

**WRITTEN QUESTION TO THE CHIEF MINISTER
BY THE CONNÉTABLE OF ST. LAWRENCE
QUESTION SUBMITTED ON MONDAY 17th OCTOBER 2022
ANSWER TO BE TABLED ON MONDAY 24th OCTOBER 2022**

Question

Further to the Chief Minister's recent statements in favour of a dual site for the hospital, will she –

- (a) clarify whether, at the time of making them, evaluations had been undertaken in respect of the following –
 - (i) the additional annual staffing requirements for a dual site, compared to the agreed single Overdale site;
 - (ii) the additional annual running costs for a dual site, compared to the agreed single Overdale site;
- (b) irrespective of the response to (a), provide the following –
 - (i) the total additional annual staffing requirements for a dual site, compared to the agreed single Overdale site;
 - (ii) the total additional annual running costs for a dual site, compared to the agreed single Overdale site including depreciation;
- (c) provide details of what engagement there has been with staff and clinicians regarding the desirability, or not, of operations on a dual site; and
- (d) provide details of appropriate assumptions for the following –
 - (i) the current annual staffing cost to run the General Hospital;
 - (ii) the current number of staff employed at the General Hospital; and
 - (iii) the current annual running costs of the General Hospital, to include all ancillary sites?

Answer

- (a) As I emphasised as part of my work as the Chair of the Future Hospital Review Panel, the Outline Business Case for the single-site scheme at Overdale lacks information on the future revenue consequences of the proposed new health care facilities. As a result, there is no detailed information on facilities management operational costs, nor is there detailed information on workforce costs.

Therefore, any meaningful comparison of operational costs between a dual-site and the existing single-site proposal is very challenging. In addition, it would not be realistic to develop a detailed operational costs analysis as part of the 100-day plan. As the Minister for Infrastructure has outlined to the Scrutiny Liaison Committee, the output of the review being undertaken on the project will not explore the options in this level of detail but will provide an options analysis from which a new direction of travel may be established for the project.

However, if any new direction of travel is agreed, the scope of the project and new business cases will need to be developed, incorporating more detailed information on future revenue costs.

- (b) See response to question (a)

(c) As part of the review, meetings have taken place with senior clinicians and operational managers and the Health Workers Panel. Acknowledgements of stakeholders engaged in the review process will be published as part of the review.

(d)

(i) the current annual staffing cost to run the General Hospital;
£143 million (excludes Mental Health & Social Care) (2022 forecast)

(ii) the current number of staff employed at the General Hospital; and
1785 full time equivalent (excludes Mental Health & Social Care)

(iii) the current annual running costs of the General Hospital, to include all ancillary sites?

The below table shows the total forecast expenditure for the Health and Community Services Department for 2022 (excluding income) which represents the annual gross costs for all services from all sites:

Staff Expenditure	£172 million
Non-Staff Expenditure	£99 million
Total Running Costs	£271 million

Within the above total costs, the below summary shows staff and non-staff estates and non-clinical support costs for the Health and Community Services Department across all sites.

Staff Expenditure	£20.7 million
Non-Staff Expenditure	£10.7 million
Total	£30.4 million

This excludes costs not wholly attributable to clinical services reported within service delivery departments, such as executive, governance and administration staff, and non-clinical consumables, such as telephones, stationery, postage, mileage