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Future Hospital Review Panel

New Healthcare Facilities Programme

Witness: The Minister for Health and Social Services

Wednesday, 6th September 2023

Panel:

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

Deputy L.V. Feltham of St. Helier Central (Vice-Chair)

Connétable M.K. Jackson of St. Brelade

Deputy R.J. Ward of St. Helier Central

Witnesses:

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

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

[15:30]

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

Good afternoon and welcome to the Future Hospital Review Panel's hearing with the Minister for Health and Social Services on the new healthcare facilities programme. We are being broadcast on the States Assembly website. For the benefit of the tape, we will go around the table to introduce ourselves. I am Deputy Sam Mézec, the chair of this panel.

Deputy L.V. Feltham of St. Helier Central (Vice-Chair):

I am Deputy Lyndsay Feltham. I am the vice-chair of this panel.

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

Deputy Rob Ward. I am on the panel.

Deputy S.Y. Mézec:

Constable Jackson of St. Brelade will join us shortly hopefully.

The Minister for Health and Social Services:

Karen Wilson, Minister for Health and Social Services.

Interim Chief Officer, Health and Community Services:

Chris Bown, interim chief officer of H.C.S. (Health and Community Services).

Deputy S.Y. Mézec:

We have about 1½ hours scheduled for this and lots of questions to get through. The opening one is a broad question to start with, which is to ask you, Minister, specifically what role you have had in the development of this programme and what has your role been in that programme.

The Minister for Health and Social Services:

As the Minister responsible for the health service, my role has been to make sure that the team are involved in the delivery of the programme work as members of the project team. I am also a member of the Ministerial Oversight Group that is chaired by the Chief Minister. My job has been to, so far, track progress and also to make sure that some of the assurances that we seek as the client to the programme are being addressed.

Deputy S.Y. Mézec:

What are the key decisions which you and your department have led on during the development of this programme so far?

The Minister for Health and Social Services:

What panel members will appreciate is that the programme originated from the work that was done by the Chief Minister to reset the programme following the election when it was very clear that the previous proposition that had been brought to the States Assembly was not affordable. One of the things that I have been supporting is the decision around the options to go to a 2-site option and also to make sure that in assisting the decision-making around that that the evidence has been available to support that proposition.

Deputy S.Y. Mézec:

You just said a 2-site option. It is in reality more sites than that with some of the other proposals that have been made. Do you view it as primarily a 2-site option or how have you been part of the decision-making process about the other aspects to it?

The Minister for Health and Social Services:

There have been a lot of people who have a view and opinion about what hospital facilities are, but the programme work that has been done has outlined the potential for further facilities development. The concept of this health village has emerged as part of those discussions. My personal focus around this is to keep to the original specification around the 2-site option and to support the transition of the work that was going on to get Les Quennevais up and running, which I am pleased to announce has been up and running. We need to revisit some of the challenges around the affordability of extending the scheme to other areas, until we are really clear about the costs of the 2-site option, which was the original intention.

Deputy S.Y. Mézec:

You have just mentioned the Enid Quenault site there, which is the most visible aspect of it that people can see so far. What influence did you have in the timing of that site having its services transitioned there and what did you get across to the rest of your colleagues that were your priorities in ensuring that that could be done smoothly and in the best interests of patients?

The Minister for Health and Social Services:

Clearly there was a brief that the officers were following around the transition. There were 2 things that I carry responsibility for, which is to make sure that on a Ministerial level that we have the appropriate plans and procedures in place to make that change, which is what I have done as part of the oversight group. The second thing is to make sure that patients' welfare is cared for. For the sequencing of that, I have asked and been provided with the details to when the schedule of change would happen and which services have moved and on what date.

Deputy S.Y. Mézec:

The overall phasing of this iteration of the programme compared to the previous one sees a final completion date, which is later than would have been the case under the old programme. Is that something you were able to justify in that? I am thinking in there of the current facilities, which we have seen with our own eyes, are not ideal and must be costing a lot to maintain in some instances. How were you able to justify what is ultimately a later complete date than what was originally planned for?

The Minister for Health and Social Services:

The word "justify" is important. One of the things that we have to do as a Council of Ministers is come to a position whereby there is a balance to be struck between what can be delivered, what can be afforded and what we can maintain in terms of clinical safety and clinical quality. I will always maintain and advocate for the focus on quality and safety of services for patients. Had we been

able to identify a solution that would have been brought forward sooner and quicker in a more affordable way, then that is what my preferred option would be.

Deputy S.Y. Mézec:

You have just mentioned the issue of safety and well-being of staff and patients. That is referred to in the table of critical success factors. What input did you have into determining what those success factors would be?

The Minister for Health and Social Services:

Yes, I was present when the project team were identifying how and in what way those critical success factors were going to be completed and compiled. There was a very strong emphasis placed on the importance of improving the opportunities for safe transition all through the process, irrespective of whether the facility at Les Quennevais was going to be temporary or longer term. It needed to make sure that those components were in place.

Deputy S.Y. Mézec:

As the client for this programme, do you regard yourself as having led in deciding what those success factors would be or was it more equal based around other Ministerial input.

The Minister for Health and Social Services:

As part of the project design we worked with the external consultants, the internal project team and also the clinical adviser to the programme. One of my frustrations is that there has been a significant reliance on one individual to provide that clinical advice. I was happy with the work that had been produced around those critical success factors.

Deputy R.J. Ward:

I have to go back to when you talk about ... you are still talking about a 2-site option. It is clearly not a 2-site option, because Enid Quenault was going to be around for 25 years; plus you are going to have a step-down care centre, which is integral to releasing beds, so is an integral part of the healthcare service; a mental health facility; and a fourth site. I wonder how we can still be discussing a 2-site option when it clearly cannot exist as a 2-site option with the plans that we have seen so far.

The Minister for Health and Social Services:

That is in the context of the hospital facilities, because we are not building a single-site hospital. What we are doing is we are splitting out the facilities across 2 sites, so that we are identifying care that can be delivered on an ambulatory basis or walking basis.

Deputy R.J. Ward:

I understand the ambulatory, but what about the other 2 sites? There is a slightly existential problem; they are hospitals but they are not hospitals. They need to prove themselves to be hospitals.

The Minister for Health and Social Services:

In the original intention, from what I understand from the people who were involved around the development of Les Quennevais, it was going to be a short-term transitional facility that would enable the clearing of Overdale to create the work that could be done. What appears is that people have seen an option for that potential offer at Les Quennevais to be extended because of the quality of the building. What we certainly have to do is we have to take into account the fact that there are services there which are there purely because we are building a new facility and we are transitioned in the first place. You have to decant services to go to other places. What we will plan over the longer term has to be taken into consideration in terms of what Les Quennevais will offer in the future as part of the new hospital facility for the longer term.

Deputy R.J. Ward:

So it is not going to be a longer-term facility when the hospitals are built?

The Minister for Health and Social Services:

That is the thing that we still need to work through in terms of whether there is going to be a need to continue to provide the range of services that are currently located there within our new hospital facilities. What we do not know is how we are going to organise services at the moment. What we do know is that the facility there at Les Quennevais provides the facility to transition those services that were at Overdale.

Deputy R.J. Ward:

Yes, it seems to me we have a semantic argument here. That what you are saying is that the hospital is a 2-site hospital because you are referring to a 2-site hospital, but the healthcare facilities, which some would see as part of the hospital facilities, are extended to other sites at the same time. Are we not going to see the costs of those 2 sites in the overall costs, because you are only going to talk about the 2-hospital site costs?

The Minister for Health and Social Services:

The detail around what you will see will come forward in the business case. I do not want to pre-empt any of that at this moment in time. One of the things that is important to distinguish here is the fact that Les Quennevais was a facility that was provided for in order to decant services from Overdale …

Deputy R.J. Ward:

It was, but what are we now though?

The Minister for Health and Social Services:
Exactly. That is where it is at this moment in time. When we are talking about the overall design and delivery of services for the future we have to think about what is being provided at Les Quennevais. Is it sustainable over the longer term or do we need to reconsider the services that are there in the context of the 2-site option?

Deputy R.J. Ward:
We could be getting rid of the Enid Quenault Centre sooner if it can be?

The Minister for Health and Social Services:
It could be repurposed. It depends ...

Deputy R.J. Ward:
Sooner.

The Minister for Health and Social Services:
Sooner, if we have facilities that can accommodate it. At this moment, for example, one of the things we moved over to the Les Quennevais was the Assisted Reproduction Unit. We have to question: should we have assisted reproduction services separately or should we be building this as part of a women's health service? What does that look like for the future? Is that hospital-based or is that community-based? If you look at what we have done around rheumatology services, there are different elements to the rheumatology services, some of which are hospital-based, some of which are clinic-based. We need to take account of whether or not, when we are designing clinical services, they are best provided for in one particular place or whether there is an opportunity to split those across sites. At the minute, we have no option but to be able to plan the services at Les Quennevais. However, there are opportunities to serve the health needs and the social care needs in the community in a way that we have not planned for that Les Quennevais offers going forward.

The Connétable of St. Brelade:
Can I just come in on that one? Clearly, there has been a bit of a change in fact from when it was going to be purely a decant facility.

The Minister for Health and Social Services:
Yes.

The Connétable of St. Brelade:

Have you subsequently factored in flexibility to be able to accommodate a lot of the do not knows, shall we say?

The Minister for Health and Social Services:
We have to, Constable Jackson. We do not know at this moment in time how those services are going to be utilised, what the take-up is going to be, and critical things like access are important. I would hope that they would be well taken up and that they will be well utilised. When we are trying to drive efficiency and the economy and the quality and the safety within the healthcare system and balance all of those things we will have to revisit some of the choices and decisions we have made about where services are located. I do not see those changing for at least 4 or 5 years, until we have an alternative to provide.

Deputy S.Y. Mézec:
We are jumping around a little bit, but we are going to come back to both of those issues that have been raised there. Going back to the critical success factors that we were referencing before, when we see the table of those when they are rated against different options - red, amber and green - what role did you have in determining how each of the options that were considered matched against those critical success factors and how they got rated? Was that something that was led by you and your Ministry?

[15:45]

The Minister for Health and Social Services:
No, it was led by the project team, which is clearly under the Minister for Infrastructure.

Deputy S.Y. Mézec:
Okay. I have to ask, do you agree with every rating that it has come up with?

The Minister for Health and Social Services:
When you are delegating responsibility to officers to make choices and decisions about what is relevant and what is appropriate and they have the real-world experience … do not forget that this was not just done with one or 2 individuals, this was done with quite a group of clinical involvement. Their real-world experience of how some of the options are being presented and how they use these scoring mechanisms is important. This is an iterative process all of the time, when you are building something like this. It may well change as we start to get into the more finer detail around each of the projects.

Deputy S.Y. Mézec:

Okay. One of the critical success factors that is on the list, which we have already referred to, which is about the safety and well-being of staff, patient and public in the delivery of high-quality, accessible, efficient and effective physical and mental healthcare, which against option 3, which is the preferred model, that is rated green. When it is matched against what was called option 5, which is your healthcare model - not the previous Minister's healthcare model, your healthcare model - but on a single site, that is rated as red. Is it rated red based on purely the health considerations then or is it being considered against things like affordability or planning, which may well be good reasons, but they are not healthcare-based reasons.

The Minister for Health and Social Services:

The criteria themselves, as you can see, are not just entirely related to balancing the decisions around healthcare in particular, but also the ability to deliver healthcare in a facility that is affordable and that is acceptable in terms of the construction and the way in which it is designed. At the time that the previous programme was delivered there was a very different view about what hospital facility could offer. What you have through the 2-site option is that you can start to organise services differently that meet success criteria equally if not more appropriately in some instances. What you have is an overall assessment against the proposals that were put forward or the options that were put forward. That assessment having been clinically informed, operationally informed and involving the Infrastructure team and Financial Services have come up with the assessment as they have.

Deputy S.Y. Mézec:

Do you conclude then that a single site with all of the healthcare services that you are aspiring to be able to provide could not be accommodated on the single site?

The Minister for Health and Social Services:

I am not saying that at all, no. What has to be considered is when there is an option put together about the way in which future healthcare needs to be provided, that it should not only be considered on the basis that everything is contained within one hospital building. What that means is that you can start to be more flexible in your thinking about how you can organise care and service delivery without necessarily having to go through the option of approving a single site option, but you can start to consider what other areas of your estate would deliver equal benefits as identified in these success factors.

Deputy S.Y. Mézec:

Do you want to come in now?

Deputy L.V. Feltham:

Yes, I wanted a point of clarification. You mentioned earlier that there had been single person input from a healthcare perspective. Then we were discussing the critical success factors and the weighting. It sounded like there was more than one person involved in that. How many people were involved from a healthcare perspective in both agreeing what the critical success factors would be and also weighting those in order to make the decision around a way forward?

The Minister for Health and Social Services:

I would need to give you the actual numbers, Lyndsay, to be perfectly correct around it. If I could clarify, the issue around the membership of the project team originally had one officer delegated. They were involved in working with the project team to progress this, but then what happened in terms of the design and the development of the broader work around that, there was much broader clinical engagement with consultants and operational staff, who also informed the development of these factors.

Deputy L.V. Feltham:

Then that officer who is working within the project team, what is happening there? Is it a secondment? Who are they reporting to?

The Minister for Health and Social Services:

They are a secondment. They are reporting to the chief officer on that basis.

Interim Chief Officer, Health and Community Services:

Yes. That one person, Deputy, is not the only input; she co-ordinates the input of a wider group of clinicians and others to feed into that discussion. She is the point of contact.

Deputy L.V. Feltham:

Working to you.

Interim Chief Officer, Health and Community Services:

Working to me, but based in the project. She works very closely, of course, with Infrastructure around the functional content. We have also appointed 2 clinical advisers that work with the officer. They are both medical consultants that have programmed activities in their job plan to support the officer on a day-to-day basis. Again, there is constant reference back to much wider groups of clinicians.

Deputy L.V. Feltham:

Then as you are going to be the service user, the client, were there any critical success factors that were put forward by you and your team that did not then make the final list of critical success factors?

The Minister for Health and Social Services:
I do not think there were.

Interim Chief Officer, Health and Community Services:
Not that I recall, no. I think I would recall it if there were, but I do not.

The Minister for Health and Social Services:
This is fairly standard in terms of the kind of project that we are working with in relation to how you build up the criteria for success that requires a capital project and the clinical projects to be able to marry up and deliver the benefits that are anticipated. If you have a look at other hospital developments you will see some very similar success criteria that are formulated as part of this.

Interim Chief Officer, Health and Community Services:
Pretty standard.

Deputy L.V. Feltham:
They did, of course, change from the previous iteration of the project to this iteration of the project.

The Minister for Health and Social Services:
They did, yes.

Deputy L.V. Feltham:
I am trying to understand why they changed and what the driver of those changes were.

The Minister for Health and Social Services:
Yes. It is because there is a change in emphasis and a change in the perspective. If you have a look at the essence of what it is trying to measure in terms of success there are key things there around clinical acceptability, financial affordability, political acceptability. These are common themes that you apply to any success criteria in this project.

Deputy L.V. Feltham:
We, as a panel, have been engaging with healthcare staff. One of the comments made most frequently to us by the people that we have spoken to is that the 2-site option will require duplication of services and staff. Mr. Bown, when you came and spoke with the Public Accounts Committee on 10th July this year you did accept and expand on that. What weight was given to this duplication and the potential impacts of that on ongoing costs and staffing during the initial stages of developing the multisite option?

The Minister for Health and Social Services:

The issue is that it has become more apparent. There is a revenue consequence to developing a multisite facility. There were some very strong voices around duplication, in that it would increase cost and that it would duplicate effort. Because we have not really worked out yet, and the work that the team are doing at the moment, where exactly are things going to be located. We would not be in a position to give any further detail on that until we know specifically what we are talking about if there is going to be duplication of effort.

Deputy L.V. Feltham:

Where does the tolerance lie? At what point does that revenue, additional revenue cost on the ongoing budgets for the health service, at what point is that not tolerated?

The Minister for Health and Social Services:

This is part of the discussion around the outline business case, because clearly what the outline business case will have to demonstrate is the affordability of the option that would be brought forward in the business case. As you know, we are going through a review of the finances of the Health Department. We have a financial recovery programme in place. We have come through the Government planning exercise to try and secure investment in order to stabilise the financial position. When we do see the business case, the financial impact of that will be clear as to whether or not there is going to be any further demand for resources or financial investment in the system. At this moment in time, we have not done that work.

Deputy L.V. Feltham:

During the programme development and this ongoing programme, there are going to be several stop-go decision points. How will the impact on the future revenue requirements of the Health Department and whether or not that is indeed affordable be reported? How will that be reported at critical points during this project?

The Minister for Health and Social Services:

We need to talk about that at Ministerial level as to how that needs to be done. It is something that both myself and the chief officer are alive to, in a sense. It will need us to make some strategic choices about what can be delivered in an affordable way, if the money to fund the model in the way that it is proposed in the outline business case cannot be delivered.

Deputy L.V. Feltham:

Which Minister is making these stop-go decisions? For example, we have the Minister for Infrastructure running the delivery of the programme.

The Minister for Health and Social Services:
Yes.

Deputy L.V. Feltham:
He has an envelope, a budget, a capital budget. You are the Minister that is going to be delivering the services within those facilities.

The Minister for Health and Social Services:
Yes.

Deputy L.V. Feltham:
You have requirements to work within an ongoing revenue budget?

The Minister for Health and Social Services:
Yes.

Deputy L.V. Feltham:
Who makes the call as to …?

The Minister for Health and Social Services:
Well, clearly, that is a discussion at Council of Ministers. The Minister for Treasury and Resources obviously holds the purse strings around how we manage the money going forwards. One of the things that you will see in the outline business case is the financial modelling of how and in what way the proposal will be ... the financial modelling will be in there. What we do not understand at this moment in time, because the business case has not been completed yet, is whether there will be any gaps in the revenue, whether there will be more requirements on the revenue and what the strain on the workforce, in particular revenue commitment, will be, particularly in light of the comments you have just made around some people thinking there is going to be duplication. If there are going to be strains on the revenue consequences of the scheme that we are putting forward, we are going to have to relook at it. We are going to have to consider ways in which we can either remodel, redesign, transform or invest. They are the options that will be open.

Deputy L.V. Feltham:
I just make the point that it is not just some people, it is the interim chief officer that has made those points as well.

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:
I am trying to get this clear in my head. We have a multisite option. I am not going to call it a 2-site option, because it is not. We have a multisite option that needs to be staffed, but we do not know the cost of staffing until we know what is going to happen with the multisite and what is going to be provided by the multisite. You are absolutely certain it is going to be more affordable than the other project?

The Minister for Health and Social Services:
I am not certain.

Deputy R.J. Ward:
That makes it clear then.

Interim Chief Officer, Health and Community Services:
Chair, of course, until the business case is done we will not know what the numbers are, so we are speculating. The outline business case ...

Deputy R.J. Ward:
You said the other one is unaffordable, so this one must be more affordable, but we do not have a figure.

[16:00]

I am just trying to, for scrutiny purposes, get some real clarity on where we are with numbers because they are the sort of questions we get asked.

The Minister for Health and Social Services:
Yes, sure.

Deputy R.J. Ward:
I do not want to take up too much time on that.

Deputy L.V. Feltham:
It is all right. I have got a related question, so in order to know potential costs, and one thing that we did discuss when you came and met with us in the Public Accounts Committee was the need for a workforce plan and that being absolutely critical.

The Minister for Health and Social Services:
Yes.

Deputy L.V. Feltham:
Can you tell us when Health and Community Services will be delivering that workforce plan and how does that timing work with the business case that you have just been discussing?

The Minister for Health and Social Services:
I think for members of the public who might be listening, I want to just emphasise the complexity of what we are dealing with here. We have got a workforce plan that has to address the current pattern and current model of service that we have got now. We have a workforce plan that has to be future-proofed in response to the design of the way in which we are going to be providing services in the future. Within that it will include changes in some of the job design, some of the roles of responsibilities. We will also have to factor in issues like the advantages of what the technology will be able to offer us, which are presently perhaps in some of the functions, and the work that is done by individuals. At this moment in time we are trying to fix the workforce gap that we have got within our current pattern of service. You will know the scale of the vacancies that we have got and the challenges that we have got around that. We have then got to model the clinical design in terms of which service goes where and what kind of workforce requirement that will be around that. Until we have done that detailed work, we will not be in a position to be able to give you any detail on that. But clearly that needs to be an element of the work that goes into the outline business case and the full business case that will come forward that will give that quantification.

Deputy L.V. Feltham:
When will we see that?

The Minister for Health and Social Services:
The outline business case, I think that is …

Deputy L.V. Feltham:
Yes, when will those additional costs be quantified?

The Minister for Health and Social Services:
They are currently being quantified in terms of the proposals that we are bringing forward in the outline business case. When the outline business case is going to be submitted for Scrutiny is when you will see that detail.

Deputy L.V. Feltham:
It has just escaped my memory, when in weeks?

The Minister for Health and Social Services:
I think is it June? June next year, I think.

Interim Chief Officer, Health and Community Services:
Yes, I cannot think when it is scheduled to come to Scrutiny.

Deputy R.J. Ward:
Can I just say for the public, because this is a public hearing, because I have a list of acronyms, the outline business case is the business case level providing the most detail on a forward project? There will be one of these for each of the projects that make up the new hospital, and that is purely so that people understand what we are talking about when we talk about an outline business case; that is the detailed case and we do not have that yet.

The Minister for Health and Social Services:
Yes, that is correct.

Deputy R.J. Ward:
Correct. Just I think that is really important.

The Minister for Health and Social Services:
That is why I wanted to say the complexity of it because the other thing that I think is important for the public to hear is that the proposal to do this in a phased way means that we will be designing the clinical service, the workforce, the financial profile, the operational policies and procedures that go with that. What needs to happen is that there needs to be clarity for the public around what that looks like for each of the service. It may well over time, because of the way in which clinical services change over time according to disease prevalence, technology advances ... a workforce profile may well change over time. It is never, ever a fixed point. But what we have to do is we have to establish a baseline as to what we need to start from the get-go, to get the service up and running and to make sure that we have got the capacity and the capability to achieve things like better access, managing waiting times and waiting lists and things. They are the drivers, if you like, around our workforce planning that need to go into this.

Deputy R.J. Ward:
Am I doing the next bit? I am going to ask some questions about what we are calling in this panel the Minister for Health and Social Services' Care Model Framework. There is more than one name

for it. From what you have just said about this being phased, it is quite interesting. To the Public Accounts Committee in July, Mr. Bown and Professor Mascie-Taylor indicated that it would have been better to have a healthcare model in place before choosing which building was best. Can you explain why this was not the case and what impacts that will or may have?

The Minister for Health and Social Services:

I think this is a feature of … I mean this is some of the legacy issue that we are having to deal with, which is why I'm proposing this retrospectively, is that the public need to know how this is going to look. We do not have a health strategy in the Island. We do not have a strategic framework that talks about how we are going to address health in the Island and what you get in a hospital and what you get in the community. I do not want to rehearse all of the discussions that went on previously around the Jersey Care Model. But the principle behind trying to develop a strategic framework for health is to be really clear with the public as to what they can expect to see in a hospital, what they can expect to see in the community. But also how we are going to prevent ill health, how we are going to improve recovery. What that means is we have got to develop not only buildings - and this is where I think part of the issue has arisen - is that our current thinking about health is that we are focused on buildings and health is a much broader issue for us all to think about in a more diverse way. Because it is about partnerships, it is about building capacity in the community through the independent sector, through the voluntary sector, and that is what I am talking about in terms of communities have a health service framework.

Deputy R.J. Ward:

It is interesting you say that because the next question I was going to ask was that the public were released a summary of information about the plans for the hospital, referencing the Minister for Health and Social Services' Care Model Framework several times; we clearly do not have one yet.

The Minister for Health and Social Services:

No. We are …

Deputy R.J. Ward:

What is the timeframe?

The Minister for Health and Social Services:

Yes. I do not know whether you want to add more to this, Chris. There are 2 pieces of work that need to go on here and they have different timeframes. What we need to do is we need to articulate the model of care that will happen based on the new hospital facilities and that will be aligned to each stage of the development of these new hospital facilities.

Deputy R.J. Ward:

Right. When you say the facilities, you are referencing the building and what is in the buildings?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

The buildings are coming first?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

Right, okay, and that is important for us to know.

The Minister for Health and Social Services:

Okay.

Deputy R.J. Ward:

The buildings will be built and you will fit in the healthcare model around the buildings.

The Minister for Health and Social Services:

We are trying to align it. As we are building the buildings we are trying to specify what the model of care will be in those buildings but …

Deputy R.J. Ward:

What drives the building?

The Minister for Health and Social Services:

Where we are at the moment is what is driving the building is the need to replace the health estate. We are replacing the health estate in a way which is separating out the ambulatory element of that, which is the walk-in stuff and outpatients and all of that sort of thing, with what is required to maintain care in a hospital setting in a ward or going into a theatre, and that is where we are at with this at this moment in time.

Deputy R.J. Ward:

That is it and so general division between the 2?

The Minister for Health and Social Services:
Yes.

Deputy R.J. Ward:
Therefore, our healthcare model will be fitting into when you stay in hospital and when you walk in and out of hospital.

The Minister for Health and Social Services:
Effectively.

Deputy R.J. Ward:
Okay.

The Minister for Health and Social Services:
That piece of work was done in the initial projects and subsequently when the new hospital facilities programme was restarted. Some of the work that was done previously has carried forward in terms of some of the principles that we are working with.

Deputy R.J. Ward:
Yes. I cannot see how without a model of healthcare it makes a difference whether we have one or 2 buildings, to be quite honest, but that is a different issue.

The Minister for Health and Social Services:
Yes.

Deputy R.J. Ward:
Any delays in that you can still carry on with building away a hospital in a multisite without a healthcare model, you are okay with that?

The Minister for Health and Social Services:
I think this is why the phased approach to this is really important. What we know is that we have got to replace the fabric of some of the existing estate because it is no longer fit for purpose. A theatre is a theatre is a theatre, a ward is a ward, it is …

Deputy R.J. Ward:
Is it?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:
Okay.

The Minister for Health and Social Services:
Yes. The other thing that …

Interim Chief Officer, Health and Community Services:
Globally.

Deputy R.J. Ward:
Okay, what about …

The Minister for Health and Social Services:
The other elements around it are about how the technology changes the way in which or the place in which you can deliver those interventions that do not necessarily need to be in a hospital.

Deputy R.J. Ward:
Okay. There may be some retrofitting now in the hospital to go with the care model that is developed.

Interim Chief Officer, Health and Community Services:
Yes. Because I think what you are sort of alluding to, Deputy Ward, is that of course if we were starting … we would not start from here, the position ... the flow that you would normally have would be to have your clinical strategy for a health system. From that you would build your estate and from that you would have your workforce plan.

Deputy R.J. Ward:
Call me old-fashioned but it does seem logical.

Interim Chief Officer, Health and Community Services:
But we are clearly not in that place in Jersey and the reason now is that we have to get on, as the Minister said, to replace the fabric of the estate.

Deputy R.J. Ward:
Okay.

Interim Chief Officer, Health and Community Services:

We have problems with all the requirements in a modern healthcare estate we do not meet. We have to get on with that. We are where we are and I think it is more damaging to delay further than to move ahead and look at our healthcare model around what we need in the estate. That does not mean that future healthcare models and certainly the technology that could have a significant impact on workforce and how we deliver service will not change over time. I think when you look at the development of health estate, say, globally, you sort of guarantee that the original design … by the time you move in the world has moved on and you have to adapt and retrofit and change.

Deputy R.J. Ward:

What you seem to be getting to there is it does not really matter what we build, we will fit our healthcare model into it anyway because we are going to build something and we can retrofit it, which does concern me a little.

Interim Chief Officer, Health and Community Services:

But it is not just more than the hospital of course. Healthcare strategy will be ... we have got a primary care sector, we have got voluntary sector, we have got community services, we have got mental health services, so …

Deputy R.J. Ward:

You have also got a relationship off-Island.

Interim Chief Officer, Health and Community Services:

Absolutely.

Deputy R.J. Ward:

Because we will always be totally dependent on that.

Interim Chief Officer, Health and Community Services:

Yes. No, we will.

Deputy R.J. Ward:

Regardless of how much we want to say we will not, we will.

Interim Chief Officer, Health and Community Services:

Yes, we will be.

Deputy R.J. Ward:

That relationship will have to change and that could determine as well the healthcare facilities that we build here. For example, those theatres you were talking about, it may be that for many operations that we cannot do here we will never do them here and so, therefore, that would not be something we are looking at but it is something that has to be known beforehand.

Interim Chief Officer, Health and Community Services:
We have to make assumptions, I think.

The Minister for Health and Social Services:
Yes, I was just going to say we do need to make assumptions but we also need to keep in mind the affordability of what we can deliver here in the Island and whether the quality of that delivery can be optimised so that we try to do as much as we can in Island without necessarily having to send people off Island.

Deputy R.J. Ward:
Okay. Can I ask one more question before we move on, on exactly that point, and it goes with something you said about a phased approach? Everything will be phased, effectively, just to say, is there a risk that as we phase through that we decide that we have run out of money and those points now are not affordable and so that is it now, that is what you are getting for healthcare, deliver within that?

The Minister for Health and Social Services:
I do not know the answer to that question.

Deputy R.J. Ward:
That is fairly honest, I think.

The Minister for Health and Social Services:
Yes. But I think we have to manage whatever risk comes forward and I think what I can commit to the public is to make sure that the maintenance of the current pattern of service that we have, i.e. you will still have an operation, you will still have an outpatient's appointment, you will still be followed up; all of those elements will still be integral to whatever we do. The risks associated with whether or not we can access specialist care is not connected to the building; that is connected to how we commission services going forward.

Deputy R.J. Ward:
Yes. But from what you have just said there the risk is that people might be listening and thinking, hold on, we are going to spend a lot of money - I think the technical term is a shed load of money -

and just have what we have got now and it will just be in a nicer building. I think people are expecting a more - I do not know what the word is - detailed health service for a spend of who knows what. We do not know, we have not been told.

The Minister for Health and Social Services:
If I can just clarify it because I think that is really important. I think we have specified what is needed to continue to provide the general pattern of service that we have got currently in place. The quality and the fabric of the environment in which that takes place, we would expect that to be much better. We want to see better privacy and dignity.

[16:15]

We want to see better conditions for staff working in those arrangements. We want better access for people, which is why this concept of walk-in and planned care, if you like, where the split is made …

Deputy R.J. Ward:
Yes, but you can have that in one building, can you not?

The Minister for Health and Social Services:
You can but this is the thing around should we always default to the fact that you go to hospital? Because some people have also experience of accessing healthcare in ways which are not hospital-based but they get the same health outcome. This is really important because the important output here is that the general public know that that service is going to be there for them. They know it is going to be in a quality building. They know the Island can afford it. They know it can secure the workforce for it. But these are really important points to make because these are the risks that will emerge if we do not get this right. We will not be able to staff it. We will not be able to accommodate people.

Deputy R.J. Ward:
Yes. But you do not know the cost, we do not know the cost, you do not know the affordability. We do not know the model of healthcare. We do not know how far we will get with the buildings and we do not know the long-term affordability of any of it, so they are quite significant risks.

The Minister for Health and Social Services:
I think we know the model of healthcare, as we understand it, needs to be right now. The second phase I was talking about was we need an Island health strategy, and that has to encompass all aspects of the health provision in the Island. Because we have got to drive some of the, dare I

mention, productivity and efficiency. There is so much health resource in the Island, I do not think we are using it properly.

Deputy R.J. Ward:
It is a large project though, is it not?

The Minister for Health and Social Services:
It is a big project.

Deputy R.J. Ward:
Huge project.

The Minister for Health and Social Services:
But that is why I am saying it has to be in 2 phases. We have to …

Deputy R.J. Ward:
One of the criticisms of the Jersey Care Model, it took on 2 big projects; that was their main criticism. It was not the notion of how or whether it was the right thing to do, it is just it was too big. I will just mention that risk now. You might want to move on, Chair, I am getting that sort of body language from you.

The Minister for Health and Social Services:
Yes, I think there are some lessons that have been learned in that, which is why I am trying to say to the public, which is the commitment made by the Council of Ministers is to deliver a hospital and we will do that. The way in which we do it is we have got to think of all of the options. We have got to build a business case that is affordable. If we find that we get to the point where there is an affordability around the capital but the revenue is challenging and we cannot do it, we have got to think again because it has got to balance.

Deputy R.J. Ward:
Okay.

The Minister for Health and Social Services:
The broader issue about broader health strategy is a much broader discussion around how we involve partners, how we mobilise the resources in the Island to improve health and well-being on a more general footing.

Deputy S.Y. Mézec:

Just before leaving the subject entirely, does anyone else …

Deputy L.V. Feltham:

I just had a couple of questions just arising from some of the points that you made there, Minister. Given that we do not have a health strategy, we are lacking things such as a private patient strategy, we alluded before around when we utilise services in the U.K. (United Kingdom) or elsewhere and we are providing on-Island or off-Island, how then was the functional brief developed that the project team is currently working to?

The Minister for Health and Social Services:

Do you want to …?

Interim Chief Officer, Health and Community Services:

Yes, again, I suppose it goes back to what the Minister said. It is based on sort of current models of care that we are delivering now. It was done in consultation with clinicians about what they felt their functional content should look like and where it should be and how the interdependency is always very important. That would have been developed from … and indeed I think we use from the original piece of hospital programme work because, as I said, it goes back to that point, a theatre is a theatre. So if the doctors have designed their theatres but only to redesign them again, so some of that work was transposed into the new functional content on the multisite option. That would have been fed by clinicians and their requirements and indeed the model that we have got now. Also, they will have taken some account of from their specialty how they think things might change in their specialty over the next 5 years. It would have been fed by making a number of assumptions about current model and the requirements of clinicians about what they felt was necessary.

Deputy L.V. Feltham:

But you can give us assurances, the Scrutiny Panel, that the functional brief that the project team is working to is a functional brief that is fit for purpose for the future years.

The Minister for Health and Social Services:

My view is that the assurance we have is that the clinicians have been happy to sign off those functional briefs because they have been actively involved and they have been shaping and informing those.

Interim Chief Officer, Health and Community Services:

I think the other thing is in the design - I know the Infrastructure team are keen - is that because of the assumptions that we are making that there is some flexibility in how the building can be used. One of the big mistakes with health development is that that flexibility is not built in and, as I sort of

referred to earlier, that it is inevitable that by the time the building is changed, the things in medicine will have changed and we will need to adapt a bit more. I think from a technical point of view and a design point of view and a construction point of view, that flexibility is necessary because we are making assumptions about what the future might look like. We do not know what it is going to look like. It is important that there is flexibility.

Deputy L.V. Feltham:
Then the other point I just wanted to ask you about is you mentioned the state of the current facility and some parts of the current facility not being fit for purpose. Given that, was it a mistake to pause and delay the project and start again?

The Minister for Health and Social Services:
It depends where your starting point is. I think what we were presented with when we were appointed this time last year somewhat is that there was a project that was unaffordable and that it could not be delivered in the way that it had originally been anticipated. What we needed to do is we needed to rethink that through. The work that the project team did in consultation with the previous management team and the clinicians, we have inherited some of that and influenced the changes that we believe now are needed to make sure that we get the result that we need for the hospital. But I do not think it is a single view that would be of help to you in response to that question. I think there are a number of factors that were showing themselves up, that it was not wise to progress on the previous option.

Deputy L.V. Feltham:
We talked a bit about engagement with hospital staff earlier. We also have engaged with staff working in the ambulance service. Can you outline any discussions that you are aware of or have been involved with, with the Minister for Home Affairs and the ambulance station, to address paramedic and patient transport service concerns about the multisite option and the potential impact on staff and delivery of service?

The Minister for Health and Social Services:
I know the project, I personally have not ... I mean the conversations that I have are with the Minister for Home Affairs who has responsibility for ambulance services. I think if there is any sort of Ministerial oversight that is needed around that, it is to make sure that they are involved and integral to the work that needs to be done. I do understand that there has been some conversation with the ambulance service and the paramedic service and they are actively involved in the project as we speak.

Deputy L.V. Feltham:

I am aware now that you have not had any direct conversations with the patient transport service but have any concerns been raised to you around the ability of the patient transport service to be able to transport patients to ensure the timely delivering of patients for their appointments and in between sites?

The Minister for Health and Social Services:

I cannot recall that anybody has raised those specific issues with me directly. I do not know whether you have received anything.

Interim Chief Officer, Health and Community Services:

No. I think by the time I arrived in April those discussions had already taken place with the ambulance service and they continue to do so. The project team, as the Minister said, constantly contact the chief ambulance officer. Nothing has come to my attention that has been raised as a concern.

Deputy L.V. Feltham:

Okay. Given that a number of those patients would be in the care of the health service at the time, should that be a concern to you?

The Minister for Health and Social Services:

Clearly that is an assurance that would be sought when we understand how and in what way the services are going to be organised. But we do not understand the volume of activity, so the conversations that I do know that have happened is that if there is any variation in the activity and the demand for patient transport, that that would need to be modelled through and addressed through the Minister for Home Affairs.

Interim Chief Officer, Health and Community Services:

I think, Minister, that of course we have got to look at the 2 areas of transport; emergency transport, blue lights and non-emergency hospital transport. There are 2 areas that we need to look at. I have certainly not had, since I arrived in Jersey, any concern at all directly to me. I know there have been discussions about the bend and how various things work. But I met with the chief ambulance officer a couple of weeks ago and he raised no concerns to me.

Deputy L.V. Feltham:

Okay. Just to get that on record, no concerns have been raised to you about blue-light access to and from an acute unit based at Overdale?

The Minister for Health and Social Services:

Not directly to me.

Interim Chief Officer, Health and Community Services:
No. I know things have been discussed because that was an issue of concern in the past but certainly more recently I have not had any concerns raised to me.

Deputy L.V. Feltham:
If there were concerns, how would they be factored into the decision-making?

The Minister for Health and Social Services:
That is a pretty important concern to address and I think particularly around the blue light services, I think it would be pretty crazy for any hospital project development to emerge where access to blue light services would not be possible. I do not see it as an issue. I think one of the things that we would make sure is that we have got the capacity and the accessibility for blue light services. The patient transport service, as I have said, is a different thing which we would need to understand the flow and the pattern of movement as to where those services need to be organised. There are 2 different things. When you are designing an A. and E. (Accident and Emergency) Unit the ambulance service is an integral part of that. You have to make sure that the provision of A. and E. services includes its ambulance provision as well.

Deputy R.J. Ward:
Just to be clear, the vast majority of A. and E., so blue light services, emergency services, will be going to A. and E. and to the main acute hospital?

The Minister for Health and Social Services:
That is what we mean by blue light services.

Deputy R.J. Ward:
That is going to be up at Overdale?

Interim Chief Officer, Health and Community Services:
Yes.

Deputy R.J. Ward:
You do not see any problem of accessing that, despite everything that went with the previous hospital?

Interim Chief Officer, Health and Community Services:

Nothing has been raised directly with me.

Deputy R.J. Ward:
Nothing has been raised directly with you, okay.

The Minister for Health and Social Services:
It is interesting because the issue is the road, that is the only issue and I think that has been in the public domain. From what I have heard …

Deputy R.J. Ward:
It was a big issue in the old hospital, it was a huge issue.

Interim Chief Officer, Health and Community Services:
Yes, I am aware that it is being discussed a lot but, as we sit here today, that this is not an area that people are raising with me, saying this is a real big concern.

The Minister for Health and Social Services:
No.

Deputy R.J. Ward:
Sorry to labour the point here but I think it is really important. Do you see that any less movement to the Overdale site with the dual-site hospital in terms of blue light services than if you had a single site? By having the dual site, will you have less blue light services going up to Overdale?

Interim Chief Officer, Health and Community Services:
No. By the nature of the acute hospital we observed that the blue …

Deputy R.J. Ward:
Okay, that is why I asked. So it will be the same movement of ambulances to Overdale?

Interim Chief Officer, Health and Community Services:
You will not expect to see a blue light ambulance going to an ambulatory centre, it will be going to …

Deputy R.J. Ward:
Okay, so they would all be going up the hill?

Interim Chief Officer, Health and Community Services:

Yes.

Deputy L.V. Feltham:
I think linked to that as well, other traffic flow; would you be anticipating … because obviously we are aware that there would be traffic flow between sites, patients visiting, potentially visitors visiting. Your understanding of the amount of traffic that will be going to that, is it a reduced Overdale option?

Interim Chief Officer, Health and Community Services:
It is not a question I know the answer to but I think we need to be measured about it. I do not think we will be seeing visitors going from the acute site to the ambulatory site backwards and forwards because your relative will either be in one place or the other.

Deputy L.V. Feltham:
Yes. No, I was meaning patients, sorry.

Interim Chief Officer, Health and Community Services:
Patients, again, that is about working through the flow and that is all going to have to be part of that business case to understand because there is a cost to that of course, as well as the patient impact. But you would expect to see some flow. I do not think we are going to see patients going backwards and forwards between the 2. There is no reason because …

Deputy R.J. Ward:
What about the other sites? Sorry to interrupt but can I ask that? What about the other sites, the step-down care site and the mental health site and Enid Quenault ... perhaps not the Enid Quenault but the other one, there will be transport between the 2? One of the things that was highlighted …

Interim Chief Officer, Health and Community Services:
In some ways, as there is now between Samarès or from the hospital to Samarès.

[16:30]

Deputy R.J. Ward:
Yes, exactly, that is what I am thinking.

Interim Chief Officer, Health and Community Services:
If you are moving into a different care setting, whether that be a nursing home or rehabilitation or step-down or whatever it might be, and of course there is transport but that happens now.

Deputy R.J. Ward:

But that traffic will have to be factored in. Has it been factored in?

Interim Chief Officer, Health and Community Services:

That is a question to the project team, I do not know …

Deputy R.J. Ward:

Okay, yes.

Deputy L.V. Feltham:

Are you satisfied with the level and quality of engagement with healthcare staff across all the health and community services sites by the new healthcare facilities programme team?

The Minister for Health and Social Services:

I was not originally. I thought that we needed to do quite a bit more work to engage staff. But, equally, I recognise the efforts that they had made and that there was a weariness, I would describe it, of staff to engage. I think this has been, for this phase of this development, a really tricky thing because while the project team have wanted to re-energise and have done, taken tremendous efforts to try and connect with people, equally staff have wanted to be involved in the consultation and represent themselves and whatever. I think we have reached a point where we can only expect so much engagement; now I think it has plateaued out. I think people have said all of the things that they want to say and really we have to consider what we now need to do around our communication piece with people because they do not want to be hearing the same things about we want to consult on this and address the functional brief. They want to know more about when things are going to happen, where we are going to be, who is going to be managing it, which location? These are now the really important questions as part of a communication strategy that we need to build. I am confident that when we have got a decision from the Assembly that this will re-energise people; I would hope it would. Previous experience tells me it does because they can see it happening and that will both be for the public and also for staff as well.

Deputy R.J. Ward:

What decision will that be from the Assembly out of interest?

The Minister for Health and Social Services:

In terms of the business case that will come to the Assembly.

Deputy R.J. Ward:

You are saying that the Assembly will vote on the business case.

The Minister for Health and Social Services:
I think as part of from what I understand that that is the principle that the Assembly will want to see the business case and the Council of Ministers will want to be able to present to the Assembly …

Deputy R.J. Ward:
Including the costings.

The Minister for Health and Social Services:
Yes.

Deputy R.J. Ward:
For the whole project.

The Minister for Health and Social Services:
I understand so, yes.

Deputy R.J. Ward:
Okay.

Deputy L.V. Feltham:
Just to finish that, you were saying that you were expecting that and the timeframe for that?

The Minister for Health and Social Services:
I will clarify it and I will confirm it but I understand I think it might be around June next year.

Deputy L.V. Feltham:
Okay, thank you. Then just to round off the point about staff engagement. How are you, as Minister and the senior leadership team as well, engaging with staff specifically on plans published so far so that you have got assurances from your own team and your own staff that they feel like they have been heard and also that they feel that the facilities will be fit for purpose ongoing?

The Minister for Health and Social Services:
I suppose without bringing forward dates and times of when everybody has been connected with or spoken with, there is a general and frequent conversation and discussion about future healthcare provision. I know the operational team are actively engaged in that. One of the things that we have set up as part of the new board arrangements is a public and patient engagement panel, and that is only really in its infancy. But what I am anticipating is that that will also be a mechanism for engaging

with people about the progress that will be made over the next couple of months and years, so that will be a touchstone for us as well. The other thing is the development and the implementation of the new board. One of the key functions will be to make sure that they are providing me, as the Minister, with assurance about how and in what way staff, patients and their representatives are being supported through this whole process and to flag up any risks and issues that I need to be taking forward as part of the project. Direction is part of that Ministerial team and that is a bit of a gap in our arrangements at the moment because in terms of accountability we are relying on one chief officer and one Minister to provide that assurance. I think we need to broaden the net on that so that we can be more inclusive of the views and opinions that are coming forward.

Deputy L.V. Feltham:
Okay.

Deputy S.Y. Mézec:
Anything else on this?

The Connétable of St. Brelade:
Just if I can come in with a couple of points on that.

Deputy S.Y. Mézec:
Yes, of course.

The Connétable of St. Brelade:
Just going back to your point earlier on about the States debate, just to be clear in my mind, we have got basically the acute and the ambulatory elements, shall we say, to consider, which is coming first?

The Minister for Health and Social Services:
I think in terms of the sequencing, I would probably direct that question to the Minister for Infrastructure in terms of their phasing of the programme. Is that what you are asking?

The Connétable of St. Brelade:
I suppose what I am seeing, and I mean they are separate sites, they were almost sort of separate projects, all are part of the same thing and in all practicality and with the resource in the Island I would expect one to be done before the other. Then I am just, as a consequence of that, thinking, well, perhaps it is easier to identify the outline business case costs for one, the one you are going to do first, which is what I think States Members will probably want to hear. I can understand that

the second section may take longer to build up in terms of as a cost. But I mean from the clinical point of view, is the acute …

Interim Chief Officer, Health and Community Services:
I think the acute would be and then I think when we mentioned earlier, Chair, the assessment, one of the things was the speed at which … when we looked at the acute, is it acute at Overdale or acute in Kensington Place or vice versa? It is the speed of construction is quicker with the acute at Overdale by some years I think, compared to acute in Kensington Place. From a clinical perspective, having the acute facility available first is important.

The Connétable of St. Brelade:
It would seem logical, so that then you could pull out what is acute at Gloucester Street and free that off and have flexibility.

Interim Chief Officer, Health and Community Services:
Work on Kensington Place.

The Connétable of St. Brelade:
Thank you. Moving west now, could you detail which teams have now moved into Enid Quenault and which are still to come?

The Minister for Health and Social Services:
Yes, I have got a list here.

Interim Chief Officer, Health and Community Services:
There is a list there, Minister.

The Minister for Health and Social Services:
Somewhere I have, yes. First of all, if I could, I would like to acknowledge the work that is being done to get this and also for the support of you, Constable, in making this happen. We have done this in a phased way, as you know, and at the moment the transition of services included ... it started on 1st August and it has finished on 25th August. We have got therapies, O.T. (occupational therapy) and physio, speech and language and dietetics, wheelchair services, diabetes and podiatry, the retinal screening service, the pre-assessment services, the Assisted Reproduction Unit and the urology and rheumatology and neurology services there. We have also moved psychology and the memory assessment and the Child Development Service and the Hearing Centre and resource workshop and also the Pain Management Service. There is quite a comprehensive list of services that are up there. But given what I was saying before in terms of some of what is contained there

as part of this transition, we may well find over time that we might change some of the configuration of those going forward.

The Connétable of St. Brelade:
What about feedback from staff and/or from patients?

The Minister for Health and Social Services:
It has been very positive.

Interim Chief Officer, Health and Community Services:
I would say it is anecdotal, I guess. We got the feedback and certainly some of the nurses that were concerned about moving when I met them in Overdale and were quite concerned or negative about the move, I met the other day and they said: "This is fantastic, it is brilliant, it is great" and it is. It is so much better than Overdale.

The Connétable of St. Brelade:
You mentioned anecdotal, do you think there ought to be some more positive way of getting feedback? Is there any mechanism for getting feedback?

Interim Chief Officer, Health and Community Services:
Yes, I think there is a plan to have proper feedback and also to look at the utilisation after 6 months to see how well it is being used and whether there are other opportunities and we make some changes. But it is certainly, from the feedback I have had and other colleagues have had, is people have been very positive and some of the concerns that they had have not manifested themselves in the way that they thought they would. As I say, I think when you look at the quality of the building compared to what we had in Overdale, it is poles apart.

The Minister for Health and Social Services:
I think the feedback is important because concerns that were raised with me around access, particularly around parking and also the fact that Islanders who live in the east and their accessibility to others, I would be very interested to make sure that their access is not compromised for all of the services that …

Interim Chief Officer, Health and Community Services:
We do need to survey but it is a bit too soon to get the survey and get the proper feedback. But anecdotally and certainly from people I speak to and others that have received feedback it has been positive.

The Connétable of St. Brelade:

I can only say from a personal point of view, I went in there on Monday for a personal check and 7 minutes' walk from home is all terribly easy and very impressive, so I cannot complain.

The Minister for Health and Social Services:

That is very good.

The Connétable of St. Brelade:

Just in terms of the priority risk areas at the General Hospital now and the ongoing work to mitigate those risks, we have heard that the building is in poor condition, how is your risk register, should I say?

The Minister for Health and Social Services:

Yes. We have got some detail around some of the areas. Would you like to pick up that operationally, which is the site survey work that was done?

Interim Chief Officer, Health and Community Services:

Yes, perhaps I just wondered whether we could send that on to you, Constable, and to the Chair because we are still investing on, as I say, backlog maintenance to keep it safe, to mitigate the risk that we have around fire, for example, and we mitigate that. But this, as I say, is costing money, so it goes back to that point, the sooner we can move the sooner we can stop throwing money at trying to mitigate against health and safety risks and others and just the design of the building, which does not meet modern healthcare standards. It is miles off of what you would expect nowadays. We are continuing to invest in backlog maintenance but I do not want to quote some numbers because I just want to check on those, but I can send that on to you.

The Minister for Health and Social Services:

Yes. The key areas, I think, really around drainage …

Interim Chief Officer, Health and Community Services:

Yes, basic stuff.

The Minister for Health and Social Services:

… the utilities and that is where most of the maintenance focus is.

Interim Chief Officer, Health and Community Services:

I think that is the problem. Of course these are things that patients and staff just do not see, so it is not like painting. We are doing wall refurbishments and that continues, and we have a rotation of

refurbishing the wards. They are still some years off, so we have got to do that. But much of the backlog costs and the money that we are putting into the estate are sort of below stairs, things that people just do not see.

The Connétable of St. Brelade:

I suppose it brings the point, I mean we do not quite know when the ambulatory part of the project will get going; do you have a phased plan for maintenance? There is no point in doing something forward that is going to last 20 years, if in 5 you are going to be changing.

Interim Chief Officer, Health and Community Services:

Yes. No, we have that phased plan. Our estates team have that and of course they are very eager that we get on with building a new hospital.

The Connétable of St. Brelade:

I suppose aligned to that, what is your current understanding of the status of the services which are still at Overdale and their future provision and location if there are any left there?

The Minister for Health and Social Services:

Yes, Samarès. There is a question as to whether or not Samarès can remain at Overdale within the construction site. But we have been actively working with the Parish of St. Helier, who have offered an option for us to work with. That proposal is being considered at the moment and the team have been to visit and give their views as to whether or not that will be a suitable alternative in this period of time. I do not think we can continue to maintain rehabilitation services in a building site, so we …

The Connétable of St. Brelade:

That is in St. Ewold's.

The Minister for Health and Social Services:

I am sorry?

The Connétable of St. Brelade:

In St. Ewold's.

The Minister for Health and Social Services:

Yes.

The Connétable of St. Brelade:

Clearly the proposed move from Samarès was quite contentious in the past.

The Minister for Health and Social Services:
Yes.

[16:45]

The Connétable of St. Brelade:
It is probably there are some good communications to be done.

The Minister for Health and Social Services:
Yes.

The Connétable of St. Brelade:
I think clearly there seems to be a need for those …

The Minister for Health and Social Services:
I think the key to this is the general public just need to know that rehabilitation services will not disappear. But where we provide them, the same team will, hopefully, stay and be available to continue and provide that continuity of care. But we have to be realistic and we have to be able to provide services in a place that is safe and clearly for people who will be in wheelchairs and who will have abilities of different kinds, working to provide a service in a building site will not be appropriate. We have to provide an alternative, in the same way that we have done for the other services that are now at Les Quennevais.

The Connétable of St. Brelade:
Is there potential for buying in that service from other care homes around the Island?

The Minister for Health and Social Services:
Rehabilitation services, it is something that we have not considered because that focus will be around what our future commissioning strategy will be. But one of the key elements of supporting people through their recovery post-surgery or post-illness is that we do provide a good rehabilitation service so that people can then continue to be supported in the community, so there is not an acute element to the rehabilitation process that we will continue to provide.

The Connétable of St. Brelade:
Are there specialised staff that deal with that?

The Minister for Health and Social Services:

Some of those are.

Deputy S.Y. Mézec:

Can I just ask on the option with the Parish of St. Helier? Is that at a point of being agreed or is there still more of a process to go through before …

The Minister for Health and Social Services:

I think, Deputy, this is more of a process because obviously we need to look at the financing of this and the affordability. One of the things that we wanted to do was to establish whether it was feasible as a clinical space to be able to offer something like that. The feedback that I have received is that there is quite a good level of support for the fact that it could be.

Deputy S.Y. Mézec:

Okay, thank you. Anything else on these at all?

The Connétable of St. Brelade:

No.

Deputy S.Y. Mézec:

Okay. We are almost at the end. There were 2 closing questions from me, I guess just to get you on the record on these. The first of those is exactly what healthcare facilities will have been delivered by the Government by the end of this term of office, which is halfway through 2026?

The Minister for Health and Social Services:

For the record, our plan is to have our building started by 2025, 2026.

Deputy S.Y. Mézec:

Okay, so nothing completed and in operation by that point.

The Minister for Health and Social Services:

I think the timescale that the Minister for Infrastructure has laid out is what I believe will be possible.

Deputy S.Y. Mézec:

Okay. When those facilities are provided, if your plan goes accordingly, do you believe that those will be the facilities that will enable you to provide the health services that you and the people of Jersey want?

The Minister for Health and Social Services:

That is my job, is to make sure that those buildings are going to be fit for purpose and that is why, as the client, we have been really clear about what we see as our specification for those buildings. What we both know, I think, and it is only fair to say, is that with any new hospital project there will always be issues and snags as to whether or not there needs to be some adjustments. But if we can be as close to making those facilities fit for purpose, then I would be happy to support the more general approach to the way we are delivering services because I think that gives us flexibility and the agility to make those services safe and effective for patients.

Deputy S.Y. Mézec:

Okay. Does anyone else have any final ones? Is that it? Okay, in which case thank you both very much for that.

The Minister for Health and Social Services:

Thank you.

Deputy S.Y. Mézec:

I can call the hearing to a close.

[16:49]