Our Hospital Project
Project Manual

V3.2
March 2021

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Version	Update Owner	Quality Check	Date	Issued To	Changes
1.0	Ema Klevan	Oliver James	05/05/20	JH, CW, SP, SB	Document Compilation
2.0	Ema Klevan	Zoe Madams	19/06/20	SOSG, Project Team	Updates to reflect project stage
2.3	Ema Klevan	Gretta Starks	27/09/20	Future Hospital Review Panel	Issue of WIP draft (manual is currently being updated in advance of HP3 to reflect the changes since the appointment of the DDP)
2.4	Ema Klevan	Gretta Starks	25/10/20	Project Team	Draft of sections 1, 2, 3 and 7
2.5	Ema Klevan	Gretta Starks	01/11/20	Project Team	Draft of sections 4,5,6,12,14 and 15
2.6	Ema Klevan	Gretta Starks	08/11/20	Project Team	Draft of sections 8, 9, 10, 11 and 13.
2.7	Ema Klevan	Gretta Starks	16/11/20	SOSG, Project Team	Final Draft of HP3 Update
3.0	Ema Klevan	Gretta Starks	20/11/20	Saved to OHP Teams following approval at SOSG Meeting	Clean version following HP3 review process
3.1	Ema Klevan	Gretta Starks	12/02/21	Project Team	Appendix update to reinstate former appendices that had required review following HP3, to respond to Health Check/LL, Hold Point Updates
3.2	Ema Klevan	Fredel Gibson	24/03/21	Project Team	Updates in relation to Jo Larkin's departure from the project.

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Contents

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1. Introduction

1.1. Background

The Our Hospital Project objective is to build a modern, fit for purpose hospital that can meet the health and care needs of the island of Jersey. The project aims to follow similar timescales to the previous project, which concluded in early 2019, after failure to secure planning consent. There is a clear need for a new hospital by 2026 and it is therefore vital that the project is well controlled, so this target is achieved.

1.2. Purpose

The Project Manual incorporates a set of tools developed to support the delivery of the Our Hospital Project. This manual has taken previous governance and project control documents and updated them. The methods presented are tailored specifically for reporting and monitoring of the Our Hospital Project whilst still following PRINCE2, and the Government of Jersey Public Finance Manual. The business case for the project is being developed using UK Treasury Green Book guidance, so this is also considered.

The success of the project relies on the project team following the guidelines the manual sets out and producing outputs highlighted. This manual acts as both a rulebook and help guide for the project team.

The manual acts as the PID for the purposes of PRINCE2, and is also the key control document that picks up requirements of the Public Finance Manual.

1.3. Ownership and Updates

The Government of Jersey has established a Project Management Office (PMO) that will assist with the oversight, management, assurance, and governance compliance for the Our Hospital Project.

The PMO's role will be to manage information and to assess and report on the performance of the project. This will enable the timely and informed decisions to be made on key issues based upon accurately reported data and a consideration of risks and challenges.

This manual is designed as a live document to be used throughout the duration of the project. It forms a 'CONTROL COPY MANUAL' which is to be held by identified members of the PMO. Control copies are to be kept up to date with any approved revisions released by the PMO lead. Formal reviews will be undertaken at the end of each Hold Point to ensure updates and changes are captured.

The PMO, along with the wider project team, will convene at the end of the PCSA period to review, update and redesign the manual as required for the construction period.

1.4. Using the Manual

The manual is structured to make navigation agile and simple to follow whilst covering all major elements of project management and governance. The contents page includes main and sub-headings and is linked so that the user can be directed to specific sections of the Project Manual via each heading.

The main body of the manual provides an introduction to each section and includes links to more detailed information for each topic area which is held in the appendices, and on relevant websites.

If you are part of the Our Hospital Project team, the manual also has interactive links to templates and resources you will need to use, which are saved in the project library. If you are not part of the project team but require access, you may request these documents from whoever issued you the Manual.

Links are shown throughout the manual
Bold light green text takes you to more information
Underlined text takes you back to the original manual section from the appendix

To use these links, hover the mouse over the light green text. The cursor will become a hand, which when you left click, will take the user directly to the required information. If you want to easily return to where you were, hold the Alt and left arrow key.

1.5. Relationship with Design and Delivery Partner's PEP

The Design and Delivery Partner (DDP) is a fundamental member of the project team. The Design and Delivery Partner has produced a Project Execution Plan (PEP) which acts in much the same way as this manual, outlining the way in which they propose to discharge their obligations and interact with the rest of the project team.

This manual covers the top three governance layers of the Our Hospital project and the interfaces with the DDP. The Design and Delivery Partner's PEP covers the fourth level.

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2. Project Definition

2.1. Definition

To select a site, then design and build a modern, fit for purpose hospital that will meet the health and care needs of Islanders in the context of the overall strategic health and care policies adopted by the Assembly.

2.2. Objectives

The key objectives of the Our Hospital Project are:

- To provide high quality, efficient and effective care for all patients and service users that is timely, accessible and delivers the best possible experience for patients, service users, visitors, and staff
- To deliver integration of physical and mental health care and services including co-location of an Acute Hospital and Mental Health Services
- To deliver an Acute Hospital that is safe, compliant, flexible and the right size for the future delivery of clinical and other services, and enables service transformation
- To deliver a new hospital that ensures the financial sustainability of the health economy
- To deliver a new hospital that contributes to building a thriving community and well-being of staff and patients with positive socio-economic and environmental impacts

2.3. Critical Success Factors

The Critical Success Factors of the Our Hospital project are:

- Does the option support the safe delivery of high-quality, efficient, and effective care in the future?
- Can the option deliver by the required operational date of 2026?
- Does the option accommodate a mix of co-located clinical and supporting facilities, including mental health facilities?
- Is the option flexible enough to support the delivery of healthcare in the future?
- Does the option offer the prospect of continuing to provide safe and effective care during the delivery of the new hospital?
- Is the option likely to be affordable from both a revenue and capital perspective?
- Does the option allow sufficient space for future expansion if required?

2.4. Baselines

The performance measurement baseline is defined in accordance with the original project objectives, scope, and resources required to finish the project within cost and schedule. This baseline will be used as the benchmark to compare all future measurements against and to review performance between the planned and actual values.

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Mandate

The project mandate is set out in **R.54/2019 Chief Minister's Report** which was used to communicate the project strategy to the States Assembly. This acted as a trigger to begin the project and is the baseline for the Political Oversight level of the project.

Business Case

The Business Case forms the baseline for the Board and Project levels of the project. The Business Case is developing through Strategic Outline Case, Outline Business Case and Full Business Case Stages. The Strategic Outline Case forms the current baseline.

NEC3 Contract

The NEC3 Contract forms the basis of the agreement between the Design and Delivery Partner and Government of Jersey and is the baseline for the Design and Delivery level of the project.

Figure 2:1 Baselines
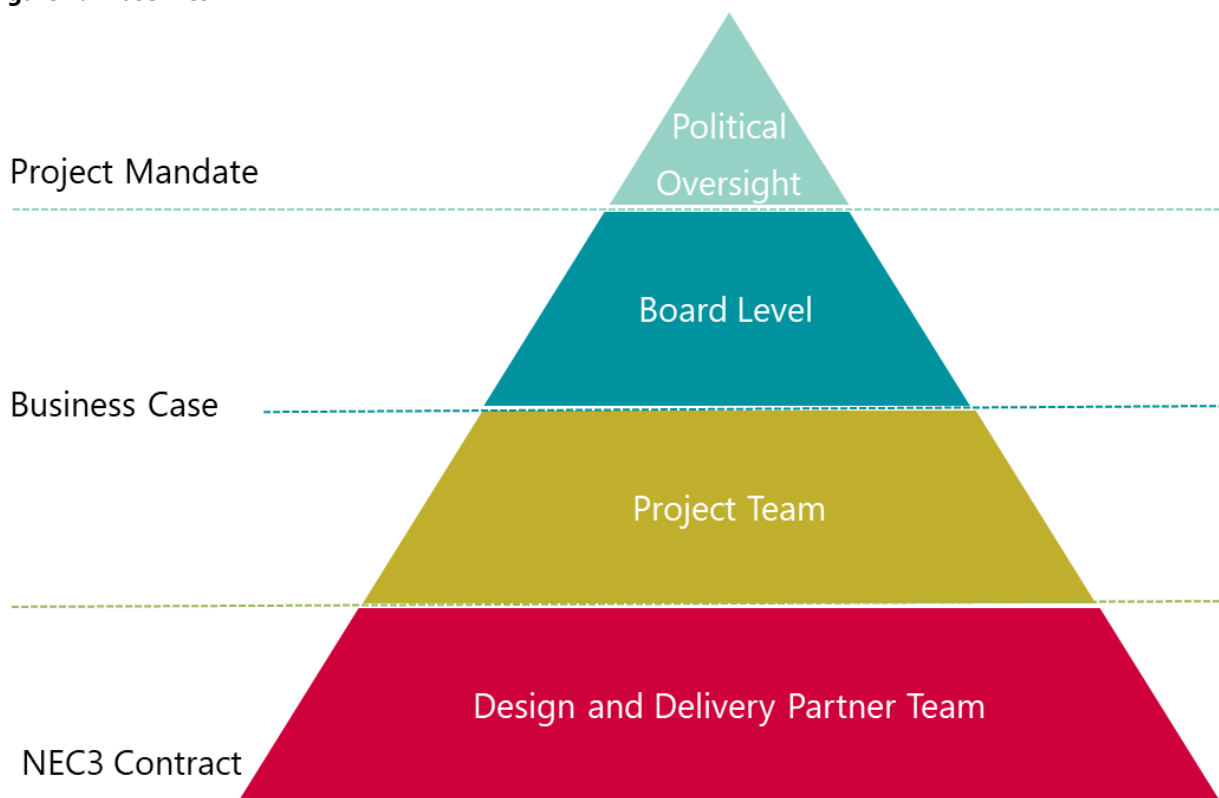
2.5.   Project Product Description

The baseline Project Product Description is set out in the Employers Requirements, which includes the Functional Requirements Brief. This is supplemented by the documents that respond to it.

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3. Governance and Organisation Structure

Governance dictates how the project will be directed and controlled to ensure the overall success of the project and that the strategic objectives are being met. This is supported by the governance structure which has been designed to integrate escalation protocol and regulated delegated levels of authority (DLA). The project governance has been set up in alignment with the Public Finance Manual. All members of groups have confirmed their understanding of the roles and responsibilities; this is captured in the relevant meeting minutes.

The Our Hospital Project is organised in four levels as illustrated below. The manual only covers the protocols to be adopted within the top three layers of the structure. It deals with the interfaces between all four layers.

Figure 3:1 Project Governance

States Assembly
Council of Ministers
Political Oversight Group (POG)
POG Sub-Groups
Future Hospital Review Panel

Senior Officer Steering Group (SOSG)
Clinical & Operational Client Group (COCG)
Partnership Board (PB)

Project Executive Group (PEG)
Sub-Groups

Design & Delivery Partner
Workstreams

Political Oversight

Board Level

Project Team

Design & Delivery Partner Team

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Figure 3:2 Organisation Structure

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                        ┌─────────────────────┐
                        │   States Assembly   │
                        └─────────────────────┘
                                  ↕
                        ┌─────────────────────┐        ┌──────────────────┐
                        │ Council of Ministers │- - - - │ Future Hospital  │
                        │       (CoM)         │        │  Review Panel    │
                        └─────────────────────┘        └──────────────────┘
                                  ↕
                        ┌─────────────────────┐
   ┌──────────────┐     │ Political Oversight │
   │ POG Sub-Groups│←─→ │    Group (POG)      │
   └──────────────┘     └─────────────────────┘
                                  ↕
                        ┌─────────────────────┐
                        │ Senior Officers     │
                        │ Steering Group (SOSG)│
                        │ PRINCE2 Project Board│
                        └─────────────────────┘
              ↕                                    ↕
   ┌──────────────────┐            ┌──────────────────────────────┐
   │ Partnership Board│            │ Clinical & Operational Client │
   │ PRINCE2 Senior   │            │ Group (COCG)                  │
   │ Supplier         │            │ PRINCE2 Senior User           │
   └──────────────────┘            └──────────────────────────────┘
                        ↕
               ┌─────────────────────┐
               │    Project Team     │
               └─────────────────────┘
                        ↕
               ┌─────────────────────┐
               │ Design & Delivery   │
               │ Partner Team        │
               └─────────────────────┘
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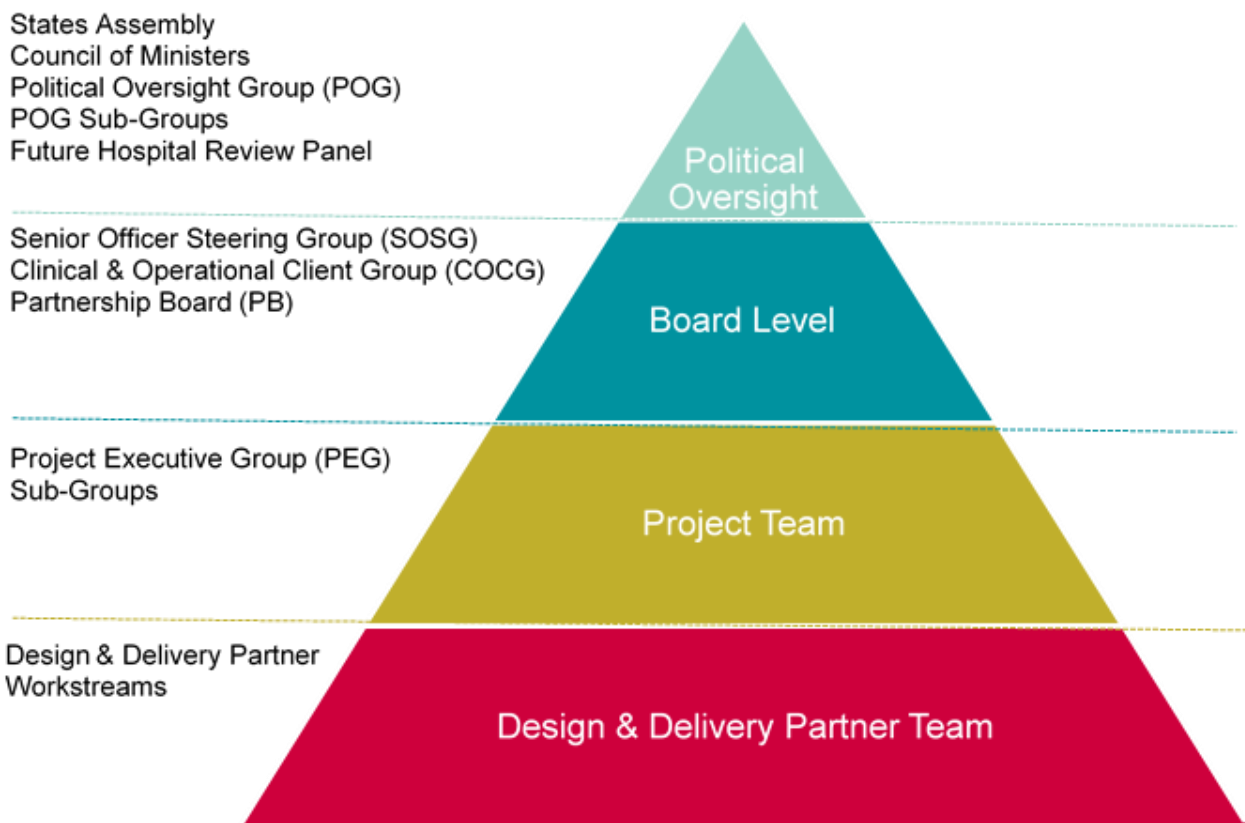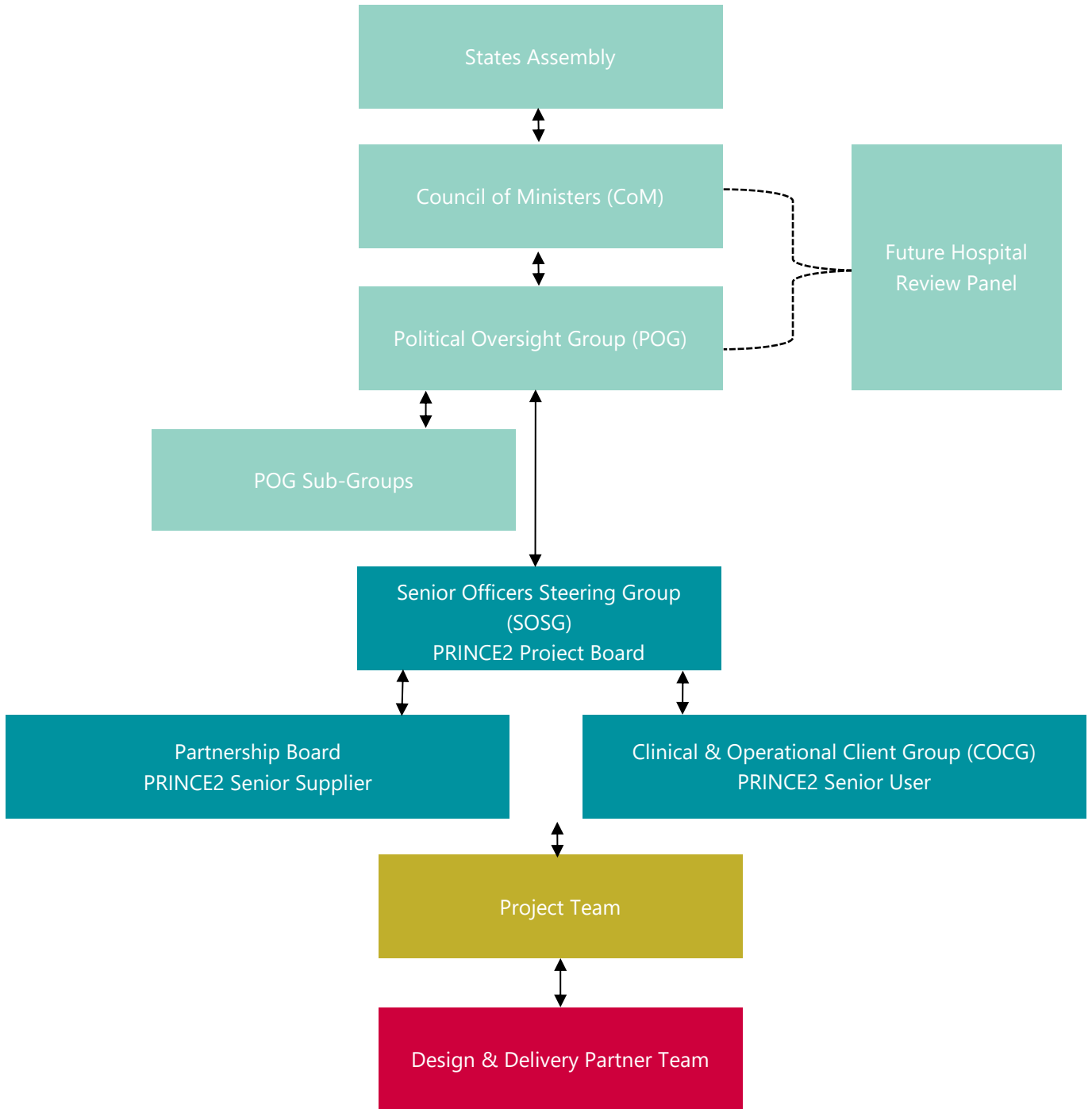
3.1.   Political Oversight

This level of the project is made up of the political groups that oversee the project.

States Assembly

The Government of Jersey States Assembly debates matters proposed by Council of Ministers and will make decisions for Our Hospital Project on site selection and funding.

Council of Ministers

The Government of Jersey Council of Ministers (CoM) is the co-ordinates policies and prioritises executive and legislative proposals. In addition to the decisions States Assembly will may be part of the decision making for appointment of key suppliers for Our Hospital Project.

Future Hospital Review Panel

The Future Hospital Review Panel was set up to provide assurance and scrutiny for the States Assembly on the project to provide a new hospital. It began for the previous project, so references the name of it (Future Hospital).

Political Oversight Group (POG)

The Our Hospital Political Oversight Group has been established for the Our Hospital Project.

Purpose	The Political Oversight Group (POG) has been established for the Our Hospital Project to provide independent scrutiny and oversight to the delivery of a new hospital as well as making decisions and taking recommendations to CoM, who they take direction from. They also lead on communications outside the project team.
Members	Political Representatives
Terms of Reference	POG Terms of Reference
Sub-Groups	POG Sub-Group
Accountable to	States Assembly / Future Hospital Review Panel / Council of Ministers
Receive reports from	Senior Officer Steering Group / POG Sub-Groups

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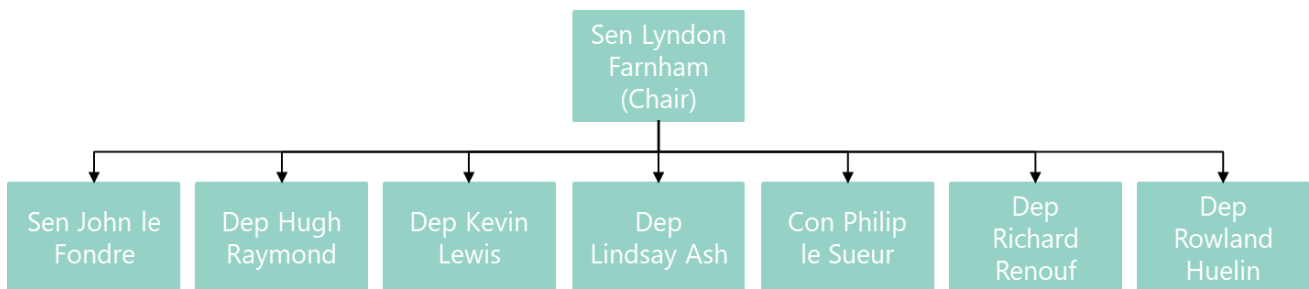
POG Sub-Groups

The following sub-groups have been set up to ensure that members of POG provide sufficient oversight to key workstreams of the project.
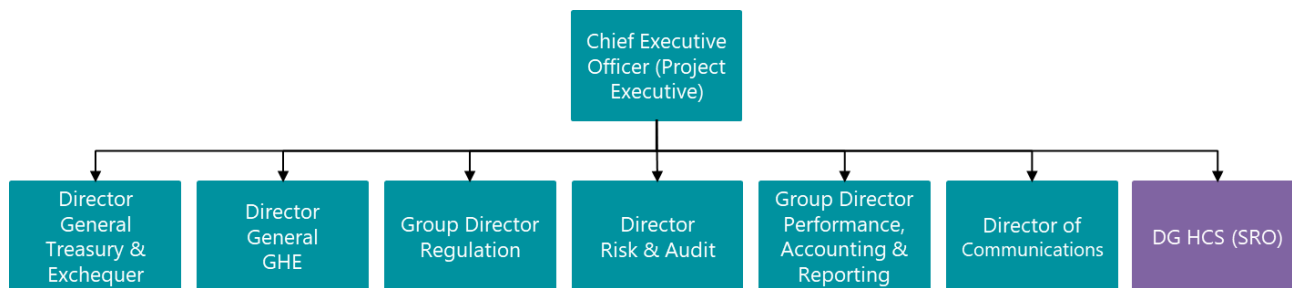
POG Sub-Group	POG Attendees	SOSG Sponsor	OHP Team Attendees PEG Sponsor in Bold
Finance	Lindsay Ash John Le Fondré	Group Director, Performance Accounting and Reporting	**Wider Programme Lead / Coordination Lead** Governance Lead Development Director Client Project Manager
Communications	Lyndon Farnham Hugh Raymond Rowland Huelin	Director of Communications	**Communications and Engagement Lead** Governance Lead Development Director Client Project Manager
Design Progress Briefing	Lyndon Farnham John Le Fondré Hugh Raymond Kevin Lewis Lindsay Ash Philip Le Sueur Richard Renouf Rowland Huelin	DG, Growth, Housing and Environment DG, Health and Community Services	**Client Project Manager** Development Director Governance Lead Clinical Director Wider Programme Lead Client Project Manager

3.2.   Board Level

The Board Level of the structure includes the PRINCE2 project board, the PRINCE2 Senior User, and the PRINCE2 Senior Supplier.

Senior Officer Steering Group (SOSG)

Purpose	Acts as the PRINCE2 project board to oversee and direct project delivery. It makes decisions within its authority levels on the approach to be taken to deliver the project. It ensures coordination of the project into other government programmes and departments. It is accountable for the success of the Our Hospital project.
Members	Senior Officers including the 3.B Senior Responsible Officer and Project Executive
Terms of Reference	SOSG Terms of Reference
Accountable to	Political Oversight Group
Receive reports from	Project Team / COCG / Partnership Board

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                    ┌─────────────────┐
                    │ Chief Executive │
                    │ Officer (Project│
                    │   Executive)    │
                    └─────────────────┘
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| Director General Treasury & Exchequer | Director General GHE | Group Director Regulation | Director Risk & Audit | Group Director Performance, Accounting & Reporting | Director of Communications | DG HCS (SRO) |

Clinical and Operational Client Group (COCG)

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Purpose	Acts as the PRINCE2 Senior User, responsible for specifying the clinical and operational requirements. Provides a project-level connection to the wider health initiatives via reporting channels to HCS.
Members	**3.B Senior Responsible Officer and Project Executive**, clinical and health representatives, project team members
Terms of Reference	**COCG Terms of Reference**
Accountable to	Senior Officer Steering Group
Receive reports from	Project Team
Dependencies	COCG provides a reporting channel to HCS. Items relevant to the HCS Governance Structure will be identified and shared with them through the appropriate reporting channel. The user group structure established for input into the design and briefing process reports into COCG and is detailed in the DDP PEP and Design Management Plan.

Partnership Board

Purpose	Acts as the PRINCE2 Senior Supplier, responsible for delivering design and construction and construction of the new hospital.
Members	Construction Stage Senior Responsible Officer, Design and Delivery Partner, project team members
Terms of Reference	**Partnership Board Terms of Reference**
Accountable to	Senior Officer Steering Group
Receive reports from	Project Team

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3.3.   Our Hospital Project Team

The Project Team level is made up of the team members responsible for delivering the project as directed by the Board and Political level groups.

Figure 3:3 OHP Team Organisation Structure
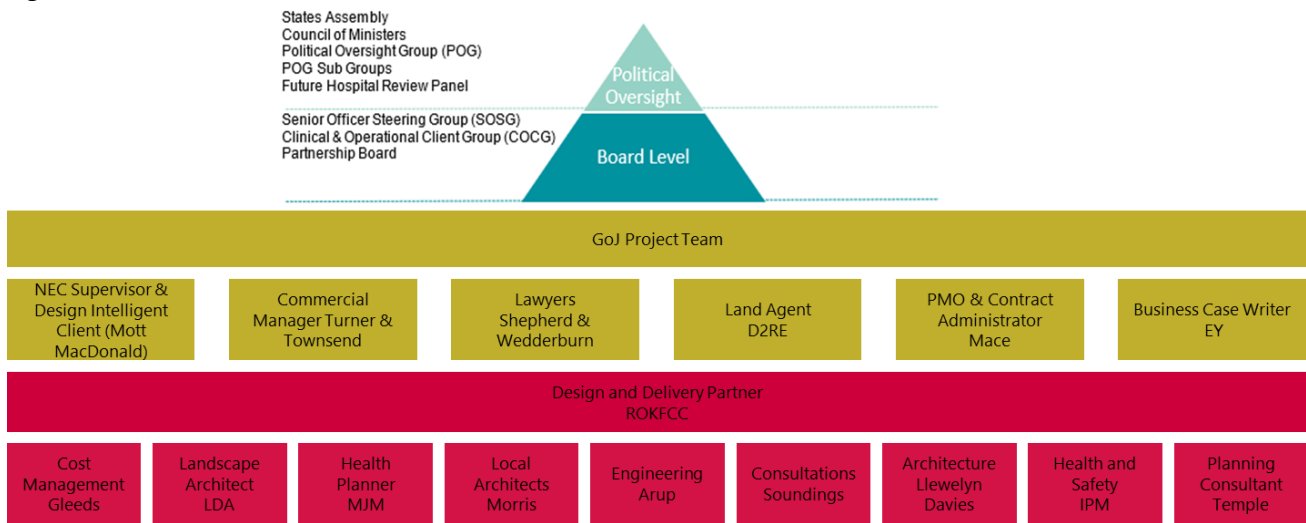
Project Executive Group

Purpose	A coordination group for the project team to enable them to communicate plans for delivering day-to-day tasks on the project.
Members	Officers and team members

Groups have been established to provide delivery focussed forums on specific areas of work. The workstreams required will be reviewed regularly, as a minimum as part of the stage boundary process, to ensure they reflect the current project priorities. The current sub-groups are listed below.

Financial Management Group (FMG)

Purpose	To oversee strong financial management and compliance with Public Finance Law on the Our Hospital project to ensure the Island has a value for money Hospital.
Members	Commercial Manager, GoJ Finance Team, GoJ Commercial Team, Coordination Lead, Wider Programme Lead

Communications Group

Purpose	To oversee project communications between and across internal and external stakeholders
Members	Communications and Engagement Lead, Governance Lead

PMO Group

Purpose	To oversee and run the project management and controls
Members	Coordination Lead, Client Project Manager, PMO Team

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Governance Group

Purpose	To support the governance of the project
Members	Governance Lead, Governance Officer, Coordination Lead, Client Project Manager, PMO Team

Client Briefing - Design

Purpose	To brief the client team on progress on design
Members	Development Director, Client Project Manager, Coordination Lead, DDP

Land Assembly

Purpose	To oversee progress on land assembly.
Members	Development Director, Land Agent

Planning Briefing

| Purpose	To liaise with the Planning Department about plans for the planning application process
Members	Client Project Manager, Planning Control Managers

3.4. Design and Delivery Partner

The Design and Delivery Partner, along with their supply chain, are responsible for the design and construction elements of the project. Their PEP sets out the workstream groups for the current stage of the project. Where the DDP interfaces with the Governance of the project it will be important to ensure this is considered in programming, enabling information to be issued with suitable time for review and consideration in advance of Governance Meetings. This varies depending on the group, but is at least a week, and considerably longer for some meetings, e.g. States Assembly where lodging is required up to 6 weeks in advance.

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4. Programme and Gateways

The requirement for a new hospital on Jersey by 2026, as set out in the **Mandate**, provides an overall project deadline which must be achieved. Schedule management is a fundamental part of achieving this and all governance levels are involved. The Design and Delivery Partner hold the most detailed programme and more information on how this is included in the **Contract and Supplier Management** section. This programme is used by the DDP and the project team, whilst the Hold Point schedule is reported on for the Board and Political Oversight levels.

Figure 4:1 Schedule Management
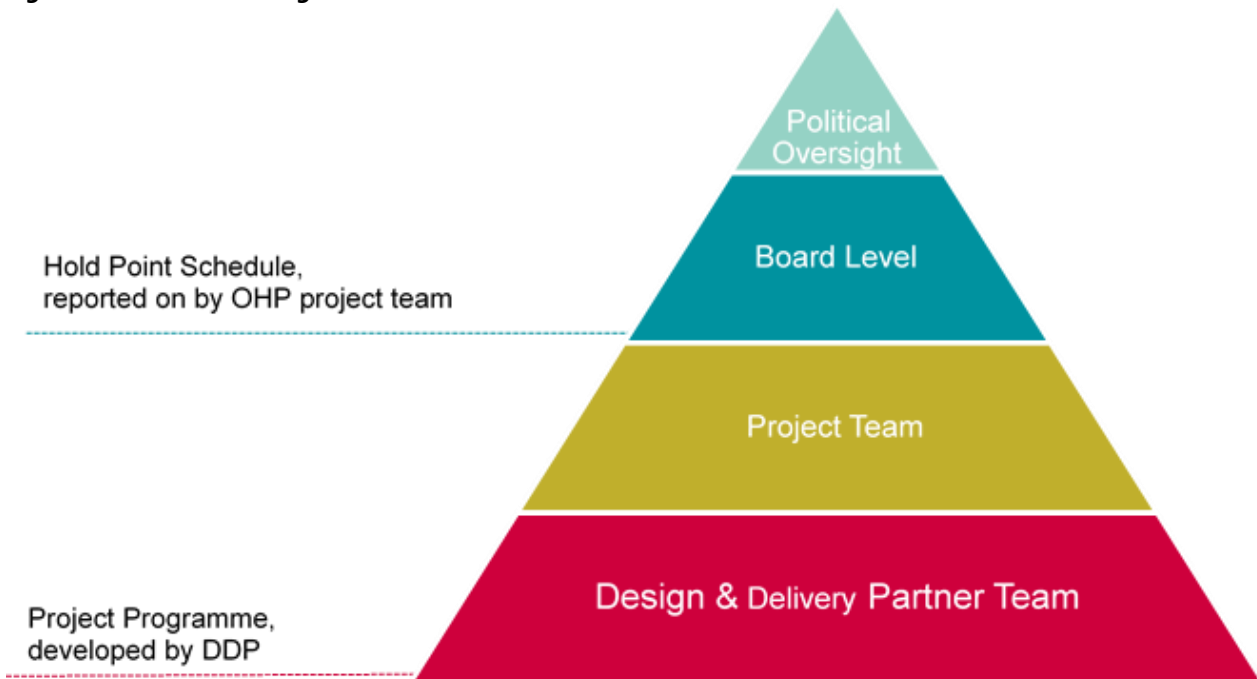
A diagram of how the various schedules and gateways align can be found below.

Figure 4:2 Programme Map

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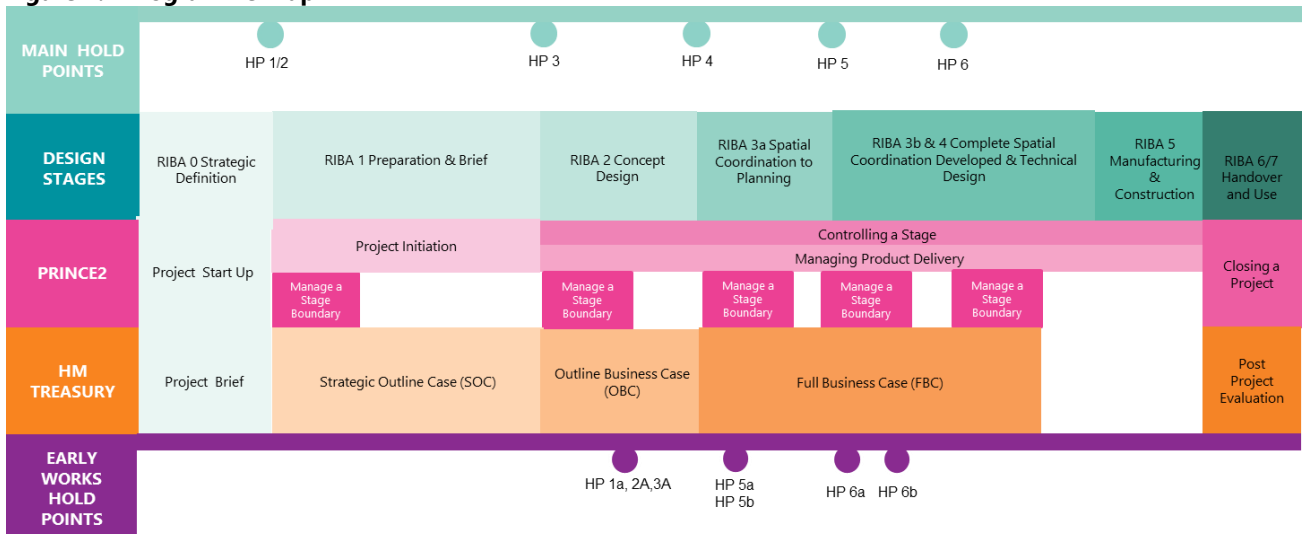
4.1. Hold Points

The Our Hospital project will use Hold Points to act as stop-go gateways when significant decisions are required for the project to continue. At each Hold Point the PRINCE2 Managing a Stage Boundary process will be followed. A list of the Hold Points is shown below.

Hold Point	Summary of Key Deliverables
Hold Point 1	• Draft Jersey Care Model • Draft Functional Brief • Draft Strategic Outline Business Case
Hold Point 2	• Shortlist potential sites agreed • DDP Appointment
Hold Point 3	• Preferred site • Confirmed Functional Brief and ERs • Confirm Strategic Outline Business Case
Hold Point 1a (The Hold Points for reprovision are being reviewed)	• Brief for Overdale Reprovision
Hold Point 2a & 3a	• Preferred site for Overdale Reprovision • Concept design and cost
Hold Point 4	• Outline Business Case • Funding approval
Hold Point 5a	• Planning application submitted for Overdale Reprovision
Hold Point 5b	• Planning application submitted for Demolition
Hold Point 5	• Detailed design • Planning application submitted for Our Hospital
Hold Point 6a	• Build contract signed for Overdale Reprovision
Hold Point 6b	• Build contract signed for Demolition
Hold Point 6	• Build contract signed

Information for decisions, such as Hold Points, needs to be produced sufficiently in time to enable papers to be issued and reviewed prior to the relevant meetings. Sufficient time should be allowed for within the Programme and in the production and dissemination of information.

4.2. Project Programme

Within the DDP's PEP there will be information on how they will manage the design and construction work packages, and how this aligns to the OHP project stages. Information on the management of the Design and Delivery Partner's programme is included in the Contract and Supplier Management section.

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4.3. Business Case Stages

UK Treasury guidance on how to appraise projects is informing the business case process for OHP. The business case is being developed using the 5 Case model which aims to ensure projects:

- are supported by a robust Case for Change – the Strategic Case
- optimise Value for Money – the Economic Case
- are commercially viable – the Commercial Case
- are financially affordable – the Financial Case
- can be delivered successfully – the Management Case

The Our Hospital project will follow the HM Treasury iterations of the Business Case:

- Strategic Outline Case
- Outline Business Case
- Full Business Case

4.4. Dependencies

Every project has dependencies which can be defined as:

- Political, social and statutory requirements that influence the scope i.e. how stakeholders' interface with the project
- Technical interfaces that arise as the array of innovations and complex systems, components, that are integrated through the design process through to deliver and testing and commissioning
- Activity interfaces either as a consequence of sequencing or delivery methodology inherent in the design and construction process.

In order to effectively manage the project's interfaces, the DDP have included identified dependencies on the overall master programme which is submitted and reviewed monthly in the process described in the DDP PEP. Key deliverables produced by dependencies, such as the Island Plan and the Jersey Care Model, are also identified and tracked on the **Dates and Gates tracker**.

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5. Project Drumbeat

The Our Hospital project's meeting, data collection and reporting schedules ensure effectiveness and efficiency: this forms the **Project Drumbeat**. Creating a consistent rhythm for the project team and stakeholders to follow provides a stable platform. Regular meetings and reports form the basis of the cycle.

5.1. Meetings

Following a cadence pattern assists projects with the frequency, format, and sequence for any meetings taking place and reports that need to be issued. The Our Hospital Project meeting drumbeat schedule is saved on **Teams** and updated regularly.

5.2. Reports

Clear, informative reporting mechanisms are crucial for ensuring the project board and team members are kept up to date with the latest developments.

Checkpoint Reports

Purpose	To provide a regular progress report on work packages.
Author	Currently Design and Delivery Partner
Audience	Project Team
Frequency	Currently Monthly
Repository	Viewpoint
Notes	Report consists of a dashboard with accompanying narrative report More information about the DDP Checkpoint is available in DDP's PEP

120 Highlight Reports

Purpose	To provide a short, regular summary of the project status and plans for upcoming period.
Author	PMO
Audience	POG, SOSG, Project Team, DDP
Frequency	Weekly
Repository	Teams
Notes	One of the ways of fulfilling the Public Finance Manual's requirement for sub-groups to report progress to Project Board. Designed to be read in two minutes, hence the name

Monthly Highlight Reports

Purpose	To provide a summary of the project status, in line with the PRINCE2 guidance on highlight reporting
Author	PMO
Audience	POG, SOSG, Project Team
Frequency	Monthly
Repository	Teams
Notes	Accompanied by the project's audio POGcast recording

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Hold Point Reports

Purpose	To provide updates on achievements made within the outgoing stage, present a plan for delivering the next stage, and requests authority to continue to the following stage.
Author	Development Director and Project Executive Group
Audience	SOSG, DDP
Frequency	At every Hold Point
Repository	Teams
Notes	These are the PRINCE2 End Stage Reports and Stage Plans

Health Check Reports

Purpose	To evaluate the status of key areas, in order to identify challenges, risks, opportunities, and lessons learned.
Author	PMO
Audience	SOSG, Project Team
Frequency	After every Hold Point
Repository	Teams
Notes	As of Hold Point 3, the Health Check tool has been designed to incorporate best practice guidance from Public Finances Manual, PRINCE2, National Audit Office and Office of Government Commerce

End Project Reports

Purpose	To review how the project performed against the original objectives as the final report issued to the Project Board
Author	Development Director and Project Executive Group
Audience	SOSG/POG
Frequency	At project closure only
Notes	This will be the PRINCE2 End Project Report and will include • Collation of all Highlight Reports • Lessons Report • Details of unfinished works • Ongoing risks

Lessons Report

Purpose	To provide details on lessons which should be applied to future stages of the project, or to future projects at the end of the project
Author	Development Director and Project Executive Group
Audience	SOSG/POG
Frequency	After each Hold Point and at project closure
Notes	Report will be filed with Government of Jersey's Corporate PMO to support centre of excellence Report will cover Public Finance Manual's requirements for the Project Evaluation Report

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5.3.   Dates and Gates

The project's **Dates and Gates tracker** captures when key information or decisions are required and which levels of the governance structure they pass through, helping the team to forward plan. It is owned and updated by the **Governance Group.**

Should any level of the structure not act on the support or advice offered by other members of the project or governance they do so at their own discretion, and this will be recorded in the relevant minutes, notes or tracker.

5.4.   Project Directory

The Project Directory is held by the DDP and circulated monthly.

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6. Project Methodology

The project will be managed using PRINCE2 methodology and corporate standards as agreed by Government of Jersey. It emphasises dividing the project into manageable and controllable stages where the process-based approach can be tailored to a project's individual requirements.

Figure 6:1 PRINCE2
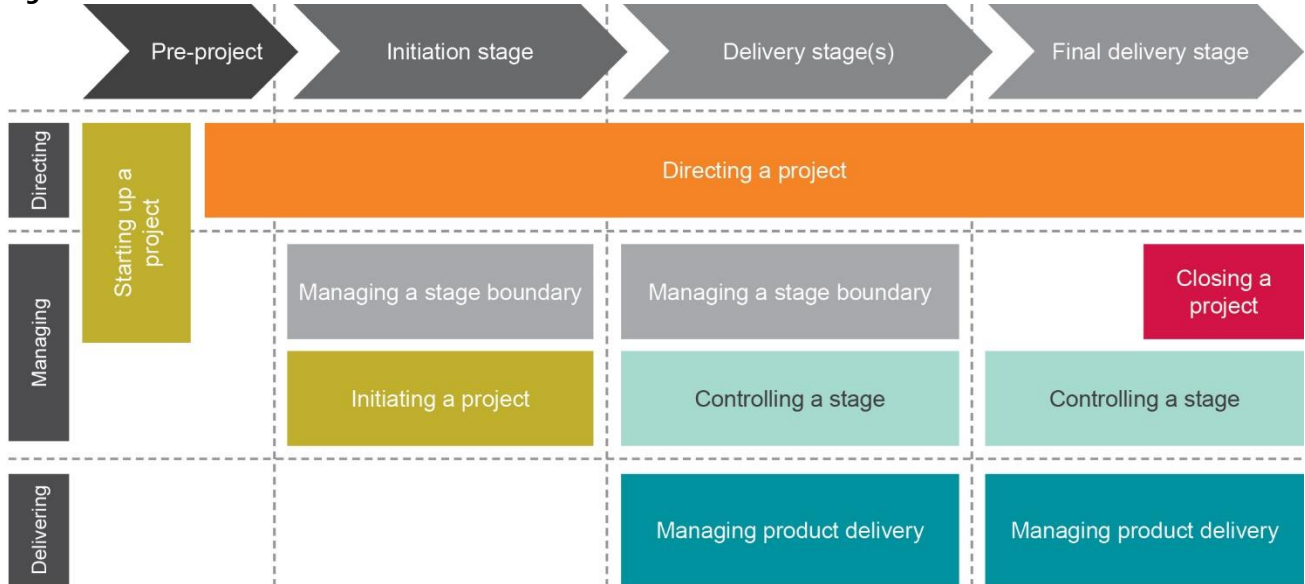
6.1. PRINCE2 Process

PRINCE2 has clearly defined project stages which lead the team from start-up right through to closing a project, a visual diagram is above (Figure 6.1). The Our Hospital team will use this methodology to control the project.

Project Start-up

Prior to the activity of scoping the project fully, it's important to verify that the project is worthwhile and viable. The project team including the Executive, Development Director, PMO team, and clinical team have been assembled. The project governance within the Project Brief has been agreed. These products have been agreed by the SOSG as the Project Board, with oversight by the POG via the Directing a Project function.

Directing a Project

With the Start Up phase complete, SOSG, as the Project Board, are accountable for the project's success by directing the remainder of the project. SOSG authorise and make key decisions in order to exercise overall control. Political oversight is provided by POG.

Initiation

Once there the decision was made to go ahead with the project, it needed to be planned in detail.

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Funding has been obtained and key governance strategies on change control, risk, quality, and communications have been produced by the PMO team and approved. The Project Brief has been updated to include the Project Initiation Documentation. The Strategic Outline Case has been developed and agreed by the SOSG with oversight by the POG

Managing Product Delivery

The purpose of the Managing Product Delivery phase is to control the link between the Development Director and the Delivery or Team Managers, by placing formal requirement on accepting, executing and delivering project work. During the Managing Product Delivery phase detailed planning and construction of a new hospital will take place and services will be transitioned to new delivery spaces. The COCG and SOSG will provide assurance that the final product meets the client requirements as the Senior User and Senior Supplier.

Closing a Project

The Closing a Project phase recognises that the project is complete, services are transitioned to new delivery spaces and that the final product meets the client requirements**.** Lessons Learned are recorded for future projects and benefits continue to be monitored. An End Project Report will be written for approval by SOSG with oversight from POG.

6.2.   Tailoring of PRINCE2

One of the PRINCE2 principles is that PRINCE2 should be tailored for a project's particular circumstances. The first PRINCE2 Health Check including a detailed review of how tailoring would take place. The Health Check process carried out at each stage boundary also includes a review against PRINCE2 so considers how the methodology is being tailored for that stage.

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7. Scope

7.1. Scope Definition

Project scope establishes the boundaries of the project: what it will and won't deliver. On the Our Hospital Project, the scope is described in the Employer's Requirements (ERs), which include the Functional Brief detailing the clinical requirements. The ERs acts as the PRINCE2 Project Product Description in defining the user and quality expectations and acceptance criteria for the project.

There is a series of postcards (the summary slides used to share information about the project) which explain more about the contents of the **Functional Brief** and the **ERs**. Additional information on delivering the DDP's scope is included in the **Contract and Supplier Management** section.

7.2. Scope Changes

Any changes to the scope are variations to the project's baselines and will therefore follow the process outlined in the **Change** section in this Manual or the Design and Delivery Partner's PEP.

7.3. Out of Scope

The delivery of the demolition of the existing Jersey General Hospital, at The Parade, is currently out of scope.

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8. Finance and Commercial

8.1. Public Finances Manual

The Public Finances Manual represents an integral part of the Jersey Financial Compliance Framework. The Jersey Financial Compliance Framework is an overarching framework developed to help the Government of Jersey to establish and maintain effective financial management and to support the achievement of the Government's strategic aims, objectives and ultimately deliver expected outcomes. It provides assurance that departments have implemented appropriate systems to ensure compliance with the Public Finances Law and that they have done so through effective, efficient and responsible financial management of public resources.

The Public Finances Manual is designed to supplement the Public Finances Law and is issued by the Minister for Treasury and Resources. It provides additional direction and information as considered necessary by the Minister for Treasury and Resources to help compliance with the Law.

The Our Hospital Project is considered a Major Project under the Public Finance Manual because it meets the following Public Finances Law criteria:
- A capital project the duration of which, from start to finish, is planned to be of more than one year and the total cost of which is planned to be of more than £5 million; or
- A project that has been designated as a major project under an approved government plan

The project must comply with all aspects of the Public Finance Manual.

8.2. Project Cost Management

Project cost management involves ensuring monitoring and reporting frameworks are in place to track project-wide costs against budget targets and provide a realistic estimate of overall final costs. Under the Public Finance Manual there is a specific requirement to ensure financial tracking arrangements are in place for Major Projects.

Turner and Townsend, with support from Tillyards on island, provide the Government of Jersey with cost consultancy services and which can include:
- Contributing to the Cost and Value and Procurement workstreams.
- Alongside the Design and Delivery Partner managing the costs of the pre-construction design, construction, and post-construction stages, maintaining and updating all cost information
- Alongside the Design and Delivery Partner continuously updating the cost plan aligned to the most current project stage and design proposals

- Providing monthly cost report to the Government of Jersey which aligns to the PMO and DDP reporting cycles
- Overseeing the procurement and appointment of other DDP consultants or sub-consultants including the management of costs, activity schedules, contracts, warranties, guarantees, and bonds.
- Supporting the contract administration functions from a cost perspective such as monitoring expenditure against the Accepted Programme, agreeing Activity Schedules for each stage, managing the interim payment process, and analysing the impact of Early Warnings or proposed changes.
- Agreeing the Target Cost for each stage of the project and monitoring the DDP's defined cost throughout the project, identifying inefficient resourcing and expenditure as part of the Target Value Design process.
- Producing and benchmarking the business case finances.

Target Value Design

Target Value Design (TVD) is being implemented to achieve cost certainty for the project. Each cost element has a specific target; this allows cost to become a constraint, not an outcome, of the design process. As the design progresses, the detail within these elements increases and is replaces by true market-tested costs thus creating continuous and pro-active evaluation of the cost implication of the design options.

The achievability of each element's target is checked on a regular basis and if the measurements and costings are acceptable against the latest targets, the design can continue. If not, the entire team considers the scope and options against design objectives and facilitate a balanced approach to revised decision making whilst the design is refined, and that element is brought back within budget.

The Cost and Value workstream will be used as a forum for the OHP project team and the DDP to facilitate the TVD process. The PEP provides more information on this.

9. Contract and Supplier Management

A project of the nature, size, and importance of Our Hospital cannot be fully resourced by Government of Jersey alone and therefore a team of external suppliers has been assembled to assist in ensuring the project is as successful as possible. Each supplier has entered into a contract with government of Jersey in line with the Public Finance Manual; the largest of which is the Design and Delivery Partner's which is why it has a separate section below.

The contract management processes are defined within the contracts in place between the Government of Jersey and the supply chain for Our Hospital Project. The sections below align to each respective contract and outline the process of, and responsibility for, managing contract and commercial processes.

9.1.   Design and Delivery Partner

The current contract between the Design and Delivery Partner and the Government of Jersey is a NEC3 Professional Services Contract (PSC) with project specific amendments. The contract will be administered for the Government of Jersey by the Employer's Agent, Mace.

The PSC anticipated that early works may be progressed, should the selected site require works prior to the main construction. If early works are confirmed to be required it is likely these will be progressed under Works Contracts, which could be the Engineering and Construction Contract (EEC), or another suitable form.

The PSC will be in place until the construction phase. Once the decision has been made to progress into the construction stage, the form of contract will be replaced by the Engineering and Construction Contract (ECC) NEC3 Option C Contract. Option C is a target cost contract which is subject to a pain/gain share mechanism by using an agreed target cost. This mechanism enables the DDP and Government of Jersey to share in the benefits of cost savings, but also sets out the mechanism for sharing the burden of cost overruns.

Interim Payment Process

The NEC3 Contract includes an element of cost verification that will be undertaken by the cost consultant. One of their duties involves the validation of the interim assessment and to provide their own assessment of the Price for Services Provided to Date on behalf of the Employer's Agent at the agreed assessment intervals, together with an adjustment, where necessary, for agreed Compensation Events. The assessment and forecast may lead to a revision to the Total of the Prices.

In order the validate the robustness of the interim assessment, a monthly review will take place between Turner and Townsend, and the Design & Delivery Partner. Further information and/or evidence to support the assessment, track progress on site or to affirm any claims made shall be obtained as maybe required. This should ensure the assessment

withstands any inspection by audit. The interim assessment will then be presented to Mace, agreed and prepared ready for certification. Following the release of the PM's certificate which shall represent the Employer's assessment under the Contract, an invoice will then be raised and issued by the Design and Delivery Partner and presented to the Employer, copied to the Client team. An agreed assessment schedule is in place to affirm the dates for all submittals, any delay in providing the necessary substantiation may lead to a delay in either the assessment, or the subsequent payment.

Contract Programme

Under the NEC3 form of contract The Design and Delivery Partner is obliged to produce a programme for acceptance, and to update and resubmit it following the cycle set out in the contract. The Contract and the DDP PEP explain the requirements in more detail. Following review against the contractual requirements Mace, as the Employer's Agent will notify the Design and Delivery Partner of the outcome of the review using CEMAR, the contract administration system being used for the project, copied to the Client team.

The Design and Delivery Partner must link the Accepted Programme with the Activity Schedule, this helps to determine anticipated cashflows throughout the project lifecycle and is a contractual requirement.

OHP Risk Register

Under the NEC3 of contract the Design and Delivery Partner is obliged to maintain a Risk Register and to update the same following the presentation of Early Warnings or when it becomes apparent any event which may affect time, cost or quality arises. The requirements under the Contract are more widely detailed and explained with the NEC3 form and detailed in the DDP Project Execution Plan. It is essential regular risk workshops are held, attended by Mace as Employer's Agent, the Cost Consultant, Turner & Townsend and any other party which may provide a meaningful meeting with purpose and action. The risk register must be updated regularly by the D&DP and provided to the Client Team on a monthly basis or when it is necessary to do so. Risks which are beyond those at project level will be elevated to a higher governance and managed accordingly. It is imperative the criteria used for scoring and defining the parameters of threats and opportunities is aligned to all levels of governance.

Supply Chain Procurement

All procurement undertaken by the D&DP must be made in accordance with the NEC3 form of Contract. To achieve compliance, a process has been put into place which allows the Employers Agent, the Cost Consultant, the Lead Designer, and where appropriate others, to affirm the requirements of the Contract and the project have been met. The Certificate of Readiness to Tender and the Certificate of Readiness to Contract are the templates which have been created by the project team that embodies the process of sign off, thus ensuring

the procurement exercise, remains at the highest possible standards, is compliant with the main Contract terms and conditions, is likely to fall within the Affordability envelop and importantly, allows the scope to be delivered within the agreed Programme. Supply Chain Procurement is further details in the D&DP Project Execution Plan.

9.2.   Other Interim and External Suppliers

In addition to the Design and Delivery Partner, other interim and external appointments have been made to the project team in line with the resourcing strategy for the project and whose contracts require management. This management will be undertaken by Government of Jersey and obligations such as lines of reporting, delegated authority protocols, and conflict disputes under the Public Finance Manual can be found in the Appendices. The project change process for these contracts can be found in the change section of this manual.

9.3.   Supplier Performance Management

A supplier performance management process has been established for the project. This includes a standard form of KPIs for Supplier Management.

- Quarterly reviews take place with the DDP
- Bi-annual reviews take place with other major suppliers

9.4.   Contract Management

The Contract Management processes are defined within the contracts in place between the Government of Jersey and the supply chain for Our Hospital Project. These processes align to each respective contract and outline the process of, and responsibility for, managing all contract and commercial processes.

9.5.   Upcoming Appointments

There are several internal and external upcoming appointments for the Government of Jersey project team to be procured which will be undertaken in line with the resourcing strategy for the project.

9.6.   Supply Jersey

Supply Jersey is the States of Jersey web-based purchasing system for:
- creating purchase orders
- recording delivery of goods and services
- invoice approval and payment

Any Our Hospital Project suppliers who have a contract with Government of Jersey will be required to use the system in order to:

- acknowledge orders via an e-mail link that is sent once requisitions are approved
- amend orders prior to acknowledgement
- invoice orders up to receipted amount
- review their payment history

The PMO team have created a **Supply Jersey Quick Start Guide** with additional information including who the project superusers are, how to create an account, and step-by-step supplier instructions.

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10. Change

This section will be used to identify how, and by whom, the project's products and baselines will be controlled, changed and protected. All change procedures undertaken will be recorded and robustly maintained to ensure the project's objectives and benefits are realised.

10.1. Change Control Process

All identified changes are managed through the change control process by Financial Management Group (FMG) who act as the PRINCE2 Change Authority on this project. The assessment provides details on all relevant items to enable change to be considered including impact on scope, timetable, key dates, cost, value for money, quality, operational impact/dependencies, future costs (maintenance/replacement), health and safety, and risk.

Should the change exceed the Financial Management Group delegated authority, the change will be reassigned to the relevant level of authority. A decision will then be made to either approve, defer, or reject the change. Once a decision has been made by the highest required authority, the information and change is cascaded back to the source for implementation.

Capture

When a new change needs to be raised, it will be captured on a Change Request Form (CRF), and added to the Change Log by the PMO. The CRF form has two parts, and Initial Assessment and a Detailed Assessment. The Initial Assessment can be completed if more work is needed to establish the full impact of the change. However if full details are known about the form the Detailed Assessment can be completed. If the change impacts more than one supplier a 'Master' Initial Assessment Change Request Form will be completed that covers all implications, for all parties.

Assess

If there is a contract impact, the CRF will be reviewed by the relevant Contract Supplier Managers, and then submitted to the Project Team for consideration. If the scope is impacted, the change will then be reviewed with the Senior User. If there is a cost / budget / programme impact, the change is then reviewed with the Financial Management Group.

Decide & Implement

Following assessment of the change, the change is recommended to SOSG (SRO), who will escalate the change if the change is outside the scope of their delegated authority. The change decision will be recorded, and reported back to the PMO and Contract Supplier Manager for implementation.

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Detailed Assessment

If needed, a Detailed Assessment is required to finalise the change it will be completed, and so long as the impact is within the tolerances agreed in the Initial Assessment it can be implemented with approval on the Contract Supplier Manager. If it is outside the agreed tolerances the Detailed Assessment will need to be submitted to Financial Management Group.

10.2. Design and Delivery Partner Change

The change control process for the DDP is aligned with the project change control process. The process for implementing this change with the DDP is detailed in the Contract and the PEP.

Change Control Board

The Change Control Board (CCB) has been established to provide a forum ensure the principles of Target Value Design are being rigorously applied. CCB includes representatives of the DDP and the Client Team and meets at least fortnightly to analyse potential or proposed changes to the NEC3 contractual baselines. Changes are challenged within the group using a consistent methodology and against accepted criteria. The outcome of such challenge determines if the change is considered necessary or not. If following this robust review it is clear a change is required, this is identified and progressed through the Change Control Process. All proposed changes discussed at CCB are kept on a log and those rejected are reported to FMG for assurance purposes

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11. Risk

The purpose of the risk management process is to identify, assess and control uncertainty, and as a result, to improve the ability of the Our Hospital project to succeed. The project is a major enabler of change and as with any change this introduces a multiplicity of uncertainties, and therefore risks.

Management of risk within the project will be systematic and not based on chance. Our approach will be about the proactive identification, assessment and control of risk that might affect the impact of the Our Hospital project's objectives.

The project will establish and maintain a cost effective risk management procedure. The overall aim is to support better decision-making through a good understanding of risks – their causes, likelihood, impact, timing and the choices of responses to them.

Risk management is a continual activity performed throughout the life of the Project. Without an on-going and effective risk management procedure it is not possible to give confidence that the project is able to meet its objectives and therefore whether it is worthwhile for it to continue. Effective risk management is a pre-requisite of the continued business justification principle.

The project's risk management process has been established in accordance with the Government of Jersey Risk Management Guidance which applies to all Government Bodies as defined in Article 1 of Public Finances (Jersey) Law 2019 and has been designed to align with ISO Standard 31000:2018 for risk management and PRINCE2. The following elements have been considered:

Communication and Consultation
Ensuring relevant stakeholders understanding risk, the basis on which decisions are made, and the reasons why particular actions are required.

Scope, Context and Criteria
Tailoring the risk process, enabling effective risk assessment and appropriate risk treatment.

Assessment
Establishing a suitable process to enable risk identification, analysis and evaluation. Risk assessment will be conducted systematically, iteratively and collaboratively, drawing on the knowledge and views of stakeholders.

Treatment
Selecting and implement options for addressing risk and through an iterative process:
- The formulation and selection of options

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- Planning and implementing
- Assessment of the effectiveness of that treatment
- Deciding whether the remaining risk is acceptable
- If not acceptable, taking further treatment

Monitoring and Review

Ongoing monitoring and periodic review of the risk process and its outcomes will be a planned part of the risk process and will take place in all stages. Monitoring and review includes planning, gathering and analysing information, recording results and providing feedback. The results of monitoring and review will be incorporated within health check and lessons learnt processes.

Recording and Reporting

The risk process and its outcomes will be documented and reported through risk registers which are owned and updated by identified members of the different governance groups.

Escalation

Risks should be managed by the party best placed to manage the risk and at the most appropriate level in the organisation. Risks may need to be escalated – either within or between the levels of hierarchy.

11.1. Project Level Risk Management

The Design and Delivery Partner are responsible for managing project level risks. Regular workshops are held, at least monthly, and all members of the Project Team participate. The log is updated regularly, and is recirculated at least monthly. The OHP Team review the log following the risk workshops, to identify new and emerging risks to escalate to the Board and Political levels of the project. The full process for managing risk with the Design and Delivery Partner is detailed in the Contract and the PEP.

11.2. Board and Political Level Risk Management

There are currently risk registers held for the Senior Officer Steering Group and Political Oversight Group, managed by the Government of Jersey's Director of Risk and Audit. The Government of Jersey is in the process of moving to a new risk management process, and this section of the Manual will be updated to align as required.

11.3. Reporting

The PMO are currently reporting on risk in the weekly 120 and monthly Highlight reports, whilst the Design and Delivery Partner are reporting via their monthly Checkpoint reports. The risk log is shared with the full team monthly as part of the drumbeat of meetings and reports.

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12. Quality

The purpose of project quality is to determine and implement the means by which the project's work is verified as being fit for purpose. The Our Hospital project will conform to ISO 9001 which is defined as the international standard that specifies requirements for a quality management system (QMS). The standard is used to demonstrate the ability to consistently provide products and services that meet customer and regulatory requirements.

12.1. Project Assurance

This role is to provide assurance to the project stakeholders that the project is being conducted properly and appropriately.

Following PRINCE2 methodology for OHP, five types of project assurance have been identified:

- Business
- User
- Supplier
- Political
- Public

The Governance Group record all aspects of the project assurance function using the project's Quality Log, supplemented by the project's Dates and Gates tracker.

Business Assurance

Business assurance is the responsibility of the Executive who needs to ensure the business aspects of the project are correct and on target, such as examining if the project is value for money. Business assurance responsibility lies with SOSG and the Executive and will be undertaken regularly throughout the project lifecycle via quality review and adherence to ISO 9001 quality standards.

Examples of business assurance products include:

- Business Case review
- Highlight Reports
- Financial monitoring

User Assurance

User assurance is driven by the COCG who are tasked with ensuring the project delivers the right hospital and products to meet the expected requirements. The Employer's Requirements, which includes the Functional Brief, will act as the project's scope and should be used to judge whether the hospital being delivered meets the Island's needs. COCG will have oversight of the following deliverables:

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- Employer's Requirements
- Hospital design
- Operational transition plan for the new hospital building

Supplier Assurance

Supplier Assurance is overseen by the Partnership Board who ensure the hospital will be delivered as per the brief provided and the right resources are in place to make that happen within time, cost, and quality project constraints. This will be primarily undertaken through the Design and Delivery Partner, their workstreams and reporting. The role of the NEC Site Supervisor will also be fundamental in maintaining good supplier assurance from a client perspective.
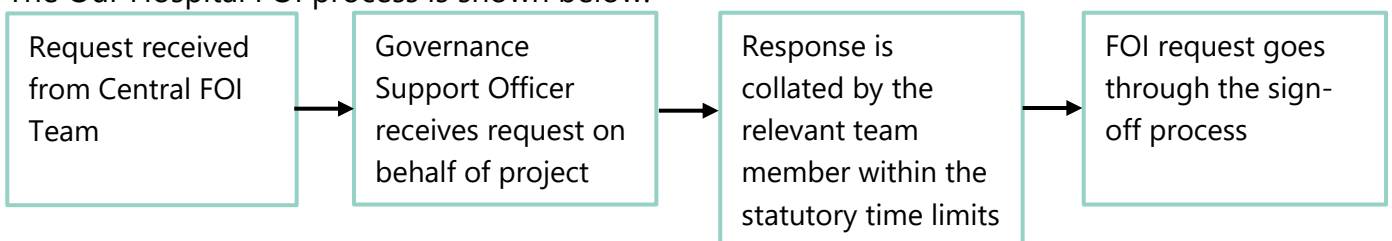
Public Assurance

The Freedom of Information (FOI) of Jersey Law 2011 provides public access to recorded information held by public authorities and therefore the Our Hospital Project is subject to FOI requests.

The FOI process acts as a public assurance mechanism and does this in two ways:
- public authorities are obliged to publish certain information about their activities
- members of the public are entitled to request information from public authorities

The Our Hospital FOI process is shown below.

| Request received from Central FOI Team | → | Governance Support Officer receives request on behalf of project | → | Response is collated by the relevant team member within the statutory time limits | → | FOI request goes through the sign-off process |

Political Assurance

The Political Oversight Group (POG) provides independent political scrutiny to the Our Hospital Project. The Future Hospital Scrutiny Panel also provides political assurance function to the States Assembly. The panel meet fortnightly and this assurance helps to improve the delivery of public services for Jersey by ensuring decisions are soundly based on evidence.

12.2. Quality Assurance

Quality assurance confirms to the Government of Jersey and wider stakeholders such as Islanders, that the project is being conducted properly and appropriately in compliance with relevant standards and policies.

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Internal Audits

The Our Hospital Project will engage regularly with the internal audit department of the Government of Jersey throughout the project's duration. Internal Audit reports are shared with the Office of the Comptroller and Auditor General, which will provide an additional degree of project assurance.

Independent Review

The Comptroller and Auditor General's **report** recommended to allocate clear corporate responsibilities for challenging the Terms of Reference for major projects, including the realism of proposed timescales. This oversight will be achieved through critical challenge to the Project Board by the Political Oversight Group and regular updates to the Government of Jersey's Executive Leadership Team.

Mace Audits

Mace, as the project's PMO, will be internally audited during the project lifecycle which will be undertaken by the Head of Quality and trained internal auditors. Mace is BSi 9001:2015 certified and external audits may also be undertaken from the British Standards Institution to ensure that standards and recognised QMS is being followed.

Health Checks

During every Hold Point, the PMO will conduct a Health Check on the project which draws upon best practice from the Public Finance Manual, PRINCE2, National Audit Office, and the Office of Government Commerce Gateways. The results of each Health Check will be disseminated to the project team.

Business Case

Following each iteration of the Business Case, a check will be completed in order to provide assurance on how the HM Treasury Guidance has been applied, using the latest advice available.

12.3.   Breach of Policy or Concerns of Fraud or Impropriety

In the event of concerns and issues relating to the management of the project it is important there are clear escalation routes.

For any breach of policy, allegation of fraud, impropriety or conflict of interest, the matter will be escalated to the Treasurer of the States in the first instance.

If any concerns arise relating to the role and actions of the SOSG, these will be reported to the Chief Internal Auditor, who has additional independent reporting lines to the Chair of the Risk and Audit Committee and shares Internal Audit reports with the Comptroller and Auditor General.

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The Government of Jersey Whistle Blowing Policy provides further information on options for escalation of concerns.

12.4. Conflicts of Interest

Conflict of Interest guidance should be followed by all parties involved directly or indirectly with the project to identify, address and manage any conflicts, or potential conflicts, of interest within or connected to the project relevant to the States of Jersey, individuals or companies involved. The guidelines for Project Officers and Elected Members are set out in the Codes of Conduct for the States of Jersey.

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13.   Communications

The Our Hospital project communications function is centred around the **Communications Group** which receives information and communications products from the rest of the project team and the Design and Delivery Partner, before seeking approvals as set out in the Communications Strategy.

13.1.   Phases

The project has identified six main communications phases. The project is currently in phase 2.

Start-up	Early design Site Shortlisting Submission of planning application	Planning approval to detailed design	Construction	Opening	Post-Opening
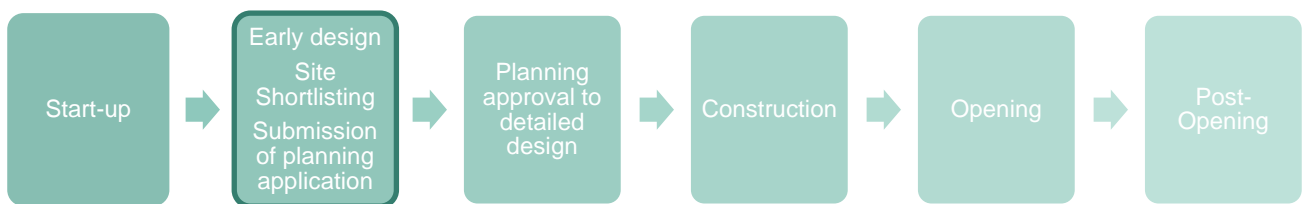
13.2.   Communication and Engagement Strategy

A **Communication and Engagement Strategy** has been agreed for the project.

No calls or meetings are recorded without first obtaining consent.

13.3.   Communication and Engagement Handbook

During the coming period a Communication Workshop will be held to agree a Communication Handbook and Protocol for the project.

13.4.   Communication Lookahead

A communication lookahead will be produced by the DDP.

More information on the approach to managing communications and engagement on the project can be found in the PEP.

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14. Measuring Success

Measuring performance and successes is an essential practice for all types of service delivery. When applied within the team of the Our Hospital Project, it will highlight areas for improvement and demonstrate aspects that are working well. The Our Hospital Project is an integral part of the Government of Jersey's commitment to the future wellbeing of the island and the strategic benefits that will be realised from this project will contribute to island outcomes in accordance with the Common Strategic Policy Priority 2.

14.1. Benefits Realised

As part of the business case process benefits will be identified. A benefits register will be created, and managed. The plan for identifying, managing and realising benefits will be developed at each stage of the Business Case, in line with HM Treasury Business Case Guidance.
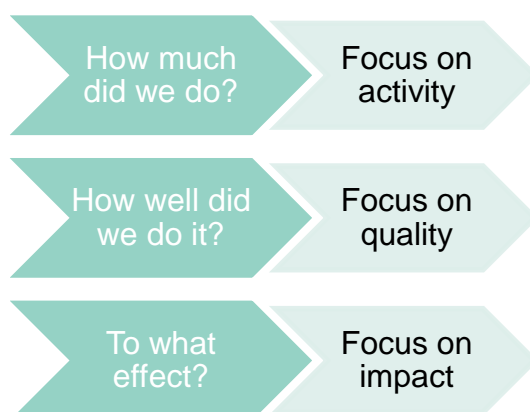
The Design and Delivery Partner will be responsible for data gathering and assessing progress on Construction Stage Benefits on a rolling basis.

14.2. Project Evaluation

The Public Finance Manual states that upon successful completion of a Major Project, a two-stage Project Evaluation report must be produced. This will be planned for OHP.

14.3. Outcome Based Accountability

Outcome Based Accountability (OBA) is used by the Government of Jersey as part of the Jersey Standard and measures an activity on its impact. It will be used on the Our Hospital Project as an evaluation method and considered when providing reports/evaluations. The project team has produced a template which is saved on Teams to assist with using OBA.

How much did we do?	Focus on activity
How well did we do it?	Focus on quality
To what effect?	Focus on impact

14.4. Lessons Learned

Throughout the project, lessons will be learned and opportunities for improvement discovered. Documenting lessons learned provides an opportunity for team members and stakeholders to discuss successes during the project. It also allows the team to focus on

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areas that need to be delivered or thought about differently, the root causes of problems that occurred, and ways to avoid the same problems in later project stages.

The PMO will co-ordinate lessons learned review following each Hold Point and at the close of the project to ensure as many lessons as possible are captured. These will be recorded within the **Lessons Log** held by the PMO and recommendations following reviews will be distributed.

The Lessons Learned log will be reviewed on a monthly basis to ensure lessons are being implemented.

14.5.   Future Hospital Lessons Learned

Jersey's Comptroller and Auditor General produced a **report** on the decision making within the Future Hospital Project and the Our Hospital Project's **Lessons Log** records its response to the recommendations provided in the report.

A wider lessons learned exercise on the Future Hospital Project is being carried out, and the findings will be recorded and shared.

15. Useful Tools

15.1. Key Project Documents

The GoJ Team can access key project documents on **Teams**. Team members will be provided information about access to Teams as part of their induction to the project. A **Teams Quick Start Guide** is available to help team members navigate the system.

15.2. Future Hospital Archive

An archive of historic information from the Future Hospital project has been established, to enable team members to benefit from and reuse as much information as possible from the previous project. A **Future Hospital Archive Quick Start Guide** is available.

15.3. Document Management

Security of documents and good document control is critical for the project and can be found in the **Document Management** Quick Start Guide.

15.4. Templates

All templates for the project are saved on Teams. There are also links to required forms and templates in the relevant sections of the manual.

- **Discussion Points**
- **Meeting Minutes**
- **Standard Presentation**
- **SOSG and POG paper cover sheet**

15.5. OHP Postcards

The PMO have produced 'postcards' which summarise key information on the project and the processes we use to manage it. These can be found on **Teams**.

15.6. Design and Delivery Partner PEP

This Manual complements the DDP PEP, and where a process is driven by the DDP and the systems developed for it have been established by the DDP Team they are covered in the PEP, not this manual. The PEP covers the following areas:

- Project Structure
- Communication
- Mobilisation
- Project Controls
- Design
- Cost Management
- Program and Time Control
- Planning

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- Business Case Development
- Supply Chain & Procurement Management
- Soft Landings
- Quality Management
- Digital Construction
- Commissioning
- Risk Management
- Environmental and Sustainability
- Logistics
- Health Safety and Wellbeing
- Construction Management
- Compliance
- Project Close Out
- FM Operations
- Social Value & Legacy
- Performance Management
- Continuous Improvement

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16. Appendices

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Appendices for Section 3 – Governance

3.A SOSG Membership

SOSG makes collective decisions regarding the Our Hospital project, with each member having a primary function and an oversight role.

The Public Finance Manual states that on the Project Board the following members should be included, and the table below shows the Our Hospital Project alignment to these requirements:

- A representative from the Supplying States Body (where this differs from the Sponsoring States Body)
- Departmental Head of Finance Business Partnering (from the States Body responsible for reporting on the Project budget, usually the Supplying States Body), or their representative
- Other relevant stakeholder representatives as determined by the Senior Responsible Officer (for example a User Representative)
- Subject matter experts (for example quantity surveyors, lawyers) as appropriate to the Major Project and not directly involved in the delivery of the Project

Member	Primary Role
Chief Executive & Head of the Public Service	Acts as Project Executive - Responsible for ensuring that the project has a focused drive and remains a priority for delivery for Government of Jersey officers, in accordance with direction from the Our Hospital Political Oversight Group and the Council of Ministers.
Director General, Health and Community Services	Acts as SRO - Individual nominated by the Sponsoring States Body who is ultimately accountable for the effective delivery of the Project. The Senior Responsible Officer should be the Accountable Officer of the Sponsoring States Body. Acts as the PRINCE2 Senior User for the project.
Director General, Growth, Housing and Environment	Responsible for providing direction, oversight and advice with respect to the delivery of large-scale capital projects. Acts as the PRINCE2 Senior Supplier for the project. May become the Senior Responsible Officer at Construction Stage when the Department for Growth, Housing and Environment becomes the Sponsoring States Body
Treasurer of the States and Director General, Treasury and Exchequer	Responsible for financing direction, oversight and advice and ensuring that any investment is made in accordance with the Government's investment strategy
Director, Risk and Audit	Responsible for oversight of project risk and issues and leading risk identification with POG and SOSG
Director of Communications	Responsible for strategic oversight of communications in the wider context of Government of Jersey communications activity

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Member	Primary Role
Group Director, Performance Accounting and Reporting	Responsible for direction, oversight and advice regarding project financial management
Members of Our Hospital Project Team	As required to support agenda items being discussed.

3.B Senior Responsible Officer and Project Executive

Under the Public Finance Manual, the Senior Responsible Officer (SRO) is the individual nominated by the Sponsoring States Body who is ultimately accountable for the effective delivery of the Project. The Senior Responsible Officer should be the Accountable Officer of the Sponsoring States Body and as such, the Our Hospital Project's SRO is the Director General for Health and Community Services. This will be reviewed prior to the start of the construction stage. The SRO may change to the Director General of Growth, Housing and Environment, who acts as the chair of the Partnership Board and the PRINCE2 Senior Supplier. If this change occurs, the Director General for Health and Community Services will remain the project's Senior User.

The SRO Officer must ensure that the Sponsoring Minister is appropriately briefed on the Project status and this will be done via POG meetings, as the Minister for Health and Community Services is a member. The Minister or POG only delegates responsibilities to the SRO once the Project Delivery Documentation is developed. More information on the Project Delivery Documentation can be found in Section 2 of the Major Projects area of the Public Finance Manual. The SRO has to make sure that the Minister/POG has sufficient information to make decisions.

The Our Hospital Project has an Executive role alongside the Senior Responsible Officer, and this is undertaken by the Chief Executive. The Project Executive will ensure that the project has a focused drive and remains a priority for delivery for Government of Jersey officers, in accordance with direction from the Our Hospital Political Oversight Group and the Council of Ministers. The Senior Responsible Officer has responsibility for the delivery of the project and will ensure that the project product meets the clinical, professional and Islander requirements. The Senior Responsible Officer will have responsibility for the governance and project management. Both individuals will work in tandem to ensure effective oversight of the project.

According to the Public Finance Manual, the SRO is responsible for the appointment of the Project Manager (OHP Development Director), chairing the Project Board and where necessary briefing the Project Board on matters of a political nature that affect the Major Project. These actions will be carried out by the Project Executive for the Our Hospital Project.

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3.C Project Executive Group Roles and Responsibilities

Role	Key Function	Links to Departments	Links to Supply Chain	Key Responsibilities
Development Director	All			• Overall delivery of the project • Coordination of GoJ Team • Management and escalation of issues, risks and challenges
Client Project Manager	Design	IHE HCS HR Lawyers	D2RE	• GoJ Staff Line Management • Property transactions including CPO • Design processes and deliverables • Planning • Wider masterplan including highways • Non DP Contract Administration • Technical engagement
Coordination Lead	Co-ordination	Commercial Risk & Audit HCS Finance	ROKFCC Mace T&T S&W Mott MacDonald (NCE Supervisor)	• Non Political Governance • Procurement including Social value • Cost Management • DDP Contract Administration • Coordinated Project Management • Reporting
Communications and Engagement Lead	Communications	Comms		• All project communication • Oversight of Planning non-technical engagement • Advice on writing and content etc • Dealing with media, Website, etc • Manage consultation with non-HCS or technical stakeholders including Citizens' and Public
Wider Programme Lead	Wider Programme	HCS Operations Wider JCM	EY	• Identify efficiencies in design solutions • Reporting costs and OBC to HCS Finance • Coordinating the interfaces with JCM projects being delivered • Oversight of the developing Facilities and Operational Management plans • Keeping an eye on arrangements for a soft landing and commissioning in 2026

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Role	Key Function	Links to Departments	Links to Supply Chain	Key Responsibilities
Governance Lead	Political	Political		• Political Governance • Quality challenge of Political materials • Political questions and FOI requests • Strategy and structure of political reports • Line Manager for Governance Support staff
Clinical Director	Product	HCS Clinical HCS Leadership	Mott MacDonald (Design)	• Link to HCS Exec and senior clinicians • Engagement with HCS staff including Panel • Non Political face of Comms for OHP • Hospital design direction and acceptance • Define Functional Brief • Client interface with Overdale relocations

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3.D Spokespeople

Spokespeople	
Political Spokespeople	
Deputy Hugh Raymond	Project Champion and political lead for communications
Senator Lyndon Farnham	Chair of POG and lead spokesperson
Senator John Le Fondré	Chief Minister
Political lead and Spokesperson for Community Engagement	
Deputy Rowland Huelin	Political lead on community engagement
Medical Spokespeople	
Caroline Landon	DG for HCS and project sponsor
Rob Sainsbury	Acting Group Managing Director
Patrick Armstrong	Group Medical Director
Rose Naylor	Chief Nurse
Spokesperson for Public Service	
Paul Martin	Chief Executive

3.E Decisions

Deliverable for Approval	Hold Point	PEG	COCG	SOSG	POG	COM	States Assembly
Delivery Partner Appointment		x		x	x	x	
Functional Brief	3	x	x	x	x		
Site Selection	3	x	x	x	x	x	x
Strategic Outline Business Case (SOC)	3	x	x	x	x		
Financial aspects of the SOC	3	x	x	x	x	x	x
Outline Design	4	x	x	x	x		
Outline Business Case (OBC)	4	x	x	x	x		
Funding aspects of OBC	4	x	x	x	x	x	x
Detailed Design	5	x	x	x	x		
Early Works - Reprovision Planning Application	5a	x	x	x	x	Brief	
Early Works – Demolition Planning Application	5b	x	x	x	x	Brief	
Planning Applications	5	x	x	x	x	Brief	
Early Works Contracts Signed	6a & 6b	x	x	x	x	TBC	
Main Build Contract Signed	6	x	x	x	x	x	

Information provided is accurate to the last update received.

Regular project updates will be made available to COM, States Assembly, Scrutiny, CAMB, and RSG as required.

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Appendices for Section 4 – Programme and Gateways

4.A Business Case Stages

Strategic Outline Business Case

The production of the Strategic Outline Case (SOC) is a result of the scoping phase of the project. The purpose of this phase is to reaffirm the strategic context for the project, because this may have changed if some time has elapsed since the strategic assessment was undertaken, to make the case for change, and to determine the preferred way forward. Identifying the preferred way forward is achieved in two stages:

Appraise a wide range of possible options against the spending objectives and critical success factors for the project

Calculate the indicative Net present social values of a reduced number of possible options on the basis of a preliminary analysis of their costs and benefits, including optimism bias for uncertainty

This stage aligns with the Cabinet Office Gateway Review point 1 (business justification) and comprises of the following business case development activities:

- Step 2: making the case for change
- Step 3: exploring the preferred way forward

At the conclusion of the SOC, the project board and other senior stakeholders will have a good understanding of the robustness of the proposal, the future direction of travel for the project, and the business case across the five dimensions will have been completed as below.

The 5 Dimensions of the Case
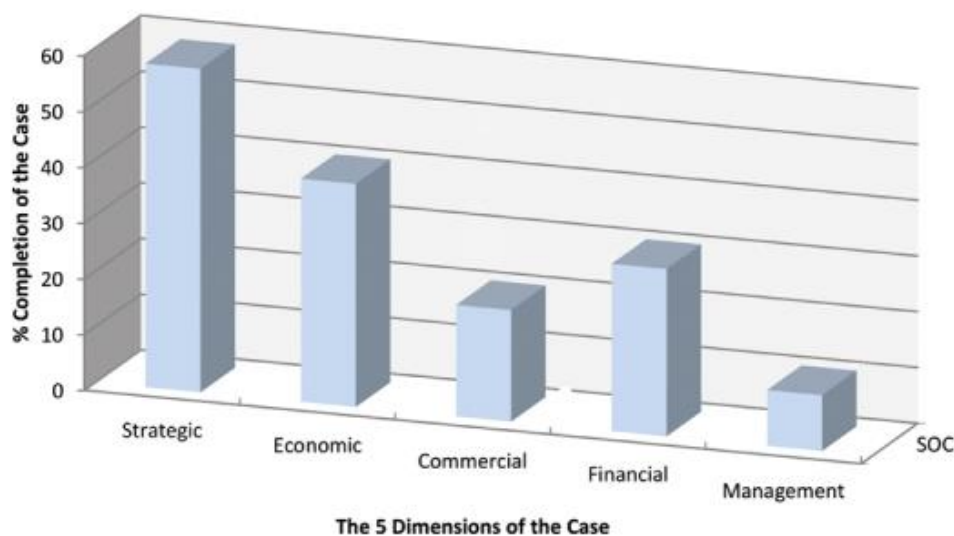
Outline Business Case

The planning phase of the project results in the production of the Outline Business Case (OBC).

The purpose of this stage is to revisit the options identified in the SOC, to identify the option which optimises value following more detailed appraisal, while confirming affordability and putting in place the management arrangements for the successful delivery of the project.

This stage aligns with the Cabinet Office Gateway Review point 2 (delivery strategy) and comprises of the following business case development activities:

- Step 4: determining potential Value for Money
- Step 5: preparing for the potential Deal
- Step 6: ascertaining affordability and funding requirement
- Step 7: planning for successful delivery

At conclusion of the OBC, the project board should be in position to consent to the next phase of the project and the business case across the five dimensions of the Five Case Model will have been completed as below.
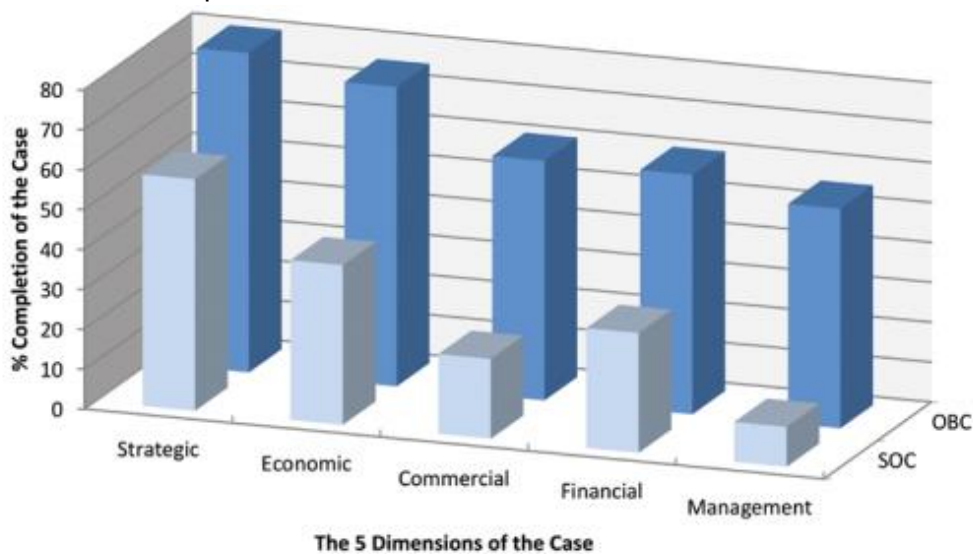
Full Business Case

The Full Business Case (FBC) is a result of the procurement phase of the project following negotiations with potential service providers prior to the formal signing of the contract. The purpose of the FBC is to record the findings of the procurement phase and to identify the option that offers the 'most economically advantageous tender' (MEAT) and best value. In addition, the FBC records the contractual arrangements, confirms affordability and puts in place the agreed management arrangements for the delivery, monitoring and post-evaluation of the project.

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This stage aligns with the Cabinet Office Gateway Review point 3 (investment decision) and comprises of the following business case development activities:

- Step 8: procuring the VfM solution
- Step 9: contracting for the Deal
- Step 10: planning for successful delivery

At conclusion of the FBC, the development of the business case across the five dimensions of the Five Case Model will have been completed as illustrated below.

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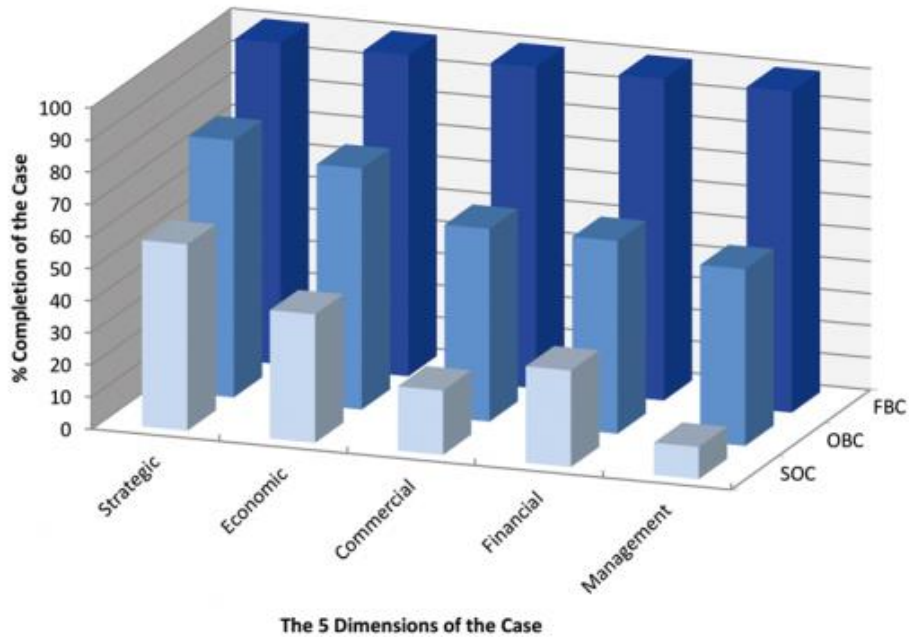
Appendices for Section 5 – Project Drumbeat

5.A Reporting

The approval requirements for each type of report is shown below:

	DEVELOPMENT DIRECTOR	SOSG	POG
Weekly 120 Report	A	R	R
Monthly Highlight Report	A	R	
Monthly POGcast	A	A	R
Checkpoint Reports	R		
Hold Point End Stage and Next Stage Reports	A	A	A
Health Check Report	A	R	
Lessons Report	A	R	
End Project Report	A	R	R

A   Approves   R   Receives

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Appendices for Section 6 – Project Methodology

6.A Initiation Checklist

The PMO completed this checklist at the start of the project to determine which areas within the Start-Up and Initiation of the project are fully compliant with PRINCE2 and which elements had been tailored with justification.

	Requirement	Justification
Starting a Project	Project Executive?	
	Project Manager?	*Will be called Development Director*
	Senior Responsible Owner?	*Will be called Senior Responsible Officer (PFM)*
	Senior User(s)?	COCG
	Senior Supplier(s)?	Partnership Board
	Project Support	PMO
	Team Managers?	Project Executive Group
	Project Assurance?	All levels identified in **Quality Section**
	Change Authority?	Financial Management Group
	Does the project board have sufficient authority, availability and credibility to direct the project?	See **SOSG Membership Section**
	Are the project's stakeholders sufficiently represented on the Project Board?	See **SOSG Membership Section**
	Do role descriptions exist for each key appointment?	See **Governance Section**
	Have those people confirmed their acceptance?	SOSG Meeting 21/06/19
	Has a Daily Log been set up?	The **120 Report** and PMO Action Trackers carry out the roles of the Daily Log
	Has a Lessons Log been set up?	See **Lessons Learnt Section**
	Have lessons from previous similar projects been identified and applied?	See **Future Hospital Lessons Learnt Section**
	Has the Project Brief been produced?	Yes
	Is there an Outline Business Case?	It will be developed during the period to HP4 using HM Treasury Business Cases SOC has been produced
	Has the project approach been decided upon?	Detailed in Project Manual
	Is there a stage plan for the initiation stage?	Included in Project Brief

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	Requirement	Justification
Directing a Project – Authorise Initiation	Has the Project board approved the Project Brief?	Yes
	Confirmed the project definition and approach?	Yes
	Reviewed and approved the Project Product Description?	Yes, at HP3
	Formally confirmed the appointments of the PM team?	Yes
	Reviewed and approved the Business Case?	SOC has been approved
	Has the Project Board approved the Initiation Stage Plan? Has it:	Yes
	Approved the plan to develop the PID?	Yes – the Project Manual
	Obtained or committed to the resources needed for the initiation stage?	Yes
	Ensured adequate reporting and control mechanisms are in place?	Yes – see Project Manual
	Set tolerances for the initiation stage?	Included in Project Brief
	Confirmed they understand the risks that affect the decision to authorise the initiation?	
	Confirmed to the Project Manager that the work in the Initiation Stage Plan can start?	SOSG Meeting 03/02/20
	Has the Project Board informed the relevant parties that the project has been initiated?	SOSG Meeting 03/02/20

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	Requirement	Justification
Initiating a Project	Has the Project Initiation Documentation been assembled?	Assembled within the Project Manual
	Have lessons from previous similar projects been identified and applied?	See **Future Hospital Lessons Learnt Section**
	Has the Risk Management Strategy been defined and documented?	Yes – see Project Manual
	Has the Risk Register been set up and populated?	Yes – see Project Manual
	Has the Change Control and Configuration Strategy been defined and documented?	Yes – see Project Manual
	Has the Issue and Change Register been set up and populated?	Yes – see Project Manual
	Has the Quality Management Strategy been defined and populated?	Yes – see Project Manual
	Has the Quality Register been set up and populated?	Yes – see Project Manual
	Has the Communication Management Strategy been defined and documented?	Yes – see Project Manual
	Have the project controls been determined and established?	Yes – see Project Manual
	Has the project team structure been updated to reflect any changes?	Yes – see Project Manual
	For any new appointments, do role descriptions exist?	Yes – see Project Manual
	Reviewed and approved the Business Case?	SOC has been approved

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	Requirement	Justification
Directing a Project – Authorise Project	Has the Project Board approved the Project Initiation Documentation?	Yes, as part of End of HP1/2
	Confirmed the Business Case is viable and has been approved?	SOC approved at HP3
	Confirmed the lessons from previous projects have been reviewed and incorporated?	See FH LL
	Approved the Quality Management Strategy?	Yes
	Approved the Change Control and Configuration Strategy?	Yes
	Approved the Risk Management Strategy?	Yes
	Confirmed there has been a risk assessment and that risk responses have been planned?	Yes
	Confirmed that all team members have agreed their roles (structure, roles, responsibility?	Yes
	Ensured the project controls are adequate for the project?	Yes
	Approved the Communication Management Strategy?	Yes
	Has the Project Board informed the relevant parties that the project has been authorised?	

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Appendices for Section 8 – Finance and Commercial

8.A Scheme of Delegation

Accountable Officers must document and operate a Scheme of Delegation for their States Body which segregates duties as appropriate for authorisation relating to expenditure transactions. The Scheme of Delegation must also specify who is able to sign contracts.

As Accountable Officer, the Director General, Health and Community Services is responsible for value for money and probity with respect to project finances and expenditure. The Scheme of Delegation for the Our Hospital project is therefore part of the current Scheme of Delegation being used by Health and Community Services. The text in this section refers to information from this document, which is the Health and Social Service Department Scheme of Delegation Policy, July 2017. This is currently in the process of being updated, as part of a GoJ wide review of Schemes of Delegation. This section of the Manual will therefore be updated to reflect the new Scheme of Delegation, once adopted.

The Scheme of Delegation sets out the authority to make decisions and incur expenditure for every individual. Any delegated officer must be a Government of Jersey employee on a permanent or fixed term contract i.e. no temporary/interim staff. Actual or potential conflicts of interest must be formally declared and more information on this is set out in this Manual.

Before any proposal for policy or legislation with financial implications is submitted for approval, Treasury and Exchequer should be consulted. Explicit approval is required in several instances including; where expenditure affects agreed expenditure total, in the issuing of indemnities, guarantees or severance.

General Authorisation Limit

The general expenditure authorisations limits are shown in the table below and must be adhered to when:

- Accepting tenders
- Approving individual orders
- Paying individual invoices (through certification slips)
- Authorising procurement documentation and exemptions
- Entering into contracts

Officer	Authorisation
Director General HCS	£250,000
Group Managing Director HCS	Up to £250,000
Head of Finance Business Partnering	Up to £100,000
Client Project Manager	Up to £50,000

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Procedures for Obtaining Quotes and Tendering

The table below sets out the procedures for obtaining quotes and tendering depending on the level of expenditure.

Thresholds	Procedures for obtaining quotes and tendering
Less than £1,000	No additional procedures
£1,000 - £24,999	At least **one written quotation** must be obtained. Prices taken from Supply Jersey, trade catalogues or the internet may be sufficient for the request for a quotation. If you are unable to follow these procedures (e.g. there is only one supplier of the product or service, project is time critical) then you must have an exemption approved in line with section 5.4 below. Records of this approval must be kept for audit purposes.
£25,000 - £99,999	At least **3 written quotations** must be obtained. A written specification or description of the goods or services must accompany the request for quotations and this must be consistent for each supplier for comparability (please refer to the How to buy goods and services (procurement advice) for further information). Suppliers who are invited to submit a quotation must be given sufficient time to do so, consistent with the complexity of the requirement. The States standard Terms and Conditions must be used (please refer to the How to buy goods and services - Standard terms and conditions for further information). **If not, the terms and conditions of the supplier must be reviewed by the Head of Finance Business Partnering to ensure that they are fit for purpose.** You may use the States e-sourcing portal to seek at least **3 quotations**. Following the evaluation of quotations (but before the contract is awarded), an evaluation report must be prepared and the Corporate Director must satisfy him/herself that value for money will be achieved and that the Financial Direction has been complied with. This report must contain a summary of the procurement process (including the evaluation of the quotations) and must recommend the preferred supplier. **A formal contract must be signed by both parties.** If you are unable to follow these procedures (e.g. there is only one supplier of the product or service, project time is critical) then you must have an exemption approved in line with section 5.4 below. Records of this approval must be kept for audit purposes.
£100,000 - £249,999	A minimum of **3 suppliers** must be invited to submit competitive tenders by using an open, fully advertised tender process. A formal Procurement Strategy document must be completed and approved by the Head of Finance Business Partnering and Tier 2 Director (please refer to the How to buy goods and services – No Corporate Contracts page on MyStates). You must use the States e-sourcing portal to run the advertised tender process in order to invite at least **3 suppliers** to submit their bids. If you are unable to follow this requirement, you must obtain an exemption in line with section 5.4 below.

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Thresholds	Procedures for obtaining quotes and tendering
	First time users of the e-portal will need to register and should contact the Procurement team to assist with this.
	A written specification or description of the goods or services must accompany the Invitation to Tender.
	A contract notice must be advertised on the e-sourcing portal for a minimum of **10 days**. In order to encourage competition within Jersey and to promote new initiatives, a tender notice must also be placed in the JEP. Other sources of advertising should also be considered to ensure full competition – e.g. trade publications or the Official Journal of the European Union (OJEU)
	A date for receipt of tenders must be set (normally a minimum of at least **4 weeks** from the date the advert ends).
	The States standard Terms and Conditions must be used (please refer to the Toolkit for further information). If not, the terms and conditions of the supplier must be reviewed by the Head of Finance Business Partnering to ensure that they are fit for purpose.
	Only in the exceptional circumstances listed at 2.1.24 should a contract be awarded without a competitive tender. You must get an exemption approved in line with section 5.4 below. Records of this approval must be kept for audit purposes.
	A formal contract must be signed by both parties
£250,000 and above	A more rigorous formal Procurement Strategy document must be completed and approved by the Accountable Officer and the Director of Strategic Procurement
	All other procedures noted for purchases between £100,001 and £250,000 above must be followed.

Procurement strategy documentation, exemptions and additional procedures

Thresholds	Approval procurement documentation	Approval for Exemptions	Compliance with Additional Procedures
	DELEGATION 8.4A	DELEGATION 8.4B	DELEGATION 8.4C
£250,000+	Accountable Officer and Director of Strategic Procurement	Accountable Officer and Director of Strategic Procurement	Head of Finance Business Partnering
£100,000 - £249,999	Head of Finance Business Partnering and MEX	Head of Finance Business Partnering	
£25,000 - £99,999	MEX		

Authorisation thresholds and signatories for contracts

The following table provides further clarification on the authorisation thresholds and signatories for contracts depending on the duration of the contract:

Contract value over whole duration	Duration of contract	Number of signatories	Contract Signatory
> = £500,000	> = 3 years*	2	HSSD CEO and FD
	< 3 years	1	HSSD CEO
£250,000 - £500,000	Any*	1	HSSD FD
< £250,000	> = 3 years*	1	HSSD FD
	> 1 year and < 3 years	1	Corporate Director
	< = 1 year	1	Corporate Director or delegate as per Scheme of Delegation thresholds.

Contracts exceeding 5 years duration can only be signed with the approval of the States Director of Strategic Procurement.

8.B Expenditure Controls

Accountable Officers must ensure that there are appropriate controls in place over the expenditure process to ensure effectiveness and efficiency. These should include matching vendor invoices to the purchasing instrument (e.g. purchase order) and receipt before any payment is made. There must be segregation of duties between raising orders and approving payment of the relevant invoice.

8.C Expenditure Authorisation

Certain expenditure may require specific authorisation in addition to that required by the Scheme of Delegation. This includes but is not limited to:
- any vehicle purchase that is being considered that hasn't already been agreed with Jersey Fleet Management
- any Information Technology purchase being considered that needs to connect to the Modernisation and Digital, Police or Education Curriculum Services networks or equipment
- any legal services required that have not been authorised with the Practice Director of the Law Officers' Department
- major projects (as defined in the Major Projects section)

8.D Payments in Advance of Receipt

Payment must not be made in advance of receipt of goods and services, except where this is a normal condition for the goods or services being ordered (for example, subscriptions to magazines and periodicals, conference and course fees). If there is doubt about whether this is a normal condition, Commercial Services should be contacted. Exceptions may be made where advance payment represents good value for money e.g. early payment discounts. Such exceptions will require approval by the Group Director Commercial Services except where the States Body's Scheme of Delegation requires otherwise.

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8.E Achieving Value for Money

Expenditure must be undertaken in accordance with the Procurement Best Practice Procedures Toolkit (including putting contracts out to tender according to the criteria set out in the Toolkit) unless an exemption has been approved (an Exemption form can be found in Supporting documents of the Public Finance Manual).

8.F Travel

All travel should be booked and undertaken in accordance with the Government of Jersey Travel Policy (within Supporting documents of the Public Finance Manual).

8.G Use of Consultants

The Government of Jersey definition of a consultant is:

Any expenditure on an individual or organisation engaged on behalf of the Government or States of Jersey to provide independent intellectual input into decision making i.e. the consultant produces a report or written advice
or
Any expenditure on an individual or organisation engaged on behalf of the Government or States of Jersey to provide any other services.

A consultant or consultancy supplier would usually be appointed for the following reasons:
- A skills gap in the organisation e.g. highly specialised skills unavailable from existing internal resources
- To accelerate a programme of work due to decreased availability of existing resources
- To seek an independent opinion or sanction e.g. a review, independent audit

If a consultant is required to fulfil an internal (substantive) role and has an accompanying job description, this would usually be covered by a HR temporary post, agency staff, interim arrangement or professional services contract. In these cases, the HR guidance must be followed to determine whether the P59 application process should be followed, with approval from the State's Employment Board (SEB).

All expenditure in excess of £20,000 is published every 6 months for public scrutiny.

Departments must complete the following steps for expenditure over £25,000:
- Appoint a Responsible Officer and Scheme of Delegation for the expenditure level
- Carry out a needs assessment and prepare a specification
- Refer to the travel and expenses policy for external consultants
- Complete a Procurement Strategy for expenditure in excess of £25,000
- Carry out a competition process appropriate to the estimated expenditure Group (e.g. RFQ, ITT)

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- Complete an evaluation process with approval / sign off in accordance with the estimated expenditure Group and Scheme of Delegation
- Have a signed contract including deliverables, milestones etc
- An appropriate Licence to Work is in place
- Maintain evidence of the contract management review process, handover and close
- Ensure information is captured for the bi-annual report

8.H Contingency Amounts

The budget relating to any contingency amounts must be held separately from the remaining Project budget. The use of any contingency amounts must be approved in line with the Scheme of Delegation set out in the Project Delivery Documentation.

Contingency amounts must only be used to ensure the delivery of the original Project Scope. Any use of contingency amounts to fund enhancements to the quality or scope of a Project must be approved by the States Treasurer (or their delegate).

The contingency sum should in all cases be kept to a minimum within the original specification by identifying and quantifying all known aspects of the works required, and the basis for calculation for each separate material expense documented.

Any contingency amounts exceeding 10% of the total estimated cost of the Project at the Outline Business Case stage must be formally justified and reported to the States Treasurer.

8.I Project Team Funding

Funding for specific Major projects within the Major Projects Envelope will be released by Treasury and Exchequer when it is required to be drawn down, as agreed in the Major Projects Envelope unless changes to the timing of the Project have been agreed between the Principal Accountable Officer and the States Treasurer. Such amendments may arise either due to delays in beginning a Project or because it is more efficient and economical to deliver Projects or stages of Projects within the Major Projects Envelope in a different order. All decisions taken to vary the Major Projects Envelope must be documented and reported to the States Assembly on a quarterly basis.

8.J Significant Variations

Where there is expected to be a significant variation to the Project, a report must be presented by the Project Manager to the Project Board with recommendations for actions to take. The Project Board must approve any such changes, with such approvals being documented and Project documentation updated accordingly.

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Significant variations to a Project include, but are not limited to:

- the cost of the Project is expected to exceed the original sum approved
- it is estimated that the Project will overrun its original timescale for completion by more than 10%
- external factors such as major economic shocks or changes to the Strategic Priorities of the Government of Jersey
- there is a significant change in the scope, expected quality of outputs or expected benefits of the Project
- the decision is taken to abandon a Project

8.K Procurement

The procurement of any goods or services including the procurement of the main contract should follow the guidance set out in the Expenditure section of the Public Finance Manual. Goods are services are procured through **9.B Supply Jersey**.

The appointment of a consultant(s) should follow the guidance set out in the Expenditure section.

For all Projects, all instructions to external experts (including professional advisors) after appointment must be in writing, by letter or by email.

Should any part of the works required involve payment in foreign currency exceeding £5,000 reference should be made to the Foreign Currency section of the Public Finance Manual.

The form of the contract used must be consistent with that identified in the Feasibility Study. The reasons for any variation in approach, including financial implications, must be clearly documented.

Any variations to contracts for non-building and civil engineering Projects should follow the procedures set out in the Expenditure section.

8.L Internal Audit

Every Major Project will be subject to an internal audit during the life of the Project. Therefore, all information and documentation requested by the internal auditor must be provided in a timely manner. As such documentation on the Project must be maintained for inspection. More information is included in the **Quality Section** of this manual.

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8.M Treasury Advisory Panel

Independent advice and scrutiny on key financial decisions, for example funding proposals for the project, is provided by the Treasury Advisory Panel (TAP). The Treasurer attends TAP as an observer so will be sighted on TAP's deliberations.

8.N Public Finance Manual Checklist

A full list of the requirements under the Public Finance Manual is included below which will be reviewed regularly as part of regular Health Checks.

Introduction and Background	Does the duration of project, from start to finish, last longer than one year and does the total cost of which is planned equal more than £5 million, or has the project been designated as a major project under an approved government plan
	Have all departures from the procedures set out in this section, been agreed to by the Senior Responsible Officer and approved by the States Treasurer.
	Has the project been accounted for in accordance with the Jersey Financial Reporting Manual

Principles	Does the Major Project Envelope contain all indicative timings for each stage. (These may be subject to change at the discretion of the Principal Accountable Officer and the States Treasurer)
	Has the Project been properly selected, authorised and controlled?
	Has the Major Projects been subjected to proper governance processes
	Has the execution of the project been conducted in a transparent manner with regular reports to the States Assembly on progress. (Minimum of 6 months between reports)
	Have all variations to the budgets been appropriately and transparently authorised and recorded in line with the governance framework set out at the beginning of the Major Project.
	Have the Accountable Officers obtained value for money at all times?
	Have all responsibilities and accountabilities for the projects been appropriately and transparently authorised and recorded.
	Has all expenditure been appropriately authorised, recorded and coded
	Has clear responsibility been established that balances responsibilities of the client department(s) and the supplying or delivering department.

Requirements	Project Governance for Major Projects	Has a Project Governance structure been put in place before Project implementation has begun
		Has the Project Governance been tailored to the circumstances of the specific Project (should the need arise; the Governance should be adapted as the project progresses)
		Has the Project Manager developed the Project Delivery Documentation?
		Has the Sponsoring Body been identified (If a different department will be responsible for delivery, the respective responsibilities must be clearly documented)
		Has the Accountable Officer of the Sponsoring Body (or their delegate), ensured that necessary documentation has been prepared before the commencement of the Project

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Project Delivery Documentation	Has the documentation been endorsed by the Project Board (including the Senior Responsible Officer), and then formally signed off by the Sponsoring Body via a Ministerial Decision (or other suitable approval in line with an approved Scheme of Delegation).
	In developing the Project Delivery Documentation, has the Sponsoring States Body consulted with key stakeholders and documented the consideration of this consultation. (Where elements of the proposed approach are challenged, responses to challenges must be formally documented)
	Have details of the Governance Structures been put in place for the project
	Has an assessment of the appropriateness of the experience and qualifications of the Project Board been carried out (individually and collectively)
	Has an assessment of the appropriateness of the experience and qualifications of the Project Manager, and any planned use of external Project Management advice to support them, been carried out.
	Has the relevant Schemes of Delegation relating to the Project (or reference to existing departmental delegations), including procurement authorisations, approvals of variations to contracts and approvals for use of contingency amounts been prepared.
	Have terms of reference for the Project Board been prepared
	Have the details of the sign off process for the Project, including any stage sign off, been provided
	Have details of the professional standards to be used to document work undertaken, including recording of proceedings and decisions of meetings been provided.
	Has an updated Detailed Business Case (building on the Outline Business Case and Strategic Business Case) been provided.

Project Plan

Has a list of the critical tasks been provided, including the scheduled sequence which allows sufficient contingency times to action been provided.

Has a breakdown of each task into logical and manageable sub tasks, been provided, which shows milestones or gateways and a realistic schedule allowing for potential delays.

Have the tasks that are best undertaken in house and which should be outsourced, been identified

Have estimates for all resources required (not just the financial budget), been provided in line with the breakdown of the task. This will include in house resources which may not be costed within the Project (e.g. the Senior Responsible Officer's staff time)

Has a plan for implementation and handover once the Project is completed, including any testing, training, etc, been provided

Has an evaluation model for option appraisal been provided, which includes
- Unambiguous, weighted criteria
- Process for adjusting criteria
- Process for using the model and reporting evaluations undertaken

Has a risk Management Strategy been provided, which includes:
- Planned use of internal audit for assurance purposes, including proposed timings and scope of reviews
- Strategy to deal with issues that may arise

Has a communications strategy been provided, which includes:
- What professional standards for communications will be followed
- Arrangements for the involvement of service providers, service users, other stakeholders and the wider public as appropriate, with milestones
- A framework for reporting progress on the Project to the Project Board, Sponsoring Minister and other parties, considering financial performance, progress (including both timeliness and quality of output) and risks and issues
- Consideration of how frequently to publish progress updates in a form available to the public and what information those updates should contain. The presumption should be that progress against Key Performance Indicator's identified at the outset of the Project should be published unless there is a legal or contractual requirement that prevents this. These updates should be at least quarterly.

Has a plan for the use of external advisors been included, which includes:
- The nature, extent and timing of engagement of external advisors, focusing on both current patterns of and potential changes in patterns of service delivery
- identification of data and information already available (and so will not need to be provided externally at further cost)
- Arrangements for monitoring against the plan
- Arrangements for political oversight
- Compact and focused groups must be established for political oversight
- Political oversight groups must have terms of Reference for such groups that include responsibilities for reporting
- Decisions taken by political oversight groups must be clearly recorded as such, in particular where they are not in accordance with other work of the Project Board or Team. Decisions to defer decisions must be recorded.

Has the Project Manager maintained a Risk Register Issues Register throughout the implementation of the Project in a form agreed with the Director of Risk and Audit or their delegate.

Sponsoring States Body and Minister	Has the Accountable Officer for the Sponsoring States Body agreed to the composition of the Project Board and appointed the Senior Responsible Officer
	Has the Accountable Officer for the Sponsoring States Body agreed to obtaining decisions at a political level which are beyond that group's remit.
	If there is more than one Sponsoring States Body, has, a primary Sponsoring States Body been identified, who will bear ultimate responsibility for delivering the project.

Project Governance Structures	Has the minimum Project governance structure been put into place before the Project implementation has begun?
	In the governance structure has the following been included - Sponsoring Body - Supplying Body - Project Board - Project Team

Project Board	On the Project Board are the following members included: - A representative from the Supplying States Body (where this differs from the Sponsoring States Body) - Departmental Head of Finance Business Partnering (from the States Body responsible for reporting on the Project budget, usually the Supplying States Body), or their representative - Other relevant stakeholder representatives as determined by the Senior Responsible Officer (for example a User Representative) - Subject matter experts (for example quantity surveyors, lawyers) as appropriate to the Major Project and not directly involved in the delivery of the Project

Project Board / Sub-Groups	Has the Project Board put mechanisms in place to enable the sub-groups to report back to the Project Board?

Project Manager	Has the Project Manager action the following: - Delivering the Project in line with the Project Plan, on time and within budget - Preparation of suitable Project documentation - Development of the Project Delivery Documentation - Management of the Project in accordance with the plan - Ensuring copies of all relevant Project documentation are maintained with adequate version control - Control of changes following approval - Assistance in determining and managing risks and ensuring the risk register is updated on a timely basis - Management of the Project budget, including the contingency provision - Coordination of the Project team - Determination of the procurement strategy in accordance with the Procurement Best Practice Procedures Toolkit (within Supporting documents) - Establishment of transparent, formal reporting arrangements in compliance with this section - Completion of the Post Project Review

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Internal Audit	Has all the appropriate documentation for the Project been maintained for audit inspections

Contingency Amounts	Has the budget relating to any contingency amounts, been held separately from the remaining Project budget?
	Has the use of any contingency amounts been approved in line with the Scheme of Delegation set out in the Project Delivery Documentation, or by the Project Board.
	Has the contingency amounts only been used to ensure the delivery of the original Project Scope?
	Has the use of any contingency amounts to fund enhancements to the quality or scope of a Project been approved by the States Treasurer (or their delegate).

Feasibility Assessment	Project Initiation	Has the Project been considered in the context of the Strategic Priorities of the Government of Jersey and any relevant medium- and long-term plans and strategies
		Has the Strategic Business Case included the following: - A definition of the requirement (i.e. the details of the need or business requirement) - The benefits of addressing the requirement, and the consequences of not addressing the requirement, including linkages to Strategic Priorities and strategic risks - Consideration of relevant factors, including political, economic, social, technological, environment, legal and ethical considerations - An outline of feasible options (including doing nothing) with initial estimates of costs - Consideration of the approach to funding the Project, including whether borrowing (see Financing section) would be beneficial and whether cooperation with other jurisdictions e.g. Guernsey may be appropriate to reduce the risks or increase the benefits of delivering the Major Project
		Has the Strategic Business Case been considered by the Accountable Officer or their delegate(s), and a decision made as to whether the Project should be progressed. (record of the review and the reasons for the decision to be included)
		Has an Outline Business Case been drafted and submitted to the Treasury and Exchequer before the Project is considered for inclusion in the Long-Term Revenue Plan or Long-Term Capital Plan.
		Has the Outline Business Case been drafted by the Sponsoring States Body and approved by the Accountable Officer (or their delegate) and the Head of Finance Business Partnering.
		Have all decisions that vary to the Major Projects Envelope been documented and reported to the States Assembly on a quarterly basis.
		Has the Outline Business Case included the following: - Definition of the requirement (i.e. the details of the need) - A translation of the requirement into a user requirement - Details of the benefits of addressing the requirement, and the consequences of not addressing the requirement , including linkages to Strategic Priorities of the Government of Jersey - An outline of the relevant Political, Economic, Social, Technological, Environmental, Legal and Ethical considerations - Feasible options with estimates of costs, and relative merits

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- Details of the method and criteria that will be used for option assessment at the feasibility stage, including weightings
- An estimate of Project costs (including any contingency elements) that is sufficiently accurate for inclusion in the approval process (the Long Term Revenue Plan, Long Term Capital Plan and Government Plan), normally based on the option expected to be selected. If significant variation exists between options this should be discussed with Treasury and Exchequer
- An estimated Project timeline including any time constraints and a critical path analysis
- An estimate of the manpower implications, both for the life of the Project and ongoing post implementation
- A comprehensive assessment of the need for internal or external professional advice (in addition to any review by Internal Audit)
- An assessment of whether the Project involves capital or revenue expenditure under Accounting Standards (or both, in which case, an assessment of which element will be greater)
- A consideration of the scale of potential ongoing expenditure implications of the Project
- Identification of key stakeholders and a proposed communication strategy
- A consideration of high level risks related to the Project
- A proposal of how the Project will be managed, including the proposed Senior Responsible Officer, Project Manager (if known), structure of the Project Board and other key personnel.

Has any contingency amounts exceeding 10% of the total estimated cost of the Project, at the Outline Business Case stage, been formally justified and reported to the States Treasurer.

Has a Feasibility Study been carried out before the Project commences.

Feasibility Assessment

Contents of a Feasibility Study

Has the Feasibility Study included a minimum of the following elements, or a formal explanation of why non-inclusion is justified:
- Specification requirements
- Design strategies and whole life costs
- An appraisal of alternative options to meet the need(s) or deliver the service, including financial appraisal
- Appropriately scaled sensitivity analysis and an explanation and justification of any variations in cost from the Outline Business Case estimate originally included in the LTCP and Major Projects Envelope
- An estimate of Project costs (including any contingency element and expected costs of specialist internal audit services) that is sufficiently accurate for inclusion in the Major Projects Envelope
- An outline Project programme, including key Project milestones and consideration of time constraints
- A full risk assessment, including any legal limitations
- Environmental delivery and controls
- Benchmarking against appropriate comparators
- Estimates of ongoing capital, revenue and manpower implications and how these will be met in order to operate and maintain the new asset
- Any other specific issues (e.g. temporary accommodation requirements)
- The appropriate type of contract to be employed as approved by the Law Officer's

Department (see below)
- An estimate of the sum and timing of predicted cash flows in foreign currency (if it is envisaged that sourcing of any part of the works required will involve payments in a foreign currency). The requirements of the Foreign Currency section will also be relevant to these amounts
- Consideration of the long term fiscal impacts and benefits of the Project
- Consideration of the potential population impact, i.e. will the Project influence population growth and hence result in ancillary costs and benefits?
- Consideration of behavioural changes in the States or the population of the island and whether they will impact either the delivery of the project or the costs and benefits once the Project is complete

Has the contingency sum been recalculated at the Feasibility Study stage and incorporated within the initial outline costing?

Has the Sponsoring States Body provided information on potential significant fluctuations in costs, other than inflation, to Treasury and Exchequer as part of the feasibility study.

Reporting to the Project Board

Has the Project Board held meetings at least quarterly (or more frequently if the agreed Terms of Reference for the project require it), to review cost and other relevant reports, significant variations to the Project and to make decisions required for the Project.

Has the Senior Responsible Officer been present at all Project Board meetings.

Have all Project Board meetings been minuted (including details of any decisions made).

Have the key decisions relating to the Project been documented in the relevant minutes including:
- Actions taken in relation to Risks and Issues, including adapting the Governance arrangements for the project if required
- Agreed changes as a result of a significant variation to the Project
- Approval of changes to Project Delivery Documentation
- Use of contingency amounts outside of delegated limits

Has the Project Manager made sure the relevant reporting information is submitted to the Project Board seven days in advance of scheduled meetings and copied to the Capital Accountant and Financial Performance Reporting.

Have the reports included the following:
- Financial reporting
- Reporting of progress against the Project Plan
- An up to date assessment of risks and issues relating to the Project (including copies of the current Risk and Issues registers)
- Any variations to contracts relating to the Project
- Use of contingency amounts (within delegated limits)

Has the Project Manager, Project Team members and the Finance Business partnering team reviewed the cost reports on a minimum of a monthly basis.

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Significant Variations	If there are significant variation expected, has a report been presented by the Project Manager to the Project Board with recommendations for actions to take.
	Has the Project Board approved all variations, with such approvals being documented.
	Has the Senior Responsible Officer reported any significant variation to the Project to the Sponsoring States Body and Treasury and Exchequer.
	Have all significant variations to a Project included the following: - The cost of the Project is expected to exceed the original sum approved - It is estimated that the Project will overrun its original timescale for completion by more than 10% - External factors such as major economic shocks or changes to the Strategic Priorities of the Government of Jersey - There is a significant change in the scope, expected quality of outputs or expected benefits of the Project - The decision is taken to abandon a Project
Other Meetings	Have all significant Project meetings been minuted?
Procurement	Has all instructions to external experts, (including professional advisors) after appointment, been put into writing, by letter or by email.
	Has the form of contract used, been consistent with that identified in the Feasibility Study? (All variation in approach, including financial implications, must be clearly documented)
Performance Bond	If the purchase of property or construction exceeds £5 million, has an implementation of a performance bond been prepared?

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Additional Requirements for Building and Civil Engineering Projects	**Feasibility Studies**	Has the following been included in the Feasibility Study for building and civil engineering Projects: - Physical boundaries and site limitations with appropriate input from the Planning authorities - Full site investigation in accordance with the existing Code of Practice - Condition survey and associated investigations - Servicing options - Quality assurance plan to identify what decisions are required and when - Consideration of whether a value engineering workshop is appropriate
	Project Implementation	Has the Sponsoring Minister, Jersey Property Holdings been consulted, to enable Jersey Property Holdings to make positive recommendation to the Minister for Infrastructure in accordance with Standing Order 168.
		Have all land and building transactions (including disposals) been undertaken in conjunction with Jersey Property Holdings.
		Has appropriate approval in line with the Scheme of Delegation, including Delegated Decisions or Ministerial Decisions been obtained.
		In the case of Building and Civil Engineering Projects, has a record of all requests for an extension of time been received from the contractor. with an indication as to the reason, together with a list of extensions approved been formally recorded, and Treasury and Exchequer notified.
		Has the following been provided for the building and civil engineering Projects: - Adequate records of site activities must be maintained - All instructions to contractors on site must be in writing or confirmed in writing within seven days - Timesheets must be submitted by contractors and cross referenced to the relevant instructions - Records of labour and plant used on site must be kept and submitted weekly by the contractor (to allow accurate assessment of variations)
		Has the Lead Professional approved all variations within the extent of the approval limits delegated to them, issue certificates of payment for works carried out and grant extensions of time (where applicable), within the designations of their authority.
		Have the terms of appointment of any external expert been according to relevant professional guidelines, and taken the form of a written contract, which includes the following: - The relevant Professional Bodies' conditions of engagement, with amendments to suit local requirements - The purpose of the engagement - The outcomes required and the potential for further supplementary work - In the case of a negotiated fee appointment the negotiated fee relevant to the engagement including the method of calculation and basis for payment - Payment arrangements including the extent and range of disbursements and expenses to be met - The scope of the commission and timescale for the work to be completed in - Requirements for supervision and liaison with Sponsoring and other consultants - Sanction and monitoring of variations, reporting on progress and cost limits as set out in this document - Requirements as to professional indemnity insurance - Prohibition of assignment to third parties

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- For building and civil engineering Projects, requirement for the submission to the Sponsoring States Body of adequate record drawings
- Specifications and manuals for maintenance of the completed Project (if appropriate)
• the criteria against which the performance of the consultant will be assessed on completion of the engagement

8.O Project Cost Management

These processes should include the following:

- Cost reporting protocols
- Budget (current and movement from the original baseline)
- Contract price (current and movement from the original award value)
- Forecast price (based on anticipated variation to contracts plus an assessment of risk
- Actual cost to date and forecast cost to go
- Establishing system or tools to track costs
- Establishing a trends process to track anticipated variations and impact on Anticipated Final Cost (AFC)
- Establishing trend reviews and AFC reviews to interrogate delivery cost pressures and identify potential mitigation.
- Calculation of and updates to the AFC against Current Baseline Budget (CBB) and Original Baseline Budget (OBB)
- Risk Management calculations in line with PMO structure and impact on contingency allowances
- Alignment with overall project controls reporting calendar to ensure updated information is provided and distributed to all key stakeholders as part of a monthly reports

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Appendices for Section 9 – Contract and Supplier Management

9.A Interim and External Supplier Management

A **Change and Approvals Tracker** has been created, and includes tables that track the suppliers on the project, both those that are currently appointed, and those that are due to be appointed. This tracker is reviewed regularly at FMG.

Service	Company
Communication and Engagement	Complete Insight Media Training
Project Management Office	Mace
NEC Contract Legal Support	Shepherd & Wedderburn
Property Agent	D2RE
Financial and Commercial Advisors	EY
Cost Consultants and Buyer	Turner and Townsend (+Tillyards)
Clinical Director	Vivek Consulting Services
Development Director	Plan RB
Financial and Commercial Services	PWC
Design and Delivery Partner	RokFCC JV
NEC Supervisor	Mott MacDonald

9.B Supply Jersey
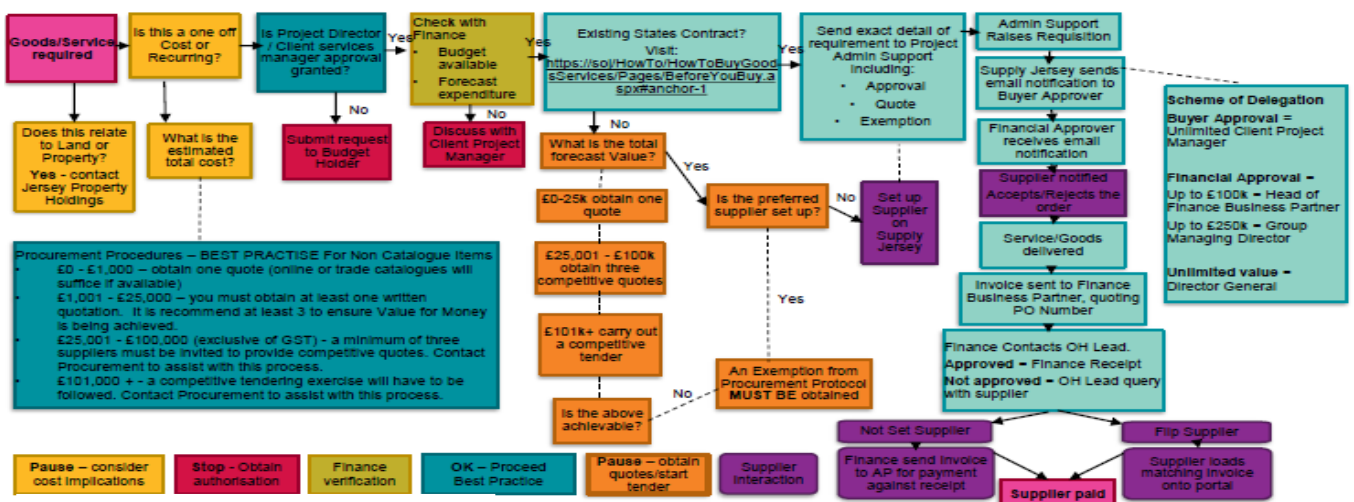
Supply Jersey is a web-based purchasing system put in place by the States of Jersey that simplifies the ordering process for States departments. The electronic ordering process links orders to invoices automatically, reducing the risk of mistakes and ensuring payments are correct first time.

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Supply Jersey is the GOJ online ordering system and is the standard system for:
- raising requisitions, that, once approved, create purchase orders

Supply Jersey should be used for all expenditure except:
- Payroll, and reimbursement of staff expenses
- Intercompany (GOJ) charges
- HRG & Purchase Cards

If there is an existing contract for what a project team member needed to buy, the existing contract must be used, even if a cheaper price is found elsewhere. Only goods and services that we have agreed for a supplier to provide can be bought under the contract.

The types of supplier which can be used on Supply Jersey are:
- Corporate contract - catalogue, if there is one (this is a requirement under FD5.1). These will be at the top of the search.
- Departmental contract catalogue, if there is one.
- Other catalogues.
- NCI (Non-Catalogue Items) Product, if you know the quantity and price.
- NCI Service, if you only know the price or quantity

Requirements

The Commercial Services Department have several contracts for regularly purchased items, in place which can be found on Supply Jersey or MyStates. Use of these contracts is mandatory.

If there is an existing contract for what you need to buy, you must use the existing contract, even if you find a cheaper price elsewhere. When corporate contracts are put in place the total cost of acquisition is considered to ensure value for money.
Purchase price and value for money are not one and the same. There is no need to waste time and money duplicating effort seeking an alternative when there is an option already available with agreed terms. Your time is not a free resource and could be better spent focusing on an area of your departments expenditure that hasn't already been reviewed / contracted.

Corporate contracts cover specific goods and services that have been agreed for the supplier to provide, e.g. you can't buy furniture from a supplier that we have contracted with for providing stationery. You'd need to use the approved furnishings supplier.

If you feel you have a legitimate reason for not using a States contract you must complete an exemption in advance which needs to be approved in line with the scheme of delegation and Director of Commercial Services. If you have completed the purchase already a

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"Breach" form must be completed and may be reviewed by the Treasurer of the States and Chief Internal Auditor.

Principles

Requisitioner (administration team):

- The requsitioner enters requests for goods and services as "requisitions"
- The requisition will be charged to the project budget (business unit and object account)
- Once the requisition is approved a purchase order is automatically created and sent to the relevant supplier

Buyer Approver (Specialists):

- Buyer Approver check NCI (non-catalogue item) requisitions are appropriate and completed in line with GOJ Best Practice
- NCI requisitions for approval will be viewed before they pass to value approvers
- Has responsibility for approving the set-up of new suppliers required by the project
- The buyer should ensure that where a price/quotation (s) and/or exemption for non-compliance Procurement Best Practice has been approved, that these are attached to the requisition, before approving the order, as well as ensuring that the threshold for determining purchasing procedures has been followed.
- In exceptional circumstances purchase order confirmations may be raised retrospectively where the goods or services are required to be secured out of normal office hours or in emergency situations during normal office hours. In this case, the purchaser must give his/her name to quote on the purchase order which must be raised on the following working day and communicated to the supplier.
- Buyer should ensure that where there is a breach as a result of a retrospective order being raised, they must arrange for a breach form to be completed and signed off by the relevant authorities.

- Financial Approver:
- The Financial (Value) Approver checks and approves any requisitions (NCI or catalogue) that relate to the area of responsibility
- The approver will exist on a scheme of delegation and has the authority to approve requisitions up to a certain value

In the case of NCIs the value approver should oversee that expenditure procedures have been followed and there is sufficient budget to commit to the expenditure.

Using Non-Catalogue Suppliers:

- Check the supplier exists on Supply Jersey, if not complete the "request a supplier to be added form" found on mystates.

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- Ideally Suppliers should be set up as FLIP Suppliers, whereby access to the Supply Jersey portal is granted to the supplier streamlining the order and receipting of goods and services.
- Requisitions should be raised before the goods and services are received, if for operational reasons this is not achievable then a Breach form should be completed and authorised as soon as possible.

Supporting Evidence:
- Attach quotes to all orders raised
- Attach signed exemptions if applicable to all orders raised

Suppliers (All on portal):
- as a Supplier they can acknowledge orders via an e-mail link that is sent to them once requisitions are approved
- can amend orders prior to acknowledgement
- invoice orders (up to receipted amount)
- can add invoice charges e.g. freight
- can see and update catalogues of goods & services

9.D NEC3 Contract Management

The Contract between the Delivery Partner and the Government of Jersey is in the form of a Pre-Construction Services Agreement with amended Conditions of Contract. Those conditions are the core clauses of the Professional Services Contract (PSC) and Main Option clauses A and C. The Contract will be administered for the Government of Jersey by the Employer's Agent as denoted in the Contract.

The Professional Services Contract (PSC) is the Contract in place until such time as the decision is made to move into the construction phase. The full suite of change events will not apply initially under the PSC contract. Once the project is ready to progress into the construction stage, the form of Contract will revert to the Engineering and Construction Contract (ECC) NEC3 Option C Target Cost Contract.

Option C is a target cost Contract which is subject to a pain/gain share mechanism by reference to an agreed target cost built up from an Activity Schedule. This option includes Core and Secondary Option clauses, the Schedules of Cost Components, and essential Contract Data. A target cost Contract introduces a mechanism enabling the Delivery Partner and GoJ to share in the benefits of cost savings, but also to bear some of the cost when there are cost overruns.

During the Contract period, the system for managing and administrating contract change will be agreed with the Delivery Partner. This will most likely include a web-based system which will recognise contractual requirements and timelines for submission of and approval

or rejection of any changes. The Employer's Agent will act as the interface for contractual changes between the Delivery Partner and GoJ, and will take any proposed changes to the relevant GoJ authority to approval to proceed.

9.E NEC3 Cost verification

The NEC3 Option C Target Cost Contract includes an element of cost verification will be undertaken by the client's Cost Consultant and their duties will involve:

- Validating the interim assessment and certifying the same on behalf of the Employer's Agent at the assessment intervals detailed within the Contract Data Part One
- Agreeing the *Price for Services Provided to Date* at each interval together with an adjustment, where necessary, for agree Compensation Events and therefore a revision to the *Total of the Prices.*

The process of assessment is different for Options A and C during the pre-construction stage, however it remains the duty of the Cost Consultant to undertake. Under Option A, the consultant is simply verifying the completion of activities and certifying those sums for the same; Option C is far more involved.

9.F Contractual Obligations

Clear levels of authority are important as the contractual response times do not provide leeway for delay or error before defaulting.

Contractual Obligation	Response Time
Submission of Programme for Acceptance/Rejection (Cl 31.3)	Within 2 weeks of receipt
Payment of DPs Assessment (Cl 51.1)	Within 3 weeks of receipt
PM response to Notification to a Compensation Event (Cl 61.4)(*)	Within 1 week of receipt
Assessment of a Quotation (Cl 62.4)(**)	Within 2 weeks of receipt

(*) backstop date is 4 weeks from a reminder sent by the Delivery Partner
(**) backstop date is 4 weeks from a reminder sent by the Delivery Partner

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Appendices for Section 11 – Risk

### 11.A Risk Roles and Responsibilities

GoJ's Director of Risk and Audit	Provide the corporate risk management policy and process guide Owner of the SOSG and POG risk registers
Our Hospital Project Team	Be accountable for all aspects of risk management Ensure risks associated with the Business Case are identified, assessed and controlled Escalate risks to corporate or programme management as necessary
Senior User	Ensure risks to the users are identified, assessed and controlled (e.g. impact on benefits, operational use and maintenance)
Senior Supplier	Ensure risks to supplier aspects are identified, assessed and controlled (such as the creation of the project's products)
Project Assurance	Review risk management practices to ensure they are performed in line with the project's Risk Management Strategy

11.B Management of Risks

PRINCE2 recommends a risk management procedure comprising the following five steps:
- Identify (context and risks)
- Assess (i.e. estimate and evaluate)
- Plan
- Implement
- Communicate

The first four steps are sequential, with the 'Communicate' step running in parallel because the findings of any of the other steps may need to be communicated prior to the completion of the overall process. All steps are iterative in nature in that when additional information becomes available, it is often necessary to revisit earlier steps and carry them out again to achieve the most effective result.

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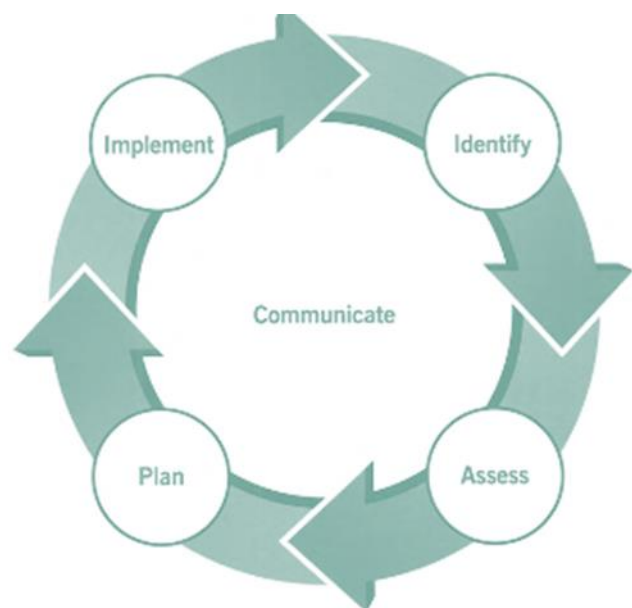
11.C Communication and Consultation

The purpose of communication and consultation is to assist relevant stakeholders to understand risk, the basis on which decisions are made and the reasons why particular actions are required. Communication seeks to promote awareness and understanding of risk, whereas consultation involves obtaining feedback and information to support decision making. Close coordination between the two is required to facilitate the factual, timely, relevant, accurate and understandable exchange of information, considering the confidentiality and integrity of information as well as the privacy rights of individuals. Communication and consultation with appropriate OHP internal and external stakeholders will take place within and throughout all stages of the risk process with the intention to:

- bring different areas of expertise together for each step of the risk process;
- ensure different views are considered when defining risk criteria and evaluating risks;
- provide sufficient information to facilitate risk oversight and informed decision making; and
- build a sense of inclusiveness and ownership among those affected by OHP risk(s).

11.D Scope and Context

The purpose of establishing the scope, context and criteria is to customise the management of risk, enabling effective assessment and treatment. Scope, context and criteria involve defining the scope of the process and understanding the external and internal context and shall be considered at all times when managing OHP risk(s).

Scope

It is important to be clear about the scope, the objectives to be considered and their alignment with OHP objectives. When planning the approach, considerations which will be included are:

- objectives and decisions that need to be made;
- outcomes expected from the steps to be taken in the process;
- time, location, specific inclusions and exclusions;
- appropriate risk assessment tools and techniques;
- resources required, responsibilities and records to be kept; and
- relationships with other projects, processes and activities.

External and Internal Context

The external and internal context is the environment in which OHP seeks to define and achieve its objectives and this will be clearly defined and will reflect the specific environment of the activity to which the risk process is to be applied. Understanding the context is important because:

- risk management takes place in the context of the objectives and activities of OHP;
- organisational factors can be a source of risk; and
- the purpose and scope of the risk process is directly linked to OHP objectives.

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11.E Risk Identification (Identify)

Risks will be identified using a number of techniques such as:

Review lessons from the previous project – risks are driven by uncertainty, one of the most effective ways to reduce uncertainty is to review similar previous projects to see what threats and opportunities affected them. The risk assessment from the Future Hospital project was reviewed to inform the Our Hospital risk identification exercise.

Risk checklists from other projects – the team have reviewed if there are any in-house lists of risks that have been identified or have occurred on previous similar projects in order to identify any learning opportunities.

Risk prompt lists – these are publicly available lists that categories risks into types or areas and are normally relevant to a wide range of projects. They have been used to help the team think about sources of risk in the widest sense.

Brainstorming – this will be used as group thinking can be more productive than individual thinking. In addition to identifying risks brainstorming can also be used to understand the stakeholders views of the risks identified.

Risk breakdown structure – this aims to break down the project environment into potential sources of risk and is a useful aid to the project management team in thinking through potential sources of risk to the achievement of objectives. The benefit of using such an approach is it helps clearly identify the risk owners by category.

Risk identification will enable clear and unambiguous expression of the risks identified that includes consideration of the key aspects of each risk : Risk Cause - Risk Event – Risk Effect. Both threats and opportunities will be explored.

11.F Risk Assessment (Assess)

Estimate

The primary goal of the 'Estimate' step is to assess the threats and opportunities to the project in terms of their probability and impact. Risk proximity will also be used to gauge how quickly the risk is likely to materialise if no action were taken.

A number of techniques are defined by PRINCE 2 as useful for risk estimation: Probability trees ; Expected value; Pareto analysis and Probability impact grids. The approach to be taken will be a Probability Impact grid.

Probability Impact grid – this grid contains ranking values that may be used to rank threats and opportunities qualitatively. The probability scales are measures of probability derived from percentages, and the impact scales are selected to reflect the level of impact on project objectives. The values within the grid cells are the combination of a particular probability and impact, and are determined by multiplying the probability and the impact. The grid can be used to provide an assessment of the severity of a risk and enable risks to be ranked so management time and effort can be prioritised. The impact grid being utilised is set out below.

Prince 2 recommends a detailed understanding of the following is documented:
- The probability of the threats and opportunities in terms of how likely they are to occur:
- The impact of each threat and opportunity in terms of project objectives;
- The proximity of these threats and opportunities with regard to when they may materialise;
- How the impact may change over the life of the project.

Evaluate
The primary goal of the 'Evaluate' step is to assess the net effect of all the identified threats and opportunities on a project when aggregated together. This will enable an assessment to be made of the overall severity of the risks facing the project, to determine whether this level of risk is within the risk tolerance and whether the project has continued business justification.

Risk evaluation techniques include risk models such as the Monte Carlo analysis and approaches such as the Expected monetary value approach. The approach to be taken will be the Expected monetary value method.

Expected Monetary Value method
This technique takes the expected values of a number of risks and sums them to arrive at an overall value. It will provide a quick and easy assessment of a group of risks to understand their combined effect.

11.G Assessment Criteria
The Board and Political levels of Our Hospital project will use the below criteria. The OHP/DDP level of the project will be sufficiently aligned to enable suitable escalation between levels of the project.

Proximity
Proximity reflects the fact that risks will occur at particular times and the severity of their impact will

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vary according to when they occur. Proximity categories will be: imminent, within the stage, within the project, beyond the project.

Risk categories

A Risk Breakdown Structure (RBS) has been adopted as follows

RBS LEVEL 1	RBS LEVEL 2
1. TECHNICAL RISK	1.1 Scope Definition
2. MANAGEMENT RISK	1.2 Requirements Definition
3. COMMERCIAL RISK	1.3 Estimates, assumptions & constraints
4. STRATEGIC RISK	1.4 Technical processes
	1.6 Technical interfaces
	1.7 Design
	1.8 Performance
	1.9 Reliability and maintainability
	1.11 Safety
	1.12 Security
	1.14 Test and acceptance
	2.1 Project management
	2.2 Programme/portfolio management
	2.3 Operations management
	2.4 Organisation
	2.5 Resourcing
	2.6 Communication
	2.7 Information
	2.8 HS&E
	2.9 Quality
	2.11 Reputation
	3.1 Contractual terms & conditions
	3.2 Internal procurement
	3.3 Suppliers & vendors
	3.4 Subcontracts
	3.5 Client/customer stability
	3.6 Partnerships and joint ventures
	4.1 Legislation
	4.2 Exchange rates
	4.3 Site/facilities
	4.4 Environmental/weather
	4.5 Competition
	4.6 Regulatory
	4.7 Political
	4.8 Country
	4.9 Social/demographic
	4.11 Pressure groups
	4.12 Force majeure

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Threats

Risk Level - Threats							

Score	Rating		Health & Safety	Environmental	Programme	Cost	Quality	Reputation		Likelihood of Occurrence
1	Very Low		Ranges: Negligible to Single minor injury or mulitple with First aid / No days lost.	Ranges: Negligible to Advised by Regulator	< 5 days	< 100 k	Little or no impact on specified material / method / finish	Individual Greviances		Rare < 5%
2	Low		Mulitple or single minor injuries. Medical treatment. LTI < 3 days. RIDDOR reopirtable incident.	Warning from Regulator, no compensation or loss	≥ 5 days, < 10 days	≥ £100k - 250k	Minor detrimental impact on specified material / method / finish	Internal Matter		Unlikely 5% - 20%
3	Medium		Multiple moderate Injury. Or single major injury/ disability, serious burn, fractuire, minor amputation LTI > 7 days (HSE & RIDDOR reportable)	Statutory Notice resulting in fine or rebuke	≥ 11 days, < 20 days	≥ £250k - £500k	Moderate impact on specified material / method / finish	Local Press Attention		Moderate 21%, - 50%
4	High		Accident resulting in multiple major injuries or single fatality without significant disruption to ongoing operation.	Civil Action - Court interdict & Penalty	≥ 21 days, < 30 days	≥ £500k - £1m	Serious detrimental impact on specified material / method / finish	National Press Attention		Likely 51% - 75%
5	Very High		Accident resulting in multiple major injuries or single fatality with significant disruption to ongoing operations.	Criminal Prosecution - Fine or Imprisonment	≥30 days	> £1m	Catastrophic impact on specified material / method / finish	National Media Attention		Almost Certain ≥ 75%

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Opportunities

					Risk Level - Opportunity	

Score	Rating	Health & Safety	Environmental	Programme	Cost	Quality	Reputation	Likelihood of Occurrence
1	Very Low	Little or no impact on site / operatives / end-users, slight decrease in minor injuries (non-reportable), minor health and wellbeing issues (non-reportable)	Very minor improvement on Environmental provision / conditions	< 5 days	< 100 k	Very minor, positive, impact on ability to win &/or deliver commission based on legal compliance, contract diligence and adherence to all internal quality & ISO accreditations.	Public&/or stakeholder praise requiring minimal additional press office involvement	Rare < 5%
2	Low	Minor improvement to site / operatives / end-users, slight decrease in minor injuries (non-reportable), minor health and wellbeing issues (non-reportable)	Minor improvement on Environmental provision / conditions	≥ 5 days, < 10 days	≥ £100k - 250k	Minor, positive, impact on ability to win &/or deliver commission based on legal compliance, contract diligence and adherence to all internal quality & ISO accreditations.	Public&/or stakeholder praise for approx 1wk or increase in reputation with stakeholders	Unlikely 5% - 20%
3	Medium	Moderate improvement to site / operatives / end-users, moderate decrease in injuries (reportable), health and wellbeing issues (non-reportable)	Moderate Improvement on environmental provision	≥ 11 days, < 20 days	≥ £250k - £500k	Moderate, positive, impact on ability to win &/or deliver commission based on legal compliance, contract diligence and adherence to all internal quality & ISO accreditations.	Public&/or stakeholder praise for >1wk or increase in reputation with stakeholders	Moderate 21%, - 50%
4	High	Significant improvement to site / operatives / end-users, significant decrease in injuries (reportable), health and wellbeing issues (reportable)	Significant Improvement on environmental provision	≥ 21 days, < 30 days	≥ £500k - £1m	Significant, positive, impact on ability to win &/or deliver commission based on legal compliance, contract diligence and adherence to all internal quality & ISO accreditations.	Public&/or stakeholder praise for >2wks or increase in reputation with stakeholders	Likely 51% - 75%
5	Very High	Very significant improvement to site / operatives / end-users, very significant decrease in injuries (reportable, health and wellbeing issues (reportable)	Very significant Improvement on environmental provision	≥30 days	> £1m	Very significant, positive, impact on ability to win &/or deliver commission based on legal compliance, contract diligence and adherence to all internal quality & ISO accreditations.	Public&/or stakeholder praise for >1 month or very significant increase in reputation with stakeholders	Almost Certain ≥ 75%

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11.H Plan

The primary goal of this step is to prepare specific management responses to the threats and opportunities identified, ideally to remove or reduce the threats and to maximise opportunities. This step is crucial to making sure we have no unexpected surprises during the project.

A key factor in selection of responses will be balancing the cost of implementing the responses against the probability and impact of allowing the risk to occur. The various types of response to threats and opportunities are discussed below.

The team reviewed lessons from the previous Future Hospital project and other major projects when identifying the range of responses available and when evaluating how effective they may be.

Risk response categories

Defines the risk response categories to be used, which themselves depend on whether a risk is a
perceived threat or an opportunity. These will be categorised as follows:

For Threats : avoid, mitigate, transfer or accept
For Opportunities: enhance, exploit , reject or share.

The purpose of risk treatment is to select and implement options for addressing risk and involves an iterative process which includes:
- formulating and selecting risk treatment options
- planning and implementing risk treatment
- assessing the effectiveness of that treatment
- deciding whether the remaining risk is acceptable
- if not acceptable, taking further treatment

Selecting the most appropriate risk treatment option(s) involves balancing the potential benefits derived in relation to the achievement of the objectives against costs, effort or disadvantages of implementation – risk treatment options are not necessarily mutually exclusive or appropriate in all circumstances.

Threats		Opportunities	
Avoid	Eliminate the cause of the uncertainty that first introduced the threat.	Enhance	Target key areas or drivers in order to increase the magnitude of the impact and / or the likelihood of occurrence.
Mitigate	Target key areas or drivers in order to reduce the severity of the impact and /or the	Exploit	Clarify the cause of uncertainty that first introduced the opportunity to ensure the benefit is realised.

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Threats		Opportunities	
	probability of occurrence. Reduce to an 'acceptable' level		
Transfer	Seek to place liability on a third party	Reject	The process of managing an opportunity by deciding to not make any changes. The opportunity is then continually monitored to ensure that if in the future it becomes viable.
Accept	The process of managing a threat by deciding to not make any changes.	Share	Offer to share the benefit with a third party and should the opportunity occur, use the realised benefits to give incentives to partners.

The selection of risk treatment options will be made in accordance with the project's objectives, risk criteria and available resources. When selecting risk treatment options, the values, perceptions and potential involvement of stakeholders will be considered and the most appropriate ways to communicate and consult with them. Though equally effective, some risk treatments can be more acceptable to some stakeholders than to others.

Risk treatments, even if carefully designed and implemented might not produce the expected outcomes and could produce unintended consequences. Monitoring and review need to be an integral part of the risk treatment implementation to give assurance that the different forms of treatment become and remain effective. Risk treatment can also introduce new risks that need to be managed.

If there are no treatment options available or if treatment options do not sufficiently modify the risk, the risk should be recorded and kept under ongoing review.

11.I Implementation

The primary goal of the implement step is to ensure the planned risk responses are actioned, their effectiveness monitored, and corrective action taken where responses do not meet expectations. This will be undertaken through a variety of means but mainly regular workshops and meetings throughout the different staging points and the life time of the project.

A key part of this step is being clear about roles and responsibilities particularly the distinction between Risk Owners, Risk Actionees and how they will support the project manager. These will be recorded in the risk register.

The purpose of risk action plans is to specify how the chosen treatment options will be implemented, so that arrangements are understood by those involved, and progress against the plan can be monitored. The plan should clearly identify the order in which risk treatment should be implemented and will be integrated into management plans and

processes, in consultation with appropriate stakeholders. The information provided in the treatment plan will include:

- Rationale for selection of the treatment options, including the expected benefits
- Those who are accountable and responsible for approving and implementing the plan
- Proposed actions and when actions are expected to be undertaken and completed
- Resources required, including contingencies
- Performance measures and constraints
- Required reporting and monitoring

Risk action plans will be recorded within the project risk register information.

11.J Recording and Reporting

The risk process and its outcomes will be documented and reported through appropriate mechanisms. Recording and reporting aims to:

- communicate risk management activities and outcomes
- provide information for decision making
- improve risk management activities
- assist interaction with stakeholders, including those with responsibility for risk management activities

Decisions concerning the creation, retention and handling of documented information will consider, but not be limited to: their use, information sensitivity and the external and internal context. Reporting is an integral part of the project's governance and will enhance the quality of dialogue with stakeholders and support senior management and oversight bodies in meeting their responsibilities. Factors to consider for reporting include, but are not limited to:

- differing stakeholders and their specific information needs and requirements
- cost, frequency and timeliness of reporting
- method of reporting
- relevance of information to organisational objectives and decision making

Each level will have a Risk Register which holds only the risks that are owned by members within that level. The risk register owners are provided in the table below.

Risk Register	Register Owner
POG	GOJ Director, Risk and Audit
SOSG	GOJ Director, Risk and Audit
Project and DDP	DDP Risk Manager

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The Delivery Partner will hold the most risks with the amount gradually decreasing higher up the governance structure. This means that the POG Risk Register, sitting within the highest level, should hold the fewest risks and only ones where members of the Governance Steering Group are risk owners or actioners.

Risk Owners	Responsible for management of threat or opportunity and assigned in accordance with contractual obligations and who is best placed to effectively manage.
Action Owner	Responsible for carrying out specific tasks in relation to the mitigation of a risk but do not hold overall accountability

The score and nature of a risk, which is allocated during the assessment stage, determines at what level the risk should be owned and managed although accompanying risk actions may sit within a different governance level. If a risk score is reassessed and decreases or increases, then ownership may need to be transferred to a different level. The below table outlines the escalation levels which will also be mirrored within the risk registers. The score used is the post mitigation score.

Residual Risk Score(s)	Ownership Level
20-25 (Very High)	Political Oversight Level if GoJ owned risk, if DDP owned as DDP PEP
12-20 (High)	Board Level
<12	Project Team

Risk reporting will be part of the project's meeting and reporting cycle. New risks, escalations and trends being included as part of meeting agenda and the Checkpoint / Highlight reports.

Political	Risks to be reviewed and managed at POG Risk Meetings, which will take place at a minimum once a quarter.
Board	Risks to be escalated, reviewed and reported to SOSG, the Project Board, with action plans also reviewed to COCG/Partnership Board. SOSG Risk Meetings, which will take place at a minimum once a quarter.
Project Team	Threats/opportunities to be escalated and discussed at Project Executive Group and other meetings as appropriate.
Delivery Partner	Threats/opportunities managed and mitigated, with monthly Risk Workshops held.

The composition and format of the risk register and other records is designed to capture and maintain information on all the identified threats and opportunities relating to the project. Each risk on the risk register is allocated a unique identifier as well as standard details such as:

- Who raised the risk
- When it was raised

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- The category of risk
- The description of the risk (cause, event , effect)
- Probability. Impact and expected value
- Proximity
- Risk response category
- Risk response actions
- Risk status
- Risk owner
- Risk actionee

Records will be kept of closed/archived risks, including the grounds and authority for closure.

11.J Risk Escalation

Risk actions should be managed by the party best placed to manage the risk and at the most appropriate level in the organisation. Risks may need to be escalated up or down the management chain – either within or between the levels of hierarchy.

Project team members should identify any risks which are to be considered for escalation in the regular reporting cycle. These will then be examined at risk meetings, in order to review and approve the escalation of the risk. This cycle of review is repeated up the organisation structure.
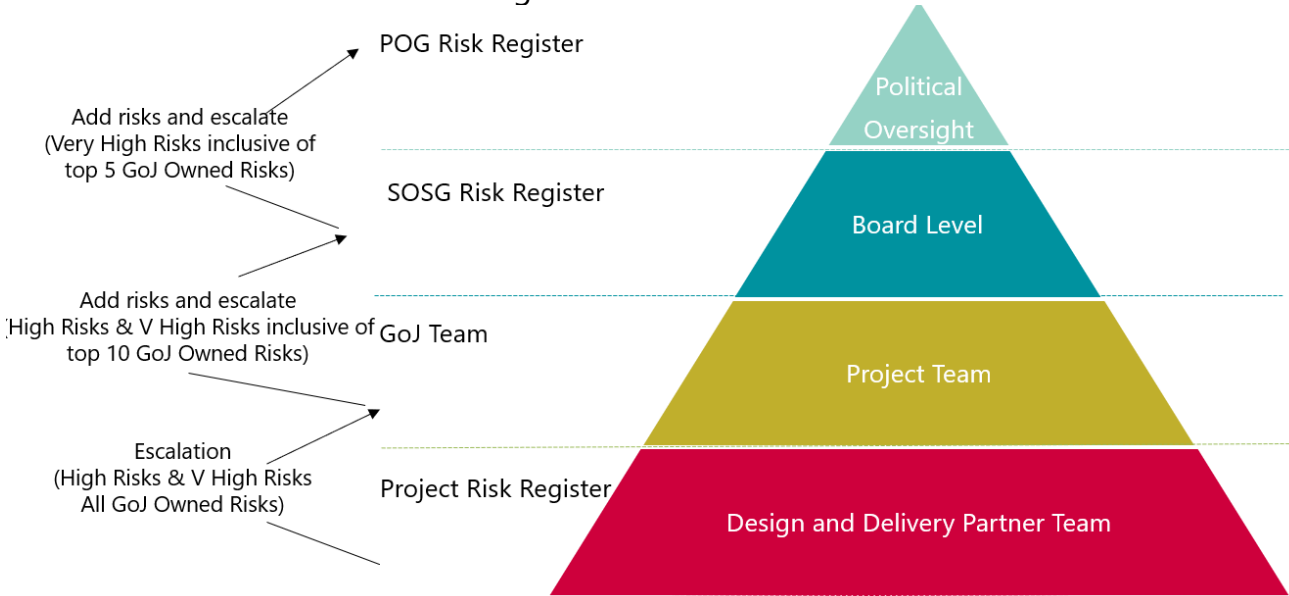
When selecting risks to escalate, in addition to the specific guidance on scoring, these factors should be considered:

- Are there any common causes of risk that should be escalated?
- Do any of the identified risks have consequential effects to the wider programme which are significant enough for that risk to be escalated to the next level?
- Does a risk have a risk owner or action owner at another level, so need escalating?

Based on the scoring parameters, the Threat acceptability criteria are as follows:

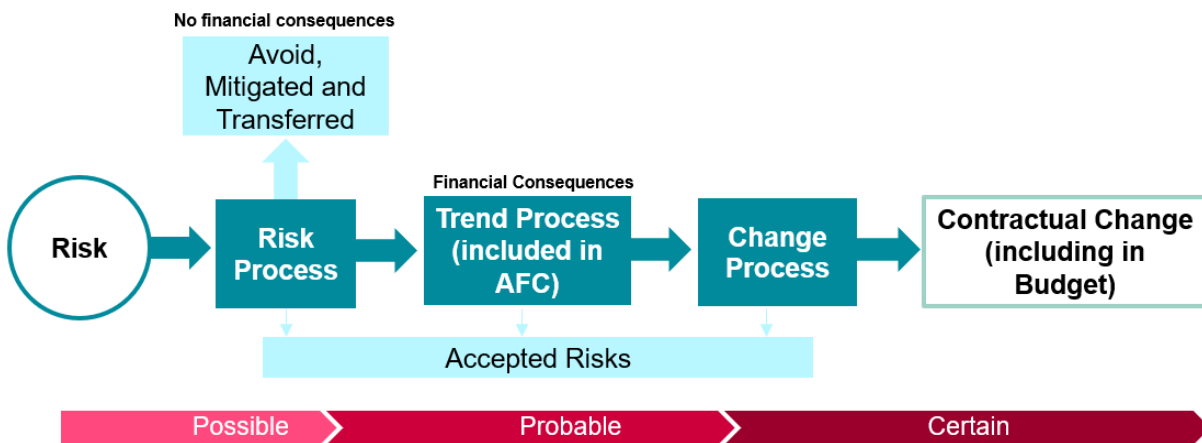| Threat	Acceptability
Very Low	Acceptable = no treatment required and should continue to be monitored.
Low	Treatment recommended = Owner to provide justification if no mitigation is needed.
Moderate	Treatment mandatory = action to reduce likelihood or impact.
High	Treatment mandatory = urgent action(s) to reduce likelihood/impact and escalation required.
Very High	Risk unacceptable = immediate escalation required for strategic mitigation.

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The information flow between risk registers at various levels is defined within the below visual:

POG Risk Register

Add risks and escalate
(Very High Risks inclusive of
top 5 GoJ Owned Risks)

SOSG Risk Register

Add risks and escalate
High Risks & V High Risks inclusive of
top 10 GoJ Owned Risks)

GoJ Team

Escalation
(High Risks & V High Risks
All GoJ Owned Risks)

Project Risk Register

Political Oversight

Board Level

Project Team

Design and Delivery Partner Team

11.K Trend Management

Trend management involves active monitoring of the proximity and status of a risk so that should a risk be realised, or show signs are beginning to be realised, the owners are not taken by surprise and the risk is managed in the best possible way. It therefore acts as an early warning system.

The chart below shows the process of a risk being realised, having consequences which may affect the objectives of the project and therefore triggering a change as part of the management sequence.

No financial consequences

Avoid, Mitigated and Transferred

Risk → Risk Process → Financial Consequences / Trend Process (included in AFC) → Change Process → Contractual Change (including in Budget)

Accepted Risks

Possible → Probable → Certain

By implementing a thorough risk process, the project will be able to identify and monitor the position of all identified risks and to seek early intervention where a risk is increasingly likely to be realised. The effective management of the process and the establishment of this as a business as usual activity will be key to success.

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11.L Risk budget

A risk budget is a sum of money included within the project budget and set aside to fund specific management responses to the project's threats and opportunities (For example, to cover and fallback plans should they need to be implemented.) The approach to financial management of risk is being refined through the OBC stage of the project. The project risk register will be reviewed, and analysed, for the impact costs; response costs and the likelihood. The aggregation of the costs (for responses and impact) weighted by each risks probability generates the monetary value that will be used to determine a risk budget.

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Appendices for Section 12 – Quality

12.A Project Officers

A conflict of interest arises where an Officer, member of the project team, or end user of the Our Hospital, such as clinical staff, might be influenced in their duties by considerations of gain or benefit for themselves, members of their family or friends or by taking a decision from which they will gain personally. On all such occasions, they must draw the potential conflict to their manager's attention in order that a decision may be taken on how to proceed. A Conflict of Interest Declaration form should be completed for each procurement undertaken.

Some roles, such as those involving, potentially involving, or may seem to have influence on, the purchasing of goods or services from others, are particularly sensitive, especially on Major Projects such as Our Hospital. Orders and contracts must be awarded on merit and no favouritism should be shown to businesses run by, for example, friends, partners or relatives. All such relationships must be reported to their manager and the Development Director, if not already requested via the procurement process. A copy of the Ethical Code on Purchasing is available on the States Intranet site maintained by the States Human Resources Department.

12.B Ministers and Assistant Ministers

Ministers and Assistant Ministers must scrupulously avoid any danger of an actual or perceived conflict of interest between their ministerial position and their private interests or any other public role they hold, ensuring that their actions do not compromise their judgement or place themselves under an improper obligation. They should be guided by the general principle that they should either dispose of the interest giving rise to the actual or perceived conflict or take alternative steps to prevent it. In some cases, it may not be possible to devise a mechanism to avoid such a conflict of interest. In any such case, the Chief Minister must be consulted, and it may be necessary for the Minister to cease to hold ministerial office. The avoidance of conflict includes, but is not restricted to:

- Gifts, hospitality, travel or any other perceived benefits, which should generally not be accepted, other than in so far as offence may be caused if refused, or where the gift may be appropriately displayed by a Department. Where accepted, items over £40 should be recorded in departmental gift registers.
- The commencement of legal proceedings that do not relate to their ministerial responsibilities, considering the implications for their ministerial responsibilities.

All project parties must act in the best interests of the project and take appropriate steps to avoid situations that create, or may be perceived to create, a conflict of interests or a potential conflict of interests. For example, this includes receipt of any gifts or favours to

project parties or key stakeholders by a third party in order to influence procurement procedure or decisions.

However, where there are instances conflicts or potential conflicts of interest cannot be avoided, they should be reported so that they can be recorded, addressed and appropriately managed.

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Appendices for Section 13 – Communications

13.A Approach

Communication is a core function of the DDP, and their PEP and Communication Strategy provide more detail on this topic. However the core elements of the OHP approach are:

- Clear, agreed project objectives to which communications objectives can align
- Segmented audiences, backed by insights into their known positions, who influences them and who they influence
- A clear, compelling and evolving narrative, based on facts, consistently applied, but adapted to segmented audiences, which dovetails with and adapts, to the new healthcare model narrative
- A multi-channel approach, using face-to-face, focus group, public events, media, social media, staff and stakeholder engagement, and advertising, tailored to the segmented audiences
- The promotion and use of Citizens' Panels as an integral part of community engagement, and as focus groups to inform decision-making across a range of hospital requirements and site selection issues
- A rhythm of significant bursts of communications and engagement related to achievable project milestones, with a continuous flow of bite-sized chunks of dependable factual information between major milestones
- Building a group of third-party advocates and champions, who have influence and trust among wider audiences, to speak in support of the project and encourage islanders to join in their support
- Establishing core project spokespeople among POG, who are identifiably the faces/voices of the new hospital, backed by trusted medical professionals, who can be deployed to explain the urgent case for a new hospital, and authoritative specialists, who can explain technical issues
- Measurement and evaluation of the inputs, outputs, outtakes and outcomes of communication activity to assess its effectiveness and adapt the approach in the light of what the evaluation is telling us.

13.B Identified Stakeholders

External Stakeholders	
Other Audiences	
The Media (Including Trade Press)	
Islanders	
Jersey Property Holding	
Future Hospital Scrutiny Panel	
Friends of Our Hospital Group	
Relevant Stakeholders	
Health and Community Services	
Associate Medical Directors	
Consultants	

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Registered Managers	
Senior Sisters	
Soft Facilities Staff	
Primary Care	
GP Surgeries	
Community Pharmacists	
Dentists	
Optometrists	
Voluntary Sector	
Jersey Hospice Care	Citizens Advice Bureau
Family Nursing and Home Care	Shelter
Silkworth Trust	Mental Health Cluster
Cheshire Homes	LV Homecare
Diabetes Jersey	Les Amis
Call and Check	Autism Jersey
Jersey Alzheimer's Association	CAG
Mind	Gentle Care
Good Companions	Headway
Communicare	Care Federation
Refuge	Mencap
Age Concern	

13.C Citizens' Panel

The panel's involvement gives Islanders confidence in the process, as well giving the process integrity. The Our Hospital Citizens' Panel was selected in early 2020 following 155 applications from Islanders. The process for the selection followed a strict methodology. Panel members worked collectively to form a list of 24 criteria, which will help narrow down the list of potential sites for the new Hospital. The list of the suggested sites was not shared with the panel, and nor is the panel having any involvement in the site evaluation process. Following this phase of work, the panel of citizens were invited to meet again to see how their criteria has whittled down the sites, before a shortlist was released and then a final site is put before the States Assembly for approval.

The panel will remain involved throughout the remainder of the project to ensure the views of Islanders are taken into account and a representative voice remains heard throughout.

13.D Health Workers Panel

The Health Workers Panel has been established as a communication channel with health workers whose role links them with the Project.

It will meet regularly, and provide a source of communication to the wider Health Worker community.

13.E Corporate Asset Management Board and Regeneration Steering Group

The purpose of the Corporate Asset Management Board (CAMB) is to support and direct the implementation of draft Island Public Estate Strategy for Jersey by maintaining a total

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view of all real estate use and requirement across government. Political oversight of the CAMB is achieved through the Regeneration Steering Group (RSG).

The Our Hospital Project will support the role of the CAMB and RSG by providing updates throughout the project, particularly with reference to longlisted sites that are not identified as a preferred site and could be considered for wider uses such as, education, health, housing, sports and wellbeing facilities or office accommodation.

13.F Channels

Channel	Audience	Comment
Media		
Jersey Evening Post	55+ male/female mix, website younger. Good Facebook following	Possibility to have specialist reporter assigned to project. Web reach is growing.
BBC Jersey	55+, high proportion of pensioners	Good opportunities for politicians' airtime. Phone-in Q&As will help reassure
Channel 103	50,000 weekly listeners, 65% ABC, youngest of all local news outlets	Great reach to the younger audience. Story always simplified to a good understanding level.
Channel TV	All age ranges, limited viewing time, poor web presence	High interest in the project. Willing to hold live Question Time-style events.
Bailiwick Express	Business professionals, largest email reach	Good advertising opportunities with daily email bulletin. Article lengths not influenced by space available.
Digital		
Our Hospital Webpage	People interested in the project	The project webpage
Email marketing	Mailing list subscribers	
Events		
Public	Members of the public, parish events, drop-in days	
Stakeholders	Health department, interested groups, health charities	These will have key project members present and allow stakeholders to ask questions, meet the team, look at plans, latest news etc.
Citizens' Panel	12-24 representative Islanders from all walks of life	Representative panel to provide in depth engagement on the project from the public
Health Workers Panel	Representatives from health workers	Representative panel to provide communication engagement with Health Workers (not the same as the

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Channel	Audience	Comment
Media		
		User Groups that exist to inform design and clinical engagement)
Social media		
Facebook	Two-thirds female aged 30-45	Opportunity to reach a different demographic to some of the other social media channels
Instagram	60% of users are <30	Can easily be linked to Facebook posts to grab even younger audience.
Linkedin	Professionals, businesses, industry, leaders	Large stakeholder presence. Good route to build advocacy.
Twitter	Mainly professionals, marketeers, media	Another route to engage professionals.
Snapchat	<30, not engaged, uninterested	May be useful if under 18-year olds are needed.

13.G Statements and Announcements

The Communication Strategy will set out the protocol for statements and announcements.

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Appendices for Section 14 – Measuring Success

14.A OGC Gateway Review Process

The Cabinet Office Gateway Review process examined programmes in line with Treasury requirements and projects at key decision points in their delivery lifecycle and provided assurance that they can progress successfully to the next stage. The OHP Health checks have been mapped against the OGC Gateways.

14.B Lessons Learned

A Lessons Learned report will be produced during the project close down, detailing lessons which should be applied to future stages or projects and sent to the Project Board for approval. It should include a review of what went well, what didn't go so well and recommendations to the Corporate PMO function. This will be filed with Corporate PMO to support a corporate centre of excellence

14.C Project Evaluation

The Public Finance Manual states that upon successful completion of a Major Project, a two-stage project evaluation report must be produced.

The first stage report must be completed within three months of practical completion and provide an initial assessment of the project performance including:

- Scheme performance
- User satisfaction
- Contractor performance
- Consultant's performance

A second stage report must be prepared to assess the value for money performance of the project. This will normally coincide with the final payment for the project but may require a longer period to evaluate the project in full operation. If the evaluation of the project is expected to take more the 12 months, then an initial second stage report should be completed within 12 months of practical completion and updated every 6 months until such time as a final assessment can be made of the performance of the project.

Both stage reports must be approved by the Senior Responsible Officer, presented to the Sponsoring States Body and copied to the States Treasurer and Principal Accountable Officer or their delegates as agreed in the terms of reference.

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Appendices for Section 15 – Useful Tools

15.A Version Control

Effective version control is essential to good records management practice as it helps to distinguish one version of a document from another. It is particularly important where electronic documents are stored in a shared area where they may be updated by a number of different users.

Version control is designated by:

- **Initial Compilation** – the first draft of a document, before it has been approved by a governance group should be v0.1 with minor revisions updating as below. Once the final draft is sent for approval this should be changed to v1.0
- **Minor Revisions** - small changes made to a document such as spelling or grammar corrections. Minor revisions to a document are reflected by making increments to the decimal number e.g. from v2.2 to v2.3
- **Major Revisions** - changes to a document that require the document to be re-approved by one of the governance groups detailed above. Major revisions are reflected by incrementing the whole number sequentially e.g. from v4 to v5.

For example, v2.3 represents the second version approved by the SOSG that has had three minor amendments. The version of a document will be set out at the top of each document and detail the changes made.

15.B Classification

All documents created for the project will be secured and classified in line with the Government of Jersey Information **Security and Information Classification Policy**.
In respect of this project all documents will be marked with one of three classifications:

- **UNCLASSIFIED** - non-sensitive information that can be accessed or shared freely with all employees, or members of the public
- **OFFICIAL** - information that is only accessible to employees (or professional advisers or regulators etc.) who have a business interest in the information. This is usually the default classification
- **OFFICIAL SENSITIVE -** information that is only accessible named persons. Examples include employment records; medical records; and assurance reports

Business Support will set the classification level for the GoJ team. This should be on the first page of the document and in the header/footer. The classification level is always printed in uppercase.

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As well as written markings, visual markings will be used to support the project team members and the project board to differentiate documents that are restricted and should be kept as internal project documents, and those that can be shared more widely:

- Documents that should not be shared will be marked with the words and grey logo of 'Our Hospital Project'

OFFICIAL SENSITIVE - RESTRICTED - Cannot be shared wider than POG, SOSG or Project Team. If in doubt, seek clarification from Business Support

- Documents that can be shared more widely will be marked 'Our Hospital' and bear the blue logos that are used for public-facing communication.

UNCLASSIFIED - Can be shared wider shared freely with all employees, or members of the public

Only the Business Support can reclassify information following:

- A request by the SOSG or POG
- Agreement by the Development Director
- POG oversight of any document that is due to be classified or reclassified as 'Unclassified'

15.C Document Naming

All documents produced by the internal project team should be labelled in the following format:

YYMMDD - OHP - Title – Version

For example: 200325 – OHP – Change Control and Configuration Strategy – v0.1

The file name is contained in the left footer of each document and both the date and version should be updated with each new change of the document.

15.D Storage

All documents for the GoJ project team will be stored using Microsoft Teams and all project team members will be provided electronic access to the Our Hospital channels. This is arranged by the Administrative Support Office. The Delivery Partner will supply and administer a document management system for the design and construction files and information.

Prior versions of the project brief suggested use of Egress to store and distribute documents however, the software was not found to be adequate. All documents produced by the project, will be filed by workstream

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15.E Distribution

Documents will not be circulated by email to maintain robust version and document security control protocols. Instead, links will be provided to files stored on Teams. Access to files stored on Teams will be on a 'self-service' basis subject to security restrictions.

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