Jersey Future Hospital Project

Outline Business Case

Appendix 22 – Draft Project Execution Plan

CLIENT:
THE STATES OF JERSEY

PROJECT NUMBER:
FUTURE HOSPITAL PROJECT

ISSUING COMPANY:
GLEEDS ADVISORY

Document Control

Version	Date Issued	Summary of Changes	Author
V1	26/9/17	Document compilation	T Nicholls
V2	28/9/17	Cost Approach uploaded	T Nicholls
V3	04/10/17	Briefing Note added and text updated	T Nicholls
V4	24/10/17	Template updated	T Nicholls

gleeds

JERSEY FUTURE HOSPITAL PROJECT

Project Execution Plan (PEP)

Quality Assurance

Chris Paxford GMS Director

Gleeds Management Services Ltd

VERSION CONTROL

Version	Date Issued	Brief Summary of Change	Owner's Name
P01	Internal	1st DRAFT: population/structure.	Liz Stewart
P02	25/09/2017 for OBC Inclusion	2nd DRAFT: inclusion of OBC information, RISK, Programme and Monitoring.	Sven Howkins and David Marshall
P03	28/09/2017	Cost approach updated	Tom Brader
P04	04/10/2017	Detailed review and update – appendices removed	Sven Howkins & David Marshall

Table of Contents

1 Control Statement

This Project Execution Plan (PEP) has been prepared by Gleeds Management Services. It is designed for use by the Project Team participating in the design, procurement and construction of the Jersey Future Hospital Project.

This PEP is issued formally to the following people who are able to comment on its contents and make recommendations for changes/updates to GMS.

- The States of Jersey Project Director
- Gleeds Cost Advisor
  ICA Team.

This PEP is to be implemented from the initial Outline Business Case (OBC) preparation phase of the project and sets out the way in which it is proposed to achieve the Project Objectives and establish a clear understanding of the process and procedures for administration of the project.

The PEP is based on all information available at the date of issue. Where information/data is missing, the plan makes assumptions but also details how and when this information will be procured/available and how it will be incorporated into the PEP in the future.

The PEP is not a Contract Document and has no contractual status. It is intended that nothing in the PEP shall override, modify or otherwise affect the duties or responsibilities as required by the Contract.

The PEP is a 'living document', which will be developed and updated throughout the duration of the project. Subsequent major reviews and re-issue of the document should generally only be undertaken for the following key stages of the project:

- Deliverables 1 -17 (As Outlined in the ITT – Page 21 and 22).

The main hospital PEP has been provided within this OBC, as an Appendix but for the purposes of brevity the appendices have been removed. If required the full Appendices to the PEP can be found on GleedsSpace under 2.06

https://jfh.GleedsSpace.com/S1/02Deliverables/2.06%20Project%20Execution%20Plan

1.1 Executive Summary

The Jersey Future Hospital Project is a key component of the future healthcare system within the States of Jersey and a fundamental part of the future hospital network. It will play a critical role in consolidating, strengthening and sustaining health services for the island, thus optimising access and delivering excellent standards of care for patients.

The Jersey Future Hospital Project will comprise of a purpose built, state-of-the-art hospital facility at Overdale Hospital together with a combination of purpose built new build facilities and refurbished buildings at the General Hospital site together with specialist staff and specialist high-technology equipment.

2 Introduction

2.1 Background

This Project Execution plan is issued as a project procedure document from completion of the Outline Business Case. It sets out the execution plan for the management and delivery for the building design, procurement and construction activities. The PEP is a 'living document', which will be developed and updated throughout the duration of the project.

3 Project Overview

Following its approval by Ministers, a site for the new hospital will be created by clearing a portion of the existing hospital site and augmenting it with key property acquisitions.

This single site approach allows for the main hospital to be constructed in one phase, following relocation and decanting projects to clear Peter Crill House and Gwyneth Huelin Block. The single phase retains attractiveness to the construction market and allows safe ongoing operation of the existing hospital on the remainder of the Jersey General Hospital site.

On completion of the development the Granite Block will be retained to serve the new build hospital providing accommodation for corporate, admin and training departments.

The residual site retained for future use by the Health and Social Services department; subject to a development control plan created in tandem with the outline planning application for the main hospital site.

The main hospital development will be supported by several decentralised services buildings. These have been designed to integrate fully with the design of the new hospital but will be delivered locally to minimise delivery timescales and to economically support the island industry.

A new build ambulatory care centre constructed on the site of the former Westaway Court utilised to create permanent accommodation for outpatient departments, temporary accommodation for medical support secretaries and ultimately forming a centre for patients undergoing treatment for long term conditions;

A facility for medical records in the Westmount building on Overdale site for store and management of records during the construction of the new hospital and ultimately forming an archive for medical records as the phased adopting of an Electronic Patient Record creates a paper-light solution for the hospital.

Creating the Future Hospital Campus

In order to create the single site, existing facilities must be decanted from within the hospital estate and a series of properties on Kensington Place purchased.

The services within Peter Crill House and Gwyneth Huelin Block will be decanted as follows;

Outpatients – split into 3 locations, Westaway Court for those not requiring a direct clinical link to the hospital, and into a Temporary Clinic Block and New Ground Floor Outpatients Zone (following the relocation of the existing Kitchen) for those departments that require direct main hospital support.

Emergency Assessment Unit and Day of Surgery Unit - moved into rationalised space around Maternity in the Granite and 1980's block.

Current anticipated start on site is 16th April 2020 with a completion date of 20th December 2023.

3.1 Project definition

The Green Paper – Caring for Each Other, Caring for Ourselves (May 2011) clearly identified that three guiding principle 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 services represents value for money relative to other potential models
4. **"Innovative"** The States Of Jersey are working with the ICA Team to procure a contractor who will provide innovative solutions to design and construction as part of the Pre Construction Services Agreement (as a service) and within the Works Contract (as defined within the Works Information).

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The "**Project**" means the "**Jersey Future Hospital**" demolition and new build scheme.

The residual site retained for future use by the Health and Social Services department; subject to a Development Control Plan (DCP) created in tandem, anticipated within the detailed planning application for the main hospital site (this DCP is not part of the Outline Planning Application for the Project) .

The main hospital development will be supported by several decentralised services buildings. These have been designed to integrate fully with the design of the new hospital but will be delivered locally to minimise delivery timescales and to economically support the island industry.

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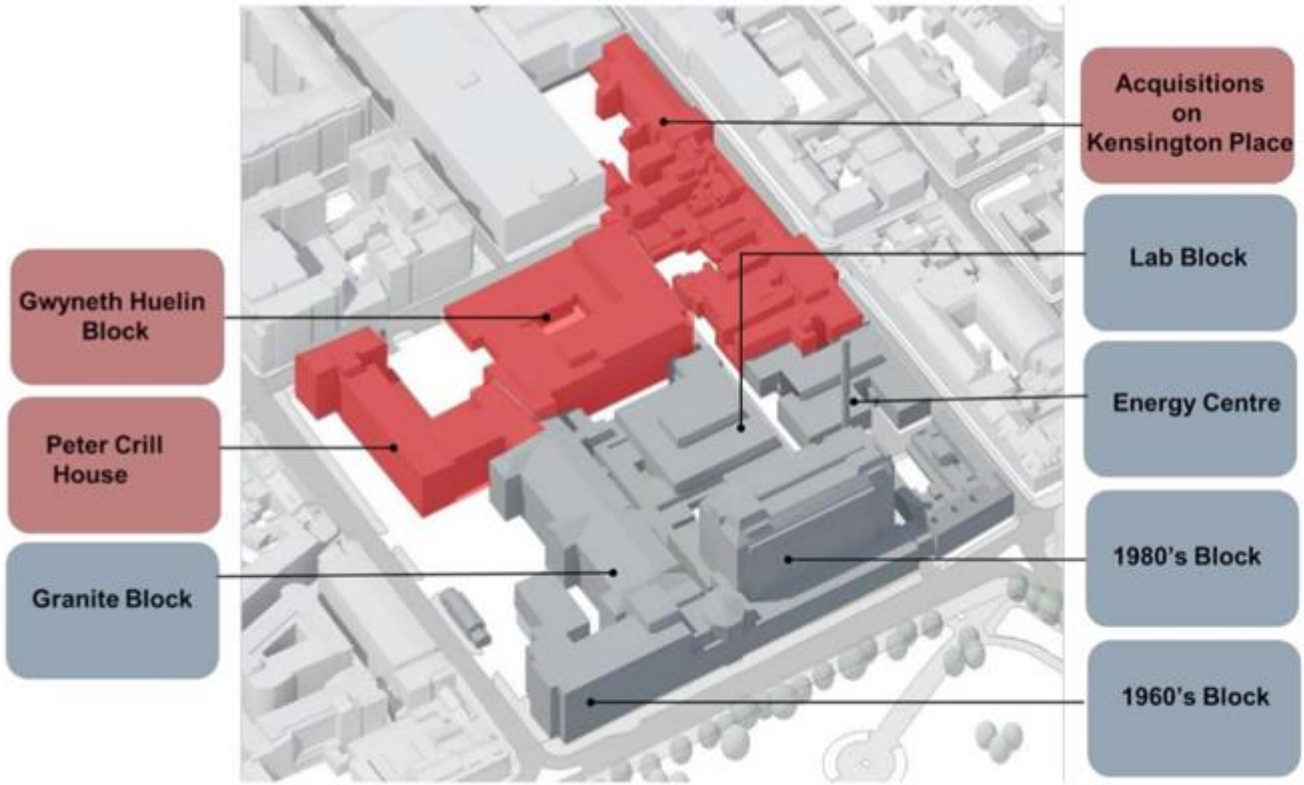


Current Demolition Scope

Prior to demolition a series of protection measures will be undertaken along the adjacent façade to the construction site to minimise the impact of noise, dust and vibration from the works.

NB. An options paper for Patriotic Street Multi Storey Car Park is currently underway to scope potential alternations (north on plan of Gwyneth Heulin Block).

3.2 Project Brief (Deliverable 3)

In meeting the diverse needs set in the RIBA Stage 1 report and the Outline Business Case, Deliverable 3 - Project Brief was prepared to meet the following key needs:

- To provide a common summary of the outcomes to be achieved for design, spatial, technical, component and project specific requirements within the design process and within the eventually delivered hospital;
- To act as a summary of the functional arrangement of the new hospital such that its users continue to develop and manage service changes with this in mind;
- To define the approach to delivering the project including phasing, programming and cost and quality constraints and parameters;
- To set out the principles, statutory and regulatory requirements and general assumptions upon which the hospitals design and delivery will be based;
- To provide a reference tool against which future delivery can be verified or against which a change in requirement can be measured;
- To provide a design guide for those directly involved in the delivery of the hospital;
- To respond to the requirements of the Agreement B303 to B314 and B402.

A non-exhaustive summary of the key documents that comprise the Brief are outlined below:

- Site Appraisals;
- Acute Service Strategy;
- Programme;
- Procurement Strategy;
- Assurance;
- Value and Risk;
- BIM Strategy;
- Statutory Consultation;

- Feasibility Studies;
- Options Appraisals;
- Enabling and Relocation Works;
- Stakeholder Engagement.

4 Project Aims and Objectives

4.1 Investment Objectives

The Outline Business Case sets as the strategy and investment objectives for the project as follows:

1. That the safe operation of the Jersey General Hospital will be maintained throughout the construction of JFH

2. That JFH will be located on the Jersey General Hospital site, through demolition of part of the existing hospital

3. That the additional properties on Kensington Place will be acquired, to meet the site boundary requirements

4. That the JFH will be operational within 8 years (from tender issue)

5. That the JFH will be delivered at a comparable cost to the new-build alternative site options, identified within the OBC

6. That some flexibility in Planning Policy will be tested

7. Some operational compromise will be accepted to support the spatial constraints of the site

8. A high quality new-build JFH will be delivered

9. That there will be support for the release of adequate on site area to facilitate the new- build (via a suite of Enabling Schemes)

10. That the JFH will be delivered in one main construction phase (excluding the Granite Block)

The main hospital development will be supported by several decentralised services buildings. These have been designed to integrate fully with the design of the new hospital *but will be delivered locally to minimise delivery timescales and to economically support the island industry*.

4.2 Gateway Reviews

The project is being delivered under the UK Treasury Five Case Model which anticipates appropriate project review arrangements being in place throughout its delivery.

Given the jurisdictional differences between the UK and the States of Jersey inal decisions on the most appropriate approach have yet to be taken. However, the Outline Business Case recognises that:

- The need for project assurance and has included extensive internal and external scrutiny of the OBC in advance of any formal States decisions;

- The inclusion of formal benefits realisation arrangements to ensure that delivery of the required benefits are managed at a project SRO level;
- The inclusion of funded Post Project Evaluation arrangements to verify the extent to which the overall project objectives have been met;
- It is anticipated that formal decision
- Previous scrutiny reviews have been comparable Gateway format review;

It is anticipated that final decisions of the adoption of Gateway or other review arrangements will be taken on approval of the Outline Business Case

5 Roles and Responsibilities

5.1 Project Team Roles and Responsibilities

A RACI (Responsible, Accountable, Consulted and Informed matrix) is contained within Appendix F identifying the roles and responsibilities of the full project team through RIBA Stages 2-6, RIBA Stage 1 is complete as of February 2017.

5.2 Project Organisational Structure

Refer to Appendix B.

5.3 External Advisors & Roles & Responsibilities

The current project Advisors will continue to support the process according to their current commission briefs.

6 Project Management Control and Reporting

6.1 Communication

All parties are required to manage the contract proactively and work in collaboration with the States of Jersey, Contract, the Supervisor (when appointed) and the Services Director as stated within the Conditions of Contract and in a spirit of mutual trust and co-operation.

The primary source of general day to day communication and information flow will be e-mail, phone and face to face discussion between the project team members. This should facilitate rapid information transfer and decision making capabilities.

For GleedsSpace – please refer to section 6.5 of this PEP.

E-Mail

- Care should be taken to avoid over issuing or copying team members where not required.
- Email should not be relied upon to discharge an obligation the email should be followed up with a phone call.

Verbal Communications

Project critical verbal communications, whether in person or by telephone shall be recorded in writing and any salient matters, decisions and the like, are to be communicated to the relevant project team members in accordance with above.

Drawings

Drawings for sign-off purposes are to be issued via GleedsSpace workflow from the relevant member of the ICA Team.

6.2 Requests for Information (RFI's) / Key Decisions Log

Requests for Information from Project Team members shall be issued to Gleeds Management Services for circulation. Gleeds shall collate the responses to all RFI's for distribution back to the project team. RFI's shall be referenced with the agreed numbering system for easy of filing on GleedsSpace.

6.3 Meetings

The following regular formal meetings will take place:

Meeting Type	Chair	Frequency	Objectives	Attendees
Project Design Meetings	Consultant	Weekly / Fortnightly	Facilitate and co-ordinate the design development process to ensure regular design co-ordination of the Architectural, Structural and Services design for the scheme.	ICA Team
B3203 Weekly Meeting	GMS	Weekly	Integrated Project Team meeting. Review progress of the project in relation to programme, cost and quality of the design.	ICA Team
Bristol Monthly Team meeting	GMS	Monthly	Review of Programme Delivery, Dashboard; Risks and RFI's and Review of Key Descisions.	CA / CD PT / Design Team
B3205 Monthly Project Board Progress Meetings	States of Jersey (SoJ)	Monthly	Review progress of the project in relation to programme, cost and quality of the design, along with other contract matters arising from the administration of the contract.	SoJ GMS as required
Design Workshops	Consultant	Ad-hoc as required	Detailed design works.	Design ICA Team
B3026 Ministerial Oversight Group Meetings				SoJ

Meeting Type	Chair	Frequency	Objectives	Attendees
B3207 Monthly Design Team Meetings (DTM)	GMS	Monthly	Review progress of the project in relation to programme, cost and quality of the design, along with other contract matters arising from the administration of the contract.	DT / CT

All Minutes will be required to be issued within 7 working days of the meeting date.

6.4 Reporting

B3202 Weekly Reporting

Each Consultant shall prepare the Weekly Report to GMS, which shall include:

- The previous week's activities;
- Forecast activities for the next week including requirements for coordination with other ICA Team members;
- Any new or changed risks and issues Identified and their proposed management or mitigation;
- Any decisions or information required from the Contracting Authority to enable timely delivery of the Services and progress of the Project;
- Any future meetings with Contracting Authority representatives required with sufficient notice to enable their timely coordination.
- A statement about any quality, time or cost impacts which are out of tolerance and their proposed mitigation or management.

The Consultant shall submit the draft of the report to the Project Director of Delivery no later than two Working Days before the Weekly Project Team Meeting.

ICA Weekly Coordination

The purpose of the weekly ICA meeting to review the Actions Log following previous minutes and actions agreed, interface with GMS finance to track design change and advise when is appropriate for cost model updating rather than following each drawing revision issue. The meeting is also to assess risk and health and safety and general coordinate for all items outside of intensive and often detailed design progression which takes place within the Design Team Meetings where the lead architectural designer coordinates with the engineers. As the BEP is released BIM will feature within the weekly ICA meetings and narratives as an output will be included within monthly project board reporting, for items such as clash detection which provides an idea of design coordination.

B3204 Monthly Reporting

The Consultant coordinates development of a draft Monthly Progress Report for the Project Board. The Consultant contributes any legal or commercial elements agreed with the Client Team to the Monthly Progress Report.

The Monthly Progress Report shall include:

- Executive Summary, highlighting achievements in the past month to be shared with the Ministerial Oversight Group;
- Review of Progress, reporting deliverables achieved against milestones within the agreed Feasibility Study Project Programme and Phasing;
- Reporting against Key Performance Indicators, with a "traffic light" summary of the performance of the Integrated Project Team against the Key Performance Indicators agreed within the Project Brief;
- Key Project Issues: summarising any key issues arising within the previous month which cannot be managed within the Integrated Project Team and require the Project Board to address;
- An updated Risk Register highlighting any new or changed risks which need escalating to the Project Board to propose management or mitigation;
- A schedule of Forthcoming Activities that require the Project Board to be aware of and which may require assistance of the Project Board or the Ministerial Oversight Group;
- A status report on Key Future Deliverables identifying any that are "off-specification" in relation to cost, time or quality;
- A Cost Report, covering the management of costs on the delivery of the Services by the Consultant and other Independent Client Advisors.
- A copy of the Overview Programme, including a highlight summary.

The Consultant coordinates the contributions to the Report from the ICA Team and issues the draft no later than one Calendar Week before the scheduled Monthly Project Board Progress Meeting.

6.5 GleedsSpace (GSpace)

A structured Information Governance regime is proposed with greater reliance upon and use of Information Management roles and Document Controllers. The regime also includes standardisation of file naming, revision and status indication to prepare for a BIM enabled Common Data Environment.

GleedsSpace is to be utilised as a document management / library, and approval system for completed documents and is to be managed by GMS. GleedsSpace will be used as the primary communication tool between the parties, for managing the contract throughout any of the respective stages of the project.

GleedsSpace arrangements

A shallow folder structure is proposed, which will be controlled via file naming and the future application of meta data.

Permissions and restrictions have been reviewed to ensure users are able to contribute as previously, however a greater level of document control is to be applied.

Approval workflows have been designed to achieve:

- Stage 1 – Quality Assurance / Compliance Check
- Stage 2 – Approval / Comment by Contracting Authority

Application of the workflows will ensure that information is not made available for public viewing or circulation before formal approval is secured from the Contracting Authority.

Name and numbering protocol

Moving forward the Jersey Future Hospital project is recommended to use the BS 1192:2007+A2:2016 British Standard - Collaborative production of architectural, engineering and construction information – code of practice.

This will enable us to easily track and trace documentation produced by all parties and files on GleedsSpace.

1. The formatting of every document and drawing file name will be the same:

   Project-Originator-Volume-Level&Location-Type-Role-Number

2. There should be a – (dash) between each section i.e JFH-HSL-M-XX-SH-A-0001

   This represent a document as follows

   JERSEYFUTUREHOSPITAL-HASSELL-MAINHOSPITAL-NOLEVEL-SCHEDULE-ARCHITECT-0001

While this will entail some transition and could appear to be onerous it will be beneficial in the long term.

3. Numbering by role/originator and type must be sequential.
4. File descriptions are to be provided for all files within the ‘title’ column.
5. File titles are to be clear and concise and should not include spaces but new words should start with a capital letter. File titles should not duplicate either the ‘Volume’ or ‘Level & Location’ detail from the file name.
6. Where drawings have a description within their title block, this should replicate the ‘Title’ to be included on GleedsSpace.

The following are not to be included within either the file name or file description.

- The revision number
- The type of document e.g. .pdf .doc
- The date – in any format
- & - this should be written in full
- /
- \
- %
- :
- ; or _
- Any of the above!

7. Where files are linked to dates e.g. reports, minutes of meetings etc. the file description must start with the date in the format YYYY-MM-DD. As noted above no other file descriptions are to reference dates

8. The inbuilt versioning within GleedsSpace is to be used. Minor versions are drafts not yet submitted to SoJ and are indicated with minor integers e.g. 0.1, 0.2 etc.
9. At the point a document is suitable for sharing via the approval/feedback workflow it is to be marked as a major version e.g. 1.0. Further amendment to that published version follows minor versioning (1.1, 1.2 etc.) until presented again to SoJ as 2.0.
10. Revision and status in line with the BS 1192 will be presented as drop down options at file upload.

Computer Software Standards

Documentation for the project should be prepared in the following software packages and issued around the team using these formats.

- Autodesk AutoCAD (dwg)
- Microsoft Project (mppx)
- Microsoft Word (docx)
- Revit (rvt)
- Microsoft Excel (xlsx)
- Microsoft PowerPoint (pptx)
- Adobe Portable Document Format (pdf).

7 Project Programme

A Project Programme sets out the duration of each stage and any supporting activities identifying key milestones, activities and dates with a direct bearing on the delivery of the project. It is the principal communication tool that demonstrates, graphically, the progress of the project and it is used to identify the progress of activities.

7.1 Programme Management

The programme dovetails with the Design Programme(s) prepared by the Architect, with contributions from the other designers, and the more detailed Construction Programme prepared by the contractor. A Project Programme is a core requirement of collaborative contracts as it ensures that each party is involved in the process of agreeing timescales and is fully aware of the risks that the programme generates in relation to their specific Schedule of Services.

All programmes produced on this Project will be generated on either Microsoft Project (version 2013) with duplicate copies being provided in PDF format.

The Master Programme will be maintained and updated by GMS and will identify all key activities through design, construction and project handover phases.

A copy of the current Overview Programme is provide within the Appendix and is also on GleedsSpace which constitutes the live version. The programme is located within GleedsSpace as a live document.

Key Best Practise

- All tasks to have dependencies
- No constraint dates (or Minimum use of constraints)
- Manage and update project schedules regularly
- Update work effort on all tasks using percent complete
- Unfinished work is pushed up to status date
- Allocate resources to tasks.

Baseline

Once the Master Programme has approval from the Contracting Authority it will be baselined. The baseline will be used to monitor the schedule as the project progresses. This baseline will be reviewed regularly and all approved changes to the schedule will be updated against this baseline.

Critical Path

The critical path is in essence the shortest time a project can be completed (not the path with the most critical activities). Any delays on the critical path will impact the programme delaying completion date, unless the loss of time can be offset somewhere else later on the critical path. The difference between the longest total duration and the shortest path(s) is the total amount of float or slack for the noncritical path activities.

Programme Changes

All changes to the schedule are approved through the GleedsSpace workflow process and associated fee variation proposals from the design team for any RIBA Stage fundamental change.

Variance Analysis

Variance analysis is performed to determine the degree of variance a schedule has from the baseline data comparing target schedule dates with the actual start and completion dates. This helps detect variations and leads to the implementation of corrective actions in case of schedule delays.

Factors to consider

- Analysis of the impact of changes to other constraints, such as scope, budget and quality
- How often the schedule is monitored and updated
- Version control

GMS will determine the impact on the programme and determine various actions to either bring to the original status or accept that the changes will cause an effect on the programme and shall keep the Contracting Authority fully and

promptly informed in writing of all matters in relation to the Services, which may have programme, cost or contractual implications.

7.2 Reporting

GMS will be responsible for updating and monitoring progress of the Master Programme. It is essential for GMS to keep all participants informed as to current schedule status. The ICT team will provide regular task progress updates, these will be captured in the Master Programme by placing the percentage by which each activity has been completed during a reporting period.

% complete reporting on Task progress guidelines:

Task In progress	Task deliverable Internal Review	Task deliverable SoJ/Final Review	Task deliverable Approved
25%	50%	75%	100%

The results of this update with actual data will be visible on the Master Programme itself and also demonstrated in the Monthly Programme Report submitted to Contracting Authority with the Monthly Report.

The Programme Report will identify:

- % Complete against top level tasks
- Milestones due within the next 30 days
- Late tasks.

A copy of the Master Programme and Programme Report will be issued to the Contracting Authority with the Monthly Report.

7.3 Key Performance Indicators

A key requirement of the Contractor's PCSA is to develop a KPI system which will be reviewed at key milestones in the project or every 6 months (whichever occurs sooner).

8 Risk and Value Management

8.1 Overview

Risk Management is a process whereby the risks associated with the project are identified, assessed and managed in order to reduce the potential impact on either programme, cost or performance goals. Effective Risk Management is a project wide discipline, which will require the input of the client and the project team

By integrating Risk Management into the day-to-day management of the project, risks will be more effectively identified and managed.

A copy of the Master Risk Register is provided at Appendix I.

8.2 Definition of Risk

Risk is defined as any occurrence or potential occurrence which could impact on the successful delivery of the stated project objectives.

8.3 Risk Management

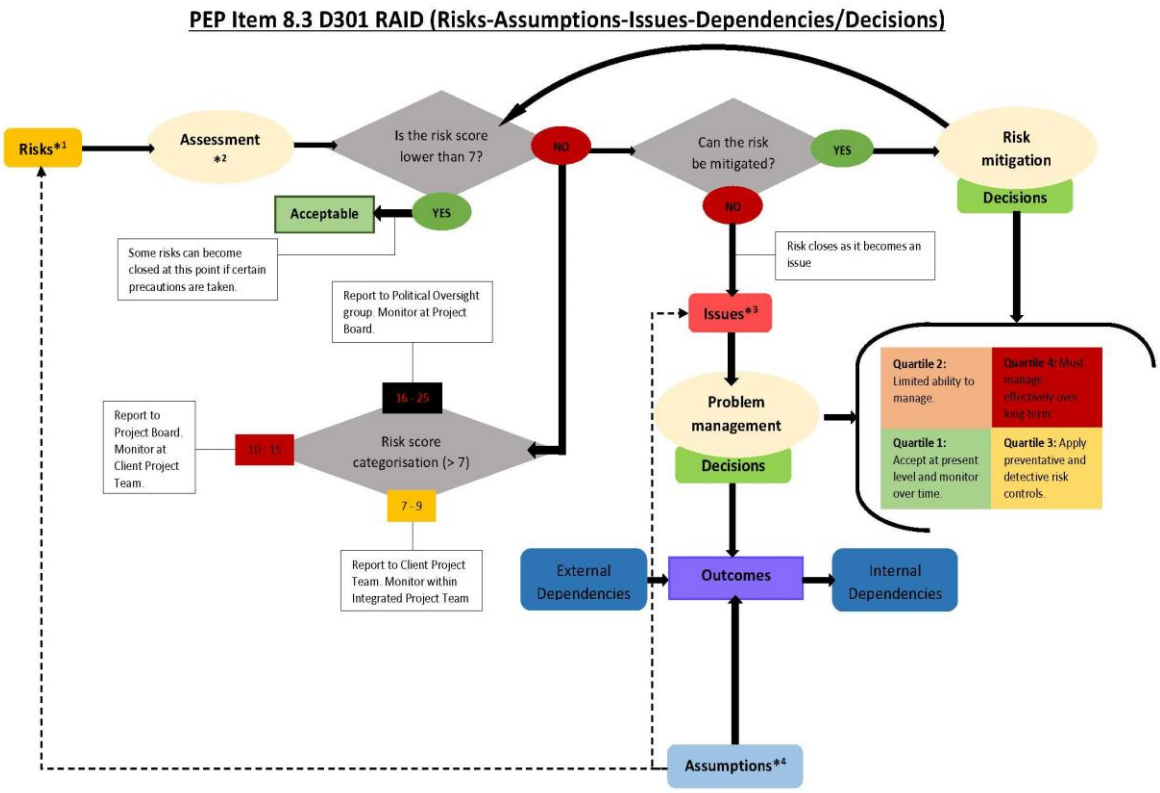
Risk management workshops shall be held during the Outline Business Case (OBC) development stages, facilitated by Gleeds Management Services (GMS). The Project Risk Register will be held by the dedicated Risk Manager under the control of the Services Director and will be reviewed and updated regularly under. The Risk Register will be an integral part of the OBC documentation. **Structured approach to Risk Management**

By adopting and implementing this structured approach to risk management a number of perceived benefits will be expected to be obtained, as below:

- Improved certainty of outcome.
- Identifying and reducing the uncertainties and risks relating to key objectives.
- Brings all team members together in a professionally facilitated, structured project review.
- Provides a rigorous health check for the project.
- Assists in diagnosing underperforming areas & implementing remedial action.

Risk Reporting

The top 15 greatest risks are report to project board on a monthly basis for oversight and also key risks identified during quarterly risk workshops where board owners have requested to be kept appraised of the mitigation effectiveness. New risks are captured through both Design Team and ICA Coordination meetings which are held weekly. Where risks become a reality and mitigation is no longer effective they are closed within the Dashboard and migrated to the Issues tab, within the same excel document and cross referenced for recording.


PEP Item 8.3 D301 RAID (Risks-Assumptions-Issues-Dependencies/Decisions)
Risks*1
Assessment *2
Is the risk score lower than 7?
NO
Can the risk be mitigated?
YES
Risk mitigation
Decisions
Acceptable
YES
Some risks can become closed at this point if certain precautions are taken.
NO
Risk closes as it becomes an issue
Report to Political Oversight group. Monitor at Project Board.
Issues*3
16 - 25
Report to Project Board. Monitor at Client Project Team.
10 - 15
Risk score categorisation (> 7)
7 - 9
Report to Client Project Team. Monitor within Integrated Project Team
Problem management
Decisions
Quartile 2: Limited ability to manage.
Quartile 4: Must manage effectively over long term.
Quartile 1: Accept at present level and monitor over time.
Quartile 3: Apply preventative and detective risk controls.
External Dependencies
Outcomes
Internal Dependencies
Assumptions*4

*1 **Risks:** Risks are events that will have an adverse effect on the project if they occur. Risks are scored based on a combination of how likely they are to occur and how large the impact will be if they do occur.

*2 **Assessments:** These two factors are given a score out of 5 for each risk and the two scores are multiplied together to give the overall risk score.

Impact Score					
Impact	Insignificant	Minor	Moderate	Major	Catastrophic
Score	1	2	3	4	5
Cost	< £10,000	£10,000 - £100,000	£100,000 - £1 million	£1 million - £10 million	> £10 million

Likelihood Score					
Category	Rare	Unlikely	Moderate	Likely	Almost certain
Score	1	2	3	4	5
Probability of occurrence	≤ 20%	21% - 40%	41% - 60%	61% - 80%	> 80%

Impact	Overall Risk Score				
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
Likelihood	1	2	3	4	5

Key
Quartile 4
Quartile 3
Quartile 2
Quartile 1

*3 **Issues:** Events that have happened, were not planned, are currently affecting the (Project) in some way and need to be actively dealt with and resolved. Risks, should they occur, become Issues.

*4 **Assumptions:** An assumption is something taken for granted or accepted as true without definite proof; a supposition, i.e. an opinion or belief without unequivocal evidence. Assumptions are circumstances and events that need to occur for the project to be successful, but are outside the total control of the project team. Assumptions can be accepted as true without proof or demonstration. However, it is critical that all key assumptions are recorded and decision makers are made aware of the associated relevant assumptions when making key decisions. At various stages of a programme/project lifecycle we will find the need to estimate a number of costs, benefits, resource requirements and timescales for delivery. In doing this we will make a number of assumptions to arrive at these figures. Assumptions should be investigated with the relevant specialists to increase confidence

8.4 Value Management

The project will adopt a two stage approach to manage value during the delivery process:

- **Value Engineering** – recognised as a conventional approach to managing project cost value management will be undertaken by both the project team and to contractor to identify elements of the project where better value solutions will have become apparent and can be implemented;
- **Value log management** – here specific areas of interest have already been developed with the client team establishing areas of the hospitals design which would be considered should project cost over-run be experienced. It should be noted that all other avenues of cost improvement especially those not affecting clinical content or functionality will be implemented prior to considering any value log items.

9 Management of the Cost Plan and Procedures

The project cost plan will be prepared and presented in accordance with Healthcare cost planning best practice. The presentation of all cost plans follow the cost forms provided with the Healthcare Premises Cost Guidance Notes.

In order to keep the cost plan up to date and reflective of the latest design information, a cost plan will be prepared at the following key stages:

1. Strategic Outline Case SOC;

2. Deliverable 3 Project Brief (RIBA Stage 1 Cost Plan);
3. Deliverable 8 Outline Business Case;
4. Deliverable 15 Full Business Case;
5. Deliverable 20 Detailed Design;
6. Deliverable 22 Design Management;
7. Deliverable 23 Production Information.

9.1 Cost Planning Process to Date

The project is currently at the end of Deliverable 3 with a cost plan having been produced to reflect the RIBA Stage 1 design information.

At SOC stage the Healthcare Premises Cost Guides (HPCGs) have been used. This document provides rates (£/m2) for functional areas of the new build. These rates are combined with an assessment of all project abnormals to generate the estimated works cost.

As the design detail has continued into Deliverable 3 the SOC cost plan has been developed to allocate costs on an elemental basis i.e. substructures, frame etc. Any abnormals have also been allocated to the appropriate elements by measuring quantities wherever the design information allows.

The relocation projects have been developed by the team with outline drawings and specifications having been prepared. This has enabled a measure of the works to be undertaken and rates applied.

9.2 Cost Planning Process from Deliverable 3 Onwards

The narrative on the cost planning process to date details the approach taken to estimate the works costs, based upon the feasibility design information available at that point in time.

The following narrative details the process that will be applied from Deliverable 3 onwards. The headings below reflect the sub-totals that are detailed on the summary page of each and every cost plan. An explanation of how each of these areas will be interrogated and updated throughout the pre-contract phase is given below.

Works Costs

As the design information moves into the Deliverable 8, the works costs will be generated by measurement from the design information with rates applied to individual measured items. This approach is common to both the new build and the relocation projects.

The rates applied will be informed by soft market testing by reference to on-island support and the main contractors that have expressed interest in the scheme.

This market testing will initially focus on the large packages of work that will be of significant cost impact. As the design evolves a greater level of market testing will continue with greater support from the selected construction partner.

We will also draw upon the selected construction partners knowledge of building sequencing and methodology to ensure that preliminary costs are reflective of their proposed method of working.

As we progress towards a contract award at the end of the second stage we will work with the selected construction partner to target a high proportion of market tested packages prior to a fixed price contract being awarded.

Location Factor

At present the HPCG rates used to inform the cost planning have been uplifted by a location factor to make them relevant to the Jersey market. We have established this percentage by reference to a combination of on-island experience gained from within and outside the team and review of the BCIS location factors.

Moving forwards the location factor will be reviewed quarterly with reference to local professionals and published indices.

Where packages have been market tested the location factor will no longer be necessary as these costs will reflect the project specific factors associated and will already include any adjustment associated with the project location.

As a result, as the project moves forward and the design information enables further market testing to take place the significance of the location factor will diminish.

Equipment Costs

At the strategic outline case (SOC) stage a percentage of 15% has been included for equipment (based upon the departmental areas). This has provided a lump sum allowance for equipment costs for budget purposes.

As the project moves forward the States of Jersey team will be able to define the equipment requirements and detailed costs will be introduced in lieu of the current allowance. We will work closely with the client's team to ensure quotations / budget estimates for equipment received from the client team are carried forward into the project cost plan.

Contingency

Contingency has been applied and allocated partly into the works costs and the remainder identified as a separate line item.

As the project moves forward the contingency will be considered against the risk register to ensure the level of contingency is reflective of the project risks.

A 5% contingency allowance is held within the works cost is to account for design development.

It will be necessary to maintain a contingency pot for the post contract phase. This will be retained by the client to account for unforeseen risks and give opportunity for post contract client variations that may be required.

Optimism Bias

Optimism bias is the upward adjustment to estimated costs to counteract the known tendency for project costs to be underestimated.

This approach is outlined in the HPCGs. The percentage applicable is generated by standardised forms which take into account the estimated cost of the project together with a number of questions on the status of risk mitigations.

At the end of each stage we will review the level of risk mitigation based upon the progress made with the briefing process and design information in the period. This may result in an amendment to the applied percentage for optimism bias.

As further market testing is undertaken the necessity for optimism bias will reduce and at contract award this allowance will not need to be taken forward into the post contract phase.

Inflation

All cost plans are base dated based upon current market pricing levels. In order to take account of the project duration it is therefore necessary to apply an allowance for forecast tender price inflation.

All estimates to date apply the BCIS All-in Tender Price Indices as far as the forecasts allow and a 3.5% annual allowance thereafter (as agreed with EY).

We will provide a quarterly update on inflation and all end stage cost plans will apply the latest inflation indices to ensure they are reflective of both the current programme of works and the industries forecast of future price movement.

10 Cost Management

At Contract award the pre-contract phase involving cost planning will draw to a close and the post-contract phase of cost control will commence.

Agreement of the Contract Sum

As noted in section 9.1 the Outline Business Case, the procurement strategy is to undertake a two stage tender process. This methodology means that during the second stage a large number of works packages will be market tested to the supply chain and analysed to ensure the returns are adequate and cover the project requirements.

With a number of key packages market tendered the main contractor will be able to price the risk associated with the remaining packages and the interfaces between the packages to provide a fixed price lump sum offer. Negotiation will take place to reach agreement on a contract sum that reflects a fair and reasonable price for the works and the level of risk transfer.

Post Contract - Cost Management

Following agreement of the contract sum and formalisation of the contract documents (which will detail the basis of the priced submission) we will provide the following services to manage and report upon project costs:

- Monthly valuations;

- Monthly cost reports;
- Maintenance of a change control log.

Monthly Valuations

As detailed in Deliverable 27 (B2703 Interim Application for payment), in accordance with most standard forms of contract and to maintain contractor cash flow it is industry practice to undertake monthly valuations of work completed to date and provide a recommendation of payment enabling the Project Manager to certify payment.

This process reflects the work the contractor has undertaken in the period which has reached an acceptable level of quality / installation to warrant payment on account.

The contractor has legal rights that dictate that unless their application is challenged and amended within set time parameters, the full value of the application would become due. We will therefore schedule all valuation and due dates throughout the project duration to ensure the contractor's application is received and processed in a timely fashion, thus protecting our clients' interests.

Monthly Cost Reports

In accordance with Deliverable 33 (B3303 Cost Reporting), Post Contract a monthly Cost Report will be produced in advance of the project board meeting to provide an overview of project costs including the position with regard to instructed and potential variations and the impact upon the project contingency.

The Cost Report will allow the project board to have visibility of the forecast costs to completion, any cost risks that have presented themselves in the period and the status of the project contingency.

The purpose of the Cost Report is to provide management information on the forecast outturn costs of the project and to inform decisions on instructing change against the overall financial position.

Maintenance of a Decisions Log

The detail of the change management process is contained elsewhere in this PEP. A schedule of the changes instructed and potential change will be maintained and used to inform the cost report and the impact upon the project contingency.

Post Completion Activities

As detailed in Deliverable 29, post the achievement of practical completion, we will record the contractual dates for release of outstanding retention monies and process these as they become due under the contract.

Accounts and Records

The Consultant shall keep records of all time and expenditure undertaken in relation to delivery of the Services for review by the Contracting Authority when requested.

On a monthly basis the Consultant shall provide a breakdown of activity undertaken in performing the Services for the previous month in sufficient detail agreed with the Client Team to enable invoices to be understood and approved once agreed.

Cash Flow Forecast

The Consultant shall develop a proposed format for monitoring cash flow throughout the period for performance of the Services within the Mobilisation Period and shall agree this with the Contracting Authority's Authorised Representative.

The monthly Cash flow Forecast is broken down into expected monthly expenditure in connection with delivery of the Services.

The Consultant shall link the information within the Monthly Cash flow Forecast with the Monthly Cost Report so that a consistent cost picture is provided throughout the delivery of the Services.

11 Procurement

Gleeds Management Services have produced the following client approved documents. These will provide recommendations for most appropriate procurement routes.

Document Reference	Document Title
JFH-GLS-ZZ-XX-PC-N-0007	**Detailed Procurement Strategy**
JFH-GLS-ZZ-XX-PC-N-0009	**Procurement Strategy**
JFH-GLS-ZZ-XX-PC-N-0010	**PQQ Main Contractor**
JFH-GLS-ZZ-XX-PC-N-0011	**PQQ Main Contractor - Information Document.**

Summary of Recommendations

A Design and Build procurement Strategy, one single contract for the Main Hospital Works. RIBA Stage 3 (Developed Design) to be concluded prior to Contract Award. Contractor will take ownership of the entire design, following novation of the design team, which will take place upon completion of RIBA Stage 3 coordinated design to allow RIBA 3+ market testing/pricing. A target cost will then be agreed to conclude RIBA Stage 3, which completes the PCSA and triggers commencement of the Works Contract and RIBA Stage 4.

Recommended pre-qualification questionnaire followed by First-Stage Tender.

Tender Strategy a Two-stage including the procurement of the contractor's preferred mechanical and electrical services subcontractor as part of the Stage 1 tender process.

All sub-contract tendering will be managed through the contractor's portal to which the States of Jersey (SoJ) client team and GMS-led team will have access to provide a transparent sub-contract procurement process.

A maximum of 6 Contractors to Tender, a 4 week PQQ tenders period followed by 8 weeks first-stage tender.

Contract Conditions, Main Contract: NEC 3 Engineering and Construction Contract (Z Clauses to be provided by Shepherd Wedderburn and SoJ procurement).

12 Contract Administration

12.1 NEC Contract Administration

The NEC Contracts will be managed through a Dashboard and Workbook which will be hosted within Viewpoint (formerly 4Projects) as a life portal to host project information. This will replace GleedsSpace for use beyond RIBA Stage 2 and is one of the Services required of the Contractor to Provide under the PCSA.

This portal will store/host and provide live information, chasing emails and updates for reporting to administer the contracts which will include the issue/and coordinated responses to:

- Requests for Information;
- Early Warnings Notice;
- Compensation Events;
- Client Instructions for Change.

12.2 Project Definition of Change

A change is defined by a variation to the agreed brief and works information which comprises an Activity Schedule (a delayed delivery programme which defines the requirements for resources) and Schedule of Works or any other information defined as "Works Information".

12.3 Change Management Procedure

The Change Management Procedure establishes how 'Changes' will be proposed, accepted, monitored and controlled. The Change Management Procedure will govern Changes to the Final Project Brief after Client Approval at RIBA Stage 2 (Concept Design) through to Contractor Engagement – i.e. Changes to Project Scope, Programme and Cost.

This Change Management Procedure addresses the following activities:

- Identification and record of Change Requests;
- Analysis and documentation of Change Requests;
- Approval and rejection of Change Requests; and

- Tracking Changes and updating of Project documentation to account for 'Approved Changes'.

12.4 Procedures for Change Identification

Any Project Team member can submit a Change Request to the GMS Project Manager. When the need for Change to the Client Approved 'baseline' is identified, the Change will be clearly defined using the Change Request Form at Appendix E.

The Requester completes Section 1 of the Change Request Form and submits it to the Project Manager for review.

The Project Manager records the Change Request in the Change Control Register and assigns a unique and sequential number to the Change Request.

12.5 Procedures for Change Analysis

The Project Manager will assign a Project Team member to complete Section 2 of the Change Request Form, which details the work to complete the Change and the impact of the Change on the Project and the Deliverables.

The Project Manager will determine if the request is viable and decide whether the Change Request merits consideration by the Client and (if applicable) Key Stakeholders.

12.6 Change Request Approval Procedure

When the impact of the change has been recorded, the Project Manager forwards the Change Request Form to the Client and (if applicable) Key Stakeholders for acceptance or rejection.

The Client and/or Key Stakeholders will review the Change Request and indicate their decisions by completing Section 3 of the Change Request Form and returning it to the Project Manager.

If approved, the Project Manager will update the appropriate project documentation to reflect the Change. For example, if the scope is changed, the Project Brief should reflect the updated scope. Corresponding contract modifications may also be required if the approved change impacts the contractual scope, programme, costs, or other terms.

If rejected, the Project Manager will update the Change Control Log/Register.

12.7 Change Tracking

The Project Manager will maintain a Change Control Register of all Change Requests and the resolution of each Change Request (refer to in Appendix E).

For 'Approved' Changes, the Project Manager will complete Section 4 of the Change Request Form to indicate completion of Project document updates. The completed Change Request Form will be retained as a Record and stored in the appropriate Project file.

12.8 Record Keeping, Monitoring & Reporting

All change control correspondence will be accurately documented and retained for record and audit purposes. Individual registers will be kept for all Early Warning Notices, Requests for Quotations and Compensation Events, along with the original signed-off forms. This will inform project reporting to the States of Jersey along with assisting with effective analysis and evaluation of trends relating to project changes.

The GMS Project Manager will report on change control as a standard agenda item at key project meetings to record the status of any pending or agreed items and associated actions, within the reporting period. We will also include detailed information in Gleeds ICA monthly report to the States of Jersey which will fully document all key change control related issues so that all parties are regularly kept informed and are able to continually review ongoing expenditure against the expected monthly expenditure and the Approved expenditure.

12.9 B2108 Change Control Process

At the appropriate time, Gleeds will initiate:

- a freeze of the Technical Design;
- the introduction and maintenance of a suitable change control procedure;
- the application by the Integrated Supply Partner of Statutory Approvals;

and, if necessary, Gleeds will also:

- require amendment of the Technical Design by the Integrated Supply Partner;
- update the Cost Plan and Cash-Flow Projection against the whole life costs and Project affordability constraints;
- and report the changes and any reasons for them to the Project Board. Gleeds shall further:
- ensure the support of the ICA Team is utilised accordingly;
- contribute any technical or design-related guidance, support and assistance;
- report to the Contracting Authority on any issues arising;
- recommend a suitable course of action (as required) to address the issues arising.

13 Construction Strategy

Construction strategy will be developed with the successful main hospital contractor at commencement of RIBA Stage 3, as a key deliverable within the Pre-Contract Services Agreement.

Enabling works will be managed through Rowney Sharman the onsite Project Management office, under Gleeds. The enabling works broadly comprises 10 no. Enabling Schemes for a construction value of circa 60m Excluding fees, Equipment and Contingency.

14 Communication Strategy

Clinical Design Sign-off is critical to enable progressions, alignment of requirements and management of scope and cost within the parameters defined. A Clinical Sign off Structure is set out under Appendix D.

15 Sustainability Strategy

A BREEAM rating of Excellent is the minimum target for the JFH Project. BREEAM workshops are being held during the RIBA Stage 2 design process which will inform the detailed services required within the PCSA period which aligns to RIBA Stage 3.

16 ICT and Equipment Strategy

During the project development process the equipment strategy will continue to evolve and develop. This will be an informed process relating to information received from the Future Hospital Project Team and the developing design.

Gleeds and the Future Hospital Project team have begun the process to create concept Room Data Sheets (RDS) that are based on generic equipment content utilising the NHS Activity Data Base system (ADB), latest clinical practice and lessons learnt from other projects. It is acknowledged that the equipment requirements will become more precisely defined as the scheme progresses with the further development of the RDS by the Future Hospital equipment advisors in partnership with clinical user groups and informed by asset surveys to be completed by the Future Hospital Project Team. Equipment Strategy is included in Appendix C.

17 Handover and Estates Management Strategy

The Operational and Maintenance Strategy will be developed with the Clinical and Operational Client during RIBA Stage 2 and refined within RIBA Stage 3 with the Pre-Contract Services Agreement Consultant as a Scope of Service.

The Handover Strategy will be developed as part of soft landings Strategy later on in the project.

17.1 Soft Landings

SoJ wish to implement the **principles** of soft landings without absolute adherence to either Building Services Research Information Association (BSRIA) or Government Standard Landings (GSL) methodologies. This will mean a soft landings (sl) consultant will not be appointed but instead SoJ's soft landings Champion (FM lead) will work with the design team Champion (The Building Services Engineering Lead) and subsequently the appointed Contractor throughout the PCSA and Main Contract. Best practice will be followed, to guarantee soft landings is considered in design, delivery and training, ultimately ensuring seamless transition to handover and in-use.

The two frameworks are similar, however BSRIA SL focuses on collaboration via stakeholder and design reviews in tandem with programme, through the SL Champion. GSL is more detailed in regard relationship with the BIM process and project deliverables.

The five key framework stages are:

1. Inception and Briefing – defining requirements
2. Design Development and Review – reviewing similar projects with regards to Facilities Management and proposed use
3. Pre-handover – training prior to handover ahead of occupation
4. Initial Aftercare – in-use feedback to ensure smooth operation following initial bedding in of systems and maintenance thereof
5. Extended Aftercare and Post Occupancy Evaluation – enabling the resolution of issues past initial aftercare, providing learning for future schemes, tailoring training to suit requirements for maintenance staff. Reviews are typically annual and usually for three years in total.

The JFH sl strategy will identify specific targets for measurement - hard measures such as Energy, Water and Carbon consumption are linked to environmental credits; soft measures will link to social and economic performance targets. These targets will be integrated as part of the wider sustainability function and a BREEAM target of “Excellent”. This will ensure that through the application of sl broad principles, specific BREEAM environmental credits and softer measure targets are delivered.

In order to ensure that we procure the time and expertise from the main contractor and their supply chain to deliver the training that is required to deliver sl, and to provide the necessary resource to support the maintenance of the hospital for an agreed period following handover, these activities would be identified within the Preliminaries schedule that is issued within the Stage 1 tender. Furthermore, it would also need to be a consideration when procuring sub-contractors e.g. Building Management System subcontractor, to ensure that training input identified as being required from them forms part of the sub-contract tendering and selection process. This would ensure the correct level of resource is attributed to this important aspect of project delivery.

With regards to the resourcing of the Client’s team responsible for operating the new hospital, this is a matter that can be addressed in advance of handover when there will be a better understanding of the Client’s resources available to maintain the new hospital, which will inform whether there is a requirement to procure a Facilities Management contract, which would be separate from the construction works contract.

The contractor and their MEP sub-contractors will attend soft landings meetings based on an allowance of one per calendar month to progress soft landings practices to be incorporated into the design and specification documentation to inform optimal handover practices in line with BSRIA soft landings framework.

The contractor shall attend a discussion on soft landings roles and responsibilities with the client representative, all major project stakeholders, the project manager(s), the principal designers and project advisors (for example, the BREEAM assessor, where appropriate). This meeting will include a discussion on a project organogram that shows the positions and relationships between all client organisations, end-users, project stakeholders, sponsors and funders, and the anticipated form of the project delivery chain including the Soft Landings Champions.

The main contractor shall appoint an independent commissioning manager to oversee and be responsible for all commissioning activities.

The main contractor shall attend a meeting to review the past experience of the client, and of the scheme design used to inform the client's requirements.

The contractor shall introduce a process of reality-checking throughout the design development process and at key stages during construction. The contractor shall adopt the reality-checking process defined in BSRIA BG27/2011 Pitstopping, or a similar method approved by the client.

The contractor shall instigate an information reporting and recording process in order to capture outputs from reality-checking and review workshops and use the information to inform pre-handover and aftercare Soft Landings activities.

The contractor shall work with the design team to agree a set of performance targets in agreement with the client and design team. These targets will be the basis by which the building's performance will be measured post-completion. The targets shall be a standing item during reality-checking reviews and will be revised in the light of changes to the client's requirements, changes to the design, and any known changes to the intended intensity of use or hours of operation.

The contractor shall ensure that an energy monitoring strategy is developed in collaboration with the designer's and the client's facilities management team, and that suitable tracking methods are used to keep control of energy consumption during design and construction. The contractor shall also work with the design team to ensure that sufficient and appropriate monitoring equipment is specified to meet the client's requirements for monitoring the completed building's environmental conditions.

The contractor shall assist in and input into an operational risk register to highlight risks to the achievement of the client's performance targets.

The contractor shall work with the design team to inform and specify the ongoing soft landings activities to be undertaken during RIBA Stage 4 onwards.

The contractor shall allow for attendance at three workshops to discuss the Operational Readiness, Activation and Transition (ORAT) strategy for the building. The contractor shall also allow for input into the further development of this strategy for incorporation of final specification to inform RIBA Stage 4 design activities and construction and handover methodologies.

18 Design Management

18.1 BIM Strategy

Supporting the transition from construction to operation

Our advice remains consistent in that there will be one single contract for the main hospital works. In delivering this single contract, it is imperative to be cognisant of the effective operation of the new hospital following handover. The key issues to consider in this respect are:

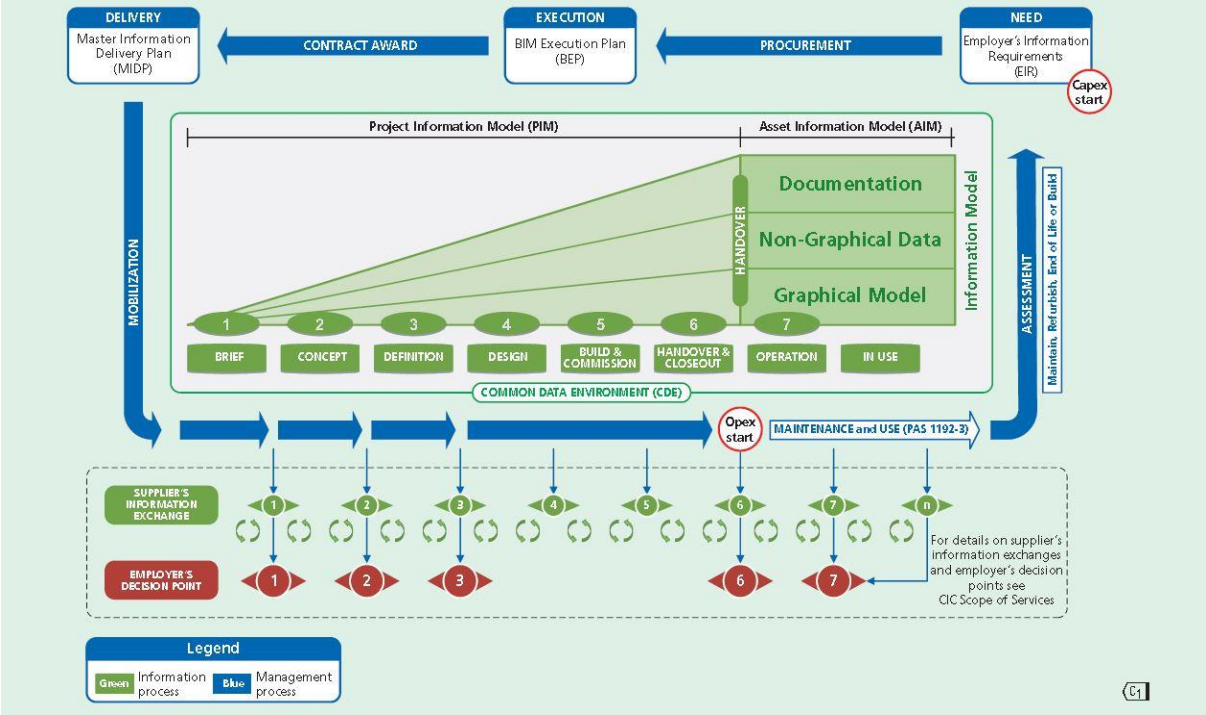
1. the involvement of the Client's team, who will be responsible for managing and maintaining the new building following handover, in the design and construction stages of the project;
2. ensuring the Client's team receive the necessary training in the effective operation of the new hospital in advance of handover;
3. retaining the right level of resource on site from the contractor's team to support the transition from construction to operation and making good defects that arise;
4. the resourcing levels of the Client's team responsible for operating the new hospital – this element falls outside of the contract scope for the construction works and, depending on the resource levels required, may entail the separate tendering and letting of a Facilities Management contract.

In order to meet the objectives set out in points 1 to 3 above, it would be GMS' recommendation for the project to adopt the principles of soft landings.

19 Quality Management

Quality management will be supported by a DQI external assessment initially for RIBA Stages 2 and 3 as a Design Quality Indicator. After the completion of RIBA Stage 3, role of Technical Supervisor, utilising Building Information Modelling (BIM), will lead the Quality Management process to ensure the highest quality possible is maintained in the Project and the Brief complied with.

The use of NHS (National Health Service) Achieving Excellent in Design Evaluation Toolkit (AEDET) and BREEAM (Building Research Establishment Environmental Assessment Model) will be rigorously adopted during the initial briefing phase of the project. This will assist in setting the "Vision" for the JFH development, as well as being subsequently reviewed and updated during the design development and Business Case preparation stages in order to achieve quality and a sustainable design solution.



The project will adhere to the current guidance that applies in Jersey to NHS facilities. This is comprised of 3 main sections, Clinical Services, Healthcare Environment and BIM.

Clinical Services

This section consists of two technical categories per clinical service:

- Policy and service – covers the service considerations of organisation, demographic and patient flow.
- Planning and design – covers key functional arrangements and design considerations, such as security, infection prevention control, as well as incorporating specific engineering data and typical schedules and cost information.

Healthcare Environment

The broad guidelines, which apply to the design and engineering principles specific to the construction of all health and community care buildings; detailed guidance on specific engineering services.

The following categories are covered:

- General design and engineering principles;
- Building services engineering, which covers Fire code, healthcare engineering, specialist engineering systems and water systems;
- Clinical support devices;
- Decontamination and infection control;
- Environment and sustainability;

- Estate management;
- Site access.

OBC stages in Jersey have a costing methodology, which is based on Departmental Cost Allowances updated by MIPS indices; it is also subject to the HPCG system issued in England. Space is essentially the idea of basic layouts and generic schedules of accommodation for all services.

BIM

Building Information Modelling (BIM) to level 2, will be used to collate the large quantity of data generated and recorded during the project, so it can be used to detect potential issues within the build, such as detecting clashes of infrastructure, such as a crossover of wiring and piping within the walls of a building. Further to this, it is a useful tool for assessing the quality of materials used in construction, allowing the potential structural integrity of the design to be well modelled prior to commencement of construction.

Parametric-oriented 4D BIM models can simulate sections or the whole construction process to identify design errors, reduce uncertainties, and improve the level of quality. Other information such as schedule, safety, and resource can be added to the 3D model.

Relevant Guidance

- The London Building Acts 1939 to 1982
- The Housing Act 1985, Chapter 68 as amended
- The Party Wall etc. Act 1996
- The Construction Products Regulations 1991, S.I. 1991, No. 1620
- The Gas Safety (Installation and Use) Regulations 1998, S.I. 1998, No. 2451
- The Disability Discrimination Act 1995, Chapter 50
- The Highways Act, 1980, Chapter 66 as amended
- The Water Industry Act 1980, Chapter 56 as amended
- The Clean Air Acts 1956 and 1993
- The Environmental Protection Act 1990, Chapter 43 as amended
- The Health and Safety at Work etc. Act 1974, Chapter 37 as amended
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Construction (Design and Management) Regulations 1994, S.I. 1994 No.3140 as amended by: The Construction (Design and Management) (Amendment) Regulations 2000, S.I. 2000 No.2380
- The Construction (Health Safety and Welfare) Regulations 1996, S.I. 1996 No. 1592

Design Quality Indicator

The Design Quality Indicator (DQI) is a tool which assists a building's procurement team to define and check the evolution of design quality at key stages in the development process.

The DQI assessment is a continuous subjective appraisal of where the building stands in comparison with best practice. Through assessments that are conducted through the life of the project, it assists in determining and managing their design requirements from initial proposals through to post-project evaluation.

In the case of the JFH Project, an initial DQI Stage 1 Briefing review has been undertaken at an early stage, which has captured the main project drivers. Following this assessment, several stages can be assessed to ensure the project parameters continue to be met. Healthcare building design frequently involves complex concepts, which are difficult to measure and evaluate.

The DQI toolkit evaluates a design by posing a series of clear, non-technical statements, encompassing three key areas:

- Impact;
- Build Quality and
- Functionality.

BREEAM Healthcare

BREEAM Healthcare 2011 was released on 1st July 2011 and is an environment assessment method for healthcare buildings. BREEAM sets the standard for best practice in sustainable design and had become the de facto measure used to describe a building's environmental performance. Credits are awarded in ten categories according to performance. These credits are then added together to produce a single score on the scale of Pass, Good, Very Good, Excellent and Outstanding.

The BREEAM rating benchmarks for new construction projects are as follows:

BREEAM rating	% Score
Outstanding	>85
Excellent	>70
Very Good	>55
Good	>45
Pass	>30
Unclassified	<30

The BREEAM rating benchmark levels enable a client or other stakeholder to compare and individual building's performance with other BREEAM rated buildings and the typical sustainability performance of new non-domestic buildings in the UK. In this respect, each BREEAM rating level broadly represents performance equivalent to:

1. Outstanding: Less than top 1% of UK new non-domestic buildings (innovator)
2. Excellent: Top 10% of UK new non-domestic buildings (best practice)

3. Very Good: Top 25% of UK new non-domestic buildings (advanced good practice)
4. Good: Top 50% of UK new non-domestic buildings (intermediate good practice)
5. Pass: Top 75% of UK new non-domestic buildings (standard good practice).

The aims of BREEAM Healthcare are to:

- Mitigate the impacts of healthcare buildings on the environment
- Enable healthcare buildings to be recognised according to their environmental benefits
- Provide a credible environmental label for healthcare buildings
- Simulate demand for sustainable healthcare buildings.

In order to achieve BREEAM excellent as effectively as possible, the following is recommended:

- Appointment of a BREEAM Accredited Professional at RIBA Stage 2 to assist the design team
- Undertake a formal Pre Assessment facilitated by a BREEAM Accredited Professional.

20 Health and Safety

20.1 Safety and environmental issues, such as the construction design and management regulations

The Project Health and Safety Delivery Plan sets out how the project will be delivered in accordance with the Health and Safety at Work (Jersey) Law 1989, part 2 in relation to construction projects and The Health and Safety (Management in Construction) (Jersey) Regulations 2016 .

The Plan is identifies those who hold statutory duties and responsibilities, and sets out suitable project management arrangements to assist them in meeting the legal duties placed on them.

The Health and Safety (Management in Construction) (Jersey) Regulations 2016 also places a duty on Commercial Clients to satisfy themselves that suitable and proportionate arrangements are in place for managing health and safety on the project. The Plan is also intended to satisfy that requirement

The approach adopted to manage health and safety risk within the project environment is to implement health and safety management arrangements based on the Plan, Do, Check and Act methodology set out in HSG65 Managing for Health and Safety and are intended to guide everyone's behaviour at all times and at all work locations.

Our Objectives being:

- That everyone has the right to go home unharmed every day.
- That all harm is preventable.
- That everyone needs to work together to achieve this.

All work is to be properly planned and appropriate consultations and reviews carried out by competent individuals so that work can only start on site when all Control Measures and Change Control arrangements are in place.

‘Have a Plan – Keep Control’

Reporting and coordination processes will be implemented which aim to identify emerging issues and trends. Safety information and lessons learnt will be shared across the project.