

OUR HOSPITAL PROGRAMME

UPDATE TO THE STATES ASSEMBLY

11 September 2019

Executive Summary

On 3 May 2019, the Chief Minister announced proposals to the States Assembly for establishing a new programme for delivering a new hospital for Jersey ([‘New Hospital Project: Next Steps’, R54](#)). He proposed a phased approach for the ‘Our Hospital’ Project, which:

- **firstly**, establishes the agreed clinical requirements of the new Hospital
- **secondly**, uses the outcome of this to scope the size and shape of a new Hospital to inform the shortlisting of potential locations
- **thirdly**, involves a thorough process of Island and stakeholder communication and engagement on those locations, alongside technical and financial assessments of deliverability, in order to identify a preferred site for the Government and States Assembly to consider and approve.

He set out the governance, project resources, initial funding requirement and an ambitious timetable which would need to be met to deliver a new hospital in broadly the same timeframe as the previous project was aiming for.

This update report sets out the progress that has been made in the Our Hospital Project over the four months since the Chief Minister’s report to the Assembly.

It shows that the project has established appropriate governance at both a political and officer level; that it has secured approval for the initial funding needed to get the project started; that the process for recruiting and procuring the team has been approved and is underway; and that the work has been carried out to develop an updated Jersey Care Model, which is due to be considered by Ministers in October, following more than 40 engagement events with clinical and health staff, the wider health community and the voluntary sector.

Governance

Mindful of criticisms by the Comptroller and Auditor General over governance and decision making in the earlier stages of the Future Hospital Project, the first weeks of the new project focused on establishing appropriate governance, and ensuring that all involved understood their accountabilities and responsibilities.

Political Oversight Group

A Political Oversight Group (POG) was formally established and met for the first time on 29 May. It comprises eight members:

- **Senator Lyndon Farnham** (Chair) – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture
- **Deputy Hugh Raymond** (Deputy Chair) – Assistant Minister for Health and Community Services
- **Senator John Le Fondré** – Chief Minister
- **Deputy Richard Renouf** – Minister for Health and Community Services
- **Deputy Kevin Lewis** – Minister for Infrastructure
- **Deputy Lindsay Ash** – Assistant Minister for Treasury and Resources
- **Deputy Rowland Huelin** – St Peter
- **Connétable Philip Le Sueur** – Trinity.

Assistant Chief Minister, **Connétable Christopher Taylor**, also attends the Political Oversight Group as a substitute for the Chief Minister.

Also attending the group by standing invitation are the following officers:

- **Charlie Parker** – Chief Executive Officer
- **Caroline Landon** – Director General for Health and Community Services
- **John Rogers** – Director General for Growth, Housing and Environment
- **Richard Bannister** – Interim Project Director
- **Andy Scate** – Group Director for Regulation
- **Stephen Hardwick** – Director of Communications
- **Mike Thomas** – Director of Risk and Audit.

Other officers attend where required.

The POG has met on four occasions to date:

- 29 May
- 21 June
- 24 July
- 28 August

In addition to considering monthly progress updates, it has also dealt with the following issues in its meetings:

- Agreed the Terms of Reference for the Political Oversight Group and for project governance, as follows:
 - Political Oversight Group provides political oversight
 - Senior Officer Steering Group directs and manages operational issues
 - Clinical Group develops the health brief
 - Delivery Group(s) focus on legal, procurement and delivery matters
 - Citizen's Panel engages stakeholders to build consensus
- Allocated the following oversight responsibilities to members of the POG
 - Senator Farnham and Deputy Raymond – communications
 - Deputy Raymond – day-to-day political coordinator and spokesperson (with support from the Chief Minister and Senator Farnham in liaising with Scrutiny and States Members)
 - Deputy Renouf and Deputy Raymond – clinical model
 - Deputy Lewis, Connétable Le Sueur and Deputy Raymond – site scoping and selection
 - Deputy Ash and Chief Minister – finance
 - Deputy Huelin – community engagement
 - Deputy Lewis, Connétable Le Sueur and Deputy Raymond – construction programme and procurement process.

- Considered the approach to key project risks, interdependencies and risk management
- Approved the approach to project funding and the formal application for the first tranche of funding to be submitted to the Treasury Minister
- Approved the approach to assembling the project team (as summarised on page 5 of the Chief Minister’s report), through a combination of secondment, recruitment and procurement arrangements
- Approved the outline approach to communications and engagement
- Approved the approach to engaging positively and proactively with Scrutiny and the States Assembly
- Approved the outline proposals for establishing and running a Citizens’ Panel
- Approved the approach to procurement matters
- Received updates on the development of the Jersey Care Model, which will provide the framework within which the new hospital will need to be designed
- Approved the project timetable, and the major ‘gates’ at which key decisions are needed to progress the programme, based on HM Treasury’s Green Book five-case model.

Oversight by Scrutiny and the States Assembly

See Engagement section on page 7.

Senior Officer Steering Group

The Senior Officer Steering Group was also established in May 2019 and meets at least monthly, two weeks prior to Political Oversight Group meetings. Membership comprises:

- **Charlie Parker** (Chair) – Chief Executive Officer
- **Caroline Landon** – Director General for Health and Community Services
- **John Rogers** – Director General for Growth, Housing and Environment
- **Richard Bell** – Treasurer
- **Andy Scate** – Group Director for Regulation
- **Stephen Hardwick** – Director of Communications
- **Mike Thomas** – Director of Risk and Audit
- **Steve Mair** – Group Director - Performance, Accounting and Reporting
- **Maria Benbow** – Commercial Director.

The Interim Project Director also attends the Senior Officer Steering Group.

The Senior Officer Steering Group reviews the project’s operational issues and discusses and approves the papers that are to be tabled for the Political Oversight Group’s consideration.

Clinical Group

The Clinical Group is responsible for developing the clinical brief, and establishing the patient needs for the new hospital. It is chaired by the Director General for Health and Community Services, meets monthly, and has a broad-based, clinically-led membership.

Delivery Group

The Delivery Group is the Project Team senior meeting, chaired by the Interim Project Director, and it meets weekly. It is responsible for the day-to-day activities of the project and for ensuring that actions are completed to timetable.

Project Team

An entirely new project team needed to be created, following the closure of the Future Hospital project and the disbanding of its team. The Chief Minister summarised the roles in his report, but the full team is set out below.

The new team will, when complete, comprise the following roles and functions:

Role/function	Update
Project Director	The role is currently filled by an interim Project Director. An executive search firm has been appointed to lead the search for potential candidates (in Jersey and overseas), and it is anticipated that the appointment to the full-time role will be made by December 2019, with a start date subject to notice period. The recruitment will be overseen by the Jersey Appointments Commission.
Project Management Office	An invitation to tender was published on 8 August with a tender response deadline of 2 September. Responses are currently being evaluated.
Delivery Partner	Market engagement with interested delivery partners is taking place in mid-September. Once the Legal Services and Project Management Office are in place, the tender process will be launched in October for selection in January 2020.
Commercial Specialist	Appointed on a 12-month secondment from the UK Cabinet Office, effective 1 July 2019.
Clinical Director	Appointed on a two-year part-time basis, effective from August 2019.
Communications and Engagement Lead	Appointed on a part-time contract for services, effective September 2019.
Project Accountant	On and off-island advertising for this role completed on 9 September with interviews taking place in the week commencing 16 September. The appointment should be made by the first week of October.
HR Officer/Specialist	This role is currently being covered temporarily by the Head of Resourcing during the initial recruitment of the Project Team.

Governance Support Officer	This is currently being covered on a part-time basis by internal resources. The role is being advertised internally as a secondment opportunity.
Project Administrative Support	This is currently being covered on a part-time basis by internal resources. An internal secondment from Health and Community Services has been agreed.
Scrutiny and Audit Lead	This role is due to be advertised internally as a secondment opportunity. If it remains unfilled, it will be advertised externally.
Data Manager Client Project Manager	This role is due to be advertised internally as a secondment opportunity. If it remains unfilled, it will be advertised externally.
Project Support Accountant	This role is due to be advertised internally as a secondment opportunity. If it remains unfilled, it will be advertised externally.
Health Model Analyst	A proposed procurement has been cancelled, as the work is now being done internally within Health and Community Services.
Legal Services	The project has engaged with the Law Officers' Department and is exploring the potential to use previous legal specification and documentation and to follow the same route to market to secure external legal support. Tender documents were issued in August for appointment in September 2019.
Health Planner	The scope of service has been drafted, ready for inclusion in the tender pack. Market testing has identified at least three companies which wish to bid. The tender documents will be issued in September and appointment made in November 2019.
Economist	Drafting of the scope of service and procurement is yet to commence. The appointment is required by October 2019.

Funding

The full project cost, up to the point at which an outline business case and outline planning application are submitted, is expected to be £7.4 million. The project is seeking to limit costs by reusing as much relevant technical work as possible from the Future Hospital Project.

A formal application for funding for the first phase of the Our Hospital project was developed over June and July 2019, and was approved in a Ministerial Decision on 22 July 2019. This allocated £845,000 to Health and Community Services to fund the project until the end of the year, enabling the initial recruitment and procurement to take place. These funds will be released in tranches.

The project will request further funding to be made available in 2020, following approval of the Political Oversight Group.

Process

The Political Oversight Group has agreed the following project timetable and ‘gates’ when significant decisions need to be made and new activities started:

Timeline	Decision/activity
May to August 2019	<p>Establish governance, initiate the process for secondment, recruitment and procurement of the Project Team and secure the initial tranche of project funding.</p>
September to December 2019	<p>Develop the project brief, based on the Jersey Care Model being developed by Health and Community Services, including:</p> <ul style="list-style-type: none"> • establishing project objectives and measures of success • drawing up a shortlist of sites for detailed evaluation, based on Planning Guidance that has been requested from the Environment Minister • develop a strategic outline case for the new hospital. <p>Following the publication of the Jersey Care Model, establish the Citizens’ Panel to seek Islander views about what they regard as important and step up community engagement and communications about how the new hospital will fit within the new model.</p>
January 2020	<p>Appoint a delivery partner for preparing the design and build phases of the hospital, agree the Strategic Outline Case and apply for the next tranche of funding.</p>
March to August 2020	<p>Carry out the detailed assessment of potential sites, based on the Planning Guidance as requested from the Environment Minister. This is expected to include evaluation of whether the potential sites:</p> <ul style="list-style-type: none"> • meet a number of practical pre-qualification thresholds, such as size of sites and access to them • meet patient needs • are deliverable and avoid the consequences of delay • have been assessed for their socio-economic impacts • are sustainable • have been assessed for their local community impacts • have been assessed for their design, historic environment, townscape, landscape and visual impacts • balance benefits and harm. <p>It will also take into account the level of community involvement, including taking the views of the Citizens’ Panel into account. Alongside this, the sites will be subject to a financial and economic appraisal, and whether a public interest test threshold has been met.</p> <p>Begin work on the funding plan for how the hospital will be paid for, including facilities management and the operational model.</p>
September 2020	<p>Announce the preferred site.</p>

<p>October 2020 to March 2021</p>	<p>Complete the funding plan, the outline business case and outline planning application.</p> <p>Lodge a Proposition in the States Assembly for approval of the funding plan.</p>
<p>March 2021</p>	<p>Submit the planning application to the Environment Minister.</p> <p>Secure States Assembly approval for the funding plan.</p>

As the Chief Minister said in his earlier report, the timetable for these activities is very ambitious and there is no room for delays, if the new hospital is to be approved, built and opened broadly to the same timetable as the Future Hospital plan.

Engagement

Scrutiny and the States Assembly

The Political Oversight Group wishes to avoid the problems of mistrust that beset the previous project, and intends to work proactively with Scrutiny and States Members throughout the process, to ensure that Members remain informed, engaged and involved, well ahead of any Proposition that will be brought forward for appropriate formal approval.

This is especially important, because delays in the process will not only lead to delays in when construction of the new hospital will begin and end, but the project estimates that each week's delay during these preparatory stages will cost £100,000 in additional project costs.

The chair of the Political Oversight Group, Senator Farnham, wrote to the chair of Scrutiny, Senator Moore, early in August to seek an informal meeting, at which members of the POG and members of Scrutiny could engage on the project and agree how to work collaboratively, to ensure that Scrutiny receives timely information and that delays are avoided. In addition, officers have offered to brief Scrutiny on progress and process.

The Political Oversight Group hopes that as much scrutiny as possible can be carried out in parallel with the project, rather than in sequence. This will provide Scrutiny with the opportunity to give views that the project can take on board as it develops.

Jersey Care Model

Since July, Health and Community Services (HCS) has been engaging with the Island's health community in developing the Jersey Care Model. The last review of Jersey's primary, secondary and tertiary care was completed in 2012, to inform the P.82 proposals. HCS has examined what has changed in the intervening years, and has updated the model to take account of developments in clinical and healthcare practice and technology, tailored to our Island context.

While this is not specifically part of the Our Hospital project, the development of the Jersey Care Model is a critical precondition, because it will determine the patient needs for a new hospital, and therefore the size and shape of the hospital to be developed.

During July, August and September, the department's officials and clinical leads have held more than 40 engagement sessions with the following audiences, setting out the components of the Jersey Care Model, explaining what is different from the current model, and seeking their views and support. Sessions have been held with the following groups:

Health and Community Services

- Associate Medical Directors
- Consultants
- Registered Managers
- Senior Sisters
- Soft facilities staff
- All HCS staff (six open sessions)

Voluntary sector

- Jersey Hospice Care
- Family Nursing and Home Care
- Silkworth Trust
- Cheshire Homes
- Diabetes Jersey
- Call and Check
- Jersey Alzheimer's Association
- Mind
- Jersey Hospice Care
- Good Companions
- Communicare
- Refuge
- Age Concern
- Coop

Primary care

- GPs (nine sessions targeted at each large GP surgery)
- GP Surgeries
- Community Pharmacists
- Dentists
- Optometrists

- Citizens Advice Bureau
- Shelter
- Mental Health Cluster
- Jersey Sport
- Independent Advocacy Service
- LV Homecare
- Les Amis
- Tutela
- Autism Jersey
- CAG
- Gentle care
- Headway
- Care Federation
- Mencap

Health and Community Services intend to publish the proposed plans for the Jersey Care Model in October, once it has secured Ministerial approval. It will be discussed by the Our Hospital Political Oversight Group on 3 October, prior to presentation to the Council of Ministers.

Citizens' Panel

The Political Oversight Group has approved the outline process for establishing and running a Citizens' Panel, and is seeking a specialist independent facilitator to support the detailed design of the process and to facilitate the sessions.

In summary, the Citizens' Panel will comprise between 12 and 24 Islanders, from a representative cross-section of society. The project will put out an open invitation to Islanders to apply to become panel members. A precondition of membership is that they have no preconceived bias about the hospital, in order to avoid the panel simply becoming a forum for campaigners to press their views.

The panel will be asked for views as Islanders, local community members and users of Jersey's healthcare system, not as experts. They will not be asked to give views about issues such as medical technology, clinical adjacencies, civil engineering, or funding structures. They will also not be asked for a view on any specific location, but instead will be invited to give a view on the range of factors that should be taken into account when considering potential locations. These factors will include:

- **the need for a new hospital** – based on the evidence of the limitations and deterioration of the current hospital and the anticipated increases in healthcare demand. Given the scale of evidence, the Project Team will need to agree how much evidence to provide and in what way, to avoid the panel being swamped by paperwork.

- **factors affecting users of healthcare** – such as where certain types of care should be based – in a hospital or in the community (GP services, social care, mental health, routine out-patient care, elderly care, end-of-life care)
- **factors affecting physical access to healthcare** – such as accessibility by walking, cycling, bus and car
- **factors affecting island amenity** – such as visual impact, urban spread, and loss of amenity
- **factors affecting the local community and environment** – such as changes to roads, traffic congestion, purchase of land and property, and loss of housing
- **how competing factors should be balanced** – such as ease of access, cost, impact on the local community, and impact on island identity.

The Citizens' Panel will not be formed until after work on the Jersey Care Model has been finalised and publicised in October, in order to ensure that panel members are able to access the most up-to-date information from Health and Community Services about patient needs.

It will meet several times over two months, and will receive and consider evidence from a range of sources, before seeking to reach a consensus view on the issues. Its report will be considered by the project team, Political Oversight Group and Senior Officers Steering Group, as part of its assessment of potential sites in selecting a preferred location for the new hospital.

Conclusion

While the Our Hospital project has had little on which it has been able to communicate externally during its first weeks, as it focused on establishing appropriate internal governance, securing financial approval for the initial phase and establishing the process for the recruitment and procurement of the project team, it has nonetheless made important progress in all of these areas.

During the autumn, as the timetable on pages 6 and 7 outlines, the project will begin to step up its work, following the approval and publication of the Jersey Care Model, which is a fundamental building block on which the clinical design of the new hospital depends.

In addition to engaging proactively with Scrutiny, and publicising its activities and processes, in order to keep islanders informed and reassured, the Our Hospital Project will provide further briefings and updates to the States Assembly as the project progresses.