

Hospital Policy Review Board – Workshop 1 - 26/07/18

| Attendees: | FH team (Part B) |
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| Connetable Christopher Taylor (CT) – Project Board Chair | John Rogers (JR) |
| Deputy Richard Renouf (RR) | Bernard Place (BP) |
| Deputy Trevor Pointon (TP) | Philippa McAndrew (PM) |
| Deputy Rowland Huelin (RH) | Ray Foster (RF) |
| Ralph Buchholz – SoJ Officer Support (RB) | |

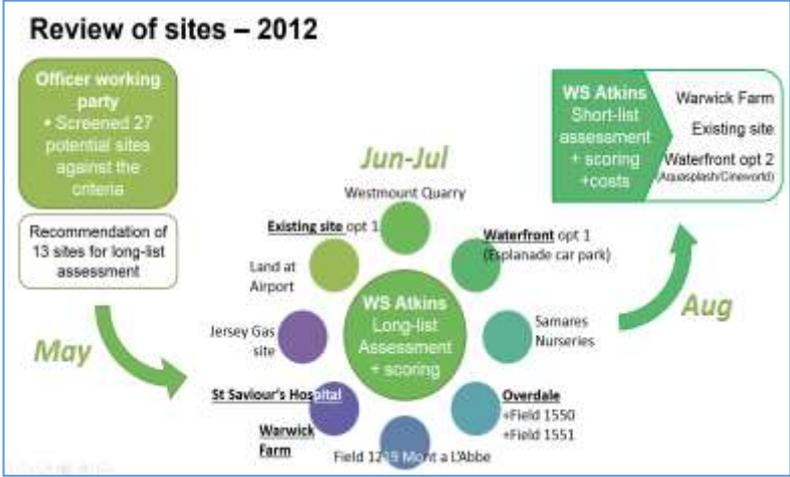
Part A – Board members only

| Item | Minute | Action |
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| 1. Apologies | Apologies from Connetable Richard Buchanan and Carina Alves. | |
| 2. Approve Minutes and scoping paper from last meeting | <p>RR: A revision to the minutes was made in the 1. Declarations of Interest section from ‘only listen to evidence on other sites’ to ‘prepared to review evidence on other sites’.</p> <p>CT: Proposed sending the Chief Minister an email regarding the decision to publicise the acknowledgement of the need for a new Hospital by 31st July, this was agreed upon.</p> <p>RB: Noted that agreed Terms of Reference and scoping paper had some deadlines relating to the review of evidence that would not be complete until September.</p> <p>CT suggests minutes from previous Hospital Review Board are signed off, all in agreement.</p> | <u>CT to send email to Chief Minister on timescales and need for new hospital</u> |
| 3. Board Membership | CT: Highlighted that despite not being in attendance Carina Alves had accepted an invite to join the Board and would attend subsequent meetings. | <u>RB to circulate papers to new members</u> |
| 4. Communication Plan – Press release. | CT: Agreed that as above decision to state need for new Hospital published on 31 st July. | <u>RB to finalise Press release for approval</u> |

Part B – With FH team members.

| Item | 1. Introduction | Action |
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| 1. Introduction | Bernard Place (BP) and Ray Foster (RF) provided a brief introduction due to the absence of John Rogers (JR) at the start of the meeting. | |
| 2. Need for a new General Hospital | <p>BP: Explained what a ‘General Hospital’ is, highlighted the necessity of services surrounding the ‘core service’ of emergency care.</p> <p>RH: Asked to go through the headlines of the KPMG report.</p> | |

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| | <p>BP: Highlighted that KPMG had an understanding of the activity on the Island and how the activity and island would change.</p> <p>RH: Questioned what evidence there was in the reports that a General Hospital was required.</p> <p>RF: Explained the ‘do nothing’, ‘do minimum’ and ‘strategic change’ options and the repercussions of each. Also highlighted that the new model of care was best value.</p> <p>BP: Briefly overviewed the 6 facet survey to highlight the infrastructure of the current hospital.</p> <p>RH: Highlights an extract of p.82 which reads “redevelopment of existing facilities.”</p> <p>TP: Highlighted the strong reference to community care and questioned whether that would negate the need for a new hospital. Also highlights that scrutiny are clear that p.82 underestimates bed numbers.</p> <p>BP: Suggested that without a new hospital there would be a demand for 400 beds. KPMG and further reports suggest that a figure of 300 beds is far more accurate.</p> <p>RB: Mentioned that the R125 document was available as a hard copy in the packs given to board members and this provided much of the background evidence as to the need for a new General Hospital.</p> <p>RH: Reported that p.82 states ‘redesign, refurbishment or rebuild’ and doesn’t clearly define the need to rebuild.</p> <p>BP: Stated that the feasibility of refurbishment had been tested and the Atkins report showed it was not viable to refurbish existing buildings. Also gave an example that the 80’s block on the current site would lose 10 beds in each ward for an effective refurbishment.</p> <p>CT: Mentioned that the Atkins report highlighted the need for a new General Hospital.</p> <p>RF: Agrees with CT and states that the Atkins report provides some solutions to the problems defined in the Atkins report.</p> <p>BP: Presented the key dates that the Council of Ministers met to make a statement of the necessity of a new General Hospital on 4th October 2012 and which was then further endorsed by subsequent approval of P.82 by the States Assembly.</p> <p>4th October 2012</p> <ul style="list-style-type: none"> • CoM agreed the need for a new hospital (as minuted): | |
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| | <p><i>“It was recognised that central to the development of the initiatives proposed was the need for a general and acute hospital which was fit for purpose, capable of sustaining the general and acute care requirements for the population and one that was embedded in the proposed new system for health and social care. It was noted that P.82/2012 indicated that a new hospital would be required within 10 years.”</i></p> <p>18th October 2012</p> <ul style="list-style-type: none"> • R125/2012 – Hospital pre-feasibility spatial assessment project: interim report, set out the case for change <p>23rd October 2012</p> <ul style="list-style-type: none"> • P82/2012 – Health and Social Services: A New Way Forward approved by States Assembly • States Members accepted Do Nothing was not an option • Ministers charged with bringing forward detailed proposals for a new hospital by 2014. | |
| <p>3. Site Selection process Urban v Rural (up to end 2012)</p> | <p>PM: Started a presentation relating to site appraisals. Explained that there was initially 27 selected sites, narrowed down to 13 which were longlisted for the Atkins report, later shortlisted to 3 sites. Highlighted how St Saviour and Overdale sites made the longlist but were cut from the shortlist. This is summarised in the following presentation slide:</p>  <p>PM: then highlighted the MOG minute of 25th September to this effect:</p> <p><i>“MOG accepted the current hospital (site 1) and Warwick Farm site (10) as the shortlisted sites. EN and IG raised concern about viability of site 4 (Waterfront) in that no alternative financial centre for the island could be identified or costed during the shortlisting process and therefore a meaningful financial analysis could not be performed. On the basis of their valuation of the unacceptability of this risk, MOG agreed that the</i></p> | <p>BP to provide further operational evidence including on staff and visitor footfall numbers</p> |

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| | <p><i>recommended site 4 / 14 [Esplanade] should not be progressed for further consideration.”</i></p> <p>RH: Asked how much weight should be given to the health of the island against planning issue relating to minutes from Ministerial Oversight Group.</p> <p>RF: Stated that it was hard to grasp the tension and dilemmas when making the key decisions through reading back on the minutes. This was why in November further sites were reviewed.</p> <p>PM: Stated that it was a MOG decision to rule out Warwick Farm which was made on 5th December 2012 (as minuted):</p> <p><i>“The Group considered that Warwick Farm, although on the original shortlist, did not appear to be deliverable in Planning terms and its long-listing performance (5th) was not sufficient to justify its further consideration. The group therefore agreed to remove this from the shortlist.”</i></p> <p>RB: Highlighted that this decision took into account the transport and infrastructure issues around Warwick Farm.</p> <p>CT: Questioned what representation was made by planning at this point.</p> <p>RF: Explained that the strategic planning advice has been provided which highlighted that the site is in the Green Zone and so proposals for new developments including hospitals or residential uses would not be in accordance with this principal planning policy and so likely be refused.</p> <p>JR: Highlighted how infrastructure of the Island was centred on St Helier. Also stated the importance of the blue light response times for emergency vehicles. Suggested that Warwick Farm whilst being central to the Island had poor infrastructure surrounding it.</p> <p>PM: Assured the board that planning guidance was received when ruling out Warwick Farm. Further stated that on 22nd February 2013 site 1E (current site) was preferred.</p> <p>CT: Suggested that more evidence was required, for example footfall on hospital sites, and who is attending with regards to patients, staff and visitors. Also highlighted a preference that a decision on Urban v Rural be made at the start of the next meeting as opposed to the end of this meeting.</p> <p>BP: Stated that information would be provided explaining data and difficulties with these numbers.</p> | |
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| | <p>RB: Highlighted the fact that for those travelling by bus to potential out of town hospital sites from existing rural areas, they would in many cases still need to travel via St Helier in the first instance in order to get the onward connection as the bus service is a centralised or hub and spoke service.</p> <p>RH: Questioned the size of the Warwick farm and St Saviour Sites.</p> <p>PM: Explained that the Warwick Farm site was 54,123 square metres but this was either side of a road, and that the St Saviour site was 59,000+ square metres.</p> <p>RR: Questioned where the Overdale site was ruled out.</p> <p>PM: Highlighted that in the 2013 MOG minutes there was evidence of the Overdale site being discontinued and would be discussed at the next work shop</p> <p>RB: referred to the COM minutes of 5th December which agreed to drop Warwick farm, as already discussed and agreed to pursue only town sites for future consideration:</p> <p><i>“The Group agreed that two sites (Site 1A Existing and 14A Waterfront) should be taken forwards with further consideration to be given to optimal configurations on the existing site with additional land (Site 1B) and the alternative Waterfront (sites 14B/C).”</i></p> <p>RB: then said the board should now review all of the evidence provided and that at the next workshop discuss if COM and the States assembly had come to the correct decision on this first part of the review.</p> | |
| <p>4. Board Discussion</p> | <p>JR: Provided an introduction to the history of the project.</p> <p>TP: Questioned whether the thought of building on the Waterfront site and moving the finance centre to the current hospital site was ever taken into consideration.</p> <p>JR: Stated that whilst this was discussed it was deemed building the hospital on the waterfront was not deliverable due to it being against the current waterfront master plan, the problems associated with parking and access to the site across a 6 lane road and the significant negative visual impact to the ‘gateway’ to St Helier. Moving the JIFC to the hospital site would lack the necessary prestige to attract investors and so would not be viable.</p> <p>RH: Points out that there was no recording of thought being given to the health of the island from the Ministerial Oversight Group on 22nd February 2013.</p> | |

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| | <p>CT: Questioned what the relationship between the Council of Ministers and Atkins was.</p> <p>JR: Stated that there was no problems in relationship, instead there was a re-tender and Atkins didn't submit a tender bid.</p> <p>RH: Voiced concerns over housing of nurses, Gloucester street site and location of Mental Health.</p> <p>JR stated on site accommodation for nurses was not appropriate and that alternative arrangements are in hand to provide key worker accommodation.</p> <p>RB: Suggested sending him emails with the questions to pass on to the Hospital team.</p> <p>RB: Confirmed when the next meeting would be taking place, Friday 3rd August 11:00 – 14:00. Highlighted that the Urban v Rural site review was yet to be answered and was to be at the start of the next meeting.</p> <p>CT: Finished the meeting by highlighting that a press release on necessity of a new Hospital by the following Monday at the latest.</p> | |
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Attachments

Presentation to Policy Board: [Workshop 1 presentation](#)