build an acute general hospital that can deliver a wide variety of treatments and procedures, we do not require a hospital the scale of Glasgow's. That is the conclusion of our advisers. It is pure logic that £550 million can deliver a hospital that will comfortably provide for the needs of our community. If I could just remind Deputy Guida that previous cheaper plans have provided for 100 per cent of beds to be in single rooms with no open wards whatsoever? This plan, of course, is for 75 per cent single rooms. I would like to correct also a couple of his assertions. Firstly, that the project does not have to be funded in full prior to the work starting. We did agree a new Public Finances Law, if you remember, in 2019. There is a provision in that law to reallocate funds. The sum no longer has to be set aside in full at the outset. With regards equipment, this project is calling for £56.3 million for, to use the Minister for Treasury and Resources words, "state-of-the-art hospital". Yet, looking back at the O.B.C. from 2017 the figure was £18.7 million. What has caused that great difference? We simply do not know. Let us stick to the facts, supporting the amendment should be simple. In fact, it is a win-win. There is plenty of time. There is another £11 million available to get the project to Planning in 6 weeks. Architects divide major project into stages. This project is currently at RIBA stage 2 and progressing into stage 3. Once the planning application is in, it is then that the technical drawing stage begins. That is when those wards, theatres, clinics and waiting areas will be designed. At RIBA stage 4, there will be 6 months to do that work. Remember, it has taken us only since November to get to the stage we are at. There is plenty of time to progress without delay. The delay, we would contest, is blatant obfuscation. The Chief Minister looks to Scrutiny to define the exact nature of the savings that can be found in this project. Perhaps he forgets that the Our Hospital team have already trimmed the design in a short period of time from 73,000 square metres to 65,000 square metres. There remains a 15 per cent area in that project for flexibility. I identified in my opening speech that that has many practical uses, rather than being built space. Yet, he doggedly claims that his plans are realistic and robust. Just because a speaker makes an assertion, it does not make it factually correct. Those assertions need to be tested. That is the role of Scrutiny. The Deputy of St. Peter also had a whole raft of unsubstantiated comment. One in

particular that I must take the time to correct is the assertion of the Deputy that the comments from the Council of Ministers that Mott MacDonald are not reviewing the U.K.'s new hospital outline business cases. Scrutiny advisers, Currie & Brown, are, as I said yesterday, the authors of 2 of the front-runner O.B.C.s for that building programme, so they have a clear understanding of the role of the other company in that project. Mott MacDonald are technical advisers. Scrutiny has considered the facts. They have been tested by experts who are leaders in their field. No, we have not had official communication with the doctors and nurses. That is never allowed. However, we have had plenty of unofficial contact. We know what they really think about the consultation process that has been run. We know that people attending those meetings often dread them. Many feel that they are shouted at, belittled and demeaned. Some of the clinicians who signed that letter last week also have concerns about the delivery of care today. They are worried about their staff and the management who do not listen. Our reports provide the facts on this project as it stands. The findings of our expert advisers are very clear: the business case is not robust, it has failed to meet the Treasury Green Book guidance on many levels, and it does not justify the size and scale of the project. However, there is a way forward. In fact, we can call this a win-win. The project can be met within an envelope of £550 million and with that figure borrowing can be reduced to £400 million. Using the Government's own figures, the build cost is £311 million on the current 65,000 square metres. That includes the main building, mental health, knowledge centre, roads, demolition and car park. That leaves £240 million for contingency, inflation and site-specific costs. The Government have spent £59,500,000 so far, but they have failed to provide a breakdown of their spending to date. If they cannot run the project at this point without adequate accountability, we must ask how they will progress from here. The amendment provides some rigour and restraint that is clearly much needed and offer public finances greater protection. Let us be clear, we are not suggesting that reserves are plundered. We are saying that options to raise the money in different ways, other than borrowing, we could use the £40 million from the Internet of Things sale. In fact, there should be more of that to come from that sale. What troubles the panel is the proposal to place borrowed money in a fund and hope that it makes a higher return, is a big departure from the way things have always been done. The States is not an investment manager that uses borrowed money. The Deputy of St. Mary was right when he said it was akin to an endowment mortgage. Remember the international finance crisis? Well, the banks failed because they had money on deposit and bet that they could make more than the interest rate. Sound familiar? The time has come to proceed with the project. Yes, but at a sensible scale and achievable timeframe. If there reaches a point where additional funds are required, then the Minister for Treasury and Resources can return to this Assembly and request them, if she can provide adequate justification. If I may quote from a former Corporate Services Scrutiny Panel amendment, the one for P.130/2016, there are inherent dangers of borrowing large sums of money, exacerbated by the uncertain economic climate: "Let us be farsighted and prudent", they said. I agree. Let us also mend our health service, rebuild a workforce, one that is happy and prosperous, ready to care for its patients and able to enjoy life in our beautiful Island. It was funny that Senator Farnham handed a gift to Deputy Ward earlier, at the beginning of his speech. Firstly, the gift in itself, a crochet kit, reminded me of the people who during the French Revolution watched the aristocracy at the guillotine as they sat in the square knitting. I have a gift for Senator Farnham as well, some shoelaces, because I know he likes running. I found them last night. They say: "Just build it" but I have added my own comment: "Not at any cost." It is the view of the panel that not supporting this amendment would be irresponsible. It would allow this hospital project to become a mega-project. Where will all the money come from for the next capital projects? How does the Government plan to finance the delivery of sea defences, new schools or any other crisis that might arise? We heard yesterday from the Minister for External Relations that he will be amending the Government Plan and its proposal to borrow yet more money for other projects. There is still time for him to approach this project with some realism too. We can learn so much from our friends in Madeira. They are building a hospital for €375 million. Just like us they have to meet the needs of their community with limited ability to travel elsewhere. Their population is more than double ours,

so it can be done. There is time for this project to move to RIBA stage 4, while the planning application is considered. If Members accept the amendment of the Future Hospital Review Panel we can deliver a hospital that we can all be proud of. We can monitor and contain costs in a steady fashion. We can make it accessible without having to bulldozer through a bowling green that has been enjoyed for a century. Remember, option 6 scored just one point below option 7 in those access routes. We can create a safe environment in which babies will come into the world, all manner of procedures can be completed and, yes, it will be a place where difficult news can be shared in privacy, and when their time comes people can die with dignity. I move the amendment.

The Greffier of the States (in the Chair):

Thank you, Senator. There is a request for a point of clarification from Deputy Higgins.

Deputy M.R. Higgins:

Yes, I did ask Senator Moore, who is obviously the main proponent of this, to state whether she supports the hospital being at Overdale or if there is a delay she will revert to another site.

Senator K.L. Moore:

I had clarified that point, but on behalf of the panel, we recognise that there is a compromise to make on the site.

The Greffier of the States (in the Chair):

We are now in a position to put a vote into the chat channel. The vote is available, so I ask Members to cast their votes. I will allow as much time as possible to make sure everybody gets their chance.

[16:30]

I would ask people not to vote in the chat if they have voted in the link, please, because it will cause us problems. If Members have had the opportunity to cast their votes, I ask the Greffier to close the voting. The amendment has been rejected.

POUR: 22		CONTRE: 26		ABSTAIN: 0
Senator S.C Ferguson		Senator I.J. Gorst		
Senator T.A. Vallois		Senator L.J. Farnham		
Senator K.L. Moore		Senator J.A.N. Le Fondré		
Senator S.W. Pallett		Connétable of St. Helier		
Senator S.Y. Mézec		Connétable of St. Lawrence		
Connétable of St. Saviour		Connétable of Trinity		
Connétable of St. Brelade		Connétable of St. Peter		
Connétable of Grouville		Connétable of St. Mary		
Connétable of St. Martin		Connétable of St. Ouen		
Connétable of St. John		Connétable of St. Clement		
Deputy G.P. Southern (H)		Deputy J.A. Martin (H)		
Deputy M. Tadier (B)		Deputy of Grouville		
Deputy of St. Martin		Deputy K.C. Lewis (S)		
Deputy L.M.C. Doublet (S)		Deputy M.R. Higgins (H)		
Deputy of St. Mary		Deputy J.M. Maçon (S)		
Deputy K.F. Morel (L)		Deputy S.J. Pinel (C)		
Deputy M.R. Le Hagarat (H)		Deputy of St. Ouen		
Deputy S.M. Ahier (H)		Deputy R. Labey (H)		

Deputy R.J. Ward (H)		Deputy S.M. Wickenden (H)		
Deputy C.S. Alves (H)		Deputy G.J. Truscott (B)		
Deputy K.G. Pamplin (S)		Deputy J.H. Young (B)		
Deputy I. Gardiner (H)		Deputy L.B.E. Ash (C)		
		Deputy G.C.U. Guida (L)		
		Deputy of St. Peter		
		Deputy of Trinity		
		Deputy of St. John		

1.2 Our Hospital – Budget, Financing and Land Assembly (P.80/2021) - resumption

The Greffier of the States (in the Chair):

We now return to consideration of the main proposition. The debate is open. Does any Member wish to speak on the main proposition?

1.2.1 The Connétable of St. Brelade:

There are missing elements in this project, particularly with regard to access and the road network. I have no intention of repeating the site selection debate, but I am truly concerned that access to Overdale, by not only my parishioners in St. Brelade, but the whole west of the Island, just does not appear to have been considered. I make this point, because I do envisage that a remodelling of the First Tower Junction will need to take place. I have not identified any costs for this so far in the Minister's proposals. I ask: where does that come from? I would have thought it would have been easily costed. Likewise, there is still no information on the public transport provision to Overdale. Have the project team spoken to LibertyBus? What is being proposed? How much will it cost? Is it in the programme? I want to know these details and the lack of them really does undermine my confidence in the ability, as I have said before, of the project team to deliver what is right for Jersey.

1.2.2 Deputy K.G. Pamplin:

What I did want to add after the amendment debate and what I did mention in my speech, now this is going forward, if voted for, is the concern I have raised about the Jersey Care Model. As a Scrutiny member on the Scrutiny Panel for the last year or so, year and a half, it cannot fail. It has to progress but it needs to be funded appropriately. Our staff work, and all across healthcare, right down to the porters, to the nurses, to the healthcare assistants, needs to be paid better. We need to support our ambulance service. If this project goes forward, we need an ambulance service that can respond to the times needed. My grandmother waited far too long for an ambulance on that evening, the day before she sadly passed away. I do not want to see these things continue that I also mentioned in my previously speech. The in-patient facility at Orchard House is delayed. It is not good enough. The impacts on mental health on young people that are coming down the line means that building this hospital is not going to fix those problems, we need to ensure there is another facility for young people. It is essential. I mention these things now, because there is only a select few months left of this Assembly. There are only 3 of us on the Scrutiny Panel and this is an Assembly issue. This is not the end of things. The future is promising if this all comes to pass. Let us all hope it does, because the Island deserves it, but I raise these concerns today.

1.2.3 Deputy L.B.E. Ash:

When we first sat round as the political oversight group and we got down to the last few sites that were there, which basically came down to People's Park and Overdale, I stated at the time that when we did the vote whichever way it went, and to be honest, I was probably a People's Park person, I was then going with it because we had gone as far as we could discussing and debating this issue. I

tend to go sporting analogies that people may or may not like, but today we have indulged in a great game of rugby where we have all got in there, we have all put our views, punches have been exchanged perhaps, and it has certainly been a rough and tumble, but the game is finished. We have now voted this through. I would really now like to appeal to all States Members, we have had the game, now let us really get together, let us all put our arms around each other and move on and get this hospital built for the people of the Island, because they deserve that. They have waited for 12 years for this now. The moment has come, let us all of now in the vote we are about to have demonstrate that we are all going to get behind it.

1.2.4 Deputy K.F. Morel:

I am pleased to follow the last speaker, if only to say I need some longer arms if I am going to get my arms around Deputy Ash. I wanted to reiterate, I considered long and hard about abstaining from the next vote, but on reflection, Deputy Ash is absolutely right in this case. The financing, which was always an issue for me, I am still not of the belief that the States is choosing the right direction with the very large amount of borrowing, but that debate is now settled. We do need a hospital. I started in my previous speech, I certainly meant to if I did not, others did, by saying that this hospital needs to go on, it needs to be at Overdale at the moment, whether there is tweaking that can happen. I hope so. I hope Senator Farnham has got the strength to carry on. Please do try to bring final costs for that hospital down. Please. Quite understandably many Islanders think, okay, there is hundreds of millions of contingency; it could be done for £600 million, £650 million, something like this. We all have that sense that the construction firms involved will see the contingency and see that as part of their budget. So, please, I ask Senator Farnham, please do continue to challenge and try to bring the cost of that hospital down. Every million that we do not spend on that hospital is a million that can be spent elsewhere. That is really important. As Deputy Pamplin just said: we have a whole issue with the care model now. We have, because of previous phases by the States to decide on a hospital sooner, we have a ridiculous situation without knowing the care model that is going in there. The States previously had not funded development of the care model, so we do not know how Jersey's care system is going to work into the future. That is a massive issue, but it is not one that should stop the hospital going ahead now. As I said to Senator Farnham just now, the finance debate is finished. That is one of the 2 issues I had. It has gone. The other issue is parking and I will be challenging Senator Farnham on reducing the number of parking spaces available in that car park at the hospital site, because we really do not need 550 parking spaces for a hospital. I strongly believe that. I agree with Deputy Ash, let us get behind this now, because we know there are plenty of us who are not comfortable with the debt or the cost, but we do need to be comfortable with the need for a hospital, so we do need to push forward with it.

1.2.5 Senator K.L. Moore:

The Assistant Minister for Treasury and Resources might think that some of this political debate is more like a game, but I hope the Deputy is aware that this is about lives, it is about the fundamental provision of healthcare that everyone wants to talk to us about when we campaign to represent them in this Assembly. Sadly, Members of this Government do behave like they belong to some sort of team. It is all about who is on the team, who is not on the team, who can I cut a deal with, who can I have a chat within the locker room? It is not about that. It is about what we are here to do and how we represent the people and the things that they care about. They care about their healthcare system. They care about the people who deliver that healthcare system. We know that people are struggling to get appointments with G.P.s We know that theatres are being closed today and patients are having to be prioritised because there is a shortage of staff. We should be working towards resolving those problems. That has to be done through cutting our cloth accordingly. I appreciate and respect that it is clearly not the will of this Assembly today, but the advice of our advisers was to refer this proposition back, because it simply is not fit for purpose. In fact, it risks doing harm to the Island by basing such a huge expenditure on an inadequate outline business case. I will be voting against this

proposition, with regret. However, I simply feel that it is an impossible thing to vote for, despite the fact that we do have to respect the will of the Assembly and we have to find a way to work together in the future. Receiving the letter last week from clinicians reminded me, of course, of the huge efforts of previous Minister for Health and Social Services. It was Deputy Anne Pryke, as she was then 10 years ago, who listened to the concerns of clinicians, heard about the problems with the building and identified that, indeed, a new hospital had to be delivered for the Island in order to provide the care that that very sincere Deputy considered was important and vital to Islanders.

[16:45]

Deputy Pryke set about a process. She got that ball rolling and, of course, was thwarted at many occasions, partly due to clinicians and their involvement. Receiving that letter made me reflect really on the responsibilities that we all have in getting here. Of course, none of us took part in that debate on the site selection, other than voting for the amendment. Clinicians have a responsibility for the delay that has been caused to date, just as each and every one of us has had a responsibility in the progress of this decision-making to get us to this point. I, for one, am not comfortable with giving my vote to this proposal, however much I want to see a hospital delivered for the Island. Of course, we know what the result of the debate will be today. I shall be, with regret, acknowledging my dissent. The locker room is for team sports. Politics may require some teamwork, but not locker room tactics. I really would urge Members to work on the facts and to work with sincere passion and integrity as they continue their endeavours to the next election.

1.2.6 Connétable K. Shenton-Stone of St. Martin:

I am obviously disappointed, but not surprised the amendment lost by just a few votes. I hope that the Government really listens to what has been said and is not dismissive of our real and genuine concerns and takes into account and gives our views the respect that they really do deserve. We have had the vote and we all recognise that we desperately need the hospital. I have put my views across and I accept the vote. Therefore, with some difficulty, I will be voting for this proposition, with my fingers crossed. I will be closely watching the spending on this project and I expect far more transparency and integrity from this Government.

1.2.7 Senator S.C. Ferguson:

Yes, we have had the vote and unfortunately sensible views have not prevailed. However, Members will be aware of my views on what is needed as a health service in the Island. I sent Members a summary of these last week. While we are getting on with getting a hospital, please can we now turn our attention to making the system more efficient and improving productivity? It can be done painlessly. It is not done by cutting budgets. It is by working better, which unfortunately is something that does not seem to have struck home with the management of the health service. Please can we look at this and get going on it?

1.2.8 Deputy J.H. Young:

I need to ask if the proposer would agree to put this final proposition to the States in parts. I need to do that, because in my position as the Minister for the Environment I would wish to either abstain on parts (e) and (f) of the proposition. I would like to put those on the record, if I may. We have had the debate on funding, which is about parts (a) and (b). Part (e) sets out details of the development itself and the access to it, which are really matters for the planning application and inquiry. Having said that, I would like to put on the record that part (e)(iii), I have already advised, in public in answers to questions, that if the compulsory purchase powers are given to the Minister for the Environment that I would not be prepared to complete the compulsory purchase procedure by serving the final close notice until after the planning application was determined. Obviously, I need to formally abstain. Part (f), particularly on part (f)(a) and (c), while I agree with the intention and spirit about maintaining green space, community and parking, I again feel that this would be subject to the

application and subject to the planning inquiry and, therefore, I need to call my abstention. I can only do that, of course, if the proposer is prepared to put the vote in parts. I just wanted to go on the record.

1.2.9 The Connétable of St. Lawrence:

I do not expect the final costs to reach the maximum cost cap, yet alone exceed it, as specified in part (a) of this proposition. If I am in the Assembly and we are asked to approve an increase I doubt that I will support such a proposition. I ask Senator Farnham to tell us now: will there be accountability if it is not delivered within the expenditure cap as shown in part (a) of this proposition? If so, from who, who will be accountable? That brings me now to a recommendation from the Scrutiny Panel advisers when they suggested that the Government consider amending the Jersey finance law to impose the duty and accountability on the project senior responsibility officer. I ask Senator Farnham whether he will be looking to that recommendation and acting upon it. It comes back clearly to my question: who will be held accountable if the final cost for the hospital project exceeds the maximum of £804,500,000? The other recommendation that I think he should consider, and I would like him to respond to, is also a recommendation made by the Scrutiny Panel advisers and that is to create a specific Our Hospital Reserve Fund. I would like Senator Farnham to advise the Assembly whether he will be doing that and, if not, why not.

1.2.10 Connétable A.S. Crowcroft of St. Helier:

I am pleased to follow the Minister for the Environment, Deputy Young, who asked for the vote to be taken in parts because clearly, as Constable of the Parish which is threatened with compulsory purchase, I will not be supporting that part of the proposition. I will, however, obviously be supporting the new part (f), which seeks to protect the Parishes assets in terms of People's Park, the bowling club and so on. I also wanted to compliment Deputy Young, because it may not have been the most barnstorming of the speeches today against the amendment, but it was certainly the one that came to my mind. It did that because he really focused on the effect on the medical staff of a vote for the amendment. That really struck me. It reminded me of one of those examinations one has to submit to when one reaches a certain age. I was midway through this examination when the consultant asked me how I was going to be voting on the hospital. I felt he had me rather at his mercy. Certainly, at the time my concerns about how St. Helier is treated by this and by previous Governments was certainly leading me to vote for the amendment. I am still concerned that the Government treats St. Helier as a development site, rather than as a Parish. I do not believe that other Parishes have been treated in the same way as St. Helier. There is a gap there. There is something that the Council of Ministers really needs to think hard about when it comes to what goes on in St. Helier. I will, as I say, not be supporting the use of compulsory purchase. I do hope, for everybody's sakes, that we can negotiate an arrangement between Government and Parish that will be in everybody's best interests and that we will not go down a road which tends to make the only winners the lawyers. We have been down that road before as a Parish during my time as Constable and I do not want to go down it again. I do look forward to moving the project forward, as I said in my speech, which was the first speech on the amendment. People will look up at the new hospital in a few years' time and it will be a beacon of hope and reassurance and consolation for Islanders. I look forward to that happening. I would ask the Council of Ministers to deal with St. Helier, as it would with the other 11 Parishes, with respect and consideration.

The Greffier of the States (in the Chair):

In terms of the proposition being taken in separate parts that is a matter for the proposer, but in my view, parts (a) to (d), which are about money, go together. Parts (e) and (f) could also be subject to separate votes. However, the separate paragraphs of (a), (b), (c) and (d) can readily be separated. That is my view. Does any other Member wish to speak on the proposition?

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

It has been a very long and fascinating few days. We have had some speeches that have been at times quite surreal one might feel sat here listening to some of the arguments put forward. The amendment has been rejected and we are now set with a spending of £804 million, which I will come back to. I suppose I should start by thanking Senator Farnham for my gift. It is very good. He did make a fundamental error, which has an irony to it, in that the crochet needle that he bought was far too big for the wool that we had. I will avoid the joke about my crochet needle being too big, being the story of my life. I will not say that if it is inappropriate. This is the concern: the spending, the level of borrowing is too big for what we will see in the end. I want to put a few things on record that I am concerned about. There is talk all around this Assembly, a lot of things going on outside this Chamber, where negotiations are made and talk is engaged in by people. There is a lot of talk of the real cost. It has been mentioned by the Minister for Treasury and Resources and by other people who have spoken in the debates of this project being £650 million. What I do not want to see is next year, a couple of months before the election or a month before the election, a sudden announcement of: "Oh, by the way, we can do this for £650 million. Look what this Government has done. Look what this party has done. We have saved you £150 million - £200 million." That is cynical use of government money and borrowing for the wrong reason. I will put on record now that if that happens I will call you out on that, because that is totally inappropriate when most of the arguments have been made around: "We cannot do this without borrowing this large amount of money right now." That is inappropriate. I will be keeping an eye on that. I certainly will be keeping an eye on that. I do not know how long it takes being in this Assembly to be accepted as somebody who is in this Assembly and knows about the process of this Assembly. Perhaps it is 3 or 4 or 5 or 6 terms before some Members have the quality to accept Members on an equal footing. I do understand the notion of why this borrowing is happening. I understand it sounds like a great idea. There is not free money. There is not a magic money tree, as a lot of people have said, because people will be repaying it. Unfortunately, and I will say this again, the history of this Island and the history of its Governments is that those who repay are probably the least able to repay. Those who suffer from austerity most are those who are less likely to be able to stand up and fight against it, although I would urge people to go out and vote in the next election and we may be able to do something about that, but we move on.

[17:00]

We need to be very careful in the way that we approach this. I am disappointed that it has been such a divisive debate. Some of the debates have even been about the processes in this Assembly, how we speak through the Chair. I quite like that, because it gives a direction to one's speech and we know where we are. It is equal. It is egalitarian, dare I say. What we have heard are individuals' names being used and that lack of respect for the position that they are in. That is disappointing. I do not want to be seeing that happening as we move on and move forward through the debates over this hospital. It is clear that this will have an effect on St. Helier. St. Helier, as has already been mentioned, where we free sites up for building. We free sites up for housing. As the old Gloucester Street site goes, what will it be, another large housing estate, the majority of which will not be affordable housing? In the waterfront the pitiful amount, 15 per cent, for affordable housing, which does nothing for young people and the future of this Island. If that is what the plans are, that is one of the concerns I have. I say to all in St. Helier: we do have to look very carefully about the future plans for that. What could happen is we could be in the debt situation where we say: well, we come back to the Assembly, we have no choice, we have to build these houses and have a large income from them in order to repay the debt that we have brought forward. That is the way in which this happens. It is like a form of mission creep when we take something on. That concerns me massively about the future of St. Helier. What we are doing by taking on this large debt ... and this debate is about funding, not about where the hospital is. I voted for the hospital at Overdale without an issue, because I believed it was the right place to go because it is future-proofed. I mention one thing in this Assembly: it will not be flooded in the next 10 or 20 years when climate change really kicks in

and we have serious issues in some areas of this Island. People seem to have their head in the sand about this issue and I hope they can get their head out of that sand. The issue is that we will be tying ourselves to a repayment of a debt from a fund we will be told repeatedly in this Assembly that we cannot touch: "We cannot touch the money from that, we have allocated it; that is what is paying for the hospital." We have heard this so many times when we have talked about public sector pay. The situation where people have sat here and said: "We are worried about the medical staff. We are worried about hospital staff and nurses." However, they have also sat in this Assembly and voted against pay rises for those said staff. They have voted about improvement in terms and conditions for those staff. I hope that is a step forward for you all, who have taken on that argument. The next time we come back and talk about that then you will not vote in that way, you will support staff, not just theoretically 5 to 10 years into the future when we may have a new hospital bill, but tangibly now when people are going out to work every day and wanting a proper wage for what they do, so they can have a decent living standard in this Island and perhaps not move away. There are issues about the future. We will have to face up to the cost of climate change. The £300 million figure is nonsensical, because we are not taking into account the cost of what we would replace with old technology. That is a debate that has to be had. One of the things we will have to do there is to come up with a way in which to pay for that. My concern is that what we will do with some of these issues is we will use taxation in a form of regressive taxation. If there is one thing that too many people in this Assembly are addicted to it is regressive taxation. In the name of equality, everyone pays that tax, without taking into account the inability to pay for some, because they are poor. When I talk about poverty on this Island, we include so many people who are struggling to get by, not just those on the lowest, lowest incomes, but many others who are working and young people who are paying astronomical housing costs, for example. We all know about that. I have huge concerns over the future of this and the decision that will be made inevitably here. I want to be consistent and I would have a real problem voting for this. Not because I do not want to see the hospital, not because I believe there will be a delay. I am afraid those arguments frequently do not add up. We have seen already and we have heard that the planning application is ready for 16th November, that things are going forward. We go back to old arguments and that argument has been lost now. I make this request of the Government of this Island: be open and honest about what you are doing with this huge amount of money. Do not play politics by the election by suddenly saying: "Oh by the way, it is okay, because of our sound management, we have managed to get the cost down by £200 million. It is okay, everybody, we did not need that money in the end anyway." This debate will be long forgotten by then; long forgotten. There are not many people who go back and read through Hansard. It is not particularly entertaining. We are in a position now where this Assembly is about to vote for the biggest increase in borrowing this Island has ever faced, for a project that we are uncertain about, in terms of the future of it, and for promises that are made for a Government that I am afraid does not have the vast majority of this Assembly with it. Leadership, in my opinion, is about taking people with you, even if they do not understand your view at the time. You convince them. If someone is an educator they have to take people to places they do not want to go with knowledge at times, they do not want to engage with it, but you work and you work and you work to bring them on side. I am not seeing that from this Government. I am seeing opposition and indeed we are seeing this mentality, which I am afraid I have to call out, is macho and inappropriate for a modern democracy. I make a plea, let us be more inclusive of people in this Assembly and get them on side by being open and transparent. I am not personalising these debates in the way that have been done so here. I will, however, say thank you for the mention of Reform constantly. I was seriously thinking of getting some sort of sponsorship for every time we are mentioned and putting that money towards some sort of political charity, because that would be appropriate because we are getting the advertising. So I thank you for that. It is marvellous. Please keep it going. All power to your elbow, because we are here to stay and we are here to do the right thing. We are built upon principles and we will lead the way. With proper governance of this Island, this hospital would already be underway, we would know what the spend would be, and we would be in control of that spend. However, I am still not

convinced that is going to happen. I will be keeping a very close eye on what is going on here. I ask you again, as a Government, please be transparent with this Assembly, inclusive in what you are spending, and do not try and play the silly political game near the election.

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

As Members will recall earlier in the start of this term I was an Assistant Minister in the Health Department. The area which I oversaw was the bulk of the people and organisational development path of that function and performance for the Minister. That again, was to do with the professional development issues within Health. We are talking about funding here, but what is exciting, which Members might find interesting, is that today we have the highest number of trainee nurses that we have ever had in Jersey, coming from 54 countries. That is great news. What we do know is that they desperately need better facilities to train in. That is what this project is about. In order to carry on with a good health service, staff are absolutely important, and staff need decent facilities to perform in. They go hand in hand. Of course, the last debate was all about recruitment and retention of staff within the service. On our risk register that is one of the biggest problems in order to retain staff was about the facilities. I was very disappointed to hear Members like Deputy Ward talk about how we do not care about the staff, when in fact many of us do. I also feel that as a Minister and Assistant Minister I have always been as open and as transparent as I could have been. I feel sometimes I do not necessarily always live in the same world. I would say regarding the points Deputy Ward made about pay rise. No, the vote was not on a pay rise, it was about changing the financial envelopes in order to allow negotiations to occur. As I recall, one I supported and one I did not. I do not appreciate having that thrown in with this either. This is about financing of the hospital for the people of Jersey. It is so important that we support the Assembly in getting this done, because this is not a project of the Government alone, this is a project of everyone, which we all know is so important in order to be achieved. I, like any other Islander, am very concerned about the costings of this project, but there is something we all need to recognise. One of the biggest problems and one of the biggest risks in this project has always been political risk. That is interference one way or another. It is difficult because Members of the Assembly will say: "Well, there needs to be accountability." There absolutely needs to be accountability but, at the same time, having propositions lodged from one area or another does destabilise the project. Deputy Ash hit the nail on the head when he spoke: this is something which I hope now we can all get behind, all support, for our staff and for our people.

1.2.13 Deputy G.P. Southern:

Briefly, I want to mention a concern of mine that I have. This, for me, marks a change in the nature of the borrowing that we have come to. Previously we have borrowed in order to fund housing, which provides automatically an income stream with which you can service borrowing. In this particular case, I am worried about the size of the borrowing and, in particular, should we get into trouble with the size of the borrowing, should we find it difficult to pay off, then it might be that what we end up doing is charging, rather than having free, medical services. If that were to happen that would be a backward step. At the moment, the treatments in the hospital are free. In the community, in primary care, it is not. If we were to see the expansion of privatisation, call it what you like, outsourcing, for example in physiotherapy, then we could see a move to be charging for medical services, which currently are free and should remain free, I believe. Just a little warning, a little flashing light in my view, which says: beware some time down the line we may end up charging for services that we should not be.

1.2.14 Deputy S.J. Pinel of St. Clement:

In response to the previous few speakers, I do think the finance debate has been resolved. I will just say that as I am known as the tight Jersey girl, I will monitor the expenditure extremely closely. I continue to defend the decision that we have made today, not to use the reserves. The money is

retained, as invested in the Strategic Reserve, and transferred out as and when required, the remaining borrowing remains invested until spent. The integrity and purpose of the Strategic Reserve is still preserved. That is all I wanted to say to reassure Members of the Assembly and, of course, Islanders.

1.2.15 The Deputy of St. Peter:

I will speak as a member of the political oversight group. We will continue to take the tough decisions. We are effectively the first line of Scrutiny. We challenge at every single stage, which is not often seen in the public. We will continue to drive for the most suitable hospital in this Island. I can give the assurance that we keep a very close eye on the pounds not the pennies. It seems an eternity ago the Constable of St. Martin spoke, and I am in agreement when she said: “Whatever the outcome, let us be united about that and work together towards delivering this hospital.”

[17:15]

1.2.16 Senator S.Y. Mézec:

You never know what is going to happen when it gets to this point in a debate. The Minister for Treasury and Resources has just said, and I apologise if I am misquoting her, but I do not think I am, that this finance issue has been resolved. She used the word “resolved”. Let us be clear that that is not the case right at this very moment, because we have not cast our verdict on this final proposition as amended. I do not like the defeatism you sometimes hear from Members after a very long debate where we have had a big debate on an amendment and then when that amendment is dealt with one way or another, some Members seem to reconcile themselves to the defeat and will then vote in favour, even though they may well have perfectly good reasons for not wanting to see their name attached to the final proposition. That is what puts us in a very difficult position with this unamended proposition. I know that I speak, certainly for my party, when I say that we are absolutely determined that the issue of the new hospital in Jersey must be resolved. It has been a disgrace that it has taken us 10 years to get to this point. I do not want to lay that blame at any individual, because I consider it a systemic problem that has had successive Assemblies go round in circles on this, go through all the effort of coming up with a hospital project, only to then throw it in the bin and start all over again, and leave us in this position where we have spent over £50 million with, at this point, absolutely nothing to show for it. We are in a position now where the current hospital risks reaching a point very soon of such deterioration that the conditions that patients would suffer in there are not those which any reasonable person would be prepared to see them go through. We do not have a lot of time to get to a point where we can secure everything in its final form to go ahead with the hospital without risking things getting worse and deteriorating further in the current hospital site. It is a disgrace that it got to that point. I am pleased to say that I think that at certain parts in this journey that my party has offered advice that has been ignored that would have seen us in a better position by this point. We told the previous Government that they were completely wrong from the start to ever have People’s Park on the list of potential sites for the hospital. They eventually relented on that, but they should have shown stronger political leadership and recognised that they were on to nothing there. They always were on to nothing there. Had we not had that side show with that debate and that campaign they could have saved time and money reaching a conclusion earlier. When that conclusion was made, my party supported it with a degree of reluctance because we do not believe that there is a perfect solution to this. But we have not wanted to be obstructive, so long as what is pursued is not one that leaves St. Helier short-changed without the open green space that it so desperately needs. Then, in this iteration of the hospital programme, we wasted a huge amount of time and money in pursuing that other shortlist, which included St. Andrew’s Park, which was clearly a non-starter. Then by whittling it down again to People’s Park and Overdale, which itself was clearly a non-starter. I did say to Ministerial colleagues at the time, and I remember giving the officers who came to present to us a very hard time on this, for which I attempted to apologise for when we finally did settle on the Overdale site, that we wasted time and money there. With stronger political leadership, in fact a Government from the outset should have just held its hand up and said: “There

is no perfect site for this, we reckon probably the best one though is Overdale, so let us just get on with it.” Then we could have been in the position we are in today a couple of years earlier and then those questions that many of us do still have about the funding could have had more time to be dealt with, without this feeling of resentment that a gun is being held to our head, or a banana in a sock being held to our head, as was suggested earlier. This whole debate could have been dealt with much more collegiately. In fact, it may well have been a good opportunity to give the Government pause for thought to then come back with a reprofiled proposal, as has been suggested, to limit the amount of borrowing that we are having to undertake now. That would have been much better. So I say to the Government that I hope they have learned the lessons from that. I am optimistic that they have because at least 10 of them have signed up to a form of government reform, which will see decisions made much quicker in future. They will be the wrong decisions if one particular party carries on in Government, but at least they will be decisions. But, if a better Government is formed after the next election, one that leans more towards the centre-left and will have a much stronger social conscience, I can assure Members that will be one that will also be prudent with public finances and make sure that we spend money as best as possible for the public who we represent and who will not U-turn on the hospital project and go back to the start again, as some are suggesting, which would be bad value for money for the public. But who would ensure that every penny spent does have value for money and that those elements of the spending that will not be committed to by that point can and will be looked at again to ensure that this project proceeds properly and in a way that we can have confidence that the money is being spent properly? But, as Deputy Southern said before, this is a new era for Jersey in taking on these large amounts of borrowing. We have maintained, since our inception, that Jersey’s tax and spend model is broken. It is not delivering us the public services that we need to provide the quality of life that our constituents deserve. We are not raising revenue in progressive ways, which are supporting those on lower incomes and asking those with the broader shoulders to carry more of the burden. That is something that must change. This moment now of changing what has been a longstanding Jersey tradition in not getting into too much debt must be one that other cultural changes come about politically because of. Recognising that our way of raising revenue in this Island is broken. Our attitude towards how we spend it is broken too. So, those are the main points I wish to make at the end of this very long debate. I maintain our position that we are still in an unsatisfactory position and that those who will lead this project as it develops should attempt to do much better than has been done up until now.

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

The Minister for Treasury and Resources has just said that the money will remain, the £756 million, until it is all spent. It is on that I would like the Deputy Chief Minister, who is responsible or is the lead for this project, to confirm one thing for me and for anybody else that may be listening. That if there are funds left at the end of this project, and everybody may say that is very unlikely, but what I would hope is that this money will be used for nothing other than what is being asked for, and that is the hospital. That it will not be utilised for any other purpose and fill any gaps that may or may not come in weeks coming in relation to the Government Plan. So, when there is a vote later this afternoon for £756 million of borrowing, that money will only be used for this Future Hospital and if there is any left, whether it will be sitting there for any possible future shortages that there may be. I would also like the Deputy Chief Minister, for us to say today, is where some of the services are going to go after Les Quennevais. For me, the Child Development Unit and Therapy Unit that we visited last week is an excellent facility. They are going to Les Quennevais for 5 years and have no idea where they will return. What I ask of this political oversight group is that, before those people are moved out of Overdale, and before they go to Les Quennevais, because that site is not ready for them to move into yet, that they know where they are going back to. Because the uncertainty for any of those services is not acceptable. This is putting children first. So I would ask that the Deputy Chief Minister looks at that and ensures that, before those services move, they know where they are coming back to.

The Greffier of the States (in the Chair):

Does any other Member wish to speak on the proposition? If no other Member wishes to speak on the proposition, I call Senator Farnham.

1.2.18 Senator L.J. Farnham:

Thank you to all Members that have spoken. I wanted to start with the Constable of St. Brelade. I could not quite hear everything he said but I got the gist of it. I would extend my apologies if there have been problems with communication and the process that is currently ongoing with the Parish and the team in relation to the decant and the move to Les Quennevais. Perhaps I could give way to the Connétable, so he could clarify.

The Connétable St. Brelade:

I thank the Minister. My reference was to access to the new Overdale from the west of the Island. I am quite satisfied with the progress.

Senator L.J. Farnham:

I thank the Connétable for clarifying that. One of the reasons why option 7 was selected, because it provided the best all-round access. There will be large traffic movements to and from the west, but I am happy to arrange a separate meeting with the Constable to go through the finer points of that. The Constable of St. Lawrence, first of all about accountability, of course we all have accountability in this Assembly for the decisions we make in this Assembly. The Government has accountability for the executive decisions they make. Part of the government team is the political oversight group that manages the Our Hospital project and reports back to the Council of Ministers, who in turn report back to the Assembly and come to the Assembly for the key decisions. So, I think the Connétable's question was: "Who do we hold accountable if the project goes over budget?" Ultimately you would hold the Government accountable. Because it is a Government project. I expect, and I am prepared, as I lead the hospital oversight group, to be held accountable for the project. Who will be in the lead on the project in the new Government? It is hard to say at this stage. But I want to be clear, the accountability for the executive roles performed in these sort of projects lies with the Government and the oversight group. The Connétable also asked to consider 2 recommendations. One was in relation to an Our Hospital Reserve Fund. I am not sure what the thinking is on that. We are prepared to consider Scrutiny recommendations and that is something that will have to be considered with the Treasury. Could the Connétable just remind me please of the other question she asked? It might have been in relation to investment strategy.

The Connétable of St. Lawrence:

If I may, just to help the Minister, the second part of my question was whether the Deputy Chief Minister would consider amending the Jersey finance law to impose a duty of accountability on the project senior responsible officer effectively to make accountable an officer rather than accountability remaining solely with the Government and the executive.

Senator L.J. Farnham:

Thank you to the Connétable for confirming that. I am not sure if that is necessary because from an officer perspective we do have 2 senior officers, 2 directors general leading the project, both of whom are accountable officers. We can certainly take that back but I believe we do have full accountability from an officer perspective already.

[17:30]

Deputy Ward spoke about the future of the debt and I want to try to reassure Deputy Ward and all other Members that we will not borrow more than we absolutely need. We will not utilise more than we need. I understand, I hear loud and clear concerns of the Members and we need to learn, as an

oversight group. We will learn, we will listen and learn from the debate today on this. We want to bring people with us. We want to try to bring people with us. Some people, I am afraid, it is impossible to bring with us, we know that. We will not stop trying to build confidence in this. We know we will never get 100 per cent support but we will continue to try to be as inclusive as we possibly can. We know we have to continue to maintain the Assembly's support on these important decisions. I am not sure I understood the Deputy's comments in relation to trying to make any more savings on the hospital project. I am trying to work that out in relation, we want to drive down the cost of the project, as Deputy Morel said, we want to drive down the cost. But do not misinterpret that for trying to make savings for other political reasons. I am having trouble reconciling those 2 points. But I can assure Deputy Ward and Deputy Morel and Members that we will do everything we can to deliver the project, the project that we need, for the best possible price. Deputy Maçon, I thank him for his short speech. He covered in his comments and provided some important clarity around some current staff facts and some figures around the finances, so I thank him for that. Senator Mézec raised a point about the selection process and I wish we could have just had a vote in the room and said: "Let us go with that site." Because Senator Mézec was around the table at that time and Overdale has always been a key contender, right through the whole process, whether it is a dual site or single site. But, in reality, we could not do that because we would severely compromise the planning process and the planning inspector would just kick it out and say: "I am sorry, you have not given due consideration to the site and of course those people in the Westmount area who did not want it there." By not having run through a process for site selection we could have given grounds for strong legal challenge, which could have delayed the project by a lot longer than the threat we faced earlier today. I can assure Deputy Le Hegarat that we will only use funds borrowed for the hospital for the hospital. The Child Development Unit have asked specifically not to go back to Overdale, to be part of the new hospital project, and we respect that. We will work very closely with them to ensure they are properly housed and located, in line with what they are asking for. I am not sure we can find a site prior to them moving out of Overdale but we have 5 years to work with them on that to create a bespoke unit for this absolutely vital service. But I want it to be clear that it was their choice. They would have been welcome at Overdale in the new health estate if they wanted to. It is their choice to be separate from that and we will honour that for them. Thank you to all of the Members who have spoken and I am looking at the time and you will be pleased I am not going to deal with the 11 pages of my speech but I will just go to the end because it has been a very long couple of days. I wanted to thank not just all Members for a really passionate debate. In all of my time in the Assembly, I have heard some of the most passionate and thought-provoking speeches that I have ever heard. I want to thank all Members. I want to thank the Scrutiny Panel. They have given us a really tough time and a tough challenge. I want to particularly thank their advisers for the work they have done because they did ask for, and we provided them with, large amounts of information and they were patient with us with our team, working practically around the clock. We did not always meet their deadlines but we got there in the end and they got their reports done in time for this debate, for which I thank them. I would just give a commitment to Scrutiny that we will continue to work with them. We expect to be scrutinised. But also an appeal to them as well to work with us where we can. Where we can, sit down and discuss compromises together. That would be extremely helpful to do. I want to thank the excellent team of officers we have who also work extraordinary hours to get this project done, to maintain its momentum. The majority of our officers outside of those who purely focus on the project itself, we have a number of officers and our directors general who are working the project alongside their other responsibilities. I cannot thank them enough. I also want to thank the committed members of the Our Hospital Political Oversight Group for the extraordinary work they have done on the project. We have run, in my belief, an exceptional process. I am sorry we have not conveyed that process to all Members. But we will learn from that. But we have been following exceptionally tight schedules and we have been pushing back hard. The minutes might not represent that, according to the Constable of St. John, but we have been challenging and we have been pushing back hard. We will continue to do so for the remainder of the project to ensure we get

the very best facilities, the very best value, and the very best care for Islanders. This is not just about now and 2 days' debate, we have a big hurdle ahead of us. We have the planning process to go through. Again, I would ask the opponents of the project please to think about coming on side with the project. Please try not to use the planning process to stop it. Use the planning process for what it is there for, for a constructive way forward to develop the property. This is about the next 40 years. It is about the next 10 Governments. It is about future generations. It is about those who come after us and those who depend on our wise choices now to secure their health and to secure their future. Thank you. I make the proposition.

The Deputy Greffier of the States (in the Chair):

Senator Farnham, you were asked earlier about how you wish to take the proposition for voting purposes.

Senator L.J. Farnham:

Yes, I am happy to take (a) to (d) and (e) and (f) separately.

The Deputy Greffier of the States (in the Chair):

Very well. In a moment the Greffier will place a vote in the chat for paragraphs (a) to (d). The vote is now in the chat and I encourage Members to cast their votes. Those who are unable to do so, if they could indicate in the chat as soon as possible. If all Members have had an opportunity to cast their vote, I ask the Greffier to close the voting. The proposition has been adopted.

POUR: 32		CONTRE: 14		ABSTAIN: 1
Senator I.J. Gorst		Senator S.C Ferguson		Deputy of St. Mary
Senator L.J. Farnham		Senator K.L. Moore		
Senator J.A.N. Le Fondré		Senator S.W. Pallett		
Senator T.A. Vallois		Senator S.Y. Mézec		
Connétable of St. Helier		Connétable of St. Brelade		
Connétable of St. Lawrence		Connétable of St. John		
Connétable of Grouville		Deputy G.P. Southern (H)		
Connétable of Trinity		Deputy M. Tadier (B)		
Connétable of St. Peter		Deputy of St. Martin		
Connétable of St. Mary		Deputy M.R. Le Hegarat (H)		
Connétable of St. Ouen		Deputy S.M. Ahier (H)		
Connétable of St. Martin		Deputy R.J. Ward (H)		
Connétable of St. Clement		Deputy C.S. Alves (H)		
Deputy J.A. Martin (H)		Deputy I. Gardiner (H)		
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M.R. Higgins (H)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy G.J. Truscott (B)				

Deputy J.H. Young (B)			
Deputy L.B.E. Ash (C)			
Deputy K.F. Morel (L)			
Deputy G.C.U. Guida (L)			
Deputy of St. Peter			
Deputy of Trinity			
Deputy of St. John			
Deputy K.G. Pamplin (S)			

The Deputy Greffier of the States (in the Chair):

Do you wish to take paragraph (e) separately or paragraphs (e) and (f) together?

Senator L.J. Farnham:

We need to take paragraph (e) separately to accommodate the request of the Constable.

The Deputy Greffier of the States (in the Chair):

Wait one moment for the Greffier to reset the voting. The voting link is now in the chat. I encourage Members to cast their votes. If all Members have had an opportunity to cast their votes, then I ask the Greffier to close the voting. I can announce that paragraph (e) has been adopted.

POUR: 37	CONTRE: 9	ABSTAIN: 2
Senator I.J. Gorst	Senator K.L. Moore	Senator S.C Ferguson
Senator L.J. Farnham	Connétable of St. Helier	Deputy J.H. Young (B)
Senator J.A.N. Le Fondré	Connétable of St. Saviour	
Senator T.A. Vallois	Connétable of St. Brelade	
Senator S.W. Pallett	Connétable of St. John	
Senator S.Y. Mézec	Connétable of St. Clement	
Connétable of St. Lawrence	Deputy M.R. Le Hégarat (H)	
Connétable of Grouville	Deputy S.M. Ahier (H)	
Connétable of Trinity	Deputy I. Gardiner (H)	
Connétable of St. Peter		
Connétable of St. Mary		
Connétable of St. Ouen		
Connétable of St. Martin		
Deputy J.A. Martin (H)		
Deputy G.P. Southern (H)		
Deputy of Grouville		
Deputy K.C. Lewis (S)		
Deputy M. Tadier (B)		
Deputy M.R. Higgins (H)		
Deputy J.M. Maçon (S)		
Deputy S.J. Pinel (C)		
Deputy of St. Martin		
Deputy of St. Ouen		
Deputy L.M.C. Doublet (S)		

Deputy R. Labey (H)			
Deputy S.M. Wickenden (H)			
Deputy of St. Mary			
Deputy G.J. Truscott (B)			
Deputy L.B.E. Ash (C)			
Deputy K.F. Morel (L)			
Deputy G.C.U. Guida (L)			
Deputy of St. Peter			
Deputy of Trinity			
Deputy of St. John			
Deputy R.J. Ward (H)			
Deputy C.S. Alves (H)			
Deputy K.G. Pamplin (S)			

The Deputy Greffier of the States (in the Chair):

We now reset the system and Members shortly will be able to vote on paragraph (f). The vote is now available, Members can cast their vote.

[17:45]

If all Members have had an opportunity to cast their votes, I ask the Greffier to close the voting. The proposition for paragraph (f) has been carried.

POUR: 44	CONTRE: 1	ABSTAIN: 2
Senator I.J. Gorst	Deputy I. Gardiner (H)	Senator S.C Ferguson
Senator L.J. Farnham		Deputy J.H. Young (B)
Senator J.A.N. Le Fondré		
Senator T.A. Vallois		
Senator S.W. Pallett		
Senator S.Y. Mézec		
Connétable of St. Helier		
Connétable of St. Lawrence		
Connétable of St. Saviour		
Connétable of St. Brelade		
Connétable of Grouville		
Connétable of Trinity		
Connétable of St. Peter		
Connétable of St. Mary		
Connétable of St. Ouen		
Connétable of St. Martin		
Connétable of St. John		
Connétable of St. Clement		
Deputy J.A. Martin (H)		
Deputy G.P. Southern (H)		
Deputy of Grouville		

Deputy K.C. Lewis (S)			
Deputy M. Tadier (B)			
Deputy M.R. Higgins (H)			
Deputy J.M. Maçon (S)			
Deputy S.J. Pinel (C)			
Deputy of St. Martin			
Deputy of St. Ouen			
Deputy L.M.C. Doublet (S)			
Deputy R. Labey (H)			
Deputy S.M. Wickenden (H)			
Deputy of St. Mary			
Deputy G.J. Truscott (B)			
Deputy L.B.E. Ash (C)			
Deputy K.F. Morel (L)			
Deputy G.C.U. Guida (L)			
Deputy of St. Peter			
Deputy of Trinity			
Deputy of St. John			
Deputy M.R. Le Hegarat (H)			
Deputy S.M. Ahier (H)			
Deputy R.J. Ward (H)			
Deputy C.S. Alves (H)			
Deputy K.G. Pamplin (S)			

The Assistant Greffier of the States:

The Member voting contre was Deputy Gardiner.

The Deputy Greffier of the States (in the Chair):

There has been an indication in the chat for the adjournment. Is that proposition seconded? **[Seconded]** Then the Assembly stands adjourned until 9.30 a.m. tomorrow morning.

ADJOURNMENT

[17:46]