Hospital Policy Review Board – Workshop 4

06/09/18 2.30 – 5.00pm

Attendees:	**FH team (Part B)**
Connetable Christopher Taylor (CT) – Project Board Chair	Bernard Place (BP)
Deputy Richard Renouf (RR)	Philippa McAndrew (PM)
Deputy Rowland Huelin (RH)	Bruce Preston (BPr)
Deputy Carina Alves (CA)	Rose Naylor (RN)
Ralph Buchholz – SoJ Officer Support (RB)	

Part A – Board members only

Item	Minute	Action
Apologies	Deputy Trevor Pointon Connetable Richard Buchanan	
A1. Recent Press Statements – Chairman to lead	CT: Stated that he wanted the following clearly minuted: 'The comment that I made in the JEP article (*reference to JEP article dated 3rd September which quoted CT that evidence for better sites was intentionally ignored*) was in no way pointed to any member of staff, the Future Hospital team are very professional, extremely hardworking and absolutely dedicated. I've already told John Rogers that and made clear to anyone I've spoken to. These comments were aimed purely at a political level and it was probably my frustration of previous government had given information to me in the past. It relates to a number of areas, One is Warwick farm and the waterfront, where I brought a proposition to build on the waterfront and information I had requested was not given to me. And I suppose also the highlight which I have not divulged, that we found a minute where the ministerial oversight groups said this is important we must make sure that scrutiny does not get hold of it, so it's clearly been an air I believe from the government that they regarded what information was given to us.' RR: Stated that his understanding of that minute was that it was the words recorded of one particular member of that group, the Chief officer and then repeated by Philip Ozouf Refers to Minute 09 April 2013 – MoG RR: - stated that it worries him if CT is stating that they had made their mind up and found the evidence that supports that site. It does not suggest it's the politicians, it's the officers who are putting together the evidence.	

	RR: asked is there evidence to support the statement? CT: stated that he was misquoted in the press and he was in fact referring to a number of conversations he had with Andrew Green, when you look at the evidence trail when people's park was rejected the next highest scoring site in the Gleeds report was the waterfront, they clearly refused to re-examine, in fact they refused to re-examine, and said that leaves the hospital site we are going to build here. RR: But do we know that, have we had evidence? CT: That's what we need to find, is evidence to support that statement. RH – disagrees, feels they have clearly been sold to since they have joined the review board and everything has been their version of what they see. And it's our role to listen to that and for us to question and challenge. RR: Chris has said that the politicians' minds were made up, and they didn't go back and re visit the waterfront site but how have we concluded that, where is the evidence? CT: That's what we need to find, evidence to support their decisions made. CT: When the debate took place in the States chamber on People's park, the inner circle of the Council of Ministers were in the coffee room, and it was made absolutely clear that they were not going to look at the waterfront, and it was not an option and therefore if people's park was pulled then the only site left was the existing hospital site. RR, Yes, I remember being around and hearing that sort of conversation as well, but we're surely not going to base our conclusions of Philip Ozouf in a panic. CT: It wasn't just him there were 6 of them. RR: I remember it. CT: We must probe and find out why they were so adamant about another site and reassess all the sites. After People's park was rejected all sites should have been re-examined, there is a duty to go back and review the other sites, you set out your principles, criteria for a site, look at the sites and score them accordingly, then take the top site, if you do not take the top site, then you need to review the criteria and reassess all the sites, That's what the C & AG have said	

	and I have seen no evidence of reassessment of all the sites. RR: After people's park was withdrawn, there remained the Gleeds assessment and Scrutiny panels went ahead. And we eventually had the debate on the preferred site which boiled down to 3 possible sites the current site, waterfront, Overdale and the dual site for comparison purposes. The tussle was between the 2 sites, the waterfront and the Current site. We need to examine why they chose the current site over the water front site. RB: The Board were presented this this in previous workshops when reviewing COM minutes regarding the selection of sites. For example the Board had been presented evidence that the waterfront site was discounted because of the economic analysis that was put forward and also the impact potential rising from that on the new finance quarter and that was the principal reason that really dropped out from that debate, these were the stated reasons why the waterfront was not taken forward when reading those minutes. CT: The Waterfront was still cheaper, quicker and the risk to patients was significantly lower, I have a major issue with their risk assessments, when you look at the risk assessments, certain risks are put as being greater than patient safety. CT: I have asked for the cost analysis of the Waterfront, I have met with Ray Foster and the Chief Minster because the CM wants it as well, so we can have the full cost analysis on the 4 sites on a cash basis and on a notional basis. The reason being is that a significant proportion of the cost of the waterfront is a site cost, we already own the site, so there is no cost in purchasing the site. The value was put in that contained a certain amount of opportunity costs and if we are going to be borrowing money then we don't need to borrow the money to purchase the site and to pay for opportunity costs. If the site costs and opportunity costs are in the region of £84m, then it makes the margin between the Waterfront site and the current over a £100 million pound cheaper.	

	RB: asks for clarification on CT's point about Risk assessment, is it for all the sites or just for the existing site? CT: Confirmed all the sites, from the Gleeds report. RB: that goes back to previous meeting minutes where Ray Foster is going to provide the breakdown of the weightings in the site assessment criteria and the cost analysis of the four sites. Once you have this information is should inform you better on the evidence for site selection. RR: We need to get the team back here to put to them the issues that CT is raising. Was your contention that they had decided to go with the current site, based on what was said in the coffee room? CT: Absolutely no doubt in my mind, right from that moment onwards. RR: You want to look again at the process on how they reached the decision on the current site? RH: It was reversed engineered you are saying. CT: Yes, we need to see all the Council of Ministers and political oversights minutes. RB: You have had all the minutes presented and made available to you, they were given at the last board meeting and if you cannot find them I can provide you with hard copies or electronic of what you are missing. The first three meetings we had, have covered all the issues you have raised and the minutes covered all of those points. RH: 22 Feb 2013, MoG sub Group, project issued from the Chair, referred Ministers to letter explained: 'The board had serious concerns on direct and indirect losses of income should the waterfront be considered.' Where's the evidence, exactly how much money, that minute was subjective, yet the waterfront was excluded at that meeting, that pulled the waterfront from consideration and shaped the Ministers mind sets. RR: That was 2013, and did not determine the site. Further evidence came after that meeting.	

	RH: Process has to start correctly and I would like to understand the weighted or non-weighted benefits that safety is the number one thing, it is relevant and would have had Warwick farm as a site option. CT: that point is noted and RB will provide the information. We will look at Warwick farm at the next meeting when Kevin Pilley is here. RB: Weightings, costings information will be provided at the next meeting and I ask that the attendees read the email sent by me to the Board on 08 August which contains all the information requested. RH/CT: requested a hard copy. RR: does not share the views that CT has expressed that evidence has been intentionally ignored. I do not agree there is such evidence. CT: Chief Officer said it must be kept from scrutiny, it is strong evidence. RR: Does not agree that was a factor of the decision making conclusion. CT: said he would not talk to the press again until the report is ready to be published. RB: Any press requests should be managed through the Comms office. RR: can we agree as a board that we have not yet reached any conclusions on the evidence CT: Yes, that the only thing agreed is that we need a new hospital, and that it is urgent. RH: A new hospital is categorically required, which we will submit in our report at the end.	
A2. Apologies and minutes from last meeting	Comment (RH) minute change: RH: Stated that he would like to clarify a minute from the previous meeting on a comment regarding keyworker issues, RH did not want it documented that he agreed that keyworker accommodation is out of the scope of the board. CT: Agreed the comment would be removed.	

A3. Site Visits	CT: asked do we want to visit the sites? CA: Asked what is the point when we have all the reports CT: explained, to look at the sites and get a general feel it is likely to be questioned in the future how you can make a decision if you have not visited the sites. RB: Visit all the sites can be visited in one trip. RB: The J3 team would be happy to arrange a visit to talk to the attendees about the concerns of safety, dust etc on the Bristol sites. RB: These visits need to be held in October	
A4. Board Discussion – previous workshop items **Current Site Plans**	CA: medical staff have spoken in the press against the current hospital site RR: Truth is the medical staff are divided, some are happy and some are not, like any group of people, but it is now affecting staff morale.	

Part B – With FH team members.

Item	1. Introduction	Action
B1. Feedback and discussion from Part A (item4) with FH team	RB: Attendees need to review all the documentation that has been sent before we can discuss this item and we can arrange a separate meeting to address this.	
B2. Construction mitigation measures – J3 Bruce Preston	CT: Apologised unreservedly for any distress I have caused you, it was not my intention and was only political, thank you for all you do. Presentation given. (see attached) Worked on 2 x major hospitals next to the existing hospitals, Scotland and Bristol. Bristol, involved demolition of buildings in the centre of the hospital buildings. Modern methods of deconstruction to keep the dust levels down. Modern methods of construction. The board questioned the buildings between the blue and yellow highlighted and what would happen to the untouched buildings, one building will be offices and the travel office. The blue section will be an electricity substation. CT: asked how you transition from the existing energy site to the new site?	

	J3: Existing energy site decommissioned once the new decentralised energy site is built, positioned in existing places or front of the car park. RH: what is the heating system going to be? J3: heating system is still in the plan, but normally is a combination. RH: wants to understand the granulated areas in order to understand the disruption. J3: our number one condition is to run the existing hospital safely. Via good communications, including neighbourhood forums, particular point was vibrations, J3 have tested the most disruptive work to assess the vibration, and explained to the neighbours the results to ensure the hospital doesn't suffer any disruption. RR: Asked will this cause lab work to have to stop at the hospital? J3: Labs can be moved or sensitive equipment protected to avoid disruption. RR: what are the piling work timelines: J3: Approx 8 weeks plus 8 weeks for basement wall retention piling for phase 1A and cycle happen again for phase 1B RH: where is the liaising with the environment department J3: Produced plans for the environmental officer and these processes are underway. RR: Was part of the mitigation in Bristol that they could vacate a ward? J3: Yes in some cases and also worked on half a department. RR: current hospital does not have air conditioning, was this the same as Bristol, in the summer we will need to open the windows. J3: Bristol had a mixture of air con and opening windows, some temporary ventilation provision will need to be done, which is part of the development plan. CT: what is the timescale J3: Build to be done by 2024, phase 1B, phase 2 (demolishing the existing hospital) will be potentially another 2 years. CA: what measures do you have in reducing noise J3: Acoustic absorption panels and good methods used. CA: do you have footage where we can hear for ourselves J3: We can get some footage for you. RH: how different would the build be on an unencumbered site be, such as a green field? J3: Environmental and wildlife issues would cause time to sort out, depends on the nature of the site, the quality of the ground, might make it a non-possibility to build, difficult to comment without knowing the site, developing on an existing site is very common. CT: If you find during construction you find noise, dust levels are more than expected, what will happen J3: Work will stop, and be adjusted. Following the standard level. CT: What is the decibel level bands?	

	J3: Bands not yet defined as yet, as they have not got those level of details, it could be different for different areas. CT: J3 need to be aware of a recent court case where 47 decibels was deemed as too loud and therefore could be open to prosecution from neighbours on Kensington place. J3: Not aware that a general condition at this noise level could apply for construction but protection to this level or below may be implemented in certain areas if necessary to protect sensitive receptors in the hospital. CT/RH: concerned of an example of St Peters site and that building work has breached noise levels. J3: We are not involved in that site and will get it right and having done it before we are convinced we will do it right again	
B3. Engagement review – Bernard Place	Presentation given (see attached) BP over last three and half years I have carried out inductions to over 700 new members of staff. BP: Public meetings were not well attended (40) and so changed to going more directly into the community, e.g. car boot sales, public events, drop ins, etc. This way we have reached 2,882 members of public to date. Before People's Park was dropped we had prepared a formal public event/package, but once the States agreed the Site there was no need for the consultation.	
B4. Health workers accommodation (Rose Naylor)	CT: We would like to get an idea of what your experiences are with work accommodation elsewhere and what you would be looking for in Jersey. RN: The Limes accommodates 40 junior doctors for a 3 year period and a few middle grade doctors that will be on call 70 Westaway court 30 in peter Crill house 47 still need accommodation Focus on rehousing those in Westaway court All above don't have long term housing licence and need to find a way to make them feel supported: Keyworker accommodation scheme, those that come over on a contract and develop schemes to support people to buy properties. RH: what's the scale of the problem Across the island we have 1100 registered nurses of which within healthcare are 700. The demographic has changed from single people to families, from 2008 average age was in early 30's. Nurses that come to the island are shocked at the price and quality of accommodation. Issues around comparability of what they can afford to rent/buy in the UK. CA: how many agency nurses? RN: currently 20 but changes RH: how many vacancies at the moment? RN: proactive with jobs online via a dedicated website and appears in top 10 on google search for nursing jobs.	

	Areas struggling with recruiting in mental health, vacancy rate 1 in 5 posts not filled. CA: How easy is it for people outside of UK? RN: depends on Brexit, and depends on NMC (Nurse and midwifery council) RH: What's the "stick ability" of nurses? RN: nurses home grown mostly settled, more pressures on nurses coming into the island. Need to do more work on mental health courses, education opportunities on island. RB: Chairman can I ask a question to about the relationship between the site location and accommodation location requirements? RN: Juniors live at the Limes and are really happy with the accommodation. RH: Accommodation and provision is the number one thing to do, is important to get that right and I'm not seeing how this overall project is nailing that down. RN: We have been working on assumption that the existing site will be built on and in that we have been working on a substantial amount of accommodation included. BP: Accommodation is critical but is required regardless of which site. Accommodation costs are part of the £30 million spent on the project. RB: do you want to ask RN about the nurses input on the current site? RN: Site: from a clinical point of view we haven't been able to choose which site is chosen, but in terms of engagement about the plans we have had regular information, communication and presentations made available to all nurses. BP: we changed our engagement from setting up and inviting people to meet us, to us visiting them and I have been to a number of staff meetings, plus speaking to the public all over the island where nearly 3k islanders have had the opportunity to engage with us. BP: It is not possible to ask staff where their preferred site should be in a survey when it is against policy and not possible to change the outcome when it is a state's decision that has been made. Note: Future Hospital Stakeholder Engagement summary, over 4 years work. We are at a stage where we have considerable stakeholder engagement and evidence from the engagement summary so we do not have straw polls as we have evidence from detailed work. RH: February 2018 ComRes survey, was a proposition from Russel Labey. I am stating that the survey 543 people disagreed with the site. BP: It is not my job to work on behalf of the 543 people and design a scheme	

	RH: I accept that, but it is a survey that the results have been ignored. BP: evidence of what people think, and they also express views of the importance to get on with the hospital and getting on with the decision made by the states assembly. RR: Also most people can identify that the decision to identify a site is complicated.	
B5. Board Discussion – Board members only **Clinician survey**	CT: States should not be involved in the survey and that's why it should be outsourced Possible questions discussed: RR: Have you been provided with enough information to make a decision on the site? RH: Do you feel you have been listened to and your concerns addressed? RN: concerns of size of hospital, is there room for growth, which will depend on the site. CT: issues for consultants on size of the hospital not all staff, concerto thought it was quite a big hospital. RB: has explained the delay impact, time and cost that further delay will incur. Discussions with the FH team indicated that earlier estimates of the delay period and costs were conservative and they are conducting a more detailed review as part of a risk log which indicates that the delay may be as high as 4 years and cost £71m CT/RH: feel the figures are sensationalised RH: we are being sold to. RB stated that the team are still working through the details on the risk log and this can be discussed at the next meeting.	
B6. Next steps – future work	All: Need to meet early next week to discuss Survey, pre states meeting at 8.30am	

Next meeting 17 September Workshop 5 – planning assessments