

Hospital Policy Review Board – Workshop 6

24/09/18 11.30 – 1.00pm

Attendees:	
Connetable Christopher Taylor (CT) – Project Board Chair	Peter Gavey (PG) - Chief Executive Officer Ambulance Service
Deputy Richard Renouf (RR)	
Deputy Trevor Pointon (TP)	
Deputy Rowland Huelin (RH)	
Deputy Carina Alves (CA)	
Connetable Richard Buchanan (CRB) apologies	
Ralph Buchholz – SoJ Officer Support (RB)	

Part A – Board members only

Item	Minute	Action
A1: Apologies and minutes from last meeting	<p>CT: Some Incorrect emails for Survey recipients have bounced back– CT will forward to RB to investigate 200 approx – no longer working or leave 50 approx – confidentiality query as using payroll number</p> <p>RB – will provide CT with email explanation to forward to recipients on use of payroll number.</p>	RB to follow up
A2: Survey update	<p>Email sent to all health staff – sent on 19/09/18</p> <p>RH: Concerned with the contents of an Email (Copy attached) sent to all health staff / from HSS general circulation following public inquiry addressing points made on Tuesday 18th September. It is a selling document and is not a balanced document.</p> <p>TP: I think the email was sent out as a wrecking manoeuvre. It was a rebuttal of what was said at the planning inquiry.</p> <p>CT: We can ask who and why comms sent it out and what was the purpose?</p> <p>RB: Read from email and suggested that it appeared to be reporting on the facts. By way of example it was stated that no parking spaces were being provided at Westaway Court by an objector at the enquiry. The email stated that in fact 19 spaces were being provided. Does the board have a query with the fact check provided in email or if the 19 spaces provided as being insufficient?</p> <p>CT: Yes, as 19 parking spaces is not sufficient</p>	RB: To contact comms team on recent emailing to staff by FH team on public inquiry points

	<p>RH/CT: It's a propaganda document</p> <p>RR: It is taking a view of the public inquiry meeting</p> <p>CA: Understands why it could be seen as a selling document as it deals superficially with a number of concerns but does not provide further in depth explanation</p> <p>Survey</p> <p>CT: Concern raised by a number of staff members, the rumour is, if they say no to the current site then it will be no to a new hospital.</p> <p>RR: How are you getting this feeling and how many people?</p> <p>CT: One senior nurse representing her department and one consultant and another medical employee</p> <p>TP: The survey is clear there is an alternative site choice by asking for their preferred site.</p> <p>RH: Has received emails to say they are concerned about speaking out and has a number of email examples</p> <p>RR: Individuals are free to speak, and unless it is management lead we can't stop people talking.</p> <p>RR: In relation to 'if people say no to the site, then they are saying no to the hospital'. There is no evidence this is being said by politicians and management.</p> <p>CT: I have a responsibility to make it clear that I am receiving emails of concern and people must be able to speak openly about their personal feelings without fear of intimidation.</p> <p>RR: I take continuous objection that people are saying they are not able to speak openly. We must have evidence.</p> <p>RR: It is clear you want people to speak out against the hospital current site, but when they say they are supporting the current site (that or no hospital), you are stating it is intimidation.</p> <p>CT: Concerns need to be addressed as we have the evidence. We are looking for your guidance on how to</p>	
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	<p>manage this, we want to ensure people can speak openly and we won't tolerate any intimidation.</p> <p>RR: Astonishing that a government Minister does not trust high level management of a States Department, do we get the whole management team here?</p> <p>RB: Difficult to have a definitive view, unless you bring the evidence to the board.</p> <p>RH: We do have evidence and there are emails and phone calls Chris and I have received.</p> <p>CA: Are we able to meet with these people in complete confidence with the board outside of the States.</p> <p>RR: Can we ensure that Management have an opportunity to respond to the allegations being made.</p> <p>Discussion not concluded as needed to move to the next agenda item</p>	
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Part B – Evidence Review.

Item		Action
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<p>B1: Presentation and discussion on Ambulance operations PG</p>	<p>RB: The ambulance blue light data has already been presented to the Board but Peter Gavey is able to provide more information on the service.</p> <p>PG: 2/4/15 – first point where I was asked whether the ambulance service has been involved as I became the new Chief of service in May 2013.</p> <p>RH: Atkins 2013 –did the ambulance have any involvement in providing feedback?</p> <p>PG: Could have been predecessor but can't be sure as I was not involved in any conversations. 2015 onwards we have had involvement.</p> <p>TP: Can you explain St Saviours and the 'Golden hour'</p> <p>PG: The Golden Hour is the time from the incident happening to definitive treatment being received in hospital. This is usually used for trauma calls; however, certain</p>	
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	<p>categories of medical calls will also require a rapid intervention by ambulance.</p> <p>PG: St Saviour's hospital – test run – 9 min to the current hospital, only 3 ambulance on call at any time. Calls coming in from the west would have an additional 9 minutes approx. added to their arrival. If heading out West there would need to be additional resources to meet the required response times.</p> <p>PG: Most people are in town near the current site and current bus network heading to the current site. Most Category A (potentially life threatening) emergency medical calls come from St Helier/South (approx. 2,500) compared to west (approx. 500) North (approx. 300) & East (approx. 300).</p> <p>RH: How many of those calls if properly diagnosed would be blue light calls, would the numbers reduce significantly?</p> <p>PG: We haven't completed the planning work yet, following a reprioritisation of emergency call responses that have been agreed through the HSSD management, this needs more work but it would reduce some of the overall emergency calls (Cat A, B and C calls totalling 9022 attended to in 2017).</p> <p>CT: You are developing figures on real blue light calls, when will they be available?</p> <p>PG: It will take a couple of months before we have those figures.</p> <p>CT: Requested copies of the maps and call statistical information</p> <p>RH: What are your other issues other than call times?</p> <p>PG: Change of current station building, separate management building to Ambulance parking could work, and providing different levels of transport.</p> <p>RH: How does the St Saviours site affect you?</p> <p>PG: The St Saviours site has a number of issues that was passed on to the team at the time as per the document created by Bernard Place at the time. The extended distance when travelling to the West of island and impacts on residents living in the West and parts of the North. Volumes of traffic at times of the day affecting responses in to town from St Saviours, particularly at school opening/closing times, when an increase in blue light runs in the area of the schools could affect safety for school children.</p>	<p>RB to provide Board with copy of presentation given and statistics on blue light responses</p>
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	<p>The road networks around St Saviours restricts access to other parts of the island.</p> <p>The increase in traffic with staff and patients who currently walk to the hospital in town now needing transport to St Saviours. This along with the increase in emergency ambulances travelling through the area etc. Increased ambulance resources would be required to reach other areas.</p> <p>PG: Current site, water front, peoples park no issues. Overdale and anywhere outside of town will have some impact, with narrow roads and road access being limited. Gradient on hills and rain and adverse weather highly likely could impact on ambulances having an accident.</p> <p>CT: Warwick farm, is it more easily accessible then Overdale?</p> <p>PG: Non blue light not so bad but Warwick farm is a 4 min extra drive from current site. This does not take in to account heavy traffic times and the increase in traffic generated by the potential hospital itself from patients and staff needing to commute out of town.</p> <p>PG: Country Lanes around sites are difficult for Ambulances when coming across another car. Every second counts when dealing with a critical medical incident.</p> <p>PG: One way systems planned for overdale as a single site would take us down tower or Westmount hill from Overdale as shortest route, but not necessarily the safest route.</p> <p>RH: How many get lifesaving treatment immediately when they get into the hospital?</p> <p>PG: We don't track those statistics, but about 100 a year are cardiac arrests. We can gain that information for you if required.</p> <p>CT: Waterfront site, Shortlist option D – and is an example of not having a practical solution but the FH team have said they would have amended this if site selected.</p> <p>PG: Can control traffic lights to gain access on no 2 junction. Something could be put in place, to overcome road access issues to the waterfront.</p> <p>Meeting ended and Board thanked PG for his time</p>	
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