

F Yj JYk 'cZH Y'BYk '
< YU'h WUfY': UWJ]h]Yg
Dfc[fUa a Y'

<cgd]hU'F Yj JYk 'DUbY'

Gì 00^ àì~ æ^ ÁGEGÍ Á

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7 cbhYbHg'

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7\ UjFg: cfYk cfXÁ
9I YW Hjj Y'Gi a a UfmÁ
:]bX]b[g'UbX'FYWta a YbXU]cbgÁ
?Ymi:]bX]b[gÁ
FYWta a YbXU]cbgÁ
=bfcXi W]cbÁ
H Y'DUby'F Yj]Yk Á
AYh cXc`c[mÁ
6 UW[fci bX'UbX'WcbhYI hÁ
BYk <YUH WUFY: UW]j]Yg'Dfc[fUa a Y. '5 `d\ UgYX'UddfcUW Á
H Yi gY'UbX'XYj Y'cda YbhcZH Y'YI]gh]b[\ YUH WUFY'YgHUYÁ
Cj YfXUY. 'Dfc[fYgg]cb'cZd'Ubg'Zf'Ub'UW hY\ YUH WUFY'ZUW]ImÁ
8 YdYbXYbW]Yg'UbX']bhYfXYdYbXYbW]Yg. 'BYk <YUH WUFY: UW]j]Yg'Dfc[fUa a YÁ
8 Yj Y'cda YbhcZH Y'bcblUW hY\ YUH WUFY'ZUW]j]Yg. 'Dfc[fYgg'UbX'YI dYbX]hi fYÁ
>YfgYm' <YUH 'UbX'GcW]U'7 UfY'BYXgÁ
K cf_ ZfW'GfUH[mÁ
<YUH WUFY'GfUH[mÁ
D\ UgY'CbY. 'Ci h]bY'6i g]bYgg'7 UgYÁ
7 ca d']UbW'k]h 'UWVdHYX'ghUbXUfXgÁ
GfUH[]W7 UgYÁ
9 Wcbca]W7 UgYÁ
7 ca a YfW]U'7 UgYÁ
:]bUbW]U'7 UgYÁ
A UbU[Ya Ybh'7 UgYÁ
5 Xj]gcf'7 cbWi g]cbgZ:]bX]b[g'UbX'FYWta a YbXU]cbgÁ
A]b]ghYf'Zf'HfYUgi fmiUbX'FYgci fWg. '5 ggi fUbW'UbX'cj Yfg]] \ hcZH Y'BYk '
<YUH WUFY: UW]j]Yg'Dfc[fUa a YÁ
D\ UgY'CbY. 'GHU_Y c'XYf'Yb[U[Ya YbhUbX'dfcW fYa YbhÁ
Di V']W9b[U[Ya YbhÁ
DfcW fYa YbhdfcWggYgÁ
H Y'Wcbgfi W]cb'gYWcf. 'Yb[U[Ya YbhZfi a gÁ
7 cbWi g]cbÁ
5 ddYbX]WgÁ

5 ddYbXjl '5 '! 'HYfa g'cZFYZfYbWYÁ FÁ
5 ddYbXjl '6 '! '7 i ffjY'UbX'6 fck b. '5 Xj]gcf 'F YdcfhÁ GÁ
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“The HCS Estates team, utilising key information from a 2019 Six Facet Condition Survey, and in-house expert knowledge of the general hospital infrastructure, have created a Red, Amber, Green (RAG) rated risk register. Which feeds into the HCS Corporate Risk Register & Datix system.”

V@Á^• [] • ^ Áġ đă @ áÁ@æĒ { • Á ũ@áÁ^áġŪŌŌÁæă * Á -Áġ Á |Áe | ċ^Áe^Áċă , ^áÁă áÁ { [] } |ı^áÁă áÁ |ı { ^ áÁă æđ ÁŌ • ^ } æđÁæ |ı * ÁŦ æđ ċ } æ & ċġ @æÁ&ġ^áÁ | Á ġġ } Á |Á^ ^æġ Á -Ķ } áă * Áă as potential improvement projects which form the Capital Plan, known as the Health Services Improvements Programme. (Essential Backlog Maintenance - £5m p/a).”Á

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“HCS Estates monitor and assess each need by clinical impact, H&S impact or building continuity planning (i.e. fire protection across inpatient areas or operating theatres would have priority over admin or outpatient areas).

In-year feasibility papers managed by HCS Estates and supported by external professional consultants and designers assess risk. HCS Exec would then support key decision making.”

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“Demand for improvement outstrips budget and deliverables due to there being no suitable decant facilities or access restrictions within the clinical environment. Heavy construction work is mainly delivered between May-Nov due to winter clinical pressures.”

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Area	Risk	Recommendations	Actions/Progress
Engineering Boiler House	Red (high risk)	Crash deck/ limit access	Crash deck designed awaiting install – Restricted Area Engineering Permit to Work in place for access. Prioritising available budget vs risk. Cr£50k
Engineering Oil Tank Room	Red (high risk)	Crash deck/ limit access	Crash deck designed awaiting install – Restricted Area Engineering Permit to Work in place for access. Prioritising available budget vs risk. Cr£50k
Block. E - ENT Extension	Green (low risk)	Regular inspection	Planned preventative maintenance plans have been set up on the building management system for quarterly inspections by HCS Estates Engineering.
Block. F - Pathology	Red (critical risk)	Temporary propping/ secondary supports/ re-location of users	Highest Risk Area. £406k, 4 phase improvement plan is due to complete in Sept. 2024. This involves decanting the live pathology laboratories to temporary locations to reinforce above the exiting ceilings and services.

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“Please can you provide an overview of the ‘refurbishment works’ undertaken to date within the General Hospital, following approval of funds for the Health and Community Services Estate in Government Plan 2024-2027?”

Full 2019 to 2024 Health Services Improvements Programme attached.

It is worth noting that the HCS Estates request for £5m p/a funding for 2026 and 2027 was rejected by the latest central government finance team review. This is a risk to the islands healthcare system and will add further risk to the management of the existing hospital facilities.”

Y @ • o^Á |Á q|q } Á^~ } aq * Á^|Á^a^Áq , a^•Á^~ |aa @ ^} oÁ [|l • Áq aq @ Á^ } |a^P [•] aqÉ [~ |á^ Á^ • c } aqÉ [Á^ •] [] • Á^ [^•Á [o^ a^Á @Á^~ |aa @ ^} oÁ [|l • Á@Á^ } aq * Á , a^Á c } a^Á^ Á^] |o^ ÁGEG Áq a^GEG ÉÁq a^Á^ a^~ ^} oÁ \ Á@Á^ q|Á^~ |o^ [Á@Á^ , aq|a^ a^ Á@Á^ } aq * ÉÁ

o^ |o^ | [|^ÉÁ Á^ •] [] • Áq Á^~ ^•c } Áaa [~ o^ç^] ^} aq |^Á } Á^ [çaa^] • Áq aq @ Á^ } |a^P [•] aqÉ [ÁÚa^ |Á , a^Áq + |{ ^áÁ@Á@Á^ } } aq |^Á , a^Á “...captured as essential maintenance works and not as healthcare improvements. This fund is critical to managing only the highest-level risks”. V@Á a^ a^ { ^} o^ Á@Á@Á^ • ç^ç^|Áa \ • Áq aq @ Á^ } |a^P [•] aqÉ a^Á [|o^ Á^ |Á@Á^a^ | çáq } Á^ Á@Á@Á^ Á^ |çá^ • ÉOÁ |^•^ } É@Á^ } ^ááÁá \ • Áq Á@Á^ } |a^P [•] aqÉ ÁGEG Áq a^GEG Á^ [{ Á@Á^ aq|a^ a^ Á@Á^ |Á q|q } Á^|Á^a^ Á^ } aq * Á q , a^•Á^~ |aa @ ^} oÁ [|l • Áq aq @ Á^ } |a^P [•] aqÉ Á^ |Á^ a^ÉÁ

?Ymi:]bX]b['%Á@Á^ { } ð áÁí |Áí] | Ç^ \ } • Áí Á@Á çã çã * ÁÖ^ \ | ðÁP [•] ðáÁ ~ • dā • Á@Á ðáááá | Á^ ~ á * ^ dÁ ~ ^ Áí Á@Áá Á ~ Á^ & ð Ááááá • Áá á Áááá • Á^ • dÁá } • Á ð@Á@Á çã çã * Á & ð ááá } çã [] { ^ } ð

?Ymi:]bX]b['&Á@Á^ ~ ^ • Á^ Á^ ð@Áá áÁÖ [{ } ~ } ð Á^ | Çã Á^ Áí Áí |Áí } Á^ | Á^ ðáá ÁÁÁ Á ð áÁÁÁ Áí | Á^ ~ | áá @ ^ } ó [| \ • Á ð Á^ Á^ & çã áÁ^ Á@Ááá • Á^ } dÁÁÖ [Ç^] { ^ } óá ð & Á^ ð Á^ | ^ çã , ÉV @ Á | Á^ • } • Áááá \ Áí Á áá } • Áá Á^ | | Áá Áí Á@Á@ ð@Ááá Á^ • ç { Áá áÁ |Á^ ~ á Á^ ~ | ç | Áá \ Áí ð ð ^ { ^ } Ááááá • Á ð@Á@Á çã çã * ÁÖ^ \ | ðÁP [•] ðáÁÉ

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FYwta a YbXU]cb '%Á@Á^ Á á ç | Áí | Á^ ð@Áá áÁÖ [& ð Á^ | Çã Á^ • Á @ ~ | áÁ^ ð çã Áá áÁ ~ | á @ Á^ ðáá Ááá [~ ó@Ááááá] ðÁí á \ Á^ • } | ç * Áí [{ Á@Á ð@Ááá ðÁí Áí Áí |Áí } Áí | Á^ ðáá | Á^ | ^ ~ | áá @ ^ } ó [| \ • Á^ } Á@ÁÖ^ \ | ðÁP [•] ðáÁÁ ÁÁÁ Áá áÁÁÁ ÉV | á | Áí Á@Áí á * á * Á^ Á@Á^ çã Ö [Ç^] { ^ } ó [] ðáá ÁÁ ÁÁÁ É

Á

Cj YFXUY. 'Dfc[fYgg]cb'cZd'Ubg'Zcf'Ub'UW hr\ YUH WUFY'ZMJ]Imi

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V@Á^ |Á^ | Á^ Á@ÁQ •] ðáááÁ Ç^ | ááá Áá Á@Áí & • Á ÁÜ@Á^ ÁÜ } Áí Á@Á^ , Á^ ð@Ááá Á@Ááá • ÁPÖÜ ÉV @ Á | ^ çã ~ • ÁÖ [Ç^] { ^ } ó [] ðáá ÁÁÁ ÁÁÁ Áá @ Áá Á^ áÁí | Áá^ , Á áá ç Á@Á@Ááááá Áááá * Á@ÁÁ...failure of our acute services represents the biggest risk to delivery of health and care services, so we intend to replace these in Phase One" ÉÁ

U} Á^ Á^ & \ á | ÁÁÁÁ Á@ÁÖ [Ç^] { ^ } ó ~ ^ áÁá | Á^ • Á^ | Á^ ðáá } á { á * Á@Á^ { [| áá } Á , [| \ • Á@Ááá { { ^ } & áÁáÁ@ÁÜ Ç^ | ááá Á^ á | ÉV | | , á * Á@Ááá } & Á^ Á^ Á^ çã , ÉV @ ÁÜ } | Á^ á^ ááá Áí Á^ • ç } Á@Áí á á ç | Áí | Á^ ð@Áá áÁÜ [& ð Á^ | Çã Á^ ÁáÁÜ] | Á^ Á^ áá * Á } ÁÁÁÁ R | ÁÁÁ Ááá [~ ó@Áí | * | Á^ • á } Á^ Á^ [| \ • Áá@ÁÜ Ç^ | ááá Á^ á | ÉV & \ áá * Á@Á^ { [| áá } Á [| \ • Á ç Á^ [Ç^ Á@Áí | { | Á@Á@Ááááá ááá * ÉV @ ÁÜ } | Á^ ááá | | ^ áÁ@Á@Á áá Á^ { [| áá } Á , [| \ • Á [~ | áÁ^ | Á^ } & \ ááá Á^ Á^ } ç { á | Áí | Á^ \ } • Á^ Á@Ááá Á^ ááá [~ | áÁ^ | Á^ | { Á@Á^ çã } Á@Áí | | ÉV

Ö | á * Á@ÁÜ | Á^ Á^ áá * ÉV @ ÁÜ } | Á^ áá | Á^ áá Á^ Á^ Ááá [~ ó@Á^ - áá } ó • Á^ Á^ } • áÁ { á | áá Á^ | á * Á@Á^ { [| áá } Á @ Á^ Á@ÁÜ Ç^ | ááá Á^ á | ÉV @ ÁPÖÜ Ááá & \ | Á^ } á { ^ áÁÁ % That site waste management plan set out the fact that we were going to reuse as much of the material as we possibly could and so, on a site visit, you will see lots of spoil heaps and essentially they are the material that we will be able to use in the next phase of construction..." Á

V@ÁÜ } | Á^ [Á^ • ç } ^ áÁ^ á Áááá • Áá^ | á * Á@Á^ Ç^ [] { ^ } ó [Á@ÁÜ Ç^ | ááá Á^ á | Áá áÁ | Á^ | áÁ@Áá @ Á^ { { ^ & ç } } • Á@Ááá | Á^ | áÁ [{ Á@Áí ð ð ^ { ^ } ó [Á^] dÁá | Áááá ç Áá áÁ [{ Á@ÁÜ Ç^ | ááá Á^ á | Áá^ | á * Á@Á^ { [| áá } Á @ Á^ ÉV @ Á^ } • d ~ & ç } Á @ Á^ Á@Á Ü Ç^ | ááá Á^ Ç^ [] { ^ } ó [~ | áÁ^ • } | ç Ááá } ááá ç & \ ááá Á^ ááá Á@Ááá ÉV @ Áí á ç | Á^ • ç áÁ@ÁÁ when you are bringing in building materials, that is when you are going to see a real uptick in terms of transport to and from the site."

Ø | ç | [| ^ ÉV @ ÁÜ } | Á^ ááá [Á^ | Á^ áá Á^ Á^ Á@Á [| \ • Á [~ | áÁí | * | Á^ • Áá^ | á * Á@Á á ç | Ç^] á * Á^ | á áÁ^ Ç^ ^ } Á@Á^ { [| áá } Áá áÁ } • d ~ & ç } Á @ Á^ Á @ | Á^ [• á | ÉV & \ áá * Á * | ~ } á , [| \ • ÉV | áá áá Á^ | Á^ dÁáá [| \ • ÉV @ ÁPÖÜ Ááá & \ | Á^ áá Á@ÁÁ We have got the reduced level dig that, depending on the ground conditions, we may or may not be able to do. Then there are things like the construction site itself, so it is going to need a drainage supply,

1 ÁÜ [] | ^ áÁÁ á * ^ ÁÖ [Ç^] { ^ } ó [] ðáá ÁÁÁ ÁÁÁ Á
5 P^ Á^ ð@Ááá Á@Áááá • ÁÜ [| & ç ÁÖ [Ç^] { ^ } ó [] ðáá ÁÁÁ ÁÁÁ
1 ÁÜ | Á^ • Á^ | Á^ Á^ Á^ Á^ | | áá } Á [| \ • Á^ á ÁáÁÜ Ç^ | ááá Á^ | Ç^ Á
1 ÁÜ | á | Á^ Á^ áá * Á Á í á ç | Áí | Á^ ð@Áá áÁÜ [& ð Á^ | Çã Á^ Á ÁÁÁ R | ÁÁÁ Á

7 cffYgdcbXYbWV'E'A]b]ghf'z'f' < YUH 'UbX'GcVJU'GYfj]Wg'E' %gt>i `mi&\$& . :

“ An adequate financing option is available and affordable: Lead Treasury and Resources - Phase One on progress as part of Government Plan 25 – 28.

• Ensuring there are sufficient public transport options to the sites for patients and staff: Infrastructure and Environment is responsible for Public Transport on the island - NHFP and regulatory bodies meet on a regular basis.

• Planning consent for the construction of the new facilities: Minister for Environment is responsible for approval of the Planning Applications and the resourcing of Planning and Environment - NHFP and regulatory bodies meet on a regular basis.

• Funding is approved by the States of Jersey and any other relevant bodies: Lead Treasury and Resources - Regular States Assembly Updates. Summary Outline Business Case will inform States Assembly debate.

• Ability to achieve the acquisition of the land required to deliver the project: Land in third party ownership - The two properties on Edward Place have been acquired. Discussions are ongoing with field owners in St Saviour. Regular Meetings with Parish of St Helier.

• Supply chain interest to ensure the achievement of the programme timelines, deliverability, and affordability: Supply Chain need to be willing to tender - NHFP have been having a number of discussions to warm up the market and identify any blockers. Suppliers will be closely monitoring the scheme, looking at local media and potentially discussions with local supply chain to determine likelihood that the scheme will progress compared to other opportunities.”

V@ÁT q̄ ã c'!Áaça^áÁ@Áa^|Á@Á@Á POUÁ^ ^} á^} &a•Á ^!^Áã &••^áÁ@Á ||| , q̄ * Á { ^^q̄ *•KÁ

“Programme Executive Group – twice monthly meetings

Senior Responsible Officer Board - weekly meetings

Political Lead meeting - weekly meetings

Dependencies meeting - quarterly meetings

Interactions with Treasury and Resources – ad hoc as required”

V@ÁT q̄ ã c'!Á@ [Á@ q̄ @^á@Á] [|ca &Á Á@Á POUÁ^ ^} á^} &a•Á Á}•~!q̄ * Á@Á •~ &&••Á Á@Á POUÁ

“In essence these dependencies are requirements for the Programme to proceed rather than interdependencies. Inter-departmental dependencies exist where the Programme is reliant on another part of Government to provide resources or technical assistance for part of the delivery. These matters are discussed on a quarterly basis.”

P[, ^ç^!É@ @•á@Á• []••Á [c•Á } * æ ^{ ^} á ã@ã~^!^} d[ç^!]{ ^} d[ç^!} æç ^} c•Á} áÁ •ca^@|á^!•ÉÁ [^•Á [d[ç^!] ca Á^caÁa [~ á@Á cae •Á Á^ ^&ãÁ&ç] •Á!Á~ d~ c•Á^~ |q̄ * Á + [{ Á@Á } * æ ^{ ^} c•Á@ Á^æÁ Á@Á POUÁ^ ^} á^} &a•É!Áq̄ ^ Á ãã æ} •Á!Áã \ Á æ• [&æ^áÁ ã@Á^ ^} á^} &a•ÉÁ

V@Á!^• []••Á@ [Á&] -ã{ ^áÁ@Á { ^^q̄ *•Á “...help coordinate strategies, maximise efficiencies, and identify potential issues early on”. P[, ^ç^!É@ Á!^çã ~ |Á cae^áÁ Á^æ} Á

The dependencies are being reviewed, monitored and influenced (where possible) as described above. Many of them will exist throughout the

Interdepartmental Dependency	Dependency Description
Jersey Planning Department	The tight timeline of the first phase of NHF Programme means that its critical for the NHF to have timely and appropriate interface.
FM Business Case	A robust Facilities Management strategy that receives timely sign off is essential to ensuring additional costs and programme delays are not incurred.
HCS Workforce & Model of Care	Inability to employ the required level of workforce to deliver the Programme could have cost, time and reputational impacts.

Digital Strategy	To ensure the timely development of a robust digital strategy, the correct stakeholders must be engaged otherwise additional costs may be incurred.	Á
Crematorium Services	Allow crematorium services to continue with minimal disruption from the construction works at NHF. Could include temporary relocation of the Crematorium during the construction stages of the NHF.	Á
Construction Waste Disposal	Suitable construction waste disposal must be available not just for the NHF but for other island projects.	Á
Westmount Houses	Current housing pressure facing the GoJ could affect the NHF's ability to progress to construction.	Á
Nursery Provision	There is currently a shortfall in childcare provision that could impact recruitment.	Á
Car Parking	Suggestion made to use the Andium site as interim car parking to relieve the car parking pressures within St Helier. This could impact viability of Ambulatory site.	Á
Interim Use of Properties	Vacant GoJ owned land and property impacting H&S, reputation and cost	Á
I&E Drainage Network Upgrade and New Outfall	I&E's improvements to the storm water drainage works must be completed to the Acute facilities connection being completed. Any delays to planning or the works will impact the NHF's timelines.	Á

The dependencies are being reviewed, monitored and influenced (where possible) as described above. Many of them will exist throughout the

lifetime of the programme and so these processes will continue". P[, ^ç^iÉ@ÁÚæ^|Á^æ}^áÁ
c@Á@Áæ*^|Á&[•É^] æç ^} çÁ ç|á^] ^} á} &•Á [~|áÁæ^|ÁÁ Á] *^iÉ^| Á ~æç| Á
áã & ••á } •Áæ[~ ó@Á PÓUÉ "The larger cross-departmental dependencies will also continue
to be discussed and monitored in quarterly meetings for the life of the Programme. This
approach ensures that all interdependencies are effectively managed, and any potential
issues are identified and addressed in a timely manner, ensuring the overall success of the
Programme".

Øá æ| É@Á^•[] •^Áæ^áÁc@Á @^ááæ] | æçÁ Ác@Á PÓUÁ [~|áÁæ^|ÁÁ "…some
interdependencies between projects that sit within the Programme". V@ÁÚæ^|Á æÁ ç | { ^áÁ
c@Á ç|á^] ^} á} &•Á [~|áÁ^Á ææ^áÁc@ [~ * @Á structured process-Á áÁ | çá^áÁc@ Á
ç | | , á * Á^æ^Áæ[~ ó@Á | | &••Á

- Á "Dependency Mapping: Each project's dependencies are set out within the relevant project documentation.
- Á Regular Reviews: Interdependencies are regularly reviewed at key project milestones and during monthly meetings to ensure they are monitored and managed effectively.
- Á Cross-Departmental Coordination: There are regular quarterly dependency meetings that address cross-departmental coordination. The purpose of these meetings is to ensure that there is a coordination of strategies and efficiencies to identify how to deliver this programme within budget and on time.
- Á Risk Management: A robust risk management framework is in place to address any potential risks arising from interdependencies, ensuring that any issues are promptly addressed and mitigated.
- Á Progress Monitoring: Continuous monitoring and reporting mechanisms track the progress of interdependencies, ensuring smooth transitions between phases and timely identification of any deviations."

Y @• ó@Á çá^] &^Á } •æ^|áÁ^ Ác@ÁÚæ^|Á } çá •Á^æ^Áæ[~ ó@Á PÓUÁ^] ^} á} &•Á
æ áÁ ç|á^] ^} á} &•Á Ác@Á^ Á^æ^Á ÁÚc@ÁÚ } ^Á Ác@Á PÓUÉ@ÁÚæ^|Á Á } &^æÁæ[~ ó
c@Á çç) ç Á c@Á [] Éæ ç Á^ { ^} •Á Ác@Á PÓUÁ^ Ác@Á &^áÁ^ Ác@Á^ Á^] ^} á} &•Á
æ áÁ ç|á^] ^} á} &•Á Á^æ^Á ÁÚc@ÁÚ } ^Á

?Ym:]bX]b[') .ÁV@|ÁÁ Áæ^ ~ æ^Á^æ^Áæçáæ^|Áæ[~ ó@Á çæ •Á Ác@Á^] ^} á} &•Á
æ • [&æ^áÁ á@Ác@Á^, Á^æç@æ^Ác@Ááá •ÁÚ | *|æ { ^ÉV@Á ^æ } ÁÁ Á [ç] ••æ^|Á Á
æ •••Á @c@|Ác@Á^Á^ } Áæ^ ~ æ^|Áæá!••^áÉ

Á Á

FYwca a YbXU]cb' &ÁV@Á^, Á^æç@æ^Ác@Ááá •ÁÚ | *|æ { ^ÁV^æ Á • @~|áÁ | | çá^Á
Ú] ^ááÁ^ æ^ |æ^|Ác@Á çá^|ÁÚ^|çæ } áÁ áÁV^ ÁÉ [~] áÁÚT cÉUVÁ ç | | { çá } Áæ[~ ó@Á
•æ •Á Ác@Á^] ^} á} &•Á Ác@Á^ Ác@Ááá •ÁÚ | *|æ { ^ÉÁ Á [Á
|æ^|Ác@Á ÁÉ^Á } ^Ác@Á ÉÁ

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8 Yj Ycda YbhcZH Ybcb!UW H\ YUH WUFY'ZM]H]Yg. Dfc[fYgg'UbX'Yl dYbX]hi fY

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CEÁ|^çá ~ •|Áæ^áÁ c@Á^] | | É@Á^, Á^æç@æ^Ác@Ááá •Á PÓUÁ^ Á^á * Á ç| á &^áÁ Á
] c@Á^ ÉcÁ^ Á^ & •Á Ác@ÁÚæ^|Áçá, Ác@Á^] Á } ÁÚc@ÁÚ } ^Á Ác@Á PÓUÉÁ c@Á
á &^ á^ Á^|çá^ Á Ác@ÁÚç|áæ^ Áæ ç Ác@Ááá Éá áÁc@Á^] Á^ç| [] ^áÁc@ [~ * @Á ÁÚ çá^ Á
Ó •á^• Ác@Á^ÁQUÓÓÁ] | çá^áÁ & } ~^] &^Á Ác@ÁÚæ^|ÁÁ Ác@Á^ • Ác@Á^ ÁV@ÁÚæ^|Á
& } •æ^|Ác@ÁÚc@Á^ Á [| ^Á^æ^Á Ác@Á^ &ç] Á Ác@Á^] | | çá^|áÁÚc@ÁÚ } ^ÁÚ^ çá^ Á
Ó •á^• Ác@Á^Á

P[, ^ç^!É@Á~}á•Áæ|| &æ^Áç Á@Á[] Éæ çÁ^{\ ^} •Á Á@ÁPQÚÉÁ @&@á & á^Á@Á]:[] [•^á^S^}•á *ç} ÁÚæ&ÁÇ à |æç | Á@æ^Áæáæ ÁÇ^}•á *ç} ÁÚæ&ÁÇ á@ÁÚÚæçá~!•Á P^æç@Áçáæ^ÁÇ^æç@Áçáæ^ÁÇ^æç^Á^} Áæ Áæ^æç Áç & Á~ |á *Á@Áç^ |ç^Áçá, ÉV@Á Á á^ææ•^ÉÁ @•ÁÚ@æ^ÁÚ}^Á Á^Áç Áá |áç^!Áæ Áæ çÁæáæá ÉÁÁ [^Á [Á^] |^•^} Á@Áç çá]:[] [•^á^S^}•Á Á@ÁPQÚÉV@Á æ^Áçá^} &^Áç^ ||, á *Á@Á |^çá~•Á ç |^ÁP[.] áç^Á Ú^çá, Áç^ |ç^Áçá, Á Á@Á^, Á^æç@Áæ^ÁÇáæá•ÁPQÚÁ Áç^ |á ÁÚ^] |:[] [Á@Áç çá]:[] [•^á^S^}•Á Á^ÁFÉÁ çáç} Áç |Á@Áæ çÁæ áÁ[] Éæ çÁæáæá•Á, “...not the full cost of the finished programme of work.”^{FF}Á

Ø |ç@: | [|^É@Á |^çá~•Áç^ |Á æ^Áç [Á& { { ^} áæç }•Á |æ^áç Á@Á | *|^••á } Á Á@Á S^}•á *ç} ÁÚæ&Áç áP^æç@Áçáæ^Áæáæá•ÉÖ |á *Á Á^çá, É@ÁÚæ^ |Á [ç^á@Á@•^Á á & á^áÁ^ & { { ^} áæç } ÁÇÁ @&@Á~^•ç^á&çá Áæ [^Á@Áimprovement of Kensington Place”ÉV@Á |^çá~•Á@Á Á çá ç^ |Á æ^Áá@Á & { { ^} áæç } Á Á@Á [] |^ç^áç áÁ | [çá^á@Á ç@Áç ||, á *Á^•] []•^Á

“The improvement of Kensington place refers to the following activities and works:

- Developing designs and plans
- Creating temporary welfare facilities for HCS staff such as changing rooms, showers and an external space for breaks.
- Temporary contractor welfare, offices and storage facilities for use during the ongoing maintenance works to the General Hospital.
- The opening up of the former Andium Site to allow pedestrian and cycle access directly from Kensington Place to Newgate Street.”¹²

V@ÁÚæ^ |Áç [Á [ç^áÁ^ & { { ^} áæç } Á É@Á@Á |^çá~•Á ç á ç^ |Á |ÁQ~æç & ç |^Á @^Á ç@Á^æç^á^~ á^ç^ }•Á |Á@ÁÚÚæçá~!•P^æç@Áçáæ^Á æ@ÁÚæç•ÁÇ^•^} á | É |á |Á Á ç@Á^áæ^Á } Á@Á [ç^] { ^} çÚæç ÁÇÉÉÇÉ ÉV@Á |^çá~•Á@Á Á ç á ç^ |Á^•] [] á^á@Á

“The Functional Brief has been prepared for the New Healthcare Facilities. It will continue to be updated as requirements are discussed with HCS stakeholders and agreed with Governance Groups.”^{Á^Á}

Ö |á *Á Á^çá, É@ÁÚæ^ |Á^æç^áç Áç ||, É |Á } Á@Á |^çá~•Áç^ |ç^Á^ & { { ^} áæç }•Á æ [^Á@Á] | Éæ çÁ^{\ ^} •Á Á@ÁPQÚÉÁç á^Áçá ç^Á@Á | | *|^••Á Á@Á | [] [•^á^ S^}•á *ç} ÁÚæ&Áç áP^æç@Áçáæ^Áæáæá•Éá áÁ Á^~^•ç^ |ç@ |á ç | { æç } Áç |áæç^ Á@Á , [|•Áç Á^Á } á^ |ç^ } Á } Á@Á] Éæ çÁ^{\ ^} •Á Á@ÁPQÚÉQÁç^ |Áæ^áG^ÁR | Á GEG É@ÁÚæ^ |Áç çá @^áÁ^ & { { ^} áæç } Á Áç Á |æç } Áç Á@ÁP^æç@Áçáæ^Áç áÁ~^•ç^á { |^Á ç | { æç } Áæ [^Á@Á | *|^••Á Á@Á | & ç^Á Áç |á •Á@ÁÚÚæçá~!•Á ç ÉQÁ |áç } Á & ||^•] [] á^} & Áæ^áÁ^R | ÁÇÉÉ@Á ç á ç^ |Á |P^æç@Áç áÁÚ | &ç^ |^çá~•Á ç | { ^Á@Á Úæ^ |Á@Á@Á çæ^Á Á@Á | & ç^Á Áç |á •Á ÚÚÚæçá~!Áç |Á@ÁP^æç@Áçáæ^Á æ^Á~ á@&Á ç Ácquisition negotiations”:^{ÁÁ}

7 cffYgdc bXYbWVÉ A]b]ghf Zf < YUH UbX GcWU`GYf j]WgÉ - ^h>i `mi\$& .`

“There is ongoing work related to the field purchases for the St Saviour Health Village. The Programme team are currently engaged in dialogue related to acquiring the

¹¹ T á ç^ |áç^Á^•] []•^ÁÁ^çá, Á Á@Á^, Á^æç@Áæ^ÁÇáæá•ÁÚ | * |æç { ^ÁÁç^ |á ÁÚ^] | :ÁÁ | Á Á Ö^ & ç^ |á^ÁÇÉH
¹² Qæ
¹³ Qæ

required land, and further updates will be provided as the acquisition negotiations progress.”

V@Á ă ă c'Á@} Á | [çã^á@Á | | , ă * Á• [] • ^Á Á^æ } Á Á@Á | [çã ă } Á -Á } ăă * Á | Á@Á Ú@Áæă ~ !• Á | áÁ ~ ! & @ • Á | Á@Á | [] [• ^á Á^á@Áæ^Á

“Funding for the St Saviour Health Village field purchases is part of the capital funding request contained in the 2025-2028 Government Plan.”

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“There has been a small amount of expenditure on the St Saviours Health Village to date. The governance process for expenditure on the St Saviour Health Village follows a standardised procedure consistent with other projects within the New Healthcare Facilities Programme and in line with the Public Finances Manual. All expenditure is subject to approval by the relevant individuals and governance groups, in accordance with their approved delegated authorities.”

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“...has been instrumental in informing the decisions regarding these services. Consultations found all service users and the vast majority of clinical staff support the St Saviour Health Village proposal, which integrates mental health inpatient facilities with physical healthcare and rehabilitative care.”

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“Service users strongly endorsed the co-location of mental health care with physical health care in a non-hospital environment, as this approach is seen as a positive step towards breaking existing stigmas.”

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7 cffYgdc bXYbW'É'A]b]ghf'Z:f <YUH`UbX`GcVU`GYfj]Wg'É')^h>i bY'&\$&`"

The Mental Health Strategy is currently in the process of being refreshed, with a view to publishing by the end of the year. It is expected that this will align with the New Health Facilities project.”

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“My understanding is that those elements are relatively minor in the overall framework and, yes, they are millions of pounds but in the context of £710 million they are a relatively small amount...”¹⁴

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“We are in the very early stages of reviewing all health facilities right across the piece, every single property and building that is involved in health with the view to rationalising those and seeing what might be done in terms of selling older buildings and replacing some of those on various of the sites so that we have taken a full overview.”

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“Can you advise what information you can share about potential plans for Kensington Place? It is described as meaningful progress in the official documentation. Where are you at the moment with what is going to happen at Kensington Place?”

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“We have to accommodate all of the existing outpatient functions that take place at the ... virtually anything that is not moving to Overdale has to remain on site. There are no plans for that to be disbursed to anywhere else, but I think the opportunity for us is what else we can add into that situation which may be helpful.”

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“Have you got any ideas about that?”

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“Yes, I mean there are a number of things that are floating around at the moment. The possibility of having some facilities for consolidating charitable activity where there are shared facilities where instead of having lots of small charities renting buildings and

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finding themselves in financial difficulty, they could be facilitated in a suite of buildings that would allow them to share facilities and so on to reduce their operating costs, which I think would be quite useful. But also doing work with Public Health about developing a new strategy for illness prevention and there may well be that there is a centre for that activity on the site as well."

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"In terms of the new healthcare facilities, all of the activities that form part of the ambulatory site were provided in the feasibility study with the schedule of accommodation that went with it and, as the Minister says, it is the r-provision of those services on that site."

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"Coming at it from a different angle then, when we commit to meaningful progress, will that mean that at the end of that 4 years' time in the budget, we have passed the point of no return on either Kensington Place or St. Saviour's, that those projects will have to go ahead because so much has already been spent on them?"

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"No, I think this is a progressive arrangement. Over the 4 years we will see things evolve. We will be looking at world circumstances. We will be looking at the state of our own economy and the stopping or starting of any of that will depend on the circumstances that relate at the time. We can only predict so much. We are all human, so we can only act in good faith for as long as we are able to do so."

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Æ | ÁR [•] æáÁU: | b&çÁ áÁ [d'...demonstrate alignment between the Our Hospital Project and
key strategic programmes" Áæ áÁæ [Á^ ~ } áÁ@ÉÁ There is little evidence to indicate a strategy
on how benefits, such as job creation, will be achieved".

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P^æ@æ^Áæääá•ÁU [* | æ { ^ ÁU^çá, Á ÁQç^ | á ÁU^ | | d'Á@æÁ@ÁPPOU " ...lacks the
healthcare model, workforce plans and clinical strategies which would have better informed
the shape and size of the infrastructure required". ÁR [, ^ ç^ | É@ ÁO [ç^!] { ^ } d'æ Á@æ çá @ áÁ
d@Á] | | çæ & Á^ Á^ | çæ^ | á * Á^ ÁU [* | æ { ^ ÁUæ~^ á • çæ áÁæ^áÁ@ÉÁ The NHF must deliver
facilities that ensure equivalent health and care outcomes." ^{F1} Á

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&] •æ^ | áÁæ Á...minimum requirements for an OBC (with each document being appended to
the OBC)". V@Á dæ~^ ÁÁ^ { ^ } •Á Á@ÁPPOUÁæ^ Áæ [Áæ & ••^áÁ Á@Á^ çá & çá } Á Á@Á
| | [| ÉÁ] çá^áÁU@é^ÁU^ ÁU^ çá ÁÁÓ •á •• Á@æ^Á^ ÉV@ | ^ | | É@ Á^ çá [Á^ & çá } •Á Á@Á
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P^æ@æ^Áæääá•ÁU [* | æ { ^ Áæ Áæ d' Á^ Á^çá, ÉV@Á^ | çæ ~ •ÁUæ^ | çá Á^çá, Á@æ çá @ áÁ
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^ - & çá^ Á^ | çæ^ | Á^ Á@ÁPPOUÁæ^ &| á^áÁÉ É Ensure that the decisions about the buildings
are made in the context of a feasible workforce strategy which can deliver the staff required to
operate the new facilities".

Çááá } æ^ É@ÁBOOÁ^ | | d' çá^ áÁ^æ } á * Á^ [{ ÁU^ | çæ ~ •ÁR [•] æáÁU: | b&çÁ ÁU^ | | , É] Á
| | çæ, É^ & { { ^ } á^áÁÉ É 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". ^{F1} Á

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^cæ q̄ ^Á@Á q̄ *Á q̄ áÚ^& { { ^} áæ } • Á Á@Á ^çã ~ Á c̄ ^ÁP [•] ãÚ^çã, Új ^ÉÁ V@Áj ^Á } • ã^!áÁ@Á cæ • Á Á q̄ *Á Á Á@Á ^çã ~ Áj ^Áçã, É @Á } áÁ c@Á [| | ^Á dæ * Á | Á@Á q̄ áÁ [{ { ~ } á Ú^çã • Á] æ q̄ ^} c@Á [Á^Á] Á á|q̄ ^Á @Á Á q̄ á c̄ ãÚ^ •] [] • Á Á@Á ^çã ~ Áj ^Áçã * Á q̄ Á q̄ * É@Á ^çã ~ Á @Á T q̄ á c̄ Áçã áÁ c̄

BYk ' < YUH WUY : UW]H Yg' Dfc [fUa a Y E' -bHyf ja ' F Ydcfh ' A]b]ghYf]U ' F YgdcbgY E' %' h ' 8 Wwa VYf &\$& . '

"Work is underway to develop the workforce strategy for Health and Community Services and this will inform the work being done for the OBC in Summer 2024 which will further outline the likely revenue costs of the new facility."

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"A workforce model for Phase One of the New Healthcare facilities has been created to inform the Outline Business Case but this does not represent a comprehensive workforce strategy."

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"Work has been ongoing in developing a Workforce strategy for the wider HCS workforce over the last 2 years, and this is now expected to be completed in Q1 of 2025. This will include consideration of the needs of the New Healthcare facilities alongside the needs for the wider HCS."

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"Some initial work has been undertaken to estimate the potential future requirement in the non-HCS workforce – most notably in care home and domiciliary care staff – which have a huge impact on the HCS workforce. These initial findings on the non HCS workforce will inform the development of a whole Island system services strategy to be published before the end of the year."

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CE Á ^çã ~ • | Á cæ áÁ Á @Á ^ [| | É@Á ^, ÁP ^çã @Á Á c@Á • ÁÚ [* | á { ^Á Ú ~] [| çã * Á Q } | | á } Á } æ Á ~ áá @ áÁ Ú] c̄ { á | ÁEG É@Á [| | , q̄ * Á ~ á | áá } Á - Á @Á Ú [[• áÁ Ó * á ^ c̄ @ [ç^] { ^ } ÁÚj DCEG ÉCEG ÉV @Áj ^Á [c̄ Á @Á @Á ~] [| çã * Á Q } | | á } Á @Á @Á @ ÁÁ % reduction in agency staff costs - Á Á up to c. £2.2m/year - Á } áÁ hospital facilities which attract highly skilled staff and increase existing staff retention - É@Á Á ~ á | áá } áÁ @Á Á q̄ á c̄ Á } | ÁP ^çã áÁÚ [& Á Ú ^çã • Á } Á Á @Á & á | ÁEG É@Áj ^Á ^ áá áÁ Á [| | , É] Á áá

basically just trying to marker and signal what may or may not be a benefit and we will see over time whether they become realised or not.”

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F Y W t a a Y b X U] c b (. Á / @ Á Á ã c | Á Á | Á P ^ æ c @ æ á á Á Ú & æ Á Ú | ç æ Á • Á @ ~ | á Á ^ ç | [] Á æ Á ^ æ á á Á , [\ | - | & ^ Á [á | È Á æ } ^ á Á ç Á @ Á & æ æ Á æ Á á Á ~ & ç } æ Á & } c } c Á Á @ Á] | [] [^ á Á) ^ , Á @ æ c @ æ Á - æ ç á á • È Á æ á Á ~ à | æ @ Á æ Á & { } | ^ @ • ã ^ Á , [\ | - | & ^ Á • d æ * ^ Á | Á P ^ æ c @ Á æ á Á Ó [{ { ~ } æ Á Ú | ç æ Á • È Á Á | Á æ Á Á @ æ Á H E ^ Á R } ^ Á G E G È Á

? Ymi:]bX]b['% & Á V @ Á æ Á Á - Á æ Á ^ æ Á ^ | æ } • @ Á Á c ^ ^ } Á & ^ | ^ } c Á [\ | - | & ^ Á | æ } ã * È Á @ Á Ú d æ ^ Á Ó ~ • ã ^ • • Á Ó æ ^ Á æ á Á @ Á æ Á Á - Á Á [\ | - | & ^ Á d æ * ^ Á | Á @ Á ^ , Á P ^ æ c @ æ Á Á Ó æ ç á á • Á Ú | * | æ { ^ Á Á Á á } æ æ } Á æ ^ æ Á - Á } & ^ } È Á

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Q Á æ ~ æ Á G E G È Á @ Á Ó [{ } c [| | Á Á æ á Á Ó È ç á | Á Ó ^ ^ | æ Á ~ à | æ @ á Á Á [| c Á } æ ^ á Á Ó ^ | | ^ { ^ } c Á [- Á Ú @ æ Á Ú • | ^ & • Á Á Á P ^ æ c @ Á æ á Á Ó [{ } ~ } æ Á Ú | ç æ Á • È Á Y @ Á @ Á ^ [| c Á } • æ ^ | à Á @ Á Á “...arrangements within HCS and not the wider health and social care system on the Island...”, Á @ Á ^ [| c Á } & ^ á á È Á c | Á æ á Á @ Á ^ Á æ Á u n c e r t a i n t y a s t o t h e l o n g - t e r m s t r a t e g i c h e a l t h p l a n s f o r t h e I s l a n d (i n c l u d i n g t h e f u t u r e c a r e m o d e l a n d t h e O u r H o s p i t a l p r o j e c t) ” . Á

V @ Á Ú æ ^ | Á @ æ Á & } • æ ^ | à Á @ Á ^ c c } c Á Á @ æ Á d æ * æ Á @ æ c @ æ Á | æ } ã * È Á | Á Á @ æ c @ æ Á • d æ * ^ È Á @ Á æ ç | | ^ á Á c @ Á P ^ , Á P ^ æ c @ æ Á Á Ó æ ç á á • Á P Ó Ú Á ~ | ã * Á ~ Á ^ ç á , È Á V @ Á G E G Á Ú d æ * æ Á Ú d æ ^ Á Ó æ ^ Á Ú È F F F E G H A G U O Ç Á ~ à | æ @ á Á Á R | Á G E G È Á ^ c Á ~ c Á @ Á Ó | æ æ Á Ú ~ & & • • Á Ó æ ç | • Á Á | Á @ Á ^ , Á P ^ æ c @ æ Á Á Ó æ ç á á • Á P Ó Ú Á æ á Á & { } æ á Á @ Á ^ Á æ æ • c Á Á [] ç } • È Á ã * Á Á Á È Ó È à | È Ó ^ ^ } Á & | ã * Á | [& • • È Ó | | | , ã * Á @ Á | [& • • È @ Á Ú Ú Ó Á æ á Á c @ Á @ È “...multi-site option with the Health Minister’s Care Model Framework (Option 3) enables a phased approach that is likely to be more affordable and flexible to future requirements and also scores more favourably across many other CSFs Á Á æ æ Á ~ & & • • Á æ ç | • á È Á P [, ^ ç ^ | È Á @ Á P Ó Ú Á Ú Ó Á Á [^ • } c Á | [ç æ ^ Á æ ç | | æ } Á æ | ~ c Á @ , Á Á Á @ æ c @ æ Á • d æ * ^ Á æ | æ ç | | Á @ Á P Ó Ú Á | Á æ Á ^ - æ ^ Á Á | Á @ Á ^ ç | [] { ^ } c Á Á @ æ c @ æ Á d æ * ^ Á Á ã ç | | Á @ Á P Ó Ú È Á

V @ Á P [•] æ á Á Ú ^ ç á , Á Ú æ ^ | Á æ [Á æ æ • ^ á Á c @ Á] ^ ç á ~ Á Ó ç | Á Á P [•] æ á Á Ú ^ ç á , Á Ú æ ^ | q Á & } • æ ^ | æ } • Á æ | ~ c Á @ æ c @ æ Á [á | ã * Á æ á Á d æ * ^ Á Á @ Á & } c c Á Á - Á @ Á ^ , Á P ^ æ c @ æ Á Ó æ ç á á • Á P Ó Ú È Á V @ Á ^ ç á ~ Á Ú æ ^ | Á ~ } á È Á ^ á | Á æ á ã * Á È @ Á @ Á ^ ç á ~ Á Ó [ç |] { ^ } c Á [| ^ ^ | à Á] ç } Á | Á @ Á P Ó Ú Á æ Á æ ^ á Á ~ | ç æ Á & } | | æ @ Á È Á ^ , Á @ æ c @ Á d æ * ^ Á [~ | á Á c @ Á ^ - | Á Á Á Á ^ á á Á ç Á Á ^ - | & Á & @ * ^ Á ç Á c @ Á ^ ç á ç * Á æ Á Á [á | Á æ á Á æ Á | æ } ^ á Á | Á

3. To assess the proposed intended outcomes of Phase 1 of the New Healthcare Facilities Programme, to include in relation to the healthcare needs of the island.”¹⁸

Our review has focused on the quality of the OBC and supporting documentation, not on the suitability of the proposals that are set out in the document.”

The Five Case Model is the approach to business case development recommended by HM Treasury. Although use of the model is not mandated in Jersey, the NHF OBC notes that “the principles of the Five Case Model are recognised in the UK and beyond as being the gold standard for the development of public sector business cases” and that these principles have been adopted for the NHF OBC.”

The OBC also notes that the Five Case Model is the approach to business case development recommended by HM Treasury. Although use of the model is not mandated in Jersey, the NHF OBC notes that “the principles of the Five Case Model are recognised in the UK and beyond as being the gold standard for the development of public sector business cases” and that these principles have been adopted for the NHF OBC.”

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In line with the HM Treasury Green Book ‘5 case’ model, the OBC examines the strategic, economic, financial, commercial, and management aspects of the Programme.”

- EA “The Green Book – Central Government Guidance on Appraisal and Evaluation (UK HM Treasury, 2022)
- EA Guide to Developing the Project Business Case – Better Business Cases for Better Outcomes (UK HM Treasury, 2018)”
- EA NHS England “Capital investment and property business case approval guidance for NHS trusts and foundation trusts” (2023)
- EA Associated Business Case Checklist (latest version released in June 2024)”¹⁹

¹⁸ Our review has focused on the quality of the OBC and supporting documentation, not on the suitability of the proposals that are set out in the document.”

...may choose to use Green Book principles alongside the CPMO framework requirements".

...In line with the HM Treasury Green Book '5 case' model, the OBC examines the strategic, economic, financial, commercial, and management aspects of the Programme".

...We do not believe that the NHF OBC document and appendices included all the information required from an approval/assurance perspective (e.g. it should have contained the items listed above that were requested but not received), nor is there sufficient evidence to support a number of elements of the business case, as explained in the main body of our report".

...We do not believe that the NHF OBC document and appendices included all the information required from an approval/assurance perspective (e.g. it should have contained the items listed above that were requested but not received), nor is there sufficient evidence to support a number of elements of the business case, as explained in the main body of our report".

...An overview of the content included

- A general commentary on the requirements of the Green Book/BBC guidance and the extent to which we believe the NHF OBC is compliant
- Details of the specific requirements at OBC stage as set out in the BBC guidance and a commentary on the extent to which we believe the NHF OBC is compliant
- A summary of the additional information (outside of the BBC guidance) that we would expect to see included in an OBC and a statement on the extent to which the extra content is covered in the NHF OBC.²⁰

...We do not believe that the NHF OBC document and appendices included all the information required from an approval/assurance perspective (e.g. it should have contained the items listed above that were requested but not received), nor is there sufficient evidence to support a number of elements of the business case, as explained in the main body of our report".

20 Q&A

æ•~!æ &•Á@æ@ÁPÓÚÁÁæ@Á...required level of maturity for the OBC stage”ÉV@Á Úæ^!Á [ç•Á@•^Á^& [{ { ^} á^áÁæç } •Á@æ @æ @áÁÁÁÁ Á@æç [!•Áæ Á@~Á^!æÁç Á@Á] ! [*!•••á } Áç Á@ÁPÓÚÉæ áÁ@ÁÚæ^!Á@æ Áç Áç ! } Á^Á^& [] ^áÁ^& [{ { ^} áææ } •Áç Á@Á T á á ç!Áç!ÁP^æç@æ áÁÚ [æÁÚ!çæ•Áæ áÁ@ÁPÓÚÁV^æ Á@æÁæ Áç Áç] ! ç^Á@Á á^Á^& [] { ^} ç! Á@ÁPÓÚÁæ Áç! [*!••••Áç Á@Áç æÁÓ•á••Áæ^Áæ^ÉÁ

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V@Á~! [•^Áç Á@Áçæ* æÁá^ } •á } Áç Áç ÁÚÓÔÁÁ...to make the case for change and to demonstrate how it provides strategic fit”²³ Ö~!á * Áç Áç æ•á Áç Á@ÁÚÓÔÁç!Á@ÁPÓÚÉ@Á Úæ^!Áç Á@æç [!•Áç~ } áÁ@æÁ ç•Á@ÁÚçæ* æÁÓæ^Áæ } ^áÁ æ@ÁÁ^~ á^ { ^ } ç! Áç Áç Óç!ÁÓ•á••ÁÓæ^ÁçÓÓç* ææ & Áç Áç!ææ } Áç Áç Áç! ^&çáÁ& [ç! çÁÁÁ “...not sufficiently developed for a scheme of this scale and significance”.²³ V@Áç [!•Áç [Áçæ^á ç@Á@ÁÚÓÔÁÁ [ç!...set within the context of clear clinical, estate, workforce and digital strategies for the provision of healthcare on Jersey, which means that strategic alignment/fit (a key requirement of the Green Book) is not adequately demonstrated”ÉÁ

Ö~!á Áç áÁÓ [, } & [] •æ^!áÁ@Á& [] !ææ & Áç Á@ÁÚçæ* æÁÓæ^Á ç@ÁÁ^!Áç!Áç! Áç áÁ ÓÓÁ~ ææ & ÉV@Áç [!•Áç^Áç @æ @áÁ@æÁÚÓÔÁæ^É@ÁÚçæ* æÁÓæ^Á ç! |áÁ á^Á^almost complete”ÉÁ [, ^ç!É@Áç [!•Áç~ } áÁ@æÁ Á@áÁ] á } É@ÁÚçæ* æÁÓæ^Á á Á@ÁÚÓÔÁç!Á@ÁPÓÚÁÁ [ç! | ^ & [] !ææ ç! ç@ÁÁ^~ á^ { ^ } ç! Áç Á@Á^!Áç!Áç! Áç! [!ÉV@Á ç [!•Áç [Áç~ } áÁ@æÁ@ÁÚçæ* æÁÓæ^ÁÁÁ...not of the expected level of detail ç.g. spending objectivesD some sections (e.g. risks) are incomplete, and the scope and service requirements in particular have not been articulated or justified, , @çÁÁ Á@Á] á çæ æÁ , ^æ } ^••”.²⁵Á

V@Áç [!•Á@ } Á] ! [çæ^áÁ& [{ { ^} çæ^ Áæ [ç@ÁÓÓÓÁ~ ææ & Áç Áç!ææ } Áç Á@ÁÚçæ* æÁ Óæ^Áç Á@Á& [ç! çç! Á@ÁÚÓÔÉV@Áç [!•Áç @æ @áÁÓÓÓÁ~ ææ & Áç @çÁçæ•Á@æÁ@Á Ó•á••ÁÚçæ*^ Áç áÁç •Á^&ç } Áç Á@ÁÚçæ* æÁÓæ^Á ç@æ Áç ÁÚÓÔÁ ç! |áÁç!] æ Áç , Á æ [! ç&ç áÁ~] [!ççá * ÁÓ [ç!] { ^ } ç! [|æ•Áç áÁçæ* á•ÉV@Áç [!•Áç @æ @áÁ ç@Á@ÁPÓÚÁÚÓÔÁ] ! çæ^Áç Áç!çá , Áç! [^Á^Á^ÁÓ [ç!] { ^ } ç! [|æ•Áç áÁ^ææ Áæ [ç! ç@ÁÓá æÁÚçæ*^ çç Á^!ææ } Áç Á@ÁPÓÚÉÁ

P [, ^ç!ÉÁç [Áç~ } áÁ@æÁ@ÁÚçæ* æÁÓæ^Á [^Á [ç!^!Áç Áç } { á^!Áç Á^Áçæ* á•ÉÁ çç! &~ áÁ...a clinical/healthcare strategy, an estates strategy or a workforce strategy, all of which would be regarded as minimum requirements for an OBC (with each document being appended to the OBC)”²⁶ , á áÁ@æÁ@ÁÚÓÔÁ æ Á [ç [] !ææ ç! ç@ÁÁÓÓÓÁ~ ææ & Á^!ææ * Á ç Áç Á^&ç } Áç Á@ÁÚçæ* æÁÓæ^ÉV@Á^&ç } Áç Á@ÁÚæ^!Á^ [!ç!] ç! áÁ [!ç! & Á Úçæ*^ çç áÁP^æç@æ^ÁÚçæ*^ çç } •æ^!Á@•^Á~ ^••Áç Á [!Á^æçÉÁ

²³ Ö~!á Áç áÁÓ [, } ÁÁ^çá , Áç Á@ÁÚ çá ÁÓ•á••ÁÓæ^Áç!Á@Á^ , ÁP^æç@æ^Áçæáá•Á Ú [!ç! { ^Á@æ^ÁÁÚ^] [!ç! Á@ÁP [•] æÁÚ^çá , ÁÚæ^!Á ²⁴ Ö~!á Áç Áç!Áç! [] * Á@ÁÚ [ç&ç] •á••ÁÓæ^Á Á^ç!ÁÓ•á••ÁÓæ^Áç!ÁÚ ç [^Á@MSÁ PT Á^!æ~! ÉÇFID

²⁵ Ö~!á Áç áÁÓ [, } ÁÁ^çá , Áç Á@ÁÚ çá ÁÓ•á••ÁÓæ^Áç!Á@Á^ , ÁP^æç@æ^Áçæáá•Á Ú [!ç! { ^Á@æ^ÁÁÚ^] [!ç! Á@ÁP [•] æÁÚ^çá , ÁÚæ^!Á ²⁶ Áç Áç!Áç! ²⁷ Áç Áç!Áç! ²⁸ Áç Áç!Áç!

ç | { ^ • Áŧ Á^Á^|ŧ^|áÁŧ Á ŧ^ŧ^ ç |^Á^ { æ áÁÇ @• Á^Á^ { æ áÁæ áÁææ æŧ Á [á^|ŧ * Á] | & • Á^Á^ & ŧ^Á^ŧ@|Á^Á^Á [Á ŧ^ ŧ^ | çŧ^Á^ŧ^ } &ŧ^ } æÁŧ } ç^ } ŧ^ Á^Á^ & ŧ^ á^Á^ Á@Á æŧŧ^ • Áæ áÁ@Á@Á &@á |^Á^ Áæŧ { { [áæŧ] Á | Á@Á^, Áæŧŧ^ • Áŧ [çŧ^Á^ŧ^ Á@Á UÓÓĀ

V@Áŧŧŧ [| • Áŧ { { ^ } ç^Áŧ } Á@Áŧ] | | çæ & Á^ Áæŧŧ^ Á | | ŧ &ŧ^ } • Áŧ Á^|æŧ } Áŧ Á@Á^PÓŧĀ
“...scoping out how big the building needs to be and what needs to be included within it. This is then fundamental to driving the amount of investment being asked for. Therefore it is very important that these workings are included - it is the golden thread of a business case. Whilst a process has been described, the actual information / metrics is missing which is needed to back up the sizing”. V@Áŧŧŧ [| • Á çæ^áÁ@Á@Á çŧ^ Á ŧ^ Á ç | | çæŧ } Á^ Á@Á^ ç |^Á^|çŧ^Á^ |^~ á^ { } • Áŧ | Á@Á^ | | [• Á^Áæŧŧ^ • Á^ | ŧ^ * Áŧ@Á^Á^] ^Á^ Á@Á^PÓŧĀ Á^ | ŧ^ ŧ^ } • Á [Á@Á^UÓÓĀ

Y @• Á@Á^PÓŧĀUÓÓĀŧ & ŧ^ á^Á^Á^ çŧ^Á^Á^ çŧ^ Á^ ^ ŧ^ ŧ^Á@Áŧŧ [| • Á çŧ^ çŧ^ @^áÁ@Á^...a number of the expected benefits lack clarity, eg “delivering greater accessibility for all”, but there are some that are reasonably well-defined, e.g. “a reduction in hospital-acquired infections owing to clinical rooms being designed to modern day standards and sizes”.”

V@Áŧŧŧ [| • Á çæ^áÁ@Á ç | ^ & çæŧ } • Á^ ÁÓÓŌÁ^ ææŧ & Áŧ Á^|æŧ } Áŧ Áŧ \ ŧ^ áÁ çŧ^ çŧ^ @^áÁ@Á ç@Áŧ çæ^ Áŧ@ŧ^* Áŧ@ŧ^ Á^ ç | | áĒ“specify the main risks associated with the achievement of the project’s outcomes and the proposed counter measures for mitigation and management”, ŧ^ áÁ ç@ŧ^@Á@Á [çŧ^Á^] Áŧ | ^ĒV@Áŧŧŧ [| • Áŧ^] áÁ@ŧ^@Á@Á çŧ^ Áŧ@ŧ^* Áŧ@ŧ^ Á^ ŧ^Á@Á@Á ŧ^ & ŧ^ á^Á@Á^ ŧ^ Áŧ \ • Áæ Á@ŧ^Á^] Áŧ & ŧ^ á^Á^ Á@Á^ĒV@Áŧŧŧ^* Áŧ@ŧ^ çŧ^ Áŧ@ŧ^* Áŧ@ŧ^ } & ŧ^ çŧ^ Áŧ ŧ^ Á@Á@Á^Á^] Áŧ | ^ĒV@Áŧŧŧ [| • Á çŧ^ [Áŧ^] áÁ@ŧ^@Á^ • Á | | çŧ^Á^Á^ ŧ^ Á@Á@Áŧ çŧ^ Áŧ@ŧ^* Áŧ@ŧ^ Áŧ@ŧ^ [çŧ^ŧ^] Á^ ŧ^Á@Á@Á@Á^ \ Á^* ŧ^ çŧ^Áŧ^ } çæŧ^ áÁ^ ŧ^Á@Á@Á Ōŧ^ | | { Áŧ@ŧ^ Á^ ŧ^Á@Á@Á@Á çŧ^ | çŧ^Á@Áŧŧŧ [| • Á^ { { æŧ^áÁ@ŧ^@Á^ \ Á^ &ŧ^ } Á^ Á@Á^ ŧ^Á@ŧ^* Áŧ@ŧ^ Áŧ@ŧ^ } [çŧ^ | | Á^ çŧ^ ŧ^ Áŧ^ | • Á [çŧ^ŧ^] Á^ ŧ^Á@Á^ ŧ^Á@ŧ^ &^Ē

V@Áŧŧŧ [| • Á çŧ^ çŧ^ @^áÁ@Á çŧ^ | • Á@ŧ^@Á@Á@Á^ & ŧ^Á^Á^ Áŧ^ Áŧ^ } • çæŧ^ • çŧ^ áÁ@ŧ^ { ^Áŧ^ Á ç@•Á^ ç | | áŧ^Á^* æŧ^áÁ^ Áŧ^ ŧ^Á@Á^ & • Á@ŧ^ | • çŧ^V@Áŧŧŧ [| • Á çŧ^ Á^Á^| | áÁŧ^ ÁÓÓŌÁ^* ŧ^Á@ŧ^ & Á^ çŧ^Á^ŧ^Á^Á^ } • çæŧ^ • çŧ^ Á^“external conditions and agreed parameters within which the programme must be delivered, over which the project has little or no control’ and constitute the factors that “constrain the options that can be considered for project delivery”Ē V@Áŧŧŧ [| • Áŧ^] áÁ@ŧ^@Á^ } • çæŧ^ • Áŧ^ çŧ^Á^ Á@Áŧ^* Áŧ@ŧ^ “...do not, with some exceptions, represent clear ‘parameters’ for project delivery.”

ŌĒÁ | ^çŧ^ ~ | • Á çæ^áÁ^ Á@Á^] | | çŧ^@|Á^Á^Áŧ^ æ^áÁ^Á^ çŧ^Á@ŧ^ | çŧ^@Á^ çæ^ • Áŧ^ Á@Á^PÓŧĀ á^ | ^ } & • Á^ ŧ^Á@Á^UÓÓĀV@Áŧŧŧ [| • Á çŧ^ [Áŧ^] áÁ@ŧ^The external factors are listed in the document, however there is no reference to any inter-dependencies within the NHF NHFP and there is no explanation as to whether or not any of the three individual schemes listed as being within the scope of Phase 1 are interdependent in terms of successful delivery of the project.”Á

at the end of the day, the fact that the cost differential between the options is not supported by appropriate evidence of future workforce requirements, inclusion of quantifiable benefits in the NSPC is limited and costed capital and revenue risks are not shown, we do not believe that the economic appraisal that has underpinned selection of the Preferred Option is robust or in line with Green Book expectations at OBC stage.

“Benchmarking of other programmes of similar scale would give more confidence in the estimated construction programme and support the cost differential between the options”.

“... revenue costs are not supported by appropriate evidence of future workforce requirements, inclusion of quantifiable benefits in the NSPC is limited and costed capital and revenue risks are not shown, we do not believe that the economic appraisal that has underpinned selection of the Preferred Option is robust or in line with Green Book expectations at OBC stage”.

“... the incremental benefit cost ratio methodology it stipulates is applied to the NHF as it is more robust than the NPSC method...”

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“...perhaps if you could describe to us what you understand your formal role, your formal responsibilities are in terms of the New Healthcare Facilities Programme.”

H Y A]b]ghyf`Zcf`HfYUgi fmiUbX`FYgci fWfg.`

“Well, I would say as Minister for Treasury I ultimately have overall responsibility for how the hospital is funded, so A where we find the money that we are going to spend on it, how that package is put together and, secondly, how we then, I suppose to some degree, spend the money. I suppose the actual spending of the money is possibly one that is shared with the Minister for Health. I would fulfil that responsibility through a the project team who are ... you have seen the structure we have in terms of project management and control. I think you have seen the procurement strategies that we have, and also through my officers and specialist advisers in terms of how we borrow, how we draw down the money and how we ... and that is in the context of the wider public finance. So I think it is an overall responsibility.”

Ö`!ā * Á@ÁÚ` à|ãP^æā * É@ÁÚæ`^|Á æ Áæ`~`!^á@æÁ@ÁP PÓÚÁ æ Áā Áā`^Á` ã@Á@Á`
^ç]^ææ } • Á` Á@ÁÚ` ā` ç`!Á| ÁV`^æ`~`!` Áæ` áÁÚ`•[`~`!&•Áæ` áÁÓ[ç`!]{` ^} çU`-æ`!•Á|{` Á@Á`
V`^æ`~`!` Áæ` áÁÓç&@`~`!` Éā` Á`|æā } Á| Á@ÁÚÓÓç`&|{`]|æ } &`Á` ã@Á`•ç`!`æç` ÉV`@ÁÚæ`^|Á`
, æ`Á` } |{` ^`á@æÁ@ÁP PÓÚÁæ`@`!`^`Á|` ÁÓ`!`^` } ÁÓ[]\`Á`!ā` &ā`|^`Á`

HfYUgi fYf`cZH Y`GHUhg`cZ>YfgYm`

“I will explain it by reading it out. In respect of the Green Book that we refer to, we are referring to a U.K. (United Kingdom) document issued by H.M. (His Majesty’s) Treasury. We adhere to the principles regarding the Green Book but the Green Book is a U.K. document and ...”

HfYUgi fYf`cZH Y`GHUhg`cZ>YfgYm`

“That is broadly about the fact that the U.K. is a far more complex and broader organisation than Jersey so it uses these categorisations of cost in order to capture where they might impact departments. We do not adopt that in Jersey, so we use what we would generally expect to see in any business case, costs broken down against the costs you would see in the project. I know that the panel has seen the business case. That is broadly in line with what we would expect to see in a business case. Those costs look to be appropriate in terms of their categorisation.”

Çāāā } æ|` É@ÁÚæ`^|Áæ`^`!`]|` ā`^`á`æā[`~`ç@`Á`ç`^|Á` Áæ` æ`^`•`Á` Á@ÁÚæ`~`•`&|`•ç`Á` Á@Á`
&|`•ç`^`^`ç`!` ç`ç`ç` Á` Á@ÁP PÓÚÉÇÉ` Á`|^`ç`ā`~`|` Á`æ`^`á`Á` Á@Á`]|` É@ÁÚ` ā` ç`!`Á|` ÁV`^`æ`~`!` Á`
Ü`^`[`~`!&•Á`-|{` ^`á@æÁ@ÁÚæ`^|Á@æÁ@Á`]` Éæ` ç`Á`|^`{` ^` } ç`Á` Á@ÁP PÓÚÉ%`•are millions of
pounds but in the context of £710 million they are a relatively small amount...” P[, ^`ç`!` É@Á`
Úæ`^|Áæ`^`Á[` çæ`~`!`^`á@æÁ@Áç`]æ` æā } Á|]` çā`^`Á@`Á`ç`^|Á`-Á` } á`!`•ç`ā`ā` *`Áæ[`~`ç@`Á`&|`•ç`Á`
æ`•[` &æ`^`á` ã@Á@ÁP PÓÚÉ

Ø`!ç@`!{` []^`Éā`]|| , ā` *` Áæ` ÁÚ`|æ`ÁÚ`^`•ç` } Áæ`|^`á`Á` Á@ÁÓ`çā`ÉÖ`^`~`ç` Á`]` æç` ÁÚ`^`]`-`Á` Á@Á`
&æ` æç` Áæ` Áæ` Á`^`^` } á`^` ç`!` Á`-Á@ÁÚæ`•`Á`•`{` à`|`Á` } Á` ç`!` Á` æ` Á`ÇÉ` É@ÁÚ` ā` ç`!`Á`
&|` }-ā` ^`á@æÁ` @Á@æÁ`|` Á`^`æ`[` } Á|` Á`^`|`ç`^`-Á@æÁ@Á`~` ā`^`á` çæ` áæ`á` Áæ` áÁÓ`!`^` } ÁÓ[]\`Á`
*` ææ` &`Á` ^`!`Á`]` çā`ā` *` Á`]|| , ^`á`Á`

CfU`Ei Yghjcb`!`8 Ydi Imi>`FYbci ZÉ`&`^`>Ubi Ufmi&\$&` .Á

“Could I ask whether I could get an answer to the question of whether she is satisfied that the outline business case meets the required standards?”

8 Ydi ImiA`9`"A]`Uf` .Á

U' à|ãP^æã * Á ã@@Á q ã c'Á| Á^æ@ã áÁ| &ãÁ^cã·Á } ÁG@R | ÁGEG Ê@Á Úæ ^|Áæ\^áÁ^~^cã } Áæã[~ ó@Á^ { à^|Áæ áÁæ *^Á^ Á^· } ·^·Á Á@Á^~^cã } æ^Êæ áÁ |æ}^áÁ@ã } | cã æ^ ÁÊ ÊÁ^| | Áæ } ááÁ@Á^ Ácã æÁ@ã } Á Á@ÁPÓÚÁ áÁGEGÁ |· } ·^·Á Á@Á^~^cã } æ^Á@ãÁ^ Á^&ã áÁV@ÁÚæ ^|Áæ [Á^æ }^áÁ@ã [·cá |· } á } Áæ |^áÁ ã@Á dæ * á·Á^cã } Á@Á Ácã æÁ@ã } Á | Á@ÁPÓÚÁ

8 Ydi ImG"A "5\ JYf."

"...the panel understands that a questionnaire on the Overdale Acute Hospital design concept concluded on 4th June. Please could you provide an overview of the number and range of responses received?"

ž á

Dfc[fUa a Y8 JfYWcfzBYk <YUH WUFY: UWJHJYg'Dfc[fUa a Y."

"Yes, so I think that there was about 1,700 people who went to visit the virtual exhibition itself, and we received over 200 responses from that questionnaire. The really good news for us was that the majority of those returns agreed with the strategies that we had set out at the virtual exhibition.

?Ym:]bX]b[' &Á@Á^æ @ [~ |@ [áÁ| { ·Á| Á@Á^, Á^æ@ã Áæã·Á| *|æ { ^Á @æ^Á^} Á^·áÁ Áæã·Á } *æ^ { ^ } cã^cã ^ } ^ { à^· [Á@Á^ à|ãæ áÁ@Á^, Á P^æ@ã Áæã·Á| *|æ { ^Á^æ Á^|æ } Á Á@Á| *|^· } Á Á^ { |æ } Á Á| { |Á @æ^Á^ ãã * Á@ÁÚç^ááÁ æ^Á

DfcW fYa YbhdfcWggYg'

Á

V@Á^ à|ãP^æã &·Á æ^ ^|ÁÚOT dæ·Á@Á@ç } áæ |^Áæ áÁ| & |^ { ^ } cã } |·Á Á|Á Úæ·Á@ [áá·Ê "...as defined in the Public Finances (Jersey) Law 2019 and applies to all expenditure made by Accountable Officers of States Bodies, or on their behalf".¹⁶ V@Á] | & |^ { ^ } cã·ã·Áæ | áá^ cã Á@Á^, Á^æ@ã Áæã·ÁPÓÚÁ Á@Á^ à|ãæ áÁ@Á^ á@Á^ c@Á^ |·Á [ç^] á * Á | & |^ { ^ } cã ã@ÁÚOT ÊV@ÁÚOT Á [Á^·Á Á@Á@ç] { ^ } cã [Á^·Á^ çÁ| & |^ { ^ } cã·Á| æã·ÁÁ| & á^ |·Á^ Á^Á| Á^ ÁÁ| | Áæ·Áæ·Á@Á Ó·ã·Á·Áæ·Á^] | cã * Áæ æ^Á| | Áæ çã & |^ Á^Á| & |^ { ^ } cã ç^cã, Á@ [& { ^ } cã , @æ | | cã·Áæ Á ç^cã, Á Á@Á| [] ·áÁ| & |^ { ^ } cã·ã·Áæ ÁÁ| & |^ { ^ } cã æ^ ç^ c@Á^·Á^ c@Á^ | [] ·áÁ|] | æ@ã áÁÁ^ & { { ^ } áæ } Á Áæ áÁÁ^ | | cã @æ] | | ·Á æ·Á· { ^ } cã áÁæ] | çã Á^ & { { ^ } áæ } ·Áæ á * Á | { Áæ ^ Á | & |^ { ^ } cã·ã·Áæ

V@Á^ | çã ~ Á^ c'Á^ [·] æ^Á^çã, ÁÚæ ^|Á^~^cã }^áÁ| & |^ { ^ } cã Á^|æ } Á Á@ÁPÓÚÁ á^|ã * Á^ Á^çã, Á Á@Á^, Á^æ@ã Áæã·ÁPÓÚÁ Áç^|á ÁÚ^ | | ÁV@Á^ çã ~ Á Úæ ^|Áæ çã @ áÁ@Áç }^Á Á@Á@ [] ç | | Áæ áÁæ áÁ^ | Á^ }^Á@BÓÓ dæ * áá * Á] | & |^ { ^ } cã & |^ áá * Á@Á^ à|ãæ } ·Á } Á@B~ } æ^ÁÚ~·Á Á^|æ } Áç Á | & |^ { ^ } cã] | & ·Á·Áæ Á^Á^ cã Á@ÁÚOT Áæ áÁÁ Á^|æ } Áç ÁÚOT Áà^æ@·Áæ áÁ] | & |^ { ^ } cã ^ç^ {] cã } ·Á

"The Public Finances Manual places obligations on Accountable Officers regarding procurement processes and I would expect these obligations to be complied with in full. I have noted in previous reports the level of procurement breaches and exemptions. In order to ensure that value for money is obtained I would expect the New Healthcare Facilities Programme to have no procurement breaches. I would also

³² U' à|ãP^æã &·Á æ^ ^|Á^·Á^ Á@ç } áæ |^Áæ áÁ| & |^ { ^ } cã

expect procurement exemptions to be granted only in exceptional circumstances and where best value can be demonstrated. Any procurement breaches and exemptions should be properly recorded, authorised and monitored at programme level.”³³

V@Á] !^çã ~ •ÁT ã ã c'Áf !ÁQ -æ d' &c' !^Áæ& } [, !^á^ áÁc@Á^ç] ^&æã } •Á [-Ác@ÁÖBÖÁ !^* æãã * Á!^æ&@ •Á -Ác@ÁÚÖT Áã ãÁ] [&' !^ { ^ } c' c' {] çã } •Áã ãÁ& [{ { æ' áÁf Á cãã * Áã ^ Á !^& !á^áÁPÖÚÁ] [&' !^ { ^ } c' Á!^æ&@ •Á ãc@ÁÚã ^!Á } Áã !ãæ' Áã ãÁ& [-ã^) cããæ ã ÈV [Á áæ' Èc@ÁÚã ^!Ác@Á [Á^&^ã^áã ^ Áã f ! { æã } Áã [~ Á] [&' !^ { ^ } c' Á!^æ&@ •Á Á^!æã } Áf Á c@ÁPÖÚÁ

“I will ask the programme team to share recorded procurement breaches with the Panel on a private and confidential basis. This information cannot be publicly released due to commercial sensitivity.”³⁴

Ö' !ã * Áã Á^çã , Èc@ÁÚã ^!Á^áã^áÁf Á^~ ^•c' Á] áæ' Á } Ác@Á] [&' !^ { ^ } c'] [&••^•Á f] [, ^á^ Ác@ÁPÖÚÁ^æ' Èc@ÁÚ~ à!ÁP^æã * Á ãc@ÁÁT ã ã c'Áf !ÁP^æc@Áã ãÁÚ] [&ã' Á Ú!çã& •Á] ÁFG'ÁR' !ÁGEG Èc@ÁÚã ^!Áæ' !á^~ ^•c' } •Áã [~ c'c@Áf çã æ' { ^ } c' [-Ác@Á] [&' !^ { ^ } c'] [&••Áf !Ác@ÁPÖÚÁ Á^!æã } Áf Ác@Áã] [ã ç ^ } c' -Ác@Á çã Á& [dæçf !Áã áÁ •~ à& [] dæçf •ÈV@ÁÚã ^!Á æ' Áã f ! { ^áÁc@Ác@Á [{ { !^áãÁT çã æ' { ^ } c' [~] Ác@Á^ Á ^•cãã @áÁf Áæãæ' Á [] c@Á Á ^áã * Áf Á } •!^Ác@Ác@ÁPÖÚÁ] [&' !^ { ^ } c'] [&••^•Á çã Áã } ^áÁ ãc@ÁÁ^~ á^ { ^ } •Á -Ác@ÁÚÖT Á

8 Ydi hm? "K]gcb."

“Okay. Will you be able to give us some idea about who is responsible for managing the procurement process on that basis and in what way they are going to be able to pick up that particular issue?”

Dfc[fUa a Y'8]fYWcfzBYk <YUH WUFY: UW]H]Yg'Dfc[fUa a Y."

“The programme team fundamentally will set out what we think the procurement process should be. That will be formalised in the coming months. So they are papers that you will receive yourselves about how we see that procurement process rolling out over the next few months.

[15:15]

In essence, we have got a Commercial Management Group now that we have set up so that we have monthly meetings with the Commercial Department in the Government of Jersey to make sure that anything that we are proposing would conform to any of their requirements in terms of the Public Finance Manual, in terms of their commercial framework. So it is really for the programme team to set out, I believe, the procurement process, but clearly that needs to be approved by Commercial Services who fundamentally are linked into Treasury now.”

Ø] [, ã * Ác@ÁÚ~ à!ÁP^æã * Èc@ÁÚã ^!Á^áã^áÁf Áf] [, È] Á , ãc@Á~ ^•c' } •Áã [~ c'c@Á] [&' !^ { ^ } c' çã áÁ [{ { !^áãÁ^!çã •Á Á^!æã } Áf Ác@ÁPÖÚÁ Á] [æ' } Á& [] [á^ } &Áf Á c@ÁÁT ã ã c'Áf !ÁV!æ' !Áã ãÁÚ^• [~ !^•ÈV@ÁÚã ^!Áæ' ^áÁc@Ác@Áã] [çã' Á] [&••Áf !Á] [&' !^ { ^ } c' Áf çã æ' áÁc@Á [~ c'c@Ác@Á Èc@ÁÁf ç'] [çã' Á^ d' &c' !^ Á& &ãã * Áã [] [ãããÈc@ÁPÖÚÁ çã áÁ] [b&^ç^!Áã áÁ] [çã^áÁc@Áf] [, ã * Áã f ! çã'] []

³³ [S'c'ÁÁÖ \] \[d \] \[!^!Áã áÁc@Áã \] \[Ö^ } !^áÁÁÚ \] \[ç & \] \[Áf !ÁÚ \] \[&' !^ { ^ } c' çã áÁ \[\] \[dæ& Á Á^Á \] \[c' á^!Á GEGH \] \[Á^c'ÁÁT ã ã c'Áf !ÁQ -æ d' &c' !^Á^ÖBÖÁ& \[{ { ^ } •Á } Á \] \[&' !^ { ^ } c' Á Á^ÁÚd' á^!ÁGEGHÁ](#)

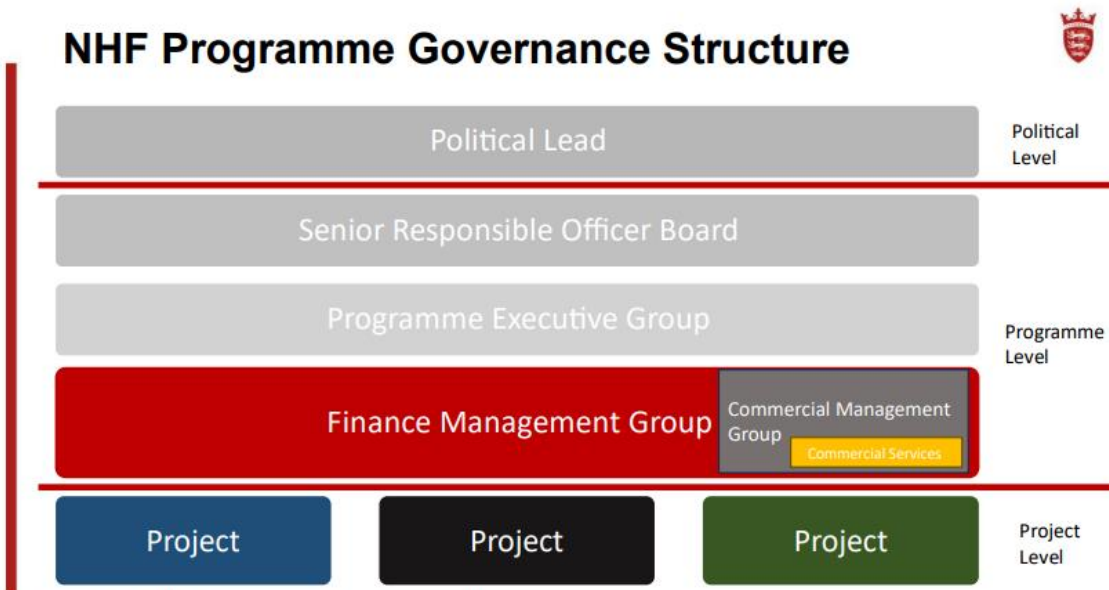


Diagram 1.0 - NHF Programme Governance Structure

V@ÁÚa) ^|Á) æ Á) [Á] [çã^áÁ ã@Á { { æ^ Á-Á@Á |^Á-Á@Á PÓÚÁ^ç^|Á| [~] ÉÖ [{ { ^|&æÁ Ú^|ç&Á •Á] Á^|æ] } Áç Áç@ÁÖ [{ { ^|&æÁ T æ æ^ { ^ } ÁÖ [~] Áæ áÁç@Á [ç^|æ] Á* [ç^| } æ &^Á çæ ^, [\ \Á

7 cffYgdc bXYbW'É'A]b]ghf'z'f'HfYUgi fmiUbX'FYgci fW'g'É' %gr>i `mi&\$& .''

“The Programme Level group determines the overall direction and approach to procurement activity considering market engagement and readiness, specific technical commercial requirements and preparation of procurement strategies. Commercial Services is a member of the Commercial Management Group (CMG), which meet monthly. The CMG is an advisory function within the FMG and FMG is accountable to the SROB. All Programme procurements are subject to publicised Commercial Services guidance and compliance with the Public Finances Manual (PFM).”

The overall governance framework is set out in the Programme and Project manuals which are enclosed as Appendices 1- NHF Programme Manual and 2, NHF Project Manual. Approvals are in line with the Programmes delegated Scheme of Authority (SoA).”

V@ÁÚa) ^|Á) æ Á) [Á] [çã^áÁ ã@Á { { æ^ Á-Á@Á |^Á-Á@Á PÓÚÁ^ç^|Á| [~] ÉÖ [{ { ^|&æÁ Ú^|ç&Á •Á] Á^|æ] } Áç Áç@ÁÖ [{ { ^|&æÁ T æ æ^ { ^ } ÁÖ [~] Áæ áÁç@Á [ç^|æ] Á* [ç^| } æ &^Á çæ ^, [\ \Á

7 cffYgdc bXYbW'É'A]b]ghf'z'f'HfYUgi fmiUbX'FYgci fW'g'É' %gr>i `mi&\$& .''

“Commercial Services and some members of the New Healthcare Facilities Programme (NHFP) Team meet monthly at the Programme CMG and informally, as required. The CMG Group focuses upon compliance with the Public Finances Law (2019) and the Public Finances Manual to advise where this is being followed and to ensure that procurement practice and governance is followed.

Commercial Services assists the Programme with document templates for use within NHF procurement exercises. It provides best practice advice regarding value for

money and contract terms and conditions to ensure adequate contingency in alignment with industry norms, performance measurement, contractual protection and flexibility.

In addition, the Interim Director Commercial Services is an attendee at a Senior Principals meeting. This is a monthly, strategic meeting chaired by the Chief Officer of Infrastructure, or the Programme Director where the Principals of each of the key contractors on the New Healthcare Facilities Programme discuss future direction given UK and International context. It is not a decision-making forum. There has been some need to establish timings between the Programme and Commercial Services to ensure adequacy of review and input. The Programme is developing its pipeline to ensure this occurs.”

Q: “The engagement has become more formal” with the addition of a draft TOR (attached as Appendix 3- CMG TOR).

7 cffYgdc bXYbW`E`A]b]ghf`z`f`HfYUgi fmUbX`F`Ygci fWg`E` %`>`i`m`\$`&`..`

“Recent engagement has become more formal with the addition of a draft TOR (attached as Appendix 3- CMG TOR).

Commercial Services shall be engaged appropriately for advice as the programme undertakes any formal market engagement.”

V: “The engagement has become more formal” with the addition of a draft TOR (attached as Appendix 3- CMG TOR).

Di V]W< YUf]b[`E`A]b]ghf`z`f`< YUH`UbX`GcWU`GYfj jWg`!`%`h`CWcVYf`Di V]W< YUf]b[.`

8 Ydi lm? "A "K]gcb..`

Minister, the commercial case of the outlying business case contains information about the procurement approach to be taken by the team. At the last hearing, you referred to formalising the procurement process for the programme. Can you provide an update on the status of this procurement process for us, please?

Q

B"<": "Dfc[fUa a Y8]fYWcf..`

I think that the procurement strategy has been something that we have been very openly discussing with the local supply chain, with the wider supply chain. We know the more people that we can get excited about delivering this programme of works, the more commercial tension that there might be. But we also understand that there is a balance in that. Obviously, the more time we take up of contractor time, that is more time that they have got to commit to bidding, and the more concern that they might get about any particular programme, because it costs them money to start really intensely engaging with us. The strategy is, as we have previously set out, we have been doing some soft engagement. It has turned into some more formal engagement, which is obviously the prior information notice that has been issued. As a consequence of that prior information notice, there will be some webinars where we talk about the

programme. We set out some outline procurement strategies in terms of when we might anticipate that there might be an invitation to tender, which would be towards ... well, firstly, there will be a selection questionnaire, P.Q.Q. (pre-qualification questionnaire)-type period, for a couple of months. We are hoping to get feedback on what the procurement should exactly look like. What we are very aware of is that the healthcare market in the U.K. and worldwide is quite unstable. You will know that there is a very large main contractor in the U.K. who stopped operating recently. You will also know that a few years ago there was one that stopped operating. We are not really in ideal waters for procurement at the moment. Obviously what we are trying to do is take feedback and design whatever process we have to work really well with the market so that we can get as many attractive bids as we possibly can.

V@Áj^|Áe\^áÁa[~ d[c} cã&@ *^•Á Á@Á|&|^{ ^} dæ^*^Éáá^}^áÁ@Á @• d &@ *^•Á Á@Á|&|^{ ^} dæ^*^Á^!Á[dÁ^|É@!^Á á @Á^Á &•Á}Á[dæcã{ •Á æáÁ@, Ááá!á•Á|Á[!•Á]Á@ÁPÓÁ á @Á^Á!^!á á@[c} cã&|} dæ|•LÁ

8 Ydi hm? "A "K]gcb."

"What changes do you think you will need to make to the strategy that you have got at the moment?"

B"<": "Dfc[fUa a Y8]fYWcf."

"It perhaps will not be the strategy itself insofar as in general terms it is going to be very familiar because we are a public body. We are bound to follow good practice in terms of procurement and all of the procurement guidelines that there are in the U.K. and certainly enshrined with our P.F.M. (Public Finances Manual) within the procurement toolkit, all of those things. They very much define what we can and cannot do. I suppose it will come down to the detail of that and things like contractual terms, things like how long we might work alongside somebody before we might be able to agree on a fixed price, what that fixed price looks like, how fixed it will be, if there are elements that we can fix because they are quite certain and there are elements where there might be some risk. So if we try and fix that either we are going to pay more money to fix the risk or people are just going to say: "No, I do not really fancy that contract, thank you." It is all of those sorts of things that we are hoping to solidify more, I suppose, within the next period as a consequence of the questionnaire that will follow, the prior information notice webinars that we have, that will help us better mould it so that the procurement process itself can be as attractive as it possibly can be."

Ö`!á * Á@ÁÚ`|áÁP^æá * Á@ÁÚj^|Á^æ}^áÁ@Á@ÁPÓÁV^æ Á@Áá•^áÁÁÚ!á!Á Q-!{ æá}Á[cã&ÓDÁ!Á@ÁÚç!áá^Áæ cÁæáá Á Á^!•^Áæ ááá@ÁMSÁ[c!]} ^}Á ^á•áÁ@ÁáÁ^}á!É, @Áá^áÁ KÁ

- Á *"provides an early notification of our intentions to enter a formal tender process*
- Á *informs Main Works Delivery Partners, and other related suppliers, of the upcoming opportunities and invites them to register their interest*
- Á *allows the Programme team to assess the current market appetite before starting a formal tender process, expected to begin early in 2025"*^H Á

^H Á^!•^Á Áæ^cÁÁÚ!á!ÁQ-!{ æá}Á[cã&ÓDÁ!Á@Á@ÁPÓÁ•Á|}æ&|}•d`&á}ÁÁ[cBÁ

V@Á^æjā^Á|Á@ÁÚ@Á æÁÚ @ÁÚ & à^Á@EG Êæ áá~|ā *Á@ÁÚ à|æP^æā *Ê@ÁÚæ^|Á æÁ ā |{ ^á@æÁ...the webinars and then the information questionnaire follow on after that". Á

V@ÁÚæ^|Á•[~* @Á{ |^Áā |{ æā }Áæ[~@Á, Á@ÁP@ÁV^æ Á^æ~|^áÁ |{ }æP & |{æā |Á@Á@|^Á |~|áÁ^Á |Áæ Á@Á |{ &|^ { }Á |{ &••ÊV@ÁÚæ^|Áæ|^á@æÁ ^~|ā *Á@ÁÚ }•ā }&Á -Á |{ |{ æā }Á |{ çæ^áÁ Á|Áæ^@|á^Á æÁ^ ÊæÁ ^||æÁ ^}•|ā *Áæ }æ^} & Áæ[~@Á, Á|Á} *æ^Á æ@Á@ÁP@ÁV^æ Á

7\]YZCZ]Wfz-bZUgfi Wi fY'UbX'9bj Jfcba Ybh "

"I think the key thing is consistency of information given to all parties, being really clear what the process is, being very transparent about how to engage, where to engage, what to engage with. As Jessica said, we just need to ensure that every party has the same information.

[...]

At this point, the best thing for us to be is very open, transparent, get that information back from people and the next series of events through webinars."

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H Y'Wc'bgfi W]cb'gYWcf. 'Yb[U] Ya YbhZ'fi a g'

V@ÁÚæ^|Á^} æááÁ} *æ^ { ^} á^c_ ^^} Á@ÁP@ÁV^æ Áæ áÁ@Á |æP & |{ }Á^& |Á æÁæÁ^ Áæ|^&Á |Áæ Á^çá, ÊV@ÁÚæ^Áæ^Á@ÁÚ { { æ^ÁÚææ*æÁÚ çā^Á@æ^Á ÇÚÊFFDÉGH-D P@ÁÚ@Á |Á@ÁP@ÁV^æ áÁ@æ@Á@Á@ *^ÁÁ Á |{ æ@Á |Á^ |æ^ { ^} á^ R|^ ^ ç@æ@æ^Áæáá•Ê^|{ Á |{ |æÁ Á@ÁP@ÁV^æ will help to reduce the risk by separating the scheme into smaller constituent parts. This in turn will open more opportunities to the local supply chain as well as a wider spectrum of UK national and international suppliers."³⁶ |{ |{ |{ Ê@ÁÚ@Áæ^Áæ Á æ^Á^ Á@ÁÚ æÁÚ &••Á@æ |Á Á -Á@ÁP@ÁV^æ @Á@ÁP@ÁV^æ |{ æ@Á |~|áÁ"...maximise opportunities to utilise the local construction supply chain..."³⁷ Á Á

V@Á} *æ^ { ^} á^c_ ^^} Á@ÁP@ÁV^æ Áæ áÁ@Á |æP & |{ }Á^& |Á Á@Á^|Á^ Á ā |{ |{ æÁæ |Á Á@Á^ç^| |{ ^} á^ æáá^|æ^| Á -Á@Á |{ }Á^ { }Á æ@Á Á@ÁP@ÁV^æ Á |{ P |ç { ^|Á@EG Ê@ÁP@ÁV^æ Áæ áÁ@æÁ æÁ^} Á |{ æ^Á Áæ^Áæ^Áæ |Áæ }Á} *æ^ *Á , æ@Á |æP & |{ }Á^& |Á , "...as we hope they will all have a role to play in delivering infrastructure and buildings for vital healthcare services". V@ÁP@ÁV^æ Áæááæ^Áæ^ Á P^æ@æ^Á@æáá•ÁÚ| *|æ { ^ÁÚ { { æ^ÁÚææ*æÁÚ çā^Á@æ^ÁÚÊFFDÉGH-D }Áæ áÁÚ | |á^Á |{ Á Á^| |á *Á | |{ }Áæ Á |Á@Á |æP & |{ ÊV@ÁÚ |{ Á æÁ^æ |á @áÁ Á |{ |{ Á} *æ^ { ^} á^c_ ^^} Á@Á |æP & |{ }Á^ & |{ Áæ áÁ@ÁP@ÁV^æ "...for Jersey's construction companies, suppliers and associated professionals to present the latest updates on the Programme and answer their questions about how they can become involved".³⁸

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"So how are you managing the whole sort of procurement of the contractors to manage that scale of work?"

Dfc[fUa a Y'8]fYWcfzBYk < YUH WUFY: UW]H]Yg'Dfc[fUa a Y."

"So we are using the portal, the Government of Jersey proactive portal, and a clear message to contractors yesterday and designers was for everybody to go and have a look at that portal and make sure that they are making use of those opportunities."

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8 Ydi lm? "K]gcb."

"Are you getting a lot of interest from contractors on the Island?"

Dfc[fUa a Y'8]fYWcfzBYk < YUH WUFY: UW]H]Yg'Dfc[fUa a Y."

"At the moment, the ones that we put out were mostly for the advisor team, but we did have a room full of contractors yesterday evening, which was really good to see, where we could talk through all of those schemes and ..."

8 Ydi lm? "K]gcb."

"On-Island contractors?"

H Y'A]b]ghf'z'f < YUH 'UbX'GcV]U'GYf j]W]g."

Yes. We just said there is a full schedule, an up-to-date schedule of where we are, and that is available to you if you want. That may change a little bit over time, but I think that is certainly, at this point in time, the ..."

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"Please can you tell us whether you attended the Construction and Supplier Forum facilitated by the Programme team in November 2023?"

Yes we attended this on Monday 6 November 2023, at The Royal Yacht Hotel. We also attended an event at the RYH on 14 May 2024. And a NHF Designer Opportunities forum at the Studio, 28-30 the Parade on 11 July 2024."

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"If so, have you received any follow-up communications or engagement since this event?"

No we have not."

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"If so, have you received any follow-up communications or engagement since this event?"

We have received no follow-up communications or correspondence since this event and disappointingly, it is our understanding that there have been further meetings held with some companies or communications to specific companies. Although indirectly involved in the initial phase, we had assumed that 4hire would be kept in the loop and receive any follow-up communications. Especially as a local supplier of equipment and services to Jersey's local contractors, who are directly involved, as we have to plan ahead to support such a large project that will involve our customers and we understand the importance of keeping to a specific timescale, delivering this project to the island, it would have made sense to keep everyone informed, whether directly or indirectly involved."

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If so, have you received any follow-up communications or engagement since this event?"

4safety attended the event on the 6th November, but have had no further communication from the team, to 4safety Limited. We are aware of another event held in the last few weeks, which we were not invited too. As we are a supplier of training to the local industry, we are only notified on the portal of training opportunities. This was extremely disappointing. If the JeCC were to have been made aware of the follow up event, this would have been open to more contractors and suppliers. We have since found out more details from contractors and suppliers that attended. Better engagement with the local sector must be fostered for the project to be successful and to ensure that some of the money stays on island to assist with the circular economy."

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"If so, have you received any follow-up communications or engagement since this event?"

There was no direct communication or structured follow up meetings until the 'Designers and Advisors' session on 11th July 2024. [ANONYMOUS] did not receive an invitation to this session. We understand that this was due to an administrative error, but were made aware of it from another invitee. The information provided at that

session lacked any real detail and speakers were unable to provide any 'roadmap' that we could use when considering future involvement in the main or ancillary projects. I set out below one of the slides presented as an example of the lack of information provided:

Frankly, neither the November 2023 nor the July 2024 session provided any basis for us to be assured of the potential for future opportunities, when or how they would be communicated and whether they would be limited to on-Island companies."

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Have you been made aware of opportunities to engage with projects within the Programme on the Government's Proactis online portal?

If so, have you expressed interest in engaging with any projects related to the Programme through the Proactis online portal?

Yes:

- Mulcaster House FM Hub Reconfiguration, ITT bid submitted 20 June 2024. No response, as yet.
- Westmount Terrace Stage 2 Feasibility (4 week project), ITT bid submitted June 2024. Project completion was scheduled for 12 August. No response, as yet.
- These were both very demanding bids, which took considerable time and effort.

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"We are on the Proactis online Portal but find that we are not notified of any Architectural work tendered by the States of Jersey. I have tried to change our settings on the Portal to try to get the correct tenders sent to me, but I find the Portal very hard to use. When I search the Proactis Portal for the last States of Jersey tender, it comes with One Gov New Office Technical Adviser which was added in 27/01/2020.

I also find that the States don't want to employ designers and would rather employ contractors who will bring their own design team.

As local contractors are not used to this set up, they don't often bid, so it is only UK contractors with UK design teams."

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Have you been made aware of opportunities to engage with projects within the Programme on the Government's Proactis online portal?

If so, have you expressed interest in engaging with any projects related to the Programme through the Proactis online portal?

"Do you think that is clear to those who are in the industry, especially locally, who are looking at work? Because as you say, it seems amorphous, a large project, but if we do not see it, do you think they see it?"

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"I understand that there has been some ... are you referring to the letters that were published on your website? So we saw some published responses to the engagement and it was definitely a mixed 12 response from the letters that you received. However, that really was the only negative feedback that we received, were the letters that were published on your website. Apart from that, we had either no feedback or good feedback about the opportunities as presented. It was quite a big session. I am unsure about how many people actually attended, but it was a significant number. From our perspective, we felt that it was quite a successful engagement session."

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"What has the team learned from that session that might inform or update the procurement process?"

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"One of the things we discuss continually is about how to ensure that the process of procurement is fair and transparent and that what we do is offer the same opportunities to everybody. One of the things we think about is should we or could we hold more focused sessions, for example, by theme or by type of person. So designers or architects, would they have individual sessions or should we keep it so that it is larger group sessions and then everybody hears the same message. We continually think about that tension between focus, which helps local companies understand what their individual opportunities are and transparency making sure that the message is the same. While it might appear that we are doing quite a lot of group sessions, we do continually think about that focus. One of the points that we are moving forward with is the webinar sessions where we will be giving yet another good information session on the opportunities that stand. Then obviously we have had some projects go into delivery, so we continually think about how those tenders and those local opportunities appear on Proactis and other software."

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I do think it is important to add that actually that learning that Deanne has talked about was already demonstrated there, so instead of having one group where we had people who were more construction-minded and advisers all together, we chose to separate it into 2 groups. I think some of the queries have been around the programme, and it

would be nice to have more certainty over the programme in order that those people could better plan their work, I suppose, or plan their resources in order to respond to any bids. Obviously, you will understand that this is a very complex programme, that we have had feedback in terms of procurement processes. We have taken time to review our procurement processes so that they are better.

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1. Introduction

Currie & Brown was engaged by the States Assembly in Jersey in October 2024 to support the Hospital Review Panel (“the Panel”) with its review of the Outline Business Case (OBC) for Phase 1 of the New Healthcare Facilities (NHF) Programme. We undertook a similar role for the States Assembly in 2021, although it should be emphasised that there was no connection between the two commissions and this latest review has been undertaken on a stand-alone basis, without reference to the previous review.

This report sets out our findings from our review of the NHF OBC and is presented to the Panel for consideration within the context of its wider review of the NHF Programme.

1.1 Scope of the Review

The Panel engaged Currie & Brown to act as expert advisors, provide specialist assistance to support its undertaking of a review of the NHF OBC and ensure that each of the processes carried out within the OBC were appropriate and sufficiently detailed.

The expert advice sought related in particular to the following key issues identified by the Panel:

- Does the OBC adhere to best practice and is it consistent with the Five Case Model¹
- Are there any aspects of the OBC that have been omitted?
- Is the level of detail provided sufficient, relevant and clear for each of the ‘cases’ in the HMT 5-case model (i.e. strategic, economic, commercial, financial and management) at this stage of the project?
- Does the OBC and supporting information provide all the detail required to inform proposals for the Programme’s funding?
- Is there sufficient information in the Financial Case to support the proposals outlined for funding?

It should be emphasised that our role is to determine whether or not the OBC is robust and compliant with relevant guidance/best practice, nor to determine whether or not the preferred option set out in the OBC is the optimum solution for the provision of future healthcare facilities in Jersey. In reviewing the OBC we have given consideration to the extent to which it supports investment decision-making in relation to the NHF programme. Our review has focussed on the quality of the OBC and supporting documentation, not on the suitability of the proposals that are set out in the document.

¹ The Five Case Model is the approach to business case development recommended by HM Treasury. Although use of the model is not mandated in Jersey, the NHF OBC notes that “the principles of the Five Case Model are recognised in the UK and beyond as being the gold standard for the development of public sector business cases” and that these principles have been adopted for the NHF OBC.

The support commissioned by the Panel included the following potential tasks:

- Undertake an independent and detailed analysis of the OBC and of any supporting documentation provided to the Panel by the 'New Healthcare Facilities' Programme Team.
- Provide technically informed analysis/interpretation, of any relevant submissions received by the Panel from key stakeholders or other interested parties.
- Hold meetings (virtual) with the Programme Director to ensure technical aspects of the OBC are understood, to receive answers to questions that have resulted as the review has progressed, and to consider whether the questions asked have been properly addressed.
- Highlight any further questions as deemed necessary with the project team and highlight whether responses received contain the required level of detail.
- Assist the Panel in preparing for Public Hearings by providing specialist advice on areas of questioning.
- Complete a final report for the Panel's consideration and to help inform and assist the public and States Members in preparation for the debate.

The support that has been provided through our review is detailed below.

1.2 Review Methodology

The key activities undertaken by Currie & Brown for this review to date are as follows:

- Undertook an initial review of the documentation received on 28th October 2024 (see below)
- Issued requests for additional information on 6th November 2024
- Held the first meeting with the Hospital Review Panel on 8th November 2024 (at which preliminary findings were shared)
- Reviewed the additional documentation received on 15th November 2024
- Held a combined meeting with the Hospital Review Panel and the NHF Programme Team on 19th November 2024 (at which further information was agreed to be provided)
- Held a second meeting with the Hospital Review Panel on 4th December 2024, at which the key findings were confirmed
- Reviewed the additional documentation received on 5th December 2024
- Submitted the first iteration of the draft report on 23rd December 2024
- Reviewed the first draft report with the Panel on 8th January 2025
- Responded to comments received by Panel members on 10th January 2025

Following further discussions with the Panel, some additional content has been included in chapter 7 of this final version of our report.

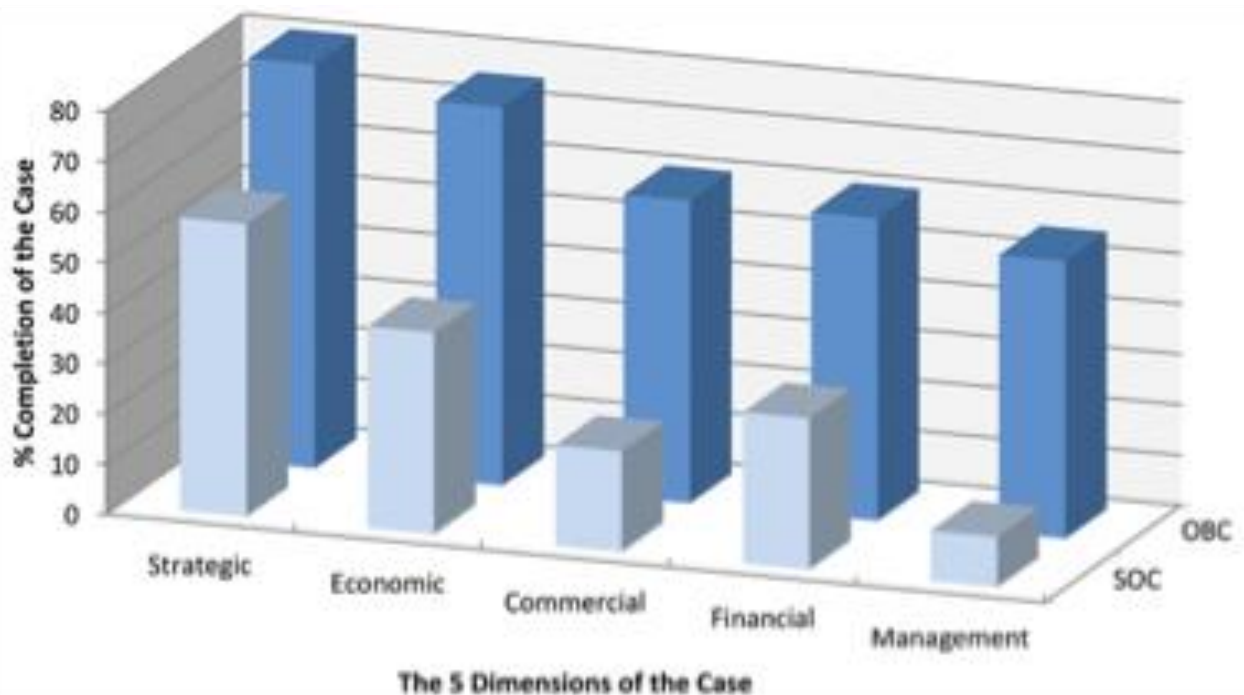
1.3 Relevant Guidance

As noted above, one of the key issues identified by the Panel for consideration through its review is the extent to which the NHF OBC is compliant with the Five Case Model and recommended best practice in business case development.

The relevant guidance pertaining to the Five Case Model is:

- The Green Book – Central Government Guidance on Appraisal and Evaluation (UK HM Treasury, 2022)
- Guide to Developing the Project Business Case – Better Business Cases for Better Outcomes (UK HM Treasury, 2018)

The BBC guidance outlines the expected content of each of the five cases and their expected level of maturity at the end of the OBC stage, as illustrated in the diagram below.



The NHF Programme is required to comply with the Jersey Public Finance Manual, which in turn requires compliance with the Corporate Portfolio Management Office (CPMO) Frameworks for Major, Strategic and Other Projects. The introduction to the NHF OBC states that “Although the CPMO does not require compliance with HMT Green Book, it has been advised that the Programme may choose to use Green Book principles alongside the CPMO Framework requirements”. It is also noted that the OBC builds on the NHF SOC, which “used the principles of the Five Case Model”.

The HMT Green Book and the associated Better Business Cases for Better Outcomes (BBC) document can therefore be considered as guidance with which the NHF OBC was aiming to comply.

In addition to assessing the NHF OBC against the Green Book, we have taken account of the NHS England “Capital investment and property business case approval guidance for NHS trusts and foundation trusts” (2023) and the associated Business Case Checklist (latest version released in June 2024), which can be considered representative of “best practice”. We have considered this guidance as it is specific to healthcare capital schemes and addresses aspects of health-sector specific business cases that are not covered in the Green Book, which is sector-agnostic.

We have also drawn on our extensive experience of producing approved business cases for NHS capital schemes over a number of years.

1.4 Information Reviewed

The following documentation was received on appointment (on 28th October 2024):

- New Healthcare Facilities Programme Manual
- New Healthcare Facilities Overarching Functional Brief
- New Healthcare Facilities Phase 1 Outline Business Case – Final Draft
- Supplementary paper: Mental Health Provision as part of the Health Village as opposed to being collocated to the Acute Site.
- Supplementary paper: Stage 2 Cost Plan for New Healthcare Facilities.
- Supplementary paper: New Healthcare Facilities Strategic Outline Case

The following publicly available documentation was also referenced as relevant background/contextual information:

- Report – Approach to Delivering New Healthcare Facilities (R.32/2023)
- Comptroller and Auditor General – Learning from Previous Hospital Projects: A Follow Up Review
- New Healthcare Facilities – Summary Strategic Outline Case (R.111/2023)
- Government Plan 2024-2027
- New Healthcare Facilities Programme Review – Interim Report (S.R.3/2023)
- Public Finances Manual
- Public Finances (Jersey) Law 2019
- Proposed Budget 2025-2028 (P.51/2024)
- Annex – Budget 2025-2028 (R.133/2024)
- New Healthcare Facilities Programme Supporting Information – Budget 2025

The following additional information was provided between 8th November and 9th January 2025:

- Jersey New Healthcare Facilities Programme Output Tables for OBC (spreadsheet)
- Supporting calculations for bed numbers (document)
- Published bed numbers (table)
- Schedule of accommodation summary (document extract)
- Optimism Bias Calculations (document)
- Development Programme (document extract)
- Development Control Plan Summary Presentation (document)
- PWC – Jersey Acute Services Capacity 2026 (table)
- Overdale Acute Hospital – Main Works Delivery Partner Procurement Strategy (document)
- Master Risk Register (document)

During the course of our review, we requested the following information that was not made available:

- Activity model
- Workforce model
- Confirmation of the planned functional content included in the Schedule of Accommodation (i.e. bed numbers by specialty/type, theatres, etc)
- Detailed schedule of accommodation (i.e. at room level)
- Detailed programme/project plan (i.e. a GANTT chart) to support the milestones set out in the SOC
- Design information (layouts, elevations, massing, etc)

We have only been able to draw conclusions on NHF OBC compliance with the Green Book and alignment with best practice from the information that we have received. We recognise that there may have been additional work undertaken that is not reflected in the OBC and supporting documentation, however we can only comment on what information has been made available.

We would note that we would expect an OBC to include all the evidence, including supporting information, that would be required to endorse an investment proposal, whether in the main document or in appendices. We would also expect the OBC to include information that had been provided in the SOC, as the OBC should be read as a stand-alone document.

We do not believe that the NHF OBC document and appendices included all the information required from an approval/assurance perspective (e.g. it should have contained the items listed above that were requested but not received), nor is there sufficient evidence to support a number of elements of the business case, as explained in the main body of our report.

1.5 Structure and Purpose of the Report

For each of the five cases in the NHF OBC, this report provides:

- An overview of the content included
- A general commentary on the requirements of the Green Book/BBC guidance and the extent to which we believe the NHF OBC is compliant
- Details of the specific requirements at OBC stage as set out in the BBC guidance and a commentary on the extent to which we believe the NHF OBC is compliant
- A summary of the additional information (outside of the BBC guidance) that we would expect to see included in an OBC and a statement on the extent to which the extra content is covered in the NHF OBC

The report also includes recommendations to the Panel outlining the actions that we believe should be taken to provide assurance that the project is at the required level of maturity at the OBC stage.

This final version of the report is presented to the Panel for consideration in the context of their wider review and represents the completion of our review.

2. Strategic Case

2.1 Overview

The Strategic Case in the NHF OBC covers the following items:

- Organisational overview
- Business strategy and aims
- Spending objectives
- Existing arrangements
- Business needs
- Scope and service requirements
- Benefits
- Risks
- Constraints
- Dependencies

The content of the NHF OBC Strategic Case aligns with the requirements of the BBC guidance, however we believe that it is not sufficiently developed for a scheme of this scale and significance. In particular, the NHF is not set within the context of clear clinical, estate, workforce and digital strategies for the provision of healthcare on Jersey, which means that strategic alignment/fit (a key requirement of the Green Book) is not adequately demonstrated, and there is minimal evidence for the service requirements, which form the basis of the Economic and Financial Cases of the OBC.

We note that the introduction to the Strategic Case in the NHF OBC states that “the Strategic Case was substantively complete at the SOC Stage and therefore the only changes made related to either new information becoming available or re-testing of previous assumptions”. This is a reasonable approach (see below), however we do not believe that sufficient information was provided in a number of sections of the SOC or the OBC, as outlined below.

2.2 Compliance with the HMT Green Book

The BBC guidance notes that:

“The purpose of the strategic dimension of the business case is to make the case for change and to demonstrate how it provides strategic fit.”

Demonstrating that the scheme provides synergy and holistic fit with other projects and programmes within the strategic portfolio requires an up-to-date organisational business strategy that references all relevant local, regional and national policies and targets.

Making a robust case for change requires a clear understanding of the rationale, drivers and objectives for the spending proposal, which must be made SMART – Specific, Measurable, Achievable, Relevant and Time constrained – for the purposes of post-evaluation.

Key to making a compelling case for intervention is a clear understanding of the existing arrangements: the Business As Usual (BAU), business needs (related problems and opportunities), potential scope (the required organisational capabilities) and the potential benefits, risks, constraints and dependencies associated with the proposal.”

The Strategic Case should include the following content:

- Organisational overview
- Business strategy and aims
- Other relevant strategies
- Spending objectives
- Existing arrangements
- Business needs – current and future
- Potential scope and service requirements
- Main benefits and risks
- Constraints and dependencies

At OBC stage, the Strategic Case should be almost complete, as shown in the diagram from the BBC guidance in section 1.3 above (it should be noted that the Strategic Case should be effectively established at SOC stage and simply updated for the OBC). The Strategic Case will be reviewed at FBC stage but the rationale for the project and the strategic fit should be clearly demonstrated in the OBC.

Our overall assessment is that the Strategic Case in the NHF OBC is not fully compliant with the requirements of the HMT Green Book, in that the content is not of the expected level of detail (e.g. spending objectives), some sections (e.g. risks) are incomplete, and the scope and service requirements in particular have not been articulated or justified, which is the principal weakness. We would note that the Strategic Case does cover the items/actions set out in the BBC guidance and that the case for change is made.

Commentary on the specific Green Book/BBC requirements for the Strategic Case in an OBC follows.

Business Strategy and Aims

The BBC guidance states that this section of the Strategic Case should “*explain how the project supports the existing policies and strategies of the organisation and will assist in achieving the business goals, strategic aims and business plans of the organisation.*”

The NHF OBC provides an overview of some key Government policies and does include details of the digital strategy (albeit this is included in the ‘Organisation Overview’ section, 4.2.5, rather than in the ‘Business Strategy and Aims’ section where it would be more logically placed), however there is no reference in this section to a clinical/healthcare strategy, an estates strategy or a workforce strategy, all of which would be regarded as minimum requirements for an OBC (with each document being appended to the OBC).

When making a significant investment, it is important for the OBC to demonstrate that the investment is in line with relevant business strategies. The clinical strategy is fundamental in setting out how services are going to be delivered and in what setting in the future. This therefore strongly impacts the estate requirements in the future. The estate strategy should respond to the clinical strategy providing a framework for how the business intends to shape its estate to meet future service needs. Given the scale of investment and changes proposed to the hospital estate, these strategies should underpin the investment proposal. The workforce strategy is a critical enabler and would be considered important in an OBC as it provides confidence that there is a strategy in place to enable the workforce changes required as a result of the wider changes.

The NHF OBC does not therefore comply with the BBC guidance for this section of the Strategic Case.

Spending Objectives

The NHF OBC includes five objectives (established at SOC stage) with commentary in each of the five SMART categories, i.e. Specific, Measurable, Achievable, Realistic and Time-Bound. However, there are three key issues which mean that this section of the Strategic Case does not fully comply with the BBC guidance:

- The objectives appear to relate to the NHF Programme as a whole, not to Phase 1 alone – the SOC was in effect a Programme Business Case, but the OBC is a Project Business Case, as it does not cover the whole programme, which means that the spending objectives should relate to the project alone, i.e. Phase 1 (in reality there may not be a significant difference between the objectives for the NHF Programme and the objectives for Phase 1, but that should be made clear if it is the case).
- There are no metrics for any of the objectives (neither baseline nor target), so the objectives aren’t in fact ‘measurable’, and therefore don’t meet the SMART criteria.
- Two of the objectives (number 2 and, particularly, number 5) are not outcomes to be achieved through the investment in new facilities (which is the definition of spending objectives) but in effect represent Critical Success Factors for the NHF Programme. This means that there are only three clear spending objectives.

The BBC guidance (p21) states that “*setting robust spending or investment objectives is essential in terms of making a coherent case for change. They describe clearly what the organisation is seeking to achieve in terms of targeted outcomes and provide the basis for post evaluation. So, the key question to answer is ‘why are we undertaking this project?’*”. We do not believe that the spending objectives set out in the NHF OBC adequately achieve this aim and they don’t focus on the specific outcomes/benefits to be achieved through delivering Phase 1 of the NHF Programme (see below).

Existing Arrangements

Issues such as how services are currently organised and provided to customers on behalf of stakeholders, the associated throughput and turnover, and existing cost, current asset availability, utilisation and condition, which the BBC guidance states should be set out under the heading of ‘existing arrangements’, have been covered to a degree, though the focus is on the estate rather than service provision or cost.

Significant elements of the ‘existing arrangements’ section should be included under ‘business needs’, a distinction which the BBC guidance notes is important, in order to “avoid blurring the clarity of the evidential base” (BBC guidance, p22).

Business Needs

This section is combined with ‘Scope and Service Requirements’ in the NHF OBC but the only relevant information provided is a brief overview of the Functional Brief (4.6.1). Sections 4.6.2 (Benefits) and 4.6.3 (Risks) are clearly Strategic Case sections in their own right and should not be presented as sub-sections of ‘Business Needs’.

The BBC guidance indicates that this section of the Strategic Case should “specify the organisation’s business needs in terms of the improvements and changes that are required for the project to fulfil its agreed spending objectives.’ That has clearly not been done, although as noted some of the relevant content has instead been included in the ‘existing arrangements’ section.

This approach means that the OBC lacks the clear alignment between spending objectives, existing arrangements and business needs that is a specific requirement of the BBC guidance (p22).

Scope and Service Requirements

The Introduction to the NHF OBC (page 7) states that the scope of the proposals set out in the OBC includes three schemes:

- an Acute facility at Overdale;
- an ambulatory facility at Kensington Place; and
- a Health Village in St Saviour.

Elsewhere in the OBC documentation (e.g. in the cost plan) it is indicated that the scope includes a rehabilitation facility at St Ewold’s.

This section of the Strategic Case should confirm that these schemes are within the scope of the Preferred Option and explain how their inclusion addresses business needs. This has not been done.

As noted above, in relation to the 'Business Needs' section, the NHF OBC does not provide adequate details of the service requirements for Phase 1 of the programme. The section references the 'Functional Brief' (Appendix B), which simply provides a list of services that will be provided from the new facilities. There is no reference to the activity volumes that should be delivered to meet future demand (the demand and capacity modelling process is described but there are no outputs in the OBC) or to the functional content (beds, theatres, etc) to be included in the new facilities, and the detailed schedule of accommodation is not provided in the OBC. A summary of the SOA was provided in the SOC, but the detailed content was not included, and there is no explanation of any changes in the SOA that were made between SOC and OBC stage.

The activity projections are fundamental to scoping out how big the building needs to be and what needs to be included within it. This is then fundamental to driving the amount of investment being asked for. Therefore, it is very important that these workings are included - it is the golden thread of a business case. Whilst a process has been described, the actual information / metrics is missing which is needed to back up the sizing.

Details of the bed capacity of the new facilities and the projected functional content derived from PWC's activity and capacity modelling were subsequently provided to Currie & Brown but there was no supporting detail. As we have not been given the detailed Schedule of Accommodation, we do not know if the capacity requirements set out in the PWC model outputs (including theatres as well as beds) have been met in the proposed scheme described in the OBC.

The BBC guidance notes that the OBC should "*identify the potential scope of the project in terms of the operational capabilities and service changes required to satisfy the identified business needs*" and "*consider the range of business functions, areas and operations to be affected and the key services required to improve organisational capability on a continuum of need*" (i.e. core, desirable, optional).

The NHF OBC does not meet this criterion, and we consider the lack of explanation of the future service requirements that drive the proposed size and capital costs of the Phase 1 facilities to be one of the principal weaknesses of the business case.

Benefits

The NHF OBC includes a detailed list of benefits. These benefits should be clearly linked to spending objectives and should be categorised in the Strategic Case in line with BBC guidance, which has not been done. The categorisation is explained in the Economic Case, along with the alignment to the spending objectives.

We would note that a number of the expected benefits lack clarity, "delivering greater accessibility for all", but there are some that are reasonably well-defined, e.g. "a reduction in hospital-acquired infections owing to clinical rooms being designed to modern day standards and sizes".

Risks

The BBC guidance states that in the Strategic Case the organisation should "specify the main risks associated with the achievement of the project's outcomes and the proposed counter measures for mitigation and management". This has not been done.

The risks that are listed in the Strategic Case are those that were identified for the SOC and don't clearly align to the risks in the OBC Risk Register that are detailed in the Economic Case. It is not evident why this approach has been adopted. Many of the risks in the Strategic Case are categories/factors such as 'inflation' or 'technology risk' rather than specific risks that can be subject to a probability/impact assessment and management/mitigation strategy.

The Risks section of the Strategic Case is not well set out and does not align with the guidance.

Constraints

The NHF OBC lists a number of factors that are described as 'constraints', but some should be regarded as Critical Success Factors, e.g. "whole life costs of the programme are affordable", while others are not fully or clearly articulated, e.g. "political environment".

According to the BBC guidance, 'constraints' are the "external conditions and agreed parameters within which the programme must be delivered, over which the project has little or no control" and constitute the factors that "constrain the options that can be considered for project delivery". The points listed in this section of the NHF OBC do not, with some exceptions, represent clear 'parameters' for project delivery.

Dependencies

The OBC should identify both "inter-dependencies between other programmes and projects" and "external dependencies outside the project environment" (BBC guidance, p25). The external factors are listed in the document, however there is no reference to any inter-dependencies within the NHF Programme and there is no explanation as to whether or not any of the three individual schemes listed as being within the scope of Phase 1 are interdependent for successful delivery of the project.

2.3 Alignment to Business Case Best Practice

The NHSE business case checklist (which we are applying as a benchmark for best practice for business case development on healthcare capital schemes) follows the BBC guidance for a Strategic Case at OBC stage and adds requirements that are specific to the healthcare sector (given that the Green Book and BBC guidance are generic public sector documents). These healthcare specific requirements cover issues such as:

- Alignment with national and local policies and strategies
- Impact on patients and staff
- Activity and capacity
- Digital
- Workforce
- Alignment of activity, workforce and financial assumptions
- Public consultation and stakeholder engagement
- Commissioner support

As outlined above, the NHF OBC contains little to no information on a number of these issues (particularly activity volumes and workforce), whilst others such as digital are not addressed to the level we would expect at OBC stage.

The case for change is made within the Strategic Case i.e. it is clear that something needs to be done, however the Strategic Case is severely lacking when it comes to setting out what the scope requirement is and how that has been arrived at, underpinned by clinical and estate strategies.

We therefore do not believe that the Strategic Case in the NHF OBC aligns with recognised best practice.

3. Economic Case

3.1 Overview

The Economic Case in the NHF OBC covers the following items:

- Critical Success Factors
- Options long-list
- Options short-list
- Costs
- Benefits
- Risks
- Selection of the Recommendation option

Further information is provided in Appendix C and Appendix E.

The sections on the options are primarily a review and update of the work undertaken at SOC stage, which is line with the relevant guidance.

The NHF OBC Economic Case therefore aligns with the requirements of the BBC guidance in terms of the expected content, however, as with the Strategic Case, we believe that it is not sufficiently developed for a scheme of this scale and significance.

3.2 Compliance with the HMT Green Book

The BBC guidance notes that:

“The purpose of the economic dimension of the business case is to identify the proposal that delivers best public value to society, including wider social and environmental effects.

Demonstrating public value requires a wide range of realistic options to be appraised (the long-list), in terms of how well they meet the spending objectives and critical success factors for the scheme; and then a reduced number of possible options (the short-list) to be examined in further detail.

The short-list must include the BAU, a realistic and achievable ‘do minimum’ that meets essential requirements, the preferred way forward (if this is different) and any other options that have been carried forward. These options are subjected to cost benefit analysis (CBA) or cost effectiveness analysis (CEA), where more appropriate, to identify the option that offers best public value to society.

The Economic Case should include the following content:

- Critical Success factors
- Long-listed options
- Preferred Way Forward (identified at SOC stage)
- Shortlisted options (including the “Business As Usual (BAU)” and ‘do minimum’)
- NPSC/NPSV findings
- Benefits appraisal
- Risk assessment
- Sensitivity analysis
- Preferred Option (confirmed at OBC stage)

At OBC stage, the Economic Case should be almost complete, as shown in the diagram from the BBC guidance in section 1.3 above. The Economic Case will be reviewed at FBC stage in order to update the costs, benefits and risks to reflect the advanced stage of the programme/project, but the preferred option and its value for money should be clearly demonstrated in the OBC.

We do not believe that the Economic Case in the NHF OBC is fully compliant with the requirements of the HMT Green Book, as the benefits appraisal in particular is not sufficiently robust for a capital scheme of this scale, the shortlist only includes two options (the Green Book stipulates a minimum of four options) and the content overall is not of the level of detail that should be expected. This means that we do not believe that the OBC satisfactorily demonstrates that the proposed option will achieve best value for money from the investment, when compared with other potential options.

Commentary on the specific Green Book/BBC requirements for the Economic Case in an OBC follows.

Critical Success Factors

The Green Book sets out five Critical Success Factors (CSFs) that should apply to all programmes, as follows

- Strategic fit and meets business needs
- Potential Value for Money
- Supplier capacity and capability
- Potential affordability
- Potential achievability.

The CSFs included in the NHF OBC are unchanged from the NHF SOC and largely align with the recommended CSFs in the Green Book. The exception to this is the CSF “Supplier capacity and capability” which is not included in the NHF OBC but is stated as being covered by the NHF CSF “Does the Programme provide best whole life cost and provide value to the local economy?”. This correlation is not strong and therefore ‘supplier capacity and capability’ is not robustly covered by the NHF CSFs and means that the assessment of the longlist of options does not cover this properly. The consideration of whether one option is more favourable to the supplier market is therefore not made and could result in an option being shortlisted that doesn’t achieve this critical success factor

Options Longlist

The options longlist includes BAU and then combinations of single site / multiple site and implementing the New Healthcare Framework vs the Jersey Care Model principles. The New Healthcare Framework has not been published yet and no information around its principles have been provided. Therefore, we cannot verify the assessment of options 3 and 5 against the CSFs where they relate to the model of care as we don't know the underlying principles of the new healthcare framework and how they differ from the Jersey Care Model. The lack of information relating to the new healthcare framework also poses a risk that the options developed may not fully align to the way services will be delivered under the new framework.

The options filter table states that it assumes the new healthcare framework would involve building health facilities with a larger footprint but it's not clear why this assumption has been made.

The longlist assessment against CSFs in relation to single site vs multiple sites, also raised questions including:

- It states a single site would not be large enough to deliver all services required under the new healthcare framework. The option description states that it is site agnostic, which would suggest that another site could potentially be found that is large enough. i.e. it is not a reason to discount it and exclude it from the shortlist.
- There is an assumption that a single site would not be affordable however best practice would be to take it forward to a shortlist so that the whole life cost and cost of running multiple sites could be compared to a single site option.
- It is unclear why a single site option would not comply with a carbon neutral roadmap but multiple sites would.

As a result of the above, there is little confidence in the longlist assessment, which means that there may be additional options that should have been included in the shortlist and taken through the economic appraisal process.

Options Shortlist

The Green Book states that four shortlist options should be appraised including BAU, do minimum, the preferred way forward and one or more other possible options based on realistic ‘more ambitious’ and ‘less ambitious’ choices that were not discounted at the long-list stage.

Two options were considered in shortlist in the SOC: Option 1 BAU and Option 3, “Services to be delivered across multiple sites adopting the new health care framework”². In the OBC the BAU option has been updated to a Do Minimum option, discarding the BAU from appraisal.

Appraisal of just two shortlisted options is insufficient to meet Green Book requirements, and the approach adopted for the NHF OBC can therefore be considered to be non-compliant.

The ‘Site Location NHF Feasibility Study’ hasn’t been shared so it cannot be verified whether the process to choose the site (sub option A vs sub option B) has followed best practice (it would be standard practice to include the feasibility study report as an appendix to the OBC).

The programme plans for the shortlisted options do not provide sufficient detail to back up the assumption made in terms of delivering the Preferred Way Forward much sooner than the Do Minimum option. Figure 10 and Table 53 do not provide sufficient detail setting out the activities and the relevant dependencies to give confidence that the timelines have been robustly reviewed.

Economic Appraisal Methodology

The economic appraisal has been undertaken by determining the lowest Net Present Social Cost (NPSC). This is acceptable in terms of Green Book compliance, although it should be noted that the recommended approach in the BBC guidance (and recognised best practice) is to select the Preferred Option based on the Net Present Social Value (NPSV), the Benefit Cost Ratio (BCR) and the level of risk involved. This approach would have provided a more robust comparison of the quantifiable benefits and risks of the shortlisted options than has been achieved in the NHF OBC.

Costs

Capital, lifecycle and facilities management costs have been considered for the two shortlisted options (the capital costs are considered in detail in the cost report provided in Appendix A).

Clinical costs have also been considered for the shortlisted options with assumptions provided. Without seeing the activity modelling to fully understand how the assumptions differ between the Do Minimum options and the Recommended Option (including efficiencies, private patients and on / off island care), it is difficult to comment on the reasonableness of these assumptions.

As noted elsewhere in this report, e.g. in the Financial Case section, we do not believe that the workforce costs included in the clinical costs are robust, which is one of our principal concerns regarding the NHF OBC.

Benefits

The Economic Case includes a number of quantified benefits in line with the BBC guidance and monetary values are documented, although the calculations are not explained. However, alignment between the quantified benefits and the NPSC calculations is unclear in the OBC.

² It should be noted that the OBC is written based on a number of assumptions relating to the new healthcare framework but these are not made clear. Therefore, the risk is that the preferred option does not align with the healthcare framework when it lands and may not be optimal in terms of service configuration.

The approach adopted was, to a degree, explained in our meeting with the Programme Team and advisors, but we remain concerned that the incorporation of quantified benefits into the economic appraisal and selection of the Recommended Option is not robust and that the decision-making has largely focused on costs. By way of illustration, only one of the quantified benefits is included in the NPSC calculation ([REDACTED] for land sale applied to the preferred option), whereas the benefits table monetises more benefits (including non-cash releasing benefits). Therefore, benefits are not fully represented in the NPSC calculation. This concern is supported by the lack of an incremental benefits/cost ratio in the OBC.

There is one quantified benefit in the NPSC calculations, a [REDACTED] figure for the 'potential opportunity to realise a capital receipt for sites that **could** become vacant'. Clarity is needed around what sites are vacant / occupied at the end of phase 1 in the preferred way forward. The Do Minimum assessment also states that Overdale will become vacant but does not assume any monetary value because it will be used for something else. There should be a consistent approach to vacated sites across both options.

Risks

This section of the Economic Case includes an extract from the risk register setting out the mitigated risk scores for the Preferred Way Forward/Recommended Option. The OBC states that the same risks apply to Do Minimum option (and that there are additional design-related risks for the Do Minimum option, which are documented). It would be best practice to show the assessment of all Do Minimum risks, and how they differ from the Preferred Option.

The Economic Case states that the risk register has been costed but that this information has not been provided as the [REDACTED]. Whilst this appears to be a reasonable approach, we believe that the figures should be presented for transparency.

In addition, the revenue/operational risks should be costed in the OBC, and this does not appear to have been undertaken for the NHF OBC.

Preferred Option Selection

The appraisal shows that the Preferred Way Forward and the Do Minimum Option are close in cost when both schemes are considered over the construction period and subsequent 60-year life. For the Preferred Way Forward, the OBC states that the capital cost is lower which is largely driven by the much shorter construction programme. Benchmarking of other programmes of similar scale would give more confidence in the estimated construction programme and support the cost differential between the options.

FM and Lifecycle Costs are very similar across both options with the clinical cost being lower under the Do Minimum (largely driven by the lower cost of off-Island care).

The Preferred Options has a NPSC which is [REDACTED] than the NPSC for the Do Minimum option. Sensitivity analysis has been undertaken – in some scenarios the NPSC for the Preferred Option is higher than for the Do Minimum option, in others the difference can be considered to be marginal.

The OBC includes a detailed explanation of why the Preferred Option has been selected ahead of the Do Minimum option. It acknowledges that costs alone do not generate a differential that supports this selection but argues that consideration of the NPSC, benefits and risks of the two options justifies the decision.

Given that the shortlist only includes two options, revenue costs are not supported by appropriate evidence of future workforce requirements, inclusion of quantifiable benefits in the NSPC is limited and costed capital and revenue risks are not shown, we do not believe that the economic appraisal that has underpinned selection of the Preferred Option is robust or in line with Green Book expectations at OBC stage.

3.3 Alignment to Business Case Best Practice

The Green Book and the associate Project Business Case (Better Business Cases) guidance are considered to be 'best practice' in terms of the Economic Case for a healthcare capital scheme.

The only additional requirement in the NHSE business case checklist is the use of the Department of Health & Social Care Comprehensive Investment Appraisal Model (2019) for the economic appraisal. Whilst there is no requirement for the NHF OBC to comply with this guidance, we would recommend that the incremental benefit cost ratio methodology it stipulates is applied to the NHF as it is more robust than the NPSC method.

4. Commercial Case

4.1 Overview

The content of the Commercial Case in the NHF OBC includes the following items that relate to the BBC guidance:

- Proposed approach to market engagement
- Contract and tender strategy options
- Proposed form of contract
- Procurement drivers
- Project details

However, the content does not contain the level of detail required for an OBC, in that it largely consists of commentary on context and options rather than decisions and plans and does not provide details of a procurement strategy for the Phase 1 project (a separate Procurement Strategy document, dated November 2024, has been shared with the review team). In this respect it is not much further advanced than the Commercial Case section of the SOC Information Update document (it should be noted that some content in the SOC Commercial Case does not appear in the corresponding chapter of the OBC).

We note that it in the introduction to the OBC (section 2.3.4) it is stated that “the NHF SOC went slightly further than a UK SOC and considered the contracting and procurement strategies that could be deployed and that “this OBC provides an update on the proposed procurement approach and the next steps in moving this forward.” We do not believe that the Commercial Case in the NHF SOC was significantly more advanced than would be expected for a SOC for a NHS capital scheme, nor do we believe that it has been updated to the extent that should be expected for an OBC.

We also note that the NHF OBC states that it includes “a clearly defined procurement route” (section 2.2.3), which we don’t believe is correct, nor do we believe that the requirements of the NHF business case process (Figure 2, p9) have been met. It is not made clear in the NHF OBC why this is the case.

However, as explained below, the separate Procurement Strategy document produced after the OBC was submitted does address the majority, though not all, of the requirements for an OBC Commercial Case.

4.2 Compliance with the HMT Green Book

The BBC guidance states that:

“The purpose of the commercial dimension of the business case is to demonstrate that the preferred option will result in a viable procurement and a well-structured deal between the public sector and its service providers.”

Demonstrating a viable procurement requires an understanding of the market place, knowledge of what is realistically achievable by the supply side and research into the procurement routes that will deliver best value to both parties.

Putting in place a well-structured Deal requires a clear understanding of the services, outputs and milestones required to be achieved and of how the potential risks in the Design, Build, Funding and Operational (DBFO) phases of the scheme can best be allocated between the public and private sectors and reflected in the charging mechanism and contractual arrangements.

The Commercial Case should include the following content:

- Procurement strategy and route
- Service requirements and outputs
- Risk allocation
- Charging mechanism
- Key contractual arrangements
- Personnel implications
- Accountancy treatment

At OBC stage, the majority of the Commercial Case should be in place, acknowledging that full details of the procurement process will not be available until the FBC is produced (c.f. section 1.4). On completion of the Commercial Case in the OBC, “senior management should be in position to consent to the procurement phase of the project” [BBC, p14).

The Commercial Case in the NHF OBC document itself is not compliant with the requirements of the HMT Green Book and associated guidance, as it does not clearly articulate the procurement strategy for Phase 1 of the NHF (i.e. the scope of the OBC).

However, the Main Works Delivery Partner Procurement Strategy that was issued in November 2024 does cover the Green Book/BBC requirements for the Commercial Case, with two exceptions:

- It does not cover the procurement strategy for the Ambulatory facilities at Kensington Place, the Health Village in St Saviour or the rehabilitation facility at St Ewolds that are within the scope of the OBC (i.e. NHF Phase 1, as noted on page 11 and other pages)
- It does not address Personnel Implications including TUPE or equivalent Jersey regulations (BBC, p67)

The issue of the scope of the Procurement Strategy is particularly important as the Kensington Place, St Saviour and St Ewold’s schemes are included in the capital cost envelope of [REDACTED] and there does not appear to be a documented procurement strategy for these projects.

We therefore conclude that if the Procurement Strategy set out in the document produced in November 2024 had been included in the NHF OBC, the Commercial Case would have been compliant with the Green Book in relation to the Overdale scheme and non-compliant in relation to the other three schemes.

Given that the specific Green Book/BBC requirements for the Commercial Case were largely met in a document that was produced after the OBC was submitted, but not in the OBC itself, we have not provided any further commentary on Green Book compliance for this chapter of the OBC.

4.3 Alignment to Business Case Best Practice

The NHS England business case checklist for the Commercial Case at OBC stage includes the content set out in the BBC guidance and also lists a number of technical and design-related issues that we would typically expect to see covered in an OBC including, but not limited to:

- Design development status
- Planning approval status
- Environmental sustainability strategy
- Construction strategy
- Equipment strategy/requirements

The NHF OBC makes reference to the status of the design for Phase 1 (i.e. RIBA 2) but a report has not been provided and there is limited design-related content in the document. Limited information is provided on planning approval in the Management Case (section 8.8).

Overall, the NHF OBC Commercial Case does not align with what would be recognised as best practice for an OBC for an NHS capital scheme.

5. Financial Case

5.1 Overview

The focus of the Financial Case of the NHF OBC is the Recommended Option, which outlines a projected capital cost of approximately £710 million. The Financial Case attempts to evaluate the affordability and financial sustainability of the NHF Programme, with a focus on capital investment and ongoing operational costs.

This section then sets out the lifecycle costs, defined as the estimated costs of maintaining the facilities over a 60-year period post-completion. The section also outlines Facilities Management (FM) costs, which include operational expenditures such as maintenance, energy, and cleaning. Under the Recommended Option, FM costs are projected to rise by circa [REDACTED] annually, reflecting the increased size and modern facilities.

The OBC Financial Case further outlines on-going clinical costs, assessing the future revenue expenditure required to deliver healthcare services. Although this shows that on-going costs will increase there are a number of assurance points as to the robustness of this forecast, as outlined later in this section

Finally, the Financial Case outlines the position on capital affordability with reference to the Jersey Government Plan (2025-2028) and the Government of Jersey Financial Position. Within the case, there is no statement on the funding position for any increase in on-going operational and revenue costs, noting that the case itself has weaknesses with regards to stating what the actual increase is forecast to be.

We note that the introduction to the Financial Case in the NHF OBC states that “this OBC is intended to support the funding request for the first phase of the NHFP (£710m, including the c. £52m forecast in 2024) and the associated Lifecycle, Facilities Management and Clinical costs.” As explained below, and as outlined generally across this report, we do not believe that the OBC provides the detailed information needed to support the funding request, both in relation to the rationale for the capital expenditure and to the accuracy of the incremental revenue cost forecasts.”

5.2 Compliance with the HMT Green Book

The BBC guidance notes that:

“The purpose of the financial dimension of the business case is to demonstrate the affordability and funding of the preferred option, including the support of stakeholders and customers, as required.

Demonstrating the affordability and fundability of the preferred option requires a complete understanding of the capital, revenue and whole life costs of the scheme and of how the Deal will impact upon the balance sheet, income and expenditure and pricing arrangements (if any) of the organisation.

The challenge is to identify and resolve any potential funding gaps during the lifespan of the scheme.”

The Financial Case should include the following content:

- Capital implications
- Revenue implications
- Impact on income and expenditure
- Impact on cashflow/funding
- Impact on balance sheet
- Evidence of funder/stakeholder support:

At OBC stage, the majority of the Financial Case should be in place, acknowledging that the final projected financial position will be set out in the FBC once a price has been agreed with the contractor (c.f. section 1.4). The OBC should clearly demonstrate that the financial impact of the proposed scheme, in both capital and revenue terms, has been fully assessed and that sources of funding have been identified.

There is an expectation that the Financial Case in an OBC includes sufficient detail to demonstrate that the incremental financial impact of the investment has been thoroughly considered. While the financial model has been provided, it does not offer meaningful detail beyond what is presented in the document, which falls short of what we would expect to be included. For example, as referenced below, there is limited workforce modelling to support the financial assessment on workforce costs.

Based on the provided information, while the Financial Case meets some Green Book requirements, gaps exist in activity and capacity modelling, revenue cost modelling, inflation inclusion, depreciation exclusion, stakeholder evidence, and incremental financial statement analysis. These gaps require urgent attention to ensure compliance.

Overall, based on the information provided, we do not consider the Financial Case in the NHF OBC to be compliant with the requirements of the HMT Green Book and associated guidance. Information gaps exist in relation to activity and capacity modelling, revenue cost modelling, inflation inclusion, depreciation exclusion, stakeholder support evidence, and incremental financial statement analysis in particular - these gaps require urgent attention to ensure compliance.

Commentary on the specific Green Book/BBC requirements for the Financial Case in an OBC follows.

Capital Implications

The OBC provides high-level capital cost estimates for both the Recommended Option (£710m) and the Do Minimum Option (£1.3bn). These estimates include construction costs and lifecycle replacement costs over a 60-year period.

There are notable assurance points with regards to capital implications:

- **Detailed Risk Allowance:** While risk contingencies are included, the methodology for calculating it is not explicitly outlined. It is therefore not possible to provide assurance as to the robustness of the risk allowances informing the capital costs. A breakdown of the methodology for optimism bias is included and further assurance points on this are included in the capital cost estimate commentary, in Appendix A.
- **Lifecycle Cost Report:** The Economic Case references a lifecycle cost report, which informs the Financial Case. This document has not been provided as part of the OBC. It is therefore not possible to provide assurance as to the robustness of the lifecycle cost projections.

A commentary on the capital cost estimates is provided in Appendix A.

Revenue Implications

For Operating (or Revenue) Cost, figures have been provided covering Facilities Management (FM) costs and On-going Clinical Revenue costs. Limited information on the detail that informs the workings has been provided, although the Financial Model that was provided indicates that the current ledger has informed the baseline from which projections have been estimated.

At OBC stage, the general expectation is that a detailed financial model that breaks down operational costs is provided. In the case of the NHF OBC, a model has been provided but the basis and assumptions informing the future operating costs is very limited. We are not, therefore, able to opine on the robustness of this model. Further detail on this issue is outlined below:

- **Activity and Capacity Modelling:** The OBC, and the provided supporting documentation, does not provide sufficient evidence of how increases in patient activity and healthcare demand are reflected in future operating costs.
- **Size and Capacity:** The Strategic Case and Economic Cases reflect a bigger facility in terms of gross internal floor area, with increased bed capacity. The OBC should clearly articulate the impact that this would have on costs, according to best practice.
- **FM Costs:** The provided financial model workbook suggests that the ledger has been used for the baseline. However, there is no detail as to how the new facilities (which are bigger, more sustainable, with more capacity, and more digitally advanced) impact future FM costs. At OBC, all assumptions and methodologies informing future FM assumptions would normally be provided, according to best practice.
- **Workforce Costs:** The OBC and associated supporting documentation provides very limited detail on how workforce costs are linked to changes in activity and capacity.

We understand that detailed workforce modelling has not been undertaken. Such modelling would be built up from existing workforce numbers that is then translated into future numbers, linked to models of care and future activity. At OBC stage, this would be expected according to best practice.

This means that, under the Recommended Option, the incremental costs of additional nursing, administrative, and medical staff are not explicitly detailed, nor is there any information that links it to workforce numbers.

The increase in bed capacity equates to 62, including 16 for private patients, which will need to be resourced. This equates to an increase of circa 32%. Based on the financial model, there appears to be no change in workforce / clinical costs other than standard pay inflation.

In the financial model, pay costs increase by between [REDACTED] per annum from 2030 up to 2088, which is essentially inflation. The modelling shows no 'step change' increase in costs for increases in bed usage.

Following further discussion with Project Advisors, the future workforce cost projections are based on activity, but there is little evidence to show that this reconciles with the fact that bed capacity, by their very nature, has cost associated with it. It would also suggest that the hospital can function with essentially the same level of workforce cost, despite having a [REDACTED] increase in bed capacity.

- **Inflation Adjustments:** Future Clinical Revenue Costs appear to exclude inflation, which contravenes Green Book guidance. The intention of the Financial Case is to provide the best estimate of the true future cost, which will include inflation. Based on the presentation as is, this omission could significantly understate future operational expenditure.
- **Depreciation:** As outlined on page 71 of the OBC, and as reflected in the financial modelling information provided, depreciation has been excluded from modelling. This would suggest that the future revenue costs are materially understated as a revenue depreciation expense will naturally arise as a result of the capital investment.
- **Efficiencies:** While the OBC assumes [REDACTED] efficiency savings post-opening, there is no evidence-based rationale or benchmarking to validate this assumption. We understand that this assumption may be linked to some of the cash releasing benefits in the Economic Case, but no detail has been provided as to whether these assumptions are linked.

As stated elsewhere in this report, we are concerned that the basis on which future workforce costs have been projected is not robust in the context of the proposed increase in bed capacity and we believe that the revenue cost projections require further investigation, in detail.

Financial Modelling

A Financial Model has been provided but it does not provide further meaningful detail from what is included within the tables of the OBC document. Below are some key points in relation to the Financial Model:

- There are no tables of assumptions (other than indexation) to support the financial modelling, which would provide assurance around the robustness of the modelling. Examples include useful economic lives and impairment, and any activity related assumptions that have an impact on finance.
- As outlined above, the revenue clinical costs appear to be excluding inflation and the overall modelling or future costs excludes depreciation, both of which would underestimate the estimated future revenue cost following the investment.

- At OBC, and as per best practice, we would also normally expect to see the three core financial statements showing the impact of the investment on an incremental basis, i.e. the Statement of Comprehensive Income and Expenditure, the Statement of Financial Position and the Cash Flow Statement. These have not been provided.

We recommend that the Financial Model is reviewed in detail, given our concerns regarding revenue cost projections.

Impact on Cashflow/Funding

The NHF OBC outlines a funding strategy tied to the Government Plan (2025–2028). The key funding assumptions include:

- An upfront capital allocation of £710m.
- Staggered funding releases contingent on annual approvals.

The OBC does not provide the following information, which would be expected in line with best practice:

- Cashflow projections during the construction phase and post operational phase – particularly where operating costs increase.
- Assurance that operational cashflows will remain sustainable post-completion.
- An incremental cash flow statement would be provided that shows the impact of the hospital programme pre and post hospital completion.

Impact on Statement of Financial Position (or Balance Sheet)

Projected balance sheet impacts are not fully developed in the OBC and an incremental analysis of the balance sheet would normally be expected at OBC stage, in line with best practice. Areas requiring further detail include:

- **Asset Recognition:** The accounting treatment of the new hospital, and equipment, as a tangible fixed asset is implied but not explicitly detailed.
- **Depreciation and Impairment:** These critical factors, which influence financial sustainability, are not modelled.
- **Liabilities:** The OBC has not modelled the balance sheet impact of capital financing on long-term liabilities.

Evidence of Funder/Stakeholder Support

The Financial Case states that;

“The affordability of this project is being demonstrated through the Government Plan (2025-2028) submission.

and that:

As set out in the Public Finances (Jersey) Law, it is the duty of the Treasury to demonstrate the affordability of major projects included within the Government Plan.”

There are a number of assurance points with respect to the stakeholder support referenced:

- Within the Budget document referenced, there is a section focused on the New Healthcare Facilities, which states the following in reference to the £710m that has already been considered in the budget: “No spend or commitments on these elements will be made in excess of the approval in this plan – any further spend would first need assembly approval.” This suggests that the capital funding is the focus of stakeholder support but also that cost increased beyond this may not be funded. This could be a risk given that the cost is already estimated to be £710m, even if with risk allowances.
- The Healthcare Facilities Financing Strategy section of the Budget document does lay out the capital financing strategy which underpins the hospital.
- An outstanding question relates to the revenue affordability (i.e. the on-going operational cost) as the Government Budget does not appear to make reference to this commitment. Based on the information provided, there is little evidence as to whether the operational impact has been considered to be ‘affordable’. This would include funding the impact on on-going revenue costs, including depreciation and inflation.

The OBC states that the Senior Officer Steering Group and Ministerial Group have endorsed the project. If the statements within the Government Plan (2025-2028) suffice as stakeholder support, no further evidence would be required.

5.3 Alignment to Business Case Best Practice

The NHS England Business Case Checklist provides a rigorous framework for evaluating financial cases, building on the Green Book/BBC guidance, that emphasises the need for:

- Comprehensive financial modelling
- Integration of lifecycle costs and risk allowances
- Alignment with operational and strategic objectives
- Demonstration of affordability and sustainability through sensitivity analyses

Given the importance of the Financial Case at OBC stage we summarise below the strengths and weaknesses of the NHF OBC in relation to both the BBC guidance and recognised best practice

Strengths

- The capital cost estimates are detailed for the Recommended Option.
- The Financial Case acknowledges the importance of aligning costs with operational efficiencies and strategic outcomes.
- The inclusion of FM, lifecycle and operating cost estimates reflects an understanding of the factors to consider in understating the financial impact and long-term financial sustainability.

Weaknesses

- The financial model lacks granularity, particularly in workforce and operational cost projections. NHS England guidance emphasises detailed breakdowns of staff costs, including categories such as nursing, midwifery, and administrative personnel, which are absent.
- The triangulation between the modelling of activity growth and capacity impacts on operational costs is limited. For example, the implications of expanding bed capacity on staffing levels and associated expenses are not addressed.
- Inflation is excluded from revenue forecasts based on current presentation, which is a critical oversight given its impact on real costs. In addition, depreciation appears to have not been considered, which is a real revenue cost that arises as a result of the investment.
- Sensitivity analyses are missing, limiting the ability to test financial resilience against adverse scenarios.
- Stakeholder support appears to be limited to the Government Budget, which does not appear to cover support that factors in the potential financial consequence of the investment. The case should explicitly state how / where any increase in operational and revenue costs will be funded, which it does not do.

As emphasised, we believe that the NHF OBC Financial Case is not aligned to best practice and does not contain the required level of detail to have confidence in the financial projections.

6. Management Case

6.1 Overview

The Management Case in the NHF OBC covers the following items listed in the BBC guidance:

- Programme management and governance arrangements
- Project plan
- Risk management strategy

It also includes information on change control and communications and engagement, in line with best practice.

There are some elements of the BBC guidance that are not covered in the Management Case, as explained below. In particular, the Management Case is missing details of the planned approach to change management, benefits realisation and post-project evaluation. There is also a lack of detail on project resources, which is needed to provide confidence on deliverability.

We note that the introduction to the Management Case in the NHF OBC states that “the Management Case set out in this OBC will exceed what would ordinarily be included” – we do not believe that this is the case, as there are missing items (e.g. benefits realisation) and a lack of detail in some sections (e.g. project plan).

6.2 Compliance with the HMT Green Book

The BBC guidance notes that:

“The purpose of the management dimension of the business case is to demonstrate that robust arrangements are in place for the delivery, monitoring and evaluation of the scheme, including feedback into the organisation’s strategic planning cycle.”

Demonstrating that the preferred option can be successfully delivered requires evidencing that the scheme is being managed in accordance with best practice, subjected to independent assurance and that the necessary arrangements are in place for change and contract management, benefits realisation and risk management.”

The Management Case should include the following content:

- Programme management governance arrangements (roles, responsibilities, plans etc.)
- Project management governance arrangements
- Use of specialist advisers
- Change and contract management arrangements

- Benefits realisation arrangements (including plans and register)
- Risk management arrangements (including plans and register)
- Post-implementation and evaluation arrangements
- Contingency arrangements and plans

At OBC stage, most components of the Management Case should be in place, noting that more detailed information will be provided in the FBC (c.f. section 1.4). The OBC should clearly demonstrate that arrangements for the successful delivery of the project are in place.

The Management Case in the NHF OBC omits some key content recommended in the BBC guidance (e.g. in relation to benefits realisation) and does not provide assurance in relation to project deliverability (particularly in relation to the project plan). Whilst it does include some requirements, such as governance arrangements, in overall terms we do not believe that the Management Case is fully compliant with the requirements of the HMT Green Book and associated guidance.

Commentary on the specific Green Book/BBC requirements for the Management Case in an OBC follows.

Project Management & Governance Arrangements

This is the most comprehensive section in the NHF OBC Management Case, and it contains most of the information specified in the BBC guidance. The guidance recommends details of the programme/project management strategy (e.g. MSP, PRINCE 2), which is not included, and there would typically be more information on the memberships of the various groups in the organisation structure, along with appended terms of reference. The client team is not named and there are no costs/budgets, which means that it is difficult to assess whether or not the programme/project is sufficiently resourced (which is a requirement of both the guidance and accepted best practice).

More detail should be provided to ensure that the Management Case evidences that arrangements are in place “for successful project delivery using a proven methodology for guiding investments through a controlled, well managed and visible set of activities to achieve the desired results and benefits” (BBC, page 76).

Project Plan

The expectation in the BBC guidance (and in the NHS England business case checklist) is that the OBC will include full details of the projected milestones for the key activities in the programme/project and how they will be delivered. The project plan should outline key assumptions, dependencies and risks, and a detailed GANTT chart should be appended to the OBC.

This section of the NHF OBC does include milestone dates for each of the ‘decision point deliverables’ at programme and project level. However, it does not set out the detailed activities, dependencies, risks and assumptions that we would expect to see included in an OBC.

Table 53 provides more information in relation to the proposed timings of design and procurement activities however it is not in sufficient detail to know if these are achievable, and again lacks key dependencies. FBC production is not mentioned and the timeline for 'procurement of a delivery partner' from January 2024 to June 2025 does not align with the position set out in the Commercial Case.

The separate 'Development Programme' that we were provided with (not included in the OBC) shows the projected timeframes for each project but has no detail on key activities or dependencies. We believe that the NHF OBC does not include sufficient information on the project plan to provide assurance that the projected milestones are realistic or achievable.

Change Management Arrangements

The Change Management section in the NHF OBC (8.11) covers the change control process but does not address the issues set out in the BBC guidance. This is a common misunderstanding of what is meant by 'change management' in the context of an OBC.

This section of the OBC should outline a change management strategy that assesses and responds to the potential impact of the project on organisation culture, systems, process and staff. It should also include details of training and development plans, staff engagement, etc.

In the context of a healthcare capital scheme, this section would typically focus on new ways of working, service transformation that would be facilitated through the new facility and how such changes would be managed. In the case of the NHF, we would expect the change management strategy to address the multi-site service model and what that would mean for individual staff and the organisation as a whole.

The content on change control processes should be included in the Management Case, but it would be better placed as a sub-section of the project management and governance arrangements section.

Benefits Realisation Arrangements

The BBC guidance notes that the Management Case should include a benefits realisation strategy that sets out "arrangements for the identification of potential benefits, their planning, modelling and tracking. It should also include a framework that assigns responsibilities for the actual realisation of those benefits throughout the key phases of the project." There should also be a benefits register that explains how the identified benefits are to be delivered.

The NHF OBC Management Case does not include any reference to benefits realisation, and this is not addressed in the benefits sections of the Strategic Case or the Economic Case either.

The Economic Case does provide details of the benefits that have been identified, including baseline and target metrics, but it does not include details of who 'owns' each benefit, the timescales for achieving each benefit or the actions required, which is information that would be included in a stand-alone benefits register.

Risk Management Arrangements

The planned approach to risk management for the NHF programme is outlined in the Management Case, in line with the relevant guidance.

The risk register should be appended to the OBC as a standalone document to demonstrate that all risks have been fully assessed and that detailed strategies are in place, however the extracts from the risk register that are included in the Economic Case (Table 30) do provide some assurance (assuming that all risks in the register have been included in the table).

There is less detail on risk management in the NHF OBC than is advised in the BBC guidance, but this section is not inconsistent with other business cases for similar schemes. The OBC would benefit from a detailed risk management strategy, accompanied by a full risk register.

Project Assurance Arrangements

Section 8.12 of the NHF OBC outlines, at a high level, the reporting and monitoring arrangements for the programme, but the Management Case does not provide details of any formal assurance arrangements, including gateway reviews, as is required by the BBC guidance.

The expectation in the guidance is that the Management Case articulates arrangements for 'independent and impartial' assurance of the programme/project, with the aim of assessing deliverability and achievability of the key objectives and benefits. This would require assembly of an independent panel of business case experts to interview the project team and review all documentation in detail. They would produce a delivery confidence assessment with recommendations.

Post-Project Evaluation Arrangements

The NHF OBC does not include any details of a proposed approach to Post-Project Evaluation (PPE). The BBC guidance states that the Management Case at OBC stage should explain how the organisation will undertake Project Implementation Reviews and Post Evaluation Reviews.

Inclusion of a section on PPE would be considered standard practice for an OBC for a major capital scheme and represents an important omission from the NHF OBC.

6.3 Alignment to Business Case Best Practice

The NHS England business case checklist for the Management Case at OBC stage follows the BBC guidance in terms of expected content. It also requires OBCs to include details of the:

- Contract management plan; and
- Business continuity plan

This additional content should be included to reinforce the robustness of the arrangements that have been put in place to manage deliverability of the project/scheme.

Neither of these sections are included in the NHF OBC.

Aligning with best practice in business case development would generally require a much greater level of detail on all sections of the Management Case than has been provided in the NHF OBC.

7. Conclusions

7.1 Key Findings

As we have explained in this report, and in our discussions with the Panel, our main conclusions from our review of New Healthcare Facilities Phase 1 OBC are that:

- It is not compliant with the HMT Green Book (and associated Better Business Cases guidance) which the NHF OBC itself states is a key assurance criterion
- It does not align with recognised best practice for NHS business cases, as represented by the contents of the NHS England business case checklist
- It lacks the level of detailed information that we would expect to see included in an OBC for a healthcare scheme of this scale
- It has not sufficiently progressed beyond the SOC stage
- It does not adequately make the case for the scale, and associated capital costs, of the proposed new healthcare facilities at the Overdale Acute facility at Overdale, Phase 1 of the Ambulatory Care Centre at Kensington Place, Phase 1 of the St Saviour Health Village and St Ewold's.
- It does not demonstrate that the revenue cost projections for the Preferred Option are robust or affordable.

We would also add that the document lacks clarity and does not adequately articulate the distinction between the programme and the project, in relation to objectives, risks and benefits in particular. The treatment of the four different schemes included in the scope of the NHF OBC is also inconsistent, e.g. in relation to service requirements and the procurement strategy (which only references the Overdale site).

Specific observations include the following:

- The investment objectives do not include any metrics (which effectively means they are not 'SMART')
- The OBC should include details of activity volumes, capacity requirements and functional content to explain the basis of the schedule of accommodation that informs the capital cost – this information has not been provided
- The pay costs are not based on a workforce model and do not appear to reflect the step change in capacity
- The design information on which the capital costs have been estimated has not been provided
- The benefits appraisal is incomplete

- The procurement strategy should have been produced for the OBC, not developed as an activity that follows OBC submission
- We have concerns regarding the approach to treatment of inflation
- We do not believe that revenue affordability has been demonstrated
- Details on the key assumptions, dependencies and risks relating to the project plan have not been provided
- The OBC should include full details of all four schemes that are within scope (and included in the capital cost requirement)

We have found that none of the five cases in the NHF OBC document are fully compliant with the requirements of the HMT Green Book and none align with recognised best practice for business case development for a healthcare capital scheme.

In overall terms, we do not consider that the NHF OBC is of the standard needed to enable capital and revenue funding decisions for Phase 1 of the programme to be made.

7.2 Implications of the Key Findings

It is important to consider the implications of the key findings from our review of the NHF OBC and to address the 'so what' question. In broad terms, this means considering the risks to delivering phase 1 of the NHF programme and therefore, by implication, the risks to future delivery of healthcare services in Jersey.

We have outlined below five particular OBC issues that may have consequences for delivery of Phase 1 of the NHF programme. These issues were raised in our discussion with the Programme Team in November 2024 and we believe that they should be addressed as a matter of urgency, if they have not yet been resolved.

Revenue Affordability

The failure of the NHF OBC to demonstrate that the future revenue costs of Phase 1 of the NHF programme have been accurately projected and to demonstrate that the revenue impact programme is affordable to the States of Jersey represents the most significant concern arising from our review.

Therefore, there is a clear risk that the future revenue costs of the four facilities in the scope of the OBC cannot be funded within the identified future budget and that additional funding will have to be found or savings will have to be made to running costs, which may in turn have an impact on provision of healthcare services in Jersey.

Capacity

Neither the NHF OBC nor the additional documentation provided through this review include details of the calculations that underpin the proposed functional content (beds, theatres, diagnostics, etc) of the new acute facility at the Overdale site or of the capacity to be provided at the other three sites. It is therefore not possible to assess the extent to which future capacity is likely to meet or exceed future demand.

There are therefore two risks in relation to the scale of the proposed new facilities, i.e. that capacity will be insufficient to meet future demand, with the corresponding impact on the delivery of patient care, and that capacity will exceed future demand, which means that some of the new facilities will be mothballed (and that the capital investment is greater than is necessary to meet future need).

Workforce

As explained the OBC does not include, or make reference to, a workforce strategy or workforce model for the NHF and there is no information on future workforce requirements (headcount, roles, changes to the existing workforce, etc).

In addition to the revenue affordability risk generated by the lack of a workforce model for the new facilities (see above), the lack of a workforce strategy means that there is no indication of the extent to which workforce represents a risk to the delivery of the NHF programme. In the absence of information to the contrary, there must be a risk that the workforce will not be sufficient to staff the additional bed capacity.

Deliverability

The OBC includes the projected milestones/decision points for the Overdale, Kensington Place and St Saviour sites, but there is no detailed GANTT chart available, and the Management Case does not provide any commentary on the key dependencies and assumptions underpinning the Project Plan. The OBC does not therefore provide any confidence that a robust delivery plan is in place.

The absence of a detailed delivery plan for the new facilities in the OBC indicates a clear risk of delays to phase 1 of the NHF programme, which would have consequences for capital costs, revenue cost and ongoing delivery of services at the existing site.

Kensington Place, St Saviour Health Village and St Ewold's

The OBC and supporting documents variously describe the scope of NHF Phase 1 as being the acute facilities at the Overdale site, Ambulatory Care Centre at Kensington Place, Phase 1 of the St Saviour Health Village and refurbishment works at St Ewold's. Of the total capital requirement of £710m set out in the cost plan, [REDACTED] appears to be allocated to the Kensington Place, St Saviour and St Ewold's sites. However, other than in the Programme Plan in the Management Case, the OBC only provides information on the proposed capital scheme at Overdale, and the scope of the Procurement Strategy that was developed post-OBC submission excludes the other three sites.

There is therefore no evidence of any plans in place to progress the required works at the Kensington Place, St Saviour and St Ewold's sites, which indicates the risk that the new facilities will not be delivered in time for the multi-site model to be implemented.

7.3 Recommended Actions

We acknowledge that further work on the NHF has been undertaken since the OBC was submitted, e.g. in relation to contractor procurement, and that many of our observations set out in this report relate to historic work, e.g. the options appraisal. However, we believe that there are a number of critical issues that could and should be addressed before the Jersey Government enters into a contract with a delivery partner for the main works. The key actions we recommend are listed below.

NHF OBC Review – Recommended Actions

- 1) The **OBC financial model** should be re-run, to reflect the revised revenue costs, the impact of inflation, the impact of depreciation and other identified gaps – this requires urgent attention.
- 2) The **source of funding for the revenue / operational cost increase** associated with the new facilities should be confirmed, to demonstrate revenue affordability.
- 3) **Incremental financial statements** (Comprehensive Income and Expenditure, Financial Position and Cash Flow) should be produced for the revised financial model and updated for the FBC.
- 4) The **projected revenue costs** should be revised/aligned to reflect a fully developed workforce model (cf action 6).
- 5) A detailed **workforce model** should be developed, aligned to the capacity/functional content in the new facilities and underpinned by a comprehensive workforce strategy.
- 6) An up to date, detailed **demand and capacity model** should be made available to evidence the need for the proposed bed capacity at each site.
- 7) A full **functional content schedule** for all four schemes in the scope of the NGF OBC should be provided, to explain the basis of the schedule of accommodation that informs the capital cost envelope (the detailed SOA should also be made available).
- 8) A **clinical strategy** should be developed for the NHF, encompassing service provision at all sites, to ensure that the proposed schemes align with the new healthcare framework.
- 9) The **benefits appraisal** should be re-run in full, with robust benefits quantification included in the FBC – this should be supported by a detailed benefits realisation strategy and log
- 10) The **risk register** should be costed (for both capital and revenue risks) to inform risk transfer and risk provision at FBC stage.
- 11) A full **procurement strategy** should be developed for the Kensington Place, St Saviour and St Ewold's scheme.
- 12) A **full RIBA 2 design report** should be published for each scheme (this should have been appended to the OBC), providing a reconciliation of the design solution against the functional brief and schedule of accommodation
- 13) An **independent design review** exercise should be undertaken, with the outcomes made available to the assurance team (see action 15).
- 14) A detailed **project plan** should be developed, providing full details of assumptions, dependencies and risks.
- 15) An **independent assurance process**, adopting the principles of Gateway Reviews, should be established for the programme – this should be in addition to the States of Jersey scrutiny process.

These actions are not intended to address all the gaps in the NHF OBC, and they would not be sufficient to make the OBC compliant with the HMT Green Book, however they would enable a more informed investment decision to be made at FBC stage than can have been the case at OBC stage.

As noted, the NHF OBC states that the HMT Green Book represents the “gold standard for the development of public sector business case”. In our opinion, the NHF OBC has not met this standard, however the opportunity exists to rectify this for the FBC. We would strongly advise that the Green Book should be adopted in full for the NHF FBC.

DRAFT



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