

Jersey Future Hospital Project

Outline Business Case

Appendix 21 – Equipment Strategy

Document Control

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Briefing note

The Equipment Strategy has been provided within this OBC appendix but for the purposes of brevity the appendices have been removed. If required the full appendices to the Equipment Strategy can be found on Gleedspace.

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Equipment Strategy

A decorative graphic consisting of two overlapping circles, one larger than the other, positioned on the right side of the page. The circles are white outlines on a blue background.

Jersey Future
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Approvals

This document requires the following approvals.

Signed approval forms are filled in the Management section of the project files

Name	Title	Signature	Date of Issue	Version

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1. Introduction

- 1.1 This Equipment Strategy document relates to the proposed re-development of the Jersey Hospital – The Future Hospital Project
- 1.2 The purpose of this document is to set out the vision and strategy for considering the effective and efficient management and procurement of the equipment for the scheme.
- 1.3 The objective of the Future Hospital Project is to ensure that the island of Jersey has a fully equipped general hospital concomitant with its vision in the acute services strategy, meeting the three key principles in being safe, sustainable and affordable.
- 1.4 At the briefing stage there is a primary need to ensure affordability within the overall capital investment envelope and securing best value for money once the development is completed. Consequently, there will be a commitment to utilise (as far as practicable and safe to do so) the Hospitals existing equipment asset base.
- 1.5 Reference to the “construction team” throughout this document refers to providers who are the designated contractor for the scheme.

2. Equipment Strategy

- 2.1 During the project development process the equipment strategy will continue to evolve and develop. This will be an informed process relating to information received from the Future Hospital Project Team and the developing design.
- 2.2 Gleeds and the Future Hospital Project team have begun the process to create concept Room Data Sheets (RDS) that are based on generic equipment content utilising the NHS Activity Data Base system (ADB), latest clinical practice and lessons learnt from other projects. It is acknowledged that the equipment requirements will become more precisely defined as the scheme progresses with the further development of the RDS by the Future Hospital equipment advisors in partnership with clinical user groups and informed by asset surveys to be completed by the Future Hospital Project Team.
- 2.3 The Future Hospital Project require the design and construction teams to use the NHS ADB coding system for developing their equipment proposals, 1:50 loaded drawings and Bills of Quantity.
- 2.4 In the event that the design team or construction team develop innovative proposals in relationship to room function or particular items of equipment, the ADB coding and Equipment Responsibility Matrix (ERM) classification (defined in principle hereafter) of such room content or

particular item of equipment will be agreed with Future Hospital Project Equipment Advisors prior to incorporation into the design or construction proposals.

- 2.5 An Equipment Committee (EC), chaired by the Health and Social Services Department, will be established as a working strand of the overall Project structure. This Group will be tasked with further development of the Equipment Strategy and the commissioning of the work identified in the subsequent sections. Draft Terms of Reference (TOR) will be included within Appendix A.
- 2.7 The Bill of Quantity will encompass all the equipment across the broad definition of both medical and non-medical equipment and furniture which will also identify the agreed Equipment Responsibility Matrix (ERM) classification for each item.
- 2.8 The Future Hospital Project recognises that there is a commitment to utilise as far as practicable the existing equipment asset base. A comprehensive review of existing assets against an assessment criterion (shown below) will be undertaken by the hospital engineering team to determine asset transfer suitability.

Condition Scoring					
0	1	2	3	4	5
Dangerous	Very poor	Poor	Average	Good	Excellent/As new
Significantly damaged, unsafe for use and should be removed from service immediately	Considerable signs of wear & tear/external damage Not fit for purpose	Clearly well used with some external damage and obvious wear & tear May require enhanced preventative maintenance to ensure the asset continues to be safe for use	Has obviously been in service and may present with minor external damage and signs of normal wear and tear	Has been in service but has no external signs of damage and minimal signs of normal wear and tear	Presents in original packaging and, although may have been opened is as new The asset is not in original packaging and may have been used but is essentially as new with no external evidence of noticeable wear and tear or damage

From the realised data, consideration may be given to extending the life of suitable assets assessed as being fully compliant, and where it is deemed safe to do so without compromising functionality, patient and operator safety and clinical service delivery. Assets procured outside of the project scope through the HSSD equipment replacement programme for 2016/17 to 2023/24 or the procurement of new equipment in the same period will be captured and added to the asset register. The information gathered on equipment type and location will be used to inform the design.

- 2.9 The Future Hospital Project Team will approach the equipment provision as a mixed economy to ensure that it obtains best value from the available procurement options. This mixed economy means considering options such as capital expenditure, inclusion within the bulk/standardised procurement, managed equipment services, lease purchase and charitable donations where relevant. The definitions of the Groups and Categories are detailed in section 3 of this equipment strategy.

- 2.10 The Future Hospital Team have also determined certain key principles with which it wishes the construction team to comply with in their responses on equipment provision:
- 2.10.1 Equivalency – at the time of procurement of new or replacement equipment, the Future Hospital Team wishes to ensure that, in the event of technological developments, the equivalent market position is recognised when selecting the equipment. The equivalent functionality of existing equipment plus all technological developments, which are considered as standard features across the hospital and medical industry, must be included. This will be closely scrutinised by the Future Hospital Equipment Committee (EC) and the Equipment Advisor;
 - 2.10.2 Choice – The Future Hospital requires the construction team to commit to respecting the choice of the Hospital Clinical and Non-clinical Users in the provision of all ERM category 1.1 & 2.1 equipment. This will include the requirement for alternative models and equipment suppliers to be selected as complying with detailed specifications, which will be agreed at an appropriate time in advance of the procurement; and,
 - 2.10.3 Openness – The construction team will be required to make available all information on all ERM categories 1, 1.1 & 2.1 equipment. This will include, but not be limited to, life cycles, maintenance contracts and proposed replacement dates. For ERM category 1.1 & 2.1 all financial information regarding the provision of equipment, including the financial structure for purchase of equipment and linkage to the construction team financial model, will be provided.
 - 2.10.4 Flexibility – The Future Hospital Team requires the design team and subsequently the construction partner to ensure that the building is appropriately designed and engineered to incorporate inherent adaptability and flexibility to accommodate changes to clinical practice and/or the associated advancement in technology of the ERM categories 1, 1.1 & 2.1 equipment. The ethos of the design solution should demonstrate this adaptability whilst minimising the impact and/or interruption to clinical services.
- 2.11 At this stage it is assumed that the scheme will include the provision of some items of medical and non-medical equipment by the contractor, but the scope of this provision will need to be subject to regular review up to the award of contract to ensure that the Future Hospital obtains the most affordable and beneficial equipment service.
- 2.12 The Future Hospital Team have determined a set of equipment and design principles that will be adhered to as a minimum requirement for all new capital investment schemes. Appendix B and C set out these equipment principles and design standards that should be considered a minimum requirement. The EC can, at its discretion, change the equipment and design principles; however, they have been determined as a strategic baseline.

3. Equipment Responsibility Matrix

3.1 The Future Hospital Project has developed an Equipment Responsibility Matrix (ERM) that details respective responsibilities for the supply, installation and commissioning, maintenance and replacement of items of equipment. This will ensure clarity of responsibilities. The Future Hospital Project has adopted a system of categorisation, which differs to that defined in the Capital Investment Manual but considered more appropriate. The traditional NHS groupings as summarised in Table 1 do not provide sufficient information about the assignment of responsibilities.

Table 1: NHS Categorisation of Equipment

Group	Definition
Group 1	Items (including engineering terminal outlets) supplied and fixed within the terms of the building contract
Group 2	Items which have space and/or building construction and/or engineering service requirements and are fixed within the terms of the building contract but supplied under arrangements separate from the building contract;
Group 3	Items which have space and/or building construction and/or engineering service requirements but supplied and fixed (or placed in position) under arrangements separate from the building contract;
Group 4	Items supplied under arrangements separate from the building contract, possibly with storage implications but otherwise having no effect on space or engineering service requirements.

3.2 The Future Hospital Project has taken the traditional NHS categories for equipment and enhanced them into a responsibility categorisation which will be applied to the project equipment content, as laid out in Table 2.

Table 2: The Future Hospital Equipment Responsibility Matrix Categorisation of Equipment

Category	Definition
Category 1	<p>Equipment and fittings built into the fabric and will be procured, and installed, by Design or construction team. These are items that will have no impact on the clinical service delivery.</p> <p>The construction team are responsible for the supply, installation and commissioning up to the formal handover of the construction completion date. Thereafter equipment shall revert back to HSSD ownership. HSSD will be responsible for the maintenance. There shall be no replacement requirements for the construction team.</p> <p>The construction team are responsible for user training which shall be in accordance with the requirements of HSSD.</p>
Category 1.1	<p>Equipment as above but having some impact on the clinical service delivery. e.g. bedpan macerators, patient lifting hoists, service supply pendants</p> <p>The Future Hospital Team wishes to work in partnership with the construction team to ensure best clinical/innovative solution.</p> <p>The Future Hospital Team will prepare generic equipment specifications and Equipment Committee (EC) will require review and final sign off.</p> <p>The construction team are responsible for the supply, installation and commissioning, up to the formal handover of the construction completion date. Thereafter equipment shall revert back to HSSD ownership. HSSD will be responsible for the maintenance. There shall be no replacement requirements for the construction team.</p> <p>All items will need EC approval prior to initial procurement. Equipment will incorporate all technological advances considered as being standard features at the time of the procurement.</p> <p>The construction team are responsible for user training which shall be in accordance with the requirements of HSSD.</p>

Category	Definition
Category 2.1	<p>Critical equipment with a build/space/design element. e.g. diagnostic imaging equipment.</p> <p>The Future Hospital Team wishes to work in partnership with the construction team to ensure best clinical/innovative solution.</p> <p>The Future Hospital Team will prepare generic equipment specifications and Equipment Committee (EC) will require review and final sign off.</p> <p>The construction team are responsible for the supply, installation and commissioning, up to the formal handover of the construction completion date. Thereafter equipment shall revert back to HSSD ownership. HSSD will be responsible for the maintenance. There shall be no replacement requirements for the construction team.</p> <p>All items will need EC approval prior to initial procurement. Equipment will incorporate all technological advances considered as being standard features at the time of the procurement.</p> <p>The construction team are responsible for user training which shall be in accordance with the requirements of HSSD.</p>
Category 2.2	<p>Critical equipment with a build/space/design element. e.g. diagnostic imaging equipment which the Future Hospital Project wishes to procure or transfer.</p> <p>For transferring medical equipment HSSD will provide access for the construction team to carry out decommissioning, transfer, install and re-commissioning of designated agreed equipment.</p> <p>HSSD will maintain and replace, with construction team facilitating necessary building and service works for new or transferred equipment. For the avoidance of doubt, “facilitating” means carrying out / management of the physical movement of equipment, carrying out any required pre-installation works, MEP service adjustments and structural supports and in the case of new equipment, providing uninhibited beneficial access for OEM suppliers to install equipment prior to practical completion.</p> <p>There shall be no replacement requirements for the construction team.</p> <p>HSSD shall provide timely access to the construction team to remove, install and commission the equipment prior to the relevant actual completion date and in accordance with the final commissioning programme.</p> <p>All items will need EC approval prior to initial procurement or transfer.</p>

Category	Definition
Category 2.3	<p>Equipment or “fixed elements” such as artwork which the Future Hospital Team will procure and/or transfer and requires the construction team are to install on walls or ceilings during the building process e.g. monitor brackets, patient entertainment, pictures and art works in the building or grounds.</p> <p>HSSD will procure, maintain and replace. The construction team will facilitate the installation and commissioning. For the avoidance of doubt, “facilitating” in this instance means fixing in position, making good holes or touch-up painting necessary on completion, carrying out any MEP service adjustments and/or structural alterations. This will include beneficial access during the commissioning period.</p> <p>All items will need EC approval prior to initial procurement.</p>
Category 3	<p>Items, which have space / construction / engineering implications and are purchased and installed by the Future Hospital Team .</p> <p>These items are typically free standing and/or mobile or plug in and are included in the final Room Data Sheet e.g. beds, clinical furniture, ECG machines.</p> <p>HSSD will supply, install, maintain and replace.</p> <p>All items will need EC approval prior to initial procurement.</p>
Category 3.1	<p>Facilities Maintenance equipment including catering, laundry, domestic services and hospital engineering equipment.</p> <p>HSSD will supply, install maintain and replace.</p>
Category 3.2	<p>ICT equipment.</p> <p>HSSD will supply, install maintain and replace.</p>
Category 4	<p>Items, supplied under arrangements separate from the building contract, which may have storage implications but otherwise have no impact on space or engineering services e.g. surgical/diagnostic instruments. These items will be procured by the Future Hospital Team / Hospital contracts team. Generally these items are outside of the scope of the Room Data Sheets and equipment strategy.</p>

3.4 Table 4 provides a summary of the responsibilities of the construction team and HSSD for each Category.

Table 3: The Future Hospital Equipment Responsibility Matrix (ERM)

ERM Category	Specify	Approval Process	Supply	Install & Commission	Maintain	Replace
Category 1	Contractor	RDD	Contractor	Contractor	HSSD	HSSD
Category 1.1	HSSD	EC	Contractor	Contractor	HSSD	HSSD
Category 2.1	HSSD	EC	Contractor	Contractor	HSSD	HSSD
Category 2.2 and 2.3	HSSD	EC	HSSD	Contractor	HSSD	HSSD
Category 3	HSSD	EC	HSSD	HSSD	HSSD	HSSD
Category 3.1	HSSD		HSSD	HSSD	HSSD	HSSD
Category 3.2	HSSD		HSSD	HSSD	HSSD	HSSD
Category 4	HSSD	N/A	HSSD	HSSD	HSSD	HSSD

NOTE: RDD means Reviewable Design Data. These items will be subject to the process for review as determined by The Future Hospital Team.

3.5 The Future Hospital Team will discuss and develop the ERM with the construction team as the project equipment content develops so that a clear position on equipment responsibilities for the project is achieved.

4. Specification

- 4.1 The Future Hospital Team will be responsible for developing full generic specifications for all equipment to be purchased across all ERM categories.
- 4.2 The specifications will be developed to incorporate emerging changes in the technology and to lock in future requirements and additional accessories.
- 4.3 The specifications will be developed, discussed and agreed with the clinical users and signed off by the Equipment Committee.
- 4.4 The draft generic specifications will ensure design and construction considerations are appropriate to the project. The detail of the specification will take account of the full brief of clinical requirements, performance criteria and the prevailing clinical approaches, however it will remain generic to allow for a competitive tender process.
- 4.5 HSSD already has a number of specifications based on existing equipment and current practices. These specifications will be built upon and constantly refreshed during the design development and construction phases.
- 4.6 Specifications for furniture and other equipment which can enhance or contribute to the patient and staff environment will be discussed in detail with the project's interior designers and arts consultants.
- 4.7 The future hospital team will further support the specifications by outlining the requirements of the equipment on the building in terms of provision of MEP services and structural implications. This Equipment Design Impact Matrix (EDIM) will contain the worst case information for all category 1.1, 2.1, 2.2 and 2.3 equipment. The information will originate from all they key manufacturers and/or those on any identified preferred supplier/vendor list.
- 4.8 HSSD will utilise the developed specifications for ongoing capital procurement during the intervening period up to completion of construction, such that the equipment will be available for transfer to the new hospital.
- 4.9 During the detailed design process, the future hospital team will undertake a cross-check of the 1:50 scale drawing to ensure the anticipated size of the new equipment will be accepted by the new building and identify any potential associated risks.
- 4.10 The Future Hospital Team has determined a set of equipment and design principles that will be adhered to as a minimum requirement for all new capital investment schemes. Appendix B and C set out these equipment principles and design standards that should be considered a minimum requirement. The EC can, at its discretion, change the equipment and design principles; however they have been determined as a strategic baseline.
- 4.11 The construction team will provide their assumptions as to the environmental, spatial and M&E service impact for ERM category 2.1, 2.2, 2.3 and 3 equipment. The Future Hospital Team will review and confirm the issued information on the basis of current equipment functionality.

- 4.12 The construction team will be responsible for ensuring that the design and build of the hospital reflects the requirements of all equipment. This includes installation and maintenance access, regardless of the method of provision.
- 4.13 The construction team will advise the Future Hospital Project Team of:
- Information required from HSSD for design / construction purposes in respect of any equipment item whatever its category (including transfer items), allowing sufficient time for clinical and technological consultation where required;
 - The delivery schedule for the supply of any items to be supplied by HSSD (including medical, non-medical, FM and IT equipment);
 - Any other timing deadlines for receipt of information from HSSD regarding equipment or any other specification details for whatever reason; and,
 - Any further information that is required from HSSD regarding equipment after The Future Hospital Team has issued the generic specifications and the ERM.

5. Construction Team Supplied Category “1.1” and “2.1” equipment

- 5.1 HSSD will require to be consulted on all equipment (medical and non-medical), which the construction team is due to supply, prior to procurement and in accordance with an agreed procedure and timescales as identified in section 5 of this strategy. More detailed scrutiny will be undertaken by the EC for category 1.1 and 2.1 equipment.
- 5.2 HSSD will issue technical specifications for 1.1 and 2.1 category equipment where the responsibility of procurement rests with the construction team. These specifications shall be drafted to allow for technology shifts anticipated at time of procurement. HSSD will also periodically update these specifications during the process and up to an agreed time prior to the actual procurement.
- 5.3 In the case of category 1 equipment, where HSSD has not produced a generic output specification, the choice of equipment will generally be a matter for the construction team. However, this category will be reviewed via the RDD process as defined in the construction contract. It is expected that the equipment will be sensitive towards the needs of the environment and meet the criteria defined in the Project documentation.
- 5.4 Installation of equipment should be carried out in accordance with the prevailing Design and Construction Requirements, Health and Safety Legislation, and Environmental criteria. The construction team will be required to ensure that pre-installation or installation works are suitable to accommodate the equipment of choice and facilitate change in the case of future choices during the life of the project.

6. Procurement of category “1.1” and “2.1” equipment

- 6.1 A detailed initial procurement procedure for 1.1 and 2.1 equipment will be developed and provided by the HSSD
- 6.2 The procurement process will be undertaken on an open book basis. The construction team will be responsible for the production of a detailed Equipment Investment Plan (EIP) indicating capital, life cycle and future replacement dates for category 1.1 and 2.1 equipment. This list of equipment may be enhanced to contain other items emerging as the design proposals develop.
- 6.3 The future Hospital Team are seeking to procure tried and tested equipment at the forefront of clinical technologies and excellence.
- 6.4 The future Hospital Team are seeking to retain its independence of any specific equipment supplier. The construction team will be expected to provide proposals that comply with this approach and embrace the key principles of choice and equivalency as described in section 2 when undertaking all procurement.
- 6.5 An agreed protocol to manage the interface between HSSD clinical personnel and equipment suppliers and manufacturers shall be developed between the construction team and HSSD. This will also cover arrangements and procedures for reference site visits.
- 6.6 The construction team will ensure that the investment plan is developed with sufficient time allowed to enable robust debate and evaluation by HSSD / EC.
- 6.7 The construction team will be required to advise the Future Hospital Team of any consequential costs with the building infrastructure and design that may result in additional cost or constraints for future procurement as a result of specification or equipment selection.
- 6.8 All category 1.1 and 2.1 equipment identified will have a generic technical specification produced by HSSD, to which the construction team must submit appropriate proposed equipment solutions from at least three manufacturers/suppliers as a minimum standard.
- 6.9 The construction team will provide detailed submittals for all equipment in line with an agreed equipment selection and procurement programme. The submittal will include details technical and financial evaluations including a whole life cost appraisal.
- 6.10 All Equipment will be evaluated and approved / rejected by the Equipment Committee. The construction team will provide adequate time for this appraisal to be undertaken, whilst leaving the procurement process as late as possible in the construction phase, so as to take the benefit of technological evolution.
- 6.11 The construction team will ensure that category 1.1 and 2.1 equipment is supplied, installed and commissioned in line with agreed milestones and the project commissioning and completion schedule.

- 6.12 In the event that savings are made during the procurement of category 1.1 and 2.1 equipment, then such saving should be in favour of HSSD. Overspends will be borne by the construction team.
- 6.13 The construction team will be required to meet statutory NHS Guidance (HBN's, HTM's etc.) and Health and Safety standards for all Fixtures, Fittings and Equipment supplied to the new hospital.
- 6.14 The construction team will be required to:
- Minimise disruption to HSSD managerial and clinical operations in the delivery of the Equipment;
 - Ensure that Equipment is stored or located in a suitable environment;
 - Ensure that the building services and internal environment are suitable for use of all installed equipment (irrespective of ERM classification) and any future replacement throughout the project lifecycle.
 - Ensure that Category 1, 1.1, 2.1, 2.2 and 2.3 Equipment is in a safe and serviceable condition and functioning at its optimal level, and provide a high quality, responsive supporting service;
 - Ensure that Category 1, 1.1, 2.1, 2.2 and 2.3 Equipment meets legislative requirements, industry standards and performance requirements and takes full regard of HSSD policies and procedures, HSSD Operating Policies, Medical Devices Standard of Controls Assurance and user training requirements must comply with HSSD's Clinical Negligence Scheme and Statutory Requirements, but not limited to Health and Safety;
 - Maintain a safe environment and safe working practices including the use of a recognised risk assessment/management system to ensure that standards are maintained at specified levels;
 - Ensure that the construction team trains all its, and HSSD, staff to a level commensurate with their involvement in the use and care of Equipment provided by the construction team whilst providing data reports on activities and usage;

7. Procurement of category “2.2”, “2.3” and “3” equipment

- 7.1 A detailed procurement procedure for 2.2, 2.3 and 3 equipment will be developed in line with HSSD’s standard capital procurement procedures and standard financial instructions.
- 7.2 The future Hospital Team will identify the most appropriate procurement strategy, methodology and programme given the specific nature of the project and the equipment in it.
- 7.3 The procurement methods which will be considered will include capital procurement, lease purchase, managed equipment supply (MES) and payment by results (PbR). These are briefly defined as follows:
- Capital procurement is the process by which the Client buys the product (and any associated product support requirements) outright and is responsible for determining the replacement and appropriate disposal of the acquired asset. This may include the use of charitable funds as well as HSSD funding streams.
 - Lease Purchase involves the spreading of payment for the asset (and any associated product support requirements) over a period of time. The asset belongs to the leasing company for the defined lease period after which it can either be disposed of or retained by the Client at a peppercorn rent or one off payment.
 - Managed Equipment Service (MES) is a method of procuring equipment over a defined contract period, normally 15 to 20 years. During this period the MES provider is responsible for an agreed level of equipment availability and the replacement and/or upgrading of equipment at defined periods. At the end of the contract period the ownership of the assets revert to the Client. This type of contract can cover a wider range of equipment types.
 - Payment by Results (PbR) is an agreement between an equipment provider and the Client to buy an agreed number of processes or tests. This is normally relevant to specific diagnostic or laboratory test and is appropriate for situations where the patient throughput is understood.
- 7.4 Once the most appropriate procurement option has been identified, the equipment is grouped into associated procurement packages, and the various aspects of the procurement responsibility allocated via the Equipment Responsibility Matrix (ERM).
- 7.5 At this stage it is not assumed that (other than Category 2.1 equipment) the construction contract will include the provision of some items of medical and non-medical equipment, but the scope of this provision will need to be subject to regular review up to the award of contract to ensure that the Future Hospital Project obtains the most affordable and beneficial equipment service.
- 7.6 A comprehensive programme will be developed by the Future Hospital Team and reviewed with the construction team, ensuring it tessellates with the key milestones and critical path of the construction and building commissioning programme. This programme will be further updated and refined to more detail as the procurement process progresses.
- 7.7 It should be noted that the purchase of equipment with a value of under £5,000, whilst not routinely classified as capital equipment items, will be include within the capital procurement programme as an integral component of the overall capital development scheme.

8. Delivery and Storage of equipment

- 8.1 The future Hospital Team will develop and tailor the strategy to manage the delivery and installation of equipment in line with the specific needs of this project
- 8.2 The onsite management process will start at the tendering stage as the delivery, installation, commissioning and training requirements of the equipment form part of the tender requirements and the subsequent evaluation criteria to select prospective suppliers.
- 8.3 Once the majority of the equipment specific delivery/install/commissioning information has been developed, the Future Hospital Team will produce a detailed delivery, installation, and commissioning plan which will tie in to the Master Commissioning Plan for the Project.
- 8.4 The equipment delivery, installation, and commissioning plan will identify the programme of equipment delivery and the particulars of how the items are to be labelled, sorted and distributed within the new facility. It will include the quality control methods to be employed upon receipt and the item tracking system to be used.
- 8.5 A strategy of “just in time” delivery terms are unlikely to be successful in Jersey. Therefore, alternative secure offsite storage solutions will need to be arranged to help with goods consolidation and/or storage.
- 8.6 Depending on the completion programme for the building, the deliveries from the consolidation warehouse will be split so that zones are equipped in the same sequence as the contractor completes them. The size of the delivery vehicles will be closely controlled and a method statement will be developed and issued to each supplier outlining the vehicle routes and delivery process.
- 8.7 The Future Hospital Team will require the construction team to provide a receipt, storage and distribution space for all equipment irrespective of ERM classification, during the commissioning and handover phase. This may require the construction team to provide appropriate beneficial access to the Future Hospital Team / HSSD A detailed procedure will need to be agreed with construction team.
- 8.8 It is intended that an RFID asset tracking system will be utilised in the Future Hospital. This system will allow each item to be labelled with an asset RFID which links directly into the Project Database and records its own particular details, including its component identification number, its item number, a description of the item, its final room destination and any specific information relating to the way the item needs to be treated during installation and commissioning
- 8.9 A detailed plan will be developed by the Future Hospital Team for items of HSSD category 3 equipment which are to be transferred. It is likely that a move management service would be taken up through the appointment a removal firm. Any such approach would also need to adopt the same RFID protocols.

- 8.10 Once the installation, commissioning, and training has been successfully completed, the construction team and the Future Hospital Team will put together a pack of information that includes the list of equipment with serial numbers, manufacturers sales and technical contact details, warranty information, approval certification, and user manuals.

9. Receipt, relocation, removals and transfer of equipment

- 9.1 The construction team will be responsible for receipt of new equipment and the removals and transfer of certain items of equipment from the current hospital accommodation during the commissioning period. This equipment will include transfer and decant of designated equipment within category 2.1, 2.2 and 2.3 as identified by the EC.
- 9.2 All necessary specialist removal equipment, labour, vehicles, cranes, packaging and insurances will be the responsibility of the construction team.
- 9.3 Decommissioning/commissioning and decontamination of these items will be the responsibility of construction team, with appropriate assistance from OEM's and HSSD, in line with current Health and Safety Legislation, Infection Control and MHRA guidelines.
- 9.4 Any required disposal of equipment not deemed to be transferable as "Fit for Purpose" to the new facilities will be the responsibility of HSSD in accordance with current legislation and HSSD standing Financial Instructions.

10. Hand-over of Category 1, 1.1 and 1.2 equipment

- 10.1 The construction team will be required to provide reactive and Planned Preventative Maintenance (PPM) for category 1, 1.1 and 1.2 equipment until the agreed handover date.
- 10.2 The construction team will be responsible for providing training to users by suitably qualified personnel. Training will be provided as part of an implementation programme agreed with the Future Hospital Team and shall form part of the handover process of category 1, 1.1 and 2.1 equipment, unless agreed otherwise with HSSD. The future Hospital team will be responsible for ensuring the participation of HSSD staff in equipment training.
- 10.3 The construction team must provide on handover all user manuals, instructions, warranties procedures and other material provided by original equipment manufacturers and suppliers to the appropriate HSSD staff. This will assist in ensuring the correct use of equipment by HSSD personnel.
- 10.4 The construction team must integrate with the Future Hospitals Equipment Administration System for category 1, 1.1, 2.1 and 2.2 equipment, which must be agreed with the Future Hospital Team and incorporate details of all equipment provided to HSSD. This will include its maintenance records, asset movement and audit trails to include history of transfers.
- 10.5 The beneficial warranties and guarantees for Category 1, 1.1 and 2.1 equipment will be assigned in favour of HSSD.
- 10.6 There will be a detailed procedure on the acceptance testing of new equipment. This will include obligations on the construction team to demonstrate that certain standards have been achieved before the equipment is handed over to HSSD.
- 10.7 The Future Hospital Team requires the construction team to transfer category 2.2 equipment deemed to be transferable. The contract conditions governing the transfer and subsequent installation and commissioning will place obligations on the construction team to assess HSSD equipment. Items for transfer will be reviewed and agreed by both parties prior to transfer date.
- 10.8 The Future Hospital Team considers that the term for providing the Category 1, 1.1 and 2.1 Equipment expires on completion of the construction and commissioning programmes by agreed dates in line with the project planned schedule
- 10.9 Radiation Protection Advice / Safety Standards for Laser Use – the construction team must ensure all category 1, 1.1 2.1 and 2.2 equipment producing or emitting ionising radiation or involving laser technology complies with statutory standards as part of the commissioning period, and that all appropriate information is provided to the Future Hospital Team appropriate authorised person(s). A detailed interface procedure with appropriate authorised person(s) will be agreed between the Future Hospital Team and the construction team to include Health and Safety Legislation, Infection Control measures and MHRA guidelines.

11. Conclusion

11.1 It should be acknowledged that at this stage of the project, the Equipment Strategy and content is presented as a working draft for further development. It should also be read in conjunction with other clinical operational policy briefs and project documents. However, it is considered that the Strategy as outlined meets current requirements providing a framework for the further work to be undertaken in respect of

- Testing the robustness of the current costing assumptions;
- Assessing the equipment suitable for transfer;
- Agreement of guidelines to ensure that future equipment purchases are compatible with longer term requirements;
- Designation of equipment categories and agreement of an extended list of category 1, 1.1 2.1 2.2, 2.3, 3, 3.1 and 3.2;

11.2 The Draft Equipment Strategy outlines the proposed strategy with regard to designation of procurement routes and the development of an explicit generic equipment responsibility matrix, which identifies, in line with the agreed Strategy, who shall be responsible for:

- Supply
- Installation
- Commission
- Maintenance
- Training
- Replacement
- Transfer

This will be essential to the agreement of contract terms with the selected construction team.

11.3 The Equipment Committee (EC) that has been established as a component of the overarching Project Structure will further develop the Equipment Strategy.