Hospital Policy Review Board – Workshop 7 (part 2)

24/09/18 16.00 – 17.00pm

Attendees:	
Connetable Christopher Taylor (CT) – Project Board Chair	Andrew Woodward – Consultant Anaesthetist
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)	

Minute
AW introduced himself and provided some background and his experience, as a Junior Doctor in Jersey, in the UK and then finally to appointment as Consultant Anaesthetist in JGH. AW observes that in his view the decision around the site of the new hospital is a "political mess" and would encourage those with the power and influence, including this Board to reach a decision quickly. If we could build on a clean site quickly then we should, but he believes that this is not possible as no alternative site exists and problems with the current site, such as infection control issues, etc., are of such concern that a new build is needed now. He is concerned that a minority of loud and dominant voices are crowding out the case for the current site and this was clear at the recent planning enquiry where he spoke and was barracked and felt intimidated. He listened to some colleagues and friends speak against the site but does not agree with their views. There is noise on the current site but this is related to the refurbishment of an old facility that is continually required and will go on longer if a decision to build a new site is delayed any further. He heard at the enquiry that there have been floods on the current site but he has never experienced or heard of any. The risk of flood was seen as a reason not to develop current site by objectors and yet they supported the waterfront site, which made no sense at all given its coastal location. TP said that another consultant had raised concerns about the size of the new hospital and potential loss of beds. AW stated that he cannot comment on the wards but he has seen plans for the intensive care department and they are excellent with the architects being very receptive to change and new ideas. He observed that some department's such as oncology and haematology are set in their ways and not open to changing how they will work in the future, which is part of the overall operational and efficiency improvements – this is a challenge. When you have a large group you will have a large number of opinions. He is excited about the changes and enjoys working in Jersey which is very different to a similar sized town as the hospital services would be more basic.

The new hospital is modelled to account for changes over the next 50+ years, but that will always be a best guess as things such as Brexit can have uncertain impacts going forward.

The new hospital will provide a massive improvement to infection control because under the current 6 bay ward system, the whole bay may need closing to accommodate 1 patient who has an infection, losing the hospital capacity of 5 beds. The new site will all be single bed bays and also will be much more efficient and can control infection more readily.

CT asked if accommodation was a significant issue.

AW replied that yes it was and although initial accommodation is available staff must move to private accommodation at some point and this was expensive, although the current accommodation is of a very poor quality and some staff want to get out asap.
There is a good argument to have accommodation off site rather than on site to provide a good work life balance and separation.

RH wanted AW views on the principles behind P.82 and the improvements identified though the primary care strategy, also asking if there is an argument to have mental health services adjacent to acute.

AW agreed but as far as P.82 is concerned medical health is one for evolution rather than revolution and although would like to speed it up we should avoid mistakes made in UK. The current TrackCare IT system is not ideal but he believes we can build an excellent clinical facility with the right infrastructure for IT improvements to be made.

RH suggested that the health system should be looked at in its entirety before a solution is put forward.

AW stated that we need a strategic decision to put the whole thing in place, but this involves too many individuals and decisions, we would lose an overall strategy. It has taken at least 4 years to agree the new hospital.

The site has to be in a central town location – we have a hub and spoke where all roads come through St. Helier – Warwick farm, etc. have major problems with traffic etc. Peoples Park was an excellent option but knocked back by dog walkers. For major infrastructure decisions, dog walker's views may need to be put aside.

RH asked about the size and expansion issues and the use of robotics.
AW stated that as for size this is a constraint everywhere. The project started as a two sites option, but two sites too far away and it is hard to separate facilities, it would lead to duplication and the option was not joined up.
The robotics in Jersey does not stack up as a business model, it would need a very large theatre suite (30-40).
In terms of expansion AW can only really speak of my area of the ICU, and the plans are excellent. The bed area is around 19sqm which is an improvement, although about 5% below HBM standards. This small compromise and a reflection of most developments in Jersey where land is restricted.
The one concern I would highlight is around staff amenity as this is often the last part of development.

CT asked AW views on a 2 site option where you move the acute facilities to another site.

AW stated that no one would develop a 2 site option in a perfect world. For example AW would have a clinic in the morning on one site, which often overruns, and then have to be in theatre in the afternoon on another. The problems relate to staffing and the need to have back up ambulatory and other backup facilities like labs and scanning. It would lead to duplication and the staffing models would be unaffordable. It was an option strongly discounted by the clinical staff.
CT stated that this set up was common elsewhere.
AW stated that this was often for local community/political reasons in the UK. For example when AW worked in an acute hospital in Edinburgh which was the trauma unit he would often have to transfer head injuries to the neuro intensive care on another site in Edinburgh. This was clearly illogical but the situation persisted until fairly recently. This is an unacceptable situation.
Mental health culture is changing and whilst integrating mental and acute medical care has some advantages improvements in liaison psychiatry was more important than proximity.
RH asked about improving staff retention both in the short, medium and long term.
AW stated that it is a small hospital with major works underway but is a great place to work. The issue is around the cost of accommodation and pre-schoolchild care. Both can obliterate modest incomes of staff. There is a case for the employee subsidising child care.

RH asked about the noise issues.
AW was not concerned about working next to a new build hospital site. No one noticed when other major Dandara housing and office schemes were being built around the site. This is the same. There are higher risks and the main one is not having a new hospital as he does not believe we can build in the short term on a new site.

TP asked about the new hospital being reduced in size.
AW said the new hospital will give us more space.

TP said that the primary care strategy had not been delivered.
AW considers that p82 has seen very little clinical impact despite significant investment and that there are many vested interests. The funding model needs to be reviewed.

CT asked about Westaway court and whether this was a 2 site option?

AW said that ideally it could be closer but this is not a big distance when compared to UK large campus style sites. It is actually good to separate this out for those attending.

AW concluded by saying that for the record there has been no gagging of views whatsoever.

The meeting concluded and the Board thanked AW for his time.