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Deputy Ahier
Chair, Hospital Review Panel
BY EMAIL

31 July 2024

Dear Chair,

Re: Hospital Review Panel: Public Hearing follow-up questions

Thank you for your letter dated 24th July 2024. Please see the below in answer to the Panels questions:

Maintenance of the existing hospital/healthcare estate:

- 1. In response to questioning about the management of risks within the General Hospital, it was advised that approximately £5m per year is allocated to managing risks within the General Hospital. Please can you provide details about the processes that are followed to manage these risks and the allocation of funding to various risks?**

The HCS Estates team, utilising key information from a 2019 Six Facet Condition Survey, and in-house expert knowledge of the general hospital infrastructure, have created a Red, Amber, Green (RAG) rated risk register. Which feeds into the HCS Corporate Risk Register & Datix system.

Items that have a Red RAG rating of 16 or above are reviewed and monitored as potential improvement projects which form the Capital Plan, known as the Health Services Improvements Programme. (Essential Backlog Maintenance - £5m p/a).

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

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

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

HCS Estates chair fortnightly progress and design team meetings to monitor the ever-changing landscape of risk and maintenance demand.

In addition to the Capital Health Services Improvements Programme, the HCS Estates team manage BAU functions from their revenue budget which include planned preventative maintenance (PPM's), reactive maintenance and medical equipment servicing. The average trend of reactive maintenance calls per year is cr20-25k.

2. The Panel heard that Reinforced Autoclaved Aerated Concrete is an area of focus regarding risk management within the current General Hospital. Please can you provide more information about the various risks identified within the General Hospital and how these risks have been prioritised?

Following a full review of GoJ properties in Nov 2023. Jersey General Hospital was confirmed has having four locations of RAAC. An independent Structural Engineer (Hartigan) undertook further detailed surveys.

The below locations are an extract from their findings.

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

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

Full 2019 to 2024 Health Services Improvements Programme attached.

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

4. Please can you specify how much has been spent on renovations within the General Hospital?

The Health Services Improvements Programme has been fully established since 2019 following a damning Six Facet Condition Survey of the existing hospital site. The HCS Estates team have managed this process and will remain doing so until fit for purpose facilities can be provided for HCS.

In 2019 the annual budget was £2.8m which was revised to £5m p/a in 2020 (following the discontinuation of the Future Hospital project) and has remained at that figure since. A total of £27.85m has been reinvested into the hospital to maintain critical infrastructure and medical services.

This figure is conservative to what the true spend portfolio requirement warranted. An estimated £44m.

Spend is captured as essential maintenance works and not as healthcare improvements. This fund is critical to managing only the highest-level risks.

See attached spend profile ** Jersey General Hospital - Six Facet Condition Survey - Overall Cost Summary**

5. The Government Plan 2024-2027 specified the renovation of 'In-Patient Wards' and that up to £749k could be spent in 2024. Please could you describe the works undertaken to renovate 'In-Patient Wards'?

- **How much of the £749k held in Charitable Funds has been utilised for renovation of the 'In Patient Wards'?**

The In-Patient/Support Services Refurbishment fund, £749k, is not drawn from Charitable Funds. It is a Capital bid. This fund supplements the Health Services Improvements Programme (£5m p/a) to support clinical or non-clinical improvements outside of infrastructure.

In 2024 £403,438 has so far been spent and the remaining fund is committed for in-year spend. Areas of spend include:

- Clinique Pinel - Client fit out – specialist anti-ligature furniture and fittings.
- Rosewood House – new fire doors
- Sandybrook Hospital – Jersey Care Regulation improvements
- Hospital Wards – Health Technical Memoranda and spatial

improvements

- Enid Quenault – assistance hold open devices (support patient flow)

6. Please can you outline any priority maintenance or refurbishment works to take place in the General Hospital for the remainder of 2024?

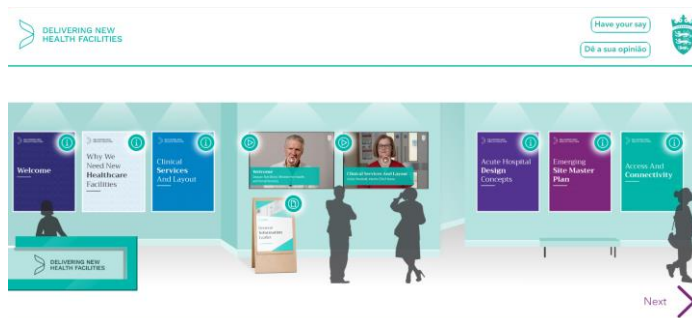
There is a full Health Services Improvements Programme (£5m p/a) for 2024 which include projects:

- JGH Pathology - RAAC Mitigations Works
- JGH Ward Refurbishment Programme: Bartlett Ward Compliance upgrades Fire, Water, Ventilation, Finishes, Mechanical & Electrical services.
- JGH Refurbishment, compliance & remodel Maternity – Phase 11 and PC
- JGH MTHW. Circulating Pumps and control gear – (Med Temp Hot Water Systems)
- All sites - Minor Works Projects: under £10k – medical infrastructure
- All sites - Emergency works
- JGH Fire Compliance
- JGH Water Compliance
- JGH Fire Damper remedial works (Blocks E & F)
- JGH Window replacement - Sorel
- LED Lighting Replacement – site wide rolling programme
- JGH Conventual Fire Alarm Replacement – OPD, Pathology, Ante Natal Dermatology
- JGH External Roofing Works - Entire Site
- JGH Peter Crill Lift Replacement
- JGH – nurse call upgrades.
- JGH Electrical & Bio-Medical workshop installation. (Part fund by NHFP)

Strategies informing the development of the Programme:

7. During the Public Hearing on 12th July, the Panel was informed regarding the recent Government consultation on the Programme that “...about 1,700 people who went to visit the virtual exhibition itself, and we received over 200 responses from that questionnaire. The really good news for us was that the majority of those returns agreed with the strategies that we had set out at the virtual exhibition”. Please can you provide detail about all of the strategies that are currently informing the Programme works?

The virtual exhibition was available to all Islanders and allowed for detailed information on some of the principles and concepts underlying the concept designs of the current scheme.



The areas that were available to review were:

- The need for new healthcare facilities
- Clinical services and layouts
- Acute Hospital design concepts
- Emerging site master plan
- Access and connectivity
- Landscape and ecology
- Sustainability
- Construction and next steps

During the hearing it was these areas that were being referred to as strategies that were part of the public questionnaire (see [here](#) for more information on the exhibition boards).

a) Please can you provide information about how the strategies that inform or impact on the Programme are being managed?

The strategies set out in the Virtual Exhibition are those that have informed the brief and concept designs of the Overdale Acute hospital so far. These include clinical services and layout (departmental adjacencies), building design, sustainability, highways, and engineering. These are closely coordinated by the project teams to ensure cohesive development of the Acute design.

The strategies and designs have been managed in accordance with programme governance to ensure alignment with the overall Programme objectives. This includes regular workstream meetings and updates to ensure that all aspects of the project are co-ordinated.

b) How are the strategies being used in practice to inform the projects within the Programme?

The strategies referred to in the response to the question are those set out in the Public Exhibition, tailored to the development of the Acute Hospital Site as opposed to the wider NHF Programme. Each of the strategies are explained within the virtual exhibition.

c) Please can you provide a breakdown of the costs associated with each of these strategies?

The strategies relate to the concept design of the Overdale site. They are the culmination of the design development undertaken through the professional services contracts with technical advisors, building on the information that was developed for the previous scheme. They also take account of stakeholder meetings and exchanges with regulatory bodies. The overall costs associated with these projects are contained within the fee estimates provided by the advisor team for brief development and design and within previous Government Plan requests.

8. During the Public Hearing, the Panel learned of a “landscaping strategy”, please can you provide more information about this?

The landscaping strategy for the Acute Hospital is centred on the well-being of patients and staff, focusing on protecting and enhancing natural assets to aid in patient recovery and the environment for staff. The landscape masterplan is guided by four key principles: addressing the Climate Emergency, enhancing Biodiversity and Ecology, promoting Sustainability, and ensuring Resilience. The goal is to integrate the existing landscape and ecological character, providing a strong green context for the hospital and supporting sustainability targets.

In the virtual exhibition, an initial view of the layout was provided:



Key areas include:

- **Eastern Arrival:** Featuring native woodland planting and an evergreen avenue of trees to guide visitors and staff from the bus drop-off and car parks to the hospital entrance.
- **Southern Boulevard:** A public plaza combined with a tranquil garden space, offering various seating options within planting zones.
- **West Entrance:** A landscaped woodland garden with a social meeting space framed by native trees.

Plans for the Acute hospital include courtyards that permit natural light into the building and relaxation, the enhancement of indoor-outdoor connections, and biodiverse roofs with local species and solar panels. The car parks will have permeable surfaces to reduce runoff, and gardens and parklands will feature woodland therapy gardens to promote stress relief and recovery.

Additionally, health and wellbeing routes through the woodland will benefit visitors, staff, and residents, creating a positive, healing environment. An ecological and landscape management plan will ensure biodiversity targets and ecological enhancement are met.

9. The Ministerial Response to the previous Panel's Interim Report stated that "work is underway to develop the workforce strategy for Health and Community Services" and that this "will inform the work being done for the Outline Business Case in summer 2024". Please can you provide an update on the status of the workforce strategy for Health and Community Services?

The previous Minister for Health committed to the development of a workforce strategy for the Health and Community Services Department (HCS) and a workforce strategy for the whole Island health and care workforce.

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

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

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

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

10. To what extent are strategies currently informing works to deliver a healthcare solution that meets the needs of Islanders?

The Minister for Health and Social Services is committed to developing a health and care strategy for the island, which will have significant focus on prevention, digital technologies and whole system integrated service delivery. As a first step, the Minister is developing proposals for reform of the Health and Community Service Department in order to promote better partnership working and facilitate a whole system approach to the commissioning, delivery and governance of the island's health and care services. It is anticipated that these proposals for structural reform will be published for public consultation in Q4 2024 (subject to receiving the correct approvals as part of overall governance), with proposals for whole system service strategy and system funding reform being published before the end of 2024.

New facilities will form one part of this solution since existing buildings are in poor condition and are not configured for modern healthcare services. Further, there is insufficient capacity for the ageing demographic with increasingly complex healthcare needs. This was set out in the Strategic Outline Case, the Strategic Outline Case Information Update and the Outline Business Case.

There are likely to be several overarching healthcare strategies over the lifetime of the buildings. Facilities will therefore be designed flexibly to ensure that they meet the needs of any strategy, but also, today's healthcare needs.

a) Please can you provide an update on the works to develop a health strategy?

See response to question 10.

b) How is this work informing the development of projects within the programme of works?

Development of the Acute Facility at Overdale and the wider NHFP is based on existing healthcare needs and current projections of future need. As the healthcare model in Jersey continues to evolve, it will be possible to implement elements of a more transformative programme in later years. This approach ensures that the projects remain flexible and capable of integrating innovative healthcare solutions as the health strategy develops.

c) If a healthcare strategy is not informing current works, how are you measuring the delivery of the Programme of works against a healthcare solution that meets the needs of Islanders?

The Strategic Case for the hospital is made on the basis of the existing condition and configuration of healthcare services. Objectives for the New Healthcare Facilities were set out in the Strategic Outline Case, the Strategic Outline Case Information Update and the Outline Business Case for Phase 1. Benefits were also presented in these documents. It is against these objectives and benefits that the programme will be measured.

Further, the Programme of works is being guided by extensive consultations with clinicians and stakeholders. These consultations ensure that the development of projects aligns with the healthcare needs of Islanders and clinicians. By engaging directly with those who understand the Island's requirements and the clinical landscape today and in the future, we are able to measure and ensure that the Programme delivers a healthcare solution that meets the community's needs effectively.

11. The Strategic Outline Case ("SOC") for the Programme set out that the Programme would adopt a phased approach to delivery of new healthcare facilities, and set out the dependencies within the Programme. Please can you provide an update on the status of these dependencies?

Per the SOC and the Outline Business Case ("OBC") the dependencies for the Overdale Acute Hospital are provided below:

- **An adequate financing option is available and affordable:** Lead Treasury and Resources - Phase 1 on progress as part of Government Plan 25 – 28.
- **Ensuring there are sufficient public transport options to the sites for patients and staff:** Infrastructure and Environment is responsible for Public Transport on the island - NHFP and regulatory bodies meet on a regular basis.

- **Planning consent for the construction of the new facilities:** Minister for Environment is responsible for approval of the Planning Applications and the resourcing of Planning and Environment - NHFP and regulatory bodies meet on a regular basis.
- **Funding is approved by the States of Jersey and any other relevant bodies:** Lead Treasury and Resources - Regular States Assembly Updates. Summary Outline Business Case will inform States Assembly debate.
- **Ability to achieve the acquisition of the land required to deliver the project:** Land in third party ownership - The two properties on Edward Place have been acquired. Discussions are ongoing with field owners in St Saviour. Regular Meetings with Parish of St Helier.
- **Supply chain interest to ensure the achievement of the programme timelines, deliverability, and affordability:** Supply Chain need to be willing to tender - NHFP have been having a number of discussions to warm up the market and identify any blockers. Suppliers will be closely monitoring the scheme, looking at local media and potentially discussions with local supply chain to determine likelihood that the scheme will progress compared to other opportunities.

There are regular meetings which consider the dependencies above as part of wider discussions about the delivery of the Programme as a whole. The dependencies outlined above are covered at the following regular meetings:

- Programme Executive Group – twice monthly meetings
- Senior Responsible Officer Board - weekly meetings
- Political Lead meeting - weekly meetings
- Dependencies meeting - quarterly meetings
- Interactions with Treasury and Resources – ad hoc as required

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

These meetings help coordinate strategies, maximise efficiencies, and identify potential issues early on. The list of items discussed at this meeting are as follows:

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

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

a) Please can you advise how often these are reviewed?

The dependencies outlined in the SOC and the OBC were identified as items that are crucial for project success and are reviewed regularly at the quarterly dependency meeting as well as at project milestones, to ensure all interdependencies are monitored and managed effectively.

b) Please can you advise how these project dependencies are being managed with a phased approach to the Programme?

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

The larger cross-departmental dependencies will also continue to be discussed and monitored in quarterly meetings for the life of the Programme. This approach ensures that all interdependencies are effectively managed, and any potential issues are identified and addressed in a timely manner, ensuring the overall success of the Programme.

In addition, there are twice monthly Programme Executive Group meetings and delivery meetings which consider these matters in terms of the delivery schedule and any issues or blockages that are arising.

12. Will the phased approach to the Programme create interdependencies between projects that sit within the Programme?

The phased approach to the Programme will create some interdependencies between projects that sit within the Programme

a) These interdependencies are being managed through a structured process that includes:

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

This comprehensive management approach ensures that interdependencies are effectively handled, supporting the progression of the Programme through its various phases.

13. Please can you confirm whether any additional dependencies have been identified following publication of the Strategic Outline Case in July 2023?

See response to question 11.

Yours sincerely,



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