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*“ Decision Data and a smooth hospital” in this issue*

This comes to you as most of us are in the grips of the worst period of snow for eighteen years. The temptation to use this space to argue the position of the public sector decision making on snow ploughs and salt grit was very tempting, but there are plenty of other voices on that issue and we have a lot on at the moment, so our original format follows undeterred:

**1 of 2 - The AGM and beyond**

The SIG has now been running for just over three years and a lot has been achieved. How do you . . . .

*Appendix 1 attached*

**2 of 2- Current News**

The link with the International Diploma coursework is now in place. The range of subjects covered by the new syllabus . . . .

*Appendix 2 attached*

*And now for something different*

There has been much said in my local news about the ghost that is said to walk the wards of . . . .

*Final Appendix attached*

*NEWSLETTER No 38.* will follow shortly with a special pre-guide feature:

**Communication - more on the twin context**

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*Appendices*

**1 of 2 - The AGM and beyond**

The SIG has now been running for just over three years and a lot has been achieved. How do you see the future? Mike O'cock will be standing down from the Chair this year after a period of outstanding service and the basic work that I had set out to undertake in my role as Secretary and Editor of the *NEWSLETTER* is scheduled for completion by the middle of 2009 with the publication of the first edition of The Guide.

Anyway, there are still a couple of months to go before the AGM, so please give some thought to how you would like the SIG to go forward. (I hope to be able to announce a date and venue for the meeting before long).

## 2 of 2 – Current News

The link with the International Diploma coursework is now in place. The range of subjects covered by the new syllabus is very comprehensive and I feel will equip the new generation of Risk Managers well to deal with the challenges that will have to be faced. A number of features will skew the format of the Guide accordingly. I will keep members informed of any interesting developments as they occur.

Thank you to everyone who wrote in about the proposed replacement wording for *training* and *educating* – I have had offers of “capability”, “capabilities”, “competence”, “competencies”, “enabling”, “progression”, “skilledge” and “facilitation”. The opinion of the Faculty will also be sought when the draft goes for academic approval (in April if we are on target). In the meantime any further ideas are still welcome.

### *And now for something different*

There has been much said in my local news about the ghost that is said to walk the wards of the new state of the art Derby City Hospital – apparently, a priest is coming to talk to staff, but there will not be a full exorcism. This prompted me to follow on the theme from my feature in *NEWSLETTER* No 16 (May/June 2007) about the Queen’s Medical Centre in Nottingham. This 1970s building of debatable quality had replaced the old “General Hospital”.

The Nottingham General Hospital was a mainly Victorian building right in the centre of the City. A later extension had been added which was regarded as revolutionary in design at the time as it was in the form of a large diameter circular tower with a ward on each floor. My research included interviewing a lady who was a ward sister on the block during the early 70s just before the move to the “Queens” – the advantages of a circular ward was that every single bed could be seen and heard from the nurses’ station which was central but close to, and fully visible to, the entrance doors in the “twelve ‘o’ clock” position. These lead into the passageway from the main block behind. An additional advantage was a security one, nobody could enter or leave the ward without having to walk past the nurse’s station and visitors were in view all the time (and partly within earshot) – [and all this was worked out 70 or 80 years ago! Ed.](#)

With the current policy seen in new hospitals of beds in blocks of six or so (the “Queen’s” is typical of this type) I hear talk of the need for CCTV cameras so that staff can know if a patient needs urgent help. These hospital building projects appear to me to be a classic cases of not considering all the possible consequences in decision making and ignoring past research – something that our Guide will try to assist a future generation of decision makers with.



The former Nottingham General Hospital in 2009, now a smart administration building, but the first half 20<sup>th</sup> Century “tower” extension for extra wards can still clearly be seen and blends well with the earlier Victorian main block. The building was in service as a hospital into the 1970s. Just visible, you will note the position of the hands, indicating that the public clock at the top left of the picture is no longer working.

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### *Editorial comment*

I put the case that another advantage of the circular ward was that the gap between beds was greater at the headboard end (these being backed up to the brick infill between the windows) so allowing space for the bedside locker/table without hindering attentions, not to mention a better illusion of personal space for the patients. The trade off to this might have been drafts from the window on the back of patients’ necks, although there is still this situation on modern wards for the beds by the windows. Anyway, that shouldn’t be a problem nowadays with current double glazed window technology, although I expect someone will write in and tell me differently.

Further, it could be argued that if there had been no 1930s Recession followed by WWII, our hospitals may have all been developed on this experimental style and today we would have buildings with square or hexagonal central blocks for admin and operating theatres and the like, with four, six or more circular ward blocks located one at each corner. What we do know is that World events, such as wars, influence decision making - then when there is eventually an opportunity to go forward (in the hospital scenario in the UK, the 1970s) we tend to have forgotten what was learned in the past.

Another case on decision making aspects in the public arena caught my attention. It could be argued that not thinking about possible consequences is the current situation with the power station scenario and the Italian contract workers at

Humberside is another example of the point in question - I wonder if the project risk assessment made allowance for local unrest when looking at data for the cost/benefit analysis of using a foreign contractor/employees?

Well, there you are. [Ed](#)