
STATES OF JERSEY



NEW HOSPITAL PROJECT: NEXT STEPS

Presented to the States on 13th May 2019
by the Chief Minister

STATES GREFFE

REPORT

Executive Summary

Following the rejection by the Minister for the Environment of a planning application to build Jersey's new General Hospital in the current location, and the decision by the States Assembly to rescind the designation of this location as the preferred site, it is clear that genuinely new proposals are needed to deliver a new Hospital.

In considering how these new proposals can be developed, I have sought the views of States Members (see summary in **Appendix 1**), as well as advice from senior officials, and I am now in a position to announce the proposed process.

In summary, I propose a phased approach, which –

- **firstly**, establishes the agreed clinical requirements of the new Hospital
- **secondly**, uses the outcome of this to scope the size and shape of a new Hospital to inform the shortlisting of potential locations
- **thirdly**, involves a thorough process of Island and stakeholder communication and engagement on those locations, alongside technical and financial assessments of deliverability, in order to identify a preferred site for the Government and States Assembly to consider and approve.

The new project will draw on any relevant information that was gathered for the previous project, supplemented by new insights and requirements arising from the further development of Jersey's health care model since the previous work was carried out.

We will create new governance and oversight arrangements, which will ensure appropriate political leadership, scrutiny and sign-off, but in a way which does not lead to intractable delays in delivering this crucial infrastructure.

In conjunction with the Minister for the Environment, we will establish a proper 'public interest test', which ensures that appropriate weight is given to the sometimes competing interests and expectations involved in determining the site selection and planning matters. I will report on how this test will be established and applied in due course.

We will also ensure that the Government updates the planning framework in an appropriate and timely manner, so that the new Island Plan (unlike the current Plan) specifically allows for the designation of a new Hospital. This will be subject to consultation, Scrutiny and consideration by the States Assembly.

In order to initiate this new Hospital project, I am proposing to appoint a new Hospital Project Director, with appropriate resources to develop the Outline Business Case in early 2020. This will be followed by the preparation of a draft planning submission during the remainder of 2020, in time for the new Island Plan.

The proposed timeline is ambitious, but we firmly believe that if we all get behind the process, and there are no further delays, it should still be possible to deliver this within 20 months. It requires us collectively to agree that this is a priority, and to work together; but if we do, we can still deliver a completed Hospital in a similar timescale to that of the previous scheme.

Introduction

After the States Assembly approved [P.5/2019](#) to rescind the designation of Gloucester Street as the preferred site for the Future Hospital, I gave an undertaking to consult with States Members on a range of issues as to how best to progress a new Hospital in Jersey. Since the debate on P.5/2019, I have now met with a majority of States Members in small groups to discuss a range of issues, as part of achieving greater political consensus, and these meetings have informed the approach set out in this report. A synopsis of the issues covered at the meetings with Members is attached at **Appendix 1**.

In addition to these discussions, we have been working to consider the appropriate political governance, operational delivery arrangements, team structure, funding, and communications and engagement issues necessary to relaunch this key initiative. In order to progress this work further, some additional funding will be needed. This will enable some short-term project-critical actions to be delivered, not least –

- The appointment of a new Hospital Project Director, adopting a fresh approach to the project’s operational and delivery arrangements, following the rescindment of the previous scheme.
- Consideration of the specifications for the Hospital, including undertaking a review of the clinical scope to ensure the future model of healthcare in Jersey fits with the new Hospital before we proceed further.
- Commissioning and completing a building and site options appraisal.
- Undertaking a procurement exercise to secure key additional technical support, including early construction and development advice, as well as appropriate engagement and communications support.

It is clear that the new Hospital management are considering a different approach to this critical project, and are reviewing how it fits into the new model for health care in Jersey. It is also clear that mental health facilities are in urgent need of upgrading, sufficient to last the medium term (approximately 10 years), while we determine whether, or to what extent, mental health should be incorporated into the main Hospital project. And, of course, an agreed schedule of maintenance will need to be carried out to the existing Hospital facilities until the new Hospital is open.

Governance and oversight arrangements

Following discussions with States Members, and following the report from the Hospital Policy Development Board, it is clear that there needs to be a strong political oversight for the next phase of the Hospital initiative. I have asked the Deputy Chief Minister, Senator L.J. Farnham, to chair the Political Oversight Group (“POG”). I will also be a member, or where necessary, my Assistant Minister, until the business case is prepared and agreed.

In addition, I am keen that there is direct political input of the project, on a day-to-day basis, working closely with ministerial colleagues and officers. I have asked the Assistant Minister for both Health and Social Services and Infrastructure – the Deputy of Trinity – to fulfil that role.

It is also important that the respective Ministers for Health and Social Services and Infrastructure are both on the refreshed POG. In addition, I have asked the Connétable of Trinity to be a member, as well as the Assistant Minister for Treasury and Resources, and the Deputy of St. Peter. Other States Members may also be asked to join the POG.

The proposed Terms of Reference for the Political Oversight Group are attached at **Appendix 2**, and build on the revisions made in 2018 after the Comptroller and Auditor General's report on the former Hospital project.

In discussion with the Chief Executive, there are a number of changes proposed to the officer oversight and delivery team arrangements. For the period leading up to the adoption of the business case, the Chief Executive will chair a Steering Group of senior officers that will include –

- the Director General for Health and Community Services
- the Director General for Treasury and Exchequer
- the Director General for Growth, Housing and Environment
- the Director for Regulation
- the Director of Communications.

In addition, this group will be supported by an interim project director until recruitment is completed for a permanent appointment. A new clinical lead will again be subject to permanent appointment; and the Director for Performance, Accounting and Reporting (“PAR”) will support the Director General for Treasury and Exchequer, along with the Director for Risk and Audit; and the Managing Director for Hospital and Community Services will also attend the Senior Officer Steering Group.

The Director General for Health and Community Services will be the new Senior Responsible Office (“SRO”) for the project through to the construction phase, when these arrangements will be reviewed. Beneath the Senior Officer Steering Group there will be an ‘intelligent client group’, which will oversee the Health Commissioning requirements, assess the risks, constraints and dependencies around construction and financing matters, establish the right client multi-disciplinary team, and oversee the day-to-day building and site option appraisal process. The above will all contribute to the overall preparation of the business case, which will be the subject of regular updates to the POG, the Council of Ministers, Scrutiny, the proposed citizen panel(s) (see below) and the States Assembly.

It is also critically important that the new Hospital project works together constructively with Scrutiny at every stage, and supports Scrutiny to do its important work in parallel, in order to benefit from, and respond to, challenge and advice, rather than in sequence, thereby both improving the process and keeping to the challenging timeline.

To this end, I am committed to meeting with the Future Hospital Review Panel to discuss, and hopefully agree, how to address issues, including resources, with the objective of supporting Scrutiny in their proper work, particularly as this project will add a significant burden to the existing Scrutiny programme.

Procurement requirements

As part of the review of the new Hospital team and the proposed future delivery arrangements, it is clear that some critical areas of support are needed to maintain momentum and build on the significant investment to date in preparing for a new Hospital. We also have to develop an updated future model of health care, which is then aligned to the specific build requirements for a new Hospital.

As outlined above, it will be necessary, as part of this early phase, to procure appropriate specialist skills to support the project and ensure that the Government is equipped to be an intelligent client. These include –

- Project Director
- Health Planner/Clinical Lead
- Clinical Design Team
- Specialist legal/Procurement Advice
- Communications and Engagement Lead
- Financial and Economic Appraisal Advice
- Site Assessment Advisers.

As part of the development of the operational team, further specialist skills and experience will also be needed. It is anticipated that these will include design, planning, architecture, engineering, and other necessary specialist support. Such specific support will be supplemented by in-house roles, such as project managers and administrative assistants, to assist with all the key governance requirements.

As highlighted, there will be the need to appoint technical advisers to quickly help with narrowing down potential sites into a shortlist of credible locations, and then with the detailed site assessment. Again, building on all the previous work undertaken on potential sites, it is essential that a clearly-agreed location is identified in order to be able to progress the business case. Combined with the necessary support for the site assessment work, it is also felt that the early appointment of a construction development partner will help prepare a more robust development and construction programme for whatever site is eventually agreed by the Government and the States Assembly. Appointing a partner, which would then be subject to ‘open book pricing’ for the construction phase, should enable better preparation of any future costing for an investment case, along with support for any future planning application. It is therefore proposed that this procurement exercise is started shortly. It will be widely advertised and open to all interested parties.

Communication and engagement

An integral part of my commitment to progressing the development of a new Hospital, as I made clear in my [comments](#) on P.5/2019, is the need to broaden the engagement and communication with clinical and non-clinical staff; stakeholders; partners involved in delivering the health economy in Jersey; politicians; and Islanders. This, combined with an agreed ‘public interest’ test, will be essential to get as wide a buy-in to the new Hospital as possible. As part of this wider engagement, we need to consider and discuss not just where our Hospital should be, but what it should include, and how best to deliver it as part of a wider health care system capable of serving the Island for the next 30 to 50 years. As part of the engagement of key interest groups, we also need to consider issues such as –

- how the provision of health care in Jersey links with Guernsey, the United Kingdom, and, if appropriate, elsewhere
- how a more preventative model of health care impacts on any future Hospital facility
- increased digitisation, and how that is changing services and the profile of the future health workforce, and what skills they will need, and the implications for the size of a new Hospital
- how the new model of health care in Jersey, including ‘Closer to Home’ and mental health provision, impacts on the size of a new Hospital
- new equipment to treat patients and the implications of this for a new Hospital.

This does not mean that we go back to the drawing-board. But, equally, these matters can and must be considered urgently, if we are to provide a firm foundation for the decisions we need to make, to deliver a new Hospital.

Once we have a better consensus and understanding of what our new Hospital should be, then we can deliver a site options and evaluation process that is rigorous, and which hopefully gains broad support.

This engagement process would also consider the impact of the Hospital development on its surrounding infrastructure and environment, weighing up issues such as accessibility for patients, staff, and the emergency services; costs, timescales, disturbance; and ultimately, political, public, and staff acceptability.

I also believe that it will be essential to invigorate the engagement programme to ensure that the divisions around the debate on the Hospital are healed as far as we can. To that end, I am suggesting that the engagement campaign, to be called ‘Our Hospital’, reaches out through a series of citizen panels to engage with partners, Islanders and stakeholders to enable better involvement of interested parties. How such a process will occur will be the subject of a more detailed communication and engagement strategy for ‘Our Hospital’.

Financial implications and timeline

It is estimated that it will take at least 20 months to secure an agreed outline design, cost plan and delivery plan for a preferred option, along with a business case and a draft planning submission that links to the new Island Plan. However, the next nine months will be critical in assembling the new team, putting in place the key governance arrangements, establishing effective engagement with politicians, hospital staff, stakeholders and Islanders and agreeing the shortlist of credible sites for detailed assessment, in order to prepare an Outline Business Case by early 2020 (see outline timeline below and at the end of **Appendix 3**).

Month	Jul - Dec 2019						Jan - Jun 2020						Jul - Dec 2020						Jan - Feb 2021	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Define Objectives	<ul style="list-style-type: none"> Engagement & consultation - Assembly, staff & stakeholders Outline business case - health & care change Delivery plan - service changes Procure technical advice 																			
Constraints & dependencies	<ul style="list-style-type: none"> Review current built estate Brief for new built estate & hospital buildings Initial site options appraisal Appoint construction development partner 																			
Critical success factors	<ul style="list-style-type: none"> Collation of detailed hospital requirements Options appraisal funding approval Plan for final site selection & delivery agreed 																			
Options for delivery & location	<ul style="list-style-type: none"> Building & site feasibility appraisal completed Facilities & operation model Finance plan & funding for full business case 																			
Appraisal	<ul style="list-style-type: none"> Outline plans for design, cost & delivery of preferred option Full business case Draft planning submission 																			

As a consequence of the above, I have decided to separate the financial phasing of the necessary costs for the 20 months into 2 tranches. The first tranche is for a period of 8 to 9 months, taking the project to the business case stage in early 2020, including site selection. Provisional estimates for this phase of work are c. £2.6 million, and it is proposed to fund this initially from balances on unallocated reserves (formerly contingencies), which will be repaid as the £30–40 million efficiency plan delivers savings in 2019.

The second phase from Month 9 to Month 20 is estimated to cost a further £4.8 million. However, at this stage this is not a confirmed figure, and these costs will be indicative until all the procurement work in the first phase is complete and a more detailed budget and cash-flow forecast is agreed at the business case stage. A further report outlining this next phase will be prepared for Ministers and the Assembly in 2020. The principles to be applied will be that all the above financial allocations will be ring-fenced and released on request, in amounts not exceeding £500,000, so accountability can be achieved and recorded.

Furthermore, wherever possible, the work that has already taken place on the Hospital project will be re-used, reducing immediate future costs, without prejudicing a fresh start on a project burdened by its long and complex history. (See **Appendix 4** for the costs for the previous project.)

Naturally, project and governance structures will also be put in place to ensure that money is well spent, incorporating the political oversight structures outlined above, in line with the recommendations of the Comptroller and Auditor General (“C&AG”). In particular, the new Director for Risk and Audit will take a more direct role in the officer oversight arrangements to ensure a rigorous review of the appropriate value for money, risk and governance arrangements. Moreover, in preparing the business case, we will adopt H.M. Treasury’s Green Book ‘five case model’, covering the strategic, economic, commercial, financial and management dimensions in the business case.

Conclusion

This is a fresh and bold approach to delivering our urgently-needed new Hospital. We have learned from the experience of the past few years, and we recognise that we need to do things differently, by working together in common cause in the best interests of our Island.

This report sets out my proposed approach for developing an agreed and costed outline design for a new Hospital, in a preferred location, with an ambitious but deliverable timetable – if we all work together.

In summary, there are 4 areas of difference from what has gone before –

1. We are being more inclusive in involving and engaging States Members, staff, stakeholders and Islanders in the process, including through the use of citizen panels, and through working closely with Scrutiny.
2. We are taking the opportunity to review the model of health care delivery, under the leadership of the Minister of Health and Community Services, to ensure that the current clinical requirements take account of changes since they were originally scoped in 2012.
3. We will bring in a construction and development partner earlier in the process, to help drive down costs.
4. We are building on all the experience of what went before, to ensure that we learn from it, embracing the best of what was achieved before and avoiding repeating past mistakes.

This is a ‘once in a moment’ opportunity for Jersey’s politicians to deliver a Hospital project that has the wide support of our health service, stakeholders and Islanders, bringing people together in this common endeavour, instead of perpetuating disagreement. If we show courage and leadership, we will finally enable Jersey to secure the modern, fit-for-purpose General Hospital that we urgently need, and of which our Island can be proud. It is an ambitious and challenging timetable that I am proposing, but this is a crucial project for Jersey, so I am being ambitious for our Government and for our Island.

Summary of Chief Minister Meetings with Members

1. Engagement

- There wasn't enough engagement last time round. Engagement wasn't conducted properly, and required staff to be revisited with the final plan.
- Members emphasized that political engagement means providing sufficient evidence to be able to vote on the decisions asked in the Assembly. This, it was argued, did not happen on the last site selection vote.
- Engagement with children who are regular users of the Hospital should take place.
- If staff are to be engaged with, there should be the ability for this to be done anonymously. In the last attempt, staff were required to give their payroll number, which dissuaded many from engaging.
- Need to engage with possible contractors, including UK, French and Polish. After current delays and changes, we need to reassure future possible contractors, otherwise all future bids are going to be priced conservatively. Consensus that consulting with contractors should take place after consultations with staff, clinicians and the Public.
- Need to understand the limits of engagement. Clinicians will be experts in their subject but not in building (comparison to asking teachers about building a school). However, involvement with clinicians should mean spending time in Departments to gain a full understanding of needs.
- Need to engage with patients from a patient perspective.
- Need to make staff and the Public involved in the process.
- Regular engagement with politicians important. Regular briefings with a monthly e-mail update the minimum level of contact. This will reduce once building has begun.
- Engagement needs to enable staff and the Public to know the progress being made and the decisions being taken on a regular basis. There is a need to carry the Public with us throughout the build. Can't just drive project through without engagement.
- Engagement is not the same as decision-making. The final decision on site has to be down to the politicians.

2. Mental health

- General agreement on mental health being on the same site as the future Hospital. Some aspects of mental health should be located elsewhere, however, to maximise recovery.
- Current mental health provision is insufficient, and Members have voiced their embarrassment at the current status of mental health services.
- Children’s mental health was raised as an important factor to be included.
- Mental health being included in the Hospital site will remove the stigma of “going to St. Saviour’s”, as is currently the case.
- Long-term Dementia patients need access to open spaces, so units should be ground-floor with plenty of space, and possibly located elsewhere.
- Adjacencies and efficiencies are important in terms of patient transport time between Hospital and separate site.

3. Planning and the public interest test

- It was conclusive that the Island Plan was inhibiting the process. Some Members voiced a view that there were ways to work round the Plan.
- It was agreed that there was difficulty accepting the public interest test being decided upon by the Minister for the Environment alone, in the final decision.
- The new Les Quennevais School was highlighted as a comparison in timescale and how a planning application should be progressed, whilst keeping the Public in agreement, despite building on a greenfield site.
- Members discussed the need for public interest to override a planning decision.
- Members agreed that a specification should be decided before the most appropriate site is chosen, as this will make the planning process easier and the Public more receptive.
- General view was that the public interest outweighed site location, including that of building on a greenfield site.
- The ability to provide an early “weighting” on the public interest test was voiced. Members were concerned how this could be decided without impacting on the independence of the planning process.
- Some Members voiced the need to change legislation to enable the planning process/public interest test to be smoother/quicker.
- It was queried whether one Minister should be making the final planning decision, or whether it should be the Planning Committee, or even the Assembly as a whole.

4. Defining the Hospital specification

- It was agreed by Members that consideration must be given to future digital technology. This will need to be considered at an early stage in order to determine the Hospital size and specification. This should include sending clinicians to look at cutting-edge hospitals elsewhere.
- Specification should not weigh heavily on the need for staff accommodation on the same site. The Island is only very small and no commute is far. A hopper-bus could be provided for staff if Hospital was outside St. Helier.
- It was felt there was a need to consider what we provide on-Island and what services could be shared with Guernsey. It was also agreed there was a need to also understand that we can't provide everything on-Island; specialist treatment is likely to continue to be provided in UK or elsewhere. Clinicians may not have enough patients to stay qualified/keep licences to practice.
- Health being a holistic process was discussed. It was felt that this needed to be considered in the site specifications. Members highlighted that there is more to patient recovery and care than treatment alone.
- Comparisons were made to how a previous major project was built, with those employees using the building asking about the individual space required to perform their job. It was mentioned that areas were physically marked out on the floor to show people what certain floor dimensions looked like. This resulted in people realising that they could work in a smaller area than originally requested. The result of this was that the overall size of the building required was reduced.
- Members agreed that the requirements agreed in 2012 will have changed by 2019 and when looking ahead to when the building opens. Technology will have affected current requirements, as well as Island demographics.
- A mixture of views regarding future expansion capacity were expressed, with the need for space for new equipment in the future weighing against the ability of technology to treat people outside of the Hospital. It was highlighted that the average time patients were spending in Hospital had reduced from around 5 days to 2–3.
- The requirements of children were emphasized as being important to consider.

5. Site/site selection

- Members agreed that site selection must come after the Hospital specification is agreed. The site cannot be determined until we know what actually needs to be in it. One example raised was whether mental health facilities will be on-site.
- Members worried that they cannot currently get a detailed breakdown of the floor space for specific Hospital departments, e.g. hydrotherapy or oncology.

- Views voiced that experts were not listened to (e.g. People's Park site) for site selection. Public interest test also has a place in site selection process.
- General view was that the 41 sites should not be revisited. The current shortlist of 4 or 5 sites should be those that are re-examined.
- Some Members voiced that site selection was too narrow last time, with incorrect scoring used. Privately owned land (greenfield or currently developed) should also be explored for possible sites, albeit quickly. These sites could be included to create a final shortlist of 5 or 6 locations.
- Need to consider the impact of an out-of-St. Helier site on response times, access, and the ability for family and friends to visit patients. Members felt that these considerations needed to be weighed against the ability to reduce noise and disturbance to patients, which would be provided by an out-of-town site. Several Members also mentioned that the Accident and Emergency Department is "abused" by being so easy to access by those seeking to avoid G.P. costs, those who were drunk and disorderly, and those who would be dissuaded from going for trivial matters.
- Members were generally open to using greenfield sites as well as looking at brownfield sites. The main consideration being speed of build and the reduction in hidden risks compared to redeveloping urban sites.
- The general view from Members was that the Gloucester Street site had been too small. There was no ability for future expansion capacity, and the site should not have been chosen before requirements were considered.
- A citizen's jury was voiced as a possible way of determining the site. It was explained that this was a process that had been conducted elsewhere (e.g. Ireland) for many years.
- The use of a public, open process of shortlisting with a small body of experts was also voiced.
 - Need to rebuild the Public's trust in the process and in Members. During the last process, perception was that it was developed by a small group who were the driving force and didn't care about external input or needs.
 - Need to plan communications to the Public carefully. Public want to know what is going on.
- Emergency unit in town and a Hospital separately outside of town was discussed.

6. Oversight

- It was felt that the current POG was too large with 15+ people round the table. It was generally agreed that a future political oversight group should be smaller and therefore more dynamic.

- Members were undecided over which Minister should be involved in the political oversight, and how they were to be involved.
- Consideration was given to whether an existing Minister could be the “political supremo” for the future Hospital, and whether it was a full-time role which needed a non-executive Member to lead on it.
- The overall view was that there needed to be a single, clear political and expert lead. Members highlighted that there couldn’t be blurred lines of responsibility.
- Some Members voiced that they would like new faces for those running the project politically and operationally. It was suggested that this would give the Public greater confidence in the future project.

7. Other issues

- It was felt that, unlike in the past, the project couldn’t be allowed to be disrupted by vocal, minority views from within the Assembly and amongst the Public.
- It was hoped that not all of the £40 million+ spent so far had been wasted. Members felt that there had been work already done which would help with specification, site selection and the planning process.
- Members agreed there was a need for the Hospital to be planned in conjunction with an Island Health Strategy. Members felt that such a plan should identify what care and treatment could be provided in the Parishes.
- The importance of reports published by the Comptroller and Auditor General was raised.
- It was felt that the Project Lead for the Hospital must be someone with experience of large infrastructure projects.
- Members attached importance to reviewing hospitals located on other islands, to identify both successes and failures.

APPENDIX 2**Draft
Political Oversight Group
Terms of Reference****Purpose**

To oversee the delivery of a new Hospital for Jersey in line with the decisions of the Assembly and the States of Jersey Common Strategic Policy, and to advise and be directed by the Council of Ministers.

Objectives

To ensure the Island has a fit-for-purpose, good quality, timely-delivered and value-for-money Hospital which meets the needs of patients and staff within the overall strategic health policies adopted by the Assembly.

Responsibilities

The POG has responsibility for overseeing the range of activities associated with delivering a new Hospital – the site, construction and related activities, project financing, and related risks, including:

1. Setting out and overseeing the programme of delivery for a new Hospital, ensuring the necessary governance and Scrutiny processes and assurance mechanisms are observed.
2. Advising the Council of Ministers about the risks associated with the delivery of the Hospital programme, and any wider social, economic, environmental and political considerations that are material and relevant.
3. Receive reports from the Officer Oversight Board and Hospital Project Board (the underlying officer boards) where resolution of challenges to the delivery of an agreed programme needs wider political intervention.
4. Champion the Hospital programme and liaise with citizen panels and Scrutiny.
5. Engage in the resolution of transition issues that cannot be resolved by the officer Hospital Project Board, specifically where these are cross-Department issues and/or affect the wider community.
6. Overseeing relevant communications to ensure that staff, stakeholders, and the Public are kept informed of developments, and that relevant staff are consulted and engaged wherever appropriate, practical, and possible in decisions.
7. With the agreement of the Chairman and the Chief Minister, any other matter which may be relevant may be considered.

Membership

- Deputy Chief Minister (*Chairman*)
- Assistant Minister for Health and Social Services and Infrastructure (Deputy of Trinity) (Sponsor)
- Chief Minister / Assistant Chief Minister (substitute for Chief Minister)
- Minister for Health and Social Services
- Minister for Infrastructure
- Assistant Minister for Treasury and Resources
- Deputy of St. Peter
- Connétable of Trinity
- Other Members to be confirmed.

Record-keeping and transparency

Minutes of meetings will be taken to ensure that a proper record is maintained. These minutes will be confidential, given the political and commercial sensitivities of a capital project. However, the POG will be required, as per responsibility 6, to ensure that staff, stakeholders, and the Public, are kept informed of its work and progress.

Administrative arrangements

- Agendas will be approved by the Chairman, and meetings will take place on an agreed timetable.
- The POG will be supported by the Hospital Project team.

APPENDIX 3**Indicative timetable and outputs at each stage****0. Start-up**

- Initial 9 months' funding approved
- Team assembled for preparation of business case and wider procurement process
- Review of baseline documentation
- Confirm any health service change objectives
- All governance arrangements in place and operational.

1. Objectives – months 1–5

- Preparation of business case for the delivery of the change programme (including Hospital)
- Design for delivery of health and care services and delivery plan for any proposed service changes
- Engaging and consulting States Members, staff, Islanders and key stakeholders
- Procure necessary technical advisers, etc.

2. Constraints and Dependencies – months 3–7

- Continue engagement programme
- Check survey of current built estate capabilities
- Confirm brief for the new built estate, including design principles, and Hospital buildings scope
- Initial site options appraisal
- Appoint construction partner for Hospital development early.

3. Critical Success Factors – months 6–9

- Preparation of client's detailed requirements document for the Hospital
- Options appraisal funding approved
- Site selection and delivery model/procurement plan developed
- Continue engagement programme.

4. Options for delivery and location – months 8–13

- First-stage building and site feasibility appraisal agreed
- Facilities management and operation model prepared
- Finance plan and funding for development of business case approved.

5. Appraisal – months 13–20

- Outline design brief agreed, cost plan, delivery plan for preferred option approved
- Business case
- Draft planning submission.

APPENDIX 3 (continued)

Month	Jul - Dec 2019						Jan - Jun 2020						Jul - Dec 2020				Jan - Feb 2021			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Define Objectives																				
<ul style="list-style-type: none"> Engagement & consultation - Assembly, staff & stakeholders 																				
<ul style="list-style-type: none"> Outline business case - health & care change Delivery plan - service changes Procure technical advice 																				
Constraints & dependencies																				
<ul style="list-style-type: none"> Review current built estate Brief for new built estate & hospital buildings Initial site options appraisal Appoint construction development partner 																				
Critical success factors																				
<ul style="list-style-type: none"> Collation of detailed hospital requirements Options appraisal funding approval Plan for final site selection & delivery agreed 																				
Options for delivery & location																				
<ul style="list-style-type: none"> Building & site feasibility appraisal completed Facilities & operation model Finance plan & funding for full business case 																				
Appraisal																				
<ul style="list-style-type: none"> Outline plans for design, cost & delivery of preferred option Full business case Draft planning submission 																				

Costs of the Future Hospital project to April 2019

Summary	Cumulative spend to April 2019	% of total cost
	£	%
Pre-feasibility and feasibility work (2012–13)	576,525	1
Internal client costs	2,664,713	6
External advisers	22,085,736	50
Stakeholder engagement	207,991	0
Property	383,483	1
Offsite preliminary works	6,079,908	14
Site acquisition	868,292	2
Relocation works	8,310,039	19
Planning fees	639,164	1
J3 costs	2,645,648	6
Total expenditure to April 2019	44,461,500	100%

Period	£	%
Total spend to May 2018	28,895,809	65
Spend June to December 2018	12,315,798	28
Spend January to April 2019	3,249,894	7
Total expenditure to April 2019	44,461,500	100%

Additional information

Internal recharging of staff

- Gleeds UK (£14.4 million), Hacquoil & Cook Jsy (£3.2 million), Camerons Jsy (£2.4 million); J3 Jsy (£2.1 million)

Includes work at Overdale

Includes catering move and Parade offices

J3 is the consortium of Sir Robert McAlpine, F.E.S. and Garenne

Spend started in 2012, in earnest from 2014–15

(Ledgers have yet to close for April 2019 so there may be further costs in April.)