

# Officer Steering Group - Hospital



Date of meeting – Thursday, 16 May 2019 at 10am

Venue – The Office of the Chief Executive, 1<sup>st</sup> Floor, Broad Street,

Welcome and Apologies

Present:

Charlie Parker "CP" - Chief Executive & Head of the Public Service (Chair)

Caroline Landon "CL" – Director General, Health and Community Services

Richard Bell "RB" – Director General and States Treasurer

Stephen Hardwick "SH" – Director of Communications

John Rogers "JR" – Director General for Growth, Housing and Island Environment

Stephen Mair "SM" – Group Director, Performance, Accounting and Reporting

Michael Thomas "MT" – Director of Risk and Audit, Treasury

Andrew Scate "AS" – Group Director, Regulation

In Attendance:

██████████ - Office of the Chief Executive (minutes)

Maria Benbow "MB" - Group Director Commercial Services

Richard Bannister "RBa" – Interim Hospital Project Director

Apologies:

Meeting notes:

	Action Person/Date
CP outlined the format of the meeting: <ul style="list-style-type: none"><li>• Proposed governance arrangements</li><li>• Overview of the proposed model for healthcare, of which CL is the lead and will present.</li><li>• An overview of the proposed timetable and cost, together with procurement.</li><li>• The organisation of the group and how it will be supported</li><li>• Proposals for the initial POG on 29 May.</li></ul>	
CP acknowledged the importance of JR and the team's work to date, in particular the Hospital Governance report, which all need to read. Circulated	

<p>prior to the meeting and attached.</p> <p>In order for the Steering Group to support the Political Oversight Group, a better understanding is required of:</p> <ul style="list-style-type: none"> <li>• The structure of the POG meeting.</li> <li>• Details and rational for a project champion.</li> </ul> <p>The new model of health care will lead and inform the rational for the new hospital, and the subsequent specification. This will then inform work on finances and then the construction.</p> <p>The main Steering Group will be supported by additional members or work streams where appropriate to deal with specialist areas.</p> <p>CP will chair the meetings, which will take place monthly, through the governance phase up to the financial business case next year.</p>	<p>All</p>
<p>CL highlighted that there is a defined gap in the clinical specification which will require additional specialist support from a medical perspective to be brought in.</p>	<p>CP</p> <p>CL</p>
<p>All agreed John McNerney should also be included as a member of the group.</p>	
<p>Richard Bannister will lead the project as Interim Project Director, after which a permanent Director will be procured.</p>	
<p>Maria Benbow will lead the procurement process. Discussions are currently taking place to secure a procurement specialist.</p>	<p>MB</p>
<p>Stephen Hardwick to produce communications to support procurement.</p>	
<p>It has been agreed by Ministers that construction partners will be procured early for a new hospital.</p>	<p>SH</p>
<p>Scrutiny will have a direct role in political engagement. Kristina Moore will chair the Scrutiny Panel. However, it will not be a specialised hospital panel as in the past.</p>	
<p>The timeframe for the planning process will require further discussion following approval of funding to support the process.</p>	
<p>JR agreed that responsibility for the budget will sit with CL at this point. MT will have a pivotal role ensuring scrutiny is properly briefed throughout the process, but may not need to attend every meeting.</p>	<p>CL</p> <p>MT</p>
<p>JR to work with MT to inform discussion on the governance document.</p>	

Treasury Green book model for SOC and OBC will be adopted, underpinned by the governance framework, based on GHE processes, OGC and MSP.

MT/JR

Richard Bannister was asked to make connections with ██████████ in M&D.

All

Steering group members will be expected to attend the Political Oversight Board is on 29<sup>th</sup> May.

There will be a Head of Communications leading for the project with access to the government's marketing and social media resources.

The CM's report outlines that it is a very tight and ambitious timetable which will dictate what we do.

Key Actions:

- CL will be the Strategic Lead (SRO)
- MT will oversee the Governance Framework
- SH will look after the communications
- CP to chair steering group
- All to attend the POG on 29<sup>th</sup> May, CEO's p.a. (██████████) to send out invitations.
- RBa to make connections with ██████████
- Discussions about potential secondments and procurements can commence.
- The next meeting will include a discussion on procurement.
- Funding approval to be sought from IAB by SM
- OB to set up meetings. Next meeting in two weeks and there after every month.

# Senior Officer Steering Group Notes of meeting



**Date of meeting – 4 June 2019**

**Venue – Archirondel, Broad Street**

## 1. Welcome and Apologies

### Present:

Charlie Parker - CP - Chief Executive & Head of the Public Service

Caroline Landon - CL - Director General, Health and Community Services

John Rogers - JR - Director General, Growth, Housing and Environment

Andy Scate - AS - Group Director, Regulation

Mike Thomas - Director, Risk and Audit

Stephen Hardwick - SH - Director of Communications

Steve Mair - SM - Group Director, Performance Accounting and Reporting

Richard Bell – RB – Director General and States Treasurer

### In Attendance:

Richard Bannister - RBa - Interim Project Director

Maria Benbow - Group Director, Commercial Services

██████████ Office of the Chief Executive

██████████ Office of the Chief Executive (minutes)

### Apologies:

## 2. Approval of Meeting notes

The previous meeting notes were reviewed and agreed with the following exceptions:

██████████ is in M&D not Treasury.

Kristina Moore, spelling error to be changed.

Andy Scate is Group Director, Regulation

██████████ agreed to correct the previous meeting notes.

## 3. Notes of Meeting

Minute	Feedback from POG meeting and actions of previous meeting:	Action Person/Date
001	<p>Key actions from the last meeting of POG were reviewed.</p> <p>CL will set up a Client group, the first meeting of which will take place before 21 June. Terms of Reference for all governance groups have been drafted and will be agreed at the next SOSG.</p> <p>A briefing paper that outlines the governance of the project is to be drawn up to present at POG on 21 June. This paper will outline:</p> <ul style="list-style-type: none"> <li>meeting and agenda processes</li> <li>roles and responsibilities</li> <li>document control and management</li> <li>access to documents</li> <li>key risk.</li> </ul> <p>RBa – The project will follow PRINCE2 methodology and for financial appraisal will be managed using the HM Treasury Green Book approach,</p>	<p>CL</p> <p>MT</p> <p>SM/RB</p>

	<p>which also provides structure for the consultation processes.</p> <p>It was noted that [REDACTED] will not be able to support the project at this stage. So an alternative dedicated project resource is still needed.</p> <p>Funding approval for the Start Up phase of the project was discussed, which will be expedited for sign off week commencing 10 June. CP has asked that the Ministerial Decision is noted by POG on 21 June. This was agreed.</p> <p>POG meeting notes - The Board agreed that they had received and read the meeting notes of Wednesday 29 May. The POG meeting notes were agreed to be forwarded to the meeting on 21 June 2019.</p> <p>A date is to be set for the summary briefing for POG on the subject of the HM Treasury Green Book.</p> <p>RBa explained that a first 12 weeks plan for the Start Up phase of the project will be drawn up and presented to POG on 21 June. RBa noted the risk that experienced PMO support needs to be in place in order to adequately progress the project. CP asked for a progress update on the procurement position before the next meeting. AS was asked to prepare a brief for POG on planning challenges, the island plan and public interest plan.</p> <p><b>002 Richard Bannister, progress note.</b></p> <p>RBa reviewed his progress update paper.</p> <p>Procurement -</p> <p>Job specs for the various roles are being pulled together and secondment arrangements are being discussed. A lead from HR is needed to help with this.</p> <p>The Interim Project Director is in post until at least the end of 2019, pending recruitment of a permanent Project Director. His current appointment expires at the end of September.</p> <p>A brief is required outlining all roles and responsibilities of the anticipated project team, together with costs and timelines of procurement for POG to sign off. This procurement paper will be needed for 21 June.</p> <p>There will be a need for a clinical team to be recruited to support this part of the project that will work closely with the Group Medical Director, John McInerney. It was agreed that when a Clinical Lead is appointed, they will need to liaise with JR to review supporting documents from the Future Hospital project to see what could be utilised as part of the new hospital project.</p> <p>Construction and development -</p> <p>It was agreed that a construction and development brief will need to be ready by the summer break and the PMO would support this. A tender will need to be out by 21 June.</p> <p><b>003 Governance</b></p> <p>It was highlighted that Clinical Governance is needed to link in with Corporate Governance. CL to meet with JR and MT to work through this.</p>	<p>[REDACTED]</p> <p>SM</p> <p>RBa</p> <p>MB</p> <p>AS</p> <p>RB</p> <p>MB</p> <p>CL/JR</p> <p>MB</p> <p>CL/JR/MT</p>
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004	<p>With regard to document management, Egress will be used as a secure storage area for now but the hospital project group will be prioritised for O365 roll-out. MB was happy to follow this up with John Quinn. Data from the 'Future Hospital Project' needs to be reviewed in detail to determine which documents could be useful for the Our Hospital project. HCS colleagues will support this initiative.</p> <p>It was agreed by the group that robust document management is critically important to the project and an archivist should be considered as part of the project team to take control of all the documents storage and version control. This will be looked at in the procurement exercise.</p> <p><b>Our Hospital POG meeting, 21 June – Next steps</b></p> <p>Papers due for the meeting on 21 June will need to be distributed by Monday 17 June and <b>therefore ready by 14 June for sign off.</b></p> <p>POG and SOSG meetings should be booked through for a year. CL will chair SOSG in place of CP if needed. Some Officers need only attend elements of the POG meeting relevant to them. It was agreed that CP, CL, JR, SH, RBa, MT and ■ would be core officer attendees.</p>	<p>MB</p> <p>CL</p> <p>MB</p> <p>CL</p>
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#### 4. Date of Next Meeting

Minute 001	<p>Friday 12 July at 12.00</p> <p>Venue: Broad Street, Council of Ministers (Archirondel)</p>	
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# Senior Officer Steering Group Notes of meeting



**Date of meeting – 12 July 2019**

**Venue – Archirondel, Broad Street**

## 1. Welcome and Apologies

### Present:

Charlie Parker - CP - Chief Executive & Head of the Public Service (Chair)

Caroline Landon - CL - Director General, Health and Community Services

John Rogers - JR - Director General, Growth, Housing and Environment

Mike Thomas - Director, Risk and Audit

Stephen Hardwick - SH - Director of Communications

### In Attendance:

Richard Bannister - RB - Interim Project Director

Maria Benbow - Group Director, Commercial Services

██████████ – Office of the Chief Executive (minutes)

### Apologies:

██████████ – Office of the Chief Executive

Richard Bell – RBe Director General and States Treasurer

Andy Scate - AS - Group Director, Regulation

## 2. Approval of Meeting notes

The previous meeting notes were reviewed and agreed.

## 3. Notes of Meeting

Minute 001	Project Management and Governance	Action Person/Date
	<p>SOSG agreed to accept the Chief Minister's report as the mandate.</p> <p>Governance arrangements and group TORs documented in the Project Brief were agreed.</p> <p>It was agreed to structure the project agendas in line with HM Treasury Green Book using the 5-case model.</p> <p>The work streams were agreed, with any observed gaps to be filled as the project progresses.</p> <p>SOSG agreed the PID according to the CPMO processes, noting it was prepared at the start-up stage and therefore will be replaced by more detailed subsequent papers.</p> <p>RB presented the proposed stage gates for review. These gates were proposed to be assurance points agreed/opened through political approval. JR asked that POG be consulted as to whether this was appropriate or whether an external third party should be engaged to provide independent assurance. Following a discussion at POG RB, JR and MT will agree and document the proposed stage gate governance process.</p>	<p>MT</p>

<p>The 12-week project plan was reviewed and agreed, the action log is to be updated.</p> <p>The risk management strategy was approved. MT has arranged a risk workshop as part of the risk management strategy. It was agreed that good attendance was needed for this. A further invite is to be sent out week beginning 15 July to secure attendance.</p> <p>Responsibility for Hospital Employer's Requirements document, as the basis of the brief to the design and construction partner sits with the client group. However, preparation of the document will be by the Health Planners who are to be procured in due course.</p> <p>Responsibility for ownership band sign-off of Strategic, Outline and Full business cases sit with the Client Group. However, preparation of the cases will be by the business case writer and Quantity Surveyor who are to be procured in due course.</p> <p><b>Communication and Engagement</b></p> <p>SOSG agreed the previous consultation process proposal paper that had been presented to POG and then reviewed the Engagement and the Citizens' Panel Outline approach. The document asks the SOSG for their guidance on various questions:</p> <p>Citizens Panels –</p> <ul style="list-style-type: none"> <li>• It was agreed that there should be 1 panel rather than 12.</li> <li>• It was agreed that there should be an independent Chair.</li> <li>• It was agreed that there should be between 12 and 24 members, drawn from different backgrounds and locations within the Island.</li> <li>• An interview process as suggested was agreed. Criminal records process needed with fair and reasonable costs being reimburse to members.</li> <li>• The POG will be asked if they agree to establish and interview team, chaired by Deputy Huelin to select citizens' panel members.</li> <li>• Interviews should not be conducted in public.</li> <li>• It was deemed a start of Oct/Nov was reasonable and 6-8 week period was thought to be appropriate.</li> <li>• It was noted that the basis for early decision would be agreed by SOSG and POG only to maintain project progress</li> <li>• Further questions on the plan would be brought to the POG.</li> </ul> <p>For the health model and interim site selection, the engagement document outlines the approach. SH has asked for members to review the document and revert with comments and additions</p> <p>A press release will be made prior to the procurement of the PMO and before any advertisements for roles/recruitment. This will be done as soon as the funding is approved, SEB have approved new appointments and POG have approved the narrative. Target is 19 July.</p> <p><b>Operation and management</b></p> <p>The operations and facilities management model was discussed. It was agreed that a specification document was required. This should be written, and recruitment made in line with this as part of the Hospital staffing process rather than being outsourced.</p>	<p>■</p> <p>■ to remind</p> <p>All</p> <p>SH</p> <p>CL</p>
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**Health and Care service modelling, technology and planning**

RB has spoken to Robert Sainsbury who has updated the OBC strategic case to reflect current OH requirements. RB highlighted the need for this document to be finalised, it will allow him to establish the project team.

CL

CL confirmed that the model for healthcare will go to the SOSG in September. Therefore, draft version will be used for procurement in the meantime.

The Health and Care Model has been developed and written but needs endorsement. It will go to SOSG in September. CL feels any sooner would be rushing.

Meeting details for the client group to be updated in Egress for the working processes.

CL

It was highlighted that the OH project would run parallel to the New Health and Care Model and that the consultation process needs to conclude before the Health Planning work can complete.

**Planning and site selection**

The Assessing Principles for Planning document was agreed. This now needs to be taken forward. RB to discuss this and the public interest test with AS, to determine the best way to support how a site selection shortlist can be achieved.

**Team Assembly**

RB presented the Team Assembly presentation. This will be the presentation to be taken to SEB.

AS

SOSG offered feedback on the presentation. RB agreed to amend the presentation.

RB

[REDACTED]

[REDACTED]

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**Procurement**

The SOSG approved the procurement approach and had previously agreed the overarching Team Assembly Strategy.

The PMO procurement documents will be ready to go out by Friday 19 July along with the comms, once SEB have approved the comms.

MB

CL stressed the urgency of appointing the HCS Data Analyst/Project Manager service.

MB

	<p><b>Project Office and Finance Management</b></p> <p>The SOSG approved the finance and funding approach and initial case.</p> <p>The finance document with cash flow update will be presented Scrutiny and SEB for approval by Friday 19 July.</p> <p><b>Documents to be presented to POG on 24<sup>th</sup> July.</b></p> <ul style="list-style-type: none"> <li>• The Communications engagement approach</li> <li>• Report on health and care service modelling, technology and planning</li> <li>• Progress report on Team Assembly</li> <li>• Progress report on Procurement</li> <li>• Planning report, subject to the discussion with AS regarding the public interest test.</li> <li>• Report on finance and funding</li> </ul> <p>All papers will be presented with the agenda on Friday 19<sup>th</sup> July 2019.</p>	<p>SM</p> <p>SH CL</p> <p>MB AS</p> <p>SM</p>
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#### 4. Date of Next Meeting

Minute 001	<p>Tuesday 13 August at 15.30 hrs</p> <p>Venue: Broad Street, Council of Ministers (Archirondel)</p>	
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# Senior Officer Steering Group Notes of meeting



**Date of meeting – 13 August 2019**

**Venue – Council of Ministers Room, Broad Street**

## 1. Welcome and Apologies

### Present:

Charlie Parker - CP - Chief Executive & Head of the Public Service (Chair)

Caroline Landon - CL - Director General, Health and Community Services

Mike Thomas - Director, Risk and Audit

Richard Bell – RBe - Director General and States Treasurer

Steve Mair – SM – Group Director, States Treasury and Exchequer

### In Attendance:

Richard Bannister - RB - Interim Project Director

██████████ – Office of the Chief Executive

██████████ – Chief Operating Office – Item 3.5

### Apologies:

Andy Scate - AS - Group Director, Regulation

John Rogers - JR - Director General, Growth, Housing and Environment

Stephen Hardwick - SH - Director of Communications

## 2. Approval of Meeting notes

The previous meeting notes were reviewed and agreed.

## 3. Notes of Meeting

Minute 003	1. Project Management and Governance	Action Person/Date
	<p>The SOSG reviewed the project plan and briefing papers about proposed hold points. ██████████ ██████████ ██████████ ██████████ A meeting will be set up with ██████████, AS, CP and RB to discuss options that should then be considered by POG.</p>	SP
	<p>SOSG members acknowledged that each hold point was proposed to be one week in length and there was a risk that these may not be long enough dependent on Scrutiny interest and touch points with the Assembly. SOSG proposed that POG members discuss with the Future Hospital Review Panel how they can work with the project to avoid delays wherever possible. SP undertook to review the Assembly touch points from the previous project and prepare a briefing paper for POG.</p>	SP
	<p>The sequencing of project activities was reviewed by SOSG. It was agreed that the procurement of the Delivery Partner will commence as soon as the PMO is in place to resource it. The consequence of this is that the Health Planning work will not be complete to provide the employer's requirements document, however, the benefit of having the Partner's input into this is helpful. It will also require the diversion of the current limited project resource to this task rather than other project workstreams. The project plan is to be re-sequenced to reflect this approach.</p>	RB

Items 3.1.3, 3.1.4 and 3.1.5 were not covered at this meeting due to time pressures. The matters will be considered as part of the next SOSG agenda.

## 2. Communication and Engagement

█ provided a verbal update on the current position regarding engagement with Scrutiny, and that POG members were awaiting a date for a private hearing with the Panel. SOSG supported POG engagement with Scrutiny early in the project timeline.

## 3. Health and Care service modelling, technology and planning

CL informed SOSG that the Clinical Director is now in post and engaging with HCS clinicians and professionals. █  
█  
█

The Strategic Case Items 3.3.1 and 3.3.3 were not covered at this meeting due to time pressures. The matters will be considered as part of the next SOSG agenda.

## 4. Planning and site selection

The planning and site selection item was discussed as part of the project management and governance item noted above.

## 5. Team Assembly

█ updated SOSG on Team Assembly:

- The procurement specialist is in post on a secondment arrangement from the UK Cabinet Office
- GoJ has engaged executive search agencies for a supplier to recruit a Project Director. █  
█  
█
- The Communication and Engagement Lead has been advertised and is due to close on 19 August.
- The HR post is being covered by █ on an interim basis
- The Governance Lead, Scrutiny and Audit Lead and Project Admin Support are being covered by █ and █ on a temporary basis. It is hoped that these can be covered by internal secondments as soon as possible. Where this is not possible these posts will be advertised externally

## 6. Procurement and Supplier Management

RB updated SOSG on procurement and supplier management:

- The tender for a Project Management Office (PMO) is live and is due to close on 02 September.
- The scope for the Procurement Lawyer needs to be prepared before it goes out to market.
- As changes have been proposed to bring forward the appointment of a Delivery Partner, a scope that combines the Health Planner and Delivery Partner roles will be prepared.
- RB will liaise with SM and colleagues in STE to draft a specification for the Business Case Writer

## 7. Project Office and Finance Management

SM presented a finance report for the Our Hospital Project for the end of July 2019. He explained that the first tranche of funding had been approved

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CL/█

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NW

RB  
RB  
RB/SM

	by Ministerial Decision and provided a budget cost plan for 2019-2021. Costs will start to be recorded on the ledger for the Our Hospital Project, and a monthly update will be provided to SOSG and POG.	
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#### 4. Date of Next Meeting

Minute 004	Friday 30 August at 11.30 hrs Venue: Broad Street, Council of Ministers (Archirondel)	
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[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

CL

[REDACTED]

CL

**Update on in progress recruitment (Project Director, Project Accountant and Assistant Project Accountant, all secondments)**

SOSG discussed the Team Assembly and noted that the roles are being recruited to or will be advertised. A number of secondment opportunities will be circulated internally w/c 23/09/19.

[REDACTED]

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**Update on in progress procurement (Lawyer, Health Planner, Case Writer, PMO, partner)**

SOSG discussed the procurement of the PMO and noted that provisional interviews are in the diary for 09 and 10 October. [REDACTED]

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[REDACTED]

[REDACTED]

CL/JR

[REDACTED]

JR/RB

The scope of the PMO services was discussed. [REDACTED]

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[REDACTED]

SOSG noted progress in each of the procurements and observed that they were behind schedule. CP noted that delays would have an overall effect in the project timelines and that the procurement of the health planner is critical to progress the project from care model publication to appointment of design and build partner and a successful capital development. CP asked MB to bring timelines forward where possible.

MB

SOSG members asked that the project timeline be reviewed and updated to

	<p>identify the implications of delays in procurement of the design and build partner.</p> <p><b>Update on other in progress team assembly (Community Facilitator)</b></p> <p>SH outlined the approach to procuring a community facilitator for Citizen's Panels.</p> <p>It was observed that economies of scale could be made by using one supplier for a number of engagement events, which is being developed by [REDACTED].</p> <p>It was noted that [REDACTED] and it was considered that a partnership of off-island and on island companies might be helpful and provide a knowledge transfer to island companies.</p> <p>Carl Walker, Head of Communications for the Our Hospital project has begun work this week. He will be producing a draft terms of reference for the Citizen's Panel that will be taken to POG on 3 October. He will also be developing a transparent and robust process to select individuals to be part of the Citizen's Panel.</p>	RB
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**4. Date of Next Meeting**

	15 October 2019	Action Person/Date
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members to attend a POG meeting. SOSG agreed to refer this matter to the Chair of POG.

### **2.3 Procurement and supplier management**

RBa – Provided an update to SOSG regarding the progress on the project procurements, in accordance with the briefing paper provided to SOSG. RBa informed SOSG that following tender interviews, Mace has been identified as the preferred supplier for PMO services.

RBa noted that instances of conflicting priorities within the commercial support for the project had been identified. To resolve this issue, RBa proposed that the lead commercial officer for the project report into the Project Director with technical support from the GoJ commercial team. JQ agreed to vary the reporting lines for commercial elements of the project. RBa also noted that the proposed composition of the PMO team for the preferred supplier would allow for some capacity in commercial matters.

### **2.4 Team Assembly and Recruitment**

RBa – Provided an update to SOSG about team assembly and recruitment, in accordance with the briefing paper provided to SOSG. He noted that the internal secondment opportunities were now live on [www.gov.je](http://www.gov.je), although had not been widely promoted within the organisation.

RBa noted that if there any are gaps identified in the capabilities of the project team due to secondment positions not being filled, there was a possibility that the PMO could provide the necessary skills and capacity. However, the preferred route would be to promote the roles and fill the roles with internal secondees. So, RBa asked CW to discuss promoting the roles across the organisation with SH.

**CW/SH**

### **2.5 Site selection sequential test – update**

AS – Outlined to SOSG that the Chair of POG had written to the Minister for the Environment, who was currently considering the planning guidance requested, and is being supported by SPPP officers in developing this guidance.

RBa – Proposed that outside of planning considerations, the planning guidance could be mirrored to develop a sequential test to support site selection. A number of questions/criteria will need to be developed for each key consideration, that will support the appraisal of suitability of sites. SOSG agreed that this would be an appropriate approach to site selection.

### **2.6 Clinical and patient needs criteria as a basis for site selection**

SOSG agreed that the primary consideration regarding site selection should be clinical requirements, and that the underlying key questions should be discussed with POG on 31 October. CL agreed to request that the Project Clinical Director produce these questions and circulate them to SOSG for feedback and approval ahead of POG on 31 October.

**CL**

### **2.7 Communications and Engagement Plan**

CW – Described that the full communications and engagement plan for the project up to the point of OBC preparation and submission of planning application is in development, and will be discussed at the next SOSG meeting on 12 November.

**SH/CW**



# Officer Steering Group Notes of meeting

**Date of meeting – 19 November 2019**

**Venue – Council of Ministers Room, Broad Street Offices**

## Welcome and Apologies

### Present:

Charlie Parker - CP - Chief Executive & Head of the Public Service (Chair)  
 Caroline Landon - CL - Director General, Health and Community Services  
 Andy Scate - AS - Group Director, Regulation  
 John Quinn – Chief Operating Officer  
 Mike Thomas - Director, Risk and Audit  
 Richard Bannister - RBa - Interim Project Director  
 Steve Mair - SM - Group Director, Performance Accounting and Reporting  
 John Rogers - JR - Director General, Growth, housing and Environment  
 Richard Bell – RB – Director General and States Treasurer  
 Stephen Hardwick - SH - Director of Communications

### In Attendance:

██████████ - Office of the Chief Executive  
 Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project  
 Maria Benbow – MB -Group Director, Commercial Services  
 ██████████ -Office of the Chief Executive (Minutes)

### Apologies:

- Approval of Minutes of previous meeting, Matters Arising and Action Log**  
 The action log from 15 October was reviewed and the rolling actions were updated.

### 2. Key Discussion Items

Minute		Action Person/Date
004	<p><b>2.1 Procurement of development and delivery partner – verbal update</b></p> <p>RBa – Noted that the procurement activity for the development and delivery partner will commence with the publication of the PIN (Prior Information Note) in the OJEU. It was agreed that the aim would be to publish the PIN on 28 November. ██████████                      ██████████                      ██████████                      ██████████                      ██████████                      ██████████</p> <p><b>2.2 Finances – current position</b></p> <p>SM – Outlined the current financial position for the OH project, which is anticipated to be within budget for 2019. Further discussions will need to take place to ensure all costs and suppliers are captured in the ledger.</p>	33

CP – Noted that there will is likely to be an acceleration of costs to the project given the trade-offs between initial delays in appointing suppliers and the decision to appoint a development and delivery partner early, which is likely to mitigate against further delays down the line. [REDACTED]

SM

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[REDACTED]

AH/CL

### 2.3 Clinical and patient needs criteria as a basis for site selection

It was noted that AH was not present to introduce the briefing paper on clinical and patient needs. SOSG members asked that a comprehensive paper be drawn up that considers the patient and clinical needs, and the questions and parameters that will be used in the site selection process.

### 2.4 Planning Guidance from Minister for Environment

AS – Reported to POG that the Minister for Environment will be in a position to communicate draft guidance w/e 29 November. [REDACTED]

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[REDACTED]

### 2.5 Sequential test – update

This item was note covered at this meeting.

### 2.6 Scrutiny panel - 20 November

It was noted that the Chair and Deputy Chair would be attending Scrutiny on 20 November, and that officers would support and brief them for them hearing.

JR/CL

### 2.7 Procurement and supplier management – update

MB – Provided an update on procurement and supplier management. Mace are now on-island providing the PMO services, Shepherd and Wedderburn will provide legal services and a preferred supplier has been identified for the health planner work.

CP– Asked SOSG to approve the evaluation reports that are included in the meeting pack, subject to the budget and financial due diligence, as a basis to sign contacts with preferred suppliers. SOSG approved the evaluation reports.

SP - Asked SOSG to note that this would be the process for future procurements, which may be undertaken via email where necessary if the timetable for meetings was not able to coincide.

[REDACTED]

### 2.8 Team Assembly and Recruitment

CP – Noted that a briefing paper had not been circulated and asked that a written update be provided to SOSG.

### 2.9 Communications and Engagement Plan

	<p>SH – [REDACTED]  [REDACTED]  [REDACTED]. SOSG approved the Communications and Engagement Plan. SOSG agreed that after it had been considered by POG on 02 December it could be sent to Scrutiny. [REDACTED]  [REDACTED]</p> <p><b>AOB</b></p> <p>RBa - Asked that health facilities management be included as part of the PIN for the development and delivery partner and asked for the item to be considered at the next SOSG meeting.</p> <p>[REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]  [REDACTED]</p>	<p>SH/[REDACTED]  35</p> <p><b>MB/SD</b></p> <p>35</p>
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**3. Date of Next Meeting**

	<p>The next meeting will be held on 16 December 2019, at 1030 hours in the Council of Ministers Room, Broad Street Offices.</p>	<p>Action  Person/Date</p>
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## 2.2 Clinical Director – progress update

It was noted that AH had been unable to attend the meeting to deliver the briefing paper on clinical update. Caroline Landon confirmed that a comprehensive paper would be discussed at POG on 14 February.

## 2.3 Supplementary planning guidance

AS – Explained that the supplementary planning guidance had now been issued by the Environmental Minister and was due to be signed off during the week. A six-week consultation process would follow. A draft paper would be circulated to POG ahead of the meeting on 14 February.

## 2.4 Site selection process

RG – presented the draft sequential test questions with regard to site selection, which would be considered by the Citizen’s Panel. The questions had been drafted in line with anticipated considerations of the draft supplementary planning guidance and appraised in line with HM Treasury Green Book guidance to demonstrate whether each site:

- Meets the criteria
- Meets the criteria but is less attractive
- Fails to meet the criteria

SOSG asked RG to review the questions with CW to ensure they could be clearly understood and communicated when considered by other stakeholders.

SOSG asked RG to consider potential membership of the panel that would apply the sequential test questions to the list of sites, once they had been signed off by the Citizen’s Panel.

SOSG approved the approach to the sequential test and agreed to discuss this approach with POG for political oversight before the process was formerly ratified by the Citizen’s Panel.

RG/CW

RG

## 2.5 Procurement update – design and delivery partner (to note)

MB – Provided an update on procurement and current activities.

Delivery partner - 3 potential design and delivery partners had been identified. Initial interviews and visits off-island to view head offices and example hospital design/builds had now been completed whilst commercial negotiations remain ongoing. One of the companies had formally withdrawn from the competitive tender process. [REDACTED]

[REDACTED]

MB

Financial and commercial advisor – Evaluation of tenders were underway and an appointment was expected by the end of the week.

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Two special advisors were being procured to provide design and cost challenge and independent scrutiny during the procurement phase.

## 2.6 Communications and Citizens Panel update



# Officer Steering Group Notes of meeting



Date of meeting – 17 March 2020

Venue – Council of Ministers Meeting Room, 1<sup>st</sup> Floor Broad Street Offices

## Welcome and Apologies

### Present:

Charlie Parker - CP - Chief Executive & Head of the Public Service (Chair)

Steve Mair - SM - Group Director, Performance Accounting and Reporting

Andy Scate - AS - Group Director, Regulation

Maria Benbow – MB – Group Director – Commercial Services

Richard Bannister - RB - Interim Project Director

### In Attendance:

██████████ - Office of the Chief Executive

██████████ Our Hospital Project

██████████ – Our Hospital Project (Mace)

██████████ – Our Hospital Project, Governance

██████████ – Our Hospital Project, Business Support

██████████ - Communications and Engagement Lead

### Apologies:

Caroline Landon - CL - Director General, Health and Community Services

Richard Bell – RB – Director General and States Treasurer

Dirk Danino-Forsyth – Director of Communications

John Rogers - JR - Director General, Growth, housing and Environment

Mike Thomas – MT - Director, Risk and Audit

## 1. Approval of Minutes of previous meeting, Matters Arising and Action Log

The minutes of the meeting of 02 March were reviewed and agreed.

The action log from 02 March was reviewed and the rolling actions were updated.

## 2. Key Discussion Items

		Action Person/Date
	<p><b>2.1 Approval of the Delivery Partner– verbal update</b></p> <p>████ - gave a presentation to SOSG which outlined the stages of the procurement process. This included pre-market engagement, the Prior Information Notice, selection questionnaire, on-Island introduction, off-island visits, the Invitation to Tender and the scoring for each stage.</p> <p>SOSG noted that Bidders 1 and 2 were very close in the scoring with Bidder 2 just slightly ahead.</p> <p>SOSG discussed that in the light of the current COVID-19 pandemic further resilience checks were required to be carried out on both potential Design and Delivery Partners to establish their business continuity plans. Matters to be considered included, but were not limited to, access to and from the Island for licenced staff, the viability of the supplier chains and other non-COVID-19 related items, the outcome of which would determine which of the two bidders would be selected.</p>	████/RB

	<p><b>SOSG AGREED</b> Bidder 2 as their recommended preferred bidder at this point, but <b>FURTHER AGREED</b> that both bidders would be subject to resilience checks.</p> <p><b>AOB</b></p> <p>None</p>	
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**3. Date of Next Meeting**

	26 March 2020	Action Person/Date
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# Officer Steering Group Notes of meeting

**Date of meeting – 26 March 2020**

**Venue – Chief Ministers room, 1<sup>st</sup> Floor Broad Street Offices with remote access via Teams**

## Welcome and Apologies

### Present:

Charlie Parker - CP - Chief Executive & Head of the Public Service (Chair)

Steve Mair - SM - Group Director, Performance Accounting and Reporting

Mike Thomas – MT - Director, Risk and Audit (Via Teams)

### In Attendance:

██████████ - Office of the Chief Executive  
 Richard Bannister - RB - Interim Project Director (Via Teams)  
 Carl Walker – CW - Communications and Engagement Lead (Via Teams)  
 ██████████ – Our Hospital Project (Mace) (Via Teams)  
 ██████████ – Our Hospital Project, Governance (Via Teams)  
 ██████████ – Our Hospital Project, Business Support (minutes) (Via Teams)

### Apologies:

Caroline Landon - CL - Director General, Health and Community Services

Richard Bell – RB – Director General and States Treasurer

Dirk Danino-Forsyth – Director of Communications

John Rogers - JR - Director General, Growth, housing and Environment

Andy Scate - AS - Group Director, Regulation

## 1. Approval of Minutes of previous meeting, Matters Arising and Action Log

The minutes of the meeting of 17 March were reviewed and agreed.

The action log from 17 March was reviewed and the rolling actions were updated.

## 2. Key Discussion Items

Min 006	2.1 Hold Point Report – RB	Action Person/Date
	<p>RB - gave a presentation 'Hold Points 1 and 2 – End of Stage' to SOSG which gave an update on the 'Our Hospital' project progress, a plan of how to get to Hold Point 3 and requested SOSG to recommend to POG to either continue or stop the project.. RB also outlined risks relating to the coronavirus outbreak.</p> <p>An overview of the content is as follows:</p> <ul style="list-style-type: none"> <li>• Team Assembly • Cost to date • Project Scope • Case for Change • Consultation with Islanders • Planning • Site Selection</li> <li>• What is Hold Point 3 • Governance • Communications • Forecast Costs • Beyond Hold Point 3 • Reports vs Papers • Approvals sought</li> </ul> <p>SOSG discussed extending the contract for the Project Director and requested for SP to ensure that the necessary paperwork is completed for SEB and Commercial Services.</p> <p>RB noted that additional project capacity would be needed in some areas, including appointing a Project Buyer (after appointment of the preferred</p>	<p>██████████</p>



	<p><b>2.1 Communications Update</b></p> <p>CW updated SOSG about the delivery of the communications and engagement plan and the suggested communications and engagement activities with Islanders living around the shortlisted sites to allow them to ask any questions and be kept fully informed throughout the process. CW also suggested to undertake an island-wide leaflet drop to inform Islanders about project progress, information about the Design and Delivery Partner (once appointed) and their experience of designing and building healthcare facilities elsewhere.</p> <p>CW outlined plans to communicate with health and care professionals about key decisions and progress of the project.</p> <p>CW noted that a new website would be developed which would provide information about the project and communicated details of the site selection process.</p> <p><b>RB asked SOSG to recommend to POG to</b></p> <ul style="list-style-type: none"> <li>• Approve the extension of the Project Director contract</li> <li>• Approve delaying the procurement of the Quantity Surveyor to the next stage;</li> <li>• Recommend to the Council of Ministers to appoint the preferred Design and Delivery Partner, subject to the financial resilience checks noted above</li> <li>• Approve the Strategic Outline Case;</li> <li>• Approve the planning approach; and Approve the proposed future Hold Points, decide whether to proceed past Hold Point 1 and 2, based upon the Hold Point report, the attached appendices, and the outline plan up until Hold Point 3.</li> </ul> <p>After considering the <b>SOSG approved</b> that the Hold Point report be considered by POG on 08 April.</p>	<b>CW</b>
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### 3. Date of Next Meeting

	24 April 2020 at 14:00, remote access via Teams	Action Person/Date
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# Officer Steering Group Notes of meeting

**Date of meeting – 24 April 2020**

**Venue – Chief Ministers room, 1<sup>st</sup> Floor Broad Street Offices with remote access via Teams**

## Welcome and Apologies

### Present:

Charlie Parker – CP – Chief Executive & Head of the Public Service (Chair)  
 Caroline Landon – CL – Director General, Health and Community Services  
 Andy Scate – AS – Acting Director General, Housing, Growth and the Economy  
 Steve Mair – SM – Group Director, Performance Accounting and Reporting  
 Mike Thomas – MT – Director, Risk and Audit

### In Attendance:

██████████ - Office of the Chief Executive  
 Richard Bannister - RB - Interim Project Director  
 Carl Walker – CW - Communications and Engagement Lead  
 ██████████ Our Hospital Project, Governance

### Apologies:

Richard Bell – RB – Director General and States Treasurer  
 Dirk Danio-Forsyth – DDF – Director of Communications

## 1. Approval of Minutes of previous meeting, Matters Arising and Action Log

The minutes of the meeting of 26 March would be reviewed at the meeting to be held on 28 May 2020

The action log from 24 March was reviewed and the rolling actions were updated.

The following documents had been issued to be noted:

- Procurement - financial due diligence checks (2.8)
- Site selection – land ownership (2.9)
- Risk update (2.10)
- Financial summary; the current position (2.11)

## 2. Key Discussion Items

Min 006	2.1 Project programme and review of closure of Hold Points 1 and 2, incorporating: 2.2 Finance in the context of COVID-19 2.3 Procurement update Design and Delivery Partner	Action Person/Date
	<p>CP- Invited RBA to outline the proposed revised timeline for the project programme and closure of Hold Points 1 and 2.</p> <p>RBA- Noted that at the meeting held 14 April 2020, POG had agreed that Hold Points 1 and 2 should remain open whilst the project team undertook further action to mitigate risk emerging from the COVID-19 pandemic situation. Additional financial due diligence on the two potential Design and Delivery Partners and their supply chains had been undertaken and both bidders were rated as low/medium risk. RBA outlined a programme of further clarifications which were being sought from both bidders with</p>	

regard to their Project Execution Plans. This work was scheduled to take six weeks, after which the project team would present a preferred bidder recommendation to SOSG and approvals would then be sought from POG and COM in June. This additional clarification stage, taking between eight and ten weeks, would allow the contract to be reprofiled and further negotiations regarding costings to be pursued.

[REDACTED]

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RBa asked SOSG to consider how the extension period for Hold Points 1 and 2 could be utilised effectively to the greater benefit of the project.

Three options for extension were tabled:

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[REDACTED]

- [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

**SOSG NOTED** that the revised stress testing could result in an adjustment to the footprint for the new hospital. If the footprint was reduced, sites which had previously failed the size criteria in the sequential test could potentially be included in the site shortlist.

RBa informed SOSG of the impact on the overall project timeline of the Hold Point extension [REDACTED]

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- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED] Overall project costs would be condensed into a shorter timeline reflected in the higher costs per month from January 2021 and so would not increase materially. Any additional costs associated with the Hold Point extension were anticipated to be recaptured through achievement of the overall target timeline.

**SOSG** considered the impact of each of the Hold Point extension options and **NOTED** that the additional time taken to utilise the revised JCM review in Option C would provide the contractor with enhanced information on which to base their designs creating the potential for cost and time efficiencies further down the timeline.

CP noted that Option C would allow for the project to continue based on a better set of assumptions and would not impact the overall project timeline of a new hospital being operational by the end of 2026.

SOSG considered whether some work in Option C could be done in parallel to reduce its anticipated timeframe. The final site shortlist together with appointment of the Design and Delivery Partner could thereby be approved and communicated in conjunction with each other for greater efficiency.

**SOSG NOTED** that both bidders had agreed to the clarification stage of the procurement process and had an appetite to engage.

**SOSG REQUESTED** RBa to amalgamate Options B and C into a new Option B consisting of 8 weeks to cover the partner appointment partly concurrent with 4 weeks to consider the revised JCM stress test and the application of any changes in the Functional Brief to the site shortlist process. The postponement period would therefore be 10 weeks in total with a Design and Delivery Partner being appointed in June and Hold Points 1 and 2 completing in early July.

**SOSG AGREED** to recommend to POG an extension of Hold Points 1 and 2 via either Option A or the new Option B, with the latter being the recommended option.

**Rba**

## 2.4 Procurement update Quantity Surveyor

RBa- Outlined a timetable of key activities in the Quantity Surveyor procurement process. The tender was now to be issued in May for the preferred bidder to be notified at the end of June with their services to commence in July.

**SOSG NOTED** that approval had previously been sought to move the completion of the procurement into the next Hold Point Stage but this would no longer be necessary due to the proposed extension of Hold Points 1 and 2.

**SOSG AGREED** that the tender process could proceed as outlined.

## 2.5 Planning consent timeframe

RBa- Noted the probability that the planning application for the new hospital would be judged in the context of the current Island Plan 2011-2020 rather than the forthcoming Island Plan 2021-2030 as approval for the latter would not be sought prior to March 2022. Therefore, in order to establish a definition of the public interest test which would be applied by the Minister for the Environment, the draft Supplementary Planning Guidance (SPG) would be critical. The consultation process had now closed and confirmation from the Minister was awaited.

The SPG indicated that a Detailed, rather than an Outline, planning submission would be required. [REDACTED]

[REDACTED]

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**SOSG NOTED** that the submission of a Detailed rather than an Outline planning application would not impact cost.

[REDACTED]

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## 2.6 Site selection process review

RBa- Noted that at the meeting of 14 April, POG had asked RBa to consider the ownership of sites as this could impact the deliverability of the new hospital. This action had been completed and RBa would report back to POG at their next meeting.

CW noted that there had been 304 nominations submitted in the call for sites, many of them for sites already identified in previous iterations of the project. No further sites had been suggested since the Nightingale Wing of the General Hospital had been erected and therefore the long list remained at 82. [REDACTED]

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	<p>[REDACTED]</p> <p><b>SOSG NOTED</b> that the extension of Hold Points 1 and 2 would result in the States Assembly debate regarding the final preferred site moving outwards from September to November 2020. However, this would still not clash with the debates regarding the Island Plan or the Government Plan.</p> <p>[REDACTED]</p> <p><b>2.7 Communications and engagement</b></p> <p>CW- [REDACTED]</p> <p>The Citizens' Panel had asked to be informed of the site shortlist prior to it being made public and this raised the question of the order in which to cascade the information to the Citizens' Panel, COM the States Assembly and Scrutiny. CW noted that this was a question to be put to POG for their consideration at their next meeting.</p> <p>CW informed SOSG that the leaflet drop and newsletter to HCS employees remained in the communications and engagement plan and POG's guidance would be sought as to the timings of these activities.</p>	<p>35</p> <p>35</p>
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**3. Date of Next Meeting**

	28 May 2020 at 10:30, Petit Port, 1 <sup>st</sup> Floor Broad Street Office with remote access via Teams	Action Person/Date
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RBa outlined the Design and Delivery Partner procurement process undertaken by the PMO and described the impact that the COVID-19 outbreak had on the process. He outlined the clarifications process and additional due diligence that was carried out on both bidders' finances and supply chains to assess their resiliency in the changed economic climate.

RBa reported that both bidders had advised that a detailed rather than an outline planning application would be the most advantageous approach, a view reinforced by the Minister for the Environment's Supplementary Planning Guidance.

[REDACTED]

[REDACTED]

RBa noted that financial due diligence checks resulted in both bidders being assessed as low-medium risk overall and contractually they were both considered low risk. RBa informed SOSG that the due diligence checks had uncovered historical allegations of financial misconduct on the part of Bidder 2 - in a third country as part of its global operations - but that this did not affect the bidder's ability to deliver a new hospital and that subsequent changes to the company structure and internal control provided assurance that the situation was not likely to reoccur.

MT noted that the thorough process undertaken for the procurement was satisfactory from a risk and audit position. CL confirmed there had been substantial clinical oversight of the process with the Clinical Director involved in bidder scoring, visits with the HCS senior clinicians team and regular updates for clinicians at each step of the process. AS noted that lessons learned from previous iterations of the project including the recommendations of the Comptroller and Auditor General's report had been utilised effectively. SM noted that due diligence checks in light of the current pandemic situation in addition to the normal financial investigations had been prudent and provided reassurance.

**SOSG NOTED** that the procurement report identified Bidder 2 as the higher scorer and agreed to recommend to POG that Bidder 2 be appointed as Preferred Bidder.

RBa informed SOSG that throughout the tender dialogue Bidder 2 had demonstrated an inclusive approach. RBa noted that this approach had provided some reassurance that the client would be fully engaged with the hospital design, with a view to developing a hospital that would fully meet the client requirements. RBa noted that this approach aligns with the ambition to develop a hospital that would meet the future health and care needs of Islanders. However, he informed SOSG that this would mean that the HCS team would need to commit a reasonable proportion of their schedules to develop detailed requirements.

**SOSG APPROVED** Bidder 2 as Preferred Bidder.

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**SOSG AGREED** to recommend Bidder 2 as Preferred Bidder to POG.

## 2.2 Governance manual and health check

■ Informed SOSG that work was being undertaken to draft a governance manual for the project to provide guidance for the project team to ensure standardisation and compliance. ■ noted that as the project had progressed the scale of activity had grown, which necessitated a review of the initial project controls. ■ noted that the manual articulated a wide range of project controls that would replace the initial controls previously approved by SOSG on 30 August 2019.

SOSG discussed the SRO for the project and, following a discussion, confirmed that the Director General for Health and Community Services would be the SRO for the pre-construction phase of the project and that this responsibility would transfer to DG Growth, Housing and Environment at the start of the construction phase. SOSG noted that this aligns with the guidance set out in the Public Finances Manual.

**SOSG AGREED** that POG would be informed about the development of governance manual at the POG meeting on 4 June, which would provide POG with some assurance that the project controls were under review and that a new set of controls would be appropriate for a project of this size.

## 2.3 Our Hospital Project: a summary timeline of decision-making

■ Noted that the paper was a reference document, which summarised the progression of decision-making throughout the project to date. He noted that it provided a useful summary for the project team and could support Scrutiny and Internal Audit reviews. ■ noted that the document would be updated with decisions until the closure of Hold Points 1 & 2 when a new summary timeline would be initiated for Hold Point 3 and then for each subsequent Hold Point.

## 2.4 Communications and engagement update

CW- Outlined the proposed communications timetable requested by POG for the announcement of the site shortlist. SOSG asked CW to reproduce this process for the announcement of the Design and Delivery Partner in June.

**SOSG AGREED** the sequence of communications as set out within the tabled timetable and **NOTED** that dates and times were subject to change.

**SOSG FURTHER AGREED** that the timetable, together with the timetable requested regarding the Design and Delivery Partner be presented to POG for consideration at their meeting on 4 June.

## 2.5 Risk update

MT- Outlined the key risks as set out on the risk register. MT asked to convene a risk session for SOSG due to personnel changes such as Director of Communications and Acting DG, GHE.

	<p>[REDACTED]</p> <p><b>2.6 Financial summary</b></p> <p>SM- Outlined the project's financial position as at 30 April 2020 and confirmed that expenditure was in line with budget estimate.</p> <p><b>SOSG NOTED</b> that the Design and Delivery Partner appointment at the beginning of July 2020 would result in a marked increase in monthly expenditure.</p>	35
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### 3. Date of Next Meeting

	25 June 2020 at 10:00, Petit Port, 1 <sup>st</sup> Floor Broad Street Office with remote access via Teams	Action Person/Date
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