

Council of Ministers

(14th Meeting)

31st October 2022

Part A (Non-Exempt)

All members were present, with the exception of Deputy I.J. Gorst of St. Mary, St. Ouen and St. Peter, Minister for Treasury and Resources and Deputy J. Renouf of St. Brelade, Minister for the Environment, from whom apologies had been received.

Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter, Chief Minister
 Deputy C.F. Labey of Grouville and St. Martin, Minister for International Development
 Deputy K.F. Morel of St. John, St. Lawrence and Trinity, Minister for Economic Development, Tourism, Sport and Culture
 Deputy I. Gardiner of St. Helier North, Minister for Children and Education (for a time)
 Deputy P.F.C. Ozouf of St. Saviour, Minister for External Relations and Financial Services
 Deputy D.J. Warr of St. Helier South, Minister for Housing and Communities
 Deputy H.M. Miles of St. Brelade, Minister for Home Affairs (for a time)
 Deputy M.E. Millar of St. John, St. Lawrence and Trinity, Minister for Social Security (for a time)
 Deputy T.J.A. Binet of St. Saviour, Minister for Infrastructure
 Deputy K.M. Wilson of St. Clement, Minister for Health and Social Services

In attendance -

Connétable A.N. Jehan of St. John, Assistant Chief Minister
 Deputy R.E. Binet of Grouville and St. Martin, Assistant Minister for Health and Social Services
 Deputy A.F. Curtis of St. Clement, Assistant Chief Minister
 Deputy L.K.F. Stephenson of St. Mary, St. Ouen and St. Peter, Assistant Minister for Economic Development, Tourism, Sport and Culture
 S. Wylie, OBE, Chief Executive and Head of the Public Service, Government of Jersey
 R. Bell, Treasurer of the States
 C. Landon, Director General, Health and Community Services Department
 A. Scate, Director General, Infrastructure, Housing and Environment Department
 A. Moore, OBE, Principal Expert Advisor to the Our Hospital Review Panel
 R. Naylor, Chief Nurse, Health and Community Services Department
 J. Hardwick, Acting Our Hospital Project Director
 H. Day, Head of Communications for Treasury and Exchequer, Office of the Chief Executive
 J. Huggler, Head of Media Relations, Office of the Chief Executive
 P. Bradbury, Head of Ministerial Office
 K.L. Slack, Clerk to the Council of Ministers

Note: The Minutes of this meeting comprise Part A and Part B.

Our Hospital
review.

A1. The Council of Ministers, with reference to Minute No. B2 of its meeting of 11th October 2022, recalled that, as part of the new Government's 100-day plan, it had been agreed to review the process and scope of the Our Hospital project, led by Deputy T.J.A. Binet of St. Saviour, Minister for Infrastructure, in consultation with other Ministers, officers and experts, including an external advisor with a lengthy background in the delivery of health capital projects. The Council received a Report, dated November 2022, entitled 'The Our Hospital Project – advice to the Assembly about whether changes can be made to deliver a more affordable and appropriate alternative' and a PowerPoint presentation, dated 31st October 2022, entitled 'Our Hospital Review – Council of Ministers briefing'. It was noted that Deputy J. Renouf of St. Brelade, Minister for the Environment, had specifically recused himself from the meeting in light of likely future planning discussions.

The Chief Minister, Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter, welcomed Mr. A. Moore, OBE, Principal Expert Adviser, Our Hospital Review Team, to the meeting and thanked him and the Minister for Infrastructure for their significant efforts in undertaking the review and preparing the Report within a challenging time frame. Thanks were also expressed to the Acting Our Hospital Project Director, for her assistance therewith. This was a significant piece of work within the Government's first 100 days and the outcomes were much anticipated by Islanders.

The Minister for Infrastructure introduced Mr. Moore, OBE and indicated that he was extremely qualified. Until the previous year he had been the Director of Strategic Capital Development within the Western Health and Social Care Trust and had been responsible for the successful delivery of a capital investment programme in the West of Northern Ireland, worth over £1 billion, involving the delivery or redevelopment of several hospitals. The Chief Minister indicated that the Acting Our Hospital Project Director, was an excellent appointment and brought with her a great deal of expertise.

The Minister for Infrastructure explained that the Review had considered the affordability of the Our Hospital project on a like-for-like basis. It had been mindful of the state of the existing Hospital and associated facilities and the steps that were being taken to improve and transform the health service. Options had been assessed from a scope, operational efficiency, cost and programme perspective and taking into account the impact on the local economy.

Mr. Moore, OBE, indicated that, as part of the Our Hospital Review Process, the Our Hospital Review Team - which was noted to comprise himself, the Minister for Infrastructure, the Minister and Assistant Minister for Health and Social Services, with the support of the Acting Project Director and Health and Community Services Department's Associate Managing Director – had undertaken in excess of 25 meetings with more than 60 stakeholders and some of the Team had visited completed hospitals in Northern Ireland in whose construction, or redevelopment, he had been involved, as set out in Appendix 2 to the Report. To assure the objectivity of the Report, subject matter experts in the areas of clinical need, local construction and digital health had been involved in auditing the report, as had a 'critical friend' from a health background. Their views had been considered and responded to appropriately by the Review Team.

The Council was apprised of the contents of the Review Report, which set out a potential roadmap for the next steps to be taken but was emphasised not to be a substitute for the appropriate Government of Jersey governance processes and

approvals.

Mr. Moore, OBE, reminded the Council that the current proposed scheme at Overdale was unachievable within the original £804.5 million funding provision, which had been established for the project and, as a consequence of the current economic climate, was estimated to cost between £70 million and £115 million more than the figures included in the outline business case. It was also unfeasible to relocate the currently configured proposal for the Overdale site to the existing Hospital site at Gloucester Street. Refurbishing the current Hospital would be extremely challenging, with attendant increased clinical and operational risks and whilst these could be mitigated, it would impact service users and providers and increase cost. Accordingly, both of the foregoing options had been discounted from further consideration.

Subsequently, the following 4 options had been assessed by the Review Team –

1. a development at Overdale as the sole Hospital site with a significant reduction in the amount of designed space. This could be undertaken as one build (option 1A) or on a phased basis (1B);
2. a redevelopment of Gloucester Street as a single site on a phased basis and with reduced scope;
3. a redevelopment of Gloucester Street and a new build at Kensington Place on a phased basis and with reduced scope; and
4. a smaller build at Overdale, combined with new build at Gloucester Street and Kensington Place, with reduced scope.

In considering the viability of the various options, the Design Team had assessed them using RAG (Red / Amber / Green) ratings based on the critical success factors set out within the Green Book, which was the guidance issued by HM Treasury on how to appraise policies, programmes and projects. The key areas were noted to be deliverability and achievability, affordability, suitability, social value, operations, capacity and capability and innovation. On conclusion of this process, Option 4 had been identified as the preferred choice. It was a hybrid, phased, option with reduced scope from the current scheme. The Council was shown an indicative, potential, timetable for obtaining the requisite planning permissions, undertaking the enabling works and building on the sites, noting that some works could be undertaken concurrently.

An indicative, potential, timetable – subject to the maintenance of momentum and moving at pace - was that the work on the services that were to be located at Overdale could commence within 24 months, with a 36 month build (Phase 1). Work at Kensington Place could start within 36 months and take 36 months to construct (Phase 2a). Once both of the foregoing had completed, the remaining services could be developed in part of the current Hospital site at Gloucester Street (Phase 2b). This would take 24 months to complete. It was recommended that a review of the requirements for mental health facilities should start immediately with proposals on site within 36 months and a build time of 24 months. In conclusion, by the end of the 6th year, 75 per cent of all Hospital services would be operational anew, including the critical and acute areas and by year 8 the work would be complete.

The next steps for the project were noted to be as follows –

- further consultation with stakeholders, particularly those working within the Health and Community Services Department on the services that should be provided in any phased or hybrid solution;

- work to ensure that sufficient funding was in place to minimise clinical and operational risk at the Hospital;
- the commissioning of a review of the requirements for mental health facilities, to start immediately;
- the establishment of an appropriately sized group to ensure effective political oversight, which would meet regularly and make effective and timely decisions;
- the preparation of a mandate, providing an initial project plan, including potential resource requirements and timelines;
- the undertaking of feasibility studies to transform the current designs and proposals into initial proof of concept designs and costings;
- the preparation of a Report and Proposition for approval by the States Assembly of a phased or hybrid solution at Overdale and Gloucester Street;
- the development of the requisite business case; and
- work to identify and secure funding for the project through the States Assembly and Government Plan processes.

It was acknowledged that a multi-site option would result in an element of duplication of facilities, but it was not thought that these would be significant and they would, in fact, afford an element of resilience, which had been shown to be of benefit during the COVID-19 pandemic. It was, however, acknowledged, that significant additional work would need to be undertaken to establish the details of the scheme, including the clinical split of services and accurate costings would be required for both the anticipated capital and revenue elements of expenditure.

The Minister for Infrastructure indicated that he had spoken with those responsible for the maintenance of the current Hospital and there would be sufficient financial investment to keep it safely operational.

Having discussed the foregoing, the Council welcomed the Report, thanked Mr. Moore, OBE, for attending and supported the conclusions reached, as set out in the Report of the Our Hospital Review Team.