
STATES OF JERSEY



NEW HEALTHCARE FACILITIES PROGRAMME REVIEW – INTERIM REPORT (S.R.3/2023): RESPONSE OF THE CHIEF MINISTER ON BEHALF OF THE NEW HEALTHCARE FACILITIES MINISTERIAL GROUP

**Presented to the States on 14th December 2023
by the Chief Minister**

STATES GREFFE

**NEW HEALTHCARE FACILITIES PROGRAMME REVIEW – INTERIM
REPORT(S.R.3/2023): RESPONSE OF THE CHIEF MINISTER ON BEHALF
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Ministerial Response to:	S.R.3/2023
Review title:	New Healthcare Facilities Programme Review – Interim Report
Scrutiny Panel:	Future Hospital Review Panel

INTRODUCTION

Thank you to the Future Hospital Review Panel for providing constructive challenges to the work undertaken so far. The New Healthcare Facilities Programme team have been working on a number of these points and will be addressing the others. It is agreed that there is a political imperative and urgent need to replace the current General Hospital. This will only be possible if the whole island, including States Members, work together to deliver the new healthcare facilities. It is for this reason that an open and transparent working relationship with the Scrutiny Panel has been adopted. The insights within the Interim Report of 13 November 2023 (S.R.3/2023) will help to continue to do this. The programme looks forward to continuing this partnership for the benefit of all islanders by continuing to deliver appropriate and affordable healthcare facilities.

Findings:

Nr.	Findings	Comments
1	The Government's rationale for a phased approach across a number of sites is that it provides flexibility and affordability.	Noted.
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.	Noted.
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.	All options will be explored in pursuit of appropriate and affordable healthcare facilities. Any permanent refurbishment would have to be capable of being equivalent standard to a new build, including meeting healthcare guidance standards.

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.	Noted.
5	The anticipated timeframe for the completion of the option preferred by the Government in the Strategic Outline Case is 10 years.	The timeframe for the delivery of the Acute Facility is the second half of 2028 which is 5 years away. The future phase timescales referenced in the strategic outline case blueprint for delivery within 10 years subject to funding by the States Assembly.
6	The Health Minister's Care Model Framework has not yet been delivered.	Noted.
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.	<p>Critical success factor 4 is '<i>Are the proposed facilities sufficiently flexible, expandable, and able to maximise emerging technologies and innovation to deliver current and future effective and efficient healthcare?</i>'</p> <p>There has been active engagement with Health employees on all aspects of the scheme. The delivery model is under constant review to take account of emergent technologies and new ways of working, which will ultimately lead to better efficiency across sites.</p> <p>Whilst it is accepted that there may be some duplication of some aspects of service potentially impacting workforces, there will also be benefits including a more attractive environment and efficiencies.</p>
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.	<p>Critical success factor 2 is '<i>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?</i>'</p> <p>A series of workshops in 2023 were held to agree and rate the Critical Success Factors (CSF) with reference to HMT Green Book guidance and an options framework filter process. Scoring from this initial appraisal was then reviewed and challenged at a subsequent workshop with a different group of stakeholders on 01 June and an Independent Advisor to ensure that scorings assigned were accurate and robustly tested. The initial and final</p>

		scoring was also tested at meetings with staff members including clinicians.
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.	Noted.
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.	There continues to be active and early engagement about overall resources required for the New Healthcare Facilities including the requirements for the Ambulance Service. The requirements will be included in the Outline Business Case (OBC) which will be considered in Summer 2024 and there is sufficient time to make the necessary adjustments to workforce levels and other requirements and benefits.
11	The whole life cost of the Government's multi-site option has not been assessed.	The revenue and capital replacement implications of the Acute Facility have been considered in the Strategic Outline Case Information Update (SUI) and will also form part of the OBC produced in Summer 2024.
12	A multi-site hospital is likely to need duplicated services and require an increase in resources and costs.	There will be an element of duplication of services but there will be efficiencies and benefits that will come with operating from a new and modern healthcare facility. An early analysis indicates that any increase in revenue cost is likely to be the magnitude that can be accommodated in government budgets.
13	Recruiting staff for duplicated services will be problematic.	There is sufficient time to ensure that the correct workforce strategy is in place to address current and potential future overall service provision.
14	A workforce strategy for Health and Community Services has not yet been delivered.	Work is underway to develop the workforce strategy for Health and Community Services and this will inform the work being done for the OBC in Summer 2024 which will further outline the likely revenue costs of the new facility.
15	It is not clear that there was sufficient Ministerial oversight and understanding of the rating of the options for	The options available were discussed in detail, including their eventual RAG scores over eleven ministerial meetings.

	delivering healthcare infrastructure against the critical success factors.	
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.	There is an imperative to begin work as set out in the timeline for the programme to ensure that the facility is built in time to manage the risks associated with operating in the General Hospital. This risk is not best able to be managed at officer level.
17	Permission for the demolition of the buildings at Overdale had begun during the Our Hospital Project.	The Application was determined during the timeline of the Our Hospital Project. The permission was received during the timeline of the New Healthcare Facilities Programme.
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.	Noted, with the exception of Samarès Ward.
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.	Concept design is underway. Proposals will form part of the statutory planning process and be subject to road safety audit.
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.	Noted, the regulatory planning risk has been identified and associated mitigations have been put in place.
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.	No assumptions have been made by the NHF Programme team and they will have to make sure they present a planning application that responds to the planning policies and makes a case for an acceptable application. Discussions have and will continue to take place with regulatory authorities within permitted communication frameworks. Notwithstanding that, the team does consider that a reduced scheme should have reduced impacts and therefore there should be potential for reduced planning risk.
22	General feedback about the Enid Quenault Health and Wellbeing Centre	Initial feedback from patients on the new facilities has been positive although there remain some

	would appear to be that facilities and service provision is an improvement on those available at the Overdale site.	issues about accessibility relating to public transport. A formal evaluation of patients' view will be sought in 2024.
23	Not all the services located at Overdale have moved to the Enid Quenault Centre. This includes the rehabilitation services provided at Samarès Ward.	Services that have remained at Samarès Ward will be migrated to alternative facility of the same or better-quality. A site has been identified and work is underway to complete the move of these services by Q1 2024 at the latest.
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.	A Functional Brief has been produced and approved at Ministerial Group. This describes the Health Village and was the culmination of many discussions with Health and Community Services' and other stakeholders. The option for an integrated service model which includes acute mental health at the Overdale site has been promoted by the Minister for Health and Social Services during Ministerial Group meetings. However, the current clustering of services has been developed as a result of collective feedback from HCS clinicians in the context of wider opportunities and constraints, including spatial.
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.	Methodology for the rating of the long list of options was agreed by the members of the Ministerial Group as well as the outputs. The composition of the Ministerial Group is described below.
26	The level at which the Minister for Health and Social Services has been involved in the decision-making process is not clear.	The Minister for Health and Social Services (MHSS) forms part of the Ministerial Group alongside the Chief Minister, Minister for Infrastructure and the Minister for Treasury and Resources. Decision Items are considered by this group.
27	There does not appear to be Ministerial consensus on the number of sites involved in the New Healthcare Facilities Programme.	The Functional Brief (FB) describes the clinical and operational requirements for the New Healthcare Facilities, and this has been agreed by the Ministerial Group. MHSS retains and has expressed concerns of operating over four sites as noted in finding 33 but has accepted that the Functional Brief reflects a broad range of views and constraints regarding the overall programme and as noted above, will continue to be refined as schemes progress.
28	There does not appear to be a joint Ministerial understanding of the client	Terms of Reference for Ministerial Group describes MHSS's responsibility for oversight of the FB and

	specification from Health and Community Services.	those of other Ministers. In exercising oversight, MHSS raised questions about the origins and need for a health village at St Saviour during Ministerial Group meetings. According to Programme Governance, Decisions sit with Governance Groups. The Functional Brief describing the client specification has been agreed through the Governance Groups.
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.	The lead Minister for the delivery of New Healthcare Facilities was selected for his experience and knowledge of delivering construction projects in a commercial environment.
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.	The commentary in GP 24-27 is clear that up to £52m is the budget required to further develop proposals to the proposition in Summer 2024 and the total budgetary requirement for 2024 is £70m.
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.	Noted.
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.	It is the Ministerial Group's view that that publication of the full cost information undermined the commercial position of previous projects and resulted in escalatory costs. Hence it is imperative for certain financial details and information to remain confidential.
33	The Minister for Health and Social Services has questioned the affordability of extending the New Healthcare Facilities Programme beyond the 2-site option.	The panel's interpretation of the Minister for Health and Social Service's comments is noted. A multi-site solution was found in the SOC to be the preferred way forward. It should be stated that to provide all of the facilities included in this programme, the previous project would have had to include a greater breadth of services within its brief and may have had to extend to additional sites.

34	The New Healthcare Facilities Programme has been allocated a dedicated communications lead officer.	Noted.
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.	Noted.
36	There is an acknowledgment 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.	Noted
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.	The feasibility study explored the preferred way forward.
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.	The Minister for Home Affairs has regular discussions with the Chief Ambulance Officer during which the topic of the New Healthcare Facilities has been discussed.
39	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.	Noted.
40	A structured engagement process with the businesses in and around Kensington Place has not taken place on the New Healthcare Facilities Programme.	The Programme team holds regular neighbourhood forums for the Kensington Place and Overdale residents and businesses to present the latest Programme updates and answer any questions and concerns – all residents and building occupants are invited to attend these forums.

41	The uncertainty caused by the changed proposals has had a detrimental impact on some small business owners in the area around Kensington Place.	Noted that this is the view expressed by one small business owner.
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Recommendations:

Nr.	Recommendations	To	Accept/Reject	Comments	Target date of action/completion
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.	Minister for Infrastructure	Complete	The best solution to the existing condition of healthcare facilities is the fastest delivery of new healthcare facilities, replacing those areas that provide the largest challenge to successful health outcomes. HCS has a prioritised backlog maintenance programme with associated funding of £5 million per annum. The biggest determinant in the prioritisation process is the certainty of new facilities.	Completed

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.	Minister for Infrastructure	Complete	The improvement of Kensington place refers to the following activities and works: <ul style="list-style-type: none"> • Developing designs and plans • Creating temporary welfare facilities for HCS staff such as changing rooms, showers and an external space for breaks. • Temporary contractor welfare, offices and storage facilities for use during the ongoing maintenance works to the General Hospital. • The opening up of the former Andium Site to allow pedestrian and cycle access directly from Kensington Place to Newgate Street. 	N/A
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.	Minister for Infrastructure	Complete	This is contained within the Strategic Outline Case in which has previously been circulated to the panel and a summary version presented to the States Assembly as R.112/2023.	N/A
4	The New Healthcare Facilities Programme Team and the Minister for Infrastructure must maintain a constructive, honest and documented dialogue with the	Ministers for Infrastructure and Justice and Home Affairs	Complete in part	The NHF Programme Team and Minister for infrastructure have worked closely with the Ambulance service in this early phase of the Programme and will	Ongoing

	Ambulance Service and the Minister for Justice and Home Affairs about any changes required to the roadway to ensure good emergency access.			continue to do so throughout the life of the programme. Minister for Infrastructure will liaise with the Minister for Justice and Home Affairs to determine the best means of maintaining dialogue between the Department and the Programme.	
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.	Minister for Infrastructure	Complete to date	The NHF Programme (including designers and architects) have met and will continue to meet with the Planning Department to present the plans as they develop. Furthermore, the NHF Programme will continue to work with the planning department throughout the life of the Programme.	Ongoing
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.	Ministers for Infrastructure and Health and Social Services	Complete to date	The Functional Brief has been prepared for the New Healthcare Facilities. It will continue to be updated as requirements are discussed with HCS stakeholders and agreed with Governance Groups.	Ongoing
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	NHFP Ministerial Group	Rejected	The Terms of Reference for the Ministerial Group is clear on the responsibilities of each Minister, including MHSS. The Programme team will continue to work closely with	N/A

	Jersey's future healthcare provision are adequately represented.			Ministers to support them in providing the information required for decision making and delivering their responsibilities.	
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.	Minister for Infrastructure	Rejected	Publishing full budgetary information, including contingencies undermines the commercial position and was a factor in previous project failure.	N/A
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.	Minister for Infrastructure	Accepted/ Completed	<p>The New Healthcare Facilities Programme is treated as a Major project in the Government Plan.</p> <p>The Public finances manual (PFM) states that:</p> <p><i>'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.'</i></p> <p>As outlined in this report PFM notes that projects and programmes are used interchangeably within this section of the PFM.</p> <p>As such, the Programme continues to follow the PFM guidance. As the programme is following a</p>	N/A

				phased approach, the total funding of the each phase of the NHF Programme will be presented to the States Assembly for approval as part of the Government Plan process.	
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.	NHFP Ministerial Group	Rejected	See response to recommendation No. 8.	N/A
11	Significant announcements should be made in a consistent manner across expected channels to ensure that communication of the programme is open and transparent.	Minister for Infrastructure	Complete to date	Further to findings 34 & 35, the NHF communications has been implemented across traditional media and digital media. As the Programme progresses, the team will continue to ensure this approach is maintained and that transparency remains a priority.	Ongoing
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.	Minister for Infrastructure	Complete to date/Accepted in part	The Ministerial Group and NHF Programme team has demonstrably engaged with staff. As plans develop for the sites, the Programme will be conducting more targeted engagement to keep HCS staff informed, address any concerns they may have and capture any feedback.	Ongoing
13	The NHFP Team should increase its engagement with staff through the trade unions which	Minister for Infrastructure	Accepted	The Programme team is always looking for new ways to engage with GOJ colleagues, and workplace feedback	Ongoing

	actively represent these employees.			sessions for HCS staff have produced some useful feedback. More targeted engagement for different groups will be arranged when there are designs to show how services will be delivered in the new facilities, and how staff transport and welfare considerations are being progressed. Trade Unions may form part of those conversations, in conjunction with HCS as the majority employer.	
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.	Minister for Infrastructure	Accepted in part	See response to recommendation No.4. The Programme will work with Senior members of the ‘blue lights’ and patient transport services to plan and execute the most effective communications with their workers. This will be carried out ahead of any public consultation once designs are available.	Ongoing
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.	Ministers for Infrastructure and Justice and Home Affairs	Accepted in part	Due to the strategic nature of the replacement of new healthcare facilities, programme activity touches many Ministerial portfolios. It is not practical for all Ministers to be members of the Ministerial Group, and indeed, is contrary to the recommendations of the C&AG to operate a compact group. It is however apparent that it may be beneficial to have	N/A

				a regular, minuted meeting between Minister for Infrastructure, Minister for Health and Social Services and Minister for Justice and Home Affairs.	
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.	Minister for Infrastructure	Complete to date	The Programme team holds regular neighbourhood forums for the Kensington Place and Overdale residents and businesses within these areas to present the latest Programme updates and answer any questions and concerns. There are also plans for targeted engagement for demographic groups in the area, and the businesses surrounding the Kensington Place site, as plans for the site progress.	Ongoing

Conclusion:

TRANSPARENCY ON COSTS – Costings have been shared with Scrutiny in good faith, following which they have not raised major concerns about the content. However, it remains essential that confidentiality is retained about cost estimates to ensure a competitive tendering process – and therefore best value for money for the taxpayer. £52m is being asked for in 2024 as part of a £710m figure for the next 4 years – that will deliver the acute hospital at Overdale, meaningful progress at Kensington Place and the Health Village. It is not possible to disclose a full cost figure of a rolling potential Programme spend – especially since the ambulatory/outpatient services are the area that may change with technological advances, so HCS priorities for facilities that are needed are likely to shift accordingly. The phased approach allows the Programme to be responsive to that changing scenario.

AFFORDABILITY – The key word here is affordable – The Programme is trying to achieve the most affordable option. The advice that has been provided from Treasury is to spread borrowing over a number of years, and to split the approvals and delivery into phases. Managing the programme in this way rather than in one lump sum will reduce the exposure to global

economic shocks, and increases the possibility of success by delivering affordable and manageable phases.

MINISTERIAL UNITY – The Ministerial Group – that is the Chief Minister, Minister for Health and Social Services, Treasury Minister and the Minister for Infrastructure – meet at least once a month to receive the latest programme updates from officers. These meetings consist of robust discussions around the table where everyone is passionate about delivering the best facilities and services for the Island. All parties are determined to make this solution work where others have failed, and all agree Islanders should not have to wait any longer. The Ministerial Group are determined to deliver rather than look backwards.