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Deputy Mary Le Hegarat  
Health and Social Security Scrutiny Panel  
BY EMAIL

22 November 2021

Dear Chair

**Health and Social Security Scrutiny Panel**  
**Response to Letter re Government Plan 2022-2025 Review**

Thank you for your letter dated 3 November outlining additional questions from the Panel following the Government Plan 2022-2025 Review hearing on 28 October 2021. Please find below the responses to these questions.

**Capital Programmes**

**Learning Difficulties - Specialist Accommodation HCS**

- 1. What was the outcome of the pre-feasibility work in 2020, and was this delivered within the £100,000 budget?**

The pre-feasibility study was delivered well within the allocated budget in December 2020. This piece of work was to identify a preferred site for the "Phase 2" element of the capital allocation, the closure of Aviemore and the re-provision/location of the service.

- 2. How much of the £2 million allocated for 2021 has been spent?**

Spend to date totals £1.05m. There is further forecast spend of £0.45m for the remainder of 2021. £0.5m of 2021's budget allocation has been requested to be transferred to 2022 for spend that has been delayed into the following year. It should be noted that "request for funds to be transferred to future years" is still subject to review and approval as part of the year end process under the Treasury Minister's powers; it is not guaranteed.

- 3. On page 136 of the proposed Government Plan, please can you clarify why there are 2 separate lines relating to this project, namely: one under 'Central Planning Reserves' for £50,000, and one under 'Major Projects' for £3.3 million?**

The original pre-feasibility funding requested totalled £150k and was made up of £100k 2021 and £50k 2022 (page 143 of GP 2021-24). Subsequently, the pre-feasibility was required earlier than planned, therefore £100k was allocated in 2020 (spend being £21k) with the remaining balance transferred into 2021. The update to the Government Plan 2022-25 was completed during the early part of this year and at the time it was not understood that the £50k would not be required; therefore, it was included in page 136 of the Government Plan 2022-25, as you state. As pre-feasibility has been completed, the £50k is no longer required and can be retained within reserves.

**4. Please can you provide an update on the feasibility work and confirm how this differed to the pre-feasibility work undertaken in 2020?**

The 2020 pre-feasibility was a piece of work to find which site would be best suited to re-provide/locate Aviemore. The 2021 detailed feasibility work has developed the preferred site into a more robust 'detailed designed' package that is currently sitting with HCS Senior Leadership Team (SLT). Once approved by SLT, a planning application can be submitted.

**Replacement Assets – various**

**5. Please can you provide us with some further detail about the capital programme for Health and Community Services replacement assets for the period 2022-2025?**

Health and Community Services requires a significant number of assets (both revenue and capital) to maintain the range of services it provides. The timely replacement of these assets is essential to the provision of safe patient / client care as well as the effective operation of the hospital and other HCS services. Many pieces of medical equipment have 'fixed' lives where suppliers recommend / require replacement / upgrade in order to manage risk / litigation and ensure safe operation.

The impact of not replacing this range of equipment is directly on the service provision, be it a support service or front-line service. If the equipment is not safe or appropriately up to date so that it can be maintained, the service delivered via that equipment would be directly impacted.

The replacement programme is based on the Department's Fixed Asset Register and is overseen by clinicians and service leads responsible for providing the services supported by this equipment. The Capital & Revenue Equipment Committee meets on a monthly basis. Below is the planned equipment replacement schedule for 2022:

<b>Planned Equipment replacement</b>	<b>2022</b>
Bronchoscopes, K006627	25,800.00
Dental Chair System	116,689.00
Electroconvulsive Therapy Equipment	25,000.00
Endoscopic Ultrasound Scope	80,000.00
Eye laser Carlton Oculight,	15,000.00
Garment Tunnel Finisher PARENT	81,190.00
Giraffe Omnibed	32,000.00
Incubator	50,000.00
Interventional Radiology Room 4 - New Technologies	320,000.00
Radiology Room 4	680,000.00
Ventilators	103,550.00
Compact Air Drives	75,000.00
Endoscopic Camera Stack	58,871.00
Flexible Cystoscope	16,900.00
Laser - ENT & Urology	103,000.00
Radiology - Room 2	400,000.00
Microscope (Eyes)	97,000.00
Portable Ultrasounds	320,000.00
<b>Total Planned</b>	<b>2,602,022.00</b>

The above will undergo a further review and prioritisation with clinicians and service leads, the HCS estates team and with the involvement of the corporate procurement team.

Below is a summary of the equipment that is identified as requiring replacement in the years 2023 – 2025. Again, this will be subject to review and prioritisation:

Description	Sum of 2023	Sum of 2024	Sum of 2025
Autoclave Microbiology LTE	49,500		
Bath Beech Arjohuntleigh	11,200		
Bronchoscope Olympus Keymed		23,710	
Call system General Hospital	298,200		
Capillarys - Blood	38,000		
Cardiac Clinical Investigations	10,000		
Colonoscope Olympus Medical	13,000		
Cryomatic Unit Keeler		15,600	
Cryostat Histology Leica	14,000		
Defibrillator Zoll Medical		38,820	
Dental equipment	90,175		
Dialysis Renal Unit	72,000	48,000	
ECP Day Surgery		29,075	
Edge System Emergency		26,200	
Electroencephalograph Optima Medical	24,950		
Electromyography Optima Medical	31,995		
Exercise Investigations Cosmed		30,907	
Field Dept	27,000		
Gastroscope	130,920	101,824	
Hi-Lo Care Packages	16,000		
Hi-Lo Ward Arjo	11,500		
IN Inflight Co-ordinator		10,162	
Intensive care equipment	175,975	19,050	112,000
Isolette Care Baby	13,000		
KNS800 Power Tool			13,000
Major Major Incident		95,550	
Microdebrider Console Day		10,500	
Microscope	64,000	69,500	
Microtome - Histology	20,200		
Minor Day Surgery		208,000	
Navigation ENT Medtronic		80,000	
OCT Dept	48,000	43,072	
Ortho Olympus Operating			25,330
Orthoconnect - General	10,500		
Paed Aubin Ward	224,828		
Paed Ward Olympus	114,800		
Pathology equipment	36,195	55,860	
Portable Investigations Philips	40,892		
Progressa Care Hill-Rom	16,000		
PSA Mgmt &			380,000
Radiology equipment	58,105	2,999,237	576,973
Rhinolaryngo Olympus Medical	26,000		
Robotic Becton Dickinson		398,700	
Televideo Investigations VideoSouth	18,773		
Theatre Equipment	193,974	109,367	114,350
Tracking Ward Hill-Rom			22,300
Transport Care Baby	139,998		
Ultrasound		126,700	130,500
Urology Olympus Operating		22,293	
UV Estates Mgmt			54,000
Video Ward Keymed		37,848	
Video Xion Gmbit		32,955	
Visual Analyser Eye		11,640	
Washer Ward Cantel	254,000		
<b>Grand Total</b>	<b>2,293,679</b>	<b>4,644,571</b>	<b>1,428,453</b>

## **In-patient/support services refurbishments**

### **6. How much of the £1.044 million funding has been spent in 2021?**

There has been no spend or commitment for this project and this has been requested to be transferred to 2022. Progress has been hindered by the pandemic restrictions on clinical environment/project delivery.

It should be noted that “request for funds to be transferred to future years” is still subject to review and approval as part of the year end process under the Treasury Minister’s powers; it is not guaranteed.

### **7. No further budget for maintenance work has been requested after 2022. Do you expect that further capital expenditure will be required between 2023-2025, to keep the Jersey General Hospital well maintained until the new hospital is operation?**

2021 & 2022 funding allocation has been requested for transfer to 2022 & 2023. Clinical model/strategy required prior to requesting additional funding.

## **Health Services Improvements**

### **8. Please can you advise what areas have been identified as a priority for this budget in 2022 – 2025?**

The HCS Estates team has a RAG-rated long list of cr.75 infrastructure priority projects. This is a fluid schedule that can be adapted to suit the ever-changing health environment. As we did during the pandemic, 2022-2023 will focus on the in-patient areas (Maternity, Robin, Sorel, Bartlett & Rayner wards) to continue the installation of Pyxis pharmaceutical dispensing machines, fire and general compliance works. New air handling plant to Day Surgery and Pathology, and fire compartmentation across the campus.

### **9. Please advise why the proposed budget reduces to £2 million in 2024, but is £5 million per year in 2022-23 and again in 2025.**

This is not HCS; £5m was requested. I believe the thought process from central finance was that if the Our Hospital Project (OHP) is on target, funding could be reduced and risk managed. The allocation for 2025 is the safety net in case of delays with the OHP.

### **10. Can you confirm whether any of this funding has been used, or will be used, for the IT development of digital records projects?**

This fund will not be used for IT improvements. There are separate bids for IT.

## **Regulation of Care - income deferred**

### **11. We understand that this funding relates to increased costs as a result of the Regulation of Care Law. Please can you provide a breakdown of the 2021 costs this relates to, for the Panel’s reference?**

### **12. The funding for this item is proposed to continue at £200,000 per annum. Will it become part of the base budget in future?**

The answers to these questions will be provided as soon as possible.

## **Obstetric and Gynaecological (O&G) Services - CSP2-3-07**

### **13. Please could you provide some further detail about the 7 roles this allocation will fund?**

2 additional consultants to take consultant establishment to 7 to ensure we are able to provide a range of services across O&G and provide consultant cover on labour ward 24/7 along with meeting best practice guidance in relation to safety.

The investment is in moving from 5 to 7 Consultants in O&G. The medics will cover the following services:

- General Gynaecology
- Hysteroscopy (Outpatient with procedure)
- Colposcopy (Outpatient with procedure)
- EPAU (Early Pregnancy Assessment Unit)
- Uro-gynaecology
- Gynaecology Oncology (Including Gynaecology Oncology Colposcopy)
- Termination of pregnancy (ToP)
- Assisted Reproduction
- Menopause
- Labour ward
- Medical Disorders Clinic
- High Risk ANC Care/Multi Pregnancy
- Fetal Medicine
- Psychosexual
- Gynaecology Theatre
- O&G Governance

## **Mental Health and Mental Health Legislation**

### **14. How much of the £4.8 million funding for 2021 has been spent? Please can you provide a breakdown of this.**

### **15. Please can you provide a breakdown of the proposed £4.1 million budget for 2022?**

### **16. Please can you provide a breakdown of the £629,000 funding for 'Mental Health Legislation' in 2022.**

### **17. What is the focus of the mental health team for the priority of services in 2022?**

The answers to these questions will be provided as soon as possible.

## **Health Service Recovery**

### **18. Please can you provide a breakdown of how the £1.296 million funding for 2022 will be used.**

Investment into the business case will support services to return to pre-Covid positions for waiting lists and service delivery. This investment cannot be met from existing budgets.

Funding approved: **£3,012,567**:

Period	£
Q3 and Q4 2021	1,740,527
Q1 to Q3 2022	1,272,040
<b>Total</b>	<b>3,012,567</b>

The business case covers the following services within HCS:

- Primary, Preventative and Intermediate Care
- Medical Services
- Surgical Services
- Therapy Services
- Mental Health Services
- Social Care
- Support Services.

Yours sincerely



Deputy Richard Renouf  
**Minister for Health and Social Services**