

New Healthcare Facilities Programme Review

Views collected from individuals at Scrutiny pop up at the General Hospital staff canteen – 23 June 2023

Labs – Pathology 1

- Team are sceptical.
- Been through the process for years – back to square one and people have lost a lot of interest.
- This multi-site option is going to cost more.
- Have been bombarded with lots of emails.
- Manager has been involved in the planning.
- There are pieces of equipment that are very expensive - that will need to be in one place but then staff will be in various locations.
- Don't know how we will duplicate that across sites.

Labs 2

- Two sites would not work in Jersey.
- Where would the lab be located or would there be more than one?
- A hot lab on the acute site and another somewhere else? Where would it go?
- We have 'built' a lab 4 times now for different locations.
- An early report recommended against 2 sites.
- Where would the blood bank be? Blood donors would come in to cold site but the requirement is at the acute site.
- How will staff be kept competent if working alone in the 'hot' lab?
- How many sets of equipment would be needed? One for each lab and another for resilience.
- This information was given at the recent meeting we had in the Education Centre.
- Not everyone went.
- The main thing at the meeting and for the feedback was that the options were ambulatory and acute split. There was no option for one site hospital – no option to say that one site is better.
- Overdale wasn't perfect but finally got a design and spent hours to make the space work for us. We had got to point of putting equipment in the plans.
- Not clear whether we can we take a model that we have already got.
- People at the hospital definitely have strong views on this.
- We do not have enough staff, our facilities are too small and now don't have the new hospital either. Someone new would have to work nights.
- If you need more than one analyser (for instance) you also need more controls and external quality assurance and buy that in. And then there is the servicing.
- It would be duplicating in all sorts of areas.
- Where would our management be located?
- We are so far down the line now and have had such poor decisions.
- It is so difficult to get staff now. We have had a locum since 2018.
- If don't get this right then people will go. Facilities very poor at hospital.
- Thought we'd be in in 4 years and then another 10 years.

- We have been given this option as a fait accompli.

Labs – Pathology 3

- We are stretched beyond belief.
- Jersey is too small and it is arrogant to think that this will work for us. We will have duplication of services – problem of scale.
- If you wear people down enough they just say 'whatever'.
- Sense of urgency - this hospital is falling apart.
- We told them multiple sites were a bad idea.
- From our perspective duplication of services is mad.
- Elderly people: if you're not providing transport, how do you get there.
- Part of problem - clinical people don't have access to emails.
- Clear and present dangers are that people are quitting.
- Can't transport things like highly infectious diseases throughout the island between labs.
- They suggested segways.
- Have to have one blood bank that distributes the blood to the Island.
- People making these decisions have absolutely no medical understanding.
- Lone working: have lone workers all the time – staff could be dashing between three different laboratories.
- Would need to buy massive analysers between different labs - would need the maintenance guy to go between places which would cost time and a huge amount of money.
- Strict quality standards to adhere to. Opens up world of pain to us – can't assure staff they won't have to work more.
- Nobody's interested - feel like they haven't been heard.
- We're doing more than one site not for patients, not for doctors, then for who?
- It's naïve and it's ignoring all kinds of stuff.
- Traffic is going to become a huge problem.
- Can't recruit for duplicated labs.
- Recruitment and retention is already a problem - where are these staff going to come from?
- Time travelling between places - when people could be seeing patients.
- Crash teams available – even in departments like outpatients. How is this going to work with recruitment issues?

Respiratory Nurse

- We don't want many sites - we want one site.
- There will be a duplication of all services.
- Increase travel between departments and a lack of cohesive work force. You will not be able to do quick favours between colleagues.
- We have not been approached directly for our views since new Government.
- Overdale may have been the wrong site but we definitely want it in one place.
- Only found out about [Scrunity's visit] through a friend.

Ambulance Service

- Multi-site seems madness
- We are already stretched at moment and multiple sites would make this worse.
- This will involve more transportation of acutely sick patients by road and will put lives at risk.
- Will this also mean relying on two crews at night.
- Not aware of any engagement taking place but appreciate that may have been on email that was missed.
- There is quite a lot of duplication or transport involved. For instance, will two scanners be needed? If someone has serious head injuries will they need to be transported again to use a scanner.
- If an anaesthetist or consultant is needed but based at a different location how will travel be factored in for serious and life-threatening cases.
- I can't see how it will work if we can't staff it.
- At the moment we call through and then people know where they need to go to do their job on the same site.
- From coalface, this doesn't seem to add up and is not patient-focused.
- We were asked to do testing for the previous modelling and have not done that testing for this project yet. They may have spoken to managers but some have not been operational for years.
- They do not seem to be focusing on how acutely unwell people get to hospital.
- Once done it can't be undone.
- Patient transport for Les Quennevais could take a long time at certain times of the day with bad traffic.
- Staffing is currently terrible. [The number of staff who are off on long term sick or paternity leave is having an impact]. Agency staff are not staying. A lot of issues around staffing.
- We are having to leave people for much longer than we used to. We have had to leave people for 7 hours on the floor.

Consultant

- Regarding the options, the most-needed facilities are health village because look now 60 - 70 % of those in the hospital are looking for rehabilitation or package of care but no such place exists at the moment for those who no longer need a bed.
- It is very difficult here and sometimes take more than two weeks to sort it out.

Administration

- I have lost momentum with it.
- Feels like there has been a lot of consultation and now everyone is asking our opinions again.