

## Jersey Future Hospital Project

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### Outline Business Case

### Appendix 7 – Project Board constraints paper and minutes

**Document Control**

<b>Version</b>	<b>Date Issued</b>	<b>Summary of Changes</b>	<b>Author</b>
V1	27.9.17	Document compilation	N Aubrey
V2	24.10.2017	Template renamed	T Nicholls

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## Document History

### **1b** Final Record of Last Meeting – 23/05/2016

#### 1.1 Document Location

The source of the document will be found at this location:

[\\ois.gov.soj\sojdata\HSS\\_FutureHospital\Future Hospital - Delivery Team\Hospital Feasibility Study Project\1.0 Governance\1.4 Project Board\2016\16-06-13](\\ois.gov.soj\sojdata\HSS_FutureHospital\Future Hospital - Delivery Team\Hospital Feasibility Study Project\1.0 Governance\1.4 Project Board\2016\16-06-13)



#### 1.0 Revision History

Revision date	Previous revision date	Summary of Changes	Changes marked
13/06/2016	-	Project Board Draft	No
20/06/2016	13/06/2016	Final Record	No

#### 1.3 Approvals

This document requires the following approvals:

Signed approval forms will be filed appropriately in the project filing system.

Name	Signature	Title	Date of Issue	Version
W. Gardiner		Project Director – Delivery	10/06/2016	1.0
B. Place		Project Director – Health Brief	10/06/2016	1.0

#### 1.4 Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
J. Richardson	Chief Executive Officer	10/06/2016	1.0
<b>Project Board</b>			
J. Rogers	Senior Responsible Owner (Delivery/Project Sponsor)	10/06/2016	1.0
R. Bell	Senior Responsible Owner (Funding)	10/06/2016	1.0
J. Garbutt	Senior Responsible Owner (Brief)	10/06/2016	1.0
R. Foster	Senior Supplier	10/06/2016	1.0
H. O'Shea	Senior User	10/06/2016	1.0
<b>Assurance to the Board</b>			
J. Turner	Value for Money (Brief)	10/06/2016	1.0
R. Williams	Commissioning	10/06/2016	1.0
A. Rogers	Value for Money (Funding)	10/06/2016	1.0
<b>Project Team</b>			
B. Place	Project Director (Health Brief)	10/06/2016	1.0
W. Gardiner	Project Director (Delivery)	10/06/2016	1.0
T. Langdon	Lead Partner - Lead Advisor (GMS)	10/06/2016	1.0
N. Aubrey	Director CR004 – Lead Advisor (GMS)	10/06/2016	1.0
S. Howard	HSSD Finance Lead	10/06/2016	1.0
G. Le Sueur	Client Lead – Engineering Services	10/06/2016	1.0
G. Underwood	Design Champion - Independent	10/06/2016	1.0

## 1b Final Record of Last Meeting – 23/05/2016

FINAL  
Future Hospital Feasibility Project Board (Quorate)  
Record of meeting held on 23<sup>rd</sup> May 2016

Present:	<p><b>Project Board:</b> John Rogers (JNR) (Chair) Ray Foster (RF) Helen O'Shea (HOS) Rachel Williams (RW) Alison Rogers (AR) Grahame Underwood (GU)</p> <p><b>Project Team:</b> Will Gardiner (WG) Bernard Place (BP) Keith Norman (KN) Terry Langdon (TL)</p>	<p><b>Apologies:</b> Julie Garbutt (JG) Richard Bell (RB) Jason Turner (JT) John Richardson (JDR)</p>	Action
<p><b>1b) Draft record of meeting – 13/04/2016 (quorate)</b></p>	<p>The 'Draft Record of Meeting 13/04/2016' paper was tabled.</p> <p>There were no comments raised.</p>		-
<p><b>1c) Schedule of Outstanding Actions</b></p>	<p>The 'Schedule of Outstanding Actions' paper was tabled.</p> <p>There were no comments raised.</p>		-
<p><b>1d) Capital Monitoring Update – April 2016</b></p>	<p>The 'Capital Monitoring Update – April 2016' paper was tabled.</p> <p>AR stated that she had received the indicative cash flows and MTFP submission from the Project Team and consideration of the funding for the Future Hospital was at an advanced stage, however it may require an amendment to the Finance Law to be in place in order to do something out of the ordinary. AR stated that there were some concerns over the timing of some payments and she and RB would be discussing further with the Treasurer. JNR added that as in previous significant capital projects Treasury could hold onto contingencies, and are happy with 'blends' i.e. amending the contingency as the risk level decreases.</p> <p>JNR queried as to the estimate total figure for the hospital. It was confirmed at being approximately £460 million plus £10 million (Granite Block).</p> <p>AR stated that the title of the Capital Monitoring Report needs amending to 'Department for Infrastructure'.</p>		<p><b>AR</b></p> <p><b>WG / KN</b></p>
<p><b>1e) Risk Register – April 2016</b></p>	<p>The 'Risk Register – April 2016' paper was tabled. WG proposed that the risk table would be recalibrated, as there may have been incremental creep in the scores. After submission to POG, the Minister's top risks would then be presented to the chair of the audit committee who had requested a briefing, and suggested AR should be included on the invitation.</p> <p>HO'S stated that there had been a sewage breach each week for the last five weeks, which is a risk. JNR queried whether DfI Drainage had been asked to support the hospital. WG confirmed that Nick Cunningham (Director of Facilities Management) would be notified of this potential support.</p>		<p><b>WG / KN</b></p> <p><b>WG</b></p>

<p><b>2a) States Members Site Selection Workshop</b></p>	<p>WG gave an update on the Site selection workshop planned for States Members. The next workshop would be taking place on 26<sup>th</sup> May, 12pm – 2pm at Societe Jeriaise, with a follow up for those that are unable to attend in early June. David Ogilvie would be attending once again as workshop facilitator. The key message that had resulted from the previous round of workshops, was that a new hospital is a ‘special place, special case’.</p> <p>BP stated that this would be building on the good will of the last workshop. WG stated that there needs to be political alignment between COM and States Members, to avoid expensive feasibility work that could go in the wrong direction. WG stated that the rough sketches could be brought along to the workshops if Board wanted this.</p> <p>BP stated that the Client Project Team would aim to meet and brief any Ministers that still needed to be brought up to date.</p> <p>WG stated that the ‘Ministerial Reflection’ presentation would be circulated once ready.</p> <p>RF stated that it would be important to invite the Planning Minister, though there is uncertainty if this is appropriate.</p> <p>RF stated that NA would not need to be present for the workshop, as that level of detail is not expected to be discussed. JNR stated that there would be early sketches and an early position.</p> <p>The Board suggested questions that may be asked could include: why was this not thought of before? Why not Waterfront/Warwick Farm? Cost and how being funded?</p> <p>WG stated that the presentation for this workshop was being worked on with feedback from David Ogilvie.</p> <p>RF stated that building height was the main feature that States Members had agreed was able to be pushed, within reason. HO’S queried whether a block diagram could be shown. WG stated that something could be produced, and the journey shown, however care would be required to not overcomplicate or risk confuse the workshop attendees. WG confirmed that conclusions of the journey would be presented.</p> <p>WG stated that a question about whether the restaurants on Kensington Place are actually needed, is likely to be asked. BP stated that the answer to this is that a new hospital needs to be run safely, and the engineering block is required to be retained in order to provide energy/water etc. during works.</p> <p>JNR stated that it is crucial that the Health Minister keeps States Members focussed on the plans being discussed, and not keep challenging on alternative sites. WG stated that the workshops will hopefully indicate enough political alignment in order to move forwards.</p> <p>HO’S stated that Clinical Directors had asked again about the possibility of building a new hospital at Warwick Farm but that she had reassured them of the way forwards.</p> <p>WG stated that he would ensure Future Hospital is on the next COM agenda to discuss the site selection workshop outcomes.</p>	<p><b>BP / WG</b></p> <p><b>WG / BP</b></p> <p><b>BP / WG</b></p> <p>-</p> <p>-</p> <p><b>WG</b></p> <p><b>WG</b></p> <p><b>WG</b></p>
<p><b>3a) Lead Advisor’s Project Board Report – April 2016</b></p>	<p>The ‘Lead Advisor’s Project Board Report – April 2016’ item was tabled.</p> <p>TL stated that approval was being sought to take forwards outline work to prove the concept (CR25) and putting into a standardised report consistent with previous appraisals. JNR stated that this should not be commenced until a positive outcome of the workshop on Thursday was apparent. The scheme could take 7 – 8 years, being ‘on site’ starting main construction in early 2019. Design teams would be needed by the end of 2016/early 2017, with feasibility studies/site surveys etc. to take place. There would also be some design work needed on relocation works.</p>	

	<p>WG stated that there will therefore be a substantial amount of costs expected this year. AR confirmed that there is money available, but it is not currently allocated for this purpose.</p> <p>TL stated that a schedule/programme for future work in 2016 would be brought to the next Board meeting.</p> <p>WG stated that some of the work is transitional. AR stated that once there is a better idea of the schedule, the funds needed can be looked into. AR pointed out that any time after 24<sup>th</sup> June 2016 is good for a bond, once the EU referendum is over. WG queried if it would be possible to get £3 million this year. AR stated that this would not be easy. RF stated that the existing MTFP wording does not have enough flexibility. It was agreed that RF, AR, RB And WG would meet to address this matter.</p>	<p><b>TL / WG</b></p> <p><b>AR / WG</b></p>
<b>3b) CR025 – Proof of Concept</b>	<p>The ‘CR025 – Proof of Concept – Option C Variant’ paper was tabled and approved subject to States Member workshop being positive.</p> <p>RW asked that the line on 7cii, Page 7 is removed.</p> <p>TL stated that a paper would be brought to the next Board meeting</p>	<p><b>WG / TL</b></p> <p><b>TL / WG</b></p>
<b>3c) CE021 Addendum EY Assurance Review</b>	<p>The ‘CR021 –Addendum EY Assurance Review’ paper was tabled.</p> <p>WG stated that this paper was about the assurance on Option E. RF confirmed that in summary the paper suggested that the presentation of costs, bar a few minor corrections was robust and consistent with good practice, but that costs of demolition and enabling works for the Option E compensatory parks, which were correctly presented to Ministers, should have been stated within CAPEX totals presented to stakeholders rather than being included in capex within the NPV. This had been corrected in the final version of the report.</p>	-
<b>3d) William Knott and Poplars Pre Tender Estimate</b>	<p>The ‘William Knott and Poplars Pre Tender Estimate’ paper was tabled.</p> <p>WG stated that RB had previously requested the Board review the estimate prior to tendering to confirm I’s continuing priority. The funds had been approved at November 2015 Board. The estimate was £3.6 million. JNR stated that while this will not directly benefit the new scheme, it is the right thing to do given the failed buildings and the blighting of the site caused by the political change in direction and gained confirmation there are funds available and a States approval for it. RW stated that the Health Minister had also recently mentioned the William Knott/Poplars project at a Scrutiny meeting, and it was a ‘good news story’.</p> <p>RF stated that back when this was agreed, Overdale site was still an option for the new hospital. Also, the other options are not yet formally off the table in any case. AR suggested a chronological audit trail is prepared, showing why the Board believes it must be included as a priority compared to other schemes.</p>	<b>WG</b>
<b>3e) CR022 EY Extension of Modelling</b>	<p>The ‘CR022 EY Extension of Modelling’ paper was tabled and approved.</p> <p>JT highlighted that this approval was to benchmark against fellow Islands not on the HJSCIC UK NHS data group. WG stated that the approval would be needed to demonstrate how the correct size for a new hospital was determined.</p>	<b>WG / BP</b>
<b>4b) CR022 Update</b>	<p>The ‘CR022 Update’ paper was tabled.</p> <p>BP gave an update, stating that good benchmark data was being provided by EY from HSCIC and initial engagement with Clinicians was proposed because the data needs to be trusted. RW stated that it needs to be looked at how other professionals are played in.</p>	<b>BP / RW</b>

	TL stated that the design benchmark were soon due in from Gleeds.	<b>TL / WG</b>
<b>AOB</b>	None	-
<b>Next Board meeting</b>	Wednesday 13 <sup>th</sup> July 2016.	-

STATES OF JERSEY

FUTURE HOSPITAL PROJECT

PROJECT CONTROLS

# Jersey Future Hospital Project

## Redevelopment of Jersey General Hospital

### Proof of Concept exercise

**Project reference:** TBC  
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**Author:** Nigel Aubrey  
**Client:** States of Jersey  
**Client SRO:** John Rogers  
**Client Project Director Delivery:** Will Gardiner  
**Document number:** To be confirmed



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## Document Control

### Document location

The electronic base document is located in the GA Space

### Revision history

Revision No	Previous revision no	Revision date	Summary of changes	Produced by
N Aubrey	1	17 <sup>th</sup> May 2016	Base document	N Aubrey
N Aubrey	2	19 <sup>th</sup> May 2016	Team review comments	N Aubrey
N Aubrey	3	19 <sup>th</sup> May 2016	Formal draft for QA	N Aubrey

### Approvals

This document requires the approvals indicated.

Name	Signature	Title / Role	Date Issued	Version Approved
Terry Langdon		Director	19 <sup>th</sup> May 2016	3
Terry Langdon		Director	20 <sup>th</sup> May 2016	4

### Distribution

On approval this document will be distributed to:

Name	Title / Role	Date issued	Version	Status
Lead Advisor team	Internal members only			
Will Gardiner	Project Director - Delivery	19 <sup>th</sup> May16	3	Draft
Will Gardiner	Project Director - Delivery	20 <sup>th</sup> May16	4	Proposal

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FUTURE HOSPITAL PROJECT

## Context and purpose of this Document

Following the removal of People's Park from the shortlist of site options, Ministers paused to reflect both on the projects objectives and on how best to secure collective agreement to a preferred site for the new hospital.

During this period, the Project Board sought to look more closely at the possibility of redeveloping the existing site and specifically, at the extent to which project conditions / constraints would need to be modified to support such an approach.

Initial activity has already commenced with costs being met through the prolongation allowance. This proposal therefore sets out our approach to completing a 'proof of concept' exercise to examine the viability of an alternative redevelopment at the existing hospital.

Given that cost and programme are key project constraints, the proposal also outlines further work that would need to be completed between July and December 2016 to maintain project momentum and to work within the overall project timescale constraint of 8 years.

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## ‘Proof of Concept’ Brief and deliverables

1. To undertake a ‘proof of concept’ exercise to establish the viability of constructing an appropriately sized and functionally effective new hospital alongside the existing hospital at the Jersey General hospital site;
2. To identify how the required site area could be made available and how the affected existing hospital activities could be safely displaced / rearranged to release this;
3. To establish the neighbouring properties required to support the concept and to reflect how these would be incorporated within the proposed solution;
4. To examine how some services / functions could be delivered at alternative locations and to develop layout arrangements that indicate how this could be achieved. A fuller test at 1:200 level will be completed during later design should the option proceed;
5. To assess the high level transport implications and to provide an impact opinion of the relative effect of the proposed uses over and above each locations current use. A full transport and access appraisal will be completed during later design should the option proceed;
6. To test the concept against the following project parameters previously accepted by the Project Board:

i.	That the safe operation of hospital will be maintained throughout;
ii.	That the hospital will be located on the Jersey General Hospital site;
iii.	That additional properties on Kensington Place will be acquired;
iv.	That the hospital will be operational within 7-8 years;
v.	That the hospital will be delivered at a comparable cost to new build site options;
vi.	That some flexibility in Planning Policy will be tested;
vii.	Some operational compromise will be accepted to support the spatial constraints;
viii.	A high quality new build hospital will be delivered;
ix.	That there will be support for the release of adequate on site area;
x.	That the hospital will be delivered in one main construction phase;

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7. To work with stakeholders to agree the services composition and sizing of each relocation element and, to track the effect of this on the current project Functional Area Estimate FAE.
8. To identify the Acute Services Strategy and Operational Policy changes required as a result of revised working arrangements and relocation proposals;
9. To prepare a programme and cost plan illustrating how the proposed concept could be delivered.
10. To engage with States of Jersey Planning and Highways Officers to test the acceptability of proposals and any mitigating design that can be implemented within the above constraints;
11. To propose an outline work programme that would need to be implemented should the viability of the concept be adequately demonstrated;
12. To complete a benefits and risks appraisal of the emerging concept;
13. To submit a 'site appraisal' report in July 2016 comparable to previous site appraisals setting out the findings from the above work;
14. To support the Project Director and Project Board as needed in sharing progress and in wider discussion over the nature of the concept;

## Schedule of Activity from July to Year end

Subject to the acceptance / approval of 'proof of concept' findings in July 2016 the following activity will be required between July and December 2016 to meet the anticipated programme:

1. Confirmation of the buildings / functions forming part of the new hospital project and those that fall outside the project to be delivered by others or the States of Jersey directly;
2. Identify the detailed site surveys required to supplement currently available information at the existing site and for proposed acquisitions;
3. Support for the States in progressing the accepted concept through the various approval stages required to secure its formal approval by the States Ministers;
4. Development of functional stacking within the proposed new hospital to agree optimal departmental relationships and spatial planning;

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5. Maintaining a watching brief on the emerging findings of the 'CR22 Interventions Benefits modelling' so that its conclusions can be tested and incorporated in design briefing;
6. Development of an engineering and service strategy that minimises spatial needs within acceptable resilience tolerances;
7. Development of an acceptable procurement approach for those elements of the enabling works which, subject to the States Approval of the project in Q4 2016, must be commenced in 2017 to meet the overall project programme. These are yet to be agreed but are anticipated to include:
  - a. Site appraisal of the properties to be acquired so that a meaningful demolition & services isolation strategy can be confirmed.
  - b. Acquisition / rental of a light industrial unit and its fit out as a cook/freeze facility to be available for operational use in Q2 2017;
  - c. Design team input to progress the eventually agreed relocation work streams which currently are understood to include:
    - i. Rayner to maternity;
    - ii. Pre-assessment services to Primary care;
    - iii. Provision of alternative hydrotherapy services
    - iv. Transfer of medical records to Overdale storage and planning for EPR;
8. Development of an overarching procurement strategy that supports both the States of Jersey procurement approvals process and the expectations of the overall programme;
9. Updating of the Project Risk Register to reflect the nature of the proposals such that it can reliably inform Optimism Bias management;
10. Preparation of the project Brief (Deliverable 3) and client team approval in Q4 2016;
11. Preparation of a detailed programme and Project Execution Plan for the delivery of the project from Q1 2017;
12. Full Design team mobilisation and completion of the planning work required to support rapid execution in Q1 2017 should the project secure the States approval in Q4 2016