

# Political Oversight Group

## Minutes of meeting



**Date & Time:** Monday 6 July 2020 at 13:30

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Con Philip le Sueur - PLS - Constable of Trinity

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

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

Richard Bell – Rbe – Director general and States Treasurer

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – Rba – Project Director

██████████ – Governance Officer, Our Hospital Project (25)

Ashok Handa – AH – Clinical Director

██████████ - Office of the Chief Executive (25)

Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

#### Apologies:

Dirk Danio-Forsyth – DDF – Director of Communications

### 1. Minutes of Notes of Previous Meeting, Matters Arising and Action Log

Minute		Action Person/Date
048	The minutes of the POG meeting held on Monday 18 May and Thursday 6 June 2020, having been previously circulated were approved.	
	The risk register, having previously been circulated, was noted.	
	The rolling action log was discussed and updated.	

### 2. Project Workstreams

Minute		Action Person/Date
049	<b>2.1 Draft Functional Brief and Site Selection Report</b>	
	AH- Outlined how the Draft Functional Brief had been developed in conjunction with Health and Community Services (HCS) clinicians and health professionals. At the meeting on 14 April, POG had requested an	

options appraisal to ensure that the Draft Functional Brief was still relevant and realistic and to identify any opportunities for further refinement in light of the COVID-19 outbreak. POG had subsequently noted at the meeting of 18 May that this options appraisal could potentially result in a revised minimum footprint for the new hospital.

Options were subsequently discussed and developed with HCS clinicians, PwC, EY and MJ Medical Health Planners and two options emerged:

- **Option 1** – main site and directly adjacent ancillary site that could accommodate all support services
  - Essential ground floor hospital area requirement (including external circulation areas) = **23,243m<sup>2</sup>**
  - Adjacent site = **8,504m<sup>2</sup>**
  - Car parking – 800 spaces over 2 x floors = **9,219m<sup>2</sup>** or existing parking capacity
- **Option 2** – main site with basement to accommodate essential support services with a smaller, separate facility to house non-essential support services within 15 minutes' walking distance. HCS clinicians and professionals agreed that this option would be acceptable, as it did not split the delivery of clinical services across more than one site.
  - Essential ground floor hospital area requirement (including external circulation areas) = **22,890m<sup>2</sup>**
  - Nearby site = **3,590m<sup>2</sup>**
  - Car parking – 800 spaces over 2 x floors = **9,219m<sup>2</sup>** or existing parking capacity

A third option with a smaller footprint had also been developed, however, initial discussions with HCS clinicians and health professionals suggested that this option was not clinically palatable and it was considered to be too much of a dilution of the ambitions of the JCM with respect to co-locating the mental health service within the main hospital site.

AH outlined the developments that had come into scope for the Our Hospital project which reflected the ambitions of the JCM and highlighted the new allowance for future flexibility of 15%. Service transformation under the JCM could potentially result in significant savings for HCS, the largest arising from a reduction in the number of beds required due to an increase in community-based and prevention-focussed care reducing the need for hospital admissions. AH noted that Jersey has a sizeable capacity of community beds for non-acute care. POG noted that the building envisioned under the Future Hospital project had not included all facilities that were now included in the draft Functional Brief and therefore AH challenged that it would not have been able to service the requirements of the Island's population in 2026. POG considered the new in scope facilities, such as the staff wellbeing centre and mental health centre, and their impact on the new hospital footprint.

POG discussed the potential construction and running costs of a private patients' facility and SM confirmed that the numbers in the briefing paper were indicative as the Draft Functional Brief provided a physical specification for Our Hospital and the financial implications would be worked through in the business case. AH noted that currently some private work was going off-Island which could be retained with the development of a private patients' facility and it was anticipated that a partnership with other Channel Islands could repatriate that work to Jersey. There was also a capacity issue in some clinical areas in both

Guernsey and the UK and there was the potential to generate income from health tourism and support our Guernsey counterparts. In addition, should there be a future pandemic situation when health tourism ceased, the private patient facility could be designed as a flexible space and utilised for pandemic related cases instead of either leasing a nightingale wing or building a permanent separate wing which may be mothballed under normal circumstances.

AH outlined the proposal for a staff wellbeing and training facility which would support long-term investment in workforce and assist in recruitment, retention and the continued development of on-island workforce to deliver high quality care. These facilities would be fitted with bed head services and therefore could act as a secondary escalation capacity, if required, in response to pandemic or major incident.

The proposals also included the consolidation and relocation of the Theatre Sterile Services Unit, equipment stores and the engineering workshop to an adjacent site to reduce transportation costs, travel time, increase accessibility and prevention of clutter in patient and public-facing areas. This would allow HCS to relinquish some existing sites and buildings, thereby reducing long-term capital expenses and reducing costs incurred due to complex logistics. CP noted that this recommendation did not include the hospital laundry, as additional capacity within the existing laundry could potentially provide a broader commercial service at a clinical standard for care homes and other services at cheaper cost. This option was currently being explored further by Officers.

POG noted the recommendation for in-house catering provision with a nutritional strategy aligned to healthy living and preventative care strategies of the JCM. This would provide patients the highest-quality nutritional benefits during their stay, thereby maximising speed of recovery and reinforcing the importance of diet in self-care and prevention of disease. RR queried whether an off-site catering facility necessarily reduced the nutritional value of food provided to patients and AH noted that although some off-site hospital catering facilities did provide food of high nutritional value, St Peter housed a cook and chill facility, a process which may not necessarily lead to optimal nutritional values in the meals prepared for patients when compared to freshly cooked meals prepared on site. CP noted the 21-year lease on the site at St Peter and confirmed that Officers were currently investigating options for how the facility at St Peter could be re-purposed and proposals would be brought to POG in September 2020 for their consideration.

AH outlined the recommendation to remove a community hub from scope and to adopt the virtual model that had been proven during the Covid-19 crisis, with clinical capacity being provided in locations closer to patients' homes.

POG noted the recommendation to delay provision of a complex cancer centre. AH noted that the HCS Executive had considered high-level financial and activity analysis undertaken by EY with respect to the development of an on-Island cancer centre in Jersey and despite a strong desire within HCS to deliver this as an enhanced service for Islanders, concerns had been raised regarding the cost-benefit analysis and clinical outcomes with respect to low volumes of complex cancer work.

LF noted that this was disappointing but not wholly unexpected and asked if the Island could encourage patients from other Channel Islands and the UK's south coast to take up cancer treatment in Jersey to strengthen the

case for a complex cancer centre. AH confirmed that this was a consideration, but at this point in time a clinical decision had been made that off-island tertiary care was more likely to support better health outcomes at this time. However, it was proposed to continue with plans to introduce some radiotherapy services not currently delivered in Jersey and that on-island chemotherapy provision would continue. Work would be undertaken with partners such as Guernsey and UK providers to establish whether there would be an opportunity to support an increase in clinical activity that could make a cancer centre a sustainable option for the Island in the future. CL noted that the recommendation was to delay the establishment of a complex cancer centre rather than to rule it out completely, as a complex, ongoing analysis was being undertaken to better understand the current and projected situations and the potential options.

33 & 35

AH noted that both options 1 and 2 allowed for a flexible site design with capacity for up to 15% physical expansion and growth of services over the life of the hospital. The foundations would be laid to enable future expansion, thereby futureproofing the build.

Having considered and discussed the Draft Functional Brief:

**POG NOTED** Options 1 and 2 with respect to the configuration of services for a new hospital and approved these as a basis for site shortlisting.

**POG FURTHER NOTED** that the third option had been developed and **AGREED** with the recommendation from SOSG to not pursue this as a basis for site shortlisting as it was clinically unpalatable.

**POG AGREED**

- with the 'do something' modelling, assuming radical system transformation would be supported as part of the 2021 Government Plan and approved by the relevant bodies
- that the new hospital should deliver a model in line with clinical best practice through bed stock configuration and enhancing ambulatory care services
- a review of ground floor services for Options 1 and 2, thereby assisting in the estimation of the ground floor footprint and capturing a wide range of potential sites
- to the continued development of private patient capacity to maximise opportunities for future income generation and establish reserve escalation capacity
- to the enhancement of the existing staff training and wellbeing offer
- to the centralisation of support services
- to the progression of the development of an in-house catering facility and **NOTED** that options for the use of the facility at St Peter would be brought to POG in September 2020
- the development of an in-house catering service
- to the removal of the community hub from scope
- to delay the delivery of a complex cancer centre and to continue with plans to introduce some radiotherapy services not currently delivered on-Island

**POG SUPPORTED** the co-location of Mental Health services, as in Option 1, whilst acknowledging that these could be developed on a secondary site



within 15 minutes walking distance from the main site, as in Option 2.

RBa- **POG NOTED** the flexible site design with room for 15% physical expansion.

Reminded POG of the five steps of the site selection process:

1. the public call for sites which had resulted in a long list of 82 sites
2. the first clinical criteria of size
3. the second clinical criteria of ability to meet the 2026 timetable
4. the development of test criteria by a Citizens' Panel reflective of the make-up of the Island's population
5. the application of the Citizens' Panel criteria to obtain a shortlist

POG noted that previous iterations of the project had resulted in unsuccessful planning applications which highlighted that it was unlikely that there would be an ideal site for a new hospital.

During step 1, the public had submitted 284 responses which made 330 site suggestions as some people submitted multiple suggestions in single submission. Many of these were nominations of sites previously considered. However, 35 new sites were identified and added to the 41 already known and 6 sites newly identified by Jersey Property Holdings to form a long list of 82 sites.

Step 2 had been based on the two size Options set out in the Draft Functional Brief. The assessment in this step considered total area and not developable land, so features such as topography and existing uses, which could impact a site's suitability, would be assessed later in the process. The step reduced the long list of sites from 82 to 39. Sites were originally considered against the third option and an additional two sites were identified, but these were removed from further consideration when Option 3 was rejected as they were too small to accommodate Options 1 or 2.

Step 3 considered whether each remaining site could meet the 2026 timetable, when the increasing costs of backlog maintenance and the statutory, clinical and operational safety challenges associated with the deterioration of the current hospital estate reached a tipping point where costs to keep the existing facilities operational would significantly increase. This criteria concerned site ownership, (including, but not limited to, whether in or out of Government control and the complexity of existing uses or covenants) and the availability of developable land as opposed to overall site regardless of topography. This step reduced the longlist from 39 to 17. From steps 2 and 3 the need emerged for Compulsory Purchase Orders and the clarification and tidying up of ownerships and covenants.

A Citizens' Panel, representative of the Island's population demographics had been assembled from volunteers via an anonymised and randomised process. During step 4 the Citizens' Panel were tasked with considering from an Islander and patient point of view, what criteria should be applied to sites to help identify those most suitable to form the short list.

During step 5, The criteria developed by the Citizens' Panel were then applied to the remaining 17 sites in sequential order of significance as agreed by the Citizens' Panel and assessed in line with HM Treasury Green Book guidance resulting in 'yes', 'no' or 'maybe' answers. POG noted that:

- There had been no underlying scoring or weighting for each question.
- These answers had then been colour-coded in relation to the

question e.g. green for a positive response, amber for a relatively neutral response or red for a negative response.

- It had been noted that every site was either in a greenfield site, a brownfield site or the built-up area and so sites were not removed from the process due to these three criteria. However, it was noted that a more favourable planning outcome was more likely achieved by sites in or adjacent to the built-up area.
- Once all the criteria had been applied all sites had achieved a red which emphasised that there was no ideal site for a new hospital in Jersey.
- However, given that the Citizens' Panel deemed the criteria applied last as less significant and these criteria could possibly be mitigated a site shortlist could be identified.

All sites had achieved negative answers once all the criteria had been applied and RBA noted that as the criteria were deemed by the Citizens' Panel to be less significant the later in the sequence they were applied, a shortlist could be identified at criteria 16. This shortlist comprised:

- Fields to the North of Five Oaks (Option 1 or 2)
- Millbrook Playing Fields and fields to the North (Option 1 or 2)
- Overdale and nearby fields (Option 1 or 2)
- People's Park (Option 2 only)
- St Andrew's Park, First Tower (Option 1 or 2)

POG considered the proposed shortlist and noted a number of opportunities and challenges with each site. Five Oaks was on the edge of the built-up area and looked promising, however, given the traffic congestion at the island during peak times there was likely to be a need for significant works to improve access. In addition, there were a number of ownerships outside of Government which may or may not require CPO but would incur land assembly costs. Millbrook was a clear site but it was surrounded by residential properties and there was also a covenant on the land which could potentially be resolved with CPO but this would require a States Assembly debate. Overdale was largely in Government ownership and already had existing health care uses. However, the gradient of the roads leading to the site would be challenging to both blue lights and construction traffic. People's Park was a clear site, largely in government ownership with good access and in the built-up area with the advantage that existing car park facilities could be utilised. However, it had already been removed from consideration under the last iteration of the project due to a States Assembly debate and a replacement park would be required to maintain St Helier Green space. There was a strip of land which would require CPO to ascertain and protect ownership interests. St Andrew's Park was an open space and in the built-up area, but contained an ancient artefact and had local amenity use which would be challenging to replace. CPO would also be required to assemble the site. POG noted that all sites would be likely to require CPO which was unpalatable but the demonstration of the proper process that had been followed would make CPO more acceptable.

The Chair noted that there were no easy sites on the list and asked POG members for their views regarding whether to approve the proposed site shortlist or to remove the more publicly and politically unpalatable. POG considered all the information provided and agreed that as previous iterations of the project had come under scrutiny due to perceived political interference, it was imperative to protect the integrity of the process and

agree the site shortlist as determined by the shortlisting process.

**POG NOTED** the methodology to establish a long list of potential sites and the process that had been applied to identify a shortlist of sites

**POG APPROVED** the shortlist of five sites and process for identifying a preferred site

**POG AGREED** that beyond the date of this approval, no additional sites will be considered if new suggestions are forthcoming, in order to preserve the integrity of the long list / short list / preferred site process

## 2.2 Team assembly

RBa- Outlined the services required of a Cost Management Consultant to the project. The procurement process had followed Government of Jersey protocols and nine bids had been received. In addition to the evaluation of company information scoring had been undertaken on prices, track record, approach, people and social added value. The stability of each of the highest scoring bidders was then assessed and financial checks undertaken. The top-scoring bidder was Turner Townsend (UK) working with Tillyard (Jersey). RBa asked POG to approve the appointment.

LF- Requested that item b. the extension for Communications Lead and Clinical Director contracts, be deferred to the POG meeting to be held on 18 August 2020.

RBa- Reminded POG that the Hold Points 1 and 2 report tabled at the meeting held on 14 April had noted that site selection consultancy services and real estate advice would be required at this stage of the project to analyse the ownership of sites with a view to ruling out any shortlisted sites which were unlikely to become available unencumbered by March 2022, when initial works on site assessment were anticipated to commence. RBa outlined the services sought and the procurement process which had followed Government of Jersey protocols.

RBa asked POG to approve the appointment.

RBa reminded POG that at their meeting on 25 July SOSG had approved the recruitment of a Project Support Officer (Finance), by internal secondment before looking outside the existing government workforce.

**POG APPROVED** the appointment of Turner Townsend (UK) working with Tillyard (Jersey) to provide cost management consultancy services for the duration of the PCSA period.

**POG APPROVED** the appointment of the top scoring bidder, D2 Real Estate, to provide site purchase consultancy services to the Our Hospital project.

**POG NOTED** the recruitment of a Project Support Officer (Finance).

## 2.3 Financial summary

SM- Outlined the project's financial position as at 31 May 2020 and confirmed that expenditure was within budget estimate.

**POG NOTED** the estimated costs to Hold Points 1 and 2 at the end of June

## 2.4 Planning

AS- Noted that POG had previously requested guidance as to whether the States Assembly could be involved in the planning decision for the new hospital. The question had previously been raised with the Attorney General by Deputy Pamplin on 12 February 2019. AS outlined the answer provided by the Attorney General and noted:

- planning decisions needed to be taken in relation to planning policy and the island Plan as approved by the States Assembly
- under article 12(1) of the Planning and Building (Jersey) Law 2002, the Minister for the Environment is the only decision-maker for any major project which departs from the Island Plan, such as the new hospital
- there were existing processes by which the States Assembly could provide a view on the specific material considerations of the planning application for the new hospital
- any change to the role of the States Assembly would require a either a change to primary legislation or an Order to allow decision-making or a formal input into the public inquiry and decision such change to legislation would be a lengthy process and the new hospital could potentially be the initial test of such change and as such, be subject to challenge and delay
- that new legislation without precedent could prove to be an additional risk in achieving a successful planning determination

After further discussion, **POG AGREED** not to pursue legislative change regarding the decision-making power or process in relation to the planning application and public inquiry for the new hospital.

## 2.5 Communications and engagement

LF- Requested that this item be deferred to the POG meeting to be held on 18 August 2020.

## 2.6 Hold Point 3 proposal

RBa Outlined the outputs required to Hold Point 3 in November 2020 when the final preferred site would be debated by the States Assembly,

- Design and Delivery Partner contract signature – July 2020
- Engagement with the Citizens' Panel – July 2020
- Wider island engagement – July 2020
- Site acquisition study – July 2020
- Traffic impact assessment – August 2020
- Wider impact analysis of sites – August 2020
- CPO objection deadline – August 2020
- Further engagement with the Citizens' Panel – September 2020
- Planning department engagement – September 2020
- Final site shortlist report – September 2020
- Draft Employer's Requirements and Functional Brief – September 2020
- Strategic Outline Case – September 2020
- Initial design options – October 2020
- RIBA 1 design – November 2020

RBa outlined the key risks and costs associated with Hold Point 3. The overall cost of Hold Point 3 would be £6.6m, taking the cumulative project

	<p>total to £10.0m which was in line with the forecasts and approvals to date.</p> <p><b>POG NOTED</b> the process to move to Hold Point 3 and <b>FURTHER NOTED</b> associated risks and costs.</p> <p><b>POG APPROVED</b> the recommendation from the Senior Officer Steering Group to proceed to Hold Point 3.</p>	
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### 3. Date of Next Meeting

Minute 050	The next meeting will be held on Tuesday 18 August 2020 at 14:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	Action Person/Date
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# Political Oversight Group

## Minutes of meeting

**Date & Time:** Tuesday 18 August 2020 at 14:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

Rob Sainsbury – RS - Director

Richard Bell – RBe – Director general and States Treasurer

Dirk Danio-Forsyth – DDF – Director of Communications

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – RBa – Project Director

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

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

Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

██████████ – Client Relationship Manager

Richard Glover – RG – Our Hospital Project

Ashok Handa – AH – Clinical Director, Our Hospital Project

██████████ – RoK FCC

Tim Daniels – TD – Jersey Property Holdings

(25)

#### Apologies:

Con Philip le Sueur - PLS - Constable of Trinity

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

### 1. Minutes of Notes of Previous Meeting, Matters Arising and Action Log

Minute 051	The minutes of the POG meeting held on Monday 6 July 2020, would be reviewed at a subsequent meeting.  The rolling action log was discussed and updated.	Action Person/Date
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### 2. Project Workstreams



Minute 052	2.1	Interim site selection report	Action Person/Date
	■	<p>Outlined the key findings of the Interim Site Selection Report noting that since the five shortlisted sites had been identified in July as those most likely to be successful, there had been further assessment of these sites and engagement with key stakeholders.</p> <p>AH noted that clinical engagement had included a questionnaire regarding the five shortlisted sites which identified that clinical staff's preferred sites were Overdale and People's Park. Meetings were ongoing with clinical user groups and there would be a significant programme of engagement with different clinical departments and areas at which the Draft Functional Brief would be reviewed to and a final draft developed. AH noted that this work had unfortunately had to be postponed from earlier in the year due to pressures within HCS operations in responding to the COVID-19 pandemic. AH informed POG that the clinical engagement programme was also considering the site selection process and clinical adjacencies to inform block and stack and start to shape the initial concept design of the new hospital.</p> <p>■ noted that the Citizens' Panel had met with representatives of RoK FCC at the end of July to discuss and further develop their site selection criteria, which they agreed to divide into four areas:</p> <ol style="list-style-type: none"> <li>1. Clinical</li> <li>2. Locational</li> <li>3. Environmental</li> <li>4. Economic and Social</li> </ol> <p>These more detailed criteria had built upon those criteria that the Citizens' Panel had developed for the site shortlisting exercise, and had been applied by RoK FCC to all five shortlisted sites during the detailed technical site evaluations and assessments so far and JH outlined the results for each site, which had been RAG rated.</p> <p>The fields north of Five Oaks had a significant number of amber and reds and there were significant challenges that would impact the site's suitability. Although the site had good transport routes it sat on one of the busiest sections of the network and experienced heavy congestion, particularly due to traffic associated with the numerous schools in the area. This would require widening of the carriageway and footpaths and cycle routes would also need improvements. To do this there were numerous private properties that would need to be acquired in addition for those for the actual hospital footprint and this had the potential for significant social impact to resident and neighbours. ■ noted that aside from the political acceptability of this impact, the likely result would be a substantial delay to the project. ■ noted that the land required for the hospital itself lay in numerous ownerships with some owners likely to be unwilling to sell. Greenfields secure unit sat within the proposed site and would need to be relocated. There was also a dolmen within the site boundary and the area was of archaeological interest and there would be uncertainty of the extent of this until excavation of the site was undertaken. Due to the complex ownership issues, the design of Our Hospital could potentially be compromised, resulting in an inefficient building wrapped around the land parcels on which it could be built. JH noted that adjacent buildings were generally low level generally and so a hospital building would be dominant. ■ also noted that the land was quite high, which would mean any hospital building may be seen from distance, which would add to planning challenges. ■ noted that clinical</p>	<p>All 25</p>

storeys were higher than residential storeys, which meant that a four-storey hospital was equivalent in height to a six-storey residential building.

Millbrook had, in the main, reasonable transport access and was generally a clear and flat site, albeit split across two sides of the road. ■ noted that it was vital not to split clinical adjacencies across the two site areas and that the southern area might not be able to accommodate the entire clinical site. ■ noted that if the main hospital building was developed on the northern part of the site there would be issues regarding access from the west. ■ informed POG that the ability to acquire the site was complicated by a covenant on part of the site which prevented the owners from selling and therefore CPO was unavoidable. In addition, there was considerable resistance from owners of neighbouring properties which would be dominated by a hospital building. RR queried how the site had been shortlisted given the land assembly challenges and ■ confirmed that the specific challenges for this site had not become clear until the detailed assessments following shortlisting. ■ noted that further consideration needed to be given to the socio-economic impact of locating the new hospital so far away from the town centre and informed POG that overall, Millbrook had attained a significant number of red and amber ratings during evaluation.

■ noted that the Overdale site had fewer ownership challenges than the previous two sites. A limited number of properties would need to be displaced and the land currently leased by the Jersey Bowls Club might be required for an access route. There were constraints regarding the hillside location with the gradient of the slope potentially presenting challenges for both blue lights, pedestrians and cyclists, although options were being developed to mitigate these access issues. ■ noted that views from the town and west would be impacted and consideration needed to be given to the socio-economic impact of moving the hospital out of the immediate town centre. POG discussed the access options currently being investigated and noted that these investigations needed to continue before conclusions could be drawn, with the need to minimise the social impact to landowners and residents being especially important. However, the Overdale site afforded a number of opportunities, not least of these being the opportunity to have a flexible building with sufficient expansion space to be able to respond to changes over the next few decades in both the health needs of Islanders and health care models employed to meet those needs.

■ noted that People's Park had good access, although consideration would have to be given strategic highway improvements. ■ observed that the park was relatively flat and open which could enable construction to begin promptly. There was also an opportunity to limit the visual impact of the hospital building on this site due to designing a building that would be screened the escarpment as Westmount. ■ informed POG that the socio-economic impacts on the town centre would be less than for of the other four shortlisted sites as economic activity would not be displaced far from the town centre or existing hospital site. ■ noted that if People's Park were identified as the preferred site, then the re-provision of lost amenity space on another site or sites would be needed and therefore a significant consideration. She noted that there remained a noteworthy political opposition to locating a new hospital on the site, which had previously culminated in the removal of People's Park as a potential hospital site by the States Assembly by their approval of P.5/2019, as amended. However, POG noted that at that time the objection was not that People's Park could provide for a suitable hospital site, rather that the loss of St Helier green space and amenity value were brought into question. CW noted that

People's Park was the most popular site following a survey of HCS staff and placed second in a poll recently conducted by the JEP. He reminded POG that the site had been nominated by the public during the Call for Sites and there had been a commitment to put all sites through the site selection process, which would ensure that all sites put forward were objectively evaluated based on their potential to be the most suitable site for a new hospital for Jersey.

■ noted that St Andrews Park was generally easily accessible and close to St Helier. It was located at the bottom of an escarpment which potentially limited the visual impact of a hospital but there was no doubt that such a large building would dominate the adjacent residential properties. It was a well-used public amenity and would require re-provision, which would prove particularly difficult in the First Tower location. To improve access to the required standard, a route through Victoria Avenue would need to be constructed and although close to St Helier, it was likely that more people would travel by car to a new hospital on this site to avoid a two-stage journey on public transport. Ecology was rich on this site and valuable habitats would need to be considered. The Park was also a listed open space containing a dolmen and required a change in law to sever the covenant. This unfortunately would not enable the critical timetable of 2026 to be met. St Andrew's had attained a significant number of red and amber ratings overall.

POG considered the information presented to them both in the report and during the meeting, noting that three of the shortlisted sites had significant obstacles at this stage to delivering a new hospital within the timeframe. LF asked each POG member in turn if they were minded to discontinue assessments on shortlisted sites which were likely to be unsuccessful due to their performance against the evaluation criteria at this stage.

**POG NOTED** that the site assessments to date highlighted that there was no perfect site for a hospital in Jersey and that the ability to meet the two clinical criteria of size and the ability to meet the critical timeframe of 2026 was paramount to the future of healthcare for Islanders.

**POG NOTED** in relation to Five Oaks that:

- the site was in multiple ownerships with some owners not necessarily prepared to sell
- significant accessibility works would be needed requiring over 25 private property acquisitions
- there was a dolmen within site boundary with title issues and potentially other archaeology
- may not perform well against the strategic policies of the Island Plan
- it would be unable to meet the 2026 deadline

**POG NOTED** in relation to Millbrook that:

- the site lay in multiple ownerships complicated by covenants and some owners were not willing or able to sell
- CPO would be required because one owner was legally unable to sell
- there was most risk in relation to the strategic policies of the Island Plan
- it would be unable to meet the 2026 deadline

**POG NOTED** in relation to Overdale that:

■ although it had amber and red ratings in the assessments these

		<p>were related to the accessibility of the site and potential construction risks which could be mitigated</p> <ul style="list-style-type: none"> <li>despite this it provided a suitable site for a flexible hospital design and could meet the 2026 deadline</li> </ul> <p><b>POG NOTED</b> in relation to People's Park that:</p> <ul style="list-style-type: none"> <li>although it had a few amber and red ratings in the assessments these related to the acquisition of the site – likely unwillingness to sell - and replacement of lost amenity, which required further analysis</li> <li>it was likely to be able to meet the 2026 deadline</li> </ul> <p><b>POG NOTED</b> in relation to St Andrew's Park that:</p> <ul style="list-style-type: none"> <li>acquisition would require change in the law to sever a Covenant</li> <li>there would be significant accessibility works requiring up to 25 property acquisitions</li> <li>there was a dolmen within site boundary and potentially other archaeology yet to be discovered</li> <li>the amenity space would be lost and would prove very difficult to replace in the area</li> <li>it would be unable to meet the 2026 deadline</li> </ul> <p><b>POG AGREED UNANIMOUSLY</b> to discontinue site evaluations on Fields north of Five Oaks, Millbrook and St Andrews Park and thereby reduce the site shortlist to Overdale and People's Park as the sites most able to deliver a new hospital by 2026.</p>	
	<b>2.2</b>	<b>Requirements for compulsory purchase</b>	
	RG-	<p>Noted that once a site had been approved by the States Assembly, the intention was to acquire the necessary land through negotiation and agreement of a fair and reasonable price. However, it was imperative that land assembly did not compromise the timeframe of the project and therefore crucial that the use of compulsory purchase powers was available as a last resort fall back option to avoid delays in the programme.</p> <p>RG noted in accordance with the relevant legislation, the States Assembly would need to agree a plan and funding in order for Ministers (Environment or Infrastructure dependent on the land to be acquired) to exercise decisions to compulsory purchase any property.</p> <p>RG noted that the exact properties that would be needed would be dependent on the preferred site that would be recommended in September, but suggested that in a situation where a Proposition to the States on a preferred has been adopted, a further Proposition be lodged, that would ask the Assembly to agree, in principle, the use of compulsory purchase for that preferred site, should it be necessary.</p> <p>RG outlined the potential need for compulsory purchase, noting that the Planning and Building (Jersey) Law 2002 conferred upon the States of Jersey the power to acquire land by Compulsory Purchase and that the Compulsory Purchase of Land (Procedure) (Jersey) Law 1961 (<b>CPO Law</b>) regulates the procedure which is to be followed should the States decide to exercise their power to acquire land by Compulsory Purchase. As noted at the meeting on 14 April 2020, the current hospital estate was deteriorating with associated maintenance costs and impacts on quality of care. Therefore, although negotiations would commence once a site had been agreed and would continue for as long as was reasonable, a point where land would have to be acquired in accordance with the</p>	

		<p>CPO Law to mitigate the risk and cost of delay.</p> <p><b>POG NOTED</b> that the CPO Law afforded opportunities for the project team to purchase property where ownership as uncertain, provided protection for the interests of owners who could not be identified at the time of purchase and for those whom benefitted from a covenant.</p> <p><b>POG AGREED</b> to ask COM to consider if they were minded to support the acquisition of land to deliver the project by Compulsory Purchase, should it prove necessary, and subject to approval from COM, to request that the States Assembly endorse such an approach, as required by Article 3 of the Compulsory Purchase Law, at the time of agreeing the final preferred site.</p>	
	2.3	<p><b>Team assembly: contract renewal for the Clinical Director</b> (deferred from the meeting held on 6 July 2020) AH left the meeting.</p>	
		<p>Reminded POG that the Clinical Director had been employed on a two-year contract with a review at the conclusion of year one. POG noted that the Clinical Director had achieved his objectives thus far and that the work he had undertaken in relation to clinical engagement and the development of the draft Functional Brief had contributed to the progress of the project.</p> <p><b>POG AGREED UNANIMOUSLY</b> that the Clinical Director be approached to continue in the role on the current terms until 30 September 2021.</p> <p><b>POG NOTED</b> that the contract extension in relation to the Communications and Engagement Lead had been <b>AGREED</b> via email in advance of the meeting due to ensuring the necessary paperwork could be completed prior to expiration date of the original contract.</p> <p>AH re-joined the meeting.</p>	
	2.4	<p><b>Communications and engagement: Hold Point 3 approach and proactive comms</b> (deferred from the meeting held on 6 July 2020)</p>	
	CW-	<p>Noted that the announcements regarding the five-site shortlist, the reduced shortlist and the final preferred site were critical to ensure that all stakeholders were fully engaged and informed. CW noted that engagement with landowners on the shortlist was under way through the project's real estate agent, and that engagement with neighbours would be undertaken once a preferred site was identified by COM. CW noted that the timing of this was suggested so as not to increase uncertainty on the part of landowners and neighbours unnecessarily. CW noted that given that there were still 5 shortlisted sites, the number of neighbours was still significant, but once a preferred site had been recommended by COM, a manageable size of cohort of Islanders would be identified whose feedback and concerns would be listened to and responded to.</p> <p>CW added that it was also vital to support the planning application with evidence of an extensive programme of communications and engagement reaching all Islanders.</p> <p>[REDACTED]</p>	35

		<p>[REDACTED]</p> <p>[REDACTED]</p>	CW
	2.5	Financial summary June	
	SM-	<p>Outlined the project's financial position as at 30 June 2020 and confirmed that expenditure was in line with budget estimate.</p> <p><b>POG NOTED</b> the financial position and that the project expenditure was in line with budget.</p>	
	2.6	Summary timeline of decision-making – Hold Points 1&2 closure	
	■	<p>Reminded POG that the Summary Timeline of Decision-making had been tabled as a work in progress at the meeting held on 4 June 2020. The document had been progressed to encapsulate all the decision-making process during Hold Points 1 and 2 which were now closed. A new summary document would be opened for Hold Point 3 and tabled at POG after the closure of that Hold Point.</p> <p><b>POG NOTED</b> the Summary Timeline of Decision-making in respect of the now closed Hold Points 1 and 2.</p>	

### 3. Date of Next Meeting

Minute 053	The next meeting will be held on Friday 28 August 2020 at 12:00 hrs in the Council of Ministers' Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	Action Person/Date
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# Political Oversight Group

## Minutes of meeting

**Date & Time:** Friday 28 August 2020 at 12:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Con Philip le Sueur - PLS - Constable of Trinity

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

Robert Sainsbury – RS – Deputising for the Director General, Health and Community Services

Richard Bell – Rbe – Director general and States Treasurer

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – Rba – Project Director

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

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

Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

Ashok Handa – AH – Clinical Director

██████████ – Client Relationship Manager

██████████ - EY

██████████ – Turner & Townsend

(25)

#### Apologies:

Dirk Danio-Forsyth – DDF – Director of Communications

### 1. Minutes of Notes of Previous Meeting, Matters Arising and Action Log

Minute 054	The minutes of the previous POG meeting were not available for review.  The rolling action log was discussed and updated.	Action Person/Date
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### 2. Project Workstreams

Minute 055	2.1	Affordability limit and approvals timeline	Action Person/Date
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	<p>RBa-</p> <p>Noted that the Government of Jersey was seeking to agree a cost envelope with the Design and Delivery Partner (<b>DDP</b>) by the 31st August which would represent the maximum price to be paid to the DDP for the PCSA, capital and site-specific supplier side costs for Our Hospital. RBa noted that the affordability limit was a contractual obligation and that it would support developing better costs certainty at this point in the project. The tabled paper set out the current position and cost estimate for the DPP cost envelope. The estimates for the two remaining sites were:</p> <ul style="list-style-type: none"> <li>• Overdale - £550.0m</li> <li>• People's Park - £510.2m</li> </ul> <p>Therefore, as the higher figure, the Overdale cost estimate represented the maximum price which would be paid to the DDP.</p> <p>RBs noted that ongoing cost would be closely controlled, and reviewed throughout each stage of the project and also at each Hold Point where there was scope to exit the contract. RBa informed POG that the NEC3 contract was a target price contract, which ensured a pain/gain arrangement, which would incentivise the DDP to deliver on time and in accordance with the agreed affordability limits.</p> <p>Cost consultants Turner &amp; Townsend had benchmarked the net capital construction costs (provided by the DDP) against six other hospital projects and considered them to be a reasonable value in the current market. Turner &amp; Townsend had also considered the costs which sit outside the net construction cost and confirmed these were appropriate at this stage and importantly are comparable with other UK projects. All cost elements of would be fully market tested during OBC and FBC stages to achieve an iterative cost certainty.</p> <div data-bbox="331 1126 1204 1489" style="background-color: black; width: 100%; height: 162px; margin: 10px 0;"></div> <div data-bbox="331 1518 1204 1702" style="background-color: black; width: 100%; height: 82px; margin: 10px 0;"></div> <p>This cost limit was calculated using the draft functional brief as a basis and was informed by the Jersey Care Model (<b>JCM</b>), which represents a best in class example of an evidence-based care model that can support the health outcomes of Islanders. These calculations would not form part of the brief to the DDP and commitment to the cost limit did not commit to the square metre area derived from the functional brief. RBa noted that the DDP would be supported by the Our Hospital Clinical Director and HCS clinicians and professionals to design Our Hospital in a flexible way, that would enable clinical and non-clinical areas to be adaptable to changes in layout and use, where appropriate. POG considered that this would be a critical design feature of a new hospital, to ensure that Our Hospital can meet evolving models of health and care delivery and the needs of</p>	<p>35</p>
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		<p>Islanders as treatments and technology continue to progress. POG noted that best practice models of health care would continuously evolve and agreed that Our Hospital needed to be delivered independent of the JCM. POG noted that the JCM would inform the development of the functional brief for Our Hospital but would not define the clinical and non-clinical design requirements. Rba informed POG that the affordability limit was not directly linked to the draft area estimates of clinical and non-clinical areas in the draft functional brief.</p> <p>POG noted that each of the final shortlisted sites had its own opportunities and challenges, which would mean that the cost profile would be different for each site. POG noted asked for additional information about where costs would be anticipated for each site to support a better comparison between the two sites. After a full and frank discussion, POG members were in agreement that confirming the cost envelope for the DDP supported better cost certainty at this point in the project. Rba noted that there would be other client-side costs, such as property acquisition costs to assemble the site, re-provision of green space in the case of People's Park, decant of existing GoJ services in the case of Overdale and optimism bias. Rba noted that further work would be undertaken to evaluate these costs for the Strategic Outline Case that would be discussed with POG before any recommendation on a preferred site would be made to COM/</p> <p><b>POG APPROVED</b> the affordability limit in the sum of £550m.</p>	<b>SM/Rba</b>
	<b>2.2</b>	<b>Non-shortlisting of St Saviour's Hospital and Warwick Farm</b>	
	■	<p>Noted that following the publication of the Our Hospital Site Selection Report and the five-site shortlist, feedback from the public and some States Members had been received querying why certain sites had not been shortlisted. St Saviour's Hospital and Warwick Farm were two sites which had received the most queries and LF had requested further detail to be shared with POG to remind them of why they had fallen out of the site selection process during the application of the Citizens' Panel criteria.</p> <p>■ outlined how both sites performed very poorly against the initial seven Citizens' Panel criteria which were deemed most important. ■ reminded POG that both sites had been considered by the Planning Inspector in the public inquiry in 2018 during the Future Hospital Project. The Planning Inspector's views had been published in his report to the Minister for the Environment and he was clear that:</p> <ul style="list-style-type: none"> <li>• St Saviour's Hospital would 'fundamentally conflict with the Island Plan'</li> <li>• Warwick Farm involved 'major challenges to the Island Plan'</li> </ul> <p>In addition, the Our Hospital Supplementary Planning Guidance (SPG) set out sustainable development considerations at length. Neither site could progress to the shortlist due to poor performance against the most significant and fundamental Citizens' Panel criteria and the assessment of the Planning Inspector during the public Inquiry together with the SPG reinforced this.</p> <p>■ described to POG how both sites would encourage the use of the private vehicle, contrary to sustainable transport policies. ■ noted that:</p> <ul style="list-style-type: none"> <li>• For St Saviour's Hospital, significant acquisition of land and private properties would be needed to improve access at Five Oaks, which was also a key consideration for the Fields at Five Oaks being discounted from the shortlist</li> <li>• For Warwick Farm, the significant highway works that would be</li> </ul>	<b>All 25</b>

		<p>needed to improve junctions in the strategic highway network, such as that of Rouge Bouillon.</p> <p>AS noted that neither site met the Citizens' Panel crucial criteria and an external view that neither were suitable was already available from the previous public enquiry and the SPG.</p> <p><b>POG NOTED</b> the reasons for each site failing to meet the requirements for shortlisting and asked for the rationale be set out clearly on the gov.je to support better public understanding of the reasons that these sites were not shortlisted.</p> <p><b>POG FURTHER NOTED</b> that no additional evidence had been received from the DDP or members of the public which would trigger a review of site shortlisting exercise with respect to St Saviour's Hospital and Warwick Farm.</p>	
	<b>2.3</b>	<b>ToR update</b>	
	■	<p>Noted that the POG Terms of Reference had been reviewed and updated. The updates were few and minor in nature. A minor change of wording was requested for clarification to the group's purpose.</p> <p><b>POG APPROVED</b> the updated Terms of Reference, subject to the requested amendment.</p>	<b>25</b>
	<b>2.4</b>	<b>Financial summary</b>	
	SM-	<p>Outlined the project's financial position as at 31 July 2020 and confirmed that expenditure was in line with budget estimate. The DDP and Cost Consultant were now on board the project which had resulted in an increase in monthly costs as had been previously advised to POG. Forecast costs and been revised to meet the timeline of the draft Government Plan and a business case had been submitted in respect of the first six months of 2021.</p> <p><b>POG NOTED</b> the financial position as at 31 July 2020 and that the project remained within budget.</p>	

### 3. Date of Next Meeting

Minute 056	The next meeting will be held on Wednesday 30 September 2020 at 08:30 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	Action Person/Date
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# Political Oversight Group

## Minutes of meeting

**Date & Time:** Wednesday 30 September 2020 at 08:30

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Con Philip le Sueur - PLS - Constable of Trinity

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

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

Dirk Danio-Forsyth – DDF – Director of Communications

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

Richard Bannister – Rba – Project Director

Ashok Handa – AH – Clinical Director, Our Hospital Project

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

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#### Apologies:

### 1. Minutes of Notes of Previous Meeting, Matters Arising and Action Log

Minute 057	The minutes of the POG meeting that took place on 06 July 2020 were reviewed and approved.	Action Person/Date
	The rolling action log was discussed and updated	

### 2. Project Workstreams

Minute 058	<b>2.1</b>	<b>Communications and Engagement: communications timetable for preferred site</b>	Action Person/Date
		CW – Outlined the planned communications and engagement activities between today's meeting and the anticipated debate on a preferred site at the States Assembly sitting commencing 17 November 2020.	
		POG noted the planned communications and engagement activities.	
	<b>2.2</b>	<b>Identification of preferred site for recommendation to CoM following conclusion of site technical assessments</b>	
		LF – Subsequent to the technical briefing on 23 September 2020 that included detailed information on the evaluation of the final shortlist	

	<p>of sited, LF noted that there were opportunities and challenges with each site and that there was no perfect site. He asked POG to reflect on the body evidence that had been provided to them and noted that the objective of this meeting would be to make a recommendation on a preferred site to COM. LF noted that the preferred site should be a site where a new hospital could be built that Islanders could be proud of, that can deliver the POG's ambition to start on site by Summer 2022 and could deliver a new hospital that is operational by the end of 2026.</p> <p>SM – Reminded POG of the cost breakdowns for each of the sites, and outlined the difference in costs and the reasons for it, including differences in plans for engineering, basements, highway costs and relocation of services currently in situ. SM outlined the concept of optimism bias and described how it is calculated in accordance with guidance from HM Treasury appraisal processes for large-scale projects. SM noted that he considered that adequate optimism bias and client contingency had been provided for at this stage for the project to progress.</p> <p>POG discussed the difference in costs in detail and noted the site specific costs for each site, including the reprovision of a park in the case of People's Park and the need to acquire properties to assemble the land in the case of Overdale.</p> <p>RH – Challenged that the plans presented to POG were an expansion of the original plans presented to POG at the point of shortlisting. He asked whether this would cause any other sites to be brought back into scope. RBa informed POG that the expansion of plans was due to initial block and stack analyses that suggested an early possible layout for a new hospital on each of the two remaining sites. Rba noted that would not be feasible for an extensive longlist of sites. He added that this would not bring any other sites into scope as the site shortlisting process discounted sites that could not accommodate the minimum footprint, therefore any sites already discounted could not accommodate a new hospital if block and stack analyses had been applied to them as they were already too small.</p> <p>POG paused to discuss the Proposition that had been lodged by Deputy Pointon. The project team reminded POG of the reasons that St Saviour Hospital and Warwick Farm had been discounted and POG agreed that there was sufficient evidence to support them having been removed from the longlist of sites earlier in the site selection process.</p> <p>■ – Asked POG reflect on previous discussions and to confirm whether they might be minded to propose one or both sites on the final shortlist to the COM. POG unanimously agreed that they should recommend one preferred site. POG also noted the previous States decision not to locate the new hospital at People's Park, Lower Park, Victoria Park, Westmount Gardens or Parade Gardens, in St. Helier. ■ reminded POG that if People's Park was identified by POG as their preferred site, then there would be a need to rescind the previous decision of the Assembly ahead of a debate on a preferred site.</p> <p>■ outlined the draft structure of a Report that would be appended to a Proposition, which would be amended to reflect the preferred site recommended to COM. POG noted that they had received a draft</p>	<p><b>All 25</b></p>
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version of the Proposition and approved the structure of the report to be developed into a final draft for consideration by COM. POG asked that the full site selection report be appended to the Proposition, to ensure that there was full transparency of the process and outputs of the technical analyses.

POG discussed the relative merits and challenges with respect to each of the sites at length. POG noted the technical assessments conclusion that both sites could deliver an exemplary hospital facility that could be delivered for 2026 and within the affordability limits set out agreed with the Design and Delivery Partner.

POG considered that People's Park presented an undeveloped site that would deliver at less cost and therefore a simpler engineering programme, but that there were significantly more political risks, given the existing States decision not to locate a new hospital on this site. They also considered that the inclusion of Victoria Park as part of the initial concept layout added to that political risk. POG also considered that the People's Park site was more constrained, and did not afford the same opportunities for expansion as the Overdale site. POG considered that in the absence of the political risk, the land assembly work for People's Park would be less as there was only one owner – the parish. However, they considered that the unwillingness of the owner to sell and the need to re-provide a new park in a new location would make the scheme less deliverable.

POG considered that of the two final sites, Overdale could deliver the best hospital and considered that this was an important outcome for the Island. Members considered that the investment in any hospital build would be significant, and that given the scale of this investment it should be made to deliver the best hospital to serve Islanders' health and wellbeing outcomes. POG considered that in the context of the overall cost of health and care over the lifetime of a new hospital, that the higher costs to deliver Overdale were palatable. POG noted the more challenging access and parking issues, but noted that the options presented by the Design and Delivery Partner provided ways in which to mitigate these challenges. POG noted that the Overdale site would result in a more challenging land acquisition programme, but that the options presented meant that the social impact on property owners and neighbours was as limited as possible. However, POG also noted the comments of the planning inspector with respect to the Future Hospital Project and noted that design work would need to incorporate plans to make a new hospital at Overdale as unobtrusive as possible on the Island landscape.

POG agreed that it was important to consider all of the risk factors that they had discussed in the round, as there were unquantifiable trade-offs between a more politically risky scheme and a more challenging engineering programme.

Following discussions, POG agreed in their majority to recommend to COM to lodge a Proposition to the Assembly that Overdale be identified as the preferred site for Our Hospital. In reaching the judgement that Overdale should be brought forward as the preferred site for Our Hospital, POG considered that:

- Overdale would provide the better integrated hospital design that could support generations of Islanders. The Overdale site is of sufficient size that it can accommodate all clinical services for Our Hospital, including mental health, on one site. The site

		<p>provides sufficient scope to allow for flexibility in design and to respond to the need for expansion in the future. Furthermore, this single site solution will also reduce operational running and logistics costs.</p> <ul style="list-style-type: none"> <li>• Overdale could deliver Our Hospital in the anticipated project timescale</li> <li>• Overdale offers a better option in terms of flexibility of design and futureproofing</li> <li>• Access challenges, which are duly noted, can be overcome and provide opportunities to improve the road network to support wider health and wellbeing activity</li> <li>• Whilst a more complex land assembly programme would be required, the impact of acquisition of private property and human impact to nearby residents is relatively limited</li> <li>• The difference in cost of a new hospital at Overdale when compared to People's Park will be outweighed by its contribution to the long-term health and care outcomes of Islanders over its lifetime</li> <li>• Overdale is a more deliverable scheme, given the significant political challenges due to an existing States decision that the new General Hospital should not be located at People's Park or Victoria Park+</li> </ul> <p>POG noted the plans that outlined the land and properties that would be needed to assemble a site to deliver a hospital at Overdale. POG considered the social impacts of land acquisition and the potential need for compulsory purchase of land and properties, and requested that the project team cause minimum disruption to landowners. RBa informed POG that of the highway options considered for the initial Overdale scheme, that the option to improve access via Westmount Road presented the option with the least social impact.</p> <p>POG agreed that there would be a need to ask the Assembly to approve the acquisition by the public of the land and properties required to deliver the Our Hospital project. POG asked the project team to negotiate with the owners for the purchase of the land and properties at a fair and proper price, but if that were not possible, that there may be a need to exercise compulsory purchase powers due to the significant risk to the completion of the project, both in terms of delivery time and costs, with a significant inflationary effect over the lifetime of the project in the event of delay. POG approved to recommend to COM to bring forward a Proposition to the Assembly seeking the authority to acquire land by negotiation, and, in principle, by compulsory purchase if a negotiated agreement cannot be reached, to be considered after the States Assembly have agreed the preferred site for Jersey's new hospital.</p>	
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### 3. Date of Next Meeting

Minute 059	The next meeting will be held on 09 November 2020 at 13:30 hrs in the Council of Ministers Room, Broad Street Offices with remote access via Teams	Action Person/Date
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# Political Oversight Group

## Minutes of meeting



**Date & Time:** Monday 9 November 2020 at 13:30

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

Richard Bell – RBe – Director general and States Treasurer

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – RBa – Project Director

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

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

Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

██████████ Client Relationship Manager, Our Hospital Project

██████████ – Finance Business Partner, Our Hospital Project

██████████ – Mace

██████████ – EY

██████████ – Turner & Townsend

(All 25)

#### Apologies:

Sen John Le Fondré - JLF - Chief Minister

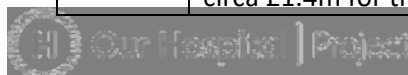
Con Philip le Sueur - PLS - Constable of Trinity

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

Dirk Danio-Forsyth – DDF – Director of Communications

### 1. Minutes of Notes of Previous Meeting, Matters Arising and Action Log

Minute		Action Person/Date
060	<p>The minutes of the POG meetings held on 18 and 28 August and 23 and 30 September 2020, having been previously circulated were approved.</p> <p>The rolling action log was discussed and updated.</p> <p>The Communications and Engagement Update and the Risk Register, having previously been circulated were noted. The Financial Summary as at 30 September 2020 was also noted and <b>POG AGREED</b> to support the drawdown of circa £1.4m for the month of November.</p>	



## 2. Project Workstreams

Minute 061	2.1 Final draft SOC	Action Person/Date
	<p>SM- Reminded POG of the purpose of the final draft SOC (<b>SOC</b>) and the HM Treasury Green Book 5 Case Model, summarising the situation in relation to each business case in turn. SM noted that the Our Hospital Project's SOC was at level of development that went beyond a that of typical SOC, with the cost analysis at a more advanced level of detail than normally expected at this stage a project.</p> <p>SM noted that a longlist of options had been identified by HCS:</p> <ul style="list-style-type: none"> <li>• Do nothing</li> <li>• Do minimum</li> <li>• Minor refurbishment</li> <li>• Major refurbishment – hospital only</li> <li>• Major refurbishment – hospital and Orchard House</li> <li>• New build (site agnostic)</li> </ul> <p>SM outlined the critical success factors (<b>CSFs</b>) for the Our Hospital project which were contained in the SOC and had been applied to the longlist of options:</p> <ul style="list-style-type: none"> <li>• Does the option support the safe delivery of high-quality, efficient and effective care in the future?</li> <li>• Can the option deliver by the required operational date of 2026?</li> <li>• Does the option accommodate a mix of co-located clinical and supporting facilities, including mental health facilities?</li> <li>• Is the option flexible enough to support the delivery of healthcare in the future?</li> <li>• Does the option offer the prospect of continuing to provide safe and effective care during the delivery of the new hospital?</li> <li>• Is the option likely to be affordable from both a revenue and capital perspective?</li> <li>• Does the option allow sufficient space for future expansion, if required</li> </ul> <p>SM reminded POG that the Do Minimum option had been shortlisted for comparator purposes only as it did not meet any of the Project's CSFs as part of the Site Selection Process and was therefore not shortlisted as a viable option. It failed on all of the following CSFs:</p> <ul style="list-style-type: none"> <li>• did not support the safe delivery of high-quality, efficient and effective care in the future</li> <li>• could not be delivered by the required operational date of 2026</li> <li>• did not accommodate a mix of co-located clinical and supporting facilities, including mental health facilities</li> <li>• was not flexible enough to support the delivery of healthcare in the future</li> <li>• did not offer the prospect of continuing to provide safe and effective care during the delivery of the new hospital</li> <li>• did not allow sufficient space for future expansion if required</li> </ul> <p>SM noted that without substantial investment in the infrastructure of the current hospital, the estate was approaching a point in its lifecycle where a significant programme of backlog maintenance was either currently being undertaken or was planned over the next few years, to bring estate assets to a defined standard in order to meet:</p>	

- Mandatory fire safety requirements
- Statutory safety legislation
- Quality and functionality requirements and expectations

AH reminded POG that there was an effective tipping point around 2026 where costs of maintenance escalate significantly and could be avoided. AH noted that, since its initial discussion at their meeting held on 14 April 2020, this assumption had been reviewed in light of the COVID-19 pandemic and reconfirmed.

The application of the CSFs confirmed that the New Build option was the only option which met the criteria of all the CSFs and it was therefore shortlisted. SM noted that, as none of the other options met the CSF shortlisting assessment, the Do Minimum option had been shortlisted as a comparator case only, following HM Treasury Green Book guidance.

SM noted that the Design and Delivery Partner (**DDP**) cost envelope for the Do Minimum option, which mean maintaining the current estate, was £517.9 million compared to that of the New Build which was £550 million. Therefore, a new build provided the opportunity to deliver a new hospital at modern standards that was not significantly more expensive than the Do Minimum option. RBa noted that £550m was the DDP affordability limit for the target value design of the build contract. A figure for optimism bias, in accordance with guidance and best practice, had also been included to provide a safer estimate of the total capital costs, however provided the course of the project was not diverted or the timeline elongated £550m would remain the maximum build cost. SM noted that allowing for optimism bias and other costs associated with the New Build option, resulted in a total cost for the Do Minimum option of £595.2 million compared to £804.5 million for the New Build option. SM noted that the optimism bias allowances may reduce as greater cost certainty was achieved through the design process, but that these costs would transfer to actual cost requirements elsewhere. Therefore, the total build cost was £550 million with potential that other costs could be less. In addition, the contract with the DDP was structured with a pain / gain split that incentivised the DDP to remain under the maximum build cost.

Addressing the relocation of services currently housed on the Overdale site, AH noted that this could not be planned until the outcome of the States Assembly debate of P.123/2020 was known. Detailed planning would commence should Overdale be identified as the preferred site. However, it was essential to have an initial plan and therefore meetings had been taking place to identify and review potential sites for relocation. A single site had been identified which had potential to accommodate approximately 85% of the services currently operating at Overdale by the end of Q2 2021. This would allow demolition to begin in order to begin work on the access road. POG noted that there were no inpatients currently situated at the current Overdale Hospital.

**POG NOTED** that the New Build option was the only option which met the criteria of all the CSFs.

**POG FURTHER NOTED** that none of the other options met the CSF shortlisting assessment and the Do Minimum option was therefore only shortlisted as comparator case, following HM Treasury Green Book guidance.

**POG APPROVED** the Final Draft SOC and **AGREED** the continuation of the Our Hospital project as outlined in the economic case with the

preferred New Build option and progress towards development of the Outline Business Case.

**POG NOTED** the project team costs associated with continuation of the Our Hospital project.

## 2.2 Social value strategy

■- Noted the social value themes for the Our Hospital project that aligned with Government of Jersey strategic priorities and informed POG that the social value delivery plan (**Social Value Strategy**) considered some of the additional benefits that the capital investment project would have on the Island.

The initial focus was to maximise educational and employment opportunities within the construction stages of the project, across both professional and trade-based roles. Once established, this approach could then be replicated for the health sector, both within clinical roles, but also the significant number of non-clinical career opportunities that exist within the industry, providing a diverse and sustainable employment offer.

POG commended the DDP on their work in developing the Social Value Strategy. LF noted that it was vitally important to engage islanders with all the potential opportunities and asked this would be possible given the current pandemic situation. ■ noted that the work would be undertaken by RoK, the local arm of the DDP and they were considering an online presence for communication at present to accommodate the current and any future COVID-19 restrictions.

**POG NOTED** the proposed approach set out in the Social Value Strategy.

**POG APPROVED** the continuation of the development and implementation of the Social Value Strategy and **REQUESTED** to be kept fully engaged with it throughout the project in order to monitor its development and note positive outcomes for Islanders.

## 2.3 Funding for site acquisitions

SM- Noted that the Our Hospital project had an approved budget for development of the project. There were initial estimates of the likely total cost, the bulk of which would not be incurred until later in the project programme when the costs had been reviewed and refined leading to approval of the Outline Business Case (**OBC**) and the financing of the project. However, there were some site acquisition costs which it was necessary to provide for, in advance of the OBC, to allow enabling works to commence and to ensure that the Our Hospital would be operational within the mandated timetable and on budget.

SM reminded POG that P.129/2020 had been lodged for debate by the States Assembly on 17 November 2020, should Overdale be approved as the final preferred site. The proposition provided for acquisition of land and properties, approval to negotiate, agreement in principle to the use of compulsory purchase powers, if necessary, and completion of contracts, and related to the properties that had to be acquired for early enabling works. A total estimate for all the third-party acquisitions had been provided by D2 Real Estates based on like for like valuation plus anticipated fees / compensation and excluding any premium on the properties. These costs had been included in the proposition at £16.6m

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	<p>■ outlined the current situation regarding negotiations with the owners of each of the properties that potentially needed to be acquired. RBa noted that although compulsory purchase formed part of the proposition the approach had, and would continue to be, to acquire properties through negotiation. RBa informed POG that potential funding solution options were being explored.</p> <p>LF asked whether all the properties identified were required and RBa noted that ongoing site investigations could clarify this. POG discussed the potential impact on residents of uncertainty whilst waiting for the site to be debated and RBa noted that residents were being supported, involved and kept informed by the DDP with a dedicated single point of contact.</p> <p>AS outlined the potential solutions that had been identified so far for relocating the Jersey Bowls Club (<b>JBC</b>), should Overdale be agreed as the final preferred site for Our Hospital. AS confirmed that he would discuss these with representatives of the JBC. LF noted that although there might not necessarily be a legal obligation to support everyone Our Hospital would potentially displace, there was a moral one and POG concurred.</p> <p><b>POG NOTED</b> the approach to early acquisition of properties required for enabling works and <b>POG APPROVED</b> the development of a business case.</p> <p><b>POG APPROVED IN PRINCIPLE</b> the application of funds for early acquisitions and <b>REQUESTED</b> that the matter was revisited at a future POG meeting once the potential funding solutions had been explored.</p>	<p><b>25</b></p> <p><b>RBa &amp; SM</b></p> <p><b>AS</b></p>
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### 3. Date of Next Meeting

Minute 062	The next meeting will be held on Friday 27 November 2020 at 10:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	Action Person/Date
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# Political Oversight Group

## Minutes of meeting



**Date & Time:** Friday 27 November 2020 at 10:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Con Philip le Sueur - PLS - Constable of Trinity

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

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

Richard Bell – RBe – Director general and States Treasurer

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – RBa – Project Director

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

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

Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

██████████ – Client Project Manager, Our Hospital Project

Ashok Handa – AH – Clinical Director, Our Hospital Project

██████████ – Project Management Office, Our Hospital Project

(All 25)

#### Apologies:

Dirk Danio-Forsyth – DDF – Director of Communications

### 1. Minutes of Notes of Previous Meeting, Matters Arising and Action Log

Minute 063	The minutes of the POG meeting held on Monday 9 November 2020, would be tabled for approval at a subsequent meeting.  The rolling action log was discussed and updated.	Action Person/Date
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### 2. Project Workstreams

Minute 064	<b>2.1 Hold Point 3 Report</b> <b>Including 2.3 - Strategies to address amendments to p.123/2020</b> <b>RBa-</b> Noted that following approval on 6 July 2020 to close Hold Points 1 and 2 and move to the next stage, work had commenced on Hold Point 3 which	Action Person/Date
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had resulted in States Assembly approval on 17 November 2020, by 37 votes to 6, of Overdale as the preferred site for Our Hospital. POG noted that a number of new challenges had arisen including:

- The complexity of the decant of services currently located at Overdale
- 4 or potentially 5 planning applications were now required
- The acquisition of the Jersey Bowls Club and Parish of St Helier land

Some further challenges were due to the adoption of P.123/2020 Amd.2, which required a Report into access routes to be brought back to the States Assembly for approval. RBa noted that the project team would update POG on the progress that had been made during Hold Point 3

#### **Land assembly and site acquisition funding update**

POG were updated on the status of site acquisitions noting that prior to the adoption of P.123/2020 Amd.2, it had been proposed to proceed with some land acquisitions of private properties for access in 2020. Negotiations had proceeded positively with three homeowners who, although they had not necessarily been contemplating moving house prior the adoption of Overdale as the final preferred site, appreciated the need for a new hospital and wanted to proceed with their relocation plans. noted that heads of terms had been agreed for the three required properties. also noted that the owner of one property was now minded to add a penalty clause into the contract as, despite being prepared to move during the following week, their plans were now at risk due to the condition in the second amendment that negotiations should not continue until the access Report was brought before the States Assembly. noted that the enforced delay could potentially impact the good-will of homeowners and increase stress and uncertainty for them over the Christmas period.

All 25

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POG considered funding options to facilitate purchase negotiations already underway and noted that CPO was a last resort.

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SM noted that some early funding could potentially be identified from unspent capital allocations. SM also noted that the reallocation of any funds from unspent votes in the capital programme to the Our Hospital Project would follow the normal process and be considered by the Treasury Minister. SM reminded POG that the substantive funding for the capital works would need to be approved by the States Assembly. The programme was dependent on maintaining the timetable for the design process, however, uncertainty over the access route could affect the critical path to delivery.

RBa outlined the timetable for responding to P.123/2020 Amd. 2 which required a Report and Proposition to be taken to the States Assembly which, once produced, would require a six-week lodging period prior to debate. This would potentially take the programme to February or March

ahead of a States Assembly debate of the preferred access route. The impact of this would be that demolition of the current Overdale Hospital buildings to enable work to begin on the hospital building itself would be pushed back beyond September 2021. Whilst this potentially added a six-month delay into the programme, the timeline could be compromised by a failure to acquire the necessary residential properties as to continue design and planning on a site that is not in public ownership would not be prudent. RBa reminded POG that P.123/2020 Amd.2 prevented acquisitions from completing until a Report had been approved by the States Assembly. RBa reminded POG that a full public consultation would be part of the planning process, so a full consultation with residents and neighbours at this time would not be appropriate and would result in further delay. POG considered the wording of P.123/2020 Amd.2 and noted that the amendment did not specify consultation as a requirement for the Report, rather it required evidence that the preferred route had been thoroughly examined. POG agreed that engaging residents was appropriate at this time. POG noted that much of the work in assessing potential access routes for Overdale had already been completed during the preparation of P.123/2020. That work, for example, had shown that a route through George V Cottage Homes was not viable. RBa confirmed that without the requirement to undertake a full public consultation the project team could prepare a report that considered a wide range of options and looked at the requirements of maximising sustainable transport, minimising impact on the environment, residences and amenities and considered the feasibility of a one-way system, as required by P.123/2020 Amd. 2.

**POG APPROVED** progression of land assembly as set out in the strategy in Section 2.2 of the Hold Point 3 Report.

#### **Relocation of services**

■ Outlined the progress to date regarding the plan for relocation of existing services from the Overdale site. Through consultation with those operating these services at Overdale, an understanding had been gained of the various services on the site and what their relocation requirements would be. AH confirmed that Clinicians had described a requirement that clinical services should not be split over more than one site. Some services would require relocation on a temporary basis as they would return to Overdale once Our Hospital had been built. Some other services though, such as the Child Development Centre and Meals on Wheels would not return and therefore required permanent relocation. AH noted that a range of options had been explored but were not large enough to keep the clinical services on one site which was a critical factor. POG noted that the project team were considering potential temporary and permanent locations for the decanted services and asked that the team undertake an options appraisal and present a preferred option at next meeting. KL noted that there was a misconception that the Government of Jersey had many empty properties ready for use but the reality was that the size and condition of properties would not make them suitable for the purpose required for the decant.

POG noted that the relocation of the Child Development Centre was a decision to be made by the CYPES Department. AS noted that relocation of the Jersey Bowls Club would likely be managed by the Sport Division of IHE, but confirmed that they could remain in their current location until mid-September 2021.

RR requested a briefing with the health services which required relocation.

CL

**POG REQUESTED** the project team complete an options appraisal to identify a preferred site and **APPROVED** the progression of the relocation of services and facilities currently sited at Overdale, subject to the Health Minister's approval following his briefing with the clinical services concerned.

#### **Planning application strategy**

- Noted that there were four elements to any planning applications which could be scheduled at different times depending on the impacts of P.123/2020 Amd. 2 on the overall timetable:
1. Change of Use Application for an alternative site for services currently sited at Overdale
  2. Planning Application for Westmount Road realignment, including demolition of the Jersey Bowls Club and three residential properties
  3. Planning Application for the demolition of Overdale Hospital buildings, excluding Thorpe Cottage and trees
  4. Planning Application for Our Hospital with associated highways works including demolition of Thorpe Cottage and redevelopment of the Jersey Water site

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[REDACTED]

**35**

[REDACTED]

**35 RBa**

**POG APPROVED** the progression of the planning applications as set out in the strategy in Section 2.4 of the Hold Point 3 Report.

#### **Employer's Requirements including the Functional Brief**

- Outlined the purpose of the Employers' Requirements and noted that it formed part of the contract with the design and Delivery Partner. The development of the Functional Brief had been reviewed by the Clinical and Operational Client Group (**COCG**), the Senior Officer Steering Group and POG and had now been signed off by COCG prior to this meeting. RH queried whether physiotherapy and hydrotherapy would be delivered in the community instead of from Our Hospital at Overdale. AH confirmed that it had been a clinically led decision for physiotherapy to be delivered in the community and the physiotherapy team felt it was a more patient-centred approach that provided improved access. AH noted that hydrotherapy was not and had never been in scope for the project. RR requested a further detailed briefing regarding the Employers' Requirements.


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**CL**

**POG APPROVED** the Employers' Requirements, including the Functional Brief, subject to the Health Minister's approval following his subsequent briefing from HCS staff.

#### **Communications and engagement update**

- CW-** Noted that the Our Hospital virtual public exhibition had been well-received. Communication and engagement with residents was ongoing and notifications were required regarding road closures due to the assessments needed as a result of P.123/2020 Amd.2 and ongoing site surveys. A full communications and engagement strategy was being prepared and would shortly be ready for POG's comment.

	<p><b>Team Assembly</b></p> <p><b>RBa-</b> Noted that there were a number of approvals required which would fall within budget subject to the approval of the new Government Plan's approval on 18 December 2020. The current Operational Programme Manager needed their role extended by 12 months during which time a tender process for a permanent incumbent would be undertaken. There was a requirement to appoint an NEC supervisor for the administration of the build contract and a tender would be placed with the expectation to capture bids from as many local companies as possible. There were also some contract variations required to extend the appointments of Mace and Turner &amp; Townsend in order to cover the works required now that more was known regarding the programme. If POG were supportive of SOSG's recommendations, a paper capturing all approvals would be prepared for the States Employment Board.</p> <p><b>POG AGREED to:</b></p> <ul style="list-style-type: none"> <li>• Approve the Our Hospital Operational Programme Manager</li> <li>• Accept the tender for the Land Agent from D2RE to finalise negotiations or follow CPO process to acquire the third-party property to deliver the Overdale site</li> <li>• Approve the continuation of the appointments to the roles of Client Project Manager, Project Administration Support and Assistant Governance Lead and note that alternative employment arrangements and appropriate Development Plans were being investigated by People Services</li> <li>• Note the preparation of a Procurement Strategy for NEC Site Supervisor and Design Review, including Health Planner</li> <li>• Approve that the services of Sitework Project Manager are acquired by requesting a variation to the contracts of the Project Management Office and the Cost Consultant</li> <li>• Approve the extension of the Project Management Office Contract from October 2021 to March 2022</li> <li>• Approve the recruitment of Assistant Project Administration Support at Grade 7/8</li> <li>• Provide an update of the whole project team to the next available States Employment Board</li> </ul> <p><b>2.2 Closure of Hold Point 3 and Hold Point 4 plan</b></p> <p><b>-</b> Outlined the outputs envisaged for Hold Point 4 which would culminate in the approval of the Outline Business Case (<b>OBC</b>). SM noted the forecast cost estimate for Hold Point 4 which would take the cumulative project total spend to £22.9m which was in line with presented forecasts and approvals to date. <b>-</b> outlined the anticipated Hold Points envisaged for the entire project which included some interim Hold Points to be introduced for funding and planning approvals required in relation to delivery at Overdale.</p> <p><b>POG NOTED</b> the progress made during Hold Point 3 and <b>APPROVED</b> the move to Hold Point 4.</p>	
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### 3. Date of Next Meeting

Minute 065	The next meeting will be held at a date and time in December to be confirmed.	Action Person/Date
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# Political Oversight Group

## Minutes of meeting



**Date & Time:** Tuesday 8 December 2020 at 18:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Con Philip le Sueur - PLS - Constable of Trinity

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

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

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – RBa – Project Director, Our Hospital Project

[REDACTED] – Governance Officer, Our Hospital Project

[REDACTED] - Office of the Chief Executive

Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

[REDACTED] – Client Project Manager, Our Hospital Project

Ashok Handa – AH – Clinical Director, Our Hospital Project

[REDACTED] - ARUP

[REDACTED] - Llewelyn Davies

[REDACTED] - RoKFCC

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#### Apologies:

Richard Bell – RBe – Director general and States Treasurer

Dirk Danio-Forsyth – DDF – Director of Communications

### 1. Minutes of Notes of Previous Meeting, Matters Arising and Action Log

Minute		Action Person/Date
066	It was noted that the minutes of the POG meeting held the previous week on Friday 27 November 2020 were in draft and would be brought to a subsequent meeting for approval.	
	The rolling action log was discussed and updated.	
	The Communications and Engagement Strategy was noted.	

### 2. Project Workstreams





Minute 067	<p><b>2.1 Response to P.123/2020 Amd.2</b></p> <p><b>RBa-</b> Outlined the work undertaken by the Our Hospital project team to produce the report and proposition required to fulfil the requirements of the second amendment to P.123/2020 lodged by the Connétable of St Helier and adopted by the States Assembly on 17 November 2020. Much of the work had already been completed in order to recommend Overdale as the preferred site for Our Hospital, however, the new report had considered a total of 71 permutations of potential access routes including over 50 one-way routes. As required by P.123/2020 Amd.2, the Report had specifically taken into consideration:</p> <ul style="list-style-type: none"> <li>• Maximising sustainable modes of travel</li> <li>• Minimising the impact on homes, leisure facilities and the surrounding environment</li> </ul> <p>In addition, as the report accompanying P.123/2020 Amd.2 cited that a one-way system should be investigated as a potential tool to achieve the above, there had been an additional focus on the potential of one-way access routes.</p> <p>RBa invited [REDACTED] to present an overview of the Report. [REDACTED] outlined the process of developing the criteria for identifying preferred access options following consultation with key stakeholders and the analysis of the options against the criteria. [REDACTED] confirmed that the Report concluded that:</p> <ul style="list-style-type: none"> <li>• A vehicular solution was required to ensure year-round access was always maintained, for any time of day,</li> <li>• A one-way system as the main means of access was not feasible, including any incorporating Westmount Road</li> <li>• The only primary vehicular access route to Overdale that should be taken forward for further analysis was Access Option 7, via Westmount Road, and that this had been properly explored in the technical analyses in support of P.123/2020.</li> </ul> <p>POG discussed the various options and noted that Access Option 7:</p> <ul style="list-style-type: none"> <li>• Maximised sustainable transport options by allowing for a multi-modal corridor for sustainable transport, the detail of which could be developed during the design process but would include designated walking and cycling routes</li> <li>• Minimised the impact on homes and amenities as it affected fewer residences than all other options, requiring only three households and the Jersey Bowls Club to relocate</li> <li>• Provided appropriate access for emergency services vehicles which would not impinge on response times</li> <li>• Provided appropriate access for patients and staff</li> <li>• Would create safety routes on other areas of the strategic highways network, such as close to schools where students and parents were often on foot</li> </ul> <p>POG noted that all other options were unsatisfactory due to one or more of the following:</p> <ul style="list-style-type: none"> <li>• Undeliverable within the project timetable</li> <li>• Impact a greater number of residences</li> <li>• Come at a greater cost</li> <li>• Create significant challenges for emergency services</li> </ul> <p>POG noted that whilst it would be preferable to not impact any residences or amenities, there was no option that afforded that. There would inevitably be some impact on the environment which was regrettable and</p>	Action Person/Date
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All 25



	<p>POG discussed how this could potentially be mitigated.</p> <p>POG noted the impact of the delay caused by the need to bring this additional Report to the States Assembly and considered how this would be compounded due to the six-week lodging period.</p> <p>POG noted that the Future Hospital Review Panel were considering what work, if any, they could undertake into the Report and the options available to them should they wish to undertake some sort of technical overview of the report.</p> <p><b>POG AGREED</b> to offer a briefing to the Future Hospital Review Panel to provide an overview of the Report with a view to assisting them in their decision as to what work or review, if any, they wished to undertake.</p> <p><b>POG FURTHER AGREED</b> that a briefing should also be afforded to all States Members to provide an overview of the Report and outline the potentially significant implications to the Our Hospital Project of the delay resulting from the requirement to lodge the Report and Proposition.</p> <p><b>POG AGREED</b> to the Report and Proposition proceeding to be considered by the Council of Ministers with a view to lodging by 14 December 2020.</p>	
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### 3. Date of Next Meeting

Minute 068	The next meeting will be held on Monday 11 January 2021 at 13:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	Action Person/Date
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# Political Oversight Group

## Minutes of Meeting



Official Sensitive - Restricted - Distribution by approval of the Development Director Only

**Date & Time:** Monday 11 January 2020 at 13:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Con Philip le Sueur - PLS - Constable of Trinity

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

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

Richard Bell – RBe – Director general and States Treasurer

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – RBa – Project Director

[REDACTED] – Governance Officer, Our Hospital Project

Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

[REDACTED] – Mace

Ashok Handa – AH – Our Hospital Clinical Director

[REDACTED] – Rok FCC

[REDACTED] – Soundings

(All 25)

#### Apologies:

Dirk Danio-Forsyth – DDF – Director of Communications

Minute	1	Minutes of Notes of Previous Meeting, Matters Arising and Action Log	Action Person/Date
069	RBa-	The rolling action log was discussed and updated. The Risk Register was noted. [REDACTED]	35

# Political Oversight Group

## Minutes of Meeting

Official Sensitive - Restricted - Distribution by approval of the Development Director Only

[REDACTED]

MT

### 2 Project timeline

**RBa-** Noted that whilst the pandemic situation had impacted the project's timeline by removing float, the adoption of the second amendment to P.123/2020, which required the development and lodging of P.167/2020 had had significant impact. At present the final deadline of 2026 could still be met, however, gaining Planning Approval and achieving signature of the build contract prior to the election in 2022 now appeared in doubt. RBa invited [REDACTED] to outline the original timeline and impacts of recent events.

All 25

[REDACTED] reminded POG of the timeline the project had been working to and noted that a number of challenges had emerged due to the inability to progress as planned immediately after the States Assembly approval for the Overdale site on 17 November 2020. [REDACTED] outlined eight key areas of challenge:

1.

[REDACTED]

33 & 35

2.

[REDACTED]

33 & 35

# Political Oversight Group

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3.

[REDACTED]

[REDACTED]

33 & 35

4.

[REDACTED]

33 & 35

5. Delay was being experienced in identifying an alternative site for services currently located at Overdale. The current stage of design required surveys to be completed and confirmation of the layout design. If services could not be relocated in a timely manner, this compromised the timing of demolition of the current building which in turn would compromise the overall delivery of the new hospital building.

There were three further challenges emerging which were not impacting the programme at present but, in time, could introduce more risk and delay into the timeline. [REDACTED] outlined these three further challenges as:

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6.

[REDACTED]

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- [REDACTED]
7. A delay in using CPO powers, if and when they were required, had potential to impact the OBC.
  8. A delay to relocation of the Jersey Bowls Club could potentially impact the access road programme

[REDACTED]

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RBa noted that it was anticipated that the Future Hospital Review Panel (**Panel**) would undertake a review of the funding strategy and the OBC. The timing and duration of this review was critical and POG noted it would be prudent to consider how best to facilitate the Panel to work in parallel as and when practicably possible.

**POG NOTED** that not taking P.167/2020 to the States Assembly until 9 February would impact costs in addition to the project timeline.

**POG AGREED** to reconvene for a meeting after the Scrutiny Public Hearing to decide whether to requisition an additional sitting of the States Assembly at the end of January to consider P.167/2020.

### 3 Overdale decant – project initiation and proposed alternative site

- [REDACTED] - Outlined the Project Initiation Document (**Decant PID**) This document was necessary for good project governance to confirm how the work would be delivered as a separate workstream. [REDACTED] highlighted that it contained a summary of the work that would be undertaken to understand the services and departments currently located at Overdale and which of these would return to Our Hospital at Overdale.

All 25

AH outlined the engagement with the clinical services at Overdale which was ongoing, noting that different requirements were emerging but clinicians were clear that clinical services needed to remain together wherever they

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were relocated. This was challenging as there were no sites within St Helier that were sufficiently large, vacant and in suitable condition for a refurbishment and change of use. The former Les Quennevais School potentially met the criteria better than other sites which had been considered.

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LF queried whether it was practical to relocate health services away from St Helier. CL confirmed that whilst the General Hospital remained in St Helier, it was acceptable for some non-acute services to temporarily relocate to another Parish. AH confirmed that user groups meetings had indicated this location would be clinically acceptable, with the provision that clinical services currently at Overdale remained largely together. There were some parking and traffic challenges which would need to be resolved, but work could be undertaken in relation to this should the site be approved. Further work needed to be undertaken in relation to the relocation of the Meals on Wheels service.

confirmed an estimated investment of between £5-£15million was required, based on the schedule of accommodations in the Decant PID. A more accurate figure could be achieved should the site be approved.

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**POG NOTED** that the former Les Quennevais School site scored best in the options appraisal as it was large enough to accommodate the majority of services currently located at Overdale and was available immediately. No other option met both the criteria of space and time.

**POG NOTED** that there had been extensive clinical and stakeholder engagement in identifying Les Quennevais School as a preferred option for relocation of services from Overdale.

**POG NOTED** the Decant PID.

**POG AGREED IN PRINCIPLE** to the majority of services currently at Overdale to be relocated to the former Les Quennevais School site and **NOTED** that further work would be undertaken regarding relocating the Meals on Wheels service.



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### 4 Relocation of the Jersey Bowls Club

- AS-** Noted that it was imperative to obtain vacant possession of the Jersey Bowls Club (**JBC**) so as not to delay the critical path of the project programme. Discussions were ongoing with the JBC to assess their requirements and whether a permanent location could be found immediately or whether an interim measure of a ground share was possible prior to permanent relocation.

[REDACTED]

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[REDACTED]

**POG AGREED** to proceeding to investigate the potential to relocate the JBC [REDACTED]

### 5 Communications and Engagement

- CW-** Noted that to ensure all public consultation was carried out impartially, transparently and thoroughly, independent organisation Soundings had been appointed to the DDP. Soundings had considerable experience working to support public consultation on major capital projects. Soundings would ensure that all opinions and thoughts regarding the design of the hospital and allied early works, were logged and properly considered by the design team at each stage of the scheme's evolution. A Public Engagement and Communications Strategy (**OH Public Communications Strategy**) had been prepared in partnership with Soundings to outline the overarching approach for the Our Hospital Project. The OH Public Communications Strategy built on lessons learned from previous iterations of the project where weaknesses in public consultation had been observed. The OH Public Communications Strategy would ensure that the OH Project demonstrated a high level of public engagement

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would be undertaken to fully support the Planning submission.

[REDACTED]

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CW confirmed that the OH Public Communications Strategy would help address these challenges and the appointment of the independent organisation would help build trust across stakeholders.

[REDACTED]

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Building trust by liaising with community groups in conjunction with the deployment of the OH website and newsletters would assist with ensuring that misinformation was corrected.

**POG NOTED** the Our Hospital Communications and Engagement Strategy and agreed to the commencement of the communications and engagement programme.

**POG APPROVED** a press event being held the following week to announce the launch of the Our Hospital Communications and Engagement Strategy,

**POG AGREED** to the communication of the former Les Quennevais School as the preferred site for the relocation of services currently delivered at Overdale.

**POG APPROVED** a briefing being held on 21 January to provide a project update to States Assembly Members.

### Approach to funding for initial acquisitions

- SM-** Noted that funding for the Our Hospital project was only secured until June 2021. In addition to the current running costs for the project, monies would need to be available to progress both initial acquisitions and the relocation of services from Overdale.



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RBe noted that the investment required for the relocation of services fell within the overall project budget, but was additional to the monies currently available. AH noted that the investment required for the relocation of Overdale services had been estimated at between £5 million and £15 million, based on the outcomes of clinical user group findings. Work had been undertaken with the services concerned to test their requests to ensure that both their requirements were met and the Island would receive value for money. JL noted that the Strategic Outline Case had been produced in September 2020 and had indicated £5-15 million as a high-level estimate. Since that time further work had been undertaken by the cost consultant and this was anticipated to be refined as the project moved into the OBC stage.

POG considered options for the timing of the Report and Proposition required for CPO monies, noting that monies needed to be available in a timely manner to ensure the project wasn't stalled. The daily cost of delay was in the sum of £100,000. POG noted that it was important for States Assembly Members to be aware of the financial impact potential. POG requested a paper from the finance team breaking down the £100,000 daily cost of delay figure.

SM/

POG noted that now the key decision to proceed with the decant of services in principle from Overdale to the former Les Quennevais School site and asked team to revert to POG with detailed costings.

SM/  
(both 25)

**POG APPROVED** a draft Report and Proposition for CPO to be progressed as soon as practicably possible.

**POG FURTHER APPROVED** the acquisition forthwith of a group of properties between the two fields on the eastern side of Westmount Road that were not included in the plan appended to P.129/2020 and separate finance to be identified to allow this in advance of CPO.

### Date of Next Meeting

Minute	Action	Person/Date
070	The next meeting will be held on Thursday 21 January 2020 at 15:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	

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**Date & Time:** Thursday 21 January 2021 at 15:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture  
Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity  
Sen John Le Fondré - JLF - Chief Minister  
Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen  
Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements  
Con Philip le Sueur - PLS - Constable of Trinity  
Dep Rowland Huelin - RH - Deputy, St Peter  
Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

Charlie Parker - CP - Chief Executive & Head of the Public Service  
Caroline Landon – CL – Director General, Health and Community Services  
Andy Scate – AS – Interim Director General, Growth, Housing and Economy  
Mike Thomas – MT – Director, Risk and Audit  
Richard Bannister – RBa – Project Director  
[REDACTED] – Governance Officer, Our Hospital Project

#### Apologies:

Richard Bell – RBe – Director general and States Treasurer  
Dirk Danio-Forsyth – DDF – Director of Communications  
Steve Mair - SM - Group Director, Performance Accounting and Reporting  
[REDACTED] - Office of the Chief Executive  
Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project

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# Minutes of Meeting

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Minute 071	<b>1 Minutes of Notes of Previous Meeting, Matters Arising and Action Log</b> The rolling action log was discussed and updated.	Action Person/Date
	<b>2 Report back from the States Member Briefing and Scrutiny and Implications on the Programme</b> LF- [REDACTED]	35
	[REDACTED]	
	[REDACTED]	

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[REDACTED]

Consideration also needed to be given as to whether an

[REDACTED]

LF asked each POG member for their view in turn and it was concluded that requisitioning an early debate was appropriate because:

- it was in the best interests of Islanders' health outcomes
- it would reduce delay to the project and the associated cost risk of delay estimated to be £100,000 per day
- it would allow vital design work to progress which, in turn, would allow production of the OBC to progress and bring further cost certainty to the project
- it would allow land assembly to progress, thereby bringing certainty to property owners currently in limbo
- the Our Hospital Project was of significant interest to the Island to progress without delay

**POG NOTED** that there was likely to be some impact on the Future Hospital Review Panel's capacity to finalise the presentation of their Report into the preferred access route and this was regretted.

**POG AGREED** to submit a requisition for an additional States Assembly sitting for 1 February 2021.

**POG NOTED** that it was not necessary to request a reduced lodging time for P.167/2020 as the requirement for six weeks lodging time would be satisfied by 25 January 2021.

# Political Oversight Group

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Our Hospital | Project

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### Date of Next Meeting

Minute 072	The next meeting will be held on Thursday 18 February 2021 at 09:30 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	Action Person/Date
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# Political Oversight Group

## Minutes of Meeting

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**Date & Time:** Thursday 18 February 2021 at 09:30

**Venue:** La Pulente, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture  
Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity  
Sen John Le Fondré - JLF - Chief Minister  
Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements  
Con Philip le Sueur - PLS - Constable of Trinity  
Dep Rowland Huelin - RH - Deputy, St Peter  
Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2  
Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

#### In Attendance:



Charlie Parker - CP - Chief Executive & Head of the Public Service  
Caroline Landon – CL – Director General, Health and Community Services  
Richard Bell – RBe – Director General and States Treasurer  
Dirk Danio-Forsyth – DDF – Director of Communications  
Steve Mair - SM - Group Director, Performance Accounting and Reporting  
Mike Thomas – MT – Director, Risk and Audit  
Richard Bannister – RBa – Project Director  
[REDACTED] – Governance Officer, Our Hospital Project  
[REDACTED] - Office of the Chief Executive  
Carl Walker – CW – Communications and Engagement Lead, Our Hospital Project  
[REDACTED] – Our Hospital Client Project Manager  
Ashok Handa – AH – Our Hospital Clinical Director  
[REDACTED] – Our Hospital Finance Business Partner  
[REDACTED] – Our Hospital Project Management Office  
Mark Temple – MTe – Attorney General  
[REDACTED] – Advocate  
Tim Daniels – TD – Director of Jersey Property Holdings  
Richard Glover – RG – Head of Major Projects

**(All 25)**

#### Apologies:

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

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Minute 073	<p><b>1 Minutes of Notes of Previous Meeting, Matters Arising and Action Log</b></p> <p>The minutes of the POG meetings held on Friday 27 November and Tuesday 8 December 2020, having previously been circulated were approved.</p> <p>The rolling action log was discussed and updated.</p> <p><b>2 Progress update</b></p> <p><b>Land assembly</b></p> <p><b>Legal advice</b></p> <p>MTe  31</p> <p> MTe</p> <p><b>Land assembly</b></p> <p>- Noted that there were two processes available to the Public of Jersey for the purchase of land and buildings:</p> <ul style="list-style-type: none"> <li>• Standing Orders of the States of Jersey, 168 Land Transactions (<b>SO168</b>) under which the Minister for</li> </ul>	Action Person/Date
		All 25

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Infrastructure has power to conduct all property transactions

- CPO

The purpose of SO168 was to provide prior notice to the States Assembly to afford the opportunity for challenge. SO168 was required for a group of properties between the two fields on the eastern side of Westmount Road which were only included within the boundaries set out in P.123/2020 'Our Hospital Site Selection' and not P.129/2020 'Our Hospital Project: Acquisition of Land at Overdale. This had occurred because the States Assembly approved proposition P.123/2020 and agreed that a hospital would be delivered within the boundaries illustrated on the plan in the Report. Following the approval of P.123/2020, the design of a new hospital for Jersey began in earnest. Proposition P.129/2020 provided the required formal notification to the States Assembly of the intention to acquire the land and properties covered by the Proposition. The properties included in P.129/2020 at the time of lodging, on 6th October 2020, were those that were identified as being essential for the delivery of a new hospital at Overdale, as set out within the Site Evaluation Report. At that stage an additional group of properties was identified as potentially important to the project but this could not be confirmed until further design work had been completed.

■ noted that there were four categories of property within the land assembly workstream:

- Houses included within P.129 CPO
- Houses linked to land included within P.129 CPO
- Houses to be purchased using SO168
- Other land and buildings included within P.129 CPO

■ outlined the status of each property noting where valuations had been completed, heads of terms agreed and offers issued and accepted. ■ outlined the estimated costings and timings for each of the acquisition strategies. LF noted that a recommendation had been made to purchase the three houses identified in P.129/2020 immediately. ■ noted that agreements had been reached via negotiation with all three property owners who were keen to proceed with the sales. LF asked the OH Project team to ask the Treasury



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Minister, via Treasury colleagues, to identify funding to expediate these three acquisitions.

■ noted that since the advance notice of potential legal action and the POSH requête, issues with access for surveys on third party land had emerged. The information required by the POSH in relation to recital D of the requête would not be available for some months and could not be provided without completion of a number of surveys which required access to POSH land that the requête forbade. In addition, it was unlikely that the States Assembly would support the CPO funding and process prior to satisfaction of the POSH requête. The POSH requête had added additional delay into the programme due to halting survey work required to progress design and also the need to return to a Parish Assembly with design work. RBa noted that the proper planning process allowed for all members of the public, including members of the Parish concerned, to comment on proposed designs as part of the public consultation. Approval of design was not required by either a Parish Assembly or the States Assembly.

RBa noted that despite all but one property owner being willing to sell, CPO would still be required to tidy up covenants on land and land of the unwilling seller.

### Land assembly costs

SM noted that estimated costs of acquisitions had risen and were currently in the region of £16m. It would not be necessary to call on the optimism bias allowance prior to September, but the final cost of the works to re-provide services currently located at Overdale to the former Les Quennevais School site were as yet unknown and may increase or decrease. SM noted that a full funding update would be provided in agenda item 5.

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■

CP noted that Accounting Officers would only be able to approve expenditure in accordance with the Public Finances Manual unless specifically instructed by Ministers.

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■

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MTe left the meeting.

**POG APPROVED** the following, subject to approvals for funding.

- the immediate purchase of houses that were included within P.129, where agreement has been reached to acquire
- the immediate purchase of properties linked to land within P.129, where agreement has been reached to acquire
- that the Minister for Infrastructure should be requested to use the powers provided in **SO168 to acquire eight houses**, provided that a negotiated settlement can be agreed with all parties

**POG FURTHER AGREED** the following strategies for other land and buildings within P.129:

25 & 33

- further negotiate with the following landowners

[REDACTED]

25 & 33

- attempt to further negotiate with the owner of [REDACTED]
- agree strategy for further discussions with POSH

**RG-**

### **Jersey Bowls Club**

Reminded POG that relocation and reprovision of the Jersey Bowls Club (**JBC**) was required to compensate for the loss of the existing facilities due to the required access works to develop Our Hospital Project at Overdale. Reprovision would also seek to satisfy the requirements of Policy SC04 of the Revised Island Plan which protected open space provision unless there was a replacement provision.

RG further reminded POG that on 11 January 2021 they had agreed that the task of re-providing the JBC's facilities should be undertaken by IHE alongside other work connected with sports facilities projects. [REDACTED]

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[REDACTED]

[REDACTED]

RG

**POG REQUESTED** Officers to revert to POG with more information regarding the numbers and types of trees which would be affected.

RG  
33

**POG FURTHER REQUESTED** Officers to explore alternative sites for the JBC [REDACTED]

[REDACTED]

KL left the meeting.

### 3 Risk update

**MT-** Outlined the key risks which had been identified by POG members at the most recent risk session and noted that the risk register had been subsequently updated.

### 4 NEC Supervisor appointment

[REDACTED] Noted that following a procurement process undertaken through Commercial Services, in which four tenders had been

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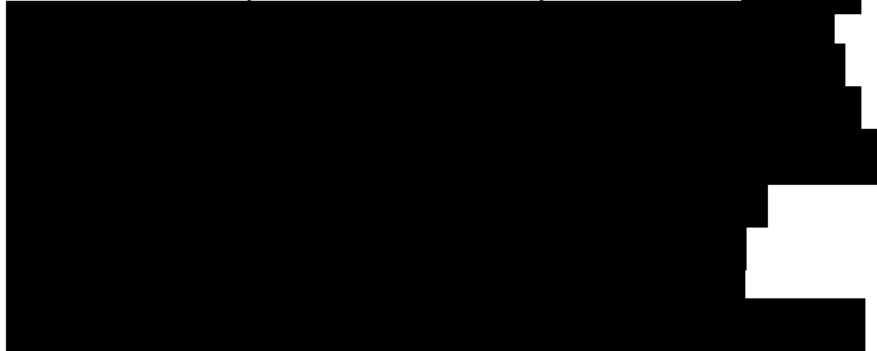


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received, Mott McDonald had been appointed to the role of NEC Supervisor for the PCSA period with an option to extend. The procurement had fallen within the allocated budget and the contract employed standard Government of Jersey terms and conditions.

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RH noted that Mott McDonald had scored significantly higher than the second placed bidder in the procurement.



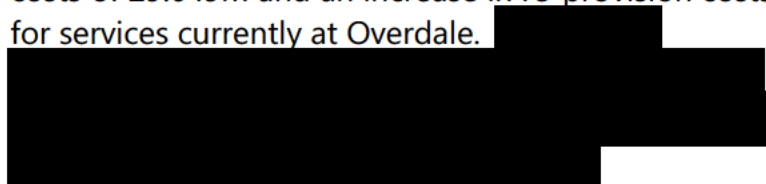
**POG APPROVED** the appointment of Mott McDonald to the role of NEC Supervisor, to deliver Site Supervisor and Healthcare/Technical Design Advisor services for the PCSA period with an option to extend.

### 5 Funding update

**SM-** Provided an update to POG on budgets, expenditure, and financial planning. SM noted that the Our Hospital Project had an approved budget in the Government Plan 2021-24 of £20m to finance expenditure through to June 2021 and that further expenditure in excess of £20m could not be incurred without further approvals. SM outlined a number of reasons that approvals for additional funding for 2020 may be required:

1. Expenditure – there were two anticipated payments to the Design and Delivery Partner (**DDP**) which were required to enable work to continue and which had no impact on planned spend changes.
2. 2020 costs – these fell within the approved SOC outline budget and comprised an increase in site acquisition costs of £9.649m and an increase in re-provision costs for services currently at Overdale.

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[REDACTED] At the time the SOC was produced valuations were at an early stage with some having interior assessments and others where access to the property had not been given. These would both be financed from optimism bias approved as part of the SOC.

3. Optimism bias (**OB**) – a risk-based assessment of optimism bias within the SOC of £101.2m which had been reduced by the changes noted in the above bullet point to £81.551m. It was usual for optimism bias to reduce as projects developed and detail costs were identified and became clear.
4. Rephasing of spend – expenditure in the sum of £34.963m was being brought forward from the timelines assumed in the SOC, which would not increase overall costs
5. Financing proposals – it was proposed to finance the rephased expenditure, which required additional funding for 2020, from a combination of approved project contingency in the Government Plan 2021, reserves and reductions/deferrals in existing capital programmes.
6. Project financing proposition – it had originally been planned to take a financing proposition to the States Assembly for approval in July 2021 but it was now considered that this would now occur in September 2021, [REDACTED]

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[REDACTED] This meant that funds needed to be drawn down from elsewhere to finance expenditure in the meantime.

7. Programme financial cap – the programme was working to an outlie budget figure outlined in the SOC which did not comprise a formal cap. It was anticipated that the States Assembly could be asked to formalise a cap beyond which the project could not spend. The approved cap would not constitute a budget to be spent to.
8. Slippage costs – should signature of the build contract fall beyond March 2022, it had been estimated that this would increase costs by £3.4m per month (circa £100k per day). [REDACTED]

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SM asked POG to note that two transfers had been effected within project budgets for decant of services and project office costs, which have no impact on planned spend.

**POG APPROVED** the transfer of funds within the programme.

SM asked POG to approve that an anticipated increase in site acquisition costs and costs for decant of services from Overdale would be funded from the optimism bias allowance from the approved strategic outline case.

**POG NOTED** the budget increase and **APPROVED** that this be funded from optimism bias allowances.

In line with the POG discussions about timing of land acquisition and plans to lodge a financing proposition for the substantive funding element of the Our Hospital project for debate by the States Assembly in September 2021, SM outlined a proposed rephrasing of spend for 2021.

SM noted that as a result, the project would utilise funding of £6m already approved as part of the Government Plan 2021-24. POG supported this use of approved project funding and asked SM to request that the Treasury Minister draw down approved funding as required.

In order to allocate project funding for 2021, SM asked POG whether they were minded to support a request to the Treasury Minister to:

- Consider the drawdown of £11.167m from reserves to be allocated to the Our Hospital Project
- Consider, following consultation with other relevant ministers, the deferral of £17.796m of funding from existing capital programmes and reallocate this funding to the Our Hospital Project

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RR noted that he would abstain from a vote on this matter. Following a discussion, **POG AGREED** to support these requests to the Treasury Minister.

**POG NOTED** that optimism bias had reduced from £101.2m to £81.55m as these funds had been reallocated to other elements of the project expenditure.

**POG NOTED** that this would enable sufficient project funding until September 2021, but agreement to the substantive funding arrangements could not be delayed beyond this point.

**POG NOTED** the potential significant impacts of slippage beyond March 2022 for the build contract signature and 2026 for project completion.

LF noted that this was JL's last meeting prior to leaving employment of the Government of Jersey. POG expressed their appreciation of JL's work on the project and good wishes for the future.

### 6 Communications and engagement update

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LF-

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

**POG NOTED** that a resource to support the Communications and Engagement Lead would be identified and that CW and DDF would liaise with the Communications POG sub-group to discuss matters further.

### 7 Update Hold Point structure

All 25

- [REDACTED] Noted it had previously been agreed that a series of Hold Points would be used to act as stop-go gateways when significant decisions are required for the project to continue. At each Hold Point the PRINCE2 Managing a Stage Boundary process will be followed. [REDACTED] outlined the recently updated Hold Point structure to which a number of interim Hold Points had been added to facilitate the reprovision of services currently located at Overdale and the demolition of the current Overdale Hospital. [REDACTED] noted that Hold Point 4 had been revised to reflect recent programme challenges.

**POG NOTED** the updated Hold Point structure and new interim Hold Points.

### Date of Next Meeting

Minute	Action	Person/Date
074	The next meeting will be held on Friday 12 March 2021 at 10:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	



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**Date & Time:** Friday 12 January 2021 at 10:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) – HR – Ass. Minister for Health and Community Services – Deputy, Trinity

Sen John Le Fondré – JLF – Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash – LA – Ass. Minister for Treasury and Resources – Deputy, St Clements

Con Philip le Sueur – PLS – Constable of Trinity

Dep Rowland Huelin – RH – Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

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

Paul Martin – PM – Interim Chief Executive & Head of Public Service

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

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

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – RBa – Our Hospital Project Development Director

[REDACTED] – Our Hospital Project Assistant Governance Lead

[REDACTED] – Office of the Chief Executive

Carl Walker – CW – Our Hospital Project Communications and Engagement Lead

Ashok Handa – AH – Our Hospital Project Clinical Director

[REDACTED] Our Hospital Client Project Manager

Richard Glover – RG – Head of Major Projects

Tim Daniels – TD – Director Jersey Property Holdings

[REDACTED] – Legal Advisor, Property

[REDACTED] – Mace

[REDACTED] – Arup

[REDACTED] – RoKFCC

[REDACTED] – RoKFCC

[REDACTED] – Llewelyn Davies

[REDACTED] – Llewelyn Davies

[REDACTED] – Llewelyn Davies

[REDACTED] – Temple Group

[REDACTED] – Communications **(ALL 25)**

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### Apologies:

Richard Bell – RBe – Director General and States Treasurer

Dirk Danio-Forsyth – DDF – Director of Communications

Minute 075	1	<b>Minutes of Notes of Previous Meeting, Matters Arising and Action Log</b>	Action Person/Date
		<p>The rolling action log was discussed and updated.</p> <p>Items noted for approval discussion by exception only:</p> <ul style="list-style-type: none"> <li>i. A briefing paper: Acquisition of property by Standing Order 168  <b>POG APPROVED</b> that the Minister for Infrastructure be asked to sign the Ministerial Decisions appended to the briefing paper to instigate the Standing Order 168 process  <b>POG AGREED</b> that Jersey Property Holdings be asked to manage the property until handover to the Design and Delivery Partner</li> <li>ii. <b>POG REVIEWED and AGREED</b> the risks and mitigating actions as set out in the Risk Register</li> <li>iii. <b>POG NOTED</b> the expenditure position as at 28 February 2021 as set out in the Financial Summary (Feb)</li> </ul>	
	2	<b>The public communications and engagement strategy</b>	
	CW-	<p>Outlined the progress with communications and engagement since the previous meeting in February and introduced [REDACTED] as the additional resource that had been identified in that meeting. [REDACTED] noted that communications strategy for the Our Hospital Project had evolved via five documents;</p> <ul style="list-style-type: none"> <li>• The original Government of Jersey plan</li> <li>• The Functional Brief</li> <li>• The OHP Marketing &amp; Comms Plan V1</li> <li>• The OHP Marketing and Comms Plan V2</li> <li>• The Public Engagement and Communications Strategy – being delivered via Soundings</li> </ul>	25

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■ noted that the Public Engagement and Communications Strategy was the definitive document that should be referred to at all times. ■

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■ LA noted the push for local young people to become apprentices and engagement with schools that was underway. CW noted that the first apprentice was going to be the subject of a short film which would be circulated on social media and released through other channels. ■

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### 3 Design process verbal update

**RBa-** Introduced the Design and Delivery Partner's design team who would be guiding POG through a presentation regarding the design process, emerging thinking, options considered and the reasoning behind the preferred option – Option D.

■ as Lead Architect and Designer, outlined the evolution of five site strategy options. Option D delivered the best clinical solutions, a more efficient layout and enabled better use of space around the building. Productivity and operational efficiencies would be gained with this design and it had internal flexibility. The soft internal boundaries meant that the building could flex as care models evolve. In addition, much consideration had been given to gardens and green

All 25

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space around the hospital. Option D provided the opportunity to create fabulous spaces to the south and west.

■ expanded on this by outlining specific changes in the design model agreed with clinicians in 2020. These included, but were not limited to:

- rapid access to diagnostics for the Emergency Department team
- an Outpatients Department located on the southern side with a separate entrance to ensure it could be kept operational during any future pandemic situation.
- a Renal Unit with views out onto calming, natural environment to improve the experience of patients regularly attending for dialysis
- similarly, Oncology and the Medical Day Unit had also been relocated to provide beautiful views for patients attending regular treatments.
- more plant space located directly above Theatres to rationalise the size of risers and air vents that needed to penetrate the building.
- This had led to the opportunity to bring office space and the Knowledge Centre into the main building
- lifts designated for different purposes to separate operational deliveries and staff from patients to improve patient experience.
- the Mental Health Unit would occupy a defined building on North field to provide an appropriate setting.

HR asked whether nursery provision for the children of both visitors and staff had been considered in the design. AH noted that there had been little staff appetite for nursery provision during the first and second round of Staff User Group meetings. POG hadn't previously provided specific direction on nursery provision and in the UK, such provision fell outside the responsibilities of the health authority. However, a Wellbeing Facility, to promote Staff mental and physical wellbeing was embedded in the current design. Should it subsequently be decided that on-site nursery provision was required, the Wellbeing facility could be repurposed. .

■ outlined the proposed landscaping arrangements and noted that ecology surveys needed to be undertaken to

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understand and protect the local environment and wildlife.

However, aspects of design for consideration included:

- linking pedestrian access from West Park and People's Park to the site parkland
- how the development sits within the existing landscape
- use of local stone to create landscaped terraces
- sustainable decked car parking underground to accommodate 650 spaces at yet reduce visual impact
- a covered boulevard walkway to ensure a dry route to and from the hospital building
- making walls green instead of plain concrete
- different garden spaces for different user groups e.g. staff and visitors
- a woodland walk

KL noted that it was not necessary for the Crematorium to relocate in order for Our Hospital to be built. RBa noted that sensitivity was needed given its close proximity to the hospital build and consideration would be given to how landscaping could achieve some privacy.

■ noted that one of the key elements of the Option D design was that the main entrance would be located on the east of building, facing back into St Helier which was to minimise wind inconvenience. A drop off point would be located near to the main entrance and a car park to the north. The northern edge of building would be where the Emergency Department was located with separate access and capacity to leave cars close by with some overflow carparking dedicated for staff. The size of the decked car park on the north of the site would be validated once Arup had completed their transport survey. The lowest part of site would accommodate deliveries and a facilities management yard.

A number of environmental factors had influenced building design and site layout including wind and sun analysis. ■ noted that two clinical storeys were the equivalent of three residential storeys due to accommodating plant and ventilation and this had led to the building being moved back on the site in Option D to minimise the visual impact from Victoria Avenue.

CP noted that Our Hospital would be a major civic statement in a therapeutic setting and something for Islanders to

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celebrate. AS noted that the building was large and would be highly visible in any location on the Island. However, the Overdale setting afforded Islanders the opportunity to celebrate an iconic building.

█ provided an update on the development of the access route to Overdale. The project team had made a commitment to examine Option 6, the 'do nothing' option from the options appraisal at each step of design. Option 6 in isolation did not work, however, there were some elements of the current alignment which could be retained within the development of Option 7, the preferred route. The rest of Option 6 did not comply with IHE guidance or allow for 24-hour blue lights access. Road alignment needed to allow for buses and ambulances to pass each other with ease and without stopping. The wider access strategy was also being developed to ensure flexibility of access from east and west to ensure resiliency. The transport assessment and travel plan would be presented to POG at another dedicated session when it was in a suitable stage of development.

█ noted that the interior design images were merely initial ideas ahead of stakeholder and clinical consultation. New panels would be created for the Virtual Exhibition the following week. LF noted that there was an opportunity to provide a physical exhibition presence in addition to the online presence and suggested boards be placed on the route around the Fort Regent Vaccination Centre. These could potentially be viewed by 25,000 people between now and July and 60,000 between now and September.

LF on behalf of POG commended the project team for the detailed and exciting presentation. POG asked for a roadmap for sharing the RIBA2 stage design to be produced.

CW/█

#### 4 Functional Brief verbal update

**AH-** Noted that the purpose of the Functional Brief had been to gain an understanding of a minimum footprint required for Our Hospital to support site selection. Together with the Schedule of Accommodation it informed the Employer's Requirements document. This enabled clinical engagement and assured POG and Islanders that the hospital was future-proofed and allowed the DDP to be held to account as the



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design developed.

The Functional Brief had been developed initially from individual clinician meetings in 2019, meetings with the Health Executive team and also with the Future Hospital project team to make use of previous work. In order to support the development of the Functional Brief, the same User Groups were employed as for the development of the Jersey Care Model. The Functional Brief remained a live document which was continually tested by clinical user groups.



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In order to facilitate the re-provision of services currently located at Overdale, a Supplementary Functional Brief was in development. Four User Groups had been set up to help develop this and detailed design and costings would be brought to POG in the near future. It had not been possible to initiate this work until the States Assembly had agreed Overdale as the final site. The Supplementary Functional Brief provided an analysis as to what currently being provided at Overdale, what would be returning to Overdale and what would be provided in the community. AH noted that the original Functional Brief had not been specific to the Overdale site and therefore did not, nor could not, include many of the services currently at Overdale. Everything from Overdale would be re-provided but not necessarily in Our Hospital at Overdale. Patient experience should be paramount and clinical services should be co-located wherever possible as this afforded more efficient running costs. The former Les Quennevais School site was the only available site that could accommodate what was required.

Some services, such as the Pain Clinic and Psychology had expressed that they did not feel it appropriate to be finally located in Our Hospital. However, this was a strategic planning matter for the HCS Executive and not a responsibility of the Functional Brief for Our Hospital.

**AOB** LF noted that this meeting had been the last attended by CP and SM and thanked them for their diligence and



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	professionalism in moving forward this complex project.	
	CP thanked POG and the Our Hospital Project team for their dedication to the Our Hospital Project and noted that it had potential to be a fantastic long-term asset for the island.	

### Date of Next Meeting

Minute		Action Person/Date
076	The next meeting will be held on Thursday 25 April 2021 at 16:30 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	

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**Date & Time:** Thursday 25 March 2021 at 16:30

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture

Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity

Sen John Le Fondré - JLF - Chief Minister

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen

Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements

Con Philip le Sueur - PLS - Constable of Trinity

Dep Rowland Huelin - RH - Deputy, St Peter

Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

Paul Martin - PM - Chief Executive & Head of the Public Service

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

Richard Bell – RBe – Director general and States Treasurer

Andy Scate – AS – Interim Director General, Growth, Housing and Economy

Mike Thomas – MT – Director, Risk and Audit

Richard Bannister – RBa – Our Hospital Project Development Director

[REDACTED] Our Hospital Project Assistant Governance Lead

[REDACTED] - Office of the Chief Executive

Carl Walker – CW – Our Hospital Project Communications and Engagement Lead

Ashok Handa – AH – Our Hospital Clinical Director

[REDACTED] - Mace

[REDACTED] Our Hospital Client Project Manager

#### Apologies:

Dirk Danio-Forsyth – DDF – Director of Communications

(All 25)

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Minute		Action
077	<p><b>1 Hold Point process</b></p> <p>■ Outlined the stages of concept design which would trigger Hold Point 4:</p> <ul style="list-style-type: none"> <li>• Option work to test the Functional Brief requirements against the constraints of the site</li> <li>• Development of the site plan</li> <li>• Initial thoughts on building massing, architecture and approach to design</li> <li>• Block and stack diagrams developed for clinical adjacencies</li> <li>• 1:500 drawings produced which show a whole floor on each drawing and that size, shape and location of departments</li> <li>• 1:200 drawings produced which show individual department plans to help users understand the proposed rooms and adjacencies</li> <li>• This concept design information is coordinated in the Concept Design (RIBA2) Report</li> <li>• The Design and Delivery Partner (<b>DDP</b>) produces the Concept Design Cost Plan</li> <li>• The Government of Jersey Team then work with the DDP to test the Cost Plan</li> <li>• The Cost Plan informs the OBC</li> </ul> <p>Both the Concept Design (RIBA2) Report and the OBC would be brought to the Senior Officer Steering Group and the Political Oversight Group (<b>POG</b>) for consideration through the Hold Point 4 gateway. <b>GS</b> reminded POG of the Hold Point framework that had previously been agreed would be used as stop-go gateways when significant decisions from POG would be required for the Our Hospital Project to continue. Key tasks for Hold Point 4 were:</p> <ul style="list-style-type: none"> <li>• production of the concept design (known as RIBA2 stage)</li> <li>• production of the Outline Business Case (<b>OBC</b>)</li> <li>• Funding approval by the States Assembly</li> </ul> <p>■ noted that although concept design and the OBC should both be produced by July 2021, funding approval was now anticipated to be in September 2021, pushing the closure of Hold Point 4 out to this time. However, ■ reminded POG of their role to challenge the designers in order to test their work and ensure the resulting building was fit for purpose in</p>	<p>Person/Date</p> <p><b>25</b></p>

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accordance with the project brief. RBa noted that significant additional intervention in design by POG risked delay in design and associated approvals. RBa asked POG to allow the design process to continue and that any specific design challenge could be considered as part of the Planning process. RBa noted that this would be important to keep the development of the Planning Application free from political involvement. RBa reminded POG that the design team were taking opportunities to engage with a range of stakeholders to further analyse their work and these stakeholders included Clinicians, Highways, Jersey Architecture Commission, the Citizens' Panel and neighbourhood and Parish groups. In addition to this process of consultation, the design team also had set criteria to examine options against. Through this iterative process, the design would be tested and developed. There was no political approval for the design required from the Parish of St Helier, POG, the Council of Ministers or the States Assembly. Should there be any political decisions made with regard to design, the Planning Inspector may decline to grant Planning Approval and so it was necessary to protect POG from the role of approver.

PLS asked what the impact of lack of access to third party land had been on the design process. RBa noted that it had been necessary for the design team to make assumptions based on desk top activities and information which could compromise the quality of the Planning Application. RBa noted that this was not a desirable situation and further noted that everything possible would be done to deliver a top-quality Planning Application. The lack of certain information could lead to significant changes being required later in the process which were more costly to resolve compare to when design was at concept stage. It was therefore important to pursue access to minimise risk in the design process.

**POG NOTED** that the project team's design work was in line with the project brief. POG also noted that design work would continue in line with the approved hold point framework, and that political involvement at this stage could create additional risk as part of the planning process.

**POG REQUESTED** a linear timeline of the project programme and another session dedicated to showing the evolution of design to the identification of Option D as the preferred

**RBa**

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option.

The chair was handed to HR for the remainder of the meeting.

### 2 Access challenges and Powers of Access

**AS-** Outlined the challenges with accessing third party land for surveys that were necessary to collect data to inform the design of Our Hospital and associated access route. The Parish of St Helier (**POSH**) were refusing access due to recent approval of a requête and some private landowners were also refusing access to the Our Hospital Project team to complete surveys.

AS outlined the options available to gain access to third party land:

- Licence - Prepare and agree these with landowners and may include a fee (to cover damages and/or nuisance);
- Article 122 of the Planning and Building (Jersey) Law – By which POG ask COM to request the Minister for the Environment to sign Ministerial Decisions that provide Power of Entry
- Compulsory Purchase – by lodging a CPO Funding Proposition ahead of main Funding Proposition

For POSH land, in addition to above:

- Road Works and Events (Jersey) Law 2016 – RokFCC could apply for permits and POSH would act in its capacity as Highway Authority to grant them
- Main Roads Classification Act – by lodging a Proposition for the Government of Jersey to administer the road instead of POSH

AS noted that with regard to signing Ministerial Decisions, the Minister for the Environment may want to be assured that he had the endorsement of COM before exercising statutory powers of access. AS also noted that he anticipated that the Minister would want to take legal advice independent of the Our Hospital Project process. The DDP were currently applying for permits under the Road Works and Events (Jersey) Law 2016 for investigations on POSH land, but access was still required for some private property and RBa noted the properties whose owners were refusing access. [REDACTED]

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[REDACTED]

Therefore, a twin track approach of Ministerial Decisions and permits was necessary. AS noted that powers of access were used on a day to day basis for the planning team and often homeowner would be in agreement.

**POG AGREED** unanimously to issue a paper to the Council of Ministers requesting the Minister for the Environment agree to use powers in Planning and Building (Jersey) Law for access to third party land, as a preparatory step. Although such powers were likely to be authorised as a near last resort, when the project team had made reasonable attempts to agree access with landowners. This would be an in principle agreement and POG would subsequently be required to make a formal request to the Minister to exercise.

**POG FURTHER AGREED** to make such a request, should it be necessary.

### 3 Jersey Bowls Club update

- AS-** Reminded POG that relocation of the Jersey Bowls Club (**JBC**) was now an IHE project that was being managed through the governance arrangements of IHE and that regular updates would be provided to POG to manage the interdependencies.

[REDACTED]

33 & 35

[REDACTED]

**POG REQUESTED** to be updated at each subsequent meeting regarding progress if the IHE project to relocate the JBC.

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### **AOB Capital reallocation of Funds £18m**

**AS-** Noted POG's in principle agreement at their meeting of 18 February 2021, regarding asking COM to discuss a transfer of funds from existing capital programmes to enable work on the project to continue once the current funding expired. AS informed POG that a paper was in preparation to be presented to COM in line with this agreement.

**POG CONFIRMED THEIR AGREEMENT** to request COM to agree the transfer of funds as previously discussed and agreed by POG on 18 February 2021.

### **Date of Next Meeting**

Minute		Action Person/Date
078	The next meeting will be held on Thursday 15 April 2021 at 10:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	



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**Date & Time:** Thursday 15 April at 10:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture  
Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity  
Sen John Le Fondré - JLF - Chief Minister  
Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen  
Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements  
Con Philip le Sueur - PLS - Constable of Trinity  
Dep Rowland Huelin - RH - Deputy, St Peter  
Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

Paul Martin - PM - Chief Executive & Head of the Public Service  
Caroline Landon – CL – Director General, Health and Community Services  
Alison Rogers – AR – Group Director Treasury  
Andy Scate – AS – Interim Director General, Growth, Housing and Economy  
Mike Thomas – MT – Director, Risk and Audit  
Richard Bannister – RBa – Our Hospital Project Development Director  
[REDACTED] – Our Hospital Project Business Support  
[REDACTED] - Office of the Chief Executive  
Carl Walker – CW – Our Hospital Project Communications and Engagement Lead  
Ashok Handa – AH – Our Hospital Clinical Director  
[REDACTED] Our Hospital Client Project Manager  
Ian Burns – IB – Director General Customer and Local Services  
[REDACTED] – Contract Administration Lead (Mace)  
[REDACTED] – Director (Turner & Townsend)  
[REDACTED] – Head of Procurement

(All 25)

#### Apologies:

Dirk Danio-Forsyth – DDF – Director of Communications

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Minute		Action
		Person/Date

1	<b>Notes of Previous Meeting, Matters Arising, Action Log and timeline update</b>	
079	It was noted that minutes from previous meetings would be circulated via email before the next meeting.	

The March Financial Summary and Risk Register were noted.

### 2 Interdependencies:

#### Update – Crematorium

IB- Advised that operation of the crematorium, which would be located next to the proposed new hospital site under current plans, was being considered by the Customer and Local Services Department (CLS).

IB noted current issues regarding the crematorium including: a dated building, capacity issues, inefficient cremators and nearing end of life and lack of parking. There were options to relocate temporarily during construction or permanently but that there were no current plans to do so. It was further noted that the cremators had recently been serviced and had a lifespan of a few more years.

[REDACTED]

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RBa noted that the crematorium had always been a consideration for the project and would need careful management to ensure the project worked alongside the services in a respectful way.

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[REDACTED]

IB left the meeting.

### Update - Jersey Bowls Club

AS-

[REDACTED]

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**POG NOTED** that the interdependent projects for both the crematorium and Jersey Bowls Club would be managed outside the formal governance of the OH project, but regular updates would be shared with POG.

3

### Programme timeline update

[REDACTED]

Provided a programme timeline update and noted that there would be an update at each meeting, going forward.

25

POG noted that a planning determination scheduled for summer 2022 risked falling into the political purdah period. POG asked if it was possible to bring the date forward in order to try and complete the process earlier. RBa reminded POG that a delay to the project timeline had been primarily as a result of the additional work needed to prepare for P167/2020 debate and the access challenges created by the Parish of St Helier request.

RBa further noted that if access permission was not granted at the Roads Committee meeting on 19 April following applications under the Roads and Events Law, the available choices for the project might be:

- to stop work and wait for access; or
- continue to make assumptions where appropriate. In this case there may be a cost and time delay associated with amending design in due course, when the detailed

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survey information was available.

RBa noted that the planning application would clearly document the assumptions made and would also document what survey data had and had not been collected. RBa further noted that the impact assessment process and subsequent detailed design would be based on the assumptions. Therefore, the design submitted to Planning would be based on assumptions unless it was accepted that further time would be allocated to incorporate changes once full information was known. AS noted that if the planning application was submitted with too many assumptions, the planning inspectors could request that they were resolved before making a decision or recommendation back to the Ministers.

RBa noted that this would not be the preferred approach, which could compromise the quality of a planning application and create greater risk at the point of determination on the submission.

POG asked how quickly access to the land could be obtained. It was noted that it might take one to two weeks for the Environment Minister to consider any POG request to exercise powers of access under the planning legislation.

POG asked when all relevant surveys should be completed in order for the data to be submitted together with the planning application. RBa noted that the programme showed completion of all surveys by 8 May, two weeks later than the original date.

**POG AGREED** that work on design should proceed and that work should continue to resolve access challenges wherever possible. Where these could not be resolved **POG FURTHER AGREED** to include reasonable assumptions in design work, which may need to be amended in due course causing potential cost and time implications.

LF left the meeting. HR continued as Chair.

POG asked if there would be project team representation at the Roads Committee meeting on 19/4. ■ noted that the meeting should be a procedural matter of considering

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permits in accordance with the defined process and should not stray into political matters. The Design and Delivery Partner (**DDP**) would be presenting their permits, risk assessments and method statements for consideration.

[REDACTED]

**25 & 33**

**POG NOTED** that there was a reasonable likelihood that there would be a need to request for the Minister for Environment to exercise powers of access on both private and parish land although he may not be minded to do so, dependent on the circumstances. Restricted access may not compromise timing of a submission, but might compromise the quality of any planning submission, with associated risks of the need to undertake additional studies/work and additional risk on planning determination.

**POG NOTED** the timeline, impacts and key milestones.

#### 4 Land assembly

**JH-** Updated POG on progress for land assembly.

[REDACTED]

[REDACTED]

**25 & 33**

[REDACTED] noted that discussions were ongoing with a small number of private property owners, not captured by P129/2020 or R47/2021. [REDACTED] noted that these properties were located within the plan approved by the Assembly as part of P123/2020 and that the relevant approvals process would be followed.

- CPO – Other land (not POSH)



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- Jersey Water - HoT being negotiated

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

- POSH Land
  - HoT being negotiated
  - Permits received for 3 surveys
  - Permits outstanding for 5 surveys (awaiting Roads Committee elections)

**POG NOTED** that land Assembly was progressing.

**POG FURTHER NOTED** the need to proceed with CPO for some properties/covenants to assemble the site.

### 5 Relocation of Overdale services

**AH-** Summarised the supplementary Functional Brief that had been prepared for the relocation of services from Overdale to Les Quennevais. AH noted it had been developed and refined in consultation with the clinical and non-clinical teams who operate in the current Overdale Hospital. The process involved four phases of user group meetings, involving approximately 150 staff members.

Advised that the Connétable of St Brelade and local Deputies had been invited to local resident group meetings, two of which had been held already with three more scheduled between now and end of summer. ■ noted that in addition to these meetings, regular parish meetings would be set up, going forward.

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**POG NOTED** that the traffic options, including bus services to Les Quennevais were being considered.

**POG APPROVED** the Supplementary Functional Brief that had been prepared for the relocation of services from Overdale



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Hospital and **APPROVED** its publication on the Our Hospital website.

**AH-** Noted five services were to be re-provided at alternative sites away from Overdale and Les Quennevais School. It was noted the relocation sites had been identified through engagement with Jersey Property Holdings:

- HCS Estates Gardening Services – St Saviours, Maison du Lac, 1<sup>st</sup> floor
- HCS ARU – General Hospital, 7<sup>th</sup> Floor
- Health and Safety Training Ward – St Saviours, Orchard House, LG floor
- Pharmacy Stores – Five Oaks, Hospital Supplies Dept
- Horticultural Therapies Group – LV Care Group, St Josephs Care Home

AH noted that Meals on Wheels had been offered space at the former Les Quennevais School however, discussions were also still ongoing to identify a suitable space, which was more central.

PLS noted that due to the current Mental Health facility located at the St Saviour site, there were restrictions on what development could take place in the vicinity. AH and CL noted they were unaware of the restriction. CL would explore the matter further.

**CL**

With the exception of the St Saviour site, for which challenges needed to be resolved, **POG APPROVED** the remaining proposed alternative sites for the services that would not be re-located to the former Les Quennevais School.

RBa noted that the staff and services currently located at Overdale were due to be relocated to the former Les Quennevais School site in September 2022. The estimated start date on site for the alteration works would be January 2022, which would have no impact on the operational start date of main hospital scheduled for 2026. RBa noted that the reprovision could potentially be accelerated, subject to some works commencing in 2021, but that this was reliant on funding being identified. JLF asked RBa to provide details regarding costs at a later date.

**RBa**



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### 6 **Communications and engagement, including OBC messages – Verbal update**

**CW-** Noted that there had been and would continue to be a significant increase in awareness of the OH project around the island including:

- Media advertising
- Sponsorship of various popular websites across the island. It was anticipated that this would be extended to radio in the next few weeks, subject to funding availability
- More posters and banners at key locations around the island, which would begin to reopen following the reduction in COVID-19 restrictions, including public transport, such as buses
- Posters in Government of Jersey buildings and screen savers and intranet posts
- The use of vacant shop windows was also being explored and currently being negotiated with Town Centre Manager
- Online exhibition
- AH and Soundings to be featured in the BBC hot seat
- The roll out of videos with key clinicians over the next few weeks

It was noted that a communications paper would be circulated in the coming weeks, regarding the key messages for the Outline Business Case (**OBC**), which would be ready for sign off in July.

**POG NOTED** the increase in communication activity and noted that further comms work would commence in the coming weeks regarding the OBC and design messages.

### 7 **Approach to compliance with requisites, obligations and accepted recommendations**



Outlined the proposed action plan to ensure compliance with amendments to Our Hospital propositions and accepted Scrutiny recommendations.

LF re-joined the meeting and JLF left the meeting.

**POG REQUESTED** officers to develop a timeline of requisites arising from Assembly decisions and accepted Scrutiny

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recommendations and to draft a letter to Scrutiny and an associated Report to the Assembly for publication, articulating challenges with respect to providing information out of sequence and noting when information would be available and would be shared.



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### 8 Team assembly – States Employment Board update



Noted proposed changes to the team to take the project through design and into construction. It was further noted that the consequent revised structure and composition of the project team would be presented in a paper to States Employment Board (**SEB**), seeking approval for the revised team structure, including those roles that met the P59 criteria and were being extended (as permitted under their contracts) or procured/recruited, namely:

- Development Director
- Project Clinical Director
- Head of Finance Business Partnering - Our Hospital
- Project Communications Director
- Hospital Operational Programme Manager
- Project Transition Director
- Assistant Project Director

CL noted that a new role, to be provisionally named Project Transition Director, would be critical to oversee the reprovision of services from Overdale to Les Quennevais School.



noted that the SEB paper also covered a number of approved changes to the remainder of the project team, including the supply chain, including:

- The recruitment of an OHP Project Apprentice
- The development of the OHP Project Support Officer to Assistant Project Manager
- The development of the OHP Client Project Manager to Project Design Director
- Legal services for land assembly and procurement support to be provided by the Law Officers Department
- Interim support for Finance Business Partnering until permanent recruitment
- The services of Procurement Lawyers to be extended
- FM Lead support services/FM2026 Development Director

RBa confirmed that the revised structure and composition of the project team was within allocated budgets.

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**POG NOTED** the team assembly update and supported the extension/recruitment to roles outlined in the paper.

**POG REQUESTED** that the matter be considered by SEB.

### 9 Cost control and value for money – presentation

LF left the meeting room.

**RB-** Noted that the presentation to be provided was at the request of LF in order to offer assurance regarding the Our Hospital project's processes for cost control and ensuring value for money.

The presentation outlined how value for money was achieved in the procurement of the DDP, how value for money for the construction build contract would be achieved and outlined the key players involved.

■ noted the importance of the Our Hospital project's aim to leave a wider, long term, legacy for Jersey as well as providing a new hospital that aims to improve the health of Islanders was highlighted. Eight strategic priorities had been identified, which were aligned with the Jersey Strategic Goals and the UN Global Sustainable Development Goals; the key to this would be work around maximising opportunities for learning and employment.

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POG thanked the presenters and noted that the presentation demonstrated controlled processes.

**POG REQUESTED** that a similar presentation be made for members of the Future Hospital Review Panel and that some cost control messages be built into future communications activity.

### Date of Next Meeting

Minute		Action Person/Date
080	The next meeting will be held on Thursday 20 May 2021 at 10:00 hrs in the Oules Room, Jersey Museum with remote access via Teams	

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**Date & Time:** Thursday 20 May 2021 at 12:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams restrictions

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture  
Dep Hugh Raymond (Deputy Chair) – HR – Ass. Minister for Health and Community Services - Deputy, Trinity  
Sen John Le Fondré – JLF – Chief Minister  
Dep Lindsay Ash – LA – Ass. Minister for Treasury and Resources – Deputy, St Clements  
Con Philip le Sueur – PLS – Constable of Trinity  
Dep Rowland Huelin – RH – Deputy, St Peter  
Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2 (virtual access)

#### In Attendance:

Paul Martin – CP – Chief Executive & Head of the Public Service  
Caroline Landon – CL – Director General, Health and Community Services  
Richard Bell – RBe – Director general and States Treasurer  
Andy Scate – AS – Interim Director General, Growth, Housing and Economy  
Mike Thomas – MT – Director, Risk and Audit  
Richard Bannister – RBa – Our Hospital Project Development Director  
[REDACTED] – Our Hospital Project Assistant Governance Lead  
[REDACTED] – Our Hospital Client Project Manager  
[REDACTED] – Office of the Chief Executive  
Carl Walker – CW – Our Hospital Project Communications and Engagement Lead  
Ashok Handa – AH – Our Hospital Project Clinical Director  
[REDACTED] – Mace  
[REDACTED] – Llewelyn Davies  
[REDACTED] – Llewelyn Davies  
[REDACTED] – Temple Group  
[REDACTED] – Arup  
[REDACTED] – Arup  
[REDACTED] – Arup  
[REDACTED] – Hermantes  
[REDACTED] – RokFCC  
[REDACTED] – RokFCC  
[REDACTED] – RokFCC

(All 25)

#### Apologies:

Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen  
Dirk Danio-Forsyth – DDF – Director of Communications

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Minute 079	1 <b>Minutes of Notes of Previous Meeting, Matters Arising and Action Log</b>	Action Person/Date
	<p>The minutes of the POG meetings held on 11 January, 21 January, 18 February and 12 March, having been previously circulated, were approved.</p>	
	<p>The rolling action log was discussed and updated.</p>	
	<p>The risk register was noted.</p>	
	<p>The Financial Summary as at 30 April was noted</p>	
	<p><b>2 Interim RIBA2 stage 2 presentation</b></p>	
	<p><b>RBA-</b> Reminded POG of the achievements of the project so far and the impact of the requirement to bring P.167 in terms of added delay into the programme. The project had now reached the Royal Institute of British Architects Stage 2 (<b>RIBA2</b>) of the design process which was the basis for informing the Outline Business Case (<b>OBC</b>) costs. These DDP costs were based on the RIBA Stage 2 design, including the updates to the design that would be incorporated during RIBA3 to respond to the feedback received on the RIBA2 design. POG noted that the concept designs of Our Hospital and the access route were not final and would be further informed by the public consultation process, including presentations to key stakeholder groups. Work was ongoing to identify where economies could be made in design and timeline to ensure the affordability limit was not exceeded and the 2026 deadline met. RBa outlined the next stage of the project, which was approval of the hospital budget, funding approach and the financing of compulsory purchase, should it be required. RBa noted that the planning applications for the demolition works at the Overdale site and the change of use of the former Les Quennevais School to a clinical consultation space were currently scheduled to be submitted in November 2021. RBa further noted that the following presentation did not include concept design for the former Les Quennevais School site. However, the project team were engaging with Parishioners from and representatives of the Parish of St Brelade. There had been a great deal of interest in and support for the relocation of clinical services to the Parish from these stakeholders.</p>	

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**AH-** Reminded POG of the journey from *P.82/2012: Health and Social Services: A New Way Forward* to the present. AH noted that, at present, the optimum patient and staff experience was compromised by health services delivering within the current hospital estate which was composed of disparate buildings spread over multiple sites. This had been highlighted by the experience of the current pandemic situation where it had been challenging to introduce the necessary changes required for patient and staff safety, such as isolation and infection control protocols, due to narrow corridors and inefficient layout of services. Accessing the current hospital site was also challenging as ambulances were required to reverse up to the Emergency Department and there were no formal drop off and pick up points for patients and visitors making their own way to the hospital. AH commended the Hospital Estates Team for managing the challenges with the constraints and within their capacity, but noted that there was undoubtedly an impact on patients, working practices and on staff morale, recruitment and retention.

AH noted that there had been many positive aspects to the Future Hospital Project yet rebuilding on the current site did not have clinical support and there were also significant planning challenges. Lessons had been learned by the Our Hospital Project which had been established as clinically led. At the time of the meeting there had been:

- 150 User Group meetings
- 60 Les Quennevais User Group meetings
- a Health Workers Panel held every month

Clinical and non-clinical staff were very engaged and had expressed approval of the concept design and progression that has been made. Positive feedback had been received from these groups regarding facilities, landscape, safety and the overall look & feel of the concept design. AH noted the patient-centred design and service culture that was embedded in the work to date. The clinical vision of a building that would facilitate optimum care for patients and families and care for the carers was being realised in the concept design. Our Hospital would be a healthy, nurturing environment with length of stay no longer than necessary and it would support ambulatory care to improve health outcomes.



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■ Outlined the public consultation and planning application processes. SF noted that the RIBA2 design would be issued on 28 May 2021 and the public consultation would result in a design evolution as a result of feedback. ■ noted that the consultation would continue up to the planning application submission. Consultation to date had included a number of specialist interest groups and there had been extensive engagement with clinicians and the Citizens' Panel.

Key areas of interest for these groups had been:

- access to the hospital and movement around the building
- enhancement of the space around the building
- incorporation of green rooftops
- reflection of Jersey heritage and environment

Public consultation had and would continue to inform the design.

■ outlined the evolution of the masterplan and reminded POG that Option D was the preferred option because it could facilitate the most flexible and efficient design. It also provided the optimum opportunity for design be shaped by and respond to feedback from the local community. An example of this had been to move the blue-lights and emergency access to the north of building to minimise impact on neighbouring properties.

Following the approval by the States Assembly on 1 February 2021 of the preferred two-way access route, the wider masterplan had been developed. ■ noted that the next step was the illustrative masterplan process which considered how components of the building were located in relation to each other and in the context of St Helier and the wider Island landscape. ■ noted that it was important to ensure that the hospital building didn't overshadow neighbouring properties. The current RIBA2 design illustrated how Our Hospital could be embedded in the landscape and local materials employed to harmonise Our Hospital with the existing environment. SF noted that the Our Hospital campus would be comprised of five buildings:

- the main hospital building
- the mental health facility
- the knowledge centre

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- the energy centre
- a decked carpark

A low point on the Overdale site had been identified which could accommodate the energy centre and the facilities management yard to ensure they remained hidden from view. By comparison, the main entrance to Our Hospital would be designed to be easy to identify to ensure that patients and their families could find it easily, even when in a state of stress or anxiety.

■ noted the importance of the trees on the Overdale site to the environment and the community. They would not be removed unless absolutely necessary and should any have to be removed, they would be replaced. The overall vision for the site was to preserve as much of the natural landscape as possible to help develop the green, healing environment. POG noted that there was an opportunity to create a viewing point on Westmount Road with greater public access for the historic plaque, compared to the health and safety challenges due to its current location in close proximity to the carriageway and to improve the area to be more illustrative of its significance. POG further noted that the illustrative masterplan would continue to evolve.

■ - Outlined the current plans for the design of access routes around the Overdale site and also access to and egress from the site. POG noted that the plans included onsite car parking and a drop off point at the main entrance for the public. There would be separate drop off points for the Emergency Department and blue lights services. ■ noted that consultation would be ongoing with residents groups and Infrastructure, Housing and Environment Officers to inform the design of all access routes. POG noted that the approach to developing the preferred access route was to do nothing unless it proved necessary to enable the appropriate access to a modern hospital at Overdale.

■ - Outlined the current position regarding the clinical planning process which was concerned with the content of the hospital building. Healthcare planners were working to establish Jersey's healthcare requirements now and in 2036 to scope content of hospital. ■ noted that Overdale had provided the opportunity to achieve virtually all of the ideal block and stack

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requirements that had been developed with clinicians in August 2020. ■ noted that patient privacy, dignity and safety was paramount and therefore the current designs ensured that key flows for patients, staff and support services did not cross. POG noted that lessons learned from the COVID-19 outbreak were informing design. Clinical input had been fundamental to the design process to inform not just departmental adjacencies but also room adjacencies within departments to support efficient working practices.

■ noted that the private patients facility had the advantage that it could respond to a future emergency or pandemic situation. In such a situation, private patient work could no longer be undertaken and the facility would become a completely separate hospital within the main hospital building, utilised for casualties of the situation. The new training facility would include more up to date technology in the various rooms to improve training. For example, a training room could replicate an operating theatre and seminar rooms have the technology to cater for a variety of uses.

■ noted that clinical feedback had suggested that it was not considered the right environment for the mental health facility to be contained in the main hospital building, but to be accommodated within a separate building on site, meaning it could be close to all clinical and support services to provide high-quality care for its clients.

■ - Provided an overview of sustainability and engineering aspects at the RIBA2 design stage. ■ noted that Our Hospital would be compliant with all relevant standards and would remain within the affordability limit. The aim was to ensure capital and operational efficiency, resilience in operation, manageability in operation and the potential for future expansion.

■ - Provided an overview of the challenges involved from an engineering perspective including working with levels within the site levels and the development of the drainage strategy. Jersey's geographical situation impacted the choice of structural frame solution. The best approach had been identified as a concrete structure topped with steel frame to help prevent environmental damage from marine environment and to ensure excellent acoustics. This was also why the air

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handling units could not be located on the roof as would be usual in most UK and EU hospitals, as the marine environment would damage them over time.

■ - Outlined the landscaping concept and the approach to ecology and biodiversity. These were key components for ensuring Our Hospital was successful in providing a healing and nurturing environment. They would also be considered as areas of importance by the Planning Inspector. This meant retaining, untouched as much as possible, the natural landscape features including trees which would only be removed if necessary and if so, would be replaced. ■ noted that the varied levels within the Overdale site were an asset to creating accessible routes around the site to take in the beautiful views across the wider St Helier area. NM noted that the designs were aiming to reduce the negative visual impact of on-site car parking by supplementing the natural woodland with additional planting in car parking areas and a 'green' roof. The knowledge centre was also designed to have a bio diversified green roof. There would be substantive green landscaped areas around the hospital building to improve patient and staff views. The lower ground would have windows that looked out on terraces, which would facilitate more natural light into the working environment and pleasant views out. The south-west side of the site would have landscaped gardens to take advantage of the optimum natural features and light. POG noted that the old oak tree, which was a significant natural asset, would be retained within these gardens which would be designed to accommodate a variety of uses including therapeutic exercise and contemplation. The hard landscaping would incorporate local materials to create the walls and terraces.

■ - Outlined the interior design strategy. It had been identified that the front of house experience should reflect confidence in the quality of care in Our Hospital. The design should appear non-institutional and welcoming with plenty of natural light and ease of navigation to the subsequent stages of each patient's journey. The proposed interior design scheme had been developed from the culture and identity of Jersey including the historical, community, food, art (in all forms) and nature. These had been captured in mood boards and had informed a colour palette that supported a clear wayfinding strategy for the main hospital building.



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**LF-** Thanked the project team for a comprehensive, informative and enlightening presentation and opened the floor to POG members comments and questions. RH noted that the design strategy referenced the uniqueness of Jersey. It was interesting to note the local differences that influenced the design such as the air handling units not being able to be on the roof due to Jersey's marine environment. It was important for the public to know that the design was taking into account Jersey's unique conditions. KL noted the attractive aspects of the design and requested a personal presentation regarding the access road proposals. AS noted that the project team was in discussions with the Infrastructure, Housing and Environment team and that transport modelling was being undertaken.

HR noted that a hospital project in the Isle of Man had not accounted for disabled drop off points and that the entrance had become overwhelmed by pick-ups and drop offs. [REDACTED]

[REDACTED] noted that there had been discussions with the ambulance service and so the project had taken into account the daily transfer of non-critical patients.

PLS noted the strengths of the proposed design at this stage and asked for details regarding challenges to the timeline and investment level. RBa noted that there was nothing in terms of cost pressure that was unexpected or abnormal. AH noted that he was constructively challenging clinical services on their stated requirements to ensure that what was required would be provided and within the affordability limit. RBa noted that the project timeline had been impacted by the need to bring P.167/2020 in respect of the preferred access route to the States Assembly for approval. Freeing up the main site through demolition was now also potentially impacting the timeline. LF queried the plans for using renewable and sustainable longer term energy solutions. [REDACTED] noted that a comprehensive study would be undertaken and the cost and reduction of energy considered. The current Jersey General Hospital used oil-fired boilers and merely using an electric sourced heating/cooling system in Our Hospital would substantially reduce costs and improve sustainability. RH

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noted that everything in the plans had to be justified as to how it benefitted patients and staff.

RBa thanked the Our Hospital project team for the work they had undertaken to reach the ROBA2 stage and this was echoed by LF on behalf of POG.

**3 Land assembly update; and**  
**& 4 Schedule for responses to Proposition amendments and accepted recommendations from the Future Hospital Review Panel**

**LF** Requested that the two remaining items on the agenda be deferred to a subsequent meeting due to time constraints.

### Date of Next Meeting

Minute 080	The next meeting will be held on Wednesday 16 June 2021 at 13:30 in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	Action Person/Date
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## Minutes of Meeting

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**Date & Time:** Wednesday 2 June 2021 at 16:30

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture  
 Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity  
 Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen  
 Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements  
 Con Philip le Sueur - PLS - Constable of Trinity  
 Dep Rowland Huelin - RH - Deputy, St Peter  
 Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

Paul Martin - CP - Chief Executive & Head of the Public Service  
 Caroline Landon – CL – Director General, Health and Community Services  
 Richard Bell – RBe – Director general and States Treasurer  
 Mike Thomas – MT – Director, Risk and Audit  
 Richard Bannister – RBa – Our Hospital Project Development Director  
 [REDACTED] – Our Hospital Project Assistant Governance Lead  
 Ashok Handa – AH – Our Hospital Project Clinical Director

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#### Apologies:

Sen John Le Fondré - JLF - Chief Minister  
 Dirk Danio-Forsyth – DDF – Director of Communications  
 Andy Scate – AS – Interim Director General, Growth, Housing and Economy  
 [REDACTED] - Office of the Chief Executive  
 Carl Walker – CW – Our Hospital Project Communications and Engagement Lead

Minute		Minutes of Notes of Previous Meeting, Matters Arising and Action Log	Action Person/Date
1 081	LF	Reminded POG that this meeting had been convened to consider two agenda items from the meeting held on Thursday 20 May 2021, which had been deferred due to time constraints. Therefore, a new agenda had not been issued.  Any outstanding minutes and the rolling action log would be considered at the next meeting to be held later in June.	



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### 2 Land assembly update

**RBa-** Noted that the acquisition of land to assemble the site to deliver a new hospital at Overdale had generally progressed well. As reported at previous POG meetings, in most cases, agreements had been reached on commercial terms for land and properties to be acquired. However, there remained a small number of properties where agreement on commercial terms is looking to be unlikely within a reasonable timeframe.

The Requête brought by some St Helier Parishioners had impacted negotiations with the Parish and it would also be necessary to use Compulsory Purchase Orders with Parish land to understand covenants on the land.

If agreement on the terms to acquire property could not be reached by negotiation and mutual agreement, then the last resort would be to acquire land via the compulsory purchase process under the Compulsory Purchase of Land (Procedure) (Jersey) Law 1961.

[REDACTED]

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**POG CONFIRMED** their support, in principle, for the acquisition of some outstanding properties discussed as soon as practicable,

[REDACTED]

**POG NOTED** that any expenditure will be approved by the Accounting Officer in line with the requirements of the Public Finances Manual.

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### 3 **Schedule for responses to Proposition amendments and accepted recommendations from the Future Hospital Review Panel**

■ Reminded POG that at their meeting on 15 April 2021 they had considered an approach to responding to requisites and obligations conferred on the project by the first amendment to P.123/2020, Our Hospital Site. This approach had recommended collating these with:

- requisites and obligations in relation to the various amendments to P167/2020, Our Hospital preferred access route
- accepted recommendations from S.R.9/2020, Site Selection
- accepted recommendations from S.R.2/2021, Overdale Access

■ noted that POG had requested Officers to develop a schedule of responses with a timeline to be incorporated into a Report to be presented by the Council of Ministers to the States Assembly. The schedule of responses and draft report had been produced and circulated prior to the previous meeting on 20 May.

**POG AGREED** to recommend the Compliance Approach to COM.

### **A.O.B.**

■ Noted that the Future Hospital Review Panel had requested to see a draft of the Outline Business Case for Our Hospital to facilitate the drafting of their Terms of Reference for their potential review of the document and also to inform their selection of Advisors. RBa noted that whilst the OBC was well advanced it was not at the point where it was ready to be shared with POG as it remained in the review process. LF noted that it would be helpful to the Future Hospital Review Panel to have an understanding of the OBC as soon as possible to support any review they may undertake, even if the numbers within it were to be refined further.

**POG AGREED** the OBC could be shared once the review process was complete and it was ready for issue to POG.

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**POG NOTED** that OBCs were not required to be approved by the States Assembly as this would require them to be taken back to the Assembly every time there was an update or refinement of the figures over time.

**POG FURTHER NOTED** that the Our Hospital OBC would be presented to the States Assembly as a Report and appended to the financing proposition which at this point was predicted to be lodged in August 2021.

LF reiterated thanks to the entire Our Hospital project team for the RIBA2 presentations which had been delivered the previous week.

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### Date of Next Meeting

Minute		Action Person/Date
082	The next meeting will be held on Wednesday 16 June 2021 at 09:30 hrs in the Oules Room, Jersey Museum with remote access via Teams	

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**Date & Time:** Wednesday 16 June 2021 at 13:30

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture  
Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity  
Sen John Le Fondré - JLF - Chief Minister  
Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen  
Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements  
Con Philip le Sueur - PLS - Constable of Trinity  
Dep Rowland Huelin - RH - Deputy, St Peter  
Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

Paul Martin - CP - Chief Executive & Head of the Public Service  
Caroline Landon – CL – Director General, Health and Community Services  
Richard Bell – RBe – Director general and States Treasurer  
Andy Scate – AS – Interim Director General, Growth, Housing and Economy  
Mike Thomas – MT – Director, Risk and Audit  
Richard Bannister – RBa – Our Hospital Project Development Director  
[REDACTED] – Our Hospital Project Assistant Governance Lead  
[REDACTED] - Office of the Chief Executive  
Carl Walker – CW – Our Hospital Project Communications and Engagement Lead  
[REDACTED] – Our Hospital Client Project Manager  
Ashok Handa – AH – Our Hospital Project Clinical Director  
[REDACTED] - Mace  
[REDACTED] - EY  
[REDACTED] – Turner Townsend

#### Apologies:

Dirk Danio-Forsyth – DDF – Director of Communications

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Minute 083	1 <b>Minutes of Notes of Previous Meeting, Matters Arising and Action Log</b>	Action Person/Date
	<p>The minutes of 25 March and 15 April would be considered at a subsequent meeting.</p>	
	<p>The rolling action log was discussed and updated.</p>	
	<p>The Risk Register was noted.</p>	
	<p><b>2 Outline Business Case</b></p>	
	<p>■ Reminded POG that the first iteration of the Our Hospital Strategic Outline Case (<b>SOC</b>) had been completed in March 2020. This had been refined to the point that a final version had been completed and approved by POG at their meeting of 27 November 2020. The SOC had been based on based on HM Treasury Green Book guidance and the 5 Case Model. ■ noted that the final SOC had been at a more advanced stage of development than was typical for SOC's in the UK at that stage of a project. For example, the decision had been taken to appointment a design and delivery partner (<b>DDP</b>) at an early stage on the project and that had facilitated the inclusion of the rationale and execution of the DDP procurement strategy. Therefore, the commercial case within the SOC was far more detailed than is usual and the usual range of procurement options did not need to be reconsidered. Similarly, POG noted that a significant volume of work had been undertaken in HCS over the past 2 to 3 years about what services would be included in a new hospital, which had informed both the Jersey Care Model and the Functional Brief and did not need to be revisited. The management case had also been very advanced due to the appointment of Mace as Project Management Office which had facilitated the establishment of governance and management processes prior which were also detailed in the SOC.</p>	
	<p>■ noted that at the stage that the SOC was finalised, a decision had not yet been made on the preferred site and it had not been possible to include detailed costings of Overdale as the detailed surveys required to achieve this could not be undertaken. Once the States Assembly had approved Overdale as the preferred site for Our Hospital, work commenced on the preparation of the Outline Business Case (<b>OBC</b>) based on the more developed design and cost</p>	

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information that had become available at this point. ■ noted that the OBC did not revisit site selection options as this decision had been taken by the States Assembly. ■ noted that the main purposes of the OBC were to:

- fulfil the requirement of the Public Finances Manual that an OBC should be produced for major projects prior to implementation
- provide both the business case for a new hospital in Jersey and supporting information that would inform the financing Proposition

■ noted that there were a number of Government of Jersey initiatives in development which were linked to the Our Hospital Project, but which were not in scope of the Our Hospital OBC. These included:

- The Jersey Care Model
- HCS Digital Strategy
- HCS Facilities Management

■ noted that the appointment of Mott MacDonald as NEC Supervisor to the project had been advantageous as they also had the expertise and experience to review business cases. The draft OBC had therefore been subject to a thorough, additional review prior to presentation to POG. ■ noted that although the OBC followed Green Book guidance, some decisions usually included in an OBC had been made at an earlier stage in the project and so there was therefore necessarily some variance from the Green Book. The updated Economic Case supported the New Build Option as the preferred option and POG noted that this was the only option which met all of the critical success factors. However, ■ noted that it was not appropriate to shortlist a single option and a baseline comparator was required. The SOC had established that a 'Do Nothing' option did not meet the critical success factors. In addition, it was unacceptable and unrealistic and as the States Assembly had already identified the need for change by adopting P.82/2012 – Health and Social Services: A New Way Forward, 'Do Minimum' was identified as a more appropriate comparator. A working group had been established to develop a robust 'Do Minimum' option. It had been established that 'Do Minimum', which was a Green Book term, was slightly misleading in Jersey's case as a significant amount of work would have to be undertaken to bring the Jersey General Hospital to regulatory standards. Rebuilding on the current site would require services to move

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in and out of the building which would increase costs. The critical 2026 deadline would not be achievable and the earliest completion date would be 2028. CL noted that it was well documented environment had a significant impact on patient recovery and health and therefore rebuilding around patients was clinically unacceptable. The previous iteration of the project had failed to fully garner clinical support, due to disruption of services and due to noise, dust etc. but the Our Hospital Project was clinically led and would listen to clinicians' views. ■ noted that the 'Do Minimum' option was also unable to deliver physical and mental health in co-location and services would generally not be able to achieve the clinical adjacencies necessary to improve patient care and service efficiency. ■ noted that the 'Do Minimum' option had failed all of the critical success factors, which had already been evidenced in the SOC.

Contingency levels had reduced as greater cost certainty had been provided by completion of surveys of accessible sites and more certainty over design. RBa noted that it was standard practice for major public sector construction projects to include an optimism bias figure. This was due to a natural tendency to be overly optimistic at the outset and subsequent unforeseen circumstances inflating costs. Optimism bias had been included alongside client contingency in the Our Hospital Project and had been reallocated to other cost categories now the Overdale site had been approved by the States Assembly as it had now been identified that a multi-storey carpark would be required and additional land needed to be acquired. Noting that some optimism bias had been reallocated to deferred cost categories to cover the construction of a car park, RR queried whether patients, visitors and staff would drive to Our Hospital, given the work that was being undertaken to construct a multi-modal travel corridor and whether a park and ride system would be appropriate. ■ noted that the report produced to support P.167/2020 noted that a park and ride system would be taken forward for consideration. However, given the particular circumstances, it was unlikely that Islanders would want to drive into the town centre to catch a bus to Overdale. Early indications from ongoing exploratory work of the idea suggested that a park and ride system would not be appropriate.

■ outlined the financial case as set out in the OBC. POG



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noted that given the current situation in world bond markets, there was an advantage to borrowing at an early juncture as, in the longer term, it was predicted that interest rates could only go up. Therefore, there would be an opportunity for the Government of Jersey to take advantage of historically low interest rates. POG further noted that it would not be possible to bring the financing debate forward without requesting a reduced lodging period and that this would impact the ability of the Future Hospital Review Panel to complete a review of either the OBC or the Proposition, should they wish. RBe noted that the OBC should ideally be an appendix to the financing Proposition to support it, as OBCs did not require approval by the States Assembly. The purpose of the Proposition was to gain approval from the States Assembly for a budget for the Our Hospital Project and agreement of how it would be financed going forward. PM noted that the financing debate in September would be the final approval gateway for the States Assembly to consider the Our Hospital Project, subject to planning permission.

■ noted that the OBC had been presented to POG for their approval, subject to incorporation of any comments they might provide. The updated OBC would then be considered by the Council of Ministers and the Future Hospital Review Panel to facilitate the parallel working of the Panel. It was anticipated that the final version of the OBC would be published as a Report to the States Assembly so that it became a public document and in accordance with the States Assembly decision, due to the Future Hospital Review Panel's amendment to P.123/2020, to publish details about the project ahead of lodging a proposition for debate regarding funding.

**POG NOTED** that it was not standard practice to publish an OBC, but it was recommended by both the Our Hospital Project Team and the Senior Officer Steering Group to ensure transparency for the project.

**POG APPROVED** the Our Hospital OBC, subject to minor revisions to accommodate their comments, and **AGREED** to its publication

### 3 Hold Point 4 end stage report

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■ Outlined progress made in the Our Hospital Project since the closure of Hold Point 3 following the approval by the States Assembly of Overdale as the preferred site for Our Hospital. And the approval of Westmount Road as the preferred primary access route.

■ noted that since that time:

- the concept design for Our Hospital and the access route had been completed
- this had been shared with via 23 presentations to stakeholder groups
- the virtual exhibition had been updated with information regarding the designs
- the media had also been briefed and updates posted on social media

As discussed in item 2 on the agenda of the meeting, the Our Hospital Outline Business Case (**OBC**) had been prepared and was to progress from POG to the Council of Ministers and the Future Hospital Review Panel prior to being published as a Report to the States Assembly. Work had also continued with property and land purchases required to assemble the site for Our Hospital at Overdale. ■ noted that all reasonable endeavours had been made to negotiate settlements with the owners of properties within the Overdale site and in most cases had been successful. However, there were some circumstances where agreements could not be reached. Approval from the States Assembly would now be required to approve an updated plan of properties and for the credit of the monies required for Compulsory Purchase (**CPO**), if required as a last resort. At this point:

- 11 property transactions had completed
- Heads of terms had been completed for 3 further properties
- Purchases of 4 private properties had not yet completed and there was the potential for CPO although it was anticipated that agreements could yet be reached
- Purchase of 2 land parcels from the Parish of St Helier were also outstanding and CPO may be required as a last resort

■ noted that the development of the Our Hospital Project's Social Value Strategy was continuing and that applications had opened for the first apprenticeships. The Public Engagement

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and Communications Strategy had been revised and published in January 2021. POG noted that Community Liaison Group and Overdale Neighbourhood Forum meetings were being held monthly to ensure that the local community were kept abreast of project progress and could provide feedback to inform the project.

■ outlined the Planning Strategy which was to submit three planning applications as follows:

- 1) Overdale Re-provision at the former Les Quennevais School
- 2) Overdale Demolition
- 3) Main Hospital and associated road works

A considerable amount of consultation with key stakeholders, including residents groups, had taken place to inform the planning applications and this work was ongoing.

All governance groups had continued to meet regularly and the DDP had been issuing their Pre-construction stage programme on a monthly basis as required by the NEC form of contract. If POG were minded to close Hold Point 4 a project health check would be undertaken and any findings incorporated into an update of the project Manual. ■ outlined the current project team membership and noted that no further approvals for new contracts or existing contract extensions were required at this time.

■ outlined the plan for Hold Point 5 which was to progress the detailed design (RIBA3a) and submit the planning application for Our Hospital and the associated works for the access route. There would be a number of interim Hold Points for works at the Overdale site and planning approvals required for demolition works at Overdale and the re-provision of services at the former Les Quennevais School site. ■ noted that the forecast costs for Hold Point 5 were estimated at £30.8m, including £11.3m planned spend on the re-provision of services, including enabling works at the former Les Quennevais School site.

**POG NOTED** the plans to deliver Hold Point 5 and **AUTHORISED** the Our Hospital Project to proceed to this next stage.

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### 4 Engagement with the Parish of St Helier



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

RBa

### 5 Proactive communications

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**POG CONFIRMED** that the current approach to communications was appropriate for this stage in the project.

### Date of Next Meeting

Minute		Action Person/Date
084	The next meeting will be held on Tuesday 13 July 2021 at 14:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	

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**Date & Time:** Tuesday 13 July 2021 at 13:00

**Venue:** Council of Ministers Room, 1st Floor, Broad Street, St Helier with remote access via Teams

### Welcome and Apologies

#### Present:

Sen Lyndon Farnham (Chair) – LF – Deputy Chief Minister and Minister for Economic Development, Tourism, Sport and Culture  
Dep Hugh Raymond (Deputy Chair) - HR – Ass. Minister for Health and Community Services - Deputy, Trinity  
Dep Lindsay Ash - LA – Ass. Minister for Treasury and Resources - Deputy, St Clements  
Con Philip le Sueur - PLS - Constable of Trinity  
Dep Rowland Huelin - RH - Deputy, St Peter  
Dep Kevin Lewis – KL – Minister for Infrastructure – Deputy, St Saviour No2

#### In Attendance:

Paul Martin - PM - Chief Executive & Head of the Public Service  
Caroline Landon – CL – Director General, Health and Community Services  
Richard Bell – RBe – Director General and States Treasurer  
Hazel Cunningham – HC – Group Director, Finance Business Partnering and Analytics  
Andy Scate – AS – Interim Director General, Growth, Housing and Economy  
Mike Thomas – MT – Director, Risk and Audit  
Richard Bannister – RBa – Our Hospital Project Development Director  
[REDACTED] – Our Hospital Project Assistant Governance Lead  
[REDACTED] – Our Hospital Client Project Manager  
Ashok Handa – AH – Our Hospital Project Clinical Director  
[REDACTED] - Office of the Chief Executive  
[REDACTED] - Mace  
Carl Walker – CW – Our Hospital Project Communications and Engagement Lead  
[REDACTED] – Law Officers Department

(All 25)

#### Apologies:

Sen John Le Fondré - JLF - Chief Minister  
Dep Richard Renouf – RR – Minister for Health and Community Services – Deputy, St Ouen  
Dirk Danino-Forsyth – DDF – Head of Communications

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Minute 085	<b>Minutes of Notes of Previous Meeting, Matters Arising and Action Log</b>	Action Person/Date
	<p>The minutes of the POG meeting held on 25 March and 15 April would be circulated for approval at a meeting to be held later in the month.</p> <p>The rolling action log was discussed and updated.</p>	
<b>2</b>	<p><b>Funding and CPO Proposition</b></p> <p>■ Outlined the draft wording of the funding proposition which was currently being reviewed by Treasury and Exchequer and the Law Officers departments and the structure of the accompanying Report. POG noted that the Our Hospital Propositions to date had been lodged by the Council of Ministers rather than by an individual Minister or the POG. POG noted that the Proposition would need to be considered by POG.</p> <p>LF noted that the Future Hospital Review Panel had written a letter requesting that either Proposition lodging was brought forward to 19 July 2021 or lodge in August as planned and move the debate back until 5 October 2021. This would allow the Panel time around the summer recess to access all those called to give evidence and ensure a robust review of the OBC and financing Proposition. RBa noted that project expenditure had been slightly lower than anticipated, meaning that there was sufficient budget to continue the Project team's work until the proposed October debate. RBa noted that if the debate was delayed until a time later than October 2021, the project budget might be exhausted to clear capital expenditure. RBa noted that there was still work that needed to be undertaken to finalise both the OBC and the Proposition and ensure time for review by the relevant Officers, POG and COM.</p> <p><b>POG AGREED</b> to delay the financing debate until 5 October 2021, but to lodge at the beginning of August as planned. This would allow the Panel nine weeks to complete their review following lodging.</p> <p><b>POG NOTED</b> that the Chair's response to the Chair of the Panel would request assurance that the Panel would lodge any amendments to the Proposition at least two weeks in</p>	



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advance of the scheduled debate, in accordance with Standing Order 26, to enable the Our Hospital Project team to prepare responses.

### 3 Contracting strategy for early works

[REDACTED]

[REDACTED]

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**POG APPROVED** the for progression of the Early Works Contracting Strategy.

**POG AUTHORISED** the Project Team to continue to engage collaboratively with the DDP to develop plans for the early works, specifically the reconfiguration of the former Les Quennevais School site.

#### 4 **Overdale reprovision Hold Point report including costs**



Reminded POG that Project Initiation Document for the re-provision of services currently located at Overdale had been discussed at their meeting held on 11 January 2021 and a Functional Brief had now been approved. This established the location of each of the services currently at Overdale when Our Hospital opened in 2026.

Services returning to Our Hospital at Overdale:

- Audiology
- Rheumatology, Urology, Neurology
- Diabetes Centre
- Diabetic retinal Screening
- Pre-operative Assessment

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- Assisted Reproduction Unit
- H&S Training Room

Services to be split between a community-based facility and Our Hospital:

- Physiotherapy, Occupational Therapy, Speech and Language and Dietetics
- Pain Management
- Pharmacy Stores (partially at Five Oaks)

Services to be delivered from a community-based facility:

- Meals on Wheels
- Older Adult Mental Health and Psychological Therapies
- Child Development and Therapy Centre
- Back to Work Group
- Garden Services
- Horticulture Group

CL noted that the hydrotherapy pool was outside the scope of the Our Hospital Project, however, HCS would continue to explore options for its relocation, whether that was using a community-based facility or building an HCS facility and using it also for income generation. POG noted that clinical evidence had been considered that long term hospitalisation did not represent effective rehabilitation and could cause dependency. Therefore, some rehabilitation services would be placed in the community, but rehabilitation would also be delivered on hospital wards rather than in a separate department. This approach was being adopted by some other departments which needed to deliver services across the hospital and community rather than in separate departments and this explained why it might appear initially that some services were 'missing' from Our Hospital when they were actually embedded in it.

█ noted that the re-provision of services to the Former Les Quennevais School site project had now reached a Hold Point where POG's approval was required to progress.

**POG NOTED** note the Overdale Re-provision Hold Point Report, and approved the approach and deliverables within it, specifically:

- Acceptance of the plans for the relocation of the services and facilities from Overdale which are not

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proposed to be relocated to the former Les Quennevais School, site, as set out in this report.

- Acceptance of the relocation of the Back to Work Group into the former caretaker's house known as Oak Lodge at the former Les Quennevais School site from the portacabins in the school grounds
- Acceptance of the feasibility study for the re-provision of Overdale services at the former Les Quennevais School site
- Progression of the proof-of-concept design of the former Les Quennevais School site to RIBA stage 3, including further surveys required
- Procurement for the enabling works at the former Les Quennevais School site, including the asbestos removal and soft strip of the existing building

### 5 Communications for OBC including funding

**CW-** Outlined the objectives of the communications strategy for the OBC which included:

- ensuring the OBC was simplified for, and understood by, the public
- ensuring the level of investment required for the new hospital was explained and justified
- to gather public support for a positive funding decision in the States debate in October
- to continue to build trust and transparency in the OHP brand

LF requested a personal update briefing regarding communications and engagement later in the week.

**POG APPROVED** the communications and engagement strategy for the OBC including funding.

**SB/CW**

### 6 Progress on access to land for surveys



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	<b>AOB</b>	
		<b>CL/AH</b>
	<b>35</b>	

### Date of Next Meeting

Minute		Action Person/Date
086	The next meeting will be held on Monday 19 July 2021 at 10:00 hrs in the Council of Ministers Meeting Room, 1 <sup>st</sup> Floor, Broad Street Offices with remote access via Teams	