

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.C.L. BAUDAINS OF ST. CLEMENT**

**ANSWER TO BE TABLED ON TUESDAY 6th JUNE 2006**

Would the Minister inform members –

- (a) whether he is investigating communications procedures across various departments within the General Hospital to determine whether any disconnection exists and, if not, would he undertake to do so; and
- (b) of available bed numbers within the General Hospital and at longer stay wards such as at Overdale Hospital and also give details of projected numbers for the next five years?

**Answer**

- (a) A district General Hospital is an extremely busy and highly complex organisation. Even a cursory examination of the Jersey General Hospital's internal telephone directory would give one an appreciation of this complexity and high division of labour that exists between the various clinical and non-clinical departments, functions, and activities. Communicating effectively and meaningfully to a highly diverse workforce, which includes consultants, nurses and midwives, manual workers, technicians and administrative staff, is a challenge which is characteristic of such organisations and is a task that is never completed as it is always possible to work harder and to improve further.

In this context, a number of important exercises have just been completed –

- (i) the management structure has been subject of widespread consultation both within the Jersey General Hospital and within other departments of Health and Social Services. The way in which this exercise has been conducted has drawn compliments from a number of staff. An important outcome from this review has been an affirmation of the Chief Officer's practice of holding three "road shows" each year, in three different locations, (nine events altogether), in order that he can be accountable to his staff and can answer their searching questions;
- (ii) Executive Directors communicate organisation wide messages using the intranet facility. This has proved increasingly affective as more and more departments, and more and more staff within those departments, have access to the latest technologies. Importantly, following a recent meeting of the Manual Workers Joint Consultative Committee, internet access will be "rolled out" to manual workers as far as it is practical;
- (iii) the Health and Social Services Department is committed to ensuring that it's staff are made aware of any changes to their working practices proactively via the intranet rather than having to read about them in the local media. As the Department seeks to become a better employer, this professional courtesy represents best practice;
- (iv) senior managers and senior clinicians meet regularly with various work groups through the Health and Social Services Departments' consultative machinery. Specific consultative machinery exists for medical staff, nursing and midwifery staff, and manual workers. A latter development has been the establishment of a joint Working Party comprising of nurse managers and nursing and midwifery staff side representatives to implement the Job Families Agreement which is a highly complex and all embracing agreement which has the effect of radically transforming the remuneration and career paths for the nursing and midwifery professions.

Health and Social Services encourages all staff to communicate widely and responsibly. Communication

should never be simply “top down” from the Chief Officer. Communication should flow “up and down and across” the Department if the organisation is to be healthy, continue to be relevant, and able to operate in a timely and professionally manner.

Given this level of communication, albeit not perfect, it suggests to me that there is no “disconnection” within the Jersey General Hospital. If the Deputy is aware of any specific matter that might suggest such a ‘disconnection’ then perhaps he would contact me.

- (b) The number of available beds within the Jersey General Hospital is 294 (this number includes the Critical Care Unit, Special Care Baby Unit and Maternity beds). The number of beds in the longer stay wards at the Overdale hospital is 141 (this number does not include respite beds). Further long stay facilities exist at St. Saviours’ Hospital for older people with mental health problems. The number of these beds is 95 (this number does not include respite beds).

Beds represent a very high cost in the provision of health and social care thus it is important that numbers are always kept under review. Some of the factors which influence the number of beds in any health care system include –

- (i) where patients prefer to be treated elsewhere, for example, receiving appropriate treatment in care in their own homes as opposed to being in an institution of some kind;
- (ii) where care is more effectively given elsewhere. The best and most effective form of surgery for many patients takes place on a “day surgery” basis. To add to its current day surgery facilities, a £6.9 million development is taking place at the Jersey General Hospital which will allow patients to arrive, receive surgery, and return to their own homes without the need for them to be accommodated in a bed on a ward;
- (iii) when technology has changed the type of treatment a patient needs. The States of Jersey is to invest significantly in the ICT infrastructure of the Health & Social Services Department. The affect of this new technology, amongst other things, will be to expedite care as a result, medical records, and x-rays (and other relevant items of information) can be transmitted electronically and save the need for some surgical patients to languish in beds;
- (iv) when chronic disease management improves. I will be bringing forward proposals for restructuring of health and social care in the latter months of this year. One of these proposals will include the development of more effective and efficient ways of providing care and treatment to those patients with longer term conditions. Currently, these patients are often re-admitted to the Jersey General Hospital when they experience an acute episode simply because GP-led primary and community services are insufficient for these patients to be treated in their own homes;
- (v) when waiting times reduce further. While this is a complex matter, it can be said that when a general hospital has long waiting lists, then healthcare professionals often spend an inordinate amount of time prioritising and re-prioritising patients who are on that long waiting list but whose conditions deteriorate as a consequence. Short waiting times means that healthcare professionals can manage their patients before their conditions worsen. In this way, healthcare professionals can ‘manage their patients’ rather than ‘manage the waiting lists’.

An exercise currently underway is to measure the impact of these variables, an indeed others, on bed numbers. The number of beds which the Health and Social Services Department thinks it will need in the future, provided that other non-hospital options are available, will be presented to the States later this year.