STATES OF JERSEY

REVIEW OF THE FUTURE HOSPITAL SITE SELECTION PROCESS (S.R.9/2020) – RESPONSE OF THE CHIEF MINISTER

Presented to the States on 12th March 2021
by the Chief Minister

STATES GREFFE

REVIEW OF THE FUTURE HOSPITAL SITE SELECTION PROCESS (S.R.9/2020) – RESPONSE OF THE CHIEF MINISTER

Ministerial Response to:	S.R.9/2020
Ministerial Response required by:	29th January 2021
Review title:	Review of the Future Hospital Site Selection Process
Scrutiny Panel:	Future Hospital Review Panel

INTRODUCTION

I welcome the Panel's review of the Site Selection Process for Our Hospital and thank members for the opportunity to comment and respond to the Report's findings and recommendations.

FINDINGS

	Findings	Comments
1	There do not appear to be SMART objectives to link what previous information was used to the current project. Without this information, it is challenging to make objective decisions to measure what, if any, costs have been reduced and what information was actually used.	Disagree with the second sentence. Although the principle of SMART targets in major projects is understood, it is unclear how setting SMART objectives for use of information from previous iterations of the project would necessarily have improved the site selection process as reviewed by the Panel. The Our Hospital Project (**OHP**) has made use of previous information in a number of ways during the site selection process and a list of examples was shared with the Panel on 29 October 2020. These examples contributed to the determination of a robust, transparent, and objective site selection process that resulted in a site being agreed by the States Assembly on 17 November 2020 which enables further cost certainty. There are moments every day when the OHP utilises previous information such as the Hansard record of the debate of P.5/2019, in which a number of States Members criticised the previous site selection process because 'not all sites were on the table'. This was noted by the project team and was one of the initiators of the Call for Sites

	Findings	Comments
		which ensured that every Islander had opportunity to nominate potential sites. The minutes of the POG meeting held on 6 July 2020, which were shared with the Panel on 1 September 2020, record the following two references to lessons learned: *POG noted that previous iterations of the project had resulted in unsuccessful planning applications which highlighted that it was unlikely that there would be an ideal site for a new hospital.* *The Chair noted that there were no easy sites on the list and asked POG members for their views regarding whether to approve the proposed site shortlist or to remove the more publicly and politically unpalatable. POG considered all the information provided and agreed that as previous iterations of the project had come under scrutiny due to perceived political interference, it was imperative to protect the integrity of the process and agree the site shortlist as determined by the shortlisting process.* These examples serve to illustrate the reality that the project team and indeed the projects governance groups are making regular reference to all manner of previous information, not just documents. Requiring the project team to enter every instance on a central log is an unnecessary bureaucratic and potentially costly exercise. It is noted, however, that the Panel's overall objective with this finding is to understand how the use of previous project information may have reduced costs. It is queried whether it is possible to put a definitive figure on this given the many varied ways in which previous information shapes the OHP. However, CSFs for the Our Hospital project have been set out within the Draft SOC which was shared with the Panel on 8 June 2020 and the finalised version on 9 December 2020. The Outline Business Case is being developed and will contain details of benefits realisation which should go some way to providing the information the Panel seeks.

	Findings	Comments
2	There does not appear to be any inclusion for unforeseen setbacks within the process. This could cause the project to go off track and cause costs to spiral.	The Panel's general point is noted and this is a true risk of any project. The project's timeline has been defined by: • R.54/2019 • the condition of the current hospital estate As such, the Our Hospital Project Team has to take a pragmatic approach as the deadline is beyond their control. Whilst the project completion date has not changed between project iterations, eight years have passed since the case was initially made for a new hospital for Jersey. Therefore, the project, by necessity, runs activities in parallel where possible, to meet the 2026 deadline where costs of maintaining the current hospital estate escalate significantly and Islanders' health outcomes are compromised. Originally, there was some flex within the programme, but this was expended by the COVID-19 outbreak. Information regarding the original timeline can be found in the Project Timeline shared with the Panel on 16 March 2020. Information regarding the condition of the current hospital estate can be found in the Hold Point Report 1&2: paper B Hospital Maintenance which was shared with the Panel on 8 June 2020.
3	The Panel has concerns around the 40–50-year life cycle with no clearly defined, projected timeline and the absence of hospital specific analysis documentation. The OH Project Team has defined two areas of expansion: • 15% additional area within the ground floor, providing flexibility for the foreseeable future until 2036. Effectively a 10-year post project completion allowance. Provision of an adjacent site as set out in the site selection criteria for future expansion. This has been proposed to	Noted, however, there is 15% extra ground floor land allowance for future growth, which is more overall depending on numbers of floors. In addition, there is a further 15% space allowance for courtyards and open spaces if needed. Further there will be flexibility built in by designing all non-clinical and clinical spaces to be sized and have 'bed head' services adjacent to be able to repurpose for clinical or non-clinical space as required. Finally, as the community care and digital health model progresses, increasing amounts of care may be delivered remotely or closer to or in the home so decreasing the reliance on ever larger hospital premises. The design is also predicated on a 75% occupancy level giving further resilience in the system to future proof it.

	Findings	Comments
	allow expansion of all areas of the proposed hospital for a period of 40-50 years. Without focus on new models of care and transfer of activity from hospital to community, the hospital (and the site) will come under pressure within about 12 years.	The modelling takes into account predicted demographic changes in the population and care needs as well as best in class models of healthcare from around the world including Scandinavia, Canada, and Australia. There is a commitment from the HCS executive with widespread public consultation to focus on closer to home and preventative care models of care and a programme of transformation which was externally validated by PWC
4	The Panel understands a topographical survey report was carried out for the 5 sites on the shortlist later in the selection process and questions if this should have been applied to the 17 sites prior to meeting the crucial stage of the Citizen's Panel criteria.	This Panel's understanding is incorrect. An assessment of topography was made in determining the developable area of each of the 82 longlisted sites in order to reach the 17 sites to which the Citizens' Panel criteria were applied and this is reflected in Appendix 2 of the Site Shortlist Report. Further detailed site analysis was undertaken on the five shortlisted sites.
5	South Hill was eliminated at stage 1 due to being unable to meet either of the options due to size. The site was in fact large enough to accommodate both options and if the set criteria had been applied, it should not have been eliminated at this stage.	Disagree. This finding suggests the Panel may have misunderstood the Site Selection Process. South Hill was not large enough to meet either option as stated in the letter to the Panel dated 27 August 2020. This is because the site would need to accommodate 9,219m^2 required for car parking in addition to the square footage required for the main hospital site. Therefore, to meet the smaller of the two footprint options (Option 2), the site would need to be 32,109m^2 but is in fact only 30,910m^2. Pier Road Car Park was considered as a support for South Hill, but it was not suitable due to the steep gradient from the car park to the South Hill site. Even had it been suitable, the South Hill site would still have fallen out due to its topography, as illustrated in a second letter to the Panel provided on 20 October 2020 in response to their request for further information regarding South Hill. Therefore, South Hill was eliminated at stage 1 due to not being big enough.

	Findings	Comments
		The square footage required for Options 1 and 2, including car parking, was shared with the Panel during a Site Shortlisting presentation on 10 July 2020 and is also set out on page 15 of the Kit of Parts Report and page 6 of the Site Shortlist Report both of which were published on 14 July 2020.
6	Based on the set criteria, People's Park, should not have been considered due to being insufficient in size. The Panel is of the opinion that, should the criteria have been applied, the site would have been eliminated at stage 1 due to being unable to meet either of the options.	This is incorrect. The criterion was applied correctly and the following explanation was provided to the Panel via email on 29 October 2020: *People's Park is slightly below the required area to accommodate a version of the hospital but it was considered that some flexibility in design could probably achieve a workable scheme. Any such scheme would include a provision for future growth and as such People's Park did not fail the criteria rather it became a 'maybe'.* *That 'maybe' was shown in the outcome matrix published in the Site Shortlisting Report. In accordance with the methodology set out in that report, the 'maybe' reflects that the site passes the criterion with a compromise or mitigation.* For further clarity: • At 22,784 m² People's Park is just 106m² short of the 22,890 m² for Option 2 (as car parking would be supported by existing car parking in St Helier) • The 'maybe' category in HM Treasury Greenbook is defined as 'site passes the question/criterion/test with a compromise or mitigation' • Other sites that did not meet the minimum size fell much further short and therefore mitigation was not possible.
7	The advisors have raised 9 sites that were eliminated at the initial stage for being unable to meet either of the options regarding size. It is clear, however, that based on size, all of	This is incorrect. Of the nine sites listed on p.22 of the Panel's Report eight, including South Hill, were not large enough to accommodate either option due to the additional 9,219m² required for car parking. The ninth site, Government House, at 44,270 m² on paper appeared to be large enough

	Findings	Comments
	these 9 sites meet the criteria and could accommodate either option.	to accommodate either option. However, the topographical assessment confirmed that the steep gradient meant that the developable area is limited and therefore it could not accommodate either option as stated in the Site Shortlist Report.
8	The risks associated with the Compulsory Purchase Order (CPO) surrounding Overdale have not yet been confirmed. It may be likely the process to obtain the required land and properties for the hospital project would not necessarily take any less time to acquire than some of the sites that were discounted at the timetable criteria stage.	Disagree. As shared during a briefing with the Panel on 10 July 2020 and as set out on pages 7 and 8 of the Site Shortlist Report published on 14 July 2020, step 3 of the site selection process considered the ownership of land and properties. The Overdale site was largely in Government ownership and where ownership was outside Government control it was deemed it could be purchased without a need to relocate an existing use, therefore it was judged that the criteria possibly could be met. The five-site shortlist was subjected to a more detailed assessment of covenants and also the potential necessity for CPO. In assessing sites, the potential number of properties that would need to be acquired and the potential complexity of the acquisitions was a consideration. Where a larger number of properties were likely to be required the complexity of the acquisition process would increase exponentially. In Overdale's case, potential acquisitions were identified for both the main hospital building and the preferred access route and these are detailed in p.129/2020. Please note that as stated in that proposition, CPO isn't the Government of Jersey's preferred option and every attempt is being made to acquire properties through negotiation, fair process and compensation within a time efficient manner.
9	The RAG matrix could be considered confusing in using the results with green and red signifying a result of both yes/no.	Noted. As everyone has personal unconscious preferences for how they perceive and order information there will never be a single way to communicate information that suits everyone. The OH Project employed HM Treasury Green Book Guidance which sets out RAG rating as follows: • Yes (site passes the question/criterion/test)

	Findings	Comments
		• No (site fails the question/criterion/test and does not pass to the next question for appraisal) • Maybe (site passes the question/criterion/test with a compromise or mitigation) This rating accounted for the colour responses contained in the site shortlisting matrix. It was noticed by the Project Team that the questions developed by the Citizens' Panel had answers where 'yes' could be a negative response and 'no' a positive response. A choice was made not to rephrase the Citizens' Panel's questions to ensure that the questions remained in the ownership of the Citizens' Panel. This did lead to an answer that passed a criterion being RAG rated correctly as green but with the word 'no' superimposed correctly as the actual answer to the question.
10	The facilitator for the group is not named and therefore the Panel, or its advisors are unable to comment on whether the facilitator had suitable experience and knowledge in working with the group to develop Critical Success Factors (CSFs) as advised in the HM Treasury Green Book.	Disagree. The UK Facilitator was engaged for the sole task of facilitating Citizens' Panel meetings and was specifically required to remain independent of the Government of Jersey, hence their anonymity. The Citizens' Panel's brief did not include developing CSFs and therefore the Facilitator's experience in this field is irrelevant. Although the Facilitator's name has not been revealed, on 27 May 2020 via email the Panel were offered a confidential meeting with the UK Facilitator but chose not to take up that offer.
11	The criteria did not use weighting and could be considered subjective and open to interpretation.	The Project team considered information from previous iterations of the project which had been criticised for their use of weightings. A letter to the Chair of the Panel dated 23 October 2020 provided a detailed explanation of these criticisms and a rationale for not using these weightings. Weightings are a matter of opinion and in themselves can be subjective and open to interpretation.

	Findings	Comments
12	It does not appear the Site Selection Panel had access to technical advisors prior to the selection process. The Panel is of the opinion that should technical advice been obtained prior to this process, the site at Five Oaks would not have met the criteria based on its location lending it to having access problems with the approach road and would have been eliminated at an earlier stage.	The Panel's opinion is noted, but the Our Hospital Political Oversight Group disagree. Site shortlisting was always completed with the understanding that detailed technical site analyses of 82 sites were not possible. As set out in response to Finding 8, detailed site analyses were conducted on the five-site shortlist once this had been established. The Site Selection Panel came together to do this by applying the Citizens' Panel criteria to the 17 sites remaining from the longlist, once the first two clinical criteria of site size and ability to meet the required timeframe had been applied. Therefore, the Site Selection Panel were provided with sufficient technical advice to deliver their role.
13	There were no operational clinical staff or end users on the Site Selection Panel, who would have had a more detailed understanding of the potential location, particularly regarding the patient population and services to be delivered.	This is incorrect. The Our Hospital Clinical Director, who sat on the Site selection Panel is ▪ Associate Professor in Surgery ▪ Consultant Vascular Surgeon ▪ Training Programme Director (Vascular Surgery) ▪ Tutor for Graduates (St. Catherine's College, Oxford) ▪ Clinical Director of the Vascular Studies Unit (OUHT) ▪ Governance Lead for the Thames Valley Vascular Network (serving a population of 2.2 million) He currently has a role focussed on training and this requires him to be fully up to date with current clinical trends and practices. In addition, he is The Governance lead for Vascular surgery across 3 Large NHS Foundation Trusts and member of the medical manpower working group for OUHT, an organisation with over 11,000 employees. The remaining members of the Site Selection Panel were identified to ensure a balance of views including Jersey's specific services requirements and patient population profile, the delivery of major capital build projects and an understanding of the natural environment. The Clinical and Operational Client Group (the PRINCE2 Senior User) were kept informed of the progress of site selection and had opportunity to

	Findings	Comments
		comment. Feedback from Clinicians / end users demonstrates approval of either of the two sites on the shorter shortlist, with Overdale the first choice for the majority of clinical responses.
14	The site selection process had many areas lacking objectivity and was not balanced. Sites were excluded whilst others remained in the process when the criteria was not met.	This is the Panel's opinion, but the Our Hospital Political Oversight Group does not agree. It would appear from the findings in this Report that the Panel has misunderstood the Site Selection Process e.g. the size requirement for both options including car parking. These issues have been addressed across responses to the Panel's findings and recommendations.
15	The decision as to what homeowners were directly affected by the Overdale site was subjective and did not take into account the full impact of the highways. It appeared that homeowners not directly affected by the site had not been communicated with initially and only those with properties that would require CPO had been contacted.	Given that the States Assembly had not yet approved the final preferred site it would have been both presumptuous and reckless to communicate with numerous homeowners too early. There needed to be a balance in communications in order that stress and concern was not created unnecessarily for homeowners that were ultimately unlikely to be directly affected. Therefore, communication was limited to property owners most like likely to be directly impacted. Full public consultation will be undertaken at the correct time as part of the Planning process.
16	Health and Community Care, Primary Care and the Voluntary Sector had not been engaged with according to the list provided by the OH Project Team.	The design of Our Hospital has progressed sufficiently to establish crucial clinical adjacencies and the potential footprint but not as yet the interior design. Clinical engagement has been ongoing and since Overdale was agreed by the States Assembly as the final preferred site engagement has continued with end users. A full communications and engagement strategy was announced on 18 January 2021 and will ensure all relevant stakeholders are engaged at the appropriate time in the project programme. A further 43 Clinical User Group meetings were undertaken focussing on services currently delivered from the Overdale site during December 2020 and January 2021.

	Findings	Comments
17	The Panel is alarmed at the lack of engagement with healthcare providers from the OH Project Team.	The Panel's alarm is surprising to the Political Oversight Group. Figures from the table shared with the Panel via email on 28 October 2020 indicate the extensive clinical engagement which has been undertaken for the Our Hospital Project. Indeed, there has been more engagement than on the previous project for the stage we are currently at, given that we are not yet beyond the initial operational design stage which considers the footprint and clinical adjacencies rather than the interior design. As stated in answer to Finding 16, a further 43 Clinical User Group meetings were undertaken focussing on services currently delivered from the Overdale site during December and January. Ongoing clinical engagement is scheduled for February and April for all clinical services in addition to monthly briefings for the Clinical and Operational Client Group and the Health Panel as well as the Strategic Clinical User groups founded in December 2020, with its inaugural meeting on Monday 4th January 2021.
18	Although it has been discussed that mental health facilities will be an integral part of the new hospital build; it is unclear if this will be in the main building or adjacent premises.	Noted. The acute mental health facilities will be at the main site and the clear steer from the Mental Health Clinical User Group was for it to be on the main site either as a stand-alone building in close proximity to the main buildings OR to have a separate entrance. This is being taken into account at the design options phase and scheduled to be discussed with the Clinical User Group in early February 2021.
19	The lines of accountability should be defined regarding responsibility for the Strategic Outline Case (SOC).	Section 7.6 of the draft SOC, shared with the Panel on the dates specified in previous responses to the Panel's Findings, explains the notion of 'Hold Points' where the Senior Officer Steering Group and the Political Oversight Group will be asked to confirm continued business justification so that the project delivers its expected benefits. The table accompanying this explanation lists the Hold Points when approval of the SOC would be required.

	Findings	Comments
20	The Panel is concerned the key message and deliverables of the Jersey Care Model (JCM) may have been compromised due to the haste in finding a suitable site for the hospital.	Section 1 of P.123/2020, lodged on 6 October 2020, sets out the relationship between health and care policies in Jersey and Our Hospital. The JCM is the latest iteration of the strategic development of health and care policies in Jersey and these policies will continue to develop in the future. As stated in section 1.4: *Therefore, Our Hospital cannot be firmly set in one strategic context or another. Rather it must offer a delivery space from which the care delivered can be flexible and continue to evolve along with predicted changes to the models of care and the demographic profile of Islanders.* The relationship between the JCM and Our Hospital has also been outlined in the draft SOC shared with the Panel as noted in responses to previous Findings of this Report.
21	If the care in the community concept within the JCM is not implemented as envisaged, the hospital site will come under pressure within approximately 12 years.	This finding is incorrect as there is already 30% additional space in the site selection process for future proofing as well as the 75% occupancy assumptions allowing for a further 25% increase in activity with no changes in service delivery models. The service delivery models have in fact already changed in the direction of care in the community out of necessity due to the COVID pandemic and have demonstrated to the population of Jersey as well as health care workers on what can be undertaken safely and remotely. It is inconceivable that many aspects of this will ever revert to the pre-COVID position and the delivery of the JCM will if anything be faster in the post COVID era.
22	There has been a lack of clarity as to how the JCM will directly impact the development of the future hospital, which has resulted in a lot confusion amongst States Members and members of the public.	Please see the response to finding 20 above.
23	The level of contingency held by the delivery partner (Contractor) of £14.7m, represents 3.5% of £412.2m (being the construction cost of the hospital) and is considered likely	Government of Jersey Cost Advisors consider this to be an appropriate contingency allowance which will be replaced with actual costs as the project costs are explored and market tested further beyond its current stage. The SOC also includes

	Findings	Comments
	insufficient given the complexity of the scheme.	contingency for Optimism Bias £101.2m and Client Contingency £73.1m which with the Design and Delivery Partner contingency of £14.7m equates to total contingency of £189m.
24	Within the documents disclosed it is undefined whether there is an additional cost or premium being allowed for building in Jersey compared with the UK.	The build costs provided by the Design and Delivery Partner have applied forward looking inflation which includes an additional Jersey Factor of 2.5%
25	In the absence of a defined SOC it is considered "somewhat optimistic" to deliver the new hospital within the proposed budget at this stage of the project.	The SOC for the Our Hospital Project is at a greater level of detail than is common at this stage of a major project. The SOC was finalised in November and shared, as noted above, with the Panel on 9 November 2020. Work to develop the OBC is in progress.
26	NEC3 Option C is a target cost contract with activity schedule where the out-turn financial risks are shared between the client and the contractor in an agreed proportion. The client being GoJ.	Correct.
27	To enable good management of the project and for it to be delivered on time and within the proposed budget, it is imperative that key personnel involved in the project should have knowledge of the NEC3 contract suites, not just the delivery partner.	Agreed. NEC is a family of contracts that facilitates the implementation of sound project management principles and practices as well as defining legal relationships. It is suitable for procuring a diverse range of works, services and supply, spanning major framework projects through to minor works and purchasing of supplies and goods. The implementation of NEC3 contracts has resulted in major benefits for projects both nationally and internationally in terms of time, cost savings and improved quality. The NEC suite of contracts is widely recognised within the construction industry. All relevant project team members have knowledge, understanding and experience with these industry standard contracts. For those Senior Officers without previous knowledge of NEC3, explanations of the implications have been provided and further knowledge can be disseminated as and when required.

	Findings	Comments
28	It is considered best practice for the SOC to be produced and approved at a much earlier stage in the project and there is a risk that should the SOC not be approved when presented, decisions made on site selection could unravel.	The SOC for the Our Hospital Project is at a greater level of detail than is common at this stage of a major project. The SOC was finalised in November and shared, as noted above, with the Panel on 9 November 2020. Work to develop the OBC is in progress.

RECOMMENDATIONS

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
1	The Council of Ministers should ensure the OH Project Team provide the Panel with a list which clearly defines which previous information was used and how it informed the site selection decision making criteria. This should be provided within 3 months from the presentation of this Report.	COM	Rejected	This recommendation is rejected on the basis that the Panel was provided on 28 October 2020, via email, with a list of instances where previous information had been utilised in the current project. It is not considered cost-effective nor necessary for the OHP to maintain a schedule of every individual time a piece of documentation or other form of information from previous iterations of the project has been considered or referred to. There is a danger in diverting the project team from crucial project work into a bureaucratic task that was not a requirement identified by the Auditor General. Project costs and the timeline have to be managed pragmatically to ensure the best outcomes for the OHP and Islanders.	N/A
2	The Council of Ministers should provide the calculations for all project cost including; non-works costs, equipment costs, non-medical costs (including the whole life transport solution), VAT, inflation, optimism bias, a clear split of all project	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	contingencies, the premium costs for materials and confirmation that all "current exclusion" are subject to at least the latest provisional sums. This should be provided prior to lodging any proposition seeking the Assembly's approval of the Outline Business Case.				
3	The Council of Ministers should ensure the OH Project Team provide a document detailing how the plan has been incorporated for expansion to suit a demographic 40-50 years for the future. In addition, how this will suit the future needs of the hospital specifically utilising the adjacent site. This should be provided without delay.	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC
4	The Council of Ministers should ensure the OH Project Team undertake to provide a hospital-based analysis single document specific to the project in order to test resilience of the planning assumptions. This should be presented to the Panel without delay.	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC
5	The Council of Ministers should undertake post Covid pandemic planning and establish impact on sizing and	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	configuration of the hospital without delay.				
6	The Council of Ministers should ensure the OH Project Team provide the Panel with reasoning as to why topographical surveys were only carried out on the 5-site shortlist. This should be provided without delay.	COM	Rejected	The recommendation is rejected on the basis that it is based on an incorrect finding in the Panel's Report (Finding 4).	N/A
7	The Council of Ministers should ensure the OH Project Team provide the Panel with further details of how the "maybe" criteria was applied and why it was not defined within the site selection documents. This should be provided without delay.	COM	Rejected	The recommendation is rejected on the basis that the information has already been provided to the Panel. The 'maybe' criteria was defined on page 3 of the Our Hospital Site Shortlist Report which was published on 14 July 2020. In addition, the RAG rating was explained during a briefing for the Panel held on 13 July 2020 and again in a briefing for all States Members held on 14 July 2020.	N/A
8	The Council of Ministers should ensure the OH Project Team provide the Panel with reasoning behind why the risks associated with the CPO around Overdale were not taken into consideration as a risk when applying the criteria at Step 3 – 'Clinical criteria for site assessment' – timetable. This should be provided without delay.	COM	Rejected	The recommendation is rejected on the basis that the information has already been provided to the Panel as noted in the response to Finding 8 above.	N/A
9	The Council of Ministers should ensure the OH Project Team provide, in absolute confidence to	COM	Rejected	This recommendation is rejected on the basis that the Facilitator's experience of developing CSFs in line with HM	N/A

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	the Panel, the experience of the facilitator advising the Citizen's Panel in order for the Panel's advisors to make an informed decision as to understanding the knowledge the facilitator had in developing CSF's in line with Green Book standards.			Treasury guidance is irrelevant as this did not form part of their role. In addition, as stated in response to Finding 10, on 27 May 2020 the Panel were offered a confidential meeting with the UK Facilitator but declined.	
10	The Council of Ministers should ensure the OH Project Team provide the Panel with valid reasons as to why the site selection criteria was not always applied. This should be provided without delay.	COM	Rejected	The recommendation is rejected on the basis that the site selection criteria were applied consistently.	N/A
11	The Council of Ministers should ensure the OH Project Team implement an open and transparent communication and engagement process with the residents affected by the Overdale site without delay and a communication strategy supplied to the States Assembly. More work should be undertaken via social media on an ad hoc basis and monthly updates in a newsletter/email to encourage full participation. This should begin immediately.	COM	Accepted	This recommendation had already been planned and is therefore accepted. Please note the company Soundings has been appointed to deliver the Communication and Engagement Strategy.	This work is ongoing

	Recommendations	**To**	**Accept/ Reject**	**Comments**	**Target date of action/ completion**
12	The Council of Ministers should ensure the OH Project Team engage with the third sector and public health providers without delay.	COM	Accepted	This recommendation had already been planned and is therefore accepted.	This work is ongoing
13	The Council of Ministers should ensure the OH Project Team undertake wider engagement with the public and clinicians to share the current picture, and regular dialogue should be carried out. This should be carried out immediately.	COM	Rejected	The recommendation is rejected on the basis that information regarding this has already been provided to the Panel.	This work is ongoing
14	The Council of Ministers should ensure the OH Project Team improve the level of engagement with the public and healthcare providers to share the current position, plus establish regular ongoing communication channels. This should happen immediately.	COM	Accepted	This recommendation had already been planned and is therefore accepted.	This work is ongoing
15	The Council of Ministers, together with the OH Project Team, should ensure a small and appropriate group (to include relevant stakeholders) is charged to consider the feasibility and functionality of the proposed mental health facility. This will include whether it can be integrated into the singular building or more	COM	Rejected	This recommendation is rejected on the basis that, as set out in the response to Finding 18, the Mental Health Clinical User Group has already been engaged and remains engaged in the development of mental health facilities for Our Hospital.	N/A

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	likely that it is a standalone facility either on the proposed site or at an alternative location. This should be fully costed and transparent and provided to the Panel within 3 months of presentation of this Report.				
16	The Council of Ministers should ensure the OH Project Team have a clear approvals process with agreed and/or delegated authority for each group. This should be set out in relation to approvals to prove due process has been followed and best practice is met. In addition, a single set of performance standards should be established and agreed and should be implemented without delay.	COM	Rejected	This recommendation is rejected on the basis that the approvals process is set out in section 7.6 of the SOC which has been shared with the Panel. Performance standards have been set out in the Project Manual	N/A
17	The Council of Ministers should ensure the OH Project Team peer review all plans and designs with workforce requirements established. This should be undertaken prior to the agreement of costs.	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC
18	The Council of Ministers should ensure the OH Project Team undertake and provide a full review of the performance standards to include the 2036 capacity. This	COM	Rejected	This recommendation falls out of scope for the Our Hospital Project and is therefore rejected.	N/A

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	would include ongoing monitoring of the JCM care in the community concept and targets and should be implemented without delay.				
19	The Council of Ministers should ensure the OH Project Team provide the Panel with the project schedules and the block plans using @1:200 scale drawings. These should be created and approved ahead of budget sign off to enable resolution of any outstanding issues.	COM	Rejected	This recommendation is rejected on the basis that it introduces Scrutiny as approvers for the design of the hospital.	N/A
20	The Council of Ministers must ensure and evidence that the contingency level for the delivery partner (Contractor) has been increased to the considered normal, appropriate level of approximately 10%, which represents £41.22m. This should be put in place without delay.	COM	Rejected	This recommendation is rejected on the reasoning outlined in the response to Finding 23.	N/A
21	The Council of Ministers should ensure the OH Project Team provide documentation detailing how an additional cost or premium is being allowed. This should be provided without delay.	COM	Rejected	The recommendation is rejected on the basis that the information has already been provided to the Panel.	N/A
22	The Council of Ministers, together with the OH Project Team, must ensure any	COM	Rejected	This recommendation is irrelevant to the contract that we have entered into and is therefore rejected.	N/A

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	Guaranteed Maximum Price (GMP) should not be applied until there is alignment between the clinical 2036 strategy*, the technical specifications (that match the Schedule of Accommodation (SOA) as drawn), the cost plan (including any Jersey island premium), project non works and mapping to the construction programme. Only then can there be a cost of reasonable certainty that can be used as an audit tool and baseline for the project as it develops. This should be undertaken without delay. **The planning upon defining the new "our hospital" model has worked to ensure that the States of Jersey model of care and clinical strategy is right sized for demographic and non-demographic forecasts and aligned to clinical spatial areas up to the year 2036.*				
23	The Council of Ministers, together with the OH Project Team should ensure the capital costs include, not only major medical equipment	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	that is detailed and specific, but also building services, IT and digital platforms. This should be undertaken without delay.				
24	The Council of Ministers, together with the OH Project Team should undertake, once the initial design of the hospital is established, a detailed cost review in order that GoJ are satisfied they are receiving value for money. This should be undertaken once the initial design process has been signed off.	COM	Rejected	This recommendation is rejected on the basis that detailed costings will be contained within the Outline and Full Business Cases as and when appropriate. The services of a Cost Consultant have been retained. It is unclear what the Panel means specifically by 'the initial design process'.	N/A
25	The Council of Ministers, together with the OH Project Team, should ensure a system of regular reviews at project milestones is implemented to check the project is on track and progressing within the set budgets. This should be shared with the States Assembly by the Council of Ministers prior to each project milestone.	COM	Rejected	The recommendation is rejected on the basis that a system of regular project milestones has already been implemented and shared with the Panel and the OHP's progress within set budgets is reviewed in accordance with the Public Finances Manual.	N/A
26	The Council of Ministers should ensure the OH Project Team understand key risks and costed and detailed mitigation plans put in place. This should be implemented without delay.	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
27	The Council of Ministers should instruct the OH Project Team to implement the relevant training for Senior Officer Steering Group (SOSG) and members of the Our Hospital team to ensure they are familiarised in the operation and use of the NEC3 suite of contracts without delay.	COM	Partially Accepted	This recommendation has been partially accepted on the basis that relevant project team members already have knowledge of the NEC3 suite of contracts and that further knowledge will be disseminated to Senior Officers as and when appropriate.	TBC
28	The Council of Ministers, together with the OH Project Team, should engage a suite of client-side independent technical advisors that should be contracted to hold the Design and Delivery Partner to account and ensure the needs of the GoJ are being met. This should be undertaken as soon as practical.	COM	Accepted	This recommendation had already been planned and is therefore accepted.	TBC
29	The Council of Ministers should ensure the OH Project Team provide the Panel with a Risk Register which is developed fully and maintained including full potential costs of risks and their mitigation. This should be provided without delay.	COM	Accepted	The recommendation had already been planned and is therefore accepted.	Ongoing
30	The Council of Ministers should ensure the OH Project Team implement a clear approvals process with defined levels of	COM	Partially Accepted	The recommendation is partially accepted on the basis that the approvals process is set out in the OHP project Manual which has been shared with the Panel on 20 October 2020, but the scheme of delegation has been finalised	

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	delegated authority published. This should be implemented immediately.			since the publication of the Panel's Report.	

CONCLUSION

I would like to thank the Panel for their Report and the work their continued interest in the Our Hospital Project which is the largest and most significant capital project in a generation. Due to the failure of previous iterations of the project, the project's timeline is constrained and I am grateful to the Panel for accommodating a slightly different way of working in order to ensure that the current ailing hospital estate is replaced by 2026, before it becomes too costly to maintain and begins to pose a threat to Islanders' health outcomes.

I am pleased to be able to accept 12 out of the 30 recommendations on the grounds that the Panel have identified work that was already planned and will be implemented. A further two recommendations have been partially accepted as the project was some way to achieving these already. Of the 16 remaining recommendations, it should be noted that 7 were only rejected on the basis that the information had already been shared with the Panel prior to their Report being published and I have ensured that specific dates have been included in the response to add greater clarification. Unfortunately, the final 9 recommendations had to be rejected as they were either predicated on incorrect findings, were out of scope for the Our Hospital Project or, in one or two cases they appeared irrelevant.

It should be noted that specific dates for the implementation recommendations has not been provided, which is regrettably due to the fact that the Our Hospital Project's timeline has been greatly impacted by the second amendment to P.123/2020 and now the second amendment to P.167/2020, a proposition brought as a requirement of the response to P.123/2020Amd(2). The project team are assessing these impacts and reassessing the programme milestones.

However, the conclusion of the Our Hospital Site Selection process which resulted in Overdale being agreed as the final preferred site for Jersey's new hospital has come as a great relief to Islanders. Most heartening is the conclusion of the Panel's advisors, K2/Archus, that it is understandable that the current Gloucester Street site was not shortlisted. Site selection was one of the most controversial areas of previous iterations of the project and we are all grateful to be moving forward.