

Deputy Sam Mézec - Chair
Future Hospital Review Panel
BY EMAIL

17 May 2023

Dear Deputy Mézec,

Thank you for your letter dated 11 May 2023 for the New Healthcare Facilities Programme. Please see the responses to your questions below.

- 1. The Panel had asked for confirmation of when the first version of the New Healthcare Facilities Programme Manual will be completed. Thank you for confirming that the publication will be shared with Scrutiny when it is published. Please provide the date on which it will be published.**

The programme manual was issued to the Scrutiny Panel Officer on 17 May.

- 2. Please clarify your response to the Panel's question in relation to whether the Government's key milestone (detailed in R.32/2023) has been met or not as follows:**
 - a. Was the milestone to 'appoint client team for feasibility studies' completed in Jan-Feb 2023?**
 - b. Please provide the Panel with an updated timeline showing the impact that this will have on the preparation for and delivery of the New Healthcare Facilities Programme.**

a. Direct appointments to Government of Jersey team are either in post or in the final stages of the recruitment process. Client team suppliers external to the Government of Jersey, for example, project management, design, engineering and cost support were appointed in March 2023.

b. The small delay in the appointment of the client team will not impact the anticipated key milestones for 2023, as detailed in R.32/2023. However, as noted in R.32/2023, these are dependent on the validation of initial time and cost considerations as part of the feasibility studies that are being developed for the end of May 2023. R.32/2023 notes that 'it is at this point, in mid-2023, that we will be able to communicate with greater certainty the cost and time implications of the programme.'

Construction Industry

- 3. Following the collapse of Cameron's and, even more recently, that of JP Mauger, the Panel has continuing concerns about reduced capacity within the local construction market to carry out major infrastructure projects, the type of contracts which suppliers will now be requesting and the likely impact on the New Healthcare Facilities Programme. Please could you provide the Panel with information about adaptations that are being made to the contract process – if any – and the current understanding of the economic outlook for the construction industry.**

Following the collapse of Camerons, JP Mauger and the recent decision by NAS Laboratories to leave the Island, discussions have taken place with the Jersey Construction Council (JeCC) to discuss the current "health" of the industry. The Economics Unit is undertaking some work

to better understand the construction sector and the drivers for and likely impact from the loss of Camerons and JP Mauger. Beyond the immediate loss of 2 companies, there remains concerns of the “ripple effect”, a delayed response to suppliers not being paid and their own inability to trade profitably which may lead to further failures in the next few months.

Discussion has already been initiated within GoJ to consider alternative commercial and contractual models, how the parties can work together more collaboratively to deliver mutual benefit to delivering projects on time, budget and to specification.

A fundamental challenge is the ability to demonstrate across the sector, a pipeline of work that ensures continuity and inspire the confidence for organisations to invest accordingly in people, plant and capability. The NHF will provide a significant opportunity in driving a better demand profile and how with better collaboration, we can look to simulate services from within the island sector and create a more sustainable industry, this will be further detailed within the Strategic Outline case for the NHF.

The programme team is currently working on the management approach for the Strategic Outline Case. This will set out the anticipated timescales for the procurement of any future partners for both design and delivery. However, it is not anticipated that the schemes will be delivered in the same manner as Our Hospital with the procurement of a single design and delivery partner at RIBA Stage 1.

Former Les Quennevais School

- 4. You have suggested to the Panel that it is intended that the healthcare estate will need to be flexible enough to house different services at different times. Please could you confirm that the corridors at the former Les Quennevais School are wide enough for the services currently intended to be transferred to the building and whether the width will provide sufficient flexibility for a potential change of service use within the lifespan of the building.**

The existing building was previously used as a school, the existing corridor widths vary between 1.9m and 2.9m which were designed to accommodate a higher building occupancy of pupils evacuating simultaneously at the end of each lesson. The new change of use building has a reduced building occupancy and where new corridors have been formed, they are designed for healthcare use. The narrowest corridor due to existing walls (existing conditions) is 1.5m but all other new corridors are between 1.8m and 1.9m.

- 5. It is the Panel’s understanding that specific healthcare facilities and consulting rooms require natural light in the event of a power supply failure.**
 - a. What is the back-up power provision for the Les Quennevais site?**
 - b. Which facilities and types of room use require natural light to be compliant?**
 - c. Has this been fully considered in the room and service allocations in the current plans to ensure that all those rooms which need natural light in the event of power failure have it?**

a. There is no back up power available to the site, but emergency lighting is provided in all consulting rooms. This is commensurate with the healthcare activities that are planned for the buildings.

5b. There is no Health Technical Memorandum (HTM) or Health Building Notes (HBN) requirement for consulting rooms to have natural daylight, although it is good practice to provide this where possible. In all consulting rooms, artificial lighting will be used to provide

lux levels compliant with Society of Light and Lighting (SLL) Lighting Guide 2 (Healthcare). Retinal screening rooms require dark rooms for examining dilated pupils and eyes and therefore, have no natural light. The table below identifies which consulting rooms have natural light or not:

Dept	Consulting Rooms	
	Natural Light	No Natural Light
Pain	6	
ARU	3	
Pre-Ass	5	1
Rheumatology/Neurology	6	
Urology	3	
Diabetes/Podiatry	9	1
Retinal Screening	0	2
OAMH/Psychology	11	
CDTC	9	
Therapies	7	
Total	59	4

5c. In the event of a power outage, the emergency lighting will turn on and remain on for 3 hours, at a significantly reduced lux level designed to enable safe evacuation of the building.

Yours sincerely,



Deputy Tom Binet

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