
Hospital Review Board meeting # 1 - 20/07/18

Attendees:

Connetable Chris Taylor – Project Board Chair

Deputy Richard Renouf

Deputy Trevor Pointon

Deputy Rowland Huelin

Ralph Buchholz – SoJ Officer Support

1. Apologies

Apologies from Connetable Richard Buchanan

2. Declarations of Interest

CT: Stated the Waterfront was his favourite site but that we was coming to the board with an open mind and emphasised the importance of only making decisions on evidence.

TP: Highlighted that he had previously written that the current site was not appropriate in his election manifesto.

RR: Stated that he had previously sat on, and chaired health scrutiny panels. Also that he had previously defended the decision to build the Future Hospital on the current site. Still believes the current site is the best site but will only listen to evidence on other sites and the process that was followed in coming to the decision.

RH: Highlighted that he had attended the previous planning enquiry and spoke to give evidence that the states were misled in the enquiry. Evidence for this was also taken to the Commissioner of Standards. Despite never voicing an opinion on a favourite site does not believe the current site would be the best, fastest and cheapest solution. Also explained how at hustings he had held a poll to see what the view on the hospital site was. Also has previously written countless letters to states members with Bruce Willing and Nigel Broomfield.

CT: Highlights the importance of transparency in declarations of interest and in the process.

3. Board Membership

CT: Stated it was important to keep the board small but to have a breadth of knowledge. Highlighted that he had asked in the states if any members would be interested in joining the board but hadn't received any response. Also highlighted that there were currently no female board members on the board.

RR: Highlighted that there was no St Helier representative, and proposed Carina Alves.

CT: Mentioned that he would contact Carina to see if she would like to be on the Hospital Board, to which all were in agreement.

RH: Questioned whether RR was conflicted due to being Health Minister and client for the new hospital to which RR believed he was not, highlighting again that he would look and make decisions based on evidence and would be strong enough to change tack as required as he does not want the hospital project to fail.

4. Terms of Reference

CT: Stated the need to change the date of conclusion from 31st October, to which all in agreement.

RB: New timeline would be defined as per the scope which will be updated.

RH: Questioned if there had been evidence of the cost and timeline which would be needed to refurbish the current hospital.

TP: Highlighted that there were reports stating that the current hospital is not fit for purpose.

RB: Highlighted the importance of evidencing the report as per p.82 and KPMG report.

RH: Stated that there was an opportunity to have facilities such as mental health co-located on a health campus and questioned whether having one health campus with all facilities together would benefit the health of the Island.

RR: Highlighted the importance of evidencing why certain facilities have been left out.

RB: Reminded the board that if they were not satisfied with the evidence produced they could bring in experts.

CT: Confirms the terms of reference with an amendment on date of conclusion, all in acceptance.

5. Board Statement of need for new General Hospital

CT: Suggested that by July 31st a statement should be made highlighting the need for a new hospital. Highlighting that it needed to be a clear statement which would feed into the review.

TP: Stated that he has first-hand knowledge the current hospital is not fit for purpose.

6. Draft Scoping Paper

RH: Mentioned that he had spoken to a local quantity surveyor who couldn't price the hospital and questioned whether the board could get a quantity surveyor from the UK to check projected costs. RH questioned where this funding would come from.

CT: Highlighted the budget of £150,000 for the board and mentioned that the Council of Ministers would need to decide if that budget was to be increased.

RR: (1.1) Questioned why evidence was only up until 01/12/16 and whether that should be extended, or if there should be a date at all.

CT: Agreed with RR and stated that there was no OBC for the revised site, and that it would need to go back to the assembly when there was.

TP: Suggests extending the date to Election Day which was 16/05/18.

RH: Highlights the difficulty of comparing the sites when new construction techniques are only being applied for the revised scheme, and questions how the other unencumbered sites would have compared under new construction techniques.

CT: Proposes that the date be changed to 16/05/18 and reference to evidence as presented to the States assembly during this period. All in agreement.

RH: Highlighted 4.1 needs to be changed to align with the terms of reference being updated.

RR: Proposed to change 'town' to 'urban' in 4.3.

RB: Suggests removing 'p.110/2016' from question 3 in 4.3 which is agreed upon.

CT: Asks whether the board want medical staff making representations to them. Suggested providing medical staff and/or public with surveys through the States Greffier.

RR: Questioned the use of surveys and highlighted that these were not evidential. Further highlighted how they are very subjective and questioned how value would be given to the answers.

RH: Asks whether it would be beneficial to ask clinicians to provide the board with their experiences so far.

CT: Suggests a 'Board of clinicians/consultants and Rob Sainsbury to have a discussion forum – not in public. All in agreement.

RB: To produce the agenda for the Board of Clinicians as above.

RH: Asks if he can contact clinicians about this to which CT highlights that everything should be done through management.

RH: Highlights that wording needs to be changed in 4.9 regarding the £150,000 budget.

RR: Mentioned that in 7.1 regarding the Neighbourhood forum that there were many strong opinions held by the public. Highlighted the need for an independent adjudicator of this, that wasn't CT and ideally not a States member.

CT: Commented on the possibility of a pop-up shop in king street.

RB: Commented that if the planning inspector agrees to look at other sites there could be a joint press release.

RR: Leaves meeting.

7. Evidence of Case Workshops

RB: States that third workshop needs to be arranged as a round up.

CT: Questions whether consultants' board can take place in workshop two of if there is a need for a separate meeting around that time.

RB: Mentions that it may be best to have a meeting at a similar time as time will be limited at workshop two. RB also highlighted the structure of the workshop and the importance of detailed evidence.

RH: Questioned whether the board could ask for what has been said off record by Future Hospital Project and Clinicians.

CT: Rejects the question as off record comments are not evidence.

RB: Highlights the importance of getting a website up and running regarding the scope of the review allowing information to be publicised.