

New Healthcare Facilities Programme Review – Interim Report

Future Hospital Review Panel

10 November 2023

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States of Jersey
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Chair's Foreword



It is now over a decade since Jersey's government officially began the work to deliver a new hospital. Having already gone through multiple electoral cycles and plans for a new hospital (or hospitals), the current government began its term of office by doing the same thing its predecessor did and abandoned the plans it had inherited.

It is understandable why there is a huge sense of exasperation among many in our community as they feel they have witnessed Groundhog Day in Jersey politics, and simply want to see our government get on and deliver the healthcare system and facilities that Islanders deserve.

Whilst years have been wasted and eye-watering sums of public money have been spent, it is imperative that, one way or another, the elected representatives of the people of Jersey resolve this once and for all.

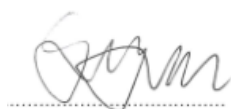
As it is the government that leads this programme, not the States Assembly, it is down to Scrutiny to examine the work of the government and take an objective and evidence-based approach to reviewing the plans that come forward. This panel has no intention of using this issue as a political football. Whatever our personal political perspectives are, they are left outside the door so our findings and recommendations can carry as much weight as possible to get the best outcomes possible for the public who we serve.

The Future Hospital Review Panel has engaged closely with those involved in the 'New Healthcare Facilities' Programme. We have asked tough questions, we have challenged assumptions and we have paid close attention to the detail we have been provided.

As a result of this work, we now present this interim report in the run up to the debate on the Government Plan, where the States Assembly will be asked to provide yet more funding for the planning of new healthcare facilities, rather than the delivery of those facilities. Members will need to know that the plans that are being produced have credibility, represent good value for money and can be delivered on time. If this cannot be done, we risk waking up the day after the 2026 election to find history set to repeat itself again.

When the current government abandoned the previous government's new hospital plans, it said that it was because they had become unaffordable. But without seeing the full range of proposed costings for this new programme, we cannot do anything other than consider whether we can take their word for it when they tell us their alternative is more affordable. I hope that those in charge of this programme will recognise that when discussing the most expensive infrastructure project the Island has ever undertaken, asking us to just trust them is not good enough. A greater level of transparency can only be to their benefit.

Lastly, I wish to express my gratitude to my fellow panel members and our officer for the incredible amount of work they have put in behind the scenes.

A handwritten signature in black ink, appearing to read 'Sam Mézec', written over a horizontal dotted line.

Deputy Sam Mézec

Chair of the Future Hospital Review Panel

Executive Summary

There is both a political imperative and an urgent need for Jersey to replace the current General Hospital. This report does not seek to re-examine that need but to ensure that the Government's new plans are being developed in a way that provide the best possible outcomes for Jersey's healthcare provision and that those plans are being robustly governed.

From the evidence provided, the Panel understands that the starting point for the New Healthcare Facilities programme is not ideal. It lacks the healthcare model, workforce plans and clinical strategies which would have better informed the shape and size of the infrastructure required. A pragmatic approach is being taken by the Health and Community Services management team accepting this position and developing the model, plan and strategy for both the current infrastructure and that which is now in development.

The lack of these strategies, however, does mean that there are central elements of the cost for the programme which are not known at this stage of the programme.

If the States Assembly approves the Government Plan 2024 – 2027 in December this year it will have committed the Island to a further £52 million for the continuing development of plans for an acute hospital and the start of plans for Gloucester Street and Kensington Place and a Health Village in St Saviour. It is not clear to the Panel that the £52 million is inclusive of all costs known for 2024 at this stage. However, this commitment will give the green light to the Government to produce a business case for the acute hospital and more work to develop the town and St Saviour sites. This work has an indicative cost of £710 million, but this figure does not cover the full programme.

To some extent, the Panel finds itself in the same position it was in last year when it wrote the following conclusion to its comments on the Government Plan 2023 – 2026:

It is the view of the Panel that the amendment to the Government Plan should be seen in this context and that the States Assembly is being actually asked to make a political decision on a changed direction for the new hospital.

It is difficult at this stage for the Panel to provide any recommendations for future action as that will, to some extent, depend on the outcome of the debate on the Government Plan amendment.¹

As outlined in this report, alongside the unknown additional costs which are likely to be generated by the multi-site nature of the New Healthcare Facilities Programme, the Panel remains concerned by the lack of information available to States Members about the overall cost of the full programme – as distinct from what will be debated in December and brought forward in 2024 – on which to base their decision-making.

The States Assembly has been told that the Our Hospital Project was unaffordable but there is no certainty that the New Healthcare Facilities Programme will be more affordable in comparison in terms of the overall cost of construction and the delivery of healthcare provision.

The Panel has also expressed its concern in this report that there does not appear to be Ministerial consensus on the plans – particularly between the Minister for Infrastructure and the Minister for Health and Social Services. In turn, this leaves the Panel unclear on the

¹ [Proposed Government Plan 2023 – 2026 \(P.97/2022\): Twentieth Amendment: Comments](#)

strength of the input from the Health and Social Services Minister on behalf of her department and how well-reflected its requirements are in the programme.

Finally, both this Panel, in its comments on the Government Plan 2023 – 2026, and this Panel's predecessor identified the election cycle as a significant risk to the continuation of the now halted Our Hospital Project. This risk remains and is made greater by the phased approach to the work that the Government has taken. Future administrations may decide that elements of the programme cannot be started or completed which could leave the provision of some services at risk.

Findings and Recommendations

Key findings

FINDING 1: The Government's rationale for a phased approach across a number of sites is that it provides flexibility and affordability.

FINDING 2: A phased approach to the provision of healthcare services infrastructure puts later elements of the programme at greater risk of non-completion or alteration as a result of a changed administration.

FINDING 3: The Minister has acknowledged that in a worst-case scenario Gloucester Street could be subject to refurbishment rather than new-build for a period of time.

FINDING 4: The Government's preferred option for the New Healthcare Facilities Programme is for phased multi-site facilities with the Health Minister's Care Model Framework.

FINDING 5: The anticipated timeframe for the completion of the option preferred by the Government in the Strategic Outline Case is 10 years.

FINDING 6: The Health Minister's Care Model Framework has not yet been delivered.

FINDING 7: It is not clear how the views of staff in relation to the duplication of services and pressure on staff and recruitment is reflected in the amber rating for critical success factor 4.

FINDING 8: It is not clear how a red rating was reached for critical success factor 2 for a single site under the Health Minister's Care Model Framework without the publication of that framework.

FINDING 9: In rating each of the options in the Strategic Outline Case, the New Healthcare Facilities Programme Team appear to have made the assumption that the Health Minister's Care Model would fit each of the relevant options sufficiently to provide the ratings given.

FINDING 10: Healthcare and Ambulance Service staff have expressed concerns about the duplication of services and stretching of resources required to operate a multi-site facility.

FINDING 11: The whole life cost of the Government's multi-site option has not been assessed.

FINDING 12: A multi-site hospital is likely to need duplicated services and require an increase in resources and costs.

FINDING 13: Recruiting staff for duplicated services will be problematic.

FINDING 14: A workforce strategy for Health and Community Services has not yet been delivered.

FINDING 15: It is not clear that there was sufficient Ministerial oversight and understanding of the rating of the options for delivering healthcare infrastructure against the critical success factors.

FINDING 16: The imperative for officers is for building work to begin and that the ageing facilities at the General Hospital are now replaced as quickly as possible and without a political change of course.

FINDING 17: Permission for the demolition of the buildings at Overdale had begun during the Our Hospital Project.

FINDING 18: The relocation of services to the Enid Quenault Health and Wellbeing Centre provided an empty site for both the demolition and development of the Overdale site.

FINDING 19: Concerns remain over emergency access to the Overdale site and it is not yet clear what, if any, roadway changes would need to be made to accommodate the need for emergency vehicles to approach the Overdale site at speed or what alternative routes will be designated.

FINDING 20: A planning application for the acute unit at Overdale is anticipated by the second quarter of 2024 and planning requirements remain a risk for the timing of the development at Overdale.

FINDING 21: The New Healthcare Facilities Programme Team appear to have made assumptions about the planning requirements for the Overdale site based on the reduced scale of the build in comparison to the approved application for the Our Hospital Project.

FINDING 22: General feedback about the Enid Quenault Health and Wellbeing Centre would appear to be that facilities and service provision is an improvement on those available at the Overdale site.

FINDING 23: Not all the services located at Overdale have moved to the Enid Quenault Centre. This includes the rehabilitation services provided at Samarès Ward.

FINDING 24: It is not clear what the client specification was, or what direction was provided by the Minister for Health and Social Services, for the proposed Health Village at St Saviour.

FINDING 25: The rating of long list options against critical success factors for healthcare provision in the Strategic Outline Case was carried out by the New Healthcare Facilities Programme Team under the Minister for Infrastructure.

FINDING 26: The level at which the Minister for Health and Social Services has been involved in the decision-making process is not clear.

FINDING 27: There does not appear to be Ministerial consensus on the number of sites involved in the New Healthcare Facilities Programme.

FINDING 28: There does not appear to be a joint Ministerial understanding of the client specification from Health and Community Services.

FINDING 29: The appointment of the lead Minister for the New Healthcare Facilities Programme was based on the personal choice of individuals rather than any process-driven decision.

FINDING 30: It is not clear whether the £52 million requested in the proposed Government Plan 2024 – 2027 represents all the known costs for the New Healthcare Facilities Programme for 2024.

FINDING 31: The estimated £710 million, which the Government will request as an amendment to the Government Plan during 2024, covers the cost of the acute facility at Overdale and a 'meaningful start' on the ambulatory facilities and Health Village, not the full cost of the finished programme of work.

FINDING 32: An estimated cost range for the New Healthcare Facilities Programme has been calculated and included in the full Strategic Outline Case. The published summary of the

Strategic Outline Case does not include this cost range and it is not the Government's intention to publish it.

FINDING 33: The Minister for Health and Social Services has questioned the affordability of extending the New Healthcare Facilities Programme beyond the 2-site option.

FINDING 34: The New Healthcare Facilities Programme has been allocated a dedicated communications lead officer.

FINDING 35: A range of channels, including video, blogs and neighbourhood forums are being used to communicate with the public on the New Healthcare Facilities Programme alongside traditional media and social media platforms.

FINDING 36: There is an acknowledgement that healthcare staff are tired by the process and concerned that they are being asked to engage again on a different project. The programme team have actively sought new ways to engage with staff at times and in ways that best suit the needs of the workforce's shift patterns.

FINDING 37: The option to evaluate a single site option against the New Healthcare Facilities Programme's critical success factors was not offered at the facilitated sessions for healthcare staff on the feasibility study. The evaluation exercise does not answer the direct question of whether healthcare staff believe that the needs of Jersey's future healthcare service would be better served by a single site option.

FINDING 38: The Minister Home Affairs has not been in direct contact with the Ambulance Service about the challenges posed by the siting of services in the New Healthcare Facilities Programme.

FINDING 39: The Minister for Health and Social Services has not been in direct contact with the Ambulance Service about the challenges posed by the siting of services in the New Healthcare Facilities Programme.

FINDING 40: The Chief Ambulance Officer has been in contact with the New Healthcare Facilities Programme Team and the challenges identified are reflected in the programme's feasibility study.

FINDING 41: A structured engagement process with the businesses in and around Kensington Place has not taken place on the New Healthcare Facilities Programme.

FINDING 42: The uncertainty caused by the changed proposals has had a detrimental impact on some small business owners in the area around Kensington Place.

Recommendations

RECOMMENDATION 1: Prior to the debate on the Proposed Government Plan 2024 – 2027 the Minister for Infrastructure should provide the States Assembly with a reassurance that a robust examination of the challenges posed by the current infrastructure at Gloucester Street will be conducted to ensure these are fully addressed both in terms of outcome and cost and sufficiently budgeted for within the Government Plan.

RECOMMENDATION 2: Prior to the debate on the Proposed Government Plan 2024 – 2027, clarity should be provided by the Minister for Infrastructure on what is meant by the improvement of Kensington Place on page 78 of the Government Plan.

RECOMMENDATION 3: The Minister for Infrastructure should provide States Members with the analysis of the decision-making for each of the critical success factors in relation to the chosen option 3 and the rejected option 5 in the Strategic Outline Case.

RECOMMENDATION 4: The New Healthcare Facilities Programme Team and the Minister for Infrastructure must maintain a constructive, honest and documented dialogue with the Ambulance Service and the Minister for Justice and Home Affairs about any changes required to the roadway to ensure good emergency access.

RECOMMENDATION 5: The New Healthcare Facilities Programme Team should actively engage with the Planning Department to fully test their assumptions regarding the planning requirements for the Overdale site in order to mitigate any risk to the success of a planning application.

RECOMMENDATION 6: The Ministers for Infrastructure and Health and Social Services should provide the States Assembly with the detailed requirement for the Health Village as an integral part of the New Healthcare Facilities Programme prior to the debate on the Government Plan 2024 – 2027.

RECOMMENDATION 7: The role of the Minister for Health and Social Services should be strengthened within the Programme and set out in the Programme Manual to ensure that the requirements of Jersey's future healthcare provision are adequately represented.

RECOMMENDATION 8: The Government should provide the States Assembly with the full anticipated costs for the New Healthcare Facilities Programme for 2024 ahead of the debate on the Proposed Government Plan 2024 – 2027.

RECOMMENDATION 9: The Government should clarify whether, in the context of the Public Finances Manual, the New Healthcare Facilities Programme is being treated in the same way as a major project. If the treatment is the same, it must explain why it believes it is compliant with the Manual not to provide the full cost.

RECOMMENDATION 10: The Ministerial Group should reconsider its position on the publication of the cost range for the full New Healthcare Facilities Programme prior to the Government Plan 2024 – 2027 debate in December 2023.

RECOMMENDATION 11: Significant announcements should be made in a consistent manner across expected channels to ensure that communication of the programme is open and transparent.

RECOMMENDATION 12: The NHFP Team must continue to engage in an open discussion with staff on the proposals to ensure that their views are properly recorded and reflected in the proposals for siting and provision of services.

RECOMMENDATION 13: The NHFP Team should increase its engagement with staff through the trade unions which actively represent these employees.

RECOMMENDATION 14: Consideration should be given to wider engagement with Ambulance Service staff – both frontline paramedics and Patient Transport Service – to ensure that there is a clear understanding of how the challenges raised are being addressed in the Programme and at what stage.

RECOMMENDATION 15: The Minister for Justice and Home Affairs should have greater Ministerial oversight of the issues and be assured that these have been fully addressed at the time that the Outline Business Case is presented in 2024.

RECOMMENDATION 16: The New Healthcare Facilities Programme Team should gain feedback from the businesses in the Kensington Place area and establish a structured programme of engagement based on that feedback and the needs of individual businesses. This process must ensure that information for smaller businesses provides clear information on the timeline of works in order that they can properly consider the impact this will have.

Introduction

Background

This interim report by the Future Hospital Review Panel covers the period from the publication of R.32/2023 – Approach to Delivering New Healthcare Facilities² on 28 February 2023 to the announcement of £52 million funding in the proposed Government Plan 2024 - 2027³ to further develop those plans.

In producing this report, the Panel has been mindful that successive Governments, including the current administration, have overturned the decisions made by their predecessors and the States Assembly. The result is that there is now a political imperative – and an urgent need – to get work started on a new hospital.

This urgency, however, does not negate the need to properly understand the information that has been provided to the States Assembly and the public and to ensure there was a sound basis for the decisions which this Government has taken so far.

The Panel wanted to examine whether the driving force behind the New Healthcare Facilities Programme (NHFP) was Jersey's long-term healthcare needs rather than political opposition to the single site Our Hospital Project favoured by the previous Government.

It has also sought to ensure that costs are being properly controlled with appropriate financial governance and that the governance framework in place was being properly implemented for a programme of works of the scale intended.

The Panel has been provided with answers to its questions on the methodology and frameworks which are expected to govern the NHFP and has also been provided confidentially with the current programme manual.

The directional change from the Our Hospital Project (OHP) was announced by the Government with the publication of R.154/2022 – A Review of Our Hospital Project (advice to the Assembly on whether changes can be made to deliver a more affordable and appropriate alternative).⁴ The report and the Government's assessment that the OHP was no longer affordable were used as the basis for halting the funding for the project in the Government Plan 2023 – 2026.⁵

In February 2023 the Government presented R.32/2023 – Approach to Delivering New Healthcare Facilities.⁶ The purpose of this document was to restate the direction of travel, provide assurance over governance and milestones and costs for 2023.

This was followed in July by R.111/2023 – NHFP – Summary Strategic Outline Case⁷ and R.112/2023 – NHFP – Feasibility Study.⁸ At the same time that the summary Strategic Outline Case was released to the public and the States Assembly, Scrutiny was provided with the full document. This is examined in more detail in the financial governance section of this report (page from page 40).

² [R.32/2023 – Approach to Delivering New Healthcare Facilities](#)

³ [P.72/2023 – Proposed Government Plan 2024 - 2027](#)

⁴ [R.154 – A Review of Our Hospital Project \(advice to the Assembly on whether changes can be made to deliver a more affordable and appropriate alternative\)](#)

⁵ [Government Plan 2023 - 2026](#)

⁶ [R.32/2023 – Approach to Delivering New Healthcare Facilities](#)

⁷ [R.111/2023 – NHFP - Summary Strategic Outline Case](#)

⁸ [R.112/2023 – NHFP - Feasibility Study](#)

The work done by Government so far has culminated in a request for £52 million in the P.72/2023 Government Plan 2024 – 2027 and the prospect of an amendment to the plan to be brought in mid-2024. The standalone proposition requesting this amendment will call for further funding. The indicative level for the funding request is £710 million – and additional £658 million to the £52 million already included in the proposed Government Plan.⁹

The Government Plan sets out that funding for 2024 will enable the Government to develop the following:

- *Bring forward a standalone Proposition to seek approval for delivery of Phase 1 of the programme and its financing.*
- *Continue high level design and planning work for the whole programme of New Healthcare Facilities.*
- *Continue demolition works at Overdale, which are planned to start before the end of 2023.*
- *Improve the Kensington Place site in 2024.*
- *Deliver any decant facilities necessary for the above works.*

We are currently working on the programme, which estimates that the total cost to deliver an acute facility at Overdale and make meaningful progress on development of the future phases covering an ambulatory facility and Health Village at no more than £710m, including £675m during this Government plan period.

Over the course of this review, the Panel has met a number of times with the NHFP team and has also sought guidance on programme management frameworks, financial governance and planning policy from Government officers and from the Comptroller and Auditor General. The Panel has also been mindful of the reports and recommendations provided by the Jersey Audit Office. These conversations and reports have provided a solid information base on which to assess the development and governance of the NHFP.

The Comptroller and Auditor General provided the following commentary in a letter to the Panel on 8 September 2023. It provides useful clarity on what the outcomes of the NHFP should be.

If the New Healthcare Facilities Programme is delivered effectively it will (amongst other things):

- *deliver benefits to the public and to staff*
- *ensure that the buildings are appropriate for the intended clinical service models*
- *ensure that the resource implications, both in respect of the capital build and ongoing revenue costs, are affordable*
- *ensure that the decisions about the buildings are made in the context of a feasible workforces strategy which can deliver the staff required to operate the new facilities; and*
- *ensure that the voice of the public is heard in the development of the Programme.¹⁰*

The Panel has held public hearings with the Minister for Infrastructure and the Minister for Health and Social Services and has maintained regular Ministerial correspondence raising issues which have arisen during its review.

⁹ [P.72/2023 – Proposed Government Plan 2024 - 2027](#)

¹⁰ [Letter – Jersey Audit Office to the Future Hospital Review Panel – 8 September 2023](#)

The Panel has not revisited previous debates as part of this report. A history of the previous projects and the scrutiny of those projects can be found in the reports of this Panel's predecessors during the past three Government administrations.¹¹

Timeline of hospital projects

The following timeline of the propositions lodged, reports presented, and statements made to the States Assembly by successive Governments in relation to hospital proposals since 2012 has been included to provide the context to the longer-term efforts to deliver elements of Jersey's healthcare estate – particularly the replacement of the current Jersey General Hospital.

Phase and project name	Date	Proposition/report
	23 October 2012	P.82/2012 Health and Social Services: A New Way Forward adopted
Future Hospital Project	1 December 2016	P.110/2016 Future Hospital: preferred site adopted
	23 May 2017	P.130/2016 Future Hospital Funding Strategy withdrawn
	13 Dec 2017	P.107/2017 Future Hospital: approval of preferred scheme and funding adopted
<i>Rescindment</i>	13 February 2019	P.5/2019 Future Hospital: rescindment of Gloucester Street as preferred site adopted
Our Hospital Project	13 May 2019	R.54/2019 New Hospital Project: Next Steps
	3 November 2020	P.114/2020 Jersey Care Model adopted
	17 November 2020	P.123/2020 Our Hospital Site Selection: Overdale adopted
	1 February 2021	P.167/2020 Our Hospital: Preferred Access Route adopted
	22 July 2021	R.123/2021 Outline Business Case lodged
	7 October 2021	P.80/2021 Our Hospital – Budget, Financing and Land Assembly adopted
	17 December 2021	P.90/2021 Government Plan 2022 - 2025
NHFP	1 November 2022	R.154 A Review of Our Hospital Project Statement made by the Minister for Infrastructure on Our Hospital Review Report
<i>Withdrawal of funding for Our Hospital Project</i>	17 December 2022	p.97.2022 - Government Plan 2023 – 2026 approved (as amended)

¹¹ [Future Hospital Review Panel publications](#)

		P.97/2022 – Proposed Government Plan 2023 – 2026: Twentieth amendment – Hospital Funding
	28 February 2023	Statement made by the Minister for Infrastructure – Update on New Healthcare Facilities Programme R.32/2023 – Approach to Delivering New Healthcare Facilities
	4 July 2023	R.111/2023 – New Healthcare Facilities – Summary Strategic Outline Case
	4 July 2023	R.112/2023 – NHFP – Feasibility Study
	19 September 2023	P.72/2023 – Proposed Government Plan 2024 -2027

Sites and facilities

The context for the New Healthcare Facilities and the challenge posed in assessing the plans and sites under consideration were best expressed by the Interim Chair of the Health and Community Services Board, Hugo Mascie-Taylor, during a hearing held with the Public Accounts Committee in July this year. Professor Mascie Taylor was addressing the situation in which a programme for buildings is now being developed ahead of the model for delivery.

Interim Chair, Health and Community Services Board:

But there is a political reality here. There has been a debate here for years about this. Therefore that indicates to me a propensity for inaction rather than action. What I would like to happen with the board is that it steers a course between making the very best of the situation without saying: "Let us throw the whole thing away and start all over again." So there is some pragmatism in this because, as both Chris [Bown, Interim Chief Officer, Health and Community Services] and I are saying, you will never get to a situation where everybody has the secondary care facilities they want, it is never like that, you finish up with a set of buildings, hopefully of good quality, hopefully built in a way that is adaptable, and as services evolve over time, as they surely will, you keep retrofitting. So I really do not want to get in the way of building a new hospital. Enough people have done that enough of the time here. But I do want to start the discussion about, if this is the building we are going to have, then how do we provide services in it safely and efficiently.¹²

The proposals for Jersey's healthcare estate incorporate:

- The newly opened Enid Quenault Health and Wellbeing Centre
- Development of an acute (in-patient) hospital at Overdale
- Development of ambulatory (walk-in/out-patient) services at Gloucester Street and Kensington Place
- A health village at St Saviour.

In addition, the Panel is aware that the Government is seeking to relocate the rehabilitation services located at Overdale's Samarès Ward. It is not currently clear whether this relocation is considered to be a long-term solution.

The Panel's understanding is that the NHFP should be seen as whole and, as such, has and is being developed to encompass all Jersey's future healthcare needs over a set timeframe of 60 years. It has been pointed out to the Panel that the New Healthcare Facilities Programme does not seek to fully replace all healthcare facilities. For instance, learning disability services are not addressed through the scheme.

The funding which will be requested in next summer's amendment to the Government Plan 2024 -2027 – as distinct from the funding which will be subject to the main Government Plan debate in December – is intended to provide the means to build the acute hospital at Overdale and a 'meaningful start' on the phases of work at Gloucester Street and Kensington Place and at the St Saviour Health Village.

¹² [Transcript – Public Accounts Committee public hearing - Governance of Health and Social Care – Interim Chair of the Health and Community Services Board Professor Hugo Mascie-Taylor and Interim Chief Officer Chris Bown](#) p15

New Healthcare Facilities – approach and direction

The rationale provided for the phased approach across a number of sites has been that this provides flexibility and affordability as the cost will be spread over a greater period of time.

In his February statement to the States Assembly, the Minister for Infrastructure also confirmed that the intention of the programme was for new-build infrastructure at both Overdale and Gloucester Street.

Whilst Les Quennevais is a complete refurbishment, I should just take this opportunity to confirm that there is no intention to refurbish any of the buildings at Overdale or Gloucester Street for medical services. These will be new build, save, perhaps, for the possibility of converting the Parade Gardens block for staff accommodation. This is work under consideration.¹³

The Panel has, however, raised concerns that the risk of a phased approach is that it is at greater risk from a change in government administration.

This risk was raised at the public hearing with the Minister for Infrastructure held on 21 September 2023.

The Minister for Infrastructure:

No, no, all the ambulatory stuff remains in the Gloucester Street site, but the thing is you then have the entirety of the Gloucester Street site at your disposal should you wish to expand it or make ... I mean, you could in a worst-case scenario keep with that and refresh and renew various parts of it to make do and mend for a period if you had to. That is not what the plan is here. The plan is to provide an option to move forward but in the event ... and this was the whole raison d'être of having a programme of works that if you run into trouble you can still survive and still provide the services, albeit that they would not be ideal. That is not the road that we are going down. That is not the intention here. It is not a quick and easy fix to just get acute and let the rest die.

Deputy S.Y. Mézec:

I think that is getting close to what I am trying to find out here. So in this term of office if you get your decisions passed as you want to and then another Government takes over in 2026, could it say at that point: "This is enough for now. We are not going to proceed with the future phases of that" and would we at that point be left with a health service and facilities that are good enough for the people of Jersey in the meantime?

The Minister for Infrastructure:

Or could be made good enough with a minimum of spend, because you bear in mind that the facilities that we have in Gloucester Street are tired but you would have a much bigger footprint within which to operate so you could move services around while you refurbish. There is a lot more flexibility once your acute is done. What I want you and I want the public to be assured of is that what we are doing is in the best interests of the public to provide as much flexibility as we can both economically and in terms of any political disruption. What we do want to do is come up with something that is so rational and so logical that if a new Government comes in they can look at it and say:

¹³ [Statement made by the Minister for Infrastructure on 28th February 2023](#)

“That makes perfect sense. Let us continue with it,” bearing in mind that we may have to change the timing.¹⁴

While the Minister’s response does provide a rationale based on the flexibility he believes is necessary to provide an affordable solution, the risk remains that some elements of the programme could be abandoned by future governments leaving some elements of healthcare provision without a location under the programme. As a result of the Government’s review of this report the Panel has been asked to clarify that no elements of healthcare provision would be left without a location but could be left without a new-build solution. It was stated that there has not been a suggestion that a healthcare service would be discontinued under the programme.

FINDING 1: The Government’s rationale for a phased approach across a number of sites is that this provides flexibility and affordability.

FINDING 2: A phased approach to the provision of healthcare services infrastructure puts later elements of the programme at greater risk of non-completion or alteration as a result of a changed administration.

FINDING 3: The Minister has acknowledged that in a worst-case scenario Gloucester Street could be subject to refurbishment rather than new-build for a period of time.

RECOMMENDATION 1: Prior to the debate on the Proposed Government Plan 2024 – 2027 the Minister for Infrastructure should provide the States Assembly with a reassurance that a robust examination of the challenges posed by the current infrastructure at Gloucester Street will be conducted to ensure these are fully addressed both in terms of outcome and cost and sufficiently budgeted for within the Government Plan.

RECOMMENDATION 2: Prior to the debate on the Proposed Government Plan 2024 – 2027, clarity should be provided by the Minister for Infrastructure on what is meant by the improvement of Kensington Place on page 78 of the Government Plan.

Development of the Functional Brief and Strategic Outline Case

As outlined in the introduction to this report, the change in approach from a single site hospital was signalled by the Government in R.154/2022 – A Review of Our Hospital Project (advice to the Assembly on whether changes can be made to deliver a more affordable and appropriate alternative). This document concluded that:

When weighing up the available evidence, the Review considered the adoption of a phased option delivered over two or more sites, Overdale and Gloucester Street/Kensington Place, would provide the best opportunity to make the scheme more affordable and appropriate.¹⁵

¹⁴ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – 21 September 2023](#) p31

¹⁵ [R.154 – A Review of Our Hospital Project \(advice to the Assembly on whether changes can be made to deliver a more affordable and appropriate alternative\)](#) p58

R.154 was presented to the States Assembly in November 2022. In the year which has followed, the Government has developed documents to support a programme of works to provide healthcare services across more than one site.

In July, plans for hospital provision were consolidated and renamed by Government as the New Healthcare Facilities Programme. This was given more detail in a feasibility study and a Strategic Outline Case (SOC).

In terms of sites selected, the SOC states that:

[Option 3 is] currently site agnostic, so far as the split of services between Overdale and Kensington place [sic] are not confirmed but these locations will be the sites for the main healthcare hubs with some services also being delivered at St Saviour and Les Quennevais.

It is the Panel's understanding that, at the time that the Strategic Outline Case was published, the anticipated timeframe for the delivery of the Government's preferred option was 10 years.

The SOC measured five site options against critical success factors (CSF) and concluded that the option for 'Services to be delivered across multiple sites for Acute, Ambulatory and Mental Health on a phased basis with Health Minister's Care Model Framework'¹⁶ was the preferred way forward. The critical success factors as included in the SOC for the Government's preferred option are copied below.

Critical success factors ¹⁷		RAG rating for chosen option
1	Does the Programme align with HCS's continued operational delivery of services and reflect the critical priority for reprovision considering existing and emerging clinical and operational risk?	Green: Option will allow for continued operational delivery of services and address emerging clinical and operational risk. Although the multi-site option will take longer to deliver than a single site solution, this is mitigated by phasing the delivery so that priority services could be delivered first.
2	Does the Programme support the safety and wellbeing of staff, patient and public in the delivery of high quality, accessible, efficient and effective physical and mental healthcare?	Green: Option allows for all required services under the Health Minister's Care Model Framework to be provided across multiple sites.
3	Is the Programme affordable and enable financial and economic risks to be managed? <i>(CSF3 considers the affordability of the NHF Programme, not the affordability of the projects which will be delivered within the programme, which will be assessed as the relevant project business cases are brought forward)</i>	Amber: Phased approach to delivering new facilities is considered to be more affordable as it is phased over time, can use smaller and local contractors, is more self-contained and more defined. The overall cost of the Programme is still significant despite ability to phase.
4	Are the proposed facilities sufficiently flexible, expandable and able to maximise emerging technologies and innovation to deliver current and future effective and efficient healthcare?	Green: Multi-site approach allows for flexibility for future expansion and innovation.
5	Will the Programme enable construction to commence in 2025 and maximise	Green: Option will allow for Programme to be phased and include smaller projects that

¹⁶ [R.111/2023 – New Healthcare Facilities – Summary Strategic Outline Case](#)

¹⁷ [R.111/2023 – New Healthcare Facilities – Summary Strategic Outline Case](#)

	opportunities to utilise the local supply chain and Modern Methods of Construction (MMC)?	would allow local construction supply chain and MMC to be used. Enables construction to commence in 2025.
6	Does the Programme provide best whole life cost (including revenue and staffing costs) and provide value to the local economy?	Cannot assess prior to further cost information being available. Multi-site option likely to result in savings in utilities costs as a result of carbon savings. However, there is a potential of duplication of costs for FM services.
7	Is the Programme politically acceptable, sustainable and deliverable?	Amber: Phased approach allows for an acceptable, sustainable, and deliverable timeline. There are potential politically sensitive issues. There will be politically sensitive issues for all schemes.
8	Does the Programme align with the GoJ's policies, strategies and current carbon neutral roadmap?	Amber: Option aligns with GoJ policies and strategies and allows for significant improvements in carbon reduction, however, the scheme will not meet all planning policy.

The questions which arose for the Panel were:

- How were the critical success factors against which each option was rated developed and who by?
- How were the options rated and who by?
- How robust is the rating system at a time when relevant strategies and policies such as the 'Health Minister's Care Model Framework' have not been developed.

The Panel questioned both the Minister for Health and Social Services and the Minister for Infrastructure about the CSFs¹⁸ used in the Feasibility Study and the Strategic Outline Case to determine how these had been developed and by who.

During a hearing with the Panel on 6 September the Minister for Health and Social Services informed the Panel that she had been present when the project team had been identifying how these would be completed and that she was happy with the work produced around the critical success factors.¹⁹ She also indicated later in the hearing that those factors were determined by the project team under the leadership of the Minister for Infrastructure.

Deputy S.Y. Mézec:

Going back to the critical success factors that we were referencing before, when we see the table of those when they are rated against different options - red, amber and green - what role did you have in determining how each of the options that were considered matched against those critical success factors and how they got rated? Was that something that was led by you and your Ministry?

The Minister for Health and Social Services:

No, it was led by the project team, which is clearly under the Minister for Infrastructure.

Deputy S.Y. Mézec:

Okay. I have to ask, do you agree with every rating that it has come up with?

¹⁸ [R.111/2023 – New Healthcare Facilities – Summary Strategic Outline Case](#)

¹⁹ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services – p4](#)

The Minister for Health and Social Services:

When you are delegating responsibility to officers to make choices and decisions about what is relevant and what is appropriate and they have the real-world experience ... do not forget that this was not just done with one or 2 individuals, this was done with quite a group of clinical involvement. Their real-world experience of how some of the options are being presented and how they use these scoring mechanisms is important. This is an iterative process all of the time, when you are building something like this. It may well change as we start to get into the more finer detail around each of the projects.²⁰

The Panel remains concerned about the ratings provided to the chosen option particularly in relation to CSF 3 to 6 and whether these can be accurate given the lack of a healthcare model, a clinical strategy or workforce strategy for Health and Community Services.

The Minister has also provided her insight into the complexity of providing these models and strategies in relation to current and future healthcare provision.

The Minister for Health and Social Services:

I think for members of the public who might be listening, I want to just emphasise the complexity of what we are dealing with here. We have got a workforce plan that has to address the current pattern and current model of service that we have got now. We have a workforce plan that has to be future-proofed in response to the design of the way in which we are going to be providing services in the future. Within that it will include changes in some of the job design, some of the roles of responsibilities. We will also have to factor in issues like the advantages of what the technology will be able to offer us, which are presently perhaps in some of the functions, and the work that is done by individuals. At this moment in time we are trying to fix the workforce gap that we have got within our current pattern of service. You will know the scale of the vacancies that we have got and the challenges that we have got around that. We have then got to model the clinical design in terms of which service goes where and what kind of workforce requirement that will be around that. Until we have done that detailed work, we will not be in a position to be able to give you any detail on that. But clearly that needs to be an element of the work that goes into the outline business case and the full business case that will come forward that will give that quantification.²¹

It has been made clear to the Panel and to other scrutiny bodies, including the Public Accounts Committee, that multi-site hospital facilities are likely to generate a duplication of services and cost more.

Whilst this is acknowledged in the amber rating for the sixth CSF, the Panel is not yet satisfied that it has been given sufficient weighting. Not only has the likely duplication of services been publicly stated by the Interim Chair of the Health and Community Services Board and the Interim Chief Officer of Health and Social Services, it was also one of the most repeated comments made to the Panel during its pop-up at the General Hospital.²²

²⁰ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services – p7](#)

²¹ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#)

²² [Submissions to the Panel – General Hospital pop-up stand 23 June 2023](#)

While accepting the reality of the current situation, the Chair of the Health and Community Services Board made the point to the Public Accounts Committee in July that multi-site hospitals cost more and bring challenges to safety.

Interim Chair, Health and Community Services Board:

If we are given a selection of buildings or those that follow us are given a selection of buildings, then you will have to work out how you can provide safe and cost-effective services in them. There are some givens, the more sites you have, the more problems there are with safety and the higher the cost. You might say that is worth doing. That may be a legitimate decision. But you will have to work out what you do and where. We can start doing that work without a new building.²³

The issue was also addressed at the same hearing by the Interim Chief Officer, Health and Community Services.

Deputy M.R. Le Hegarat:

I have one controversial thing. Should we then have disbanded the Jersey Care Model with nothing to replace it?

Interim Chief Officer, Health and Community Services:

I was not here when it was reviewed and so it is difficult to say. The debate we are having here is sadly one that should have happened 10 years ago around establishing the strategy. We can do that now. We should move ahead. We should start building something. We have waited too long. We clearly do need to replace the hospital facilities and it will be for the Minister and the board and the exec team and others to design services that make the most of the buildings that we have available to us. But the workforce plan is going to be critical because there will be duplication. If you are on more than one site there is duplication, as Hugo said, so we need to understand that. We need to understand the costs associated with that. The big challenge for us is, even if we had all the money in the world, the issue is about recruiting. So if we are going to have a radiology department on 2 sites, which we will, then we need the staffing, radiographers to staff 2 sites, not one. It is not the money in that respect, it is finding the people. So what we want to avoid is having buildings and equipment that we cannot use because we do not have the staff. So the workforce plan is absolutely critical.²⁴

Submissions provided to the Panel also raised doubts for the Panel about the stress and impact on healthcare service staff created by a multi-site hospital and how strongly this had been considered in providing the green rating to the option for CSF 2.

I feel strongly that we must not agree to a multi-site hospital. I have grave concerns that this plan will create an extreme waste of already stretched resources. There will be duplication of support services and increased costs needed if services are split: Radiology needs to be available to ED, ICU, out-patients and wards.

²³ [Transcript – Public Accounts Committee public hearing - Governance of Health and Social Care – Interim Chair of the Health and Community Services Board Professor Hugo Mascie-Taylor and Interim Chief Officer Chris Bown](#) – p14

²⁴ [Transcript – Public Accounts Committee public hearing - Governance of Health and Social Care – Interim Chair of the Health and Community Services Board Professor Hugo Mascie-Taylor and Interim Chief Officer Chris Bown](#) – p15

Patients need to be transported between areas quickly. Clearly, this cannot happen on split sites. Distances will mean variable time to travel between sites. Porters are incredibly important but not miracle workers.

Consultants, Dr's and allied HCP's need to get to all areas quickly.

Please do not underestimate how important it is that All teams benefit from seeing each other in corridors and departments throughout a hospital. Things work so much better if you can simply "run over" to facilitate a pt centred issue. IT HAPPENS ALL THE TIME In a single site hospital. Dr's Nurses porters help each other out in this way and it will be irretrievably lost.²⁵

The Panel also visited the Ambulance Service on two occasions to listen to the views of both paramedics and the Patient Transport Service staff.

Both provided their views on the multi-site option and the Patient Transport Service staff and, in particular, raised concerns about journey times between the various sites and what impact this would have on patients and their ability to provide an effective and efficient service.

Concerns were raised specific to the services, waiting times and the difficulty posed for most services if the hub was not a central one. Among the views expressed were the following:

- *Imagine a big circle with the hospital in the middle – as soon as you've got to go the full diameter it will have effect. And that is just the move to Les Quennevais. If you add other sites it will be worse.*
- *Patients range in mobility from able-bodied to walking assist to wheelchairs. We also take account of the mental capacity of patients – some with dementia or unable to communicate. Some will have a family members with them.*
- *This means that some collections and drop offs take time. It may involve getting the ramp out or helping someone up/down a flight of stairs.*
- *Multiple sites also means that staff will have to travel more between sites rather than moving from ward to ward in one building. Will we need designated staff to make that work? We don't have enough staff cover now without trying to move people between sites.*
- *Concern that it will take increased time to get patients in, increase the time it will take for frontline staff to get to serious jobs. There are not enough staff at the hospital now and as soon as this is increased to 2 or 3 locations extra staff will be needed and x-ray/resuscitation and trained qualified doctors required at both sites. At 1 location a doctor qualified in a certain area can still get to a patient.²⁶*

It also concerned the Panel that there was an apparent disconnect between the view being expressed by senior management and that of the staff. In keeping with the views expressed by the paramedics (and separately by healthcare staff) one of the primary concerns was resourcing for a service whose personnel already felt over-stretched.

Our bosses all say we can cope but we can't. We are down by 5 staff, long term, and have just taken on 9. We can't cope on a daily basis.²⁷

The single site option using the Health Minister's Framework was rated red in the SOC against CSF 2.

²⁵ [Submission – Anonymous 1](#)

²⁶ [Submission - Ambulance Service – Future Hospital Review Panel visit](#)

²⁷ [Submission - Ambulance Service – Future Hospital Review Panel visit](#)

Red: A single site would not be large enough or appropriate available under the proper planning designations to deliver all services required for under the Health Minister's Care Model Framework.²⁸

Again, the Panel is not clear how this rating reflects the views which have been provided by staff or how it can be accurate without the care model framework.

The Panel was also not satisfied during its review that there was Ministerial clarity on the rating of the options against the CSFs, particularly as demonstrated by the following exchange with the Minister for Health and Social Services on 6 September 2023. The Minister provided a general overview but not a specific answer on the rating.

The Minister for Health and Social Services:

The criteria themselves, as you can see, are not just entirely related to balancing the decisions around healthcare in particular, but also the ability to deliver healthcare in a facility that is affordable and that is acceptable in terms of the construction and the way in which it is designed. At the time that the previous programme was delivered there was a very different view about what hospital facility could offer. What you have through the 2-site option is that you can start to organise services differently that meet success criteria equally if not more appropriately in some instances. What you have is an overall assessment against the proposals that were put forward or the options that were put forward. That assessment having been clinically informed, operationally informed and involving the Infrastructure team and Financial Services have come up with the assessment as they have.

Deputy S.Y. Mézec:

Do you conclude then that a single site with all of the healthcare services that you are aspiring to be able to provide could not be accommodated on the single site?

The Minister for Health and Social Services:

I am not saying that at all, no. What has to be considered is when there is an option put together about the way in which future healthcare needs to be provided, that it should not only be considered on the basis that everything is contained within one hospital building. What that means is that you can start to be more flexible in your thinking about how you can organise care and service delivery without necessarily having to go through the option of approving a single site option, but you can start to consider what other areas of your estate would deliver equal benefits as identified in these success factors.²⁹

The Panel accepts that for officers the need is for building work to begin and that the ageing facilities at the General Hospital are now replaced as quickly as possible.

FINDING 4: The Government's preferred option for the New Healthcare Facilities Programme is for phased multi-site facilities with the Health Minister's Care Model Framework.

FINDING 5: The anticipated timeframe for the completion of the option preferred by the Government in the Strategic Outline Case is 10 years.

FINDING 6: The Health Minister's Care Model Framework has not yet been delivered.

²⁸ [R.111/2023 – New Healthcare Facilities – Summary Strategic Outline Case](#) – p13

²⁹ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#) – p7

FINDING 7: It is not clear how the views of staff in relation to the duplication of services and pressure on staff and recruitment is reflected in the amber rating for critical success factor 4.

FINDING 8: It is not clear how a red rating was reached for critical success factor 2 for a single site under the Health Minister's Care Model Framework without the publication of that framework.

FINDING 9: In rating each of the options in the Strategic Outline Case, the New Healthcare Facilities Programme Team appear to have made the assumption that the Health Minister's Care Model would fit each of the relevant options sufficiently to provide the ratings given.

FINDING 10: Healthcare and Ambulance Service staff have expressed concerns about the duplication of services and stretching of resources required to operate a multi-site facility.

FINDING 11: The whole life cost of the Government's multi-site option has not been assessed.

FINDING 12: A multi-site hospital is likely to need duplicated services and require an increase in resources and costs.

FINDING 13: Recruiting staff for duplicated services will be problematic.

FINDING 14: A workforce strategy for Health and Community Services has not yet been delivered.

FINDING 15: It is not clear that there was sufficient Ministerial oversight and understanding of the rating of the options for delivering healthcare infrastructure against the critical success factors.

FINDING 16: The imperative for officers is for building work to begin and that the ageing facilities at the General Hospital are now replaced as quickly as possible and without a political change of course.

RECOMMENDATION 3: The Minister for Infrastructure should provide States Members with the analysis of the decision-making for each of the critical success factors in relation to the chosen option 3 and the rejected option 5 in the Strategic Outline Case.

Locations

As described above, the preferred option in the SOC was 'site agnostic' and the site choices made at a later date following consultation which included evaluation sessions with members of staff which provided them with two options. The value of these sessions is examined in the communication and engagement section of this report. What is more pertinent at this stage is the suitability of the locations according to the evidence to hand at this stage of the programme.

The Panel has been asked to point out that the SOC was 'site-agnostic' only in so far as it did not judge each of the locations, but only existing health sites were within the scope, such as Overdale, Kensington Place, St Saviour, to avoid the reopening of the site selection debate.

However, neither Kensington Place nor St Saviour facilities were in scope of the Our Hospital Project which was a single site proposal. Kensington Place was included as a possible site in the Government's A Review of Our New Hospital Project report in November 2022³⁰. The same report mentioned an immediate review of mental health facilities but did not provide a site preference. The first mention of the St Saviour Health Village was provided by the Minister for Infrastructure in a video released on the Government's YouTube channel³¹ in May this year.

The Panel has also been keen to try and establish where services will be provided and whether this aligns with Ministerial statements that the NHFP would encompass services which would not have been accommodated as part of the single site Our Hospital Project. The rationale for these statements appears to have been that the OHP was devised in line with the Jersey Care Model, which has also subsequently been abandoned.

However, as already discussed in this report, the Panel is not clear how an assumption can be made at this stage about holistic provision without a care model framework.

The Feasibility Study presented in June alongside the Strategic Outline Case stated the following:

The starting point for the 'Functional Content' is based on the anticipated capacity required in 2036, augmented through a series of 49 interactive clinical workshop sessions with the Health and Community Services executive and clinical leadership teams, from across the health and social care system. This content has sought to reuse, where appropriate, the extensive work undertaken during the Our Hospital Project, but taking the opportunity to further develop and refine existing products during engagement with clinical and non-clinical teams between January to May 2023. It is anticipated the output of the clinical consultation is in line with individual service transformation plans.³²

Overdale

The Government's choice is to site acute services at Overdale and ambulatory services at Kensington Place and Gloucester Street was based partially on the ability to start work on the most urgent part of the programme first.

It has also been pointed out to the Panel during the Government's review of this report that the reasons for the selection of the Overdale site were in the Site Selection report³³ and that the Government did not seek to re-open the site debate. Overdale was chosen as the hub for services because it had been previously selected.

While the Government has not sought to reopen the site selection debate, it has brought back into scope sites which had previously been discounted – even if there is existing healthcare provision on parts of those sites.

³⁰ [R.154/2022 A Review of Our Hospital Project](#)

³¹ [Government of Jersey YouTube – The Process the New Healthcare Facilities Followed](#)

³² [New Healthcare Facilities Programme – Feasibility Study](#)

³³ [P.123/2020 Our Hospital Site Selection: Overdale](#)

This would require the demolition of buildings at the Overdale site – for which permissions were in place, subject to discharging the pre-commencement conditions and those conditions relating to demolition, as a result of the Our Hospital Project.

The completion of the Enid Quenault Health and Wellbeing Centre (which was the intended temporary location for services following the demolition of Overdale as part of the OHP) and the relocation of services there also provided a site which could be developed more quickly than was the case at Gloucester Street. The development at Gloucester Street was not an option at the start of the refurbishment which has resulted in the Enid Quenault Centre.

As had been the case with the Our Hospital Project (OHP), however, concerns remain about the viability of emergency access to the Overdale site, owing to its hilltop location.

Concerns were expressed to the Panel by paramedics during the two visits made to the Ambulance Service by members. As was the case with the OHP, these concerns centred on:

- patient safety and comfort in a vehicle which was taking the hairpin at speed;
- the ability of the driver to take the bend at speed;
- whether changes would still need to be made to the roadway
- alternative access routes to Westmount Road in an emergency vehicle.³⁴

In addition to these concerns, the view was expressed that the location at Overdale was better for the recuperation and recovery of in-patients than an acute unit located at Gloucester Street.³⁵

The Panel understands from Ministerial briefings it has received that contact has been made with the Parish of St Helier Roads Committee and that the conversations to date have been positive.

It is less clear what contact and assurances have been available to residents of Westmount Road and the immediate area and it is also not clear what roadway changes will be made to accommodate the need for emergency vehicles to approach the site at speed.

Government Planning requirements and any necessity to fundamentally rework planning applications have been identified as a risk in the SOC³⁶. At this stage no application has been made for the Overdale site under the New Healthcare Facilities Programme. An application for the Our Hospital Project was approved.

While it would appear that the plans for the Overdale site under the NHFP are likely to be smaller in scale than those for the previously approved scheme, the Panel would caution against seeing this as any guarantee of approval of the new development of an acute hospital. Any planning application is taken on its own merit and there are a number of conditions and factors which would need to be considered by Planning Services prior to approval.

However, the Panel does understand from evidence provided at the public hearing on 21 September that as a result of the previous project and the work which is being reused, such as surveys, that work to inform a planning application for Overdale is more advanced than for the Gloucester Street site. Kensington Place will be covered in more detail below but the Panel has been asked to note that the site was subject to a successful planning application by Andium Homes.

³⁴ [Submission - Ambulance Service – Future Hospital Review Panel visit](#)

³⁵ [Submission - Ambulance Service – Future Hospital Review Panel visit](#)

³⁶ [R.111/2023 – New Healthcare Facilities – Summary Strategic Outline Case](#)

Chief Officer, Infrastructure and Environment:

So in terms of planning, there are, I hope you will be pleased to know, conversations going on with both planning authority and highway authority in what we would call a pre-application process. So there are conversations going on. Obviously, a formal position will not be taken until the designs are firmed up and we get a planning application. So we anticipate planning application I would say by the end of quarter 2 of 2024, planning decision, so we will be working on the planning application. As the Minister said, we will want to be getting on with the design work to inform a planning application as we turn out of this year going into 2024. So the money in the Government Plan is to get us to those stages...

But we would hope to get a planning decision if we say summer of 2024, that sort of ... I know that is a broad ... maybe a 3-month window, but it is that sort of timescale.³⁷

FINDING 17: Permission for the demolition of the buildings at Overdale had been begun during the Our Hospital Project.

FINDING 18: The relocation of services to the Enid Quenault Health and Wellbeing Centre provided an empty site for both the demolition and development of the Overdale site.

FINDING 19: Concerns remain over emergency access to the Overdale site and it is not yet clear what, if any, roadway changes would need to be made to accommodate the need for emergency vehicles to approach the Overdale site at speed or what alternative routes will be designated.

FINDING 20: A planning application for the acute unit at Overdale is anticipated by the second quarter of 2024 and planning requirements remain a risk for the timing of the development at Overdale.

FINDING 21: The New Healthcare Facilities Programme Team appear to have made assumptions about the planning requirements for the Overdale site based on the reduced scale of the build in comparison to the approved application for the Our Hospital Project.

RECOMMENDATION 4: The New Healthcare Facilities Programme Team and the Minister for Infrastructure must maintain a constructive, honest and documented dialogue with the Ambulance Service and the Minister for Justice and Home Affairs about any changes required to the roadway to ensure good emergency access.

RECOMMENDATION 5: The New Healthcare Facilities Programme Team should actively engage with the Planning Department to fully test their assumptions regarding the planning requirements for the Overdale site in order to mitigate any risk to the success of a planning application.

Enid Quenault Health and Wellbeing Centre and relocation from Overdale

³⁷ [Transcript – Future Hospital Review Panel public hearing with the Minister for Infrastructure – 21 September 2023](#) p14

The relocation of services to the refurbished former Les Quennevais School building from Overdale – formally opened as the Enid Quenault Health and Wellbeing Centre on 25 September 2023 – is partially a legacy of the Our Hospital Project (OHP).

The intention under the OHP was for the centre to have limited lifespan, dependant on the building of the single site at Overdale and the eventual move of all services back to that site.

Under the NHFP, the intention would be for the centre to remain as part of the healthcare estate in the longer term – although not necessarily for the services which are currently accommodated there.

However, the Panel would suggest that greater certainty is provided on whether the centre remains a transitional element of the healthcare estate or not, in light of the responses provided by the Minister for Health and Social Services at the hearing on 6 September.

The Minister for Health and Social Services:

In the original intention, from what I understand from the people who were involved around the development of Les Quennevais, it was going to be a short-term transitional facility that would enable the clearing of Overdale to create the work that could be done. What appears is that people have seen an option for that potential offer at Les Quennevais to be extended because of the quality of the building. What we certainly have to do is we have to take into account the fact that there are services there which are there purely because we are building a new facility and we are transitioned in the first place. You have to decant services to go to other places. What we will plan over the longer term has to be taken into consideration in terms of what Les Quennevais will offer in the future as part of the new hospital facility for the longer term.

Deputy R.J. Ward:

So it is not going to be a longer-term facility when the hospitals are built?

The Minister for Health and Social Services:

That is the thing that we still need to work through in terms of whether there is going to be a need to continue to provide the range of services that are currently located there within our new hospital facilities. What we do not know is how we are going to organise services at the moment. What we do know is that the facility there at Les Quennevais provides the facility to transition those services that were at Overdale.³⁸

The Panel visited the centre during the refurbishment and is due to visit again, now that it is operational, in November 2023. The main concerns raised with Panel members prior to the opening have centred on access from different parts of the Island and the non-central location.

The Panel received the following view on the new building and an anecdotal view on those concerns from users of the building during the public hearing with the Minister for Health and Social Services on 6 September 2023.

The Connétable of St. Brelade:

What about feedback from staff and/or from patients?

The Minister for Health and Social Services:

It has been very positive.

³⁸ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#)

Interim Chief Officer, Health and Community Services:

I would say it is anecdotal, I guess. We got the feedback and certainly some of the nurses that were concerned about moving when I met them in Overdale and were quite concerned or negative about the move, I met the other day and they said: "This is fantastic, it is brilliant, it is great" and it is. It is so much better than Overdale.

The Connétable of St. Brelade:

You mentioned anecdotal, do you think there ought to be some more positive way of getting feedback? Is there any mechanism for getting feedback?

Interim Chief Officer, Health and Community Services:

Yes, I think there is a plan to have proper feedback and also to look at the utilisation after 6 months to see how well it is being used and whether there are other opportunities and we make some changes. But it is certainly, from the feedback I have had and other colleagues have had, is people have been very positive and some of the concerns that they had have not manifested themselves in the way that they thought they would. As I say, I think when you look at the quality of the building compared to what we had in Overdale, it is poles apart.

The Minister for Health and Social Services:

I think the feedback is important because concerns that were raised with me around access, particularly around parking and also the fact that Islanders who live in the east and their accessibility to others, I would be very interested to make sure that their access is not compromised for all of the services that ...³⁹

The Panel acknowledges that general feedback would seem to have been positive and that facilities and service provision is an improvement on those available at the Overdale site.

The Minister for Health and Social Services listed the services which have moved to the Enid Quenault Centre during the same hearing.⁴⁰ During the hearing the Panel also received the Minister's confirmation that Health and Community Services were actively looking for an alternative site for the rehabilitation services currently being provided at Overdale.

The Minister for Health and Social Services:

Yes, Samarès. There is a question as to whether or not Samarès can remain at Overdale within the construction site. But we have been actively working with the Parish of St. Helier, who have offered an option for us to work with. That proposal is being considered at the moment and the team have been to visit and give their views as to whether or not that will be a suitable alternative in this period of time. I do not think we can continue to maintain rehabilitation services in a building site, so we ...⁴¹

The Minister confirmed at that time that one of the sites being considered, in consultation with the Parish of St Helier was St Ewolds. It was felt that the services could reasonably be provided from that building but was still subject to financing and affordability.

³⁹ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#) p34

⁴⁰ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#)

⁴¹ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#)

As at the time of publication, the move had yet to be confirmed. The Panel would urge the Ministers to provide certainty on the relocation and communicate openly with patients to provide the certainty needed for service users and their families. The Minister did however provide a commitment that an alternative would be found. In addition, the Panel has noted that the Minister for Infrastructure has stated that the St Saviour Health Village would accommodate rehabilitation services.⁴²

The Minister for Health and Social Services:

*I think the key to this is the general public just need to know that rehabilitation services will not disappear. But where we provide them, the same team will, hopefully, stay and be available to continue and provide that continuity of care.*⁴³

It would appear from the Interim Chief Officer's, Health and Community Services, response to the Panel during the later Public Hearing with the Minister for Infrastructure, that the department will review the location of services at the Enid Quenault Centre as part of future reviews of the siting of ambulatory services across the whole estate.

Interim Chief Officer, Health and Community Services:

*I guess because we have not got to the detail it is difficult to make any sort of assumptions or guess what might happen, but I think the Minister's point about once you have moved acute out, which is the big one, you are left with an estate, some of which is in better condition than others. You may wish to look at whether you move the outpatient department a bit, whether you need refurbishment, whether we want to do more physiotherapy there and, indeed, whether we want to make better use of the Enid Quenault site. Because, again, we have only just moved in. We want to review that in, say, 6 months' time, look at its occupation, how well it is being used. So I think there are a whole range of options so I do not think from the point of view ... the big move and the most difficult and technical move, of course, is moving the acute services. There is obviously some well-tested experience in how you move acute services, which I have done in a previous life, from one place to another. The ambulatory is simpler. You are talking about services that only operate during the course of a working day so you can do things more easily out of hours, at nights and the weekends. So for that part, depending on how we want to use the existing estate - and I think that is more than just Gloucester Street, I think we need to look at all the estate to max it out really - it would not take ... it obviously needs a period of time to plan but nowhere on the scale of moving acute services. So once we know and we start that work, because of course we have not started planning the ambulatory in any detail at all yet, I think as we know what is going to be there and what we are going to move, then we can start looking at how we might use the Gloucester Road site as the interim period while the other buildings and developments are going on. So I think that work is still to be done.*⁴⁴

While the Panel appreciates that these comments align with the Interim Chief Officer's expressed need to make the most of the buildings available at any given time, the Panel also

⁴² [Transcript – Future Hospital Review Panel public hearing with the Minister for Infrastructure – 21 September 2023](#)

⁴³ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#)

⁴⁴ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – 21 September 2023 p34](#)

feel that this speaks to the uncertainty created by deciding on the outline infrastructure prior to establishing the framework for care.

It also notes that, while it is not necessarily linked to a specific building, there is a further reference made here to refurbishment rather than new-build and would again seek some clarity from the Minister for Infrastructure on which parts of the programme he now anticipates will be refurbishment-led.

FINDING 22: General feedback about the Enid Quenault Health and Wellbeing Centre would appear to be that facilities and service provision is an improvement on those available at the Overdale site.

FINDING 23: Not all the services located at Overdale have moved to the Enid Quenault Centre. This includes the rehabilitation services provided at Samarès Ward.

St Saviour's Health Village

Later in this report, the Panel will examine the governance and management of the programme. This includes an examination of the Ministerial oversight and Ministerial consensus on the programme.

For the purposes of this section of the report, the Panel remains unclear about the instruction provided by the client department – Health and Community Services – to the supplier department – Infrastructure – in relation to the St Saviour Health Village. As indicated above, there does not seem to be clarity about the number of sites involved in the overall programme.

While the Minister for Health and Social Services was clear that the intention was for two sites based on an acute and ambulatory service split, the Minister for Infrastructure has stated that he sees the Health Village as an integral part of the programme.

Deputy R.J. Ward:

Just the thing about you said ... you keep saying multi-site. It will definitely be multi-site, it is not just 2 sites?

The Minister for Infrastructure:

It has been very, very plain from the outset: acute, ambulatory, health village. Those things have been clearly stated.

Deputy R.J. Ward:

And the Enid Quenault centre.

The Minister for Infrastructure:

Yes, and, of course, the one that is finished ... we are talking about future developments, yes.

Deputy R.J. Ward:

Just to be clear on that, that was all.

The Minister for Infrastructure:

Yes, to be absolutely crystal clear, yes, there is no change to that.

In contrast, the Minister for Health and Social Services, made the following comments:

Deputy S.Y. Mézec:

You just said a 2-site option. It is in reality more sites than that with some of the other proposals that have been made. Do you view it as primarily a 2-site option or how have you been part of the decision-making process about the other aspects to it?

The Minister for Health and Social Services:

There have been a lot of people who have a view and opinion about what hospital facilities are, but the programme work that has been done has outlined the potential for further facilities development.

The concept of this health village has emerged as part of those discussions. My personal focus around this is to keep to the original specification around the 2-site option and to support the transition of the work that was going on to get Les Quennevais up and running, which I am pleased to announce has been up and running. We need to revisit some of the challenges around the affordability of extending the scheme to other areas, until we are really clear about the costs of the 2-site option, which was the original intention.⁴⁵

The Panel is, therefore, not clear what the client specification was for the Health Village from the Health and Community Services Department and/or the Minister and how this has been reflected in the programme so far given the apparent differences in opinion on what is being delivered and what has been requested.

Despite this uncertainty, the Minister for Infrastructure has stated that plans are progressing for the Health Village.

The Minister for Infrastructure:

I was going to say perhaps we might be accused of being naive and being over-hopeful but I think there is a very good argument for it and it can be designed as such. We are not talking about tall buildings and they are a complement to the buildings that are sitting there already. We are hopeful that if common sense prevails that will not be overly difficult.

The Connétable of St. Brelade:

Is there a willing seller?

The Minister for Infrastructure:

That is under negotiation at the moment.⁴⁶

FINDING 24: It is not clear what the client specification was or what direction was provided by the Minister for Health and Social Services for the proposed Health Village at St Saviour.

RECOMMENDATION 6: The Ministers for Infrastructure and Health and Social Services should provide the States Assembly with the detailed requirement for the Health Village

⁴⁵ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#)

⁴⁶ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – 21 September 2023](#)

as an integral part of the New Healthcare Facilities Programme prior to the debate on the Government Plan 2024 – 2027.

Gloucester Street and Kensington Place

The NHFP locates ambulatory (walk-in/out-patient) care at Gloucester Street and Kensington Place.

The Kensington Place site is empty following clearance works undertaken by previous site owners, Andium Homes. At the time that the Government arranged to repurchase the site, Andium were well-progressed with plans to develop 106 homes on the site.⁴⁷

The change in direction from the previously approved Our Hospital Project halted an approved development for Andium Homes and also caused more disruption and uncertainty for some of the businesses in the immediate area.

The submission received from 1-2-1 Harrington Hair provides an insight into the impact that the changed plans – by successive Governments – have had on the small businesses in the immediate vicinity of the site.

6 years ago my business was part of the plans to pull down Sutherland Court, Kensington place. For a long time I was waiting for the day that I going to be thrown out with very little contact from [...] the government. I was just left wondering. The stress and the unrest was unbearable along with the same question from every client: “what’s going to happen?” Day after day, month after month!

Then the “plans” for the hospital changed, I was off the hook.

Alas here we go again...

So there you have it, I actually don’t give a damn where they put the hospital.

They have not given a damn about me, or the other businesses and the 14 flats above.⁴⁸

In contrast, other larger businesses in the area (although not immediately next to the site) which provided submissions to the Panel were less concerned about the plans at this stage but anticipated a consultation process once plans for the area were better developed.

The Gloucester Street part of the site accommodates the current Jersey General Hospital and the attached training centre and administrative block.

As has been outlined earlier in this report, the Panel’s understanding and the stated intention of Ministers had been for the Gloucester Street to be demolished and new facilities built in its place – with the possible exception of a block which would be refurbished for key worker accommodation. It is also aware that the historic granite fascia of the Gloucester Street building was to be retained.

Noting the language used in recent months and the challenge which may exist to budgets, which has been expressed both the Minister for Infrastructure and Health and Social Services, the Panel would seek some clarity here. If there is a real possibility that Gloucester Street is subject to refurbishment rather than new-build the Panel would seek the Minister’s reassurance that there is a robust examination of the challenges posed by the current

⁴⁷ [Letter – Minister for Infrastructure to the Future Hospital Review Panel – 24 March 2023](#)

⁴⁸ [Submission – 1-2-1 Harrington Hair](#)

infrastructure (including drainage) at Gloucester Street to ensure these are fully addressed both in terms of outcome and cost during the 'meaningful start' phase.

The Panel would also seek further clarity from the Government about what is meant by the 'improvement of Kensington Place in 2024' in the Government Plan 2024 – 2027 and whether this is intended to represent a tidying of the site for the benefit of those currently living and working in the area.⁴⁹

Risks to services at current locations

The state of disrepair at the General Hospital is well-documented and there is no dispute that the building poses daily challenges for those who work and are treated there.

During the early stages of this review, the Panel visited the Jersey General Hospital with the Estates Manager and Acting Chief Nurse. It has also been provided with the estates risk register for the current hospital and is in no doubt of the need to replace the facilities as urgently as possible.

Although the visit provided the Panel with the assurance that these risks were managed by a capable team who were using the register to prioritise need, it was apparent that challenges were increasing on an almost daily basis.

In recent weeks the issue of RAAC (reinforced autoclaved aerated concrete) and its presence in the hospital building has been raised and was the subject of an urgent oral question in the States Assembly on 3 October 2023⁵⁰. On 6 October a news release confirmed that structural engineers would be conducting surveys on the areas in which RAAC was found.⁵¹

The Panel is concerned by the answers supplied by the Minister for Infrastructure to the oral question on 3 October and the apparent lack of coherent communication between the Ministers for Health and Social Services and Infrastructure in relation to the Hospital buildings.

Deputy L. V. Feltham: *Will the Minister, as he has said a lot it is not his responsibility, give the Assembly and the general public his assurance that he will work collaboratively with the Minister for Health and Social Services to ensure that she and her team have the necessary resources and expertise from his team to ensure that this matter is sorted out as soon as possible and that health and safety of staff and patients is kept paramount?*

Deputy T. Binet: *There seems to be an insistence that I do all of this via the Minister for Health and Social Services. I do not see that there is a particular need, given that I am in constant touch with my own team and that that team is in touch with the team that is doing the job. We are working collaboratively. I do not know what conversation I would have with the Minister for Health and Social Services in this regard.*⁵²

⁴⁹ [P.72/2023 Proposed Government Plan 2024 – 2027](#) p78

⁵⁰ [Hansard – States Assembly sitting 3 October 2023](#) p109

⁵¹ [News release – Update on RAAC in Hospital](#)

⁵² [Hansard – States Assembly sitting – 3 October 2023](#) p110

The Panel believes that good, open communication between the Ministers is vital to providing the States Assembly and the public with the assurance that they need that there is a co-ordinated and comprehensive plan to prioritise risks at the General Hospital.

In the context of this report, the Panel would also seek the same assurance planned developments have the full backing of Ministers in the best interests of the Island's healthcare provision.

Governance

The activity of NHFP is set out in a programme manual which has been supplied on a confidential basis with this Panel. As would be expected, the manual covers areas of governance, including the role of officers, contractors (and how that process is managed) Ministers and the States Assembly. It provides a hierarchy for these groups and how they work together, including a senior officer steering group and a Ministerial Group.

Ministerial oversight

The Ministerial Group is chaired by the Chief Minister with the following membership:

- Minister for Infrastructure – politically responsible for programme delivery
- Minister for Health and Social Services and Assistant Minister for Health and Social Services – responsible for advising on clinical and operational risks and issues, including functional brief
- Minister for Treasury and Resources – responsible for ensuring that plans are affordable and present value for money.

As part of its examination of the governance of the programme, the Panel has sought to establish whether the right balance has been achieved within the programme to ensure that healthcare requirements were at the centre of decision-making by the Ministers and the Ministerial Group.

During its hearing with the Minister for Health and Social Services the Panel asked what key decisions had been led by the Minister and her department in the development of the programme so far. Although the section of the transcript below has already been quoted in this report, it is also relevant here.

The Minister for Health and Social Services:

What panel members will appreciate is that the programme originated from the work that was done by the Chief Minister to reset the programme following the election when it was very clear that the previous proposition that had been brought to the States Assembly was not affordable. One of the things that I have been supporting is the decision around the options to go to a 2-site option and also to make sure that in assisting the decision-making around that that the evidence has been available to support that proposition.

Deputy S.Y. Mézec:

You just said a 2-site option. It is in reality more sites than that with some of the other proposals that have been made. Do you view it as primarily a 2-site option or how have you been part of the decision-making process about the other aspects to it?

The Minister for Health and Social Services:

There have been a lot of people who have a view and opinion about what hospital facilities are, but the programme work that has been done has outlined the potential for further facilities development. The concept of this health village has emerged as part of those discussions. My personal focus around this is to keep to the original specification around the 2-site option and to support the transition of the work that was going on to get Les Quennevais up and running, which I am pleased to announce has been up and running. We need to revisit some of the challenges around the affordability of extending the scheme to other areas, until we are really clear about the costs of the 2-site option, which was the original intention.⁵³

Earlier in this report, the Panel outlined the information that has been shared in the functional brief and the feasibility study about the number of sites and the scope involved. While the Panel believes that this has been set out according to standard practice, it remains unclear about the level at which the Minister for Health and Social Services was involved in the decision-making, site options and development of critical success factors and, as such, how well the programme represents departmental requirements.

This view has been reinforced by the Panel's inability to reconcile the views of the Ministers for Health and Social Services and Infrastructure in evidence given during separate public hearings on the number of sites which were in scope as part of the programme of work.

In the extract presented above the Minister is clear that her focus is to 'keep to the original specification around the 2-site option'. The Panel returned to this point several times during the hearing. While there is an acknowledgement that decisions will need to be taken in future on the longer-term use of the Enid Quenault Health and Wellbeing Centre⁵⁴ the Minister's 2-site focus was on a split between acute and ambulatory (walk-in) care.

At no point during the hearing with the Minister for Health and Social Services was a proposed Health Village at St Saviour mentioned by the Minister as a site which had formed part of her department's client specifications.

As outlined earlier in this report, the Panel sought clarity on the number of sites and the client specification which had been endorsed by the Minister for Health and Social Services.⁵⁵ Later in the same hearing with the Minister for Infrastructure, the Panel asked specifically what had been requested by the Health and Social Services Minister.

Deputy L. V. Feltham:

I suppose where I am getting confused, and it is a matter of public record, it was in our public hearing with the Minister for Health and Social Services, that the Minister for Health and Social Services said that as far as she was concerned what she had requested was a 2-site option and what was being looked at was a 2-site hospital.

The Minister for Infrastructure:

I have no record of any formal request from the Minister for Health and Social Services for 2 sites at any stage.

Deputy L. V. Feltham:

Has there been any formal request for 3 sites?

⁵³ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services – p2](#)

⁵⁴ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services – p5](#)

⁵⁵ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – p8](#)

The Minister for Infrastructure:

No. The Minister for Health and Social Services has been present at every meeting, every meeting that she has been required to be, to the best of my knowledge, where 3 sites have been discussed. I mean, it has been in the public domain and I am not aware of ... are you aware of any formal request to reduce the number of sites?

Acting Programme Director:

So there is a functional brief that exists. It was approved as part of the process that has brought us to today. Currently, that functional brief has been circulated to the clinical operation and client group. We are receiving feedback on it. We have had no feedback in terms of the health village, which is a component of that functional brief.

Deputy L.V. Feltham:

So at this point in time it could be said that the health village may not be an integral part of the programme?

Acting Programme Director:

No, because I believe that the strategic outline case includes for a health village at this stage.⁵⁶

This contrast in view makes it difficult for the Panel to accept:

- the Minister for Infrastructure's assurance that there is Ministerial consensus⁵⁷ on the sites and projects
- that there is a clear joint understanding between the two Ministries on what has been provided as a client specification by Health and Community Services
- that there is a clear and joint understanding of what is currently proposed in the NHFP.

FINDING 25: The rating of long list options against critical success factors for healthcare provision in the Strategic Outline Case was carried out by the New Healthcare Facilities Programme Team under the Minister for Infrastructure.

FINDING 26: The level at which the Minister for Health and Social Services has been involved in the decision-making process is not clear.

FINDING 27: There does not appear to be Ministerial consensus on the number of sites involved in the New Healthcare Facilities Programme.

FINDING 28: There does not appear to be a joint Ministerial understanding of the client specification from Health and Community Services.

Further, the Panel sought to understand how the Ministerial lead was chosen for the Programme by the current Government. Former projects have been led by the Ministers for Health and Social Services and, in the case of the Our Hospital Project, the Deputy Chief Minister.

The Connétable of St. Brelade:

Minister, hindsight is a wonderful thing, but in your view is the Infrastructure portfolio the right one to be leading this programme, particularly because in the last iteration it was led by the Deputy Chief Minister and the one before that it was the Minister for

⁵⁶ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – p 13](#)

⁵⁷ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – p 9](#)

Health and Social Services? What do you think you can offer to the party which they have not been able to, shall we say?

The Minister for Infrastructure:

It is not really for me to say, is it? It was deemed appropriate. Major capital projects usually sit with Infrastructure. This just happens to be an extra big one. I have to be honest and say that I welcomed it. I certainly was not fighting shy of it. It is a major challenge and it is extremely important for the Island. I think logically as a delivery it belongs with Infrastructure and I think under the circumstances a view was taken that that was something I was comfortable to do. Did the powers that be think that I was capable of doing it? Hopefully they did and hopefully it is going reasonably well. So everybody may have a different view on that, but that is as well as I can explain myself, I think.

The Connétable of St. Brelade:

Good answer.

Deputy S.Y. Mézec:

Did any other Ministers want to make representations?

The Minister for Infrastructure:

I did not see a queue anywhere, no.⁵⁸

It does not appear to the Panel, from this answer, that the lead Ministry was selected as part of a systemic process but rather the chosen by an individual.

The Panel further notes the evidence given by the Health and Social Services Minister that expressed frustration about the level of clinical input into the programme at the early stages.

The Minister for Health and Social Services:

As part of the project design we worked with the external consultants, the internal project team and also the clinical adviser to the programme. One of my frustrations is that there has been a significant reliance on one individual to provide that clinical advice. I was happy with the work that had been produced around those critical success factors.⁵⁹

The Minister and the Interim Chief Officer confirmed later in the hearing that broader clinical engagement had taken place and the one individual mentioned co-ordinated the input of a wider group.

However, given this initial response the Panel is concerned about whether the correct balance is being struck between the clinical, operational and infrastructure, and financial assessments and requirements being fed into the programme.

While it welcomes the appointment in September 2023⁶⁰ of clinical advisors to the programme, the Panel would like to see a strengthening of the Health and Community Services role in the programme at both team and Ministerial level.

⁵⁸ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – 21 September 2023 – p9](#)

⁵⁹ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services – p4](#)

⁶⁰ [News release – independent and Clinical Advisors Appointed to NHFP](#)

FINDING 29: The appointment of the lead Minister for the New Healthcare Facilities Programme was based on the personal choice of individuals rather than any process-driven decision.

RECOMMENDATION 7: The role of the Minister for Health and Social Services should be strengthened within the Programme and set out in the Programme Manual to ensure that the requirements of Jersey's future healthcare provision are adequately represented.

Programme management

During the course of the review the Panel was provided with a helpful and informative briefing from the Head of the Corporate Portfolio Management Office (CPMO). The CPMO is responsible for the management and control of the corporate change portfolio within Government.

The process for the management of a programme of the scale of the NHFP was described in detail for the Panel.

As a result of the briefing, the Panel gained a better understanding of the complexity of the programme and its management and the precedent being set in terms of scale and scope within a new framework.

The Panel has also sought guidance from the Comptroller and Auditor General in relation to her office's expectations for compliance with management frameworks and the methodology that Government should use.

The CPMO Project Delivery Framework was approved in May 2021. This Framework represents a controlled framework for the consistent delivery of projects across the Government. All projects must comply with this Framework and certain mandatory documentation is required for each defined stage of the project.

The Capital (Building) Project Delivery Framework was approved as part of the CPMO Frameworks in January 2022 and represents a controlled framework for the consistent delivery of construction/building projects. The Capital (Building) Project Delivery Framework builds on the CPMO Project Delivery Framework and is aligned to best practice RIBA (Royal Institute of British Architects) methodology.

Neither the CPMO Project Delivery Framework nor the CPMO Capital (Building) Project Delivery Framework requires compliance with the HM Treasury Green Book. However as noted above, the Capital (Building) Project Delivery Framework is aligned to best practice methodology.

I would expect the New Healthcare Facilities Programme to comply with the Public Finances Manual and the CPMO Frameworks and for that compliance to be documented and transparent. I note that it is a requirement for formal exemptions to be sought for any non-compliance with the CPMO Framework and I would expect any

*requests for formal exemptions to be documented and monitored within the Programme Governance Structure.*⁶¹

Following guidance such as the above from the Jersey Audit Office, the Panel has corresponded with the Minister for Infrastructure to ensure that compliance with the standards outlined above are maintained and that there is a recognition of the associated recommendations made by the C&AG in her May report – Learning from Previous Hospital Projects – A Follow up Review.⁶²

While the Panel is satisfied that the correct structures are in place and are understood by relevant officers, it will continue to seek assurances that the programme is using the structure correctly, particularly in the reporting and escalating of risks, the setting of tolerance levels and the clarity in documentation of evidence-based decision-making.

Financial governance and project cost

The terms of reference for this review include monitoring current and anticipated spend on the programme to deliver new healthcare facilities for Jersey.

A recent blog post on the Government of Jersey website entitled Building a New Hospital: understanding the costs stated that £182.1 million has been spent to date on three separate hospital schemes so far. This included actual expenditure for the Future Hospital and Our Hospital Projects plus the budget for facilities for the New Healthcare Facilities Programme for 2023.⁶³

The States of Jersey Annual Report and Accounts 2022 presented in May 2023 described the decisions made in 2022 on the OHP and how the money which had been spent to date would be reported.

In summary:

- *The total spend on the Our Hospital project to the end of 2022 was £84 million.*
- *£35 million of that was on site acquisitions and work that will continue to contribute towards subsequent plans such as the Health and Wellbeing Centre at the former Les Quennevais School.*
- *The remaining £49 million includes £8 million of costs such as demolition and design that are also likely to be reused.*
- *The balance of £41 million of Overdale-specific costs are at risk of being written off.*
- *A judgement has been made that 70-90% of the £41 million can be re-used – this does not equate to 70-90% of the floor area or building size.*
- *A central estimate of 80% of the £41 million being re-usable has been used so an impairment of £8 million (20%) has been recognised in the SoCNE [Consolidated Statement of Comprehensive Net Expenditure].*⁶⁴

⁶¹ [Letter – Jersey Audit Office to the Future Hospital Review Panel – 23 May 2023](#)

⁶² [Learning from Previous Hospital Projects – A Follow up Review](#)

⁶³ [Government of Jersey blog – Building a new hospital: understanding the costs](#)

⁶⁴ [States of Jersey Annual Report and Accounts 2022](#)

The information provided by the Government of Jersey is that up to £51.5 million is budgeted to be spent on the current NHFP by the end of 2023.⁶⁵ A further £8.9 million has been included in the expenditure for 2023 which relates to 2022 expenditure. The Panel received this clarification shortly before publication and will seek further information on whether this was for work planned in 2022 which was delayed or a carry forward for work in progress.

The Government Plan 2024 – 2027 requests £52 million to continue the work on the NHFP.

*The funding of the £52 million in 2024 will be through the RCF, bringing the total amount of borrowing required to £142m by 2024, including £29m relating to the previous Our Hospital project. In line with previous decisions, any borrowing will be held in the Strategic Reserve and transferred to the Consolidated Fund as required. The financing costs will also continue to be met from the Strategic Reserve in the short term. The financing strategy for the full costs of the acute facility will be included in the Outline Business Case and be included in the proposition planned for summer 2024.*⁶⁶

It also indicates that £710 million will be requested as an amendment to the Government Plan during the course of 2024. This includes the £52 million outlined above. The £710 million estimate, as described below covers the cost of the acute facility at Overdale and a 'meaningful start' on the ambulatory facilities and Health Village, not the full cost of the finished programme of work. The Panel has also been asked by Government to clarify that the total request of £710m will split between £675 million in the Government Plan 2024 – 2027 and £35 million in 2028.

*We are currently working on the programme, which estimates that the total cost to deliver an acute facility at Overdale and make meaningful progress on development of the future phases covering an ambulatory facility and Health Village at no more than £710m, including £675m during this Government plan period. However, we need to further develop and refine the proposals to support decision makers and will do so as we progress the designs for the facility. We will have better cost certainty before the end of Q1 2024, which means that this estimate might reduce. The programme team will continuously challenge planning assumptions during design and contracting stages with a view to reducing costs, communicating progress regularly to key stakeholders including Ministers, Scrutiny and States Members.*⁶⁷

The Panel would ask that clarity is provided to States Members ahead of the debate on the Government Plan 2024 – 2027 about the full anticipated expenditure for 2024. The amount for 2024 requested within the plan is £52 million. The Plan also states that anticipated total expenditure in 2024 will be £70 million.⁶⁸ Without clarity, the Panel would suggest that the States Assembly is being asked to commit to an annual budget without knowing its full impact.

During oral questions in the States Assembly on 17 October 2023, the Assistant Minister for Treasury and Resources provided the following answer in response to a request for a breakdown of the £52 million.

Assistant Minister for Treasury and Resources:

⁶⁵ [Government of Jersey blog – Building a new hospital: understanding the costs](#)

⁶⁶ [P.72/2023 – Proposed Government Plan 2024 - 2027](#)

⁶⁷ [P.72/2023 – Proposed Government Plan 2024 - 2027](#)

⁶⁸ [P.72/2023 – Proposed Government Plan 2024 - 2027](#)

The £52 million set out in the proposed Government Plan 2024 is to carry out further work ahead of a separate report and proposition, which is to be brought to the Assembly in the summer of 2024. It will enable the programme team to carry out further work, including the design and plans of the acute hospital at Overdale to get to R.I.B.A. (Royal Institute of British Architects) Stage 4, including a planning application; work at Kensington Place, which will include some temporary use ahead of a permanent facility on the site; demolition and works to prepare for development of Overdale; costs of the central government project team; and a contingency to risk-proof the programme. The new healthcare facility programme team continues to follow strict governances, processes and monitor expenditure very carefully to minimise costs while delivering the necessary work to provide a robust proposition for debate by the States Assembly. The work carried out as part of the £52 million will follow Government of Jersey procurement processes. At this stage it is important that the breakdown of the £52 million remains confidential to ensure commercial sensitivity, value for money and quality outcomes. ⁶⁹

The rationale provided by Government for not requesting the full £710 million in the proposed Government Plan – but by way of a later amendment⁷⁰ – is that the final and full figures for those phases of the programme were not known in sufficient detail at the time that the Government Plan was being presented.

Later in the same exchange, the Assistant Minister was asked whether he agreed with the principled that the States Assembly should know the full cost of the project before proceeding.

Deputy S.M. Ahier:

Indeed, I apologise for missing out for the full cost. Yes, well I am sure that the full cost of the Overdale project will be incorporated, as it has been incorporated within the Government Plan. I believe that the full costing for the additional sites, obviously the Health Village at St. Saviour and the Kensington Place site, should be incorporated within the proposition which is brought in the summer of next year. I concur.

This response does appear to contradict the information provided in the Proposed Government Plan 2024 – 2027 (and as outlined above) that the £710 million will provide a meaningful start rather than covering the whole cost of the completed programme.

In conducting this review the Panel have sought to understand the affordability and appropriateness of the cost and projected cost of the programme – especially in light of the Government’s conclusion that the OHP was no longer affordable.

The figures provided in the States of Jersey Annual Report and Accounts suggest that the Our Hospital Project would have exceeded the £804 million budget approved by the States Assembly. The estimates given suggest that costs could have exceeded £900 million.

A review of the proposals found “... the Our Hospital Project is no longer achievable within the £804.5 million funding approved by the last States Assembly, and that it

⁶⁹ [Hansard – 17 October 2023](#)

⁷⁰ [P.72/2023 – Proposed Government Plan 2024 - 2027](#)

would cost between £70 million and £115 million more under current market conditions.”⁷¹

However, as a result of the Outline Business Case provided to the States Assembly in order to approve the Our Hospital Project, the Panel would suggest that there was clarity on what was being provided for that sum.

The Proposed Government Plan states the following in relation to the presentation of major projects.

For Major Projects the first year of expenditure is approved with the total cost of the project also presented for approval where required.⁷²

The Public Finances Manual states the following in relation to the proper reporting of major projects:

A Major project is defined in the Public Finances (Jersey) Law 2019 as:

- a major capital project the duration of which, from start to finish, is planned to be of more than one year with a total estimated cost of more than £5 million; or*
- a project that has been designated as a major project in an approved government plan.*

The total funding for a Major Project must be approved as part of the Government Plan process before a Major Project can be commenced. Annual cash allocations to reflect the agreed spending profile for the Major Project then need to be agreed as part of the relevant Government Plan. The funding strategy for a Major Project should also include an assessment of the impact on both revenue and capital funding costs. Whole-life cycle cost assessment techniques should be used. The impact on Jersey Performance Framework outcome measures should be considered.⁷³

The Public Finances Manual goes on to state that:

It is also expected that States Bodies follow the principles and requirements of this section for those projects included in Departmental Business Plans. For the purpose of this section of the Manual, the word ‘Project’ covers both projects and programmes.

While it would appear that there is an intention for each of the component major projects (such as the acute unit at Overdale) which make up the New Healthcare Facilities Programme to be reported in this and successive Government Plans, the Panel is not clear on how the same expectation is being applied to the programme as a whole.

The Panel would, therefore, seek clarity on how the expectation for total funding approval outlined in the Public Finances Manual is to be fulfilled if the word ‘project’ does cover both programmes and individual projects in this context.

⁷¹ [States of Jersey Annual Report and Accounts 2022](#)

⁷² [P.72/2023 – Proposed Government Plan 2024 - 2027](#)

⁷³ [Public Finances Manual – Government of Jersey](#)

The Panel does not feel that the public and the States Assembly currently have the same clarity on the final costs of the entire NHFP and cannot have the certainty that over the course of successive governments that the programme will be delivered.

At the time that the summary Strategic Outline Case (SOC) and Feasibility Study were presented in July 2023, a full SOC was provided in confidence to Scrutiny. The full document provides a cost range for the whole programme.

In July, the Panel wrote to the Minister for Infrastructure and the Chief Minister to request that the position taken over the confidentiality of the cost range be reconsidered. In doing so, the Panel had considered the justification presented by the New Healthcare Facilities Programme team that the overall cost of a programme of projects over a period of years was difficult to accurately predict.

However, it also feels that figures which are indicative of an estimated overall cost should be presented to States Members to allow for an informed decision to be made on the multi-site phased option.

The Ministers responded in a letter of 20 July 2023.

Programme-level information for the four-year planning horizon will be published in subsequent Government Plans, which is the normal process for major capital projects. This will be informed by the ongoing business planning process, as better cost certainty is achieved for each project and the wider programme. You will recall that the programme has just produced a Strategic Outline Case which will be under continuous review and will evolve as we gather more information and as the designs and plans progress.⁷⁴

More recently, the Panel has asked the Minister for Infrastructure again whether the full cost range of the programme will be published.

Deputy L.V. Feltham:

So the figures that we get next summer, is it your intention to provide the estimated cost range for the whole of the new healthcare facilities programme at that point?

The Minister for Infrastructure:

No. What, the whole programme, the 12 ...? No. Well, we could not, could we, because we do not know the extent to which we may be able to get, for example, the rehabilitation facilities to last longer than ... as I say, why would we spend the money if we can get good use out of a new facility for, say, 15 or 16 years? So those are the decisions that will be taken as we progress down the programme. It is a short, medium and long-term plan. You have much more certainty with the short term, reasonable certainty with the medium and less certainty with the long.⁷⁵

⁷⁴ [Letter – Chief Minister and Minister for Infrastructure to the Future Hospital Review Panel – 20 July 2023](#)

⁷⁵ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – 21 September 2023](#)

The Panel acknowledges rationale provided by the Minister for Infrastructure that spreading the spend over phased projects and a longer period of time would reduce the financial risk for Government spending of public money.

However, it remains of the view of the Panel that the Ministerial decision-making process in concluding that the whole cost of the programme should not be released is flawed and believes that the cost range for the entire project could be presented to the States Assembly and the public with that rationale in the interests of transparency and informed political decision-making.

As outlined in previous sections of this report, the Panel is also mindful that Ministers are already alluding to the need to look at the affordability of the overall programme and that a multi-site option will incur greater running costs and duplication of services.

Minister for Health and Social Services:

*We need to revisit some of the challenges around the affordability of extending the scheme to other areas, until we are really clear about the costs of the 2-site option, which was the original intention*⁷⁶

Commercial sensitivity and procurement

In a video released in June 2023 the Chief Minister stated that the Government would seek to be 'pragmatic with the financial information we make public'. She stated that:

*We are absolutely committed to achieving a better overall cost for the facilities than Our Hospital and we'll share information with those who hold us to account. But we won't be publishing our business cases. We are the only jurisdiction globally that has published its outline business case which is a commercially sensitive document. It's not normal practice to tell suppliers your maximum budget and you won't get the best deal by doing so.*⁷⁷

The Panel queried this position and the statement that other jurisdictions did not publish outline business cases in a letter of 6 June which provided instances in which it understood such business cases for hospital projects had been published.⁷⁸

The Chief Minister provided a response on 16 June and stated that:

*However, Ministers are keen to learn from lessons of the past when full cost details have been made available and have undermined the commercial position of previous projects with contractors. Ministers are, therefore, acutely conscious of the significant risks to the project of making full budget details available to a wide audience.*⁷⁹

⁷⁶ [Transcript - future hospital review panel - minister for health and social services - 6th september 2023.pdf \(gov.ie\)](#)

⁷⁷ [Government of Jersey Youtube – How we will ensure value for money.](#)

⁷⁸ [Letter to the Chief Minister from the Future Hospital Review Panel 6 June 2023](#)

⁷⁹ [Letter to the Future Hospital Review Panel from the Chief Minister – 16 June 2023](#)

The Panel also raised this matter with the Jersey Audit Office to seek the Comptroller and Auditor General's guidance on her expectations in relation to transparency and the robustness of the procurement process.

The advice received in relation to transparency was that there was no obligation on the part of Government to publish the outline business case but that there would need to sufficient information provided to tenderers for a contract to ensure that they could bid with certainty.

In September 2023, the Comptroller and Auditor General also provided the Panel with a detailed outline of her expectations in relation to the procurement process.

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 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.⁸⁰

Following receipt of the C&AG's letter, the Panel sought to confirm with the Minister for Infrastructure that these expectations were fully understood and that the Jersey Audit Office's previous recommendations in this area (and in general financial governance) had been implemented. The Minister's response was received on 10 October 2023 and contained the following confirmation of process:

In line with expectations for all public money, the Accountable Officer for the programme is required to comply with the Public Finances Manual (PFM) unless there are exceptional and compelling reasons to take an alternative course of action. Where this is the case, these will always be documented, and the established process followed.

There will sometimes be circumstances where exemptions to the PFM will have to be sought in order to enable the effective and timely delivery of Government business. It is for this reason that such processes exist. Breaches to the PFM should therefore not occur but if any subsequently are identified they would be reported in line with the usual process to ensure transparency. 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.⁸¹

Part of the concern which the Panel sought to address was how the Government will approach procurement and contracting for work in increasingly difficult global economic conditions.

The matter was raised during the Panel's Public Hearing with the Minister for Infrastructure on 21 September 2023.

Acting Programme Director:

As you know, it is a different model this time than previously and the procurement strategy will come forward in a commercial case that will be presented next year as

⁸⁰ [Letter from the Jersey Audit Office to the Future Hospital Review Panel – 8 September 2023](#)

⁸¹ [Letter from the Minister for Infrastructure – 10 October 2023](#)

part of any backup to any proposition. However, the intention is not to go out to tender until there is more certainty, and that would be for whatever framework of contractors we were looking for for the acute site. I think all of that is a work in progress. It is something that we want to discuss with the local construction industry and be able to understand how they would like to come together to be able to contribute to building the acute facility. But I think in terms of the contracting strategy, as you say that has changed significantly recently. It is very different in the U.K., as it is in Jersey. But what we will be trying to do is optimise value for money and optimise the amount of work that can be done by a local industry. They are all things that we are exploring to try and find the right model.

The Connétable of St. Brelade:

What do you think the contract options might be for us?

Acting Programme Director:

They could be enormous because you could have something like some sort of alliance contract where everyone, all of the different parties who want to come together do so. Each gets a portion of the work under certain mechanisms, to reward everyone if you do well and penalise people if you do less work. What we would really hope in the programme approach is that some will be very traditional contracts where we do the design ourselves maybe and put it out to tender and that might be one of the smaller schemes. What we are trying to do, there is lots of different ways that we could approach the work and what we would like to do is have a dialogue with industry to understand how it might best suit them. Do they want to work together? Would they prefer that there is a number of discrete packages they could tender for and win all of it?⁸²

Over the course of the review, the Panel also sought to gain Ministerial confirmation that the correct financial processes are being followed. On 30 May 2023, the Minister provided his assurance that the programme was fully compliant with Public Finance Manual guidelines:

The financial processes and procedures in place in the New Healthcare Facilities Programme are, and continue to be, fully compliant with the Government of Jersey Public Finance Manual guidelines.

Financial records are updated in a timely manner and reported monthly to the Financial Management Group, the Senior Officer Steering Group and the Ministerial Oversight Group, prior to being shared with Scrutiny.⁸³

FINDING 30: It is not clear whether the £52 million requested in the proposed Government Plan 2024 – 2027 represents all the known costs for the New Healthcare Facilities Programme for 2024.

FINDING 31: The estimated £710 million which the Government will request as an amendment to the Government Plan during 2024 covers the cost of the acute facility at Overdale and a ‘meaningful start’ on the ambulatory facilities and Health Village, not the full cost of the finished programme of work.

⁸² [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Infrastructure – 21 September](#)

⁸³ [Letter from the Minister for Infrastructure to the Future Hospital Review Panel – 30 May 2023](#)

FINDING 32: An estimated cost range for the New Healthcare Facilities Programme has been calculated and included in the full Strategic Outline Case. The published summary of the Strategic Outline Case does not include this cost range and it is not the Government's intention to publish it.

FINDING 33: The Minister for Health and Social Services has questioned the affordability of extending the New Healthcare Facilities Programme beyond the 2-site option.

RECOMMENDATION 8: The Government should provide the States Assembly with the full anticipated costs for the New Healthcare Facilities Programme for 2024 ahead of the debate on the Proposed Government Plan 2024 – 2027.

RECOMMENDATION 9: The Government should clarify whether, in the context of the Public Finances Manual, the New Healthcare Facilities Programme is being treated in the same way as a major project. If the treatment is the same it must explain why it believes it is compliant with the Manual not to provide the full cost.

RECOMMENDATION 10: The Ministerial Group should reconsider its position on the publication of the cost range for the full New Healthcare Facilities Programme prior to the Government Plan 2024 – 2027 debate in December 2023.

Communication and engagement

Effective communication and engagement has been a common theme for the Scrutiny reviews which have taken place across the various iterations of the project to build a new hospital.

The evidence provided by the Minister for Infrastructure and the programme team was that resource was in place to ensure effective communication. This has included the secondment of a senior communications and engagement officer and the more recent appointment of a dedicated digital and public engagement lead officer.

Information setting out the stakeholder engagement framework which sets out the method of engagement intended was shared with the Panel in May 2023.

Information about the programme, including speeches and announcements, has been shared using the blog section of the Government of Jersey website. This also includes officer-led rather than Ministerial communication on the progress of the programme. In addition, media releases have been circulated in relation to the release of reports including the Summary Feasibility Study in May this year.

Both the Chief Minister and the Infrastructure Minister have chosen to provide information on elements of the programme on videos posted to the Government of Jersey YouTube Channel. The channel has 2,900 subscribers (as at the date of publication). For instance, in June 2023 the Chief Minister chose video as the first medium on which to announce that the Government would be 'pragmatic about the financial information [it made] public'.⁸⁴ The video has had 82 views (as at the date of publication).

In May, the Minister for Infrastructure posted a video in which his proposal to include a health village in St Saviour was first announced. The video has had 96 views (as at the date of publication).

While both announcements were later widely reported, the Panel feels that significant changes and proposals should be communicated across the usual and traditional channels to ensure they are not missed by stakeholders and the wider public.

The programme team has also held a series of in-person neighbourhood forums and online 'pop-up' sessions.

FINDING 34: The New Healthcare Facilities Programme has been allocated a dedicated communications lead officer.

FINDING 35: A range of channels, including video, blogs and neighbourhood forums are being used to communicate with the public on the New Healthcare Facilities Programme alongside traditional media and social media platforms.

RECOMMENDATION 11: Significant announcements should be made in a consistent manner across expected channels to ensure that communication of the programme is open and transparent.

Health and Community Services

⁸⁴ [Government of Jersey Youtube – How we will ensure value for money.](#)

The Panel held a pop-up visit to the hospital on 23 June 2023 to in an effort to engage with staff and to ask them their views on the proposal for a multi-site option and on how effectively Government had communicated the new plans to them and the level at which consultation on the plans had taken place.

As a result of this pop up and the postcards distributed at the time, the Panel received 11 submissions and a number of general comments were made.

As a general comment – and one which corroborates those made by the programme team – the Panel found that the staff they spoke to were jaded by the process, having already been asked their views over the course of various projects which have since been halted.

In evidence provided to the Panel during a public hearing in March 2023 which addressed low attendance numbers of staff at workshops about the proposals it was acknowledged that new ways would need to be found to engage with staff.

Minister for Health and Social Services:

Well, I would have wished for it to be much more attended than that and I do not think it is representative, but I think we need to review why that is the case and how we can start to build the engagement with the staff again. I think the project team's attempt to try and go out in a very short period of time to try and elicit people's views was hugely commendable in the sense that I think there was something like 19 sessions that were put on. I think we are also in a position where staff are tired, concerned that their time is being taken up to contribute to this process again, and I think we have to find a different way to be able to engage them if those attendance figures have not produced the kind of engagement that we need.⁸⁵

A common comment made to the Panel by those who did participate (and one which is reflected earlier in this report) was that a multi-site option would require a duplication of services and, therefore, costs. As explored earlier in the report, the potential duplication of costs has also been stated publicly by the Interim Chief Executive Officer of Health and Community Services.

In correspondence with the Minister for Infrastructure in June 2023⁸⁶, the Panel was provided with information about facilitated sessions which had taken place prior to the publication of the Feasibility Study. It has also been informed that these sessions took place with a selected number of staff (including Health and Community Services executives, representatives of the supply chain and members of Government of Jersey staff).

These sessions asked attendees to provide evaluation and comment on one of two options:

- Acute services based at Kensington Place and ambulatory at Overdale, or
- Acute services based at Overdale and ambulatory at Kensington Place.

The Panel's understanding of the rationale for excluding the options for a single site from this evaluation exercise was that it was no longer considered affordable and was not, therefore, a viable option for evaluation. Following a review of this report by the Government, the Panel has been told that affordability was only one of the factors for excluding a single site option.

⁸⁵ [Transcript – Future Hospital Review Panel Public Hearing with the Ministers for Health and Social Services and Infrastructure – 24 March 2023](#) p 29

⁸⁶ [Letter – Minister for Infrastructure's response to the Future Hospital Review Panel – 16 June 2023](#)

Other factors included whether it was appropriate to include a single site in the evaluation which was being used to determine where services should be located. This would not be an issue on a single site.

However, despite these caveats and while it would appear that this exercise provided the Government with evidence to decide between the options it had determined were preferable, it does not answer the direct question of whether healthcare staff believe that the ideal way to provide Jersey's future healthcare services would be on one site rather than many.

It also remains unclear to the Panel how engaged or otherwise the majority of Health and Community Services staff are with the programme. However, during briefings with the NHFP Team, the Panel have been informed that officers continue to look for different ways of engaging with staff to ensure that they are receiving information in a way – and at time – that is most suitable for the way that they work. This included more pop-up stands at the General Hospital timed around shift patterns.

The Panel would also strongly suggest that the programme team make greater efforts to communicate with staff through the trade unions which represent staff in Jersey's healthcare facilities.

As outlined in the sites and facilities section of the report, there is an intention within Health and Community Services to conduct a formal feedback session with staff and patients using the Enid Quenault Health and Wellbeing Centre.⁸⁷

FINDING 36: There is an acknowledgement that healthcare staff are tired by the process and concerned that they are being asked to engage again on a different project. The programme team have actively sought new ways to engage with staff at times and in ways that best suit the needs of the workforce's shift patterns.

FINDING 37: The option to evaluate a single site option against the New Healthcare Facilities Programme's critical success factors was not offered at the facilitated sessions for healthcare staff on the feasibility study. The evaluation exercise does not answer the direct question of whether healthcare staff believe that the needs of Jersey's future healthcare service would be better served by a single site option.

RECOMMENDATION 12: The New Healthcare Facilities Programme Team must continue to engage in an open discussion with staff on the proposals to ensure that their views are properly recorded and reflected in the proposals for siting and provision of services.

RECOMMENDATION 13: The New Healthcare Facilities Programme Team should increase its engagement with staff through the trade unions which actively represent these employees.

Home Affairs and Ambulance Service

One of the most concerning representations received by the Panel was from a member of staff at the Ambulance Service. The representation was received in June 2023 at the Panel's pop-

⁸⁷ [Transcript – Future Hospital Review Panel Public Hearing with the Minister for Health and Social Services](#) p34

up stand at the General Hospital. The content of the submission was explored earlier in this report in the section relevant to the siting of acute services at Overdale.

Both the individual who provided this initial submission and the Ambulance Service staff who met with the Panel during 2 visits to the station indicated that there had been a lack of direct contact with service staff – both frontline paramedics and those employed by the Patient Transport Service.

In both cases it was acknowledged that there could have been requests for meetings by email but that this was not something most staff checked on a regular basis. It was also indicated that conversations could have taken place with managers but, to the best of the knowledge of those who attended the Panel's sessions, no direct contact had been made for engagement with all staff.

While the Ambulance Service falls under the remit of the Minister for Justice and Home Affairs and, following its meetings with staff, the Panel sought to establish whether the Minister had met with staff to canvas their views or had herself been contacted to represent the service to the NHFP Ministerial Group. While the Minister said that she had not had contact with staff on this matter, the Minister said that she was satisfied that the challenges identified by the Chief Ambulance Officer had been reflected in the programme's feasibility study.⁸⁸ In the Panel's view, it is vital that these challenges are fully addressed to the satisfaction of the Ambulance Service.

The issue of engagement with the Ambulance Service and the concerns of both paramedics, in relation to emergency access, and the Patient Transport Service, in relation to transportation between multiple sites, was raised with the Minister for Health and Social Services at the Panel's hearing in early September.

Both the Minister and the Interim Chief Executive Officer confirmed that while they had not had direct contact with the service, engagement had taken place with the programme team.

Despite this assurance, the Panel remains concerned that while there is management level contact, there does not seem to be the same understanding of engagement and the ability to express views among all ambulance service personnel.

The Panel would also suggest that the Minister for Justice and Home Affairs should have greater Ministerial oversight of both the issues and be assured that these have been fully addressed at the time that the Outline Business Case is presented in 2024.

FINDING 38: The Minister Home Affairs has not been in direct contact with the Ambulance Service about the challenges posed by the siting of services in the New Healthcare Facilities Programme.

FINDING 39: The Minister for Health and Social Services has not been in direct contact with the Ambulance Service about the challenges posed by the siting of services in the New Healthcare Facilities Programme.

⁸⁸ [Letter – Home Affairs Minister's response to the Future Hospital Review Panel – 25 September 2023](#)

FINDING 40: The Chief Ambulance Officer has been in contact with the New Healthcare Facilities Programme Team and the challenges identified are reflected in the programme's feasibility study.

RECOMMENDATION 14: Consideration should be given to wider engagement with Ambulance Service staff – both frontline paramedics and Patient Transport Service – to ensure that there is a clear understanding of how the challenges raised are being addressed in the Programme and at what stage.

RECOMMENDATION 15: The Minister for Justice and Home Affairs should have greater Ministerial oversight of the issues and be assured that these have been fully addressed at the time that the Outline Business Case is presented in 2024.

Kensington Place stakeholders

As part of its call for evidence, the Panel wrote to businesses in the Kensington Place area inviting them to provide their views on the proposals for using land in the area as part of the NHFP and whether this would have an impact on their business. The Panel also asked whether they had been contacted by Government for their views. The Panel contacted nine businesses by correspondence and Panel members visited the area to speak to smaller business owners. The Panel received three submissions from RBC Wealth Management, SandpiperCI and 1-2-1 Harrington Hair.

The responses from both SandpiperCI and RBC Wealth Management indicated that while neither business had been contacted to date, their expectation would be for that contact from Government to be made at a later stage in development planning. SandpiperCI also indicated that they would be happy to engage with consultation as and when plans were better developed.

In contrast, a submission from a small business in the area, which has been detailed earlier in this report, suggests that greater effort should and could have been made to reduce the uncertainty for those whose work has been disrupted by this and former projects.

While the Panel is aware that there have been meetings held in relation to Kensington Place and the new proposals, it is not clear how, or if the team targeted residents and small businesses to ensure that their voices were being heard.

It would appear to the Panel that insufficient effort has been made by Government and the NHFP Team (and its predecessors) to engage with businesses – especially those which would be most affected by the relocation of the hospital development.

FINDING 41: A structured engagement process with the businesses in and around Kensington Place has not taken place on the New Healthcare Facilities Programme.

FINDING 42: The uncertainty caused by the changed proposals has had a detrimental impact on some small business owners in the area around Kensington Place.

RECOMMENDATION 16: The New Healthcare Facilities Programme Team should gain feedback from the businesses in the Kensington Place area and establish a structured programme of engagement based on that feedback and the needs of individual businesses. This process must ensure that information for smaller businesses provides clear information on the timeline of works in order that they can properly consider the impact this will have.

Conclusion

The Panel has been mindful throughout this review both of the urgent need for a hospital development to get underway and that any further delay in providing healthcare facilities that meet modern standards will not be acceptable to the public or the States Assembly.

However, it maintains that in accepting this reality the States Assembly must also ensure that decisions about this vital part of the public estate are made in the best interests of the Island and according to the governance structures which are in place for work programmes of this scope and scale.

The next major stage in delivering this New Healthcare Facilities Programme will be the Government Plan 2024 – 2027 debate in December this year when the States Assembly will be asked to approve the necessary funding to progress the plans for the programme.

The Panel believes that, ahead of this debate and in order to secure the approval of the States Assembly, the Ministerial team must show that they have a joint understanding and belief in the scheme that they are putting forward and that Members have sufficient financial information to make an informed decision on behalf of their constituents.

Appendix 1 - Panel Membership and Terms of Reference



Chair
Deputy Sam Mézec



Vice Chair
Deputy Lyndsay Feltham



Member
Connétable Mike Jackson



Member
Deputy Rob Ward

Terms of Reference

1. To examine the Government's progress in developing the project to deliver new healthcare facilities for Jersey, including the functional briefs and feasibility studies for:
 - a. The long-term use of the former Les Quennevais School
 - b. The revision of plans for the Overdale site (including the use of land acquired)
 - c. The use and development of the General Hospital
 - d. Development and purchase of land at Gloucester Street and Kensington Place
 - e. The extension of the scope to other locations
2. To monitor the governance of the project to deliver new healthcare facilities and the former Our Hospital Project, including the assembly of a new project team.
3. To monitor current and anticipated spending on the project to deliver new healthcare facilities.
4. To monitor the continued use of current healthcare locations and any risks to services presented by those locations.
5. To monitor Government communication with healthcare professionals, stakeholders and the public to ensure that they are clear, honest and targeted.

Appendix 2 – Submissions, letters and transcripts

As part of its call for evidence the Panel sent distributed a postcard to healthcare staff and to residents and small businesses in the Kensington Place area requesting their views and providing contact details for any comments. Letters were also forwarded to nine larger businesses in Kensington Place. The Panel received seven separate submissions as a result of the postcards and letters. In addition, views from healthcare and Ambulance Service staff were gathered during visits made to the General Hospital and to the Ambulance Station.

Submissions

[Submission - New Healthcare Facilities Programme Review - Anonymous 1 - 23 June 2023.pdf](#)

[Submission - New Healthcare Facilities Programme Review - Anonymous 2 - 23 June 2023.pdf](#)

[Submission - New Healthcare Facilities Programme Review - Anonymous 3 - 23 June 2023.pdf](#)

[Submission - New Healthcare Facilities Programme Review - Bruno De Franca - 27 June 2023.pdf](#)

[Submissions - New Healthcare Facilities Programme - Ambulance Station pop-up - 26 July 2023.pdf](#)

[Submissions - New Healthcare Facilities Programme Review - 23 June 2023.pdf](#)

[Submission - New Healthcare Facilities Programme Review - Debbie Harrington - 2 August 2023.pdf](#)

[Submission – New Healthcare Facilities Programme Review – RBC Wealth Management](#)

[Submission – New Healthcare Facilities Programme Review - SandpiperCI](#)

Correspondence

The Panel has requested information from Ministers and the Jersey Audit Office in correspondence. The requests and responses are available here:

[Future Hospital Review Panel – correspondence](#)

Transcripts

The Future Hospital Review Panel has held public hearings with the Ministers for Infrastructure and Health and Social Services which can be accessed on the following links.

[Transcript – Future Hospital Review Panel Public Hearing – Ministers for Infrastructure and Health and Social Services – 24 March 2023](#)

[Transcript - Future Hospital Review Panel Public Hearing – Minister for Health and Social Services – 6 September 2023](#)

[Transcript – Future Hospital Review Panel Public Hearing – Minister for Infrastructure – 21 September 2023](#)

Appendix 3 – abbreviations

Term	Abbreviation
Corporate Portfolio Management Office (<i>Government Department responsible for providing guidance and templates for project management</i>)	CPMO
Future Hospital Review Panel (<i>Scrutiny Panel which examines plans for a new hospital/healthcare facilities</i>)	FHRP
New Healthcare Facilities Programme (<i>The latest Government proposal for updating Jersey's hospital and healthcare estate</i>)	NHFP
Our Hospital Project (<i>Project to update hospital facilities approved by States Assembly before 2022 General Election</i>)	OHP
Outline Business Case (<i>The business case stage that sets out outcomes, benefits, risks, costs and procurement options. It is needed for Government approval of a project</i>)	OBC
Public Finances Law (<i>The Public Finances Law prescribes how all States Bodies implement financial management and a consistent standard of accountability and financial reporting</i>)	PFL
Public Finances Manual (<i>The Public Finance Manual provides direction and information for Government spending</i>)	PFM
Royal Institute of British Architects plan of work stages (<i>a model for the design and construction process of buildings</i>)	RIBA 1, 2 etc
Strategic Outline Case (<i>The business case stage that provides the over-arching case and provides context for a project and the vision for it</i>)	SOC