

Jersey Future Hospital Project

Outline Business Case

Appendix 11 – Project Objectives Workshop outcome

Document Control

Version	Date Issued	Summary of Changes	Author
V1	29.9.17	Document compilation	N Aubrey
V2	24.10.2017	Template updated	T Nicholls

Jersey Future Hospital

Strategic Case

Project Objectives review

Agenda



Context and need for clear Objectives

Part 1 – Consider and agree Project Objectives

Part 2 – Agree evaluation criteria

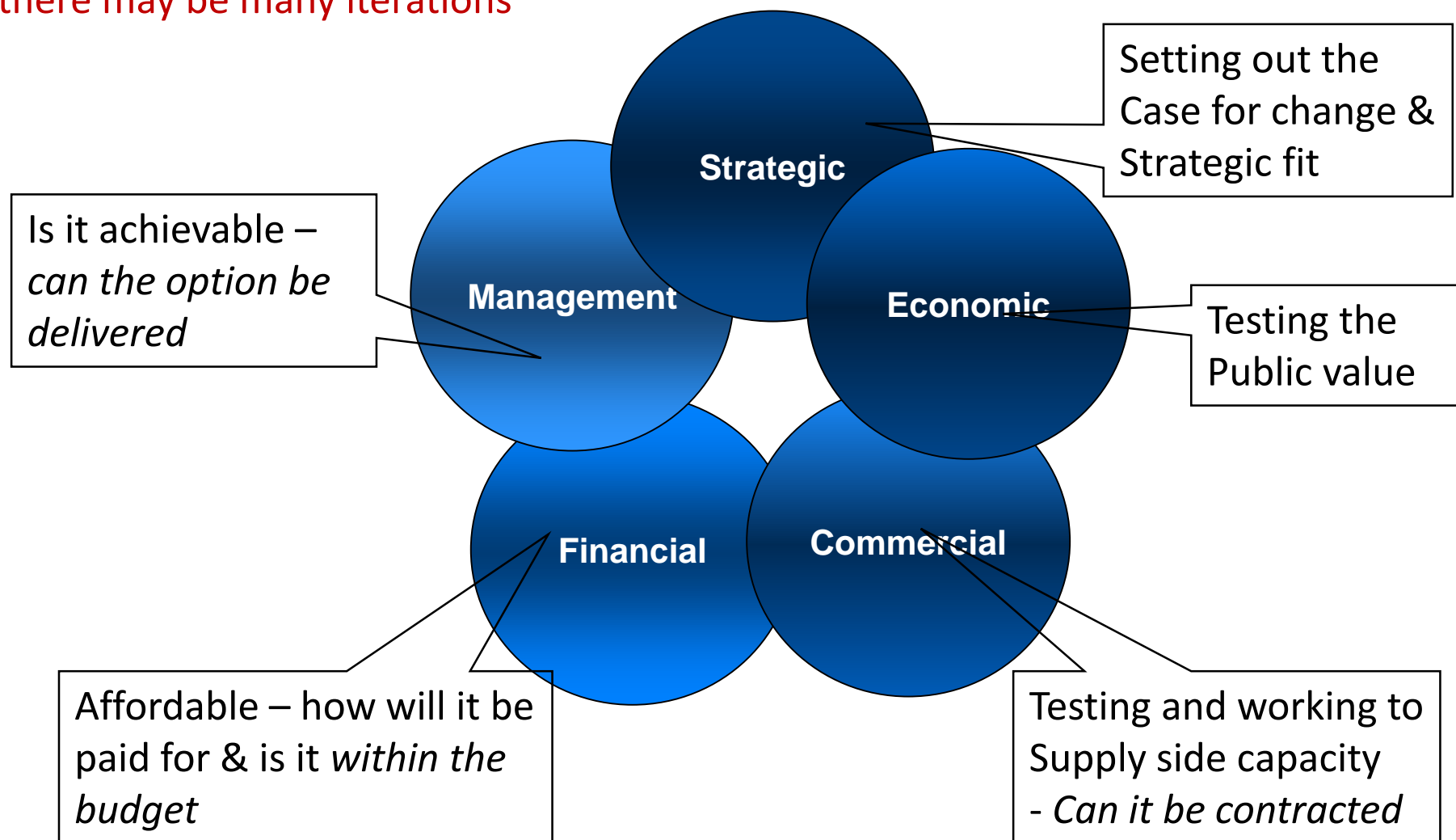
- Understand the evaluation process [CR025 methodology]
- CR025 Evaluation Criteria review

Weighting process?

Next steps

Context – Making the cases - Essential Case Relationships

The 5 dimensions are produced together at the same time & not in sequence but there may be many iterations



Current Objectives

The Green Paper - Caring for Each Other, Caring for Ourselves (May 2011) clearly identified that three guiding principles were identified with stakeholders in Jersey through consultation:

1. **'Safe'** - While many health interventions involve inherent levels of risk, that patients and service users should not be exposed to an undue level of risk;
2. **'Sustainable'** - that services should be organised in a way that is not vulnerable to change in the short term;
3. **'Affordable'** - that the model of services represents value for money relative to other potential models.

Current Objectives [cont]

P.82/2012 clearly summarises the clinical vision for acute care and is summarised below:

To deliver a new hospital, built to modern standards, within the next 10 years. The hospital will continue to be integral to the health and social care system, and will be supported by that system. The workforce will be skilled, motivated, modernised and supported by IT and a fit-for-purpose estate - with services developed in the right priority order to meet the needs of Islanders;

Integrated working with non-hospital organisations and settings will be supported by clinical leadership, particularly within community settings; for example by developing nurse-led services, consultant-led outreach services and, potentially, GP-led hospital based services where there is clinical evidence to support these models;

Demand for unplanned care will be more appropriate, through a combination of service and behavioural changes, facilitated by funding for GP appointments for key patient groups, triage and streaming appropriate, minor attendances to a co-located GP service;

Core inpatient services will be prioritised and sustained, in order to support emergency provision. As such, Islanders will continue to be cared for on-Island where this is clinically appropriate, and the range of services will expand where this is clinically viable;

Current Objectives [cont]

Clinical Support Services will remain central to the delivery of high quality, patient-centred healthcare. At least 70% of clinical decisions are made on the basis of test results, and the hospital of the future will place an increasing emphasis on its entire range of diagnostic services to support rapid diagnosis and assessment, treatment and longer term care management;

Hospital resources will be used effectively and efficiently, providing excellent, integrated care; length of stay will continue to reduce, with discharge planning improving and an increase in alternatives to hospital care available to relieve the pressure on beds.

Income for the hospital will be optimised to ensure that the right balance of publicly-funded and privately funded care continues to be delivered.

Other potential objectives since SOC ?

- Wider socio- economic impacts.
- Integrated working with other providers
- Managing demand - interventions
- Workforce – retention / recruitment / skills mix / specialist vs generalist
- Management of long term conditions [SPC Strategy]

Evaluation Criteria from Site CR025

		100.00%
1.0	Criteria: Massing, Design Quality and Planning Issues	13.62%
1.1	The site must be considered capable of accommodating the spatial and service capacity requirements for the hospital, including foreseeable potential future expansion and/or changes.	5.22%
1.2	The potential site must fit within and not be out of accord with the Island Plan and Spatial Strategy.	0.58%
1.3	The site should not have any planning or use restrictions associated with it that pose an unacceptable risk to development.	0.29%
1.4	The site required for the total hospital development should be immediately available without major or long term infrastructure investment requirements.	0.58%
1.5	The site should facilitate a high quality hospital design.	5.22%
1.6	The site should facilitate civic pride, regeneration, protection of the environment and heritage and enable the hospital to be a good neighbour.	1.74%
2.0	Transport and Access Issues	16.23%
2.1	The site should be located to afford ease of access for the majority of the Island's population.	0.58%
2.2	The site should allow efficient and effective access by public, private and commercial transport and enable separation of traffic flows.	5.22%
2.3	The site should allow adequate parking facilities available for staff, patients and visitors.	3.48%
2.4	The site should allow efficient and effective access by emergency vehicles.	1.74%
2.5	The site should be accessible and easy to navigate by all users	5.22%
3.0	Response to the Island's Infrastructure and Geography	8.70%
3.1	The site should present minimal risks to its safe and on-going running in terms of the climate, potential health and environmental impacts.	3.48%
3.2	The site should be capable of supporting key infrastructure for the hospital and add to the sustainability of the Island's infrastructure.	5.22%

A	B	C	D	E
4.0	Clinical and Non Clinical support Functionality	21.74%		
4.1	The site should be capable of accommodating or being supported by the full range of clinical and non-clinical support functions.	5.22%		
4.2	The site must be capable of enabling implementation of the Department of Health and Social Services approved Acute Service Strategy.	5.22%		
4.3	The site configuration should facilitate the implementation of Public Sector Reform.	0.87%		
4.4	The site should facilitate compliance with all relevant legislation and good practice.	5.22%		
4.5	The site should facilitate a healing environment for patients	5.22%		
5.0	Clinical Care and Patient related Issues	27.83%		
5.1	The site should allow for the optimisation of clinical adjacencies and functionality.	5.22%		
5.2	The site should allow for the future hospital to be flexible in its future design and construction and allow for future proofing of all acute and non-acute services as part of a clear, sustainable, forward master-planning strategy.	5.22%		
5.3	The hospital should be capable of accommodating key functional content, based on, but not wedded to current UK room scheduling guidance and current best practice.	5.22%		
5.4	The site should enable the quality of the patient environment to be high and privacy and dignity to be achieved.	3.48%		
5.5	The site should enable convenience of access for friends, family and visitors and access to essential local amenities.	3.48%		
5.6	The site should enable effective patient, visitor and logistical separation.	5.22%		
6.0	Patient Disruption, Staffing and Support Issues	9.28%		
6.1	The site should enable patient, staff, neighbour and visitor disruption to be minimised during development.	0.58%		
6.2	The site and its development should have a positive effect on staff recruitment and selection.	5.22%		
6.3	The site should enable staff, patient and visitor security relating to location and out-of-hours	3.48%		
7.0	Construction and Buildability issues	2.61%		
7.1	The site should enable construction logistics to be optimal	0.87%		
7.2	Access to the site for construction vehicles, deliveries and waste removal should be	0.87%		
7.3	The site should enable protection of existing hospital services and minimise disruption during	0.87%		

OBC - STRATIGIC CASE

MINUTES

MEETING: PROJECT OBJECTIVES & BENEFIT CRITERIA SETTING WORKSHOP 1
DATE: 21 JUNE 2017
VENUE: The Hive - Jersey
TIME: 15:00 – 17:00

ATTENDEES:

Helen O'Shea	(HOS)	General Hospital - Managing Director	(GH)
Gary Kynman	(GK)	General Hospital - Operational Manager	(GH)
Bernard Place	(BP)	FH Team – Director Health Brief	(FH)
Becky Sherrington	(BS)	General Hospital – Head of Nursing/OOH Redesign	(GH)
Peter Gavey	(PG)	General Hospital – Chief Ambulance Officer	(GH)
Ben Hughes	(BH)	General Hospital – Urology Consultant	(BH)
Sarah Howard	(SH)	General Hospital - Assistant Director Finance	(GH)
Brenda Graham	(BG)	Gleeds Advisory Ltd.	(GA)
Nigel Aubrey	(NA)	Gleeds Advisory Ltd.	(GA)
Kieren Morgan	(KM)	Hassell Architects – Lead Designer	(HA)
Danny Gibson	(DG)	MJMedical	(MJM)
Pete Thomas	(PT)	Arup	(AR)
Mike Penny	(MP)	Gleeds Management Services	(GMS)
Frances Mackenzie – minutes	(FM)	Rowney Sharman	(RS)

DISTRIBUTION: Those present plus FH

APPOLOGIES:

Julie Le Masurier	(JLM))	General Hospital - IPAC	(GH)
Local GP		Primary Care	
Jersey Cancer Relief		Patient Rep	

Min Ref	Minute	Action	Date
	15:00		
1.0	<p>INTRODUCTIONS:</p> <p>NA welcomed attendees and introductions were made. NA explained that the OBC needs to be lodged in time for the States debate in November to inform the investment decision. As an evidence document the aim of the OBC is to reaffirm why we need a new hospital, providing SOJ with full confidence that they are making correct decision.</p>	Record	

Min. Ref	Minute	Action	Update
	<p>NA emphasised the importance of mapping the decision process from the beginning and not contriving the document to suit preferred options. The agenda was presented and NA outlined the purpose of the workshop was to set comprehensive and clear project objectives with associated criteria and weights to reflect their relative importance. NA explained that a separate group of stakeholders would then assess how well each of the options met the criteria and therefore delivered on the project objectives. This provided the 'benefit' side of the cost benefit analysis, which was used to measure the value for money of each of the options.</p>		
1.1	Context and need for clear objectives:		
1.1.1	<p>Setting the context NA explained that the UK Treasury Guidance requires that an OBC comprises 5 cases (see attached):</p> <ul style="list-style-type: none"> • Strategic • Economic • Commercial • Financial • Management <p>In developing the OBC for the New Hospital the value for money and benefits offered by the shortlisted options will be compared through a Cost Benefit Appraisal. As noted above this will involve a qualitative review of the options undertaken by a group of representative stakeholders from across the hospital, project and community. The capital and revenue costs of each option would be estimated by HSS and their advisers.</p>	Record	
1.1.2	<p>The starting point is the Strategic Case; this case sets out the purpose and reason for the project. This will involve assembling all baseline data, to form measurable objectives against which the 4 options can be assessed:</p> <p>Mandatory Options</p> <ol style="list-style-type: none"> 1. Do nothing – what would happen if nothing were changed? (Service failure, increase in mortality rates etc.) 2. Do minimum – what is the least that could/would need to be changed in order for the hospital to meet regulatory standards? <p>Investment Options</p> <ol style="list-style-type: none"> 3. New Hospital with refurbished Westaway Court 4. New Hospital with new build Westaway Court <p>NA noted that as options 3 and 4 could be seen as different versions of same hospital, the benefit evaluation criteria has to be sufficiently granular to accurately reflect and enable the differences to be drawn out by the wider stakeholder community.</p>	Record	
1.1.2.1	<p>It was suggested that the need for a new hospital was now a commonly accepted position across Jersey but it was recognised that the differences in the options was not yet well articulated for common understanding. MP to provide clinical definitions and spatial scope of options 1 & 2 and thorough comprehensive description of options 3 & 4 for presentation at next meeting.</p>	GMS	28.06.17

Min. Ref	Minute	Action	Update
2.0	PART 1 – CONSIDER AND AGREE PROJECT OBJECTIVES		
2.1	NA noted that objectives, should be guided by the 3 principles outlined in The Green Paper – Caring for Each Other, Caring for Ourselves (May 2011) – see attached. <ul style="list-style-type: none"> • Safe • Sustainable • Affordable 	Record	
2.2	The summarised objectives from P.82/2012 (see attached) for acute care were displayed and confirmed as still valid. Noted that SOJ Assembly have already approved everything in this document so nothing can be removed. Certain elements however can be amplified and it was agreed to stratify the framework for the objectives.	Record	
2.3	NA presented slide ‘Other Potential Objectives Since SOC’ – (see attached), as further considerations when setting the objectives. HOS expressed doubt in use of the phrase ‘Managing demand – interventions’ and felt that it had negative connotations associated with ‘not managing’. NA to rephrase.	GA	28.06.17
2.4	The following points were raised as policy and related reference points for consideration in scoping the project objectives:	Record	
2.4.1	Information from Health Strategies developed since 2012 - Cross referenced with Jersey Island Plan (2011).		
2.4.2	The role of IT and background issues – how IT will support the workforce		
2.4.3	An understanding of on island / off island activity,		
2.4.4	Sustainability - how the hospital will be supportive in an environmental ‘green’ sense, also how it will support the community and the hospital and wider workforce.		
2.4.5	Sustainability and future proofing – to what future point in time will it be able to deal with the demand;		
2.4.6	Risk and resilience - the ability to manage on island disaster situations and ensure continuity of service.		
2.4.7	Access and reliability of access systems.		
2.4.8	Funding from GP’s (Primary Care Strategy).		
2.4.9	Perverse incentives – related to primary case co-payment system		
2.4.10	Wellbeing of staff ‘an investment by SOJ for the people of Jersey’, including ventilation, natural light etc – cross-reference with HSSD Objectives set out in their Business Plan.		
2.4.11	Wider Socio Economic legacy aspect of skills transfer for islanders – construction, maintenance, health workers.		

Min. Ref	Minute	Action	Update
2.4.12	Whole life cost and capital cost flexibility.		
2.4.12	Build on current strengths and not lose them (based on the public confidence in service delivery / staff but recognition of constraints of current environment).		
2.4.13	Public confidence; a hospital good for everyone recognising the economy of the island.		
2.4.14	Socio economic: <ul style="list-style-type: none"> • High level of private health insurance among local workforce • 3rd sector desire for hospital to provide and work as community space • Hospital design, delivery and operation to create legacy impacts beyond health for e.g. motivated and skilled maintenance workforce through skills transfer projects • Seamless integration and collaboration of these aspects 		
2.4.15	Safety - Importance of standardisation of room sizes across both sites.		
2.5	BG / NA to redefine and add to the objectives considering all the above points and cross-reference with Health Strategy Documents. Target to return with 80% drafted objectives (including reference sources), for review and collective agreement at next workshop (28.06.17).	GA	28.06.17
2.5.1	20 Year Health Strategy due for released next week and will be tabled as an appendix.	GA	28.06.17
3.0	PART 2 - AGREE EVALUATION CRITERIA		
3.1	Understand the evaluation process (CR025 methodology) NA displayed CR025 evaluation criteria used in the site option benefit scoring process as a helpful reference point noting that some criteria are unlikely to be relevant given they relate to a site requirement rather than a service/design characteristic (see attached). NA noted that this group will agree the criteria / wording and as noted at the introduction to this workshop a second group would then score the options against this agreed set of criteria without knowing the priority (weightings) that this group has given to individual criteria. This process provided for an unbiased view of what is best. The following points were raised in discussions surrounding the criteria and option evaluation process:	Record	
3.1.1	There was discussion surrounding the location of the Pain and Diabetes Clinics in Options 3 and 4. MP to make accommodation location clear in description of Options 3 and 4 when presenting to the Group on Wed 28 th June.	Record	
3.1.2	HOS noted that understanding the number of patients that would benefit from co-location of all outpatient services due to the scale of co-morbidity on the island would be useful. BP to assemble data.	FH	28.06.17

Min. Ref	Minute	Action	Update
3.1.3	Concern was raised that the capital expenditure of options might be a determining factor in the selection of the preferred option rather than the preferred option being chosen on the basis of the lowest cost per benefit point.	Record	
3.1.4	NA reiterated that an OBC is ambivalent about option preferences, and is developed to identify the best option as defined by an assessment of costs and benefits.	Record	
3.1.5	<p>The need for a hydrotherapy pool was identified as a valued service and was considered as a possible discriminating factor between options. BP gave a brief outline of options proposed to date:</p> <ul style="list-style-type: none"> • Provision of a new pool at Overdale • Outsource provision to a third party provider – a revenue option that would require a separate OBC • Provision of a new pool at Westaway Court <p>BG noted that a rationale for these options is needed.</p>	Record	
3.2	CR025 Evaluation Criteria Review		
3.2.1	Evaluation criteria to be developed at follow up workshop (28.06.17), subject to collective agreement of objectives.	Record	
4.0	WEIGHTING PROCESS		
4.1	Weights to be added to evaluation criteria at next workshop (28.06.17).	Record	
5.0	NEXT STEPS		
5.1	Next workshop scheduled for 28.06.17 in the Hive. FM to schedule.	RS	23.06.17
5.2	BH unable to attend next workshop. HOS advised that undated objectives are forwarded to him, for follow up with review when he returns form leave.	RS/GH	28.07.17
Meeting Closed at 17:05			

OBC - STRATIGIC CASE

ACTIONS LOG

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Danny Gibson	(DG)	MJMedical	(MJM)
Pete Thomas	(PT)	Arup	(AR)
Mike Penny	(MP)	Gleeds Management Services	(GMS)

Min Ref:		Action	Date
WORKSHOP 1 – 21.06.17			
1.	Redefine and add to the objectives presented, reflecting wider policy documents referenced in the minutes. (21.06.17). Target to return with 80% drafted objectives and associated criteria (including reference sources) for review and collective agreement at workshop scheduled for Wednesday 28 th June.	NA / BG	28.06.17
2.	Source work by Deloittes on GP led care	BG	28.06.17
3.	Amend terminology to bullet point 'Managing demand – interventions'.	NA	28.06.17
4.	Source Jersey Health Profile 2016	BG	28.06.17
5.	Identify relevant Strategies since 2012	BG/BP	28.06.17
6.	Include 20 Year Health Strategy as an appendix.	NA	28.06.17
7.	Compile data of people with co-morbidity as a measure of benefit of accessing all outpatient services in one space.	BP	28.06.17

Min Ref:		Action	Date
8.	Provide detailed clinical and spatial scope of options 2 and 3 & 4. This is to enable clear discrimination between options. Present at next meeting Wed 28 th June.	MP	28.06.17
9.	Workshop 2 scheduled – for Wednesday 28th. This is needed to allow the Option Benefit Scoring Workshop to proceed as scheduled on 5 th July. (Noted BH can not attend due to previous commitments) FM to coordinate.	All FM	28.06.17

Jersey Future Hospital Project Objectives and Option Benefit Criteria

Workshop 2
28th June 2017

Agenda



- 1 Welcome & introduction**
- 2 Meeting Purpose – to consider the Project Objectives**
- 4 Required Outcomes -**
 - To confirm the reference basis for the Objectives**
 - To confirm the proposed Objectives**
 - To confirm the proposed Benefit Criteria**
- 5 Other actions required before Meeting 3 @ 3:00pm today**

Reference Policy documents – is this complete?

- i. Imagine Jersey 2035 (2008)
- ii. Island Plan 2011
- iii. St Helier Regeneration and Development Strategy
- iv. Jersey Strategic Plan 2015-2018
- v. P.82/2012 A New Way Forward for Health and Social Care
- vi. Future Hospital Feasibility Study Strategic Brief 2013
- vii. Acute Services Strategy 2016
- viii. Health and Social Services Department Business Plan 2017
- ix. A Mental Health Strategy for Jersey 2016-2020 (2015)
- x. Out of Hospital and Long Term Conditions OBC 2016
- xi. Digital Jersey
- xii. Sustainable Primary Care Strategy 2016
- xiii. Carer's Strategy 2017
- xiv. HSSD Informatics Strategy (date?)
- xv. Disability Strategy for Jersey (2017)
- xvi. Future Jersey (2017)

Proposed Objectives -update from SOC position:

1. **Safe** - To ensure that services can be delivered in a Safe manner for service users and staff
2. **Sustainable** – To ensure that the hospital supports the delivery of sustainable healthcare in all aspects of delivery
3. **Affordable** – To ensure that health provision remains affordable

Post Strategic Outline Case

1. **Integrated** - To deliver facilities that work toward and support an **Integrated health care model**
2. **Person Centred** - To place service users and staff at the centre of service planning
3. To secure **positive socio-economic and environmental impacts**

Proposed Benefit Criteria

1 - Safe:

- To provide facilities that are fit for purpose meeting all regulatory and legislative standards
- To provide facilities that support efficient and effective clinical processes through maximising advantages of clinical adjacencies
- To provide facilities that support efficient and effective clinical processes through maximising the advantages of standardised operating, treatment and support services spaces
- To provide facilities designed to meet the specific health and well being needs of the wide range of service users
- To provide physical environments that contribute to health and well being for service users and their families
- To provide a workplace environment that supports and enables staff to deliver a high quality service

Proposed Benefit Criteria

2 - Sustainable

- To provide facilities that are sufficiently flexible so that they are capable of meeting existing and future acute service demand
- To provide facilities that are capable of responding to changing standards of clinical practice
- To provide high quality facilities that attract and retain high calibre staff of all grades
- To provide an environment that supports and upgrades staff skills
- To create high quality facilities that attracts private patients from within and external to Jersey
- To provide facilities that support treatment of long term conditions and high levels of co-morbidity
- To provide facilities with internal architecture that supports health and well being

Proposed Benefit Criteria

3 – Affordable

- To ensure that health provision remains affordable

This aspect is not qualitative and will therefore be tested within the financial appraisal section of the Outline Business Case

Proposed Benefit Criteria

4 - Integrated

- The hospital to act as a provider and an enabler in providing care through integrated health and social care pathways
- To provide care using the full efficiencies offered by IT Strategy and operation
- To provide facilities and services that meet the needs and aspirations of the third and voluntary sectors.

Proposed Benefit Criteria

5- Person Centred

- Provide facilities that enable a case management approach to service user care
- Provide facilities that enable multi disciplinary team working
- To provide physical environments that support privacy and dignity and a positive service user experience
- Provide facilities that support service users and their families and carers
- Provide facilities that meet islanders expectations regarding the provision of a wide range of health services; reducing the need to travel off-island

Proposed Benefit Criteria

6 - Positive Socio-economic and environmental impact

- To contribute to protecting and enhancing the built environment of St Helier
- To provide facilities that establish the hospital as a 'special place', acting as a community hub and informal as well as formal meeting place for Islanders and visitors
- Provide facilities that are low carbon generating
- To provide facilities that in their delivery and operation support the creation of sustainable employment for local people in building and maintaining the hospital through skills development and skills transfer
- To provide an acute hospital service infrastructure that acts as an attractor to highly skilled staff needed to support key sectors of the Jersey economy.

Next Steps

- Risk Criteria will be drawn from those applied in CR004 and CR025
- Weighting to be proposed based on the division confirmed in CR025
- Model Production