

Notes from the Neighbourhood forum held on 27 September 2018

Query	Answer
Meeting organisation	
Format of meetings	Agreed that each session would start with a review of the notes from the last meeting.
Contacting non-resident landlords	Suggestion that POSH might be able to send correspondence to ratepayers who were owners not tenants. POSH have been contacted but are unable to provide this service due to data protection requirements. Other methods of contacting owners are being considered.
Future meeting dates	Future meeting dates confirmed as: Wednesday 24 October – Town Hall Wednesday 21 November – Town Hall Wednesday 12 December – JET room, Kensington Chambers (amended from 19 December as requested)
Specific meeting for local businesses	Arranged for Wednesday 24 October 3-4pm, JET room, Kensington Chambers
Vehicle access	
Ambulance access down Gloucester St – which is currently/often very congested. Concern that the introduction of a further pedestrian crossing point (Seaton Place) would only worsen the congestion and add to the problems for blue light access.	New signals being delivered under this scheme are likely to include an emergency services over-ride system. The predominant blue-light access to the new hospital will also be available from Kensington Place (accessed directly off the Esplanade).
Operation of Westaway	
Hours of operation for Westaway- suggestion that 10.00am to 4.00pm had been mentioned?	Current clinic hours in the hospital run from 9am-5pm and it is anticipated that these hours of operation will still be in effect when Westaway opens. The operational model for Westaway is still under development and may include increasing the hours of operation in the future.

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<p>Potential for night time light pollution from Westaway. Potential for lights being a disturbance to neighbours as usage of site is different from current residential use?</p> <p>Lift arrangement within Westaway – if someone has a significant medical emergency how would they be moved from the building.</p> <p>Comment that the departments to be located within Building A had not been made clear – seemed to be a misconception that all “outpatients” were going to Westaway.</p>	<p>The current residential use means that lights can be on until late at night. The proposed use for Westaway is for daytime operation, notwithstanding any future evening clinics that HCS may consider opening and the requirement for cleaning. However, in any event, it is unlikely that the building would be operational beyond 9pm. The use of an ‘intelligent’ lighting system in the building will ensure that lights do not get left on as they will automatically switch off after periods of inactivity.</p> <p>There will be three lifts, one of which is large enough to take a patient trolley together with generator backup in case of power failure.</p> <p>Confirmed that Westaway will be a permanent building.</p> <p>Please see the graphics below.</p>
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Construction Timeline for Westaway Court



Westaway Court Contents

- Outpatient clinics including:
 - Clinical Investigations
 - Cardio-Respiratory
 - Medical Secretaries
 - Physiotherapy
 - Diabetes
 - Podiatry
 - Dietetics
 - Pain Management
 - Rheumatology
 - Neurology



Construction Timeline for Building A



Building A Contents

- Pharmacy
- Pathology
- Outpatients:
 - Orthopaedics
 - ENT
 - Audiology
 - Dermatology
 - Urology
 - Ophthalmology
- Endoscopy
- Day Surgery
- Medical Oncology, Haematology and Medical Day Unit
- Renal



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Parking at Westaway	
<p>How will the parking at Westaway be sufficient?</p> <p>Comment that car parking/drop off at Westaway might be adequate at the moment but won't be able to cope with future demand</p>	<p>There is currently provision for 18 car parking spaces (four disabled) plus one drop off space at Westaway Court for patients. This is because Westaway Court is in a sustainable location from a Transport perspective, since it is within St Helier and therefore very close to the centre of population. Consequently, there are opportunities for people to travel sustainably to the new medical centre, by foot, by cycle and by public transport. This is not the case for Overdale and is probably the reason that such a large car park is provided.</p> <p>The team fully recognise that there will be patients who will need to travel by vehicle to Westaway Court. For this reason, there are the following provisions:</p> <ul style="list-style-type: none">- There will be a drop off for Patient Transport Services;- There will be car parking spaces that will be allocated to patients that need them- There is a space available for patient drop off <p>In addition, the proposals for the main hospital include a revision of the parking allocations within Patriotic Street Multi-storey car park, affording increased parking for patients (approximately 300m from Westaway Court). This will be reviewed regularly to ensure that there are sufficient spaces. There is also public parking available nearby on Elizabeth Lane.</p> <p>It should be noted that Planning Policy would always require any new development to be in a sustainable location and would not anticipate that car parking would be provided for all of its users.</p> <p>The number of patients attending Westaway has been carefully calculated, however, the healthcare model in Jersey has to change if we are going to appropriately care for an ageing population. The designs of Westaway Court take into account these changes to the healthcare model. The revised healthcare model does not anticipate that all users will need to visit Westaway Court on a weekly or monthly basis. Of course, this does not mean that some will.</p>

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<p>Comment that Westaway vehicle access should be entry from Saville street with exit onto Elizabeth Place</p>	<p>Finally, it would be very difficult to predict car parking requirements beyond 2025 since technologies in this area, as healthcare, are currently changing rapidly.</p> <p>Access to and egress from Westaway has been explored and discussed with both highways authorities. Further the proposed solution has been modelled as part of the Transport Assessment. There are also architectural reasons for the proposed layout. Consequently, there are currently no proposals to amend the arrangements from those presented in the Planning Application, i.e. an egress and exit replacing the existing two accesses and egresses on Savile Street (from Westaway Court and Maison Le Pape).</p>
<p>Surveys/insurance</p>	
<p>Is there going to be a survey of the roads down by the harbour to ensure they are capable of taking our lorries?</p> <p>What insurance arrangements are in place?</p>	<p>The roads and properties that have been identified for survey are those where the construction traffic will be significantly increasing in volume, e.g. Kensington Place and Kensington Street. These roads and impacts were identified in the Environmental Impact Assessment.</p> <p>A survey of all other roads on the network is not required because the new hospital construction traffic will be just a small proportion of the general traffic. For example, Commercial Buildings is already one of main routes for large and heavy vehicles, being the access road to the industrial park and solid waste facilities at La Collette.</p> <p>The first course of action as part of the project assurance process is to ensure that appropriate insurance is in place for the contractors and sub-contractors. This is part of our due diligence. The insurance system will provide protection to homeowners where damage attributable to the project has occurred. Insurance options are being discussed at the moment to get the right solution for this project.</p> <p>Secondly, there will be condition surveys: we are establishing the nature of them and how they will be done. We will do as much as we can to make sure people are not disadvantaged. Correspondence will be clear and in people's own language.</p>

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	<p>Owing to the close proximity of the hospital, all de-construction and construction methods will be chosen to minimise any environmental impacts. Further there will be environmental monitoring to demonstrate that noise, vibration and dust are kept below pre-agreed thresholds.</p>
<p>Project Team liaison</p>	
<p>Action from previous meeting that contact information be made available.</p> <p>Project should consider providing a service for assisting members of the community who feel that they need to raise formal complaint (insurance claims/compensation).</p>	<p>Once the main construction work begins there will be a Community Liaison Officer in place and a number that will be answered at all times to respond to concerns. This will be a local number to someone resident in Jersey.</p> <p>Before the Community Liaison Officer is appointed then the main point of contact is futurehospital@gov.je or the public can phone 01534 447862.</p> <p>This will be taken forward at the appropriate time.</p>
<p>Design</p>	
<p>What is the quantity of Neutropenic rooms?</p> <p>Could we please provide details of the project expansion plan?</p>	<p>There are 4 neutropenic rooms on each ward floor (12) plus 4 isolation rooms in the critical care unit and 2 each in EAU, the surgical unit, maternity, paediatrics and private patients, making a total of 26. In addition the design has 12 chemotherapy chairs with an adjacent expansion opportunity in the medical day care unit of 12 further chairs suitable for administration of chemotherapy.</p> <p>Although Future Hospital demand and capacity has been modelled comprehensively for in-patient beds, operating theatres and outpatient clinics to 2065, medical practice and technology is changing so quickly that, beyond 10 years, certainty in health planning begins to diminish.</p>

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<p>What standards are we using to build the new hospital? Suggested that we need to go over & above existing British standards and current HTMS/HBNS etc. Take influence from best practice around the world.</p>	<p>The building and site are well suited to respond to future demand and changes in medical care in the following ways:</p> <ol style="list-style-type: none"> 1. Demand for beds, operating theatres and out-patient clinics has been modelled to 2065 – this means there will be more space than required when the hospital opens in 2025. 2. The design reflects the island context with productivity benchmarks that are less challenging than would be seen in an equivalent hospital on the mainland. 3. Internal rooms are standardised as far as is practical to allow future internal reconfiguration to adapt to changing healthcare needs. 4. Department adjacencies recognise that some may need to expand while others may need to contract in size to offset this growth. <p>These factors would attenuate growth in the physical size of the building before any demands on increasing site footprint need to be considered. Were this to be needed in the lifetime of the building this increase in footprint would be focussed on the area occupied by the Future Hospital New Parade Block.</p> <p>We are still at early stages of the design and components have not yet been selected. We are finalising some decisions and will share these when we know the detail. The structure will be designed for 60 years or more. J3 have a reputation to uphold and it will be of a necessarily high quality to maintain the hospital life for 60 years.</p> <p>Components and systems are being sourced worldwide so we will make sure we use the highest standards. Healthcare buildings are high specification because of their nature and the planning department will be driving high quality finishes externally as well.</p> <p>The scheme will be adhering to BREEAM international standards of construction.</p>
<p>Catering</p>	
<p>Contingency in case of snow preventing access to St Peters</p>	<ul style="list-style-type: none"> • As food is cooked two or three days in advance, there will always be food at the JGH and the outside units. • In the event of snow, the cook chill van would be supplied with snow chains.

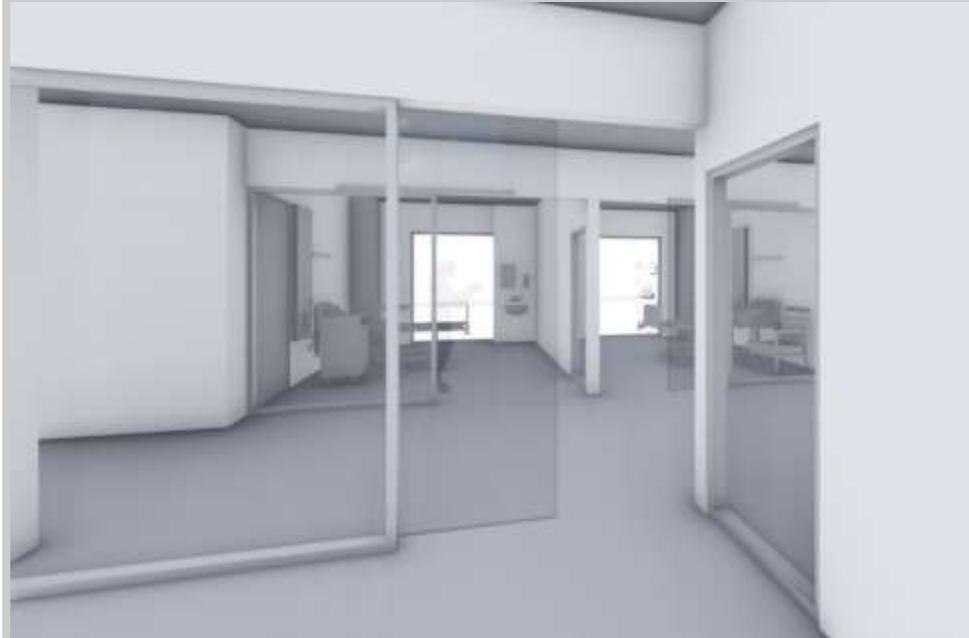
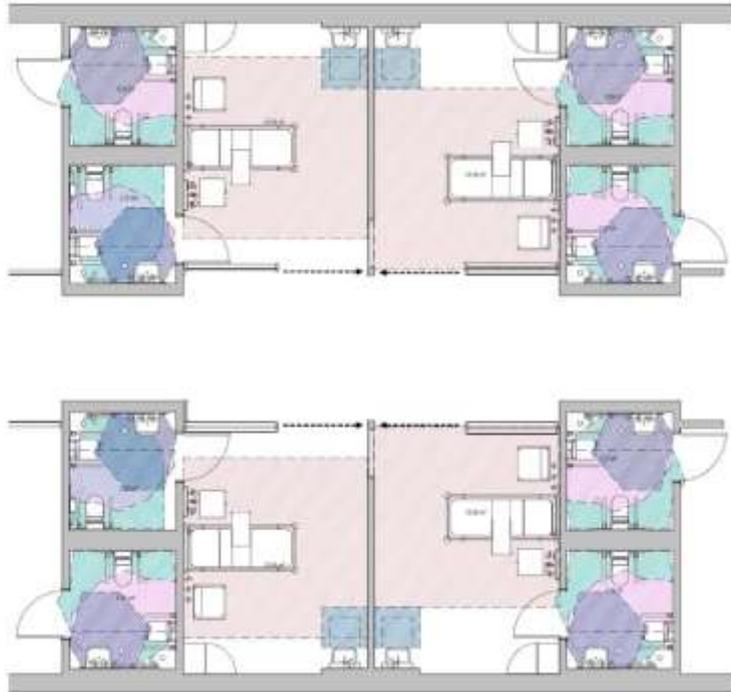
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<p>Meals on Wheels moving to St Peters</p> <p>Non-availability of hot food for patients in the evenings</p>	<ul style="list-style-type: none"> • We would have frozen food available for any major situations. The last time we had a very bad spell of snow, there was minimal disruption to our services, even though deliveries had to take place from the General Hospital to satellites. • Meals on wheels are not moving from Overdale, as the Overdale kitchen will continue to operate. • At this moment in time, there are no plans to revisit a move from Overdale to St. Peter. The meals on wheels team actual prefer to stay where they are as it meets their objectives. • It is Health’s established practice to offer the choice of hot soup, sandwiches and salads for supper. The main hot meal is served at lunchtime. At this time, it is not thought likely that this will be changing when the new hospital is built. This is because for a hot choice to be served for supper would require an increase in production and storage etc and more frequent deliveries to all the units. • Also a big factor would be the actual service, as we would require more staff, both catering and housekeeping to facilitate a hot supper service.
<p>Beds</p>	
<p>Why are there no 4 bed wards?</p> <p>There will be some patients who are not necessarily critically unwell (but still need to be in hospital) – that would actually prefer to be in a</p>	<p>There are 4 bed bays currently planned in EAU and the short stay surgical ward adjacent to operating theatres. The number of beds provided in bays is yet to be determined as the final design is not completed. They are included to allow close observation of patients who for part of their time in hospital (immediate admission in EAU, post-operative recovery in short stay surgical ward) need close observation. There will also be some 4 bed bays in paediatrics due to the different model of care for children.</p> <p>Beds on the inpatient wards are arranged as single en-suite rooms in 4 bed-pods. The design of these pods allows a balance between privacy, when sliding doors are closed, and sociability, when sliding doors are open (subject to patient infection status).</p>

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multi-bed bay for some social interaction.

See below for plan of 4 bed pod and view into corridor from single room.



Queries from West of Town Community Association

Please see the additional document on www.futurehospital.je/neighbours/ to view the answers given to a variety of questions raised by the West of Town Community Association.