
STATES OF JERSEY



LEARNING FROM PREVIOUS HOSPITAL PROJECTS: A FOLLOW UP REVIEW (R.82/2023): EXECUTIVE RESPONSE

Presented to the States on 29th June 2023
by the Public Accounts Committee

STATES GREFFE

FOREWORD

In accordance with paragraphs 69-71 of the [Code of Practice](#) for engagement between ‘Scrutiny Panels and the Public Accounts Committee’ and ‘the Executive’, the Public Accounts Committee presents the Executive Response to the Comptroller and Auditor General’s Report entitled: [Learning from Previous Hospital Projects: A Follow Up Review](#) (R.82/2023 - presented to the States on 15th May 2023).

The Committee intends to review the Executive Response to the recommendations and will consider whether to produce further comments in due course.

Deputy L. Feltham

Chair, Public Accounts Committee

Chief Executive and Treasurer of the States Response to C&AG Review: [Learning from Previous Hospital Projects: A Follow up review](#) – Executive Response to PAC by Tuesday 27th June 2023.

Summary of response:

The Chief Executive and Treasurer of the States welcome the report of the C&AG and comments regarding the strong governance of Our Hospital project, which will be continued as part of New Healthcare Facilities (NHF). The Chief Executive and Treasurer also welcome the recommendations that consolidate many of the recommendations from the C&AG's previous report on learning from the Future Hospital project.

The timing of this report allows many of the recommendations to be incorporated into the programme governance arrangements. In particular, the processes to record decisions, accurate recording of commercial breaches and exemptions, and the continued maintenance of a comprehensive risk register. Furthermore, we are pleased that since the publication of the C&AG review a number of the other recommendations have already successfully addressed such as the appointment of independent advisors to the NHF Ministerial Group and a dedicated Acting Programme Director.

At a strategic level, the NHF programme Senior Responsible Officers agree with the C&AG's observations that there are gaps in the strategic backdrop of separate but related healthcare programmes and strategies that inform the programme design. In an ideal world, the related HCS programmes would be in place, but if the NHF programme were to wait until strategies are fully developed to inform the NHF programme design, there would be an inevitable delay of years at minimum, during which time the fabric of the current health estate would continue to deteriorate and present a risk to the delivery of health and care services. In this context, the Government of Jersey is taking action to deliver new facilities and minimise any service delivery risks.

Therefore, in some cases the programme team will need to make reasonable assumptions with regard to the strategic backdrop to enable the programme to progress at pace. Wherever possible, the programme team and HCS will build on information already developed by HCS or previous hospital projects, to build reasonable models that inform Outline Business Cases and that correspond to any developments in the model of care framework. These will need to be regularly reviewed and updated to ensure they continue to align with HCS plans. Indeed, the emerging programme delivery plans allow the first phase to deliver the acute elements of delivery first, the brief for which will be less impacted by any future transformation of the care model framework. By delivering this phase first, it will allow more time for the further phase design to reflect any transformational interventions to the model of care framework.

Action Plan

Recommendations	Action	Target date	Responsible Officer
<p>R1 Enhance arrangements for:</p> <ul style="list-style-type: none">• recording and reporting cumulative expenditure and asset recognition for projects; and• capturing accurately breaches of and exemptions from the requirements of the Public Finances Manual, including explicitly recording breaches and exemptions against individual projects.	<p>Accept</p> <p>Since the start of 2023, all Government of Jersey finance systems have been subject to a major upgrade to a SAP based system which includes many features and facilities designed to further enhance and facilitate processes of recording and calculating Government financial data. The Project continues to be reported in line with the provisions of the Public Finance Manual (PFM) and Corporate Portfolio Management Office (CPMO) guidelines.</p> <p>All reporting, budgeting, forecasts, performance measuring documents and financial statements use the same generally accepted accounting principles.</p> <p>Reporting produced aims to be clear, concise consistent and comprehensive.</p> <p>Commercial breaches and exemptions will be assigned a record number in Omnitrack (the register), which was not in place during the period covered by the C&AG's observations. Now that such a system is in place, the process will be followed as described in the PFM.</p>	<p>In place</p> <p>In place and ongoing</p>	<p>Head of Finance Business Partnering, New Healthcare Facilities Programme</p> <p>Commercial Lead, New Healthcare Facilities</p>
<p>R2 Revisit the timeline proposed for the New Healthcare Facilities Programme and ensure sufficient time has been allowed for the feasibility studies proposed and the update of the Functional Brief.</p>	<p>Accept</p> <p>As noted in R.32/2023, a detailed review of the delivery programme has been undertaken as part of the feasibility studies and Strategic Outline Case. This programme review has been validated by the client project team of experienced construction professionals to ensure that timelines are realistic.</p>	<p>Complete</p>	<p>Acting Programme Director, New Healthcare Facilities Programme</p>

	An updated version of the Functional Brief will also be published.		
R3 Ensure that a dedicated Project Director is appointed to the New Healthcare Facilities Programme	Accept A dedicated Acting Programme Director has been appointed to the New Healthcare Facilities Programme.	In place	Chief Officer, Infrastructure and Environment
R4 Ensure that effective mechanisms are put in place to review and, where appropriate, update the Functional Brief for key strategies which should inform capacity requirements as they are finalised.	Accept A regular check on the continued relevance of the Functional Brief will be built into the programme Decision Point process and will be described in detail in the Programme Manual. Where appropriate, the Functional Brief will be updated based upon recent strategic developments in health and social services.	August 2023	Healthcare Lead New Healthcare Facilities Programme
R5 Establish clear and robust criteria to underpin decision making for the New Healthcare Facilities Programme. Document targets and tolerances and any weighting against the criteria.	Partially Accept The programme appreciates that targets, tolerances and weighted criteria can result in a more robust decision-making process. However, the nature of relevant individual criterion means that not all result in quantitative assessments, and assessments are often better undertaken based on a depth of professional experience, especially at the very earliest stages. For the NHF SOC, the Critical Success Factors (CSFs) were developed by the programme team and agreed by the Ministerial Group. As projects come forward as part of the programme, Outline Business Cases will be developed that will enable benefits to be quantified. A conscious decision has been made not to weight CSFs in the programme Strategic Outline Case (SOC)	In place and ongoing	Programme Director, New Healthcare Facilities Programme

	<p>and feasibility studies. However, the use of weighted criteria will be considered on a case-by-case basis as future decision points arise.</p> <p>To note: the previous projects experienced challenge whether or not criteria were weighted. For example, if criteria were not weighted, there were challenges about why this has not taken place. On the other hand, when weighting was used, the rationale for weighting was challenged.</p>		
<p>R6 Clearly set out reasons for any deviation from the agreed criteria, the thresholds or the weighting and what has been done to mitigate the risks of the changes made.</p>	<p>Partially Accept</p> <p>Please see response to R5 regarding weighting.</p> <p>Where there are deviations from agreed criteria when making a decision, the reasons for this will be documented. This recommendation has been incorporated into programme BAU processes and has been included in the programme manual.</p>	<p>In place and ongoing</p>	<p>Programme Delivery Lead New Healthcare Facilities Programme</p>
<p>R7 While recognising that risks and opportunities in health care constantly evolve, ensure that criteria for evaluation at any point in time fairly and reasonably represent a sustainable value for money position.</p>	<p>Accept</p> <p>It is imperative that a programme such as NHF engages continuously with Health and Community Services (HCS), as programme client, to align with initiatives in the health and care delivery space. Arrangements are in place for HCS to regularly feedback on client requirements, including, for example, a Healthcare Lead embedded in the programme team and the attendance of the Chief Officer HCS at Senior Officer meetings.</p> <p>In doing so, the programme will review dependencies as HCS strategies are developed and put in place, and the functional brief will be regularly reviewed, as noted in the response to R2. The phased nature of the</p>	<p>In place and ongoing</p>	<p>Chief Officer, Health and Community Services</p>

	<p>programme will also enable a robust review of the Functional Brief as the design for each project develops.</p> <p>Similarly, when opportunities present themselves, such as modern methods of construction, and development in health and care delivery, such as new digital technologies, these will be considered, and an appropriate assessment of cost-benefit undertaken to establish whether they represent a sustainable value for money position</p>		
<p>R8 Ensure learning from the Public Accounts Committee's report Use and Operation of Citizens' Panels, Assemblies and Juries in Jersey and a recognised best practice approach to consultation and communication drive engagement with citizens and other stakeholders for the New Healthcare Facilities Programme</p>	<p>Accept</p> <p>Following the publication of the Report into the Use and Operation of Citizens' Panels, Assemblies and Juries in Jersey, a Technical Guidance Note on Deliberative Democracy was developed by SPPP.</p> <p>This note will form the basis of the design and delivery of any future Citizen's Panel that may be empanelled to consider the design and delivery of the preferred option for multi-site healthcare. This will include consideration of OECD good practice principles for deliberative processes for public decision making.</p> <p>Within the work of the Communications Directorate, continued learning and recognised best practice is applied to ensure that public engagement is transparent and effective. This will be adopted by the New Healthcare Facilities Programme.</p>	<p>In place and ongoing</p>	<p>Head of Digital Engagement and Communication, New Healthcare Facilities Programme</p>
<p>R9 Maintain a discipline of robust recording of key discussions and decisions made in major and strategic projects.</p>	<p>Accept</p> <p>The C&AG observed that the governance of the Our Hospital Project and processes to record decisions was</p>	<p>In place and ongoing</p>	<p>Head of Office of the Chief Executive</p>

	<p>strong. This discipline has been maintained in the transition to the New Healthcare Facilities Programme and will continue as the programme progresses.</p> <p>The Corporate Portfolio Management Office (CPMO) within the Project Delivery Framework(s) provide a framework for effective decision logging throughout the lifecycle of a programme/project in the Logbook, and in particular as the programme/project progresses through a stage gate.</p>		
<p>P1 Implement plans to seek an independent member to advise and act as a critical friend to the Ministerial Group on decision making and governance for the New Hospital Facilities Programme. Ensure that the appointment process is robust and transparent.</p>	<p>Complete</p> <p>Three Independent Advisers have now been appointed to provide advice to the New Healthcare Facilities Ministerial Group.</p>	Complete	Head of Office of the Chief Executive
<p>P2 Ensure a comprehensive risk register is maintained and routinely reported to and considered at the senior officer and political oversight meetings for the New Healthcare Facilities Programme</p>	<p>Complete</p> <p>A comprehensive risk register is maintained. The risk register is shared with senior officers and the Ministerial Group no less often than monthly, and key risks are reviewed formally at the start of each governance group meeting. This discipline will continue as the programme continues.</p>	Complete	Head of Office of the Chief Executive
<p>A1 Consider appointing a senior and currently operational clinician to be a member of or standing attendee at the Senior Officer Steering Group for the New Healthcare Facilities Programme.</p>	<p>Partially Accept</p> <p>As part of the Our Hospital project, the Clinical Advisor attended the Senior Officer Steering Group on an ad hoc basis, as required.</p> <p>Much of the clinical challenge was undertaken during the significant number of user groups that happened as part of the previous scheme, with the intention that</p>	Regular review at key decision points	Healthcare Lead, New Healthcare Facilities Programme

	<p>much of this work will be retained and reused, preventing duplication or repetition of work. The standard process for providing assurance of clinical requirements and support following these meetings was through the Chief Officer of Health and Community Services reporting into the Senior Officer Steering Group. – acting both as the Clinical Advisor’s line manager and the Sponsoring Senior Responsible Officer.</p> <p>When appointed, the Clinical Advisor to the NHF programme will continue to attend any meeting where clinical input or a clinical view is required. In addition to this, one of the three Independent Advisors to the Ministerial Group has a medical background. We will monitor this situation and review through the periodic health check process at key decision points.</p>		
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Recommendations not accepted

	Recommendation	Reason for rejection
	N/A	N/A