Our Hospital Project Clinical and Operational Client Group

Date: 19 August 2020	Time: 16:00-17:00	Venue: Halliwell Lecture Theatre, Peter Crill House and via Teams

Present:		
Robert Sainsbury	Group Managing Director (Chair)	RS
Richard Bannister	Our Hospital Project Development Director	RB
Ashok Handa	Our Hospital Project Clinical Director	AH
Paul McCabe	Chief Pharmacist	PMc
[redacted]	[redacted]	[redacted]
Hilary Lucas	Interim Director of Health Modernisation	HL
[redacted]	[redacted]	[redacted]
Miguel Garcia-Alcaraz	Head of Mental Health & Associate Medical Director	MGA
Michelle West	Associate Managing Director, Care Groups	MW
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	

In Attendance:		
[redacted]	[redacted]	[redacted]
David Ng	Consultant Gastroenterologist	DN
Simon Chapman	Associate Medical Director	SC
Effie Liakopoulou	Consultant Haematologist	EL
[redacted]	[redacted]	[redacted]

1.	Welcome / Apologies	Action
Apologies were received from: - Caroline Landon, Patrick Armstrong, Rose Naylor, Maria Benbow, [redacted]		

1.2	Minutes	Action
The Minutes of the meeting held on 13 July 2020 were approved. The Minutes of the meeting held on 03 June 2020 will be reviewed at the meeting to be held on 9 September 2020.		

2.	Visioning Workshop	Action
This workshop was deferred to the next meeting. AH noted that the visioning workshop would be a 1-hour session led by ROK FCC to develop an understanding of the clinical requirements for both the interior and exterior aesthetics of the new hospital.		

3.	Health Panel	Action
	AH noted that as well as the Clinical User Groups and much like the Citizens' Panel, it would be beneficial to the project to also have a Health Panel. It was advised that the panel would be a forum for accelerated input from and communication with all hospital employee groups including non-clinical roles such as porters, administrators and cleaning staff. The panel would provide feedback for the project team to inform the project's development and would receive regular updates on the progress of the project. Members of COCG discussed how the panel might be determined. AH noted that the Terms of Reference would be provided to COCG for discussion. AH suggested that this functional group may consist of approx. 24 members drawn from across the wider health staff, who could be nominated or volunteer. AH advised that he would work with Communication and Engagement Leads for HCS and the OH project to draw up a proposal to be provided to COCG at the next meeting. COCG gave their full support for a Health Panel.	

4.	Feedback from Clinical and Site Briefings	Action
	AH noted that there had been a delay to the scheduling of the clinical engagement meetings due to the requirements for additional due diligence being undertaken on both Design and Delivery Partner bidders due to the outbreak of COVID-19. This had delayed ROK FCC's appointment and therefore they had been unable to provide timely notice for the initial sessions. AH thanked attendees for their time on behalf of the project team, the ROK FCC Clinical Director and himself. Two sets of meetings had been scheduled: clinical and site briefings, which were an opportunity for HCS colleagues to have input regarding hospital services. 50-60 colleagues across HCS attended the first sessions and much useful, additional information had been provided, specifically about what had been learnt through COVID-19 and the clinical adjacencies. The information gathered would be collated and provided ahead of the second clinical and site briefing sessions, taking place at the end of August.	AH
	AH noted that there had been excellent engagement from all and reiterated that information from the future hospital project had been used where appropriate, together with new input to assist [redacted] in continuing to develop the functional brief. RS thanked AH for his work in the clinical engagement sessions and advised he had received much positive feedback from HCS staff, demonstrating that progress had been made. A discussion took place regarding the potential implications and implementation of the JCM specifically in terms of the third sector and primary care. AH confirmed that there needed to be more granular detail around each of the clinical services including but not limited to operational policies, workforce plans, staffing numbers, as these could inform the detailed design of the new hospital. AH noted that the full JCM did not need to be implemented by 2022 and noted that the new hospital would not be operational until 2026, allowing more time for implementation or other services changes, in line with best in class health care models from around the world. AH also noted that the modelling used to establish how big the hospital should be, had been based on projected needs in 2036 but suggested that parts of the JCM or other transformation should be	

well underway by 2026 and ideally fully working by 2030. HL confirmed that a phased approach to implementation of the JCM or other service transformation would be adopted, which would begin with a service improvement plan. It was noted that it is important to continue detailed planning i.e. build up the island wide workforce plan, work with partners and involve the public before the implementation stages. HL felt that it was important to recognise how COVID-19 had impacted staff and confirmed that an update regarding the progress of the JCM and next steps would be provided in the next few weeks.	

5.	**Interim Site Evaluation Report**	**Action**
RB noted that further analysis of the five shortlisted sites was ongoing and this analysis was not only technical but also included ecological considerations, highways requirements, social and economic impact and site acquisition considerations. It was anticipated that the site shortlist could potentially be reduced depending on the interim results of the site evaluations.		

6.	**Any Other Business**	**Action**
RB thanked COCG for reviewing the draft functional brief and advised that it provided a foundation for the forthcoming design work. It was noted that between now and November the functional brief would be converted into a detailed Employer's Requirements. RB noted the digitisation envisaged under the JCM, including transfer from paper to electronic records and suggested that COCG should make updates on this workstream going forward. **COCG agreed** that there should be a standing item on the agenda regarding the digital strategy, to be provided by AM. RB noted that consideration was being given to how facilities management, both hard and soft, would be delivered for the new hospital. This would be discussed at the next SOSG meeting and progressed. It was noted that [redacted] will be invited to future COCG meetings.		AM/SA

7.	**Date & time of next meeting**
The date of the next meeting 9 September 2020 (Time: 15:30-17:00), Venue: TBC and via Microsoft Teams.	

Our Hospital Project - Clinical and Operational Client Group

Date: 9 September 2020	Time: 15:30-17:00	Venue: 3rd Floor, Peter Crill House, West Wing Meeting rm and via Teams

Present:		
Caroline Landon	Director General (Chair)	CL
Richard Bannister	Our Hospital Project Director	RB
Ashok Handa	Our Hospital Project Clinical Director	AH
Patrick Armstrong	Group Medical Director	PA
Andrew Mitchell	Chief Clinical Information Officer	AM
Miguel Garcia-Alcaraz	Head of Mental Health & Associate Medical Director	MGA
Michelle West	Associate Managing Director	MW
[redacted]	[redacted]	[redacted]

In Attendance:		
[redacted]	[redacted]	[redacted]
Paul Hughes	Associate Medical Director	AM
Simon Chapman	Associate Medical Director	SC
Effie Liakopoulou	Consultant Haematologist	EL
[redacted]	[redacted]	[redacted]

1.	Welcome / Apologies	Action
Apologies were received from: - Rob Sainsbury, [redacted], [redacted], Paul McCabe, Rose Naylor, Hilary Lucas, Maria Benbow		

2.	Minutes	Action
The Minutes of the meeting held on 19 August 2020 will be reviewed at the meeting to be held on 7 October 2020.		

3.	Strategic Clinical User-groups	Action
AH noted that the Strategic Clinical user-groups would consist of nominated members working on cost cutting themes and proposals, which would be established as per HCS Executive Committee's directions.		

The Health Panel was discussed. RB noted that identifying members from as wide a range of staff areas/grades as possible and establishing the Panel should be a priority. MW would be working with [redacted], the Our Hospital Communication and Engagement Lead, to draft Terms of Reference for the panel, which would be circulated and discussed with the HCS Executive team. AH noted that the Strategic Clinical user-group and Health Panel would both feed into the HCS Executive Team and COCG, which were the decision-making bodies. **COCG agreed** that the Health Panel should consist of members who have nominated themselves but noted that it must be representative of all working groups across Health and Community Services.	MW/ [redacted]

4.	Feedback from Clinical/Site Briefings	Action
	AH noted that the first three clinical and site briefing sessions together with the MSC meeting had allowed engagement with approximately 120 colleagues across many, mostly medical, disciplines. It was noted that of the staff who attended the meetings, the vast majority had ranked the two shortlisted sites as their preferred site. AH noted that the meetings provided health colleagues an opportunity to challenge the OH and RoKFCC Clinical Directors/design team and vice versa; necessary to ensure the right hospital is built. The 2nd round of clinical briefing sessions indicated so far, that the information contained in the schedule of accommodation/functional brief largely met health colleague's expectations. AH noted that once all the meetings were complete on the 10/9, the final draft of the functional brief would be circulated to COCG ahead of the next meeting. Members of COCG felt that the team facilitating the meetings had been supportive and helpful, and had taken the appropriate approach, making the prospect of new hospital feel more realistic. AH advised COCG that he was willing to speak with any colleagues that hadn't had a chance or were unable to attend previous meetings and had already met with some colleagues out of hours.	AH

5.	Site Selection Update	Action
	RB noted that the Citizens' Panel met recently and their efforts with the project continue to be productive and proactive. It was suggested that the Citizens' Panel might soon be getting involved with the work being carried out by the Clinicians in order to better understand the outputs from that perspective. RB noted that the shortlist of sites had been reduced from 5 sites to 2: People's Park and Overdale, which were the two sites with the potential to deliver a world-class facility within the timeframe. [redacted] summarised the site selection process and outlined the findings to date provided in the interim site evaluation report. [redacted] noted that compulsory purchase orders would potentially be required for all sites. [redacted] also noted that the Council of Ministers accepted OH POG's recommendation to discontinue further technical assessments of Fields to the North of Five Oaks, Millbrook Playing Fields and Fields to the North and St Andrew's Park, First Tower and outlined the remaining steps for site selection including Benefits vs. Harms for the remaining sites: People's Park and Overdale.	

The transport links between Overdale and St Helier town centre were discussed, and RB noted that this site was challenging in respect to sustainable transport travel modes owing to the topography, but solutions had already been explored and would be further investigated in the next stage, such as improvements in public transport links. In response to a query, RB confirmed that the costing projections include activities on any proposed site but not the development of the existing hospital site beyond the Our Hospital scope. The size of the People's Park site was discussed: RB confirmed that this site is large enough to meet the requirements of the draft functional brief and opportunities presented by adjacent sites were also being explored, such as Victoria Park. It was also noted that highway improvement works would be required at and near to People's Park for both sites. The height of a potential hospital on the Overdale site was discussed. RB noted that buildings could be kept as low as possible and be more of a campus style, with the changes in ground level providing opportunities to consider basement arrangements and different entrances.	

6.	**Digital Strategy Update**	**Action**
AM provided an update on the digital strategy. It was advised that a new board was established in August/September 2019, which had evolved during Covid-19 into an organisation called HealthX. HealthX includes members of Health, Modernisation & Digital, Treasury and the community, who meet on a weekly basis. It was noted that HealthX launched a delivery document in August, which set out how the digital strategy would be delivered. AM noted that the patient is at the centre of the digital strategy and outlined some of the new technologies available, which would allow the gift of time i.e. more time with patients. AM discussed a patient owned application, which would allow patients to own/access their own information/data and provide/control access to other people/agencies. It was also noted that Jersey's high-speed network is an advantage/enabler for implementation of the proposed systems. AM outlined current main projects: • EPMA – electronic prescribing and medicines administration • Ordercomms – GP radiology → pathology • PACS – picture archive and communication system • ICA – independent clinical archive • EPR – electronic patient record • CWE – clinical work environment • EDM – electronic document management AM noted that a business case has been written for the EDM project, which is conjunction with Modernisation and Digital. It was suggested that this project may be complete by summer 2021 and needs to be in place before the electronic patient record system is implemented, as the systems would be linked. AM noted that the aim of digital strategy is to reach a high level of digital maturity and confirmed that the top 3 systems being considered for use in Jersey were already being used in	

large hospitals in the UK. AM noted the importance of developing relationships with IT/support colleagues. AM noted that the digital strategy outline business case had been approved by Treasury and was due to be debated at the States Assembly in December. RB noted that if the strategy is not agreed and implemented, this will have implications for the new hospital since it will affect floor areas and the planning submission for the new hospital will be made in September 2021. CL noted that this [redacted] and would bring it the attention of SOSG. The prioritisation of systems being updated/implemented was discussed and it was agreed that AM will work with PH and his team to review this process.	CL 33

7.	Finance Update	Action
[redacted] outlined the current financial position of the Our Hospital Project and noted that contracts are in place for the Design and Delivery Partner and Cost Management Consultants, which had caused the monthly spend to increase but the predicted annual spend was within budget.		

8.	Any Other Business	Action
RB noted that the Design & Delivery Partner were considering the social value elements of the project and links were being made with the appropriate contacts to develop this work, which will be presented to COCG at a forthcoming meeting.		

9.	Date & time of next meeting
The date of the next meeting 7 October 2020 (Time: 15:30-17:00), Venue: TBC and via Microsoft Teams.	

Our Hospital Project - Clinical and Operational Client Group

Date: 7 October 2020	15:30-17:30	Venue: Peter Crill House and via Teams

Present:		
Caroline Landon	Director General (Chair)	CL
Rob Sainsbury	Group Managing Director, HCS	RS
Richard Bannister	Our Hospital Project Development Director	RB
Ashok Handa	Our Hospital Project Clinical Director	AH
Patrick Armstrong	Group Medical Director	PA
Andrew Mitchell	Chief Clinical Information Officer	AM
Miguel Garcia-Alcaraz	Head of Mental Health & Associate Medical Director	MGA
Michelle West	Associate Managing Director	MW
[redacted]	[redacted]	[redacted]
Paul McCabe	Chief Pharmacist	PMC
Rose Naylor	Chief Nurse	RN
Hilary Lucas	Interim Director of Health Modernisation	HL
[redacted]	[redacted]	[redacted]
Maria Benbow	Group Director Commercial Services	MB
[redacted]	[redacted]	[redacted]

In Attendance:		
[redacted]	[redacted]	[redacted]
David Ng	Consultant Gastroenterologist	DN
Simon Chapman	Associate Medical Director	SC
Paul Hughes	Associate Medical Director	PH
Effie Liakopoulou	AMD and Consultant Haematologist	EL
Muktanshu Patil	AMD and Consultant Paediatrican and Neonatologist	MP
[redacted]	[redacted]	[redacted]
Stephen Graham	HR Director	SG
[redacted]	[redacted]	[redacted]
Geoff White	Associate Chief Nurse	GW
[redacted]	[redacted]	[redacted]

1.	Welcome / Apologies	Action
Apologies were received from: - n/a		

2.	Minutes	Action
The Minutes of the meeting held on 19 August 2020 and 9 September 2020 were approved.		

3.	Strategic Clinical User-group	Action
The membership of the Strategic Clinical User-group (SCUG) was discussed and COCG felt it was important that this group would not be a replication of COCG. AH confirmed that SCUG would be a working group, which would report/feed into COCG; the decision-making group. COCG agreed that Associate Medial Directors (AMD) would sit on COCG and they would nominate Deputies for the SCUG. AH confirmed he would circulate the list of members to be reviewed by the Group Medical Director and AMD's within a week, and then schedule the first meeting to take place ahead of the next COCG meeting on the 11/11. AH noted that the Terms of Reference would be proposed at the group's first meeting and then circulated to COCG.		**AH**

4.	Health Panel Update	Action
MW noted that the Health Panel was being established in order to get design input from a variety of staff levels. MW also noted that communications regarding the panel had been circulated to all of Health & Community Services (HCS) and 46 colleagues across HCS had expressed interest in being involved. MW advised that the colleagues interested, represent many diverse groups such as: Engineering; Health & Safety; and Lead Nurses and would therefore be a good representative group. MW anticipated that the number of colleagues wanting to be involved may exceed 50 by the deadline date of 8/10.		

5.	Functional Brief Comments	Action
AH reported that the draft functional brief was used in the 4 sets of Clinical/Site Briefing meetings which took place in August and September. AH noted that the information gathered from those meetings had informed the development of the functional brief, the final draft of which would be circulated to COCG for comments. AH noted that this document is due to be signed off in November.		**AH**

6.	Visioning Workshop	Action
AH explained that the visioning workshop would be the first of a series of conversations to get an idea what kind of hospital in terms of feel/look/culture is required by COCG. AH welcomed [redacted] and [redacted] who would be facilitating the workshop. [redacted] and [redacted] noted that the visioning workshop presentation and notes would be circulated to COCG. AH thanked the visioning workshop facilitators and thanked COCG for their input.		[redacted]

7.	Date & time of next meeting
The date of the next meeting 11 November 2020 (Time: 15:30-17:00), Venue: Education Room 1, Peter Crill	

Our Hospital Project - Clinical and Operational Client Group

Date: 11 November 2020	Time: 15:30-17:00	Venue: Education Room 1, Peter Crill House and via Teams

Present:		
Rob Sainsbury	Group Managing Director, HCS (Deputising for Director General) - CHAIR	RS
Andrew Mitchell	Chief Clinical Information Officer	AM
Miguel Garcia-Alcaraz	Head of Mental Health & Associate Medical Director	MGA
Michelle West	Associate Managing Director, Care Groups	MW
[redacted]	[redacted]	[redacted]
Paul McCabe	Chief Pharmacist	PMC
Rose Naylor	Chief Nurse	RN
Hilary Lucas	Operational Programme Manager	HL
Steve Graham	HR Director	SG
[redacted]	[redacted]	[redacted]
Cheryl Power	Associate Chief for Allied Health Professions and Wellbeing	CP
David Ng	Consultant Gastroenterologist	DN
In Attendance:		
[redacted]	[redacted]	[redacted]
Richard Bannister	Project Development Director – Our Hospital	RB
Ashok Handa	Clinical Director – Our Hospital	AH
[redacted]	[redacted]	[redacted]
Simon Chapman	Associate Medical Director	SC
Paul Hughes	Associate Medical Director	PH
Effie Liakopoulou	Associate Medical Director and Consultant Haematologist	EL
[redacted]	[redacted]	[redacted]

1.	Welcome / Apologies	Action

Apologies were received from:
Caroline Landon (Director General, HCS)
Maria Benbow (Group Director, Commercial Services)
[redacted]
Patrick Armstrong (Group Medical Director)
Miklos Kassai (Consultant)

2.	Minutes	Action

The Minutes of the meeting held on 7 October were approved.

The rolling action log was reviewed and updated.	

3.	Approval of Functional Brief	Action
AH outlined the most recent updates to the draft Functional Brief and noted that it was confidential at this stage and so could not be shared, although it could be discussed with senior colleagues. Scrutiny had been provided with a copy of the latest draft, together with a report submitted as an appendix, detailing the extensive engagement between Clinicians and the project team, which had informed the development of this document. AH invited COCG to submit any further comments by 2pm on 13 November and these would be addressed and incorporated. **COCG APPROVED** the draft Functional Brief, subject to the incorporation of comments made within the required timeframe.		**AH**

4.	Strategic Clinical User-group	Action
AH noted that the final list of suggested members for the Strategic Clinical User-group (**SCUG**) had been circulated to COCG and that the inaugural meeting would be held once the final preferred site had been approved by the States Assembly. It was anticipated that this would be after the debate to be held on 17 November 2020.		**AH**

6.	Health Panel Update	Action
[redacted] noted that the Health Panel membership was now finalised and that a date for an inaugural meeting was to be decided. AH advised that he and the Our Hospital Communications and Engagement Lead would liaise with [redacted] to arrange the meeting and AH would then lead on the Health Panel going forward.		**AH**

7.	Our Hospital Project Update	Action
AH noted that two 'Meet the Clinicians' had been scheduled for 13 November for States Assembly members to attend in the lead up to the debate of Overdale as the preferred site for Our Hospital. This formed one aspect of a wider engagement plan for States members to keep them informed of progress on the project. AH noted that the Functional Brief together with the Schedule of Accommodation formed part of the Employer's Requirements document (**ERs**) which would be used to inform concept and detailed design of Our Hospital. RB informed COCG that the ERs would become the contractual document that outlined the Design and Delivery Partner's (**DDP**) responsibilities for delivery of a new hospital building. The ERs would include sections addressing environmental impact during construction, apprenticeships, social value and contractual matters. AH informed COCG that the DDP's architects and designers had requested three or four additional visioning workshops with Clinicians to ensure that the internal/external design of the		

new hospital was fit for purpose from a clinical perspective and COCG agreed that these would be beneficial and could be accommodated during the week.

RB informed COCG that fortnightly meetings with colleagues from Planning were ongoing and that these would support the structuring of planning application for the hospital building and any necessary in relation to the access scheme.

RB noted that to maintain the programme for the build of Our Hospital, the relocation of services currently delivered on the Overdale site was a priority. AH noted that detailed discussions regarding relocation could not begin until after a preferred site had been agreed by the States Assembly. In the meantime, however, a scoping exercise had been undertaken, which considered the whole of the Overdale site and divided it into three categories:

1. areas that have been decommissioned and need demolishing
2. storage and non-clinical space, which needed to be located elsewhere
3. clinical or back office space, which needed to be located elsewhere

There had also been some initial communications with Heads of Service for the departments currently located at Overdale, to agree the general principles that would be adopted, should the site be approved. These included:

- Communication and engagement with services currently located at Overdale would be a priority
- Each service would be relocated only once, as far as this was practicably possible
- The quality of temporary accommodation should be the same or better than that currently provided

A number of potential sites had been identified, one of which could accommodate 85% of services currently at Overdale. However, the site would require repurposing and plans for this, or indeed the repurposing of any alternative site, could not be developed prior to the States Assembly agreeing Overdale as the final preferred site for Our Hospital.

A [programme of engagement was ongoing with property owners directly affected should Overdale be agreed as the final preferred site and also with those potentially affected by highways improvements required to facilitate the necessary access strategy. Generally, the engagement had been positive with a number of owners willing to sell. The principle of CPO powers were also due to be debated by the States Assembly on 17 November, but these were considered a last resort, only to be employed should attempts at settlement by negotiation be inconclusive.

RB advised that Facilities Management work undertaken thus far, would be included in the ERs but that a business case would be required and decisions would be needed regarding whether to take up the option of the DDP delivering the first three years of hard facilities management. Consideration would be given to how facilities management would be delivered for the new building and what would be required in terms of recruitment and training, should this be required.

The final draft Strategic Outline Case (**SOC**) had been approved by the Our Hospital Senior Officers Steering Group and Political Oversight Group shortly prior to this meeting and would be shared with COCG at the earliest opportunity.

The DDP had produced a draft Social Value Strategy, which had included engagement with the OH Clinical Director and Chief Nurse, as well as Skills Jersey. Engagement had been used to identify opportunities for training, work experience and employment the project might create within both the construction and the healthcare environments for school students and school leavers. The Social Value Strategy would form a significant element in the Our Hospital project's legacy.	

8.	**Digital Strategy Update**	**Action**

AM noted the Jersey Care Record (**JCR**), would be a platform enabling patients to have access to their medical records anytime, allowing them to share their information with whomever they choose. AM further noted that this would be a patient owned application but that services such as the hospital, GPs, primary care, social workers and family and friends could request to look at parts of the JCR, subject to patient consent. It was anticipated that this project would begin in the new year, subject to funding approval.

AM outlined the projects currently being undertaken by Health X:

- EPMA – electronic prescribing and medicines administration
- Ordercomms – GP radiology – pathology
- PACS – picture archive and communication system
- ICA – independent clinical archive
- EPR – electronic patient record
- CWE – clinical work environment
- EDM – electronic document management
- Cyber Security

AM advised COCG that any feedback/questions regarding EPR or other project should be directed to him in the first instance, which would then be passed onto the relevant team members.

The selection of EPR was discussed and it was noted that the shortlisted providers would be invited to tender with the final selection being made by the EPR group.

AM noted that he would continue to provide monthly digital strategy updates to COCG and further noted that the Health X restructure was ongoing including plans to recruit new staff.

9.	**Finance Update**	**Action**

[redacted] noted that the 2020 spending forecast anticipated an underspend but advised that this funding would be accessible to the OH project in 2021. The majority of the underspend related to the contingency fund, which hadn't been required in the year.

[redacted] further noted that business cases are being written to support the early works surrounding land acquisition, Overdale decant and demolition as funding would be required earlier than previously anticipated.

10.	Date & time of next meeting
The date of the next meeting 2 December 2020 (Time: 15:30-17:00), Venue: HCS Halliwell Theatre	

Our Hospital Project - Clinical and Operational Client Group

Date: 2 December 2020	Time: 15:30-17:00	Venue: Microsoft Teams

Present:		
Rob Sainsbury	Group Managing Director, HCS (Deputising for Director General) - CHAIR	RS
Patrick Armstrong	Group Medical Director	PA
Andrew Mitchell	Chief Clinical Information Officer	AM
Michelle West	Associate Managing Director, Care Groups	MW
[redacted]	[redacted]	[redacted]
Paul McCabe	Chief Pharmacist	PMC
Jo[redacted]	[redacted]	[redacted]
Cheryl Power	Associate Chief for Allied Health Professions and Wellbeing	CP
David Ng	Consultant Gastroenterologist	DN

In Attendance:		
[redacted]	[redacted]	[redacted]
Richard Bannister	Project Development Director – Our Hospital	RB
Ashok Handa	Clinical Director – Our Hospital	AH
[redacted]	[redacted]	[redacted]
Simon Chapman	Associate Medical Director	SC
Paul Hughes	Associate Medical Director	PH
Effie Liakopoulou	Associate Medical Director and Consultant Haematologist	EL
[redacted]	[redacted]	[redacted]

1.	Welcome / Apologies	Action

Apologies were received from:
Caroline Landon (Director General, HCS)
Maria Benbow (Group Director, Commercial Services)
[redacted]
Miklos Kassai (Consultant)
Miguel Garcia-Alcaraz (Head of Mental Health & Associate Medical Director)
Hilary Lucas (Operational Programme Manager)
Rose Naylor (Chief Nurse)
Steve Graham (HR Director)
[redacted]

2.	Minutes	Action

It was noted that the Minutes of the meeting held on 11 November would be reviewed at the meeting on 6 January 2021.

The rolling action log was reviewed and updated.

3.	Functional Brief	Action
	AH thanked Clinicians for their valued input with regard to the development of the draft Functional Brief. Further comments that had been received had been incorporated in the final version of the document that had been approved by Our Hospital SOSG and POG. COCG noted that the Functional Brief would be published in December 2020 or January 2021 and that the document could be reviewed and further developed going forward. AH noted that the design of the hospital would be futureproofed with additional space for hospital functions/equipment that may not been have been included in the Functional Brief at this point in time. AH noted that any changes or additions not presently in scope would require a new business case to be written and the financial allocation for these additions would need to be addressed at that time. Following a discussion related to the timing of the Functional Brief, AH noted that a first draft of an 'Annual forward plan for decision making' would be provided to COCG in early 2021, which would align COCG decisions with those being made across HCS services.	**AH**

4.	Strategic Clinical User-group	Action
	AH informed COCG that the inaugural meeting for the Strategic Clinical User-group (**SCUG**) had been scheduled for 4 January 2021. The SCUG draft Terms of Reference (**ToR**) had previously been circulated to COCG via email and AH requested feedback to be emailed promptly, as the ToR would be considered for approval by the SCUG members at the inaugural meeting. DN noted that the SCUG meetings would be an opportunity to develop a better understanding of the requirements and developmental needs of all the various HCS services and departments.	

5.	Health Panel Update	Action
	[redacted] noted that first Health Panel meeting had taken place at the end of November and 21 panel members had responded to a survey regarding access routes, the results for which, had been forwarded to the Design and Delivery Partner (**DDP**) to inform their work. A meeting regarding the design elements of Our Hospital was expected to be scheduled for December and a full schedule of future meetings would be provided to the Health Panel in the new year.	**AH/** [redacted]

6.	Relocation of Services from Overdale	Action
	AH informed COCG that 20 Clinical User-group meetings to discuss the relocation of services from Overdale had been scheduled and were due to conclude by mid-December, which would enable the design team to utilise the outcomes in their work in a timely manner The HCS Executive Committee together with the Head of Estates and the OH Project Development Director had discussed a range of potential sites for the relocation of services currently delivered at Overdale. One site in particular had been identified that could potentially accommodate all services, excluding the occupational therapy green houses. COCG noted that a planning application would be required to repurpose the potential site and that it would be a medium term solution, with services located there for at least 5 years.	

COCG considered the potential impact of volume and flow of patient activity on the potential site and queried whether there was a mechanism to gather information regarding journeys to and from services currently located at Overdale to inform this. RS agreed to liaise with [redacted] to request him to liaise with General Managers regarding activity levels and requirements for each department.	

7.	Our Hospital Project Update	Action
AH noted that the draft Schedule of Accommodations was being reviewed and the first outline of the design strategy was underway. It was anticipated that both documents would be shared with COCG and SCUG in the near future. A sustainability workshop for HCS colleagues had been organised by the DDP at the beginning of December. AH noted that this strategy would align with the Island Plan and with key decision points for SCUG to consider in due course. The next phase of Clinical User-group meetings would begin 18 January and last for four weeks, at which the Schedule of Accommodations, Functional Brief and Outline Design would be discussed. The timetable for these meetings was being finalised and invitations would be sent out before Christmas. In light of the current pandemic situation, COCG discussed the multi-purpose changing areas for staff proposed for Our Hospital. AH confirmed that certain departments such as theatres, critical care and the ED would have separate changing facilities. The central changing room would be of sufficient size for the anticipated future levels of staffing and would be located away from the flow of patients/visitors. RB outlined the current situation regarding the access to Overdale following adoption of the second amendment to P.123/2020. A Report and Proposition (**R&P**) in response to the amendment was being prepared, which demonstrated that a wide range of access options had been considered and outlined the methodology that would identify the most sustainable access solution. The amendment specifically required a Report to be brought back to the States Assembly. This would entail a six week lodging period, unless a reduced lodging period could be requested, as the lodging period would be a significant risk to the project being able to achieve the timeframe set out in p.5/2019 which formed the project mandate. It was noted that the R&P would require States Assembly approval and properties required to be able to access the site could not be acquired, despite owners being willing to sell and wanting to complete quickly, until this time. RB advised that the submission of the planning application for a new hospital was scheduled for September 2021. Because Overdale had now been selected as the site for Our Hospital, it would be included in the draft Island Plan, when circulated for public consultation, which would be prior to the planning application being submitted. Public consultation regarding the planning application itself, would also be required so that concerns could be addressed and to ensure the solution proposed for Our Hospital would be in the Island's best interest.		**AH/[redacted]**

8.	Digital Strategy Update	Action

AM noted that the second IM&T meeting was held at the end of November and these meetings were now being scheduled to take place every few weeks. AM outlined the strategic plan for the meetings:

- RIBA Stage 1 – Operational principles for IM&T technologies and systems (to be agreed by end of December 2020).
- RIBA Stage 2 – Concepts for IM&T infrastructures, spaces and adjacencies (to be agreed by end of January 2020)
- RIBA Stage 3 – Systems architectures, performance, functional and non-functional requirements (to be agreed by end of March 2021 so that design can commence in April 2021

AM provided an update for some projects currently being undertaken by [redacted]

- EPMA – electronic prescribing and medicines administration – anticipate will go live in some parts of the estate in January
- Ordercomms – already working for radiology and is being developed for pathology
- PACS – picture archive and communication system – Out to PQQ early December and anticipate implementation to be May 2021
- ICA – independent clinical archive – Exemption received. Meetings taking place to ensure alignment with GoJ processes.
- EPR – electronic patient record – Been through PQQ and is now out to tender.
- CWE – clinical work environment – Programme to replace hardware across the hospital estate and evaluate digital health softwares - reduce and upgrade
- EDM – electronic document management – Originally scheduled for 2022 but aiming to bring this forward.
- Cyber Security

Documents were being drafted regarding digital plans and projects that sit within the Jersey Care Model (**JCM**). AM noted that the Demographics project was likely to commence early on. DN reiterated the importance of this project to ensure the population database is up to date and regularly updated, particularly in terms of healthcare screening programmes.

9.	Finance Update	Action

[redacted] noted that work was underway regarding how to deliver the Efficiencies Programme, a requirement for the Outline Business Case (OBC) to demonstrate the project is achieving value for money and keeping costs at a reasonable level. [redacted] also noted that different workstreams related to the Efficiencies Programme have been established and a more detailed update would be provided at the next meeting.

10.	Date & time of next meeting

The date of the next meeting 6 January 2020 (Time: 15:30-17:00), Venue: Microsoft Teams

Our Hospital Project - Clinical and Operational Client Group

Date: 6 January 2021	Time: 15:30-17:00	Venue: Microsoft Teams

Present:		
Rob Sainsbury	Group Managing Director, HCS (Nominated Deputy for Caroline Landon) - CHAIR	RS
Andrew Mitchell	Chief Clinical Information Officer	AM
Michelle West	Associate Managing Director, Care Groups	MW
[redacted]	[redacted]	[redacted]
Paul McCabe	Chief Pharmacist	PMC
[redacted]	[redacted]	[redacted]
Cheryl Power	Associate Chief for Allied Health Professions and Wellbeing	CP
David Ng	Consultant Gastroenterologist	DN
Miguel Garcia-Alcaraz	Associate Medical Director Mental Health and Social care	MGA
[redacted]	[redacted]	[redacted]
Rose Naylor	Chief Nurse	RN
Steve Graham	HR Director	SG

In Attendance:		
[redacted]	[redacted]	[redacted]
Richard Bannister	Project Development Director – Our Hospital	RB
Ashok Handa	Clinical Director – Our Hospital	AH
Simon Chapman	Associate Medical Director	SC
Paul Hughes	Associate Medical Director	PH
Effie Liakopoulou	Associate Medical Director and Consultant Haematologist	EL
Anushka Muller	Director of Improvement and Innovation	AM
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

Welcome / Apologies

Apologies were received from:
Caroline Landon (Director General, HCS)
Patrick Armstrong (Group Medical Director)
Maria Benbow (Group Director, Commercial Services)
[redacted]
Miklos Kassai (Consultant)
Hilary Lucas (Operational Programme Manager)
[redacted]

1.	Minutes	Action
	The Minutes of the meeting held on 11 November and 6 December were reviewed and approved. The rolling action log was reviewed and updated.	

2.	Terms of Reference	Action
	AH advised that the updated Terms of Reference would be circulated after the meeting and invited comments by close of business on 8 January. The Group would then work to these revised Terms of Reference.	**AH/** [redacted]

3.	Digital Update	Action
	AM noted the approval of the Government Plan, which included approval of the budget for the digital strategy. An update for some projects currently being undertaken by Health X was provided: • [redacted] may be delayed due to pandemic. • Ordercomms – all GPs can now order X-rays and receive electronically. Process is beginning, which will allow GPs to look back at historic X-rays for their patients. Ordercomms for Pathology will soon be tested. • PACS – picture archive and communication system – Currently out to PQQ, to be scored in January before going out to tender. Implementation is anticipated to be May 2021 • ICA – independent clinical archive – Exemption received. • [redacted] • CWE – clinical work environment – Programme to replace hardware across the hospital estate. All digital health software has been identified; those that are not required are being decommissioned and the team is developing a pathway for software replacements/upgrades. • EDM – electronic document management – Originally scheduled for 2022 but aiming to bring this forward. • Cyber Security – Health kick off meeting scheduled for January. COCG discussed the [redacted] evaluation panels. AM noted that [redacted] may need to be evaluated during February. AM advised that the 60-70 people who would be involved had been emailed with a projected timeline, in December. RS noted the importance of reconciling how the Clinical Operational workforce would have time allocated enabling them to input into the Digital Programme and the Our Hospital project and further noted that this needs to be considered during job planning and resource allocation.	35 35 35

4.	Strategic Clinical User-group	Action
	AH informed COCG that the inaugural meeting for the Strategic Clinical User-group (**SCUG**) had taken place on 4 January 2021. During the meeting the Terms of Reference were discussed, and 10 potential working groups were outlined and proposed: 1. Equipment 2. Workforce	

3. Clinical Pathways 4. Jersey Care Model 5. Soft FM 6. Hard FM 7. Design- clinical areas 8. Design- overall and interiors 9. Digital Strategy 10. Quality and safety During the SCUG meeting, members agreed they would be involved in one to three workstreams and had been asked to inform AH via email, which groups they would like to contribute to. AH noted that administrative support for the SCUG and workstream groups was still to be agreed.	

5.	**Health Workers Panel Update**	**Action**
[redacted] noted that a handover email had been sent to [redacted] as he would be responsible for the Health Workers Panel, going forward. AH noted that a full schedule of future meetings would be provided to the Health Panel.		**AH**

6.	**Approvals Timeline**	**Action**
AH explained that work was underway to plan out the activities taking place throughout the Our Hospital Project (**OHP**) pre-construction stage and outlined some of the key deliverables specific to COCG, expected to take place in each quarter of 2021. Plan of work would be circulated to COCG after the meeting.		[redacted]

7.	**Approach to key milestones – next Hold Points for OH project including relocation of services currently at Overdale**	**Action**
RB outlined the current situation regarding the access to Overdale following adoption of the second amendment to P.123/2020. A Report and Proposition (**R&P**) in response to the amendment was prepared and submitted to the States Assembly in December (P.167/2020). The report considered a wide range of access options against criteria for an access road for a new hospital and confirmed that the preferred access solution (Westmount Road) remains. 9 February had been suggested as a possible date for the debate but had not yet been agreed and in addition, Scrutiny commissioned a report to cross examine the work completed by the design team. RB noted that delay between approval of Overdale as the Our Hospital site on 17 November and the scheduling of the Access debate had potential to cause significant risk to the project being able to achieve the timeframe set out in p.5/2019. It was noted that the R&P would require States Assembly approval and although this would be unlikely to delay the OHP completion date in 2026, was already impacting land assembly and would potentially cause delays with		

completing the Outline Business Case (**OBC**), planning applications (and strategy) and most notably, the ability to begin building prior to the elections in 2022. RS noted that the Executive Leadership Team would meet to discuss the response to the likely delays to the OHP and the subsequent potential impacts, and determine how HCS should convey the appropriate message regarding the necessity for a new facility and reinforce the positive progress made thus far. COCG discussed the OH planning application strategy: Submission of two separate planning applications for the highway and main hospital had been scheduled for Spring and Autumn 2021 respectively. RB noted that as a consequence of the access Proposition, a potential combined planning application was probable and further noted that one application could reduce potential planning risks because the justification for the access would be stronger when combined with the hospital application. RB advised that the potential site for the relocation of services currently delivered at Overdale would be discussed and approval sought at OH Senior Officer Steering Group and Political Oversight Group meetings scheduled for mid-January.	

8.	**Design Strategy**	**Action**
AH noted that the next phase of Clinical User-group meetings would be scheduled for the end of January and mid-February, at which the Schedule of Accommodation, Functional Brief and Outline Design would be discussed. The Overdale Clinical User-groups had already been involved in 20 meetings during December, with the second phase of this engagement due to commence early January. [redacted] provided a site strategy update, which outlined the development options for the main hospital build. The potential options had been prepared based on the Functional Brief and Schedule of Accommodation, which were developed using information gathered during the clinical engagement meetings conducted in August and September 2020, as well as the visioning workshops that took place in November. COCG discussed patient access from the carpark to the hospital. [redacted] noted the patient journey from the carpark to hospital was still evolving but confirmed that there would be a patient transfer/drop off area and bus stop at the hospital entrance and blue light would have a separate, dedicated route. The pedestrian route across Westmount Road was a key consideration. COCG discussed the size of the Mental Health facility and [redacted] advised that the space provided for this service had been increased to 2000m^2, which would allow the requirements set out during the clinical engagement meetings, to be fulfilled. [redacted] also noted that both In-patients and Private Patients wards would be separate entities, with private patients being within a self-contained building; a space that could operate entirely on its own and could be used in the event of future pandemics. AH noted that the 1:500 drawings would be developed in the next phase of the Clinical User-group meetings and would be presented at COCG at the end of this next phase of consultation.	

[redacted] advised that the Our Hospital Project had been set a target of achieving 'Excellent' for sustainability using the Building Research Establishment Environment Assessment Method (BREEAM). RE noted that the designers and Functional Brief were cognisant of the Government of Jersey's Carbon Neutral Strategy, which is likely to lead to the building being all Electric. Designers were considering options such as a photovoltaic system on roofs, attenuation ponds and the precise positioning of buildings to ensure the best use of light/energy.	

10.	**Date & time of next meeting**
The date of the next meeting 3 February 2021 (Time: 16:00-17:30), Venue: Microsoft Teams	

Our Hospital Project - Clinical and Operational Client Group

Date: 3 February 2021	Time: 16:00-17:15	Venue: Microsoft Teams

Present:		
Rob Sainsbury	Group Managing Director, HCS (Nominated Deputy for Caroline Landon) - CHAIR	RS
[redacted]	[redacted]	[redacted]
Paul McCabe	Chief Pharmacist	PMC
[redacted]	[redacted]	[redacted]
Cheryl Power	Associate Chief for Allied Health Professions and Wellbeing	CP
David Ng	Consultant Gastroenterologist	DN
Miguel Garcia-Alcaraz	Associate Medical Director Mental Health and Social care	MGA
Steve Graham	HR Director	SG
[redacted]	[redacted]	[redacted]
Anushka Muller	Director of Improvement and Innovation	Amu

In Attendance:		
[redacted]	[redacted]	[redacted]
Richard Bannister	Project Development Director – Our Hospital	RB
Ashok Handa	Clinical Director – Our Hospital	AH
Simon Chapman	Associate Medical Director	SC
Paul Hughes	Associate Medical Director	PH
Effie Liakopoulou	Associate Medical Director and Consultant Haematologist	EL
Muktanshu Patil	Consultant Paediatrican and Neonatologist	MP
Nicholas Dodds	Consultant	ND
[redacted]	[redacted]	[redacted]

Welcome / Apologies

Apologies were received from:
Caroline Landon (Director General, HCS)
Patrick Armstrong (Group Medical Director)
Maria Benbow (Group Director, Commercial Services)
Andrew Mitchell (Chief Clinical Information Officer)
Rose Naylor (Chief Nurse)
[redacted]
Michelle West (Associate Managing Director, Care Groups)
Miklos Kassai (Consultant)

1.	Minutes	Action
The Minutes of the meeting held on 6 January were reviewed and approved. The rolling action log was reviewed and updated.		

2.	Design	Action
[redacted] provided an update regarding development option D for the main hospital build. [redacted] noted that Option D was the preferred option, which provided 30% more park space than any other option but further [redacted] noted the need to be cognisant of the financial envelope when designing and considering options. The changing room in the staff area was discussed in relation to infection control risks. AH confirmed that the provision for the area would be adequately large enough and noted the departments that would not be using the area were Endoscopy, Theatre, Maternity and ED. AH further noted that operational policies for each department would be discussed by the Workforce Clinical User-group, which might further influence the use of the area. COCG discussed the Mental Health facility, which had been included in the potential second floor plans. MGA noted that being on the ground floor with direct access to courtyards would be preferable, as being on the second floor could cause logistical problems when transferring highly disturbed patients from ED via lift. SC noted the provision for patients under article needed to have a higher specification than that of the current facility and should be on same floor as the Acute Assessment Unit and ED. AH noted there would a provision within ED for acutely disturbed patients, as well as a separate, more substantial area within the reception of the Mental Health Facility. EL highlighted the importance of investing in safety measures for this particular facility. COCG requested that further discussions with Mental Health colleagues, AH and [redacted] take place in order to consider options and prioritise department needs.	**AH/ MGA**

3.	Digital Update	Action
The Digital Strategy update was deferred to the next meeting.		

4.	Strategic Clinical User-group	Action
AH noted that 10 working groups were agreed at the first Strategic Clinical User-group (**SCUG**) meeting. Members agreed they would be involved in one to three working groups and were asked to advise AH via email, which groups they would like to contribute to. AH noted that he would send the members a reminder email to request this information, so that groups could be finalised. The planned order of work was amended in order to get work in respect of the Overdale site underway. The 4 key working groups that were being progressed at this stage were outlined: • Ward clusters	**AH**

• Private patient ward and facilities • Theatres and Endoscopy • Outpatients clusters The above working groups were being prioritised, with meetings scheduled for 5 February. AH noted that the work of these groups would greatly affect the way in which the hospital would be configured strategically and would need to have concluded before the Clinical user-group meetings, scheduled for the last week of February, began. AH noted that the SCUG working groups were being discussed further at the HCS Executive meeting on 4th February.	

5.	**Health Workers Panel Update**	**Action**
AH noted that the Health Workers Panel was now a function being delivered by the Design and Delivery Partner (**DDP**). [redacted] from the DDP would be providing a formal update at the next COCG meeting, summarising the work that had already been completed and confirming future dates of meetings.		

6.	**Overdale Decant**	**Action**
AH noted that following the announcement on 19 January that identified Les Quennevais School as the preferred site for the relocated services from Overdale, site work had progressed with surveying of the property. 43 Clinical User-group meetings had taken place during December and January, during which a Functional Brief and draft Schedule of Accommodation for the re-location of the Overdale Services to the old Les Quennevais School had been developed. The Functional Brief would be circulated to the HCS Executive team on 4th February and circulated to COCG the following week.		**AH**
AH outlined the principal elements within the Functional Brief: • Main Reception and waiting • Outpatients • Therapies • Pain Management Centre • Child Development Therapy Centre • Older Adult Mental Health, Psychology & Therapy • Central Support and Staff Areas AH highlighted services that would not be relocated to Les Quennevais School and proposed alternative sites: • Estate Stores – St Saviours Hospital • ARU – General Hospital • Health & Safety Training Room – General Hospital • Meals on Wheels – Meeting in Feb planned to discuss • Pharmacy Stores – Private rental		

AH noted that a meeting with PMC was scheduled to advance discussions regarding the pharmacy stores. COCG discussed the use of the DEXA Scanner. AH noted that the DEXA Scanner had been allocated space in rheumatology area of Outpatients, with a designated room at the correct specification. AH further noted that the Outpatients facility at Les Quennevais School would be a significant improvement on what was currently offered at Overdale and that it might have space that allowed the DEXA Scanner to be utilised in a more flexible way i.e. for wellbeing, as suggested by EL. EL asked if co-locating or having an adjacency between ARU and sexual health had been considered. AH agreed that this was a sensible idea and confirmed that that this had been suggested to RS previously. SC asked if it were possible to place other services at Les Quennevais School, such as activities currently at the General Hospital that would be best suited in Outpatients/remote setting. AH noted that there was not currently any space for additional services however, further noted that this would not be confirmed until the full detail of activity from the services that were being relocated, was known. RS noted that there were other estates within the HCS portfolio, and an HCS Estates group had been set up, which could progress this work. AH noted that structural surveys at the Les Quennevais School site were taking place over the next few weeks and the Architects report was expected to be received in advance of the Clinical User-group meetings, commencing on 22 February. AH noted that the Schedule of Accommodation for Overdale would be circulated ahead of the next COCG meeting. AH noted the successful conclusion of the States Assembly Debate, P.167/2020 Our Hospital: Preferred Access Route that took place on 1 February. AH thanked Clinicians for their contributions, which were delivered in a support letter via Patrick Armstrong. AH felt that this had without doubt, made a clear and meaningful difference in the debate.	**AH**

10.	**Date & time of next meeting**
The date of the next meeting 3 March 2021 (Time: 16:00-17:30), Venue: Microsoft Teams	

Our Hospital Project - Clinical and Operational Client Group

Date: 3 March 2021	Time: 16:00-17:30	Venue: Microsoft Teams

Present:		
Caroline Landon	Director General, HCS (CHAIR)	CL
[redacted]	[redacted]	[redacted]
Paul McCabe	Chief Pharmacist	PMC
[redacted]	[redacted]	[redacted]
Maria Benbow	Group Director, Commercial Services	MB
David Ng	Consultant Gastroenterologist	DN
Andrew Mitchell	Chief Clinical Information Officer	AM
Hilary Lucas	Operational Programme Manager	HL
[redacted]	[redacted]	[redacted]
Michelle West	Associate Managing Director, Care Groups	MW
[redacted]	[redacted]	[redacted]

In Attendance:		
Richard Bannister	Project Development Director – Our Hospital	RB
[redacted]	[redacted]	[redacted]
Ashok Handa	Clinical Director – Our Hospital	AH
Simon Chapman	Associate Medical Director Surgical Services (TEAMS)	SC
Paul Hughes	Consultant in Anaesthesia & Intensive Care	PH
Effie Liakopoulou	Associate Medical Director Medicine	EL
Nicholas Dodds	Head of Clinical Support services and Cance AMD	ND
[redacted]	[redacted]	[redacted]

Welcome / Apologies

Apologies were received from:
Rob Sainsbury (Group Managing Director, HCS)
Cheryl Power (Associate Chief for Allied Health Professions and Wellbeing)
Patrick Armstrong (Group Medical Director)
Steve Graham (HR Director)
Anushka Muller (Director of Improvement and Innovation)
Rose Naylor (Chief Nurse)
[redacted]
Miklos Kassai (Consultant)
Miguel Garcia-Alcaraz (Associate Medical Director Mental Health and Social care)

1.	Minutes	Action
	The Minutes of the meeting held on 3 February were reviewed and approved.	

The rolling action log was reviewed and updated.	

2.	Progress Update	Action

HL presented the Our Hospital Project (**OHP**) monthly dashboard report, which highlighted key deliverables, challenges, and risks. HL noted the broad range of communication and engagement that was taking place, within HCS and with patients, public and local residents, showing there was a varied opportunity for engagement with the OHP and dissemination of OHP information.

HL provided a financial summary update which highlighted changes of anticipated funding and forecast funding and what was approved to drawdown at this stage of the project. HL noted that change requests recognised that there would be variations at various stages of the project but further noted that there was a governance route for these to be signed off. HL outlined key milestones for the Our Hospital Project (**OHP**) and highlighted key pressures points, noting that these were being discussed to mitigate, where possible.

AH noted that Clinical User-group (**CUG**) meetings for the main hospital had begun on 23rd February and were due to conclude by 10th March. The aim of these sessions was:

- to test the designers first interpretations of the Functional Brief
- to discuss clinical adjacencies
- to determine if the proposed layout would benefit patient experience and staff working

AH highlighted that:

- Additional sessions had been scheduled for 2 departments: Women and Children and Mental Health
- The Outpatient User-group had to be rescheduled to coincide with the next AMD session
- Internal modelling work was required within ED and Acute Floor
- There would be wider dissemination of the functional brief required within care groups
- User-group membership had been reviewed by the Executive Committee and AMD and is being extended for the sessions moving forwards.

AH noted that to reflect what had been discussed in this current phase of CUG meetings, the designers would be making changes to the 1:500 designs. AH further noted that the next phase of CUG meetings would be at the end of March, for which it was hoped, the Clinical and Design teams intend to be on Island for.

DN noted that he had been happy with the format of the CUG meetings thus far. EL noted that following the meetings, she had discussed feedback with AH and AMDs, which had already been actioned.

DN highlighted a current news report, which suggested that some clinical services were not being catered for in the new hospital and asked, if this was the case, what services were being referred to. AH noted that the Functional Brief for the main hospital had been published and was a public document however, the supplementary Functional Brief for the Les Quennevais School site had not yet been approved or published. The Functional Brief for the main site had not included the services currently provided at Overdale, as the document had been produced prior to site selection and therefore the requirement to reprovide these services was not yet known. CL

noted the importance of having conversations with the public regarding how acute services/service provision would be governed by the need in the community thus, the services provided would be more flexible and agile going forward. AH added that the supplementary Functional Brief should be taken with the Main Functional brief to look at the services provided and is not of itself an exhaustive list of all HCS services. AH provided an update with regards to the reprovision of services from Overdale to the former Les Quennevais School and noted 5 services that may be re-provided at alternative sites: • Meals on Wheels (TBC) • Health and Safety Training Room (General Hospital) • Assisted Reproductive Unit (General Hospital) • Pharmacy Stores (part of the Covid-19 Storage strategy) • Estates (gardens) Stores (St Saviours) EL noted that Neurology had been providing a long-term provision for stroke rehabilitation and asked if the name for this department could also capture this important service. COCG supported this request and noted that a new department name should be discussed in the up and coming care group meetings. [redacted] noted that there had been some concern that the diabetes service sharp bins would be located at the Les Quennevais School site and asked if it would be possible to provide this service in town. HL to discuss further with Medicine. There was a discussion regarding the name of the Rheumatology Dept. COCG agreed that it would be beneficial to re-name it, which would be progressed in an offline discussion. AH noted that that the Les Quennevais School departmental plans had been reviewed in stage three of the CUG meetings with positive feedback received. As a result, some changes would be implemented. Three principles relating to the facility had been agreed during the CUG meetings: • Patient centred • Patient facing services would operate from a central, ground floor core • Staff in clinical areas would have appropriate adjacent support for administration AH provided an overview of the ground floor of the Les Quennevais School site. AH noted that the Digital Strategy and Private Patient Strategy update would be provided by AM at future COCG meetings. HL noted the work being undertaken by HCS to build up a plan in terms of how the Private Patient Department could be developed, which was being progressed by SC and EL. HL noted the need to look at the interdependency with this strategy and the OHP because in Our Hospital, there would be a bigger private patient offering. Therefore, an understanding of the opportunities this would provide and income associated would be required, so that a high-level cost benefit analysis could be provided to justify the expansion proposed. SC hoped increasing theatre access would increase department numbers. SC also noted that although there would be high costs in building the ward, it would be necessary to meet Islander's needs for the next few decades; if bed utilisation wasn't required initially, beds could be closed as and when however, it would be difficult 10 years down the line to provide additional private rooms, if required. SC further noted that from a pandemic point of view, the area would add a degree of resilience for	**EL** **HL** **HL/ MW/EL** **AM**

the hospital. It was agreed that work on Private Patients would be progressed to help underpin and inform the OHP Business Case.	

3.1	OBC	Action
HL noted that the OHP was following the HM Treasury iterations of the Business Case (Strategic Outline Case (**SOC**), Outline Business Case (**OBC**) and Full Business Case (**FBC**) and the project was currently working through OBC stage. The guidance set out the '5 Case' model for Business Cases, two of which: the **Strategic Case and Management Case**, were in draft for review, with the remaining cases still being developed. HL noted that the draft cases had been circulated prior to the meeting and asked members to start reviewing the documents over the next month and provide feedback. CL noted that it would be helpful if Clinicians were able to read the cases if possible but this was not necessary however, further noted that General Managers were required to read the cases and feedback. MW to liaise with General Managers and feedback comments in advance of the next COCG meeting. [redacted] noted that the Strategic Case sets out the overall context of the project and makes the Case for Change. [redacted] outlined the summary of the case: • The current condition of the hospital is not fit-for-purpose. Some aspects of the hospital are in such poor condition that the risk of failure is high. • Reconfiguration of the current building would incur significant costs to address infrastructure issues and high ongoing lifecycle expenditure. Even then it would not facilitate changes to space, clinical flow, and adjacency issues [redacted] noted that the full Strategic Case was reviewed at an HCS Executive meeting on 1 March. [redacted] further noted that the Management Case detailed the management structure and processes put in place for the project and set out the required project management costs. [redacted] anticipated that the OBC would be in final draft for review in June and approval in July.	**MW**

3.2	OBC - Draft Benefits Log update	Action
[redacted] noted that during the OBC stage the OHP Investment Objectives and long-list of benefits were reviewed and developed. The OBC objectives were spending objectives that focussed on the rationale and drivers for further intervention and were essential for making a robust Case for Change. [redacted] noted that OBC objectives were agreed with HCS Executive at the meeting on 1/3. HL noted that the objectives had been previously discussed during the development of the SOC in April/May 2020. The wording of Objective 3 was updated to ensure it was reflective of the fact that the OHP was to deliver a new acute and general hospital, not a full healthcare estate and also to emphasise the importance of delivering facilities which could be more easily maintained in the future. All other objectives were confirmed as still being appropriate. HL suggested the modified objectives could be reviewed and discussed in meetings with AH/HL and General Managers over the next month.	

The revised set of benefits considered the development of the Project over the last 12 months and in particular the impact of the Covid-19 pandemic. The benefits were split by stakeholder: Patients; Staff; Health and Community Services and Wider Community. [redacted] noted that Critical Success Factors (**CSFs**) identified the non-viable options and stemmed from the spending objectives that the project was aiming to achieve. As part of the OBC stage it is best practice to review the CSFs to ensure they were consistent, and this review has taken place CL asked HL to circulate the information to COCG. COCG were asked to review and either agree or propose changes to the previously agreed objectives, CSFs, and benefits.	**HL/ALL**

3.3	**Hold Point Structure update**	**Action**
[redacted] noted that it had previously been agreed that OHP would use Hold Points (**HP**) to act as stop-go gateways when significant decisions were required for the project to continue. At each HP the PRINCE2 Managing a Stage Boundary process would be followed. At HP3, the Stage Plan for the next stage was agreed, which included the proposed structure for the HP, and identified that it was likely interim HP would be introduced to address the additional decision points required to deliver the Early Works required at Overdale. Work to identify these likely HP had now concluded, and a suggested structure was proposed, which recommended, additional HP for the Overdale Reprovision, and Demolition workstreams. **COCG NOTED** the updated Hold Point structure.		

3.4	**User Group Engagement**	**Action**
HL outlined the HSC user-groups that had been set up for OHP: CUGs - purpose of which was to advise COCG on the layout and design services within scope of OHP, the membership for which was: • Exec Sponsor • Care Group Triumvirate • Wider operational team (tbc by AMD/Exec) CUG membership had been circulated to AMD and HCS Executive for review and extension. HCS Executive were asked to nominate an Executive to sponsor each CUG user-group to provide strategic leadership and oversight. SCUG - purpose of which was to advise COCG on cross-cutting themes affecting all services within scope of OHP, the membership for which was: • Exec Sponsor • AMD • Wider operational team (tbc by Exec) SCUG would be commencing over Q1 and Q2 2021**.** HCS Executive were asked to nominate an Executive and another senior HCS leader to be sponsor each of the sub-groups, to provide senior leadership and oversight. AH outlined the user-group timeline for the next 12 months.		

3.5	NEC Supervisor	Action
[redacted] noted that [redacted] had now been appointed as the NEC Supervisor and outlined their role: • Support the client team by providing technical experience on issues and challenges we face • Support the development of the design by the DDP team, helping make sure our client requirements are achieved • Act as the NEC Site Supervisor during construction, ensuring compliance with the client requirements and quality • Support in management and resolution of defects (imperfections in the quality of the work) **COCG NOTED** this appointment.		

10.	Date & time of next meeting
The date of the next meeting 7 April 2021 (Time: 15:30-17:00), Venue: Microsoft Teams	

Government of JERSEY

Our Hospital | Project

Our Hospital Project - Clinical and Operational Client Group

Date: 17 May 2021	Time: 16:00-17:30	Venue: Jersey Museum Ouless Room and via Microsoft Teams

Present:		
Caroline Landon	Director General, HCS (CHAIR)	CL
Paul McCabe	Chief Pharmacist	PMC
[redacted]	[redacted]	[redacted]
Maria Benbow	Group Director, Commercial Services	MB
David Ng	Consultant Gastroenterologist	DN
Andrew Mitchell	Consultant Cardiologist	AMi
Hilary Lucas	Operational Programme Manager	HL
[redacted]	[redacted]	[redacted]
Michelle West	Associate Managing Director, Care Groups	MW
[redacted]	[redacted]	[redacted]
Rose Naylor	Chief Nurse	RN
Steve Graham	HR Director	SG
Miklos Kassai	Consultant	MK
Miguel Garcia-Alcaraz	Associate Medical Director Mental Health and Social care	MGA

In Attendance:		
Richard Bannister	Project Development Director – Our Hospital	RB
[redacted]	[redacted]	[redacted]
Ashok Handa	Ashok Handa – AH - Clinical Director – Our Hospital	AH
[redacted]	[redacted]	[redacted]
Simon Chapman	Associate Medical Director Surgical Services (TEAMS)	SC
Paul Hughes	Consultant in Anaesthesia & Intensive Care	PH
Effie Liakopoulou	Associate Medical Director Medicine	EL
[redacted]	[redacted]	[redacted]

Welcome / Apologies
Apologies were received from: Rob Sainsbury (Group Managing Director, HCS) Cheryl Power (Associate Chief for Allied Health Professions and Wellbeing) Patrick Armstrong (Group Medical Director) Anushka Muller (Director of Improvement and Innovation) [redacted] Head of Finance Business Partnering – vacant role

1.	Minutes	Action
	It was noted that the minutes of the meeting held on 3 March would be reviewed at the meeting scheduled for 14 June 2021.	

2.	Concept Design Presentation	Action
	The Our Hospital (**OH**) Concept Design was presented by the design team. MK congratulated the project team and commended the level of detail in the studies undertaken and the presentation provided. MK raised a concern regarding the access road and asked if there would be enough room for blue light services to pass if there was a blockage on Westmount Road. [redacted] noted that there would be enough room for two rows of vehicles on Westmount Road. [redacted] noted the need to develop current strategies and processes to provide the detail for how the FM service lane should be used. [redacted] agreed and noted the strategies could then be embedded into the design. AH noted that two half day workshops for Hard FM and Soft FM had been scheduled, where this matter could be discussed further. SC congratulated the project team and felt that the concept designs had considered the perspective of clinicians, the patient, as well as the Jersey context and was a good starting point for Our Hospital. DN raised a concern regarding the sensitivity around noise and access to the crematorium. RB advised that both issues were being considered by the project team. RB noted that construction would need to pause at times to ensure services could continue respectfully and further noted that work by Customer and Local Services (**CLS**) was ongoing to consider if the service element of the crematorium should be relocated temporarily during the construction phase. RB also noted that parking was being considered to ensure it would be sufficient during services. CL thanked the project team and Clinical Leaders for their hardwork. **COCG AGREED** that the design report summarised the progress that has been made this stage, and that the design should now move forward to the next design stage. The presentation team left the meeting room.	

3.1	Risks	Action
[redacted] noted that a key risk was the challenges and questions about the size and space of the hospital building that would likely be raised as a result of working though the Outline Business Case. [redacted] further noted the project was currently going through a [redacted] to mitigate these issues.		35

3.2	Update from Stage 2 Meetings	Action
AH noted that phase 3 of user-group meetings commenced on 10 May, the majority of which, had felt that their feedback from phase 2 had been considered and had been reflected in the design changes. It was noted that departments requiring more work were radiology, specialist outpatients and mental health. Phase 4 user-group meetings had been scheduled to commence on 7 June. AH noted that since the last set of user-group meetings, a meeting had taken place with Scrutiny, who had challenged the transport policy and the size of the hospital building. AH advised the importance of ensuring a balance between building a hospital that was future proofed and a sufficient size to accommodate changes in healthcare and population, whilst being affordable and value for money. AH noted that due to the challenges from Scrutiny, the exact size of the building was likely to change. [redacted] noted the requirement for more detailed discussion about how the design would work with FM in mind. AH noted that two half days had been allocated to work with the FM team. AH further noted that the next stage of discussions with user-groups would involve understanding their operational policies, assisting the next stage of design. RB noted the importance of users-groups cross examining the concept design to ensure the next stage of design is correct.		

3.4	Update from Overdale Reprovision	Action
MW noted that phase 5 of the user-group meetings were scheduled to take place on 19 and 20 May and that the managerial teams had been invited to attend. Feedback would be considered and the final design of the Les Quennevais School site would then be ready for phase 6 of the user-group meetings, taking place in early June. MW noted that the amount of available car parking spaces on site was a challenge but plans were being developed to mitigate this. CL noted that MW had been seconded to the Our Hospital Project as Transition Director. MW would be working at Overdale with the clinical and non-clinical teams based there, to ensure the successful reprovision of services to Les Quennevais School.		

3.4	Do Nothing	Action
Deferred to the meeting in June.		

	Date & time of next meeting
The date of the next meeting 14 June 2021 (Time: 16:00-17:30), Venue: Microsoft Teams	

Our Hospital Project - Clinical and Operational Client Group

Date: 14 June 2021	Time: 16:00-17:30	Venue: Halliwell Lecture Theatre and via Microsoft Teams

Present:		
Caroline Landon	Director General, HCS (CHAIR)	CL
Rob Sainsbury	Group Managing Director, HCS	RS
Paul McCabe	Chief Pharmacist	PMC
[redacted]	[redacted]	[redacted]
David Ng	Consultant Gastroenterologist	DN
Hilary Lucas	Operational Programme Manager	HL
Michelle West	Associate Managing Director, Care Groups	MW
Steve Graham	HR Director	SG
Miklos Kassai	Consultant	MK
[redacted]	[redacted]	[redacted]

In Attendance:		
Richard Bannister	Project Development Director – Our Hospital	RB
[redacted]	[redacted]	[redacted]
Ashok Handa	Clinical Director – Our Hospital	AH
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
Simon Chapman	Associate Medical Director Surgical Services (TEAMS)	SC
Paul Hughes	Consultant in Anaesthesia & Intensive Care	PH
Muktanshu Patil	Consultant Paediatrician and Neonatologist	MP
[redacted]	[redacted]	[redacted]

Welcome / Apologies

Apologies were received from:
Cheryl Power (Associate Chief for Allied Health Professions and Wellbeing)
Patrick Armstrong (Group Medical Director)
Anushka Muller (Director of Improvement and Innovation)
[redacted]
Rose Naylor (Chief Nurse)
Miguel Garcia-Alcaraz (Associate Medical Director Mental Health and Social care)
Andrew Mitchell (Consultant Cardiologist)
Maria Benbow (Group Director, Commercial Services)
Head of Finance Business Partnering – vacant role

1.	Minutes	Action
	The minutes of the meeting held on 3 March 2021 were approved.	

The action log was reviewed and update	

2.	Progress	Action
	[redacted] presented the Our Hospital Project (**OHP**) monthly dashboard report, which highlighted key deliverables, challenges, and risks. [redacted] noted that a [redacted] GS further noted that a key risk had been that some areas of design (wider highways network, landscape, design for the buildings other than hospital e.g. mental health, knowledge centre), were not as advanced as the rest of the design, however, these had caught up during the period. [redacted] noted that there was nothing that had impacted the scope of the project during the period therefore there were no new Change Requests on the Commercial and Contract Admin dashboard for COCG to consider. Nor had there been any significant changes to the project timeline during the period. [redacted] outlined the three areas that would require planning applications: main hospital, demolition and Change of Use at fLQS for the Overdale services reprovision. [redacted] noted that the main hospital application would be submitted in November, for which the RIBA 3 design stage had commenced. A key part of RIBA 3 includes what is required for the planning application, such as the Environmental Impact Assessment. The planning applications for demolition and reprovision were both planned to be submitted at the end of July 2021. [redacted] noted that some minor, early works could commence at the former Les Quennevais School site over the summer, to prepare and make safe the site in advance of the main fitout works. [redacted] advised that due to the nature of the applications the planning process for the demolition and reprovision was shorter than for the main hospital therefore applications submitted in July, would be likely to have a decision by October. RB advised that the process for the application for the main hospital would take 26 weeks, which was a reduced timeframe but one that still respected statutory periods and allowed time for the inspector to carry out a public enquiry. [redacted] noted that there were risks around the planning applications and for the Change of Use at fLQS application, the key risk was around travel, therefore a travel plan was currently being developed. [redacted] advised that submitting the demolition application alongside the reprovision application would benefit the overall project programme. **User-groups** AH noted that the design team were reworking Our Hospital designs to incorporate feedback from the clinical and non-clinical user-groups but also so they could confirm to the Political Oversight Group (**POG**), Scrutiny and the HCS Exec that the proposed size and shape of the hospital was correct. AH thanked HCS colleagues for their collaborative work at the user group meetings. AH advised that the next phase of user-groups would be scheduled to commence on 19 July, the invitations for which would be sent out imminently. HL noted that at future user group meetings, it should be highlighted that design of Our Hospital would be aligned with the operational transformation programme.	33

Overdale Reprovision Update

MW noted that there had been excellent engagement in the user-group meetings and the final design of the Les Quennevais School site ground floor had been finalised. MW highlighted the next steps:

- Office Accommodation review, allocation and share with users
- Review and refresh of equipment lists – identification of equipment gaps
- Commencement of Pharmacy storage relocation planning and outpatient medication / contingency provision review
- Source an alternative site for the Horticultural Group
- Review alternative ways of providing the Meals on Wheels service
- Preparation for and planning application submission at end of July
- Agree food provision on site for staff & visitors
- Development of a transport strategy
- Involvement of Modernisation & Digital regarding IT infrastructure

With regard to the transport strategy and additional carparking, AH noted that there was a potential agreement being discussed with the Les Quennevais Sports Centre and AH further noted that MW had started working with the FM team to develop an operational policy for how the former Les Quennevais School facility would work day to day, which COCG would review in Autumn.

DN advised that he had been asked by a Friend of Our Hospital, about the future of Overdale's Samares Rehab Ward. DN noted the importance of raising awareness that services were not being lost. RS advised that the rehab provision had not been lost and was being provided within the medical bed compliment within the Jersey General Hospital. RS noted that positive indicators were being seen with the new active rehab model in terms of lengths of stay. RS agreed it was important to convey a clear message that the rehab pathway continued but supported in the current bed base and that the inpatient facility would not be provided at the Les Quennevais School site. RS noted the potential to develop the Sandybrook facility, which was being considered by the Medical Care Groups.

RS further noted the importance of the Communications Strategy conveying to the Friends of Our Hospital and the public that if a specific department is not stated in the Functional Brief, it would still be provided as a clinical service, either within or outside of the hospital function. CL advised that communications work around the JCM would include the HCS Exec visiting the parishes, potentially with other Clinicians.

RS provided an update with regards to how work on the Jersey Care Model JCM) was progressing:

- Work started on Intermediate care space – now have an overnight nursing service, which should begin to impact on requirements for admission and inpatient services
- HCS 24 hub – care providers in the community

RS further noted that some progress has been made with setting up the Clinical Professional Senate, as well as the digital strategy team.

Digital Strategy

[redacted] noted the commencement of workshops around IM&T systems with the DDP and processes on 15/6, which would continue through June and July. JP further noted that a Digital Strategy update would be provided to COCG at the July meeting.

HL noted the DDP user-groups were ensuring that the new hospital would be digitally enabled, but did not cover the full scope of the Digital Strategy.

Private Patient Strategy

RS noted that the first Private Patient Strategy meeting had taken place and the next was scheduled to take place in three weeks; an update could therefore be provided to COCG at the July meeting.

Operational Policies

HL and MW would soon be gathering all existing operational policies from the care groups, with the intention of having the new policies ready for March 2022. These policies would tie in with the operational enhancements/efficiencies that are planned over the next 5 years.

3.1	Outline Business Case Executive Summary	Action
[redacted] noted that the OH Project had reached Hold Point 4 and were now at Outline Business Case (**OBC**) stage. The advanced status of the Strategic Outline Case (**SOC**) and the delivery strategy for the project had influenced the approach to the OBC. [redacted] further noted that this case was based on the more developed design and cost information now available and that all cases within the OBC had been reviewed and updated to reflect the more advanced stage of the project. The final version of the OBC would be tabled for approval at OH SOSG and POG during June. [redacted] advised that the OBC Executive Summary would be shared with the members of COCG.		[redacted]

3.2	RIBA 3 Engagement Plan	Action
[redacted] noted that RIBA 2 Design stage had been finalised, now moving into RIBA 3, Spatial Coordination. [redacted] further noted the clinical user groups in this stage would inform the design development ahead of planning; the design documents to be finalised for planning would be the design and access statement, planning drawings and technical reports. [redacted] outlined the deliverables of this stage: • Developed 1:200 scale plans to be agreed first, followed by: • Individual room layouts and requirements to be agreed (1:50 scale plans, C Sheets and Room Data Sheets) • Services to be discussed (nurse call points, access control points, small power, data) • Strategies to be finalised (waste, security, fire, art, sustainability, interior design) • Samples and examples of key materials to be reviewed and agreed. [redacted] confirmed that the application documents for the main hospital would be ready in draft in the autumn, with submission in November [redacted] noted that an Environmental Impact Assessment was being undertaken, as a requirement of the planning application.		

4.0	AOB	Action
DN noted that the operation of the crematorium was an issue for the whole of the island. RB noted that the current advise that the OHP had received was that the crematorium would remain in its current location therefore the project would need to be structured so that the construction and demolition could continue without impacting the operation of the crematorium and in the long-term, ensure that the operation of the hospital would also not impact. RB further noted that work by Customer and Local Services (**CLS**) was ongoing to consider the option of whether the service element of the crematorium should be relocated but no further advice or instruction had been received by the project. HL noted that in the recent user group meetings there were questions about how colleagues could access information about joining the Health Workers Panel. HL advised that the information would be provided via the care groups and Communications team so that more colleagues could have the opportunity to engage.		

	Date & time of next meeting
The date of the next meeting 14 July 2021 (Time: 16:30-18:00), Venue: Education Room 2, Peter Crill and via Microsoft Teams	

Government of JERSEY

Our Hospital | Project

Our Hospital Project - Clinical and Operational Client Group

Date: 14 July 2021	Time: 16:30-17:30	Venue: Education Room 2 Peter Crill and via Microsoft Teams

Present:		
Rob Sainsbury	Group Managing Director, HCS	RS
Caroline Landon	Director General, HCS (CHAIR)	CL
Paul McCabe	Chief Pharmacist	PMC
[redacted]	[redacted]	[redacted]
Michelle West	Associate Managing Director, Care Groups	MW
Steve Graham	HR Director	SG
Cheryl Power	Associate Chief for Allied Health Professions and Wellbeing	CP
[redacted]	[redacted]	[redacted]
Rose Naylor	Chief Nurse	RN
Maria Benbow	Group Director, Commercial Services	MB

In Attendance:		
Richard Bannister	Project Development Director – Our Hospital	RB
[redacted]	[redacted]	[redacted]
Ashok Handa	Clinical Director – Our Hospital	AH
[redacted]	[redacted]	[redacted]
Paul Hughes	Consultant in Anaesthesia & Intensive Care	PH
[redacted]	[redacted]	[redacted]

Welcome / Apologies

Apologies were received from:
Patrick Armstrong (Group Medical Director)
Anushka Muller (Director of Improvement and Innovation)
Miguel Garcia-Alcaraz (Associate Medical Director Mental Health and Social care)
Andrew Mitchell (Consultant Cardiologist)
Miklos Kassai (Consultant)
Hilary Lucas (Operational Programme Manager)
David Ng (Consultant Gastroenterologist)
[redacted]
Head of Finance Business Partnering – vacant role

1.	Minutes	Action
	The minutes of the meeting held on 17 May 2021 were approved. The action log was reviewed and updated.	

2.	Progress	Action
	[redacted] advised that the monthly highlight report would be circulated to COCG after the meeting. [redacted] noted that the planning application date for Our Hospital (**OH**) was under pressure but that the project team were working with Design and Delivery Partner (**DDP**) to still achieve the date. This was noted as a key risk. **Overdale Reprovision Update** MW provided an overview of the progress made in the last month: • Office Accommodation: agreement on numbers for fixed and hot desks • Review of the clinical floor space by a number of Overdale teams: Diabetes, Dietetics, Speech & Language Therapists, Occupational Therapy • Ongoing review of Staff lists • Catering Strategy developed, with finance to be costed. • Initial review of Medical Records held on site • Specification completed for Pharmacy Reprovision at Five Oaks • Project scoping meeting to review management of outpatient prescriptions once services relocate • Agreement with Les Quennevais Sports Centre to utilise some of their car parking Spaces • Engagement with Liberty Bus to divert a bus to service new facility • Ongoing preparation of the planning application for submission at end of July • Initial meeting held with Modernisation & Digital regarding IT infrastructure MW highlighted the next steps: • Office Accommodation to be finalised, intention is for open plan office, consistent across the departments – will decrease amount of work/costs • Review and refresh of equipment lists – identification of equipment gaps – has been delayed due to MJM not on island due to travel restrictions. • Commencement of Pharmacy storage relocation planning and outpatient medication / contingency provision review • Source an alternative site for the Horticultural Group – regular meetings to help progress • Review alternative ways of providing the Meals on Wheels service – further meeting scheduled for 15/7. • Preparation for and planning application submission at end of July • Agree food provision on site for staff & visitors • Development of a transport strategy • Involvement of Modernisation & Digital regarding IT infrastructure MW noted that a name is still to be agreed for the new facility. RS asked how a name would be identified. AH noted options regarding a school competition and island wide engagement had been suggested but that these might be costly and timely. Advice was being sought from Soundings but a new name would need to be identified within 6-8 weeks. AH noted that any feedback from colleagues regarding a facility name should be directed to MW. **Digital Strategy** MC noted that core initiatives that would be developing over the next few months: - EMA – Electronic prescribing and medicines administration - EPS	[redacted]

- VPA - PACS – Picture archive and communication system - EPR – Electronic Patient Records – due to replace Track Care in July 2022. Progressing at pace. Would be announcing winning vendor in the next few weeks. Next steps would be workshops with the vendor regarding their plan to migrate/integrate. EPR would be promoted amongst colleagues, who will be able to engage and interact with process [redacted] would be producing a roadmap to show the transition for HCS from a technical/digital perspective, this would link in with communication strategy to ensure messaging is conveyed efficiently. [redacted] noted that the digital strategy encompasses the entirety of HCS, including wider integrated care across the island. [redacted] noted that a digital board had now been set up. MB, MW and [redacted] to link in to help underpin the working practices for the Overdale Reprovision, which would act as a pilot for Our Hospital. **Private Patient Strategy** Update to be provided next month.	**MB/ MW/ [redacted]**

3.1	**Demolition Planning Application**	**Action**
[redacted] noted that the Design and Delivery Partner (**DDP**) had completed the planning application documents required for the demolition of the existing buildings at Overdale. Recommendation was being sought from SOSG to proceed with the submission of the planning application, once the Project Team had completed the work required to determine the planning application timing. Subject to SOSG approval, the planning application would be presented to POG for approval at the end of July, with a planning application submission on 29 July at the earliest, although the exact timing was still under review. [redacted] outlined the proposed phasing for the demolition works and noted that asbestos removal would commence first, followed by demolition in 3 phases, the first of which could take place from Q1 2022. The demolition phases were defined based on the current usage of the 20 buildings within the site and how readily the services could be relocated to the former Les Quennevais School. [redacted] further noted that approximately a third of the buildings to be demolished were derelict and unoccupied, with a smaller number still currently being used mainly for storage and clinical use; discussions with AH and HCS colleagues were ongoing to agree the phasing approach. [redacted] advised that to provide a safe environment, solid perimeter fencing (approx. 2.5m high) would be erected around the entire site boundary and this would be higher, closer the crematorium. AH noted that more detail regarding which services might be affected by the timing of phase 2 was required and once known, HCS Exec and COCG would be consulted as to what might be acceptable in terms of relocating them. AH noted the promise made to Clinicians regarding only relocating services once before being moved to OH; moving twice would be disruptive, although it was noted that clinical and non-clinical services might be regarded differently. [redacted] asked when the site would become owned by the DDP. AH suggested that because the demolition was to be carried out in phases, the DDP would only have control of the area related	

to each phase, as clinical services would still be taking place in other areas. When all clinical services were relocated, the DDP would take control on the site. RB noted that the operation of the Crematorium continues to be a careful consideration of the project.	

3.2	Les Quennevais School Planning Application	Action
[redacted] noted that in order to facilitate the reprovision of Overdale services at the former Les Quennevais School (**fLQS**), a planning application was required to obtain approval for the change of use of the building as well as the necessary reconfiguration works. The DDP have completed the necessary planning application documents required for the planning application. Recommendation was being sought from SOSG to proceed with the submission of the planning application. Subject to SOSG approval, the planning application would be presented to POG for approval at the end of July, with a planning application submission on approx. 29 July. An Environmental Impact Assessment screening letter had been submitted to Government of Jersey Planning Department on 29th June; but it was considered unlikely that EIA screening would be required. Planning approval was hoped to be received in winter 2021, so that construction works could commence in the first quarter of 2022. [redacted] reiterated the services that would be relocated to the fLQS and provided an overview of the site plan, which showed how the services would be accommodated. The project team confirmed that the wellbeing rooms were still included in the reprovision plans for fLQS.		

4.0	AOB	Action
MW and [redacted] would link in regarding HCS comms for OH. [redacted] to also be included. AH noted the next phase of clinical user groups were taking place week commencing 19 July.		

	Date & time of next meeting
The date of the next meeting 8 September 2021 (Time: 16:00-17:30), Venue: Halliwell Lecture Theatre and via Microsoft Teams	

Clinical & Operational Client Group
Notes of meeting

Date & Time: Wednesday 08 September 2021 at 16:00

Venue: Halliwell Lecture Theatre & Remote access via Teams

Present:

Caroline Landon – CL	Director General, Health and Community Services (partial)
Dr David Ng – DN	Consultant Gastroenterologist & Hepatologist
Rose Naylor - RN	Chief Nurse
Steve Graham – SG	HR Director
Ashok Handa - AH	Clinical Director – Our Hospital
Michelle West – MW	
Dr Simon Chapman – SC	Associate Medical Director Surgical Services
Dr Effie Liakopoulou – EL	Associate Medical Director Medicine
Dr Patrick Armstrong – PA	Consultant Trauma & Orthopaedic Surgeon
Dr Caroline Jenkins – CJ	Consultant Anaesthetist
Dr Benjamin Hughes- BH	Consultant Urological Surgeon
Nicola Charles – NC	Acting Consultant & Clinical Lead
Dr Alun Roberts – AR	Consultant Anaesthetist
Dr Alexander Crowther – AC	Consultant Radiologist
Dr Owen Hughes – OH	Consultant General Paediatrician
Dr Mike Richardson – MR	Consultant Physician, Care of the Elderly
Enda McVeigh – EMV	
[redacted]	[redacted]

In Attendance:

Rob Sainsbury – RS	Group Managing Director, Health and Community Services
Richard Bannister – RBa	OHP Development Director
[redacted]	[redacted]
Maria Benbow- MB	Group Director, Commercial Services
Miguel Garcia-Alcaraz –MGA	Associate Medical Director Mental Health and Social care
[redacted]	[redacted]
Dr Paul Hughes –PH	Associate Medical Director
Dr Anuschka Muller – AM	Director Improvement and Innovation
Dr Adrian Noon – AN	AMD Primary, Preventative and Intermediate care group
[redacted]	[redacted]
[redacted]	[redacted]

	Action Person/Date
WELCOME AND APOLOGIES CL welcomed all to the meeting.	

	Action Person/Date
Apologies were noted for Miklos Kassai, [redacted], Nicholas Dodds and [redacted].	
NOTES OF PREVIOSU MEETING CL reviewed the previous minutes and they were agreed as an accurate reflection.	
PREVIOUS ACTIONS The rolling action log was reviewed and updated.	
Progress Report <u>Risks/Issues</u> [redacted] advised that the monthly highlight report is due to be completed and will be shared once done, however the top risks remain unchanged from the previous meeting and are as follows: - [redacted] - The DDP being able to submit the planning by the 15th November due date - Risks with the quality of the planning application and concerns that the planning inspector could disregard previous government decisions, opening the project back up to site selection <u>Updates (Hospital Design, Reprovision of services from Overdale)</u> MW relayed that the planning application to convert Les Quennevais School into a health facility was submitted in early August. Enabling works have commenced with the soft stripping, repairs to the roof and addressing the asbestos. The architect issued new designs of the redeveloped office space and these will be shared with users in the upcoming user group meetings. There is also plans for the Pharmacy reprovision to consider. CL enquired about the morale of the staff at Overdale. MW advised that overall the staff were positive and engaged. AH noted that it was agreed the best course of action would be to submit the Les Quennevais school planning application and the Overdale demolition of unused buildings application separately. The demolition application will be submitted in the coming weeks. A discussion was had around the impact of demolition on the flow of traffic at the site and the need to start moving services once the demolition begins, to alleviate the strain on traffic/parking. CL asked MW to begin conversations with the services regarding the transfer to Les Quennevais and to issue a bulletin to JGH. <u>Wider Dependencies</u> **Digital Strategy** - From next month Enda McVeigh (EM) will be issuing the report - ETR is on track. Negotiations with the selected bidder are ongoing but soon to come to a close - There are two Information Management & Technology workshops remaining and the information gathered from the series of meetings will be collated and fed into the requirements for the hospital document **Private Patient Strategy** - The Private Patient strategy has not progressed. There have been discussions for the need to recruit a Private Patients Manager	**33** MW to issue bulletin to JGH

	Action Person/Date
It was noted that the Scrutiny Committee are providing push back on funding for a Private Patient Facility using the public purse and are requesting modelling for future income generation. AH asked for the Clinicians to provide data to help defend the need for a Private Facility, for example on services that could be offered in the new facility that patients currently travel off island for; or examples of patients who currently opt to use the Public service as they see little benefit from the current Private offering. A conversation was had by Clinicians on the positive impact that a first class Private Facility could have on a community and its economy. CL asked AM and team to take this forward and develop the Private Patient Strategy.	AM/Team to develop Private Patient Strategy
KEY DISCUSSION ITEMS <u>Architectural Update including Draft Landscape and Visual Impact</u> [redacted] presented the following changes that have been made to the design following the user group consultations: **Lower Ground Floor** - Footprint has been reduced aproximatley 15 meters to help reduce the overall size of the building which had been raised as a concern following the finalisation of Stage 2 - TSSU will move down on to the front elevation to allow for natural day light - Increase of natural light to elevations - Removal of Staff Change to Level 01 **Level 0** - Emergency and Acute Care has been remodelled and the Urgent treatment footprint has been slightly reduced with the difference being added to Diagnostics - IRU suite added to Diagnostics - Patient and Staff café has been relocated to be alongside Staff Wellbeing allowing for OPD to occupy the majority of the South Side elevation - Front entrance has been brought backwards to enable a larger public domain at the front of the building **Level 1** - Critical Care has been moved to the front side of the building to accommodate a hot lift directly to the Resus Unit, ED Department and Imaging - Endoscopy has moved to the other side of Theatres - Theatres has been reduced due to the IRU Suite having been moved to Level 0 - Admin and offices have been allocated to the previous IRU space with the intention future proofing that area - Paediatrics will now have access to an internal, self-contained courtyard play space **Level 2** - Plant has been removed from the roof and placed on Level 2, this it to reduce the number of risers throughout the building which makes the clinical footprint more flexible should the building need to be modified to meet future demands - This will also allow for On call rooms to either be directly below the Wards or directly above Theatres & Critical Care **Level 3** - To reduce the overall height of the building and to accommodate all of the Adult Inpatient beds on one floor, the bed configuration has been remodelled and will now comprise of 4 x 30 bed wards which can be broken down into various pods in line with the 6:1 ratio - **Level 4**	

	Action Person/Date
- The Private wing has moved from the 2nd floor with access to the roof terrace - Chemotherapy will have a direct link from the 4th floor to the ED carpark to lessen the distance of travel for Chemotherapy patients - Majority of admin & offices will be on the 4th floor with access to the roof terrace **Master Plan** - The Mental Health facility has been moved 5 meters to the West to offer more privacy for both patients and neighbouring properties - Improvements to the fire access route enables the saving of more trees - All accessible parking has been moved closer to the building - South East corner has been set back considerably following concerns from the Jersey Architectural Commission - The multi storey car park has been reduced by one floor **Mental Health Facility** - The facility has been modified to become a single storey building removing the need for lifts & staircases - Courtyard space has been increased and an additional third courtyard has been added [redacted] explained that the reformation in the brief has enabled a series of moves on the building to respond positively to building concerns from planning: - Reducing the overall height - Reducing the bulk in sensitive areas - Pushing the building in from the North and South CIG images were shown, from various different vantage points across the Island, simulating what the hospital will look like from a distance and comparing images before and after the proposed changes.	
AOB No other business.	

Government of JERSEY

Our Hospital | Project

Our Hospital Project - Clinical and Operational Client Group
Minute 021

Date: 11 October 2021	Time: 16:30-17:30	Venue: Halliwell Lecture Theatre and via Microsoft Teams

Present:		
David Ng	Consultant Gastroenterologist & Hepatologist	DN
Steve Graham	HR Director	SG
Michelle West	Associate Managing Director, Care Groups	MW
Paul McCabe	Chief Pharmacist	PMC
Nicola Charles	Acting Consultant & Clinical Lead	NC
Dr Benjamin Hughes	Consultant Urological Surgeon	BH
Dr Owen Hughes	Consultant General Paediatrician	OH
Dr Enda McVeigh	Consultant Gynaecologist	EMV
Dr Mike Richardson	Consultant Physician, Care of the Elderly	MR
Dr Muktanhsu Patil	Consultant Paediatrics & Neonatology	MP
Dr Paul Hughes	Associate Medical Director	PH
Dr Andrew Mitchell	Consultant Cardiology	Ami
Dr Anuschka Muller	Director Improvement and Innovation	Amu
[redacted]	[redacted]	[redacted]

In Attendance:		
Richard Bannister	Project Development Director – Our Hospital	RBa
Rob Sainsbury	Group Managing Director, HCS	RS
[redacted]	[redacted]	[redacted]
Maria Benbow	Group Director, Commercial Services	MB
Ashok Handa	Clinical Director – Our Hospital	AH
[redacted]	[redacted]	[redacted]
Dr Caroline Jenkins	Consultant Anaesthetist	CJ
[redacted]	[redacted]	[redacted]
Dr Adrian Noon	AMD Primary, Preventative and Intermediate care group	AN
Hilary Lucas	Operational Programme Manager	HL
[redacted]	[redacted]	[redacted]

Welcome / Apologies
Apologies were received from: [redacted] Patrick Armstrong (Group Medical Director) [redacted] Rose Naylor (Chief Nurse)

1.	Minutes	Action
The minutes from the previous meetings were not agreed in time for the meeting therefore RS asked that they be circulated and signed off remotely. The action log was reviewed and updated.		Action 01 Minute 021 [redacted]

2.	Progress	Action
Risk/Issues [redacted] noted the current key project risks. **Changes** [redacted] noted that there was one potential change that has been requested: - *All windows to be openable* This change may have an effect on the ventilation strategy and is a potential change to the scope. The implications to this are currently being explored. **Updates** Hospital Design, Reprovision of Services from Overdale AH advised that the planning application has been submitted and a determination from the planning committee is expected by the end of 2021. The planning for the demolition has also been submitted with the determination expected no earlier than January 2022. The main hospital works application is on course to be submitted by the 15th November. User Groups are ongoing to establish the requirements for the size and shape of the departments. It was agreed that the follow up User Groups planned for December should be re-scheduled to January. AMi requested that the floorplans and master plan of the site be shared. It was agreed that the latest Virtual Exhibition boards would be printed and displayed in the General Hospital and at Overdale. **Wider Dependencies** Digital Strategy GR/MC provided an update on the following: - Electronic Patient Record (EPR) Discussions to procure the preferred provider will be coming to a close imminently. The commencement of the implementation of the solution will begin this month with the onboarding of the supplier, and the Phase 1 period then completing in November 2022 with a like for like replacement of current functionality. Following the selection of the software there will be two further procurement stages. One being the partner who will help implement and configure the system to help get the best from a clinical process and pathway perspective, and the other is a partner to lead the data migration.	

- Vendor Neutral Archive (VNA) Implementation has begun with Radiology due to be fully migrated by the end of 2021. Other services will start to migrate from January 2022 in order of priority. - OHP IM&T Work stream The IM&T Team, guided by Mace, Arup and ROKFCC have facilitated workshops and identified the relevant stakeholders that need to be engaged with. Clinical and Non-clinical workshops were set up to discuss various scenarios to help define the requirements and what the implications are to the design. The subject matters identified to get the most out of configuring and scoping digitally were: -New ways of working -Digital Technologies -Smart Estates **Private Patient Strategy** AMu advised that the Private Patient Strategy has been allocated to the Modernisation Team. Over the coming weeks, a Rapid Strategy will be developed with a draft strategy expected before the end of 2021.	

3.1	Key Discussion Items	Action
	Updated Virtual Exhibition Boards [redacted] advised that the updated virtual exhibition is now live on the Our Hospital website which outlines the changes that have been made to the design since the RIBA stage 2 virtual exhibition. The exhibition also explains how the feedback has been taken on board and sets out the views and next steps. AH asked [redacted] to send copies of the exhibition over to MW so they can be displayed across Overdale and the General Hospital. DN suggested putting a printed pullout in the Jersey Evening Post.	**Action 02** **Minute 021** **[redacted]/MW/AH**

4.0	AOB	Action
No other business was noted.		

	Date & time of next meeting
The date of the next meeting 4 November 2021 (Time: 10:00-11:30), Venue: Room 2, Education Centre, Peter Crill House and via Microsoft Teams	

Our Hospital Project - Clinical and Operational Client Group
Minute 022

Date: 04 November 2021	Time: 10:00-11:30	Venue: Room 2 Education Centre, Peter Crill House and via Microsoft Teams

Present:		
Caroline Landon	Director General, Health and Community Services (partial)	CL
Rob Sainsbury	Group Managing Director, HCS	RS
Hilary Lucas	Operational Programme Manager	HL
Rose Naylor	Chief Nurse	RN
David NG	Consultant Gastroenterologist & Hepatologist	DN
Michelle West	Associate Managing Director, Care Groups	MW
Richard Bannister	Project Development Director – Our Hospital	RBa
Ashok Handa	Clinical Director – Our Hospital	AH
Dr Caroline Jenkins	Consultant Anaesthetist	CJ
Dr Effie Liakopoulou	Associate Medical Director Medicine	EL
[redacted]	[redacted]	[redacted]

In Attendance:		
Paul McCabe	Chief Pharmacist	PMC
Nicola Charles	Acting Consultant & Clinical Lead	NC
Dr Owen Hughes	Consultant General Paediatrician	OH
Dr Anuschka Muller	Director Improvement and Innovation	Amu
[redacted]	[redacted]	[redacted]

1.	Welcome	Action
CL welcomed all to the meeting. No apologies were noted. The minutes from June and July were approved. The rolling action log was reviewed and updated.		

2.	OHP Progress	Action

Risk/Issues

[redacted] highlighted the main risks facing the project with a brief explanation for each.

CL asked RBa to elaborate on the top risks which are identified as 'Red' category. [redacted]

35

RBa also noted that there are concerns that if [redacted]

35

Timeline

[redacted] shared a slide detailing the current timeline of the project with key milestones.

Updates

Reprovision of Services from Overdale

MW advised that the panning by-laws have been approved. A number of planning queries were sent through and draft responses have been prepared.

MW explained that the next stage is to look at 1:50 rooms and that detail within the core rooms for Consult Exam, Multifunctional Team room and Dirty/Clean Utility with ongoing input from users. Equipment requirements are also being reviewed.

Wider Dependencies

Digital Patient Strategy

[redacted] provided an update on the current digital patient strategy projects:

- Electronic Patient Record (EPR)
  The project has reached contract signing and work is ongoing with the supplier to build the implementation plan and work stream required to support the initial configuration work and the start of the data migration strategy.

  [redacted] added that a new project has commenced 'Jersey Demographics Service Project', and the PAX and Vendor Neutral Archive (VNA) projects are on track.

RBa asked if the data migration to the new EPR will have been completed in advance of staff moving to the new hospital. GR confirmed this is correct.

Private Patient Strategy

AMu advised that has been allocated to the Modernisation Team. Over the coming weeks a Rapid Strategy will be developed with a draft strategy expected before the end of 2021.

3.1	Key Discussion Items	Action

High Level Arts Strategy

[redacted] gave a presentation on the projects approach to the art strategy for the new hospital. The objective is to enhance the quality of the healthcare experience for patients, families, visitors, staff, and the whole Island community. Consultation with a range of local creative industries professionals is ongoing alongside youth stakeholder engagement. It is proposed that the arts strategy and the public art commissioning be overseen by a dedicated Hospital Arts Steering Group with representation from a range of stakeholders. [redacted] noted that where possible, a Jersey first approach will be taken to select the artists and the tendering process will follow the hospital's procurement guidelines. A variety of locations for artworks, both internally within the hospital and externally in the surrounding landscape, have begun to be identified as well as the various types of artwork e.g. way finding, live/interactive art. AH asked COCG members to come forward if they were interested in joining the Arts Steering Group. A discussion was had around a recent visit that [redacted] RBa and John Le Fondre took to the zoo. It was noted that as an example, a children's hospital in Australia has incorporated animals into their art strategy with research showing the positive impact of this on wellbeing, recovery and staff retention.	

3.2	**Planning Application**	**Action**
[redacted] shared a timeline detailing the key dates for the sharing of the planning application material. [redacted] and [redacted] joined and gave a presentation on the planning application timelines. Images for the master plan and landscape, and designs for the buildings were shared.		

4.0	**AOB**	**Action**
AH gave an update on the recent round of user groups and the timeline for the next set.		

	Date & time of next meeting
The date of the next meeting 2 December 2021 (Time: 09:00-10:30), via Microsoft Teams	

Government of JERSEY

Our Hospital | Project

Our Hospital Project - Clinical and Operational Client Group

Date: 02 December 2021	Time: 09:00 – 10:30	Venue: Microsoft Teams

Present:		
Caroline Landon	Director General, Health and Community Services (partial)	CL
Rob Sainsbury	Group Managing Director, HCS	RS
Rose Naylor	Chief Nurse	RN
[redacted]	[redacted]	[redacted]
David NG	Consultant Gastroenterologist & Hepatologist	DN
Michelle West	Associate Managing Director, Care Groups	MW
Richard Bannister	Project Development Director – Our Hospital	RBa
Ashok Handa	Clinical Director – Our Hospital	AH
Dr Caroline Jenkins	Consultant Anaesthetist	CJ
Dr Enda McVeigh	Consultant Gynaecologist	EMV

In Attendance:		
[redacted]	[redacted]	[redacted]

1.	Welcome	Action
CL welcomed all to the meeting. Apologies were received from Andrew Mitchell. The open actions were reviewed. MW[redacted] provided a brief update.		

2.	OHP Progress	Action
Risk/Issues RBa highlighted the main risks associated with the projects and provided a brief explanation for each. [redacted] RBa also noted that the interdependencies risk should be categorised as an Amber risk, not Red as noted. [redacted]		33 33

[redacted]	33

Timeline

[redacted] shared a slide detailing the current timeline of the project with key milestones. The submission of the planning application was a major milestone completed since the last COCG meeting.

Updates

Main Hospital

AH informed COCG that the planning application has been submitted and apologised for not issuing an internal communication to clinical colleagues prior to the submission. AH is to liaise with [redacted] from GoJ comms to draft the wording for a communication to all HCS staff to inform them on the planning application submission. [redacted] to issue when ready.

AH advised that the next round of Clinical User Groups will start w/c 06 December 2021, with a further round scheduled w/c 10 January 2022.

Reprovision of Services from Overdale

MW advised that the reprovision drawings are nearing finalisation. The planning application decision is due w/c 06 Dec and MW / RN will be in attendance at the Town Hall to receive the decision.

Wider Dependencies

Digital Patient Strategy

No update.

Private Patient Strategy

[redacted] presented a slide deck on the private patient strategy. [redacted] advised that work will commence to develop the strategy in December before holding consultation meetings in January 2022.

[redacted] 35

3.1	Key Discussion Items	Action
No items for this meeting.		

4.0	AOB	Action
COCG requested that the minutes from the previous meeting are circulated ASAP, and for future meeting minutes to always be issued in advance of the next meeting.		[redacted]

	Date & time of next meeting
The date of the next meeting 13 January 2022 (Time: 12:00-13:30), via Microsoft Teams	

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Our Hospital | Project

Our Hospital Project Clinical and Operational Client Group
Minute 023

Date: 13 January 2021	Time: 12:00-13:30	Venue: Microsoft Teams

Present		
Caroline Landon	Director General, Health and Community Services	CL
Rose Naylor	Chief Nurse	RN
David Ng	Consultant Gastroenterologist & Hepatologist	DN
Michelle West	Transition Director	MW
Ashok Handa	Clinical Director – Our Hospital	AH
Maria Benbow	Group Director Commercial Services	MB
[redacted]	[redacted]	[redacted]
Hilary Lucas	Operational Programme Manager	HL
Paul McCabe	Chief Pharmacist	PMc
[redacted]	[redacted]	[redacted]
Anuschka Muller	Director of Improvement & Innovation	AM
Steve Graham	HR Director	SG
Attendees		
[redacted]	[redacted]	[redacted]
Richard Bannister	Project Development Director – Our Hospital	RB
Alexander Crowther	Consultant Radiologist	AC
Dr Enda McVeigh	Consultant Gynaecologist	EM
[redacted]	[redacted]	[redacted]
Matthew Stevenson	Consultant	MS
Muktanshu Patil	Consultant Paediatrics and Neonatology	MP
Simon Chapman	Consultant	SC
[redacted]	[redacted]	[redacted]
Apologies		
[redacted]	[redacted]	[redacted]
Cheryl Power	Associate Chief for Allied Health Professions and Wellbeing	CP
Miklos Kassai	Consultant	MK
Miguel Garcia-Alcaraz	Associate Medical Director Mental Health and Social Care	MGA
Mitul Chandarana	Head of Finance Business Partnering, Our Hospital	MC

1.	Welcome	Action
CL welcomed all to the meeting. Three previous minutes were circulated prior to the meeting for formal approval at this meeting. The minutes from 11 October 2021 and 04 November 2021 were formally approved at the meeting, with the minutes for the 02 December 2021 to be re-circulated for formal approval at the next meeting on 16 February. The open actions were reviewed with updates provided by MW/AH. The action log was updated.		

2.	OHP Progress	Action
	[redacted] highlighted the [redacted] associated with the project and provided a brief explanation for each.	
	[redacted]	33
	[redacted]	33
	[redacted] queried the process for approving Health Technical Memorandum derogations. It was confirmed that any design derogations will be shared with COCG for sign off. **Action 1: Following [redacted], if there are any design derogations to be considered, these will be shared with COCG for sign off.**	**AH/MW** 33
	Timeline [redacted] shared a slide detailing the current timeline of the project with key milestones.	
	Updates Main Hospital AH provided an update and noted that Clinical User Group meetings were held before Christmas, with further meetings being held this week. Most rooms now have 1:200 scale drawings completed, with work progressing on the 1:50 scale drawings. AH reported that 65% of the rooms in the hospital have been agreed at 1:50 scale. Further Clinical User Groups are scheduled in February for which the target is to have all 1:200 scale drawings completed.	
	Reprovision of Services from Overdale MW provided an update. [redacted]	33
	The Overdale demolition planning committee meeting is scheduled to take place on the 3rd . The current plan is to commence demolition / strip out works at Overdale towards the end of 2022, September being the very earliest works would start. MW advised that this would only be to the derelict / unoccupied buildings initially to remove any asbestos. [redacted] questioned whether HCS will need to support the DDP with the decommissioning of Overdale as this will need to be factored in to workforce planning. RB suggested that HCS will be needed	

to help install IT and to decommission, transport and recommission equipment into the former Les Quennevais School. [redacted] . **Wider Dependencies** Digital Patient Strategy GR presented a slide deck on the Digital Patient Strategy. GR talked through the digital highlights and noted that the Electronic Patient Records project has completed procurement and has moved into implementation. The Health Demographics project has now started. CL suggested that once the Overdale reprovision project has completed the move to the former Les Quennevais School, it presents a unique opportunity for HCS to 'trial' potential software of processes before implementing into the new hospital. **Action 2: GR / EM to review potential options for former Les Quennevais School Digital Strategy** Private Patient Strategy [redacted] presented a Private Patient Strategy slide deck. Current target is to complete the strategy by early July 2022.	35 **GR/EM** 16/02/22

3.1	Key Discussion Items	Action
	[redacted] requested to be included in all comms discussion to ensure information can be circulated to all HCS staff. **Action 3: Regular meeting to be set up between Carl Walker / [redacted] to discuss internal comms messaging**	**MW** 16/2/22

4.0	AOB	Action
	CL raised that the FM2026 workstream have had several meetings and agreed a hybrid model which has been discussed but is yet to be presented to HCS Exec. **Action 4: FM2026 meeting to be presented to HCS Exec**	[redacted] 16/02/22

	Date & time of next meeting
	The date of the next meeting 16 February 2022 (Time: 13:00-14:30), via Microsoft Teams