

Hospital Policy Development Board

Review of evidence to build a new hospital on the current site

Response of the Minister for Health and Social Services

This report is addressed to the Council of Ministers and is intended to explain the reasons why I am unable to support many of the findings of the majority of members of the Future Hospital Policy Development Board (“the Board”).

Summary

There was good reason to establish the Board but there was always a risk it might generate more heat than light. Feelings often run high around healthcare, and decision-making around our future hospital has been troubled from the outset.

Inevitably, looking back over a complex process which has lasted more than six years, it has been possible to identify where some things might have been done differently and areas where process was inadequate. However the Board has not identified any compelling evidence showing that the States Assembly has made a wrong decision. No other site emerges as a clear alternative because all have downsides. Indeed all members of the Board recognise that the current site could deliver the hospital we need.

I am assured that the approved site for the hospital was properly evaluated and sufficient and accurate information was provided to ministers and States Assembly members in order to make their decisions.

I acknowledge the challenges of building adjacent to an existing hospital but all Board members came to a good understanding of the mitigation measures that will be put in place and acknowledged that any risk to patients and staff can be managed.

I am alarmed by the consequences of delaying the project if we start all over again. There are serious risks to patient safety, the affordability of the project, and managing the maintenance and funding ongoing costs of buildings which are not fit for purpose.

In terms of process, I must record certain misgivings. Our terms of reference set out the need for an evidential approach. Opinions tend to abound on such emotive and important matters. Those who shout loudest are not necessarily wrong; but the views expressed to the Board needed to be tested against the facts. Regrettably the Board did not confine itself to a disciplined framework guaranteed to achieve this.

Introduction

I was pleased to be asked by the Chief Minister to serve on the first Policy Development Board established to look at the site selection decisions surrounding the new hospital. The Chief Minister knew that I had developed some understanding of the process since October 2014 as Chairman of the Health and Social Security Scrutiny Panel and a member of the Future Hospital Review Panel. There was some uncertainty at the outset over how Policy

Development Boards were to operate but I was pleased to note that the task given to the new Board was not to examine policy but to review the evidential basis of a decision made by the previous States Assembly.

The terms of reference given to the Board were¹.

To consider the available evidence in relation to the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site, with a view to providing assurance over this decision, or raising issues of concern in relation to the evidence that led to this decision. (My emphasis)

How the Board went about its task

Regrettably the way the Board went about its task has been deeply unsatisfactory to me in the context of its terms of reference.

This report reflects my concern that the Board:

1. Has not focussed on providing *assurance* over the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site. Instead it has sought evidence, particularly from external parties, that is concerned with whether they agree with the decision or not.
2. Has not focussed on determining what might be considered *evidence* relating to the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site. Instead they have to a large extent heard 'opinions' and 'views' about the merits of the decision.
3. Has not confined its work to matters described by its terms of reference to consider the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site. Instead they have considered topics not related to this decision.

These are not matters of governance theory. They are practical issues. They underpin the credibility of government. This government is committed to transparency in decision making and wider engagement of stakeholders in the governance of our island. The building of the new hospital is the largest capital project in a generation. It concerns what many would regard as the most important building on the Island. The conclusion of the Board - that it is assured, or not, about the decision that the new hospital be located on the existing site - has to be well founded in evidence. Regrettably, I consider it is not.

Evidence is constituted by a body of facts which supports a particular proposition. Facts are not asserted. They are verifiable, auditable and assurable. That is what makes them facts. They exist independently of the person who presents them. They are open to scrutiny.

Alternative forms of information exist. These typically are asserted and their strength, as evidence, is generally associated with the prestige of the person presenting the information or the numbers of people who hold the same view. These are typically what are understood as

¹ [https://www.gov.je/SiteCollectionDocuments/Government and administration/Policy Development Board Review of the New Hospital Project Scope Board Approved 20-07-18.pdf](https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/Policy%20Development%20Board%20Review%20of%20the%20New%20Hospital%20Project%20Scope%20Board%20Approved%2020-07-18.pdf)

opinions or viewpoints or judgements formed about something, not necessarily based on fact or knowledge. They are not open to scrutiny. They can be agreed with or not agreed with. People are entitled to their opinions.

By receiving views and opinions, the Board has recognised that not all parties agree with the decision to build on the current site. However that was not the task set by the Chief Minister for the Board. The task was to seek assurance.

Assurance is an essential part of States corporate governance in which management provides accurate and current information about the efficiency and effectiveness of States policies and operations. In the context of the Board's remit, assurance about the decision of the previous States Assembly to support the proposal of the Council of Ministers that the new hospital be located on the existing site should have focussed on:

1. Whether the Council of Ministers had sufficient and accurate information about the site for the new hospital on which to conclude their proposition to the States Assembly described in P110/2016
2. Whether the States Assembly had in P110/2016 sufficient information to be able to approve the site as proposed

However it quickly became apparent to me that the strong predispositions of some Board members created an automatic distrust of any evidence which supported the decision. Instances of this are recorded in the Board minutes. For example the following exchanges took place during a meeting on 6th September 2018:²

Board member 2: *disagrees, feels they have clearly been sold to since they have joined the review board and everything has been their version of what they see.*

And later during the same meeting when the Board's officer reported on work being carried out by the Project Team:

Board members 1 and 2: *feel the figures are sensationalised.*

Board member 2: *we are being sold to.*

Being "sold" something in this context can really only mean to deliberately mislead. The Board did not take evidence from any ministers or former ministers and therefore, if the references are to officers, I consider they are an entirely unjustified criticism. I have been impressed by the commitment, dedication and professionalism displayed by the Project Team. But, for some others, perhaps the facts and figures presented by officers have been discounted because of who brought them forward, rather than being judged on their own merits.

Constructive challenge is right and helpful and I would have expected sceptical politicians to mount robust challenges. This rarely happened and often the evidence presented by the Project Team was listened to politely but with little pushback. Instead I found the proceedings of the Board were largely directed to finding reasons for not accepting evidence in support of the current site and what developed was a ready, almost unquestioning, acceptance of statements of opinion in favour of rejecting the current site.

² [https://www.gov.je/SiteCollectionDocuments/Government and administration/Hospital Review Board Workshop 4 Minutes-06-09-18.pdf](https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/Hospital%20Review%20Board%20Workshop%204%20Minutes-06-09-18.pdf)

As a Board, we operated very differently to a Scrutiny Panel. In contrast to my experience of scrutiny, I found that meetings of the Board were unstructured, there was no agreed understanding of why particular persons were asked to appear before the Board, no question plans were prepared and there was little or no discussion following the presentation of evidence. On occasions members of the Board decided to meet without an officer being present.

The Board should have considered and addressed all prior reviews of the evidential basis for selecting the current site. These included reports by:

- a. The Health and Social Services Scrutiny Panel;
- b. The Future Hospital Review Panel set up by the Scrutiny Chairmens Committee;
- c. Concerto Partners and Opus, acting as independent advisors to the relevant Scrutiny Panels;
- d. EY and Concerto Partners, commissioned by the Future Hospital Project Board to provide independent assurance.

All this information is in the public domain to encourage the widest public scrutiny possible. All the reports were available to us as a Board to enable our conclusions to be anchored in evidence. I am sure that all Board members read those reports but we did not take the time to review their findings together. If we had, we would have been forced to consider why the evidence led those panels and experts to make findings which were generally assured about the selection of the current site.

This is not a criticism of other Board members, recognising that the governance arrangements for Policy Development Boards are still 'work in progress' but I would hope that governance can soon be reviewed and refined for the benefit of future Boards.

In the rest of this report I will comment on each of the findings of the Board from which I have dissented, in the order they appear in the Board's report.

For the sake of brevity, I will not set out all the evidence that satisfied me the Assembly was correct in its decision that we can build a safe sustainable and affordable hospital on the current site. The Board had all the same evidence and had to acknowledge that:

"the current site.... could deliver an acute general hospital facility as approved by the States in P.110/2016...."³

The Future Hospital Project Board has all the available evidence easily to hand and I hope it will be given an opportunity to respond to the Board's report.

Finding 2 – Rural Sites

W.S.Atkins International Limited was engaged to undertake a site assessment in May 2012. The majority of the Board considered that the criteria used by Atkins to evaluate sites did not

³ Conclusion of the Board in Finding 8 of its report.

include sufficient consideration of clinical risks and benefits. Indeed the report goes as far as to say that the site selection process was flawed and biased towards planning risks and other land use evaluations.⁴

The site assessment criteria used by Atkins, considered all sites even-handedly on the same terms.

The Board's report does not explain how or why the criteria should have been use differently, or what expertise members of the Board could bring to that exercise. Emphasis is given to the absence of an Acute Services Strategy at that time. However work on the strategy and on the hospital site selection was being conducted in parallel in furtherance of P.82 work. What this means is that Atkins' work drew on material that was available at the time and the political decision was made on the basis of the evidence available at that time.

It seems to me that the Board's finding means that all of Atkins work should be considered flawed because of a lack of information. It is not simply that its work ruled out rural sites because if Atkins had insufficient information to rule those out, then it also had insufficient information to rule in sites. This simply demonstrates that Atkins was working with the evidence available at the time and how easy it is to criticise when one is six years further on in the process.

We then have the strange finding⁵ that there was no reconsideration of Atkins work other than the reconsideration undertaken by Gleeds Management Services Ltd – the lead adviser to the Future Hospital Feasibility Study Project. The brief for Gleeds was:

“All site options considered during the pre-feasibility spatial assessment will be re-reviewed to check that the introduction of a reduced spatial standard under the “like for like” analysis does not alter the reasoning under which these options were removed from further consideration”⁶

The fact that further work was undertaken on the evaluation of rural sites is important because Gleeds validated Atkins' work. Significantly, Gleeds carried out their work when the Acute Services Strategy was in place. The work of Gleeds was independently reviewed by EY and the Scrutiny panel advisers, Concerto Partners.

The Board did not examine the later conclusions of Gleeds which are surely just as, or even more, important that the earlier work carried out by Atkins. Instead the Board appears to dismiss the work carried out by Gleeds as “high level”⁷. Whatever “high level” means in that context, the Board has not said that Gleeds' work was flawed. I note that elsewhere in its report⁸ the Board describes Gleeds work as “rigorous”. I really do not understand why the majority of the Board has laid such great store on a preliminary early site selection process rather than concentrating on later work.

In the assessments of sites by Atkins, Warwick Farm was ranked 5th below four town sites. When the reasons given by ministers for rejecting Warwick Farm are examined, I do not find them to be illogical or unreasonable in the light of circumstances prevailing at that time. There would undoubtedly have been difficulty in securing the re-zoning of a Green Zone site when

⁴ Paragraph 4.33 of the Board's report

⁵ Paragraph 4.36 of the Board's report

⁶ [Page 5 of Appendix 1 “Brief” to the Site Options Appraisal April 2015](#)

⁷ Paragraph 4.36 of the Board's report

⁸ Paragraph 6.30 of the Board's report

other higher ranked options were available in the Built-Up Area. Ministers would rightly have been influenced by the debate on the Island Plan in the previous year when there was a strong feeling among States Members that the Green Zone should be protected at virtually any cost.

There is a sense amongst Board members that planning should be subservient to health and indeed this aspiration is recorded in bold print in the report.⁹ The fact of the matter is that planning is not subservient to health and was not in 2012. Government has to comply with the requirements of the Island Plan in just the same way as citizens. Some States members may wish to try to formulate special rules for government projects but these do not yet exist and were certainly not in place in 2012.

Board members were considering past decisions with the benefit of hindsight and needed to consider whether, in the light of the available evidence and circumstances prevailing at the time, decisions made by ministers were so perverse or unreasonable that they should now be reversed. I consider the reasons given for rejecting the Warwick Farm site to have been evidence based and reasonable in the circumstances i.e. principally the difficulty in obtaining planning permission and the considerable infrastructure and transport impacts.

Finding 4 – Preferred Site

I was pleased to join with all Board members in confirming our assurance that the site selection process undertaken by Gleeds was sound. The Board’s criticism is of the political decision that was taken to drop the Waterfront site.

In particular the Board

“had concerns that the evidence highlighting the financial risks of not pursuing the Financial Quarter on the Waterfront was not thoroughly tested and so should not have been given the weight that it received”¹⁰

So we have a situation where the only reason advanced for suggesting a decision was flawed is that, in exercising a political judgement, the Council of Ministers gave undue weight to some evidence. The argument could be taken further by saying that the States Assembly similarly got its political judgement wrong when it had the opportunity to decide to build the future hospital on the Waterfront site in debating an amendment brought by the Constable of St John.

We were tasked to review the evidence. The fact that a politician in 2018 may think he or she would have made a different political judgement than another politician two years before, is not a review of evidence. Indeed noting the Comptroller and Auditor General’s report (which criticises the lack of documentation for a decision and not the merits of the decision itself), the Board’s report contains her pertinent comment¹¹

“I recognise that decisions may be made that depart from previously agreed criteria for essentially political reasons”.

The political judgement made was not capricious or devoid of reason. I do not agree with the Board’s assessment that the Waterfront option “scored significantly better than all other

⁹ Paragraph 4.28 of the Board’s report

¹⁰ Paragraph 6.34 of the Board’s report

¹¹ Paragraph 6.32 of the Board’s report

options”¹² as its scoring was very close to the current site. Indeed they were so close that Scrutiny advisers Concerto Partners commented:

*“.... the scores for the two options are very finely balanced and no firm conclusion as to the preferred option could be derived by studying the numbers alone”.*¹³

My own recollection of my work on a scrutiny review and the 2016 States debate was that there were many reasons not to proceed with a Waterfront site. The Board only seems concerned with the evidence highlighting the financial risks of not pursuing other development options on the Waterfront. The Board does not challenge that evidence or state that it was incorrect, merely that it was “not thoroughly tested”. How far does it need testing? It was known that various parts of the Waterfront were zoned for residential use or for development as a financial quarter. Development of that nature has a potential to achieve a significant financial return for the Island. Whether or not one approves of that land use, there is no reason why it should not be a factor which is given due weight in exercising a political judgement.

Political judgements can always be criticised after the event. There will always be controversy around difficult political decisions but, once made, a decision of a democratic legislature should be respected. Governments then must commit resources to implementing such decisions and it should be only in the clearest and most exceptional circumstances that a further decision should be taken to rescind.

I strongly disagree with the Board’s comments that there appears little evidence to demonstrate that the decision (to select the preferred site) was robustly tested or measured against the original site selection criteria.¹⁴ The Board has not developed its reasoning around this important finding. The current site was thoroughly evaluated by Gleeds in 2016 and the Board received evidence of this. Gleeds assessment was reviewed by Scrutiny advisers Concerto Partners for the purposes of the site selection debate in 2016 and again prior to the outline business case debate in 2017. Concerto Partners commented that the process followed by Gleeds was *“fair and comprehensive throughout”* and indeed it seems that the Board aligns with this view by accepting that the Gleeds approach was *“rigorous”*.¹⁵

The Concerto review found that the same evaluation had been carried out for all options under consideration. Throughout the evaluation had been carried out using industry standard models and it had been run over the years by a wide selection of external advisors including KPMG, Atkins, EY and Gleeds. This process has delivered consistent results throughout.

Finding 5 – Staff Engagement

The Board heard from the Future Hospital Project Team that there had been significant engagement with staff and it seems to be accepted that the views of staff were very influential in the decisions not to progress a dual site option and to pursue Peoples Park as a preferred site. However, although I note the low response rate to the staff survey, it would seem that a

¹² Paragraph 6.8 of the Board’s report

¹³ [Paragraph 3.6 of the Concerto Report 14 November 2016](#)

¹⁴ Paragraph 6.39 of the Report and page 7 of the Report Summary

¹⁵ Paragraph 6.30 of the Report

significant proportion of staff are unhappy about the choice of the current site. To the extent that Finding 5 of the report reflects the findings of the survey, I do not disagree with it.

My difficulty with Finding 5 was the comment that went with it in paragraph 7.34 that the survey results “support the Board’s view that the decision made to select the current site was not fully evidenced”. I do not accept that is a conclusion that can be drawn from the survey. Reflecting my earlier comments, the survey results are not evidence of fact but are expressions of opinion, albeit the opinions of a respected and important group of people.

I fully accept the importance of engaging with staff and taking account of their opinions but at the end of the day that alone cannot determine the decision to be made. It is the duty of the decision makers to take all relevant factors into account and, for me, this would include assessing the impact on staff should our current hospital have to be run for another 10 years before staff could start working in a new hospital. For as long as I am Minister of Health and Social Services, I will work hard to ensure that our dedicated staff are positively engaged in the building of our future hospital.

Finding 6 – Performance of P82/2012 strategies

This Finding comes under that part of the Board’s report headed “Additional Considerations” which the Board accepts fall outside of its terms of reference.¹⁶ To conduct a fair and thorough review of all P82 strategies brought forward over the last six years is a huge piece of work more suited to a full scrutiny review than the brief consideration given by the Board. Discussion and constructive criticism is always to be welcomed but the Board’s findings on this subject must be viewed in the context of the very short timeframe available for its mini review¹⁷ and the limited evidence it obtained.

Whilst I accept some strategies within P.82 have not delivered at sufficient pace, many health and community services are being delivered in very different ways than in 2012. There is so much more that could be said about the progress of P.82 and its challenges but none of that should detract from the fact that the building of a new general hospital should be progressed urgently.

The Board’s comment that the proposed site of the hospital is not sufficient and will not be future proofed for expansion¹⁸ is contrary to the weight of the evidence presented to the Board. However it is consistent with several opinions that it received. It disregards the evidence presented to the Board by the Project Team which has been gathered over the last six years and also disregards the up to date evidence given by health professionals set out in paragraphs 8.8 to 8.15 immediately before the Board’s finding. I particularly refer to the evidence of the Group Managing Director, Rob Sainsbury and the Interim Head of Health Modernisation, John Howard set out in paragraphs 8.8 to 8.10 of the Board’s report.

¹⁶ Paragraph 8.2 of the Board’s Report

¹⁷ In Paragraph 2.2 of its Report, the Board acknowledges the significant challenge posed by the available timeframe.

¹⁸ Paragraph 8.16 of the Board’s report

The Board does not adequately explain why it did not accept the evidence of the health professionals. Their evidence about the delivery of P.82 strategies was not challenged and we did not discuss any concerns over it.

There are 78 consultants working within Health and Community Services and three of those appeared before the Board to give their views that the areas proposed for their respective departments within a new hospital were not sufficient to meet their current or future needs.¹⁹ The Board did not investigate this issue other than receiving the opinion of those three consultants and the contrary opinion of another. I consider this was an unnecessary diversion for the Board as it is not for elected politicians to determine floor areas to be occupied by each and every function within a hospital. In any event the Board notes that detailed planning is still underway and the final allocation of space has not been finalised.²⁰

The Board suggests that consideration be given to locating mental health facilities within the General Hospital. Again the issue of how we provide mental health services is deserving of a comprehensive scrutiny review and the Board only touched upon the subject in the time available to it. Whilst a general hospital needs to offer some mental health services, there is also a view that we should not medicalise those patients who may be in care for the medium or long term. Co-location of a complete mental health facility with the general hospital might run this risk. Those patients may be better treated in a quiet therapeutic place which would be their home for a period.

A fundamental difficulty with the Board's Finding 6 is that it alters the scope of the Future Hospital Project and would require a very different business case. What States members agreed in approving P.82 was the need to build a general hospital with most mental health facilities being delivered in another location. It would be possible to change the whole scope of the project but this would really take us back to square one with a requirement to assess the spatial capacity of sites once again because of the additional space requirement.

Interestingly, the Board has not said that we should consider delivering certain other services within the hospital. Palliative care is delivered in a professional way by highly trained medical staff at Jersey Hospice and thus is successfully delivered "offsite". I think most Islanders would be horrified if it was suggested that Jersey Hospice should move into the General Hospital in order that all services be integrated and co-located. This demonstrates that the picture is more nuanced than that suggested by the Board's report although undoubtedly some mental health services should be available within the hospital.

Overall, Finding 6 and the Board's comments suggest that a different, larger site is preferable. For me, that says we should plan for a failure of our P82 initiatives. Surely an astonishing strategy!

I feel I should comment on a finding that flows from a comment made by the then Treasury Minister in 2014.²¹ This was regularly mentioned by members of the Board and I believe it has been given undue prominence. Having read minutes of the Ministerial Oversight Group, The Political Oversight Group and the Council of Ministers, certain members of the Board seem to have sensed a predisposition amongst ministers towards selecting the current site. Those

¹⁹ Paragraph 8.13 of the Board's report

²⁰ Paragraph 8.19 of the Board's report

²¹ Paragraphs 8.60 – 8.62 and Annex G of the Board's report

members appear to have come to this view with only one piece of evidence in which a minister is recorded as saying:-

“...that we must be tactical and practical, and this would enable us to shut down scrutiny’s ability to criticise.”

This is a single comment by a single minister at the end of a lengthy meeting of the Ministerial Oversight Group. It is not minuted as an agreed action or decision of the meeting or of other ministers yet the Board uses it as evidence that ministers corporately had closed opinions about the current site. In my view the comment is wholly insufficient to imply ministers minds were closed to other options. Indeed it is an open secret that the last Council of Ministers were divided for quite some time over the hospital location.

Finding 7 - Noise, vibration and infection issues

I have to say that this issue has given me the most anxiety throughout my consideration of this matter. There is no doubt that there will be disturbance if we build the new hospital on the current site. The question to be asked is whether it would be so harmful that we should not proceed. Objectors talk of many years of intolerable conditions and recount their own experiences of building works. We need to take a balanced view of the evidence. We would be employing highly specialised contractors with substantial experience in completing successful hospital projects. They have given a commitment to work with hospital staff and nearby residents and explained all the mitigation measures that will be put in place. I have been heartened to learn of the procedures which place clinical considerations ahead of construction requirements.

This is not the place to detail the modern and innovative techniques now used in specialised demolition and construction works but I refer to Annex B of the Board’s report and the evidence given to the Board during Workshop 4 which is on the Hospital policy board website.²²

We must remember that many hospitals are built on or adjacent to existing sites throughout the UK. They are successfully delivered and indeed the Board saw two examples of this during a visit to Bristol. We were assured that patients’ health outcomes had not been affected by the building projects.

I am pleased that all members of the Board were able to reach the conclusion expressed in Finding 7 of the Board’s report that, having been presented with the proposed methodologies and visited other hospital construction sites, the risks to patients and staff working on the existing hospital can be mitigated to reduce and manage them.

There is one consideration which is highly significant to me but seems to receive little airtime in the constant discussion about disturbance. It is highly likely that staff, patients and nearby residents will experience noise dust and vibration even if we don’t select the current site as the site of the new hospital. If the hospital is not built on the site of the Kensington Place properties, something else will be. It is generally accepted that the two hotels which make up the bulk of the Kensington Place properties are not high quality buildings and their value lies in demolishing them and rebuilding - probably for residential use. If we are not to build on the current site then it may be 10 years before we can move into a new hospital. I believe it would

²² <https://www.gov.je/Government/PolicyDevelopmentBoards/Pages/HospitalPolicyBoard>

be unlawful to refuse planning permission for the redevelopment of those hotels on the grounds that disruption would be caused to the neighbouring hospital. The only controls the States could exercise would be the statutory conditions used in the planning and building control processes. I don't believe we could insist on the sort of additional measures that our nominated contractors have agreed to commit themselves to.

As I have said, the question of disruption has given me the greatest anxiety and my mind has churned over how I should respond to those fears. In reaching the conclusion I have, I know that I am asking staff, patients and nearby residents to tolerate uncomfortable conditions at certain stages of the building project. But I also ask them to consider the consequences of not proceeding, the delay that would ensue in finding another site, then getting all necessary permissions and States votes to proceed and the very real risks that we would run in our health service waiting for a new hospital to be ready.

We have built next to the existing hospital before. In the 1960's we constructed the boringly named "60s Block". In the 1970's we constructed the Gwyneth Huelin Wing. In the 1980's we constructed what we have unimaginatively titled the "80s Block". There seem to be no abiding folk memory of intolerable conditions which occurred during those times and I would guess that all work proceeded using standard building techniques and without the specialist knowledge and methods that now exist to mitigate disruption.

The Next Steps: Deliverables, Risks and Benefits

When it became apparent that the majority of Board members did not support proceeding on the current site, I was pleased that we could at least reach general agreement on the consequences of a delay. These are described in Part 9 and Annex H of the Board's report and I trust the Future Hospital Project Board and the Health and Community Services Management Executive will each have an opportunity to respond on this issue.

The Board accepted that it might take 10 years to 2028 to deliver a new hospital on an alternative site. Some members considered this a conservative view and thought that processes could be prioritised. I doubt that, given the difficulties over decision making we have encountered thus far.

The 10 year wait compares poorly with the delivery of new services planned in the phased development of the current site:

- a) 2021 – Westaway Court;
- b) 2022 – Phase 1A Ambulatory Care Centre including day surgery theatres. (The building alongside Kensington Place);
- c) 2025 – Phase 1B Acute Care Facility;
- d) 2027 – Phase 1C New Entrance and refurbishment of the Granite Block.

As Health and Social Services Minister, I have huge concerns about the risks we would face if we decide not to proceed with a new hospital on the current site. These principally arise because of the need to sustain current services for another 10 years in buildings which are not fit for purpose. This is not simply about the condition of buildings and the huge amounts of money that would need to be spent on maintenance but, more importantly, about the increasing risks to patient safety in terms of infection and disease control and overcrowding. Almost all areas of our current hospital fail to meet modern health standards and will not meet

the requirements of regulations made under the Regulation of Care (Jersey) Law 2014, which the Assembly has just adopted. Officers in my department have prepared detailed assessments of the risks which I hope ministers will consider carefully.

There are of course other risks and downsides unconnected with the present hospital buildings. There are financial risks – inflation and higher interest rates; the need to write off costs already incurred; loss of our approved contractor; reputational risks etc.

The majority of Board members concluded that the risks of delay are more than outweighed by the benefits that would be rewarded to the Island in choosing the right site.²³ My assessment of the evidence relating to risk means that I cannot share the unrealistic optimism of other Board members. Rather, I believe we have already chosen a site which is right and we can and should begin to deliver now.

Conclusion

The Chief Minister has promised a further States debate on the location of our new hospital. Should States members decide to reverse the decision of the previous Assembly, they are free to do so, but they should be prepared to say they are doing so for political reasons rather than on any evidential basis. They would need to be very mindful of the consequences of such a decision, particularly in the light of the serious risks to patient safety in the 10 year delay before a new hospital would be ready.

But notwithstanding the different levels of assurance among Board members, we have all agreed that the approved site could deliver a hospital which is safe, sustainable and affordable. Subject to the imminent planning decision, it is set to go and can begin to provide new healthcare facilities for Islanders as soon as 2021. Why would we not give it the green light? Jersey could soon be proud of the new hospital it has planned for many years if only we resolve to complete what we have begun.

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²³ Paragraph 9.49 of the Board's report