

SOCIAL AFFAIRS SCRUTINY PANEL OVERDALE SUB-PANEL

OVERDALE REVIEW

THURSDAY, 5th OCTOBER 2006

Panel:

Deputy A.E. Pryke of Trinity (Chairman)
Deputy R.G. Le Hérissier of St. Saviour
Deputy S.C. Ferguson of St. Brelade
Deputy D.W. Mezbourian of St. Lawrence
Deputy S. Power of St. Brelade

Witnesses:

Mr. K. McNeil (Royal College of Nursing, Jersey Branch)
Ms. A. Bisson (Royal College of Nursing, Jersey Branch)
Mr. N. Corbel (Jersey Nursing Association)
Ms. F. Stein (Jersey Nursing Association)

Present:

Mr. W. Millow (Scrutiny Officer)

(Please note: All witnesses and Panel Members were given the opportunity to comment upon the accuracy of the transcript. Whilst the transcript remains a verbatim account of proceedings, suggested points of clarification may have been included as footnotes to the main text.)

Deputy R.G. Le Hérissier:

My name is Roy Le Hérissier. I am the Vice-Chairman. Our Chairman, the redoubtable Deputy Pryke, is a member of the RCN (Royal College of Nursing), so she is conflicted but will be in the audience. Welcome to the other members of the audience.

Deputy S. Power:

Sean Power. I am the Deputy for St. Brelade.

Deputy S. C. Ferguson:

Sarah Ferguson, St. Brelade

Deputy D.W. Mezbourian:

Good morning. I am Deidre Mezbourian, Deputy of St. Lawrence.

Deputy R.G. Le Hérissier:

To my left is William Millow who is the Scrutiny Officer who is handling this on our behalf. If you would like to introduce yourselves and then we will get to the formalities.

Mr. N. Corbel (Transport and General Workers Union, Jersey Nursing Association):

I am Nick Corbel, Transport and General Workers Union, and Jersey Nursing Association rep.

Ms. A. Bisson (Royal College of Nursing, Jersey Branch):

Amanda Bisson, Secretary for the Royal College of Nursing and staff nurse at the General Hospital in Oncology and Acute Medicine.

Mr. K. McNeil (Chairman of the Royal College of Nursing, Jersey Branch, and Nurses and Midwives Joint Executive):

I am Ken McNeil. I am the Chairman of the Royal College of Nursing (Jersey Branch) and the Chairman of the Nurses and Midwives Joint Executive.

Ms. F Stein (Jersey Nursing Association, and Transport General and Joint Executive):

I am Freda Stein, Chairwoman of the Jersey Nursing Association. I am also on the District Committee for the Transport General and Joint Executive and I am a community district nurse.

Deputy R.G. Le Hérissier:

With Family Nursing?

Ms. F. Stein:

I am.

Deputy R.G. Le Hérissier:

Welcome, all, and thank you very much for coming. Just for housekeeping, I have to be slightly rude but we will finish at midday on the dot. I am sure you will be very impressed at politicians who keep their mouths shut and run meetings at a furious pace of knots, so that is what we will do, if you do not mind. I would like to welcome you. You should all have received the witness protocols re this meeting, so we will assume that that has been sent and understood. As we mentioned as you came in, in terms of the mics, they are quite sensitive, the mics. So, depending upon who answers, and it is up to you how you have worked out your protocols, obviously, but can you swing the mic in the direction of the person who is speaking? They are, despite your very good voice, quite sensitive, so make sure you are speaking into it. What we will do is we will go through a series of questions, but I think you will see they are very broad questions. Then, as members wish to ask supplementaries, we will do that. So, just

to get it clear on the transcript, as you know, there is a transcript being made and you will be sent a copy of it before it hits the public domain so that you can look at the words and so forth and ensure it accords with your memory of this meeting. So, if I can move to question one, and if each association can reply to this, who does each association represent?

Mr. N. Corbel:

The Jersey Nursing Association is part of the TGWU (Transport and General Workers Union). We represent mostly health care assistants and some professional nurses.

Mr. K. McNeil:

The Royal College of Nursing are our national body. Locally, here, we represent around 650 qualified nurses, and now unqualified staff as well. The RCN also have a remit to ensure that good standards of service are maintained, for the patients as well as for staff. It is not purely related to the delivery; the service organisation of staff is very much geared on ensuring that good provision is there for all.

Deputy R.G. Le Hérissier:

Nick, how many people do you represent, or do the bodies you are involved with, represent?

Ms. F. Stein:

In terms of figures at the moment, we are looking at that really on the job spec that we are doing. We do represent the whole of the care assistants, except for a few that are with the RCN, but the majority of care assistants. If you are talking in terms of figures, I am really not sure.

Mr. N. Corbel:

I think it is around 200 plus.

Deputy R.G. Le Hérissier:

Any other categories of staff, again, that we need to know about?

Ms. F. Stein:

Nursery nurses.

Deputy R.G. Le Hérissier:

How many?

Ms. F. Stein:

Again, figures, I am sorry, I do not have but they will be available for you.

Deputy R.G. Le Hérissier:

Good, yes. It is just to get a handle on what the representation is.

Deputy S. Power:

Can I ask each of you individually, then collectively, as to when you became aware of the decision to close Overdale and McKinstry and transfer those patients to the private sector? When did you first become aware of it?

Mr. N. Corbel:

I would like to refer to some notes I made at the time of the meeting. It was a few months ago.

Deputy S. Power:

So, it was this year?

Mr. N. Corbel:

It was this year.

Ms. A. Bisson:

On behalf of RCN, we were made aware in February 2006.

Deputy S. Power:

How were you made aware?

Ms. A. Bisson:

I was informed by management and asked to attend a meeting.

Deputy S. Power:

Who attended that meeting, apart from yourself? Who represented HSS (Health and Social Services)?

Ms. A. Bisson:

Myself was there, Nick Corbel was there.

Mr. N. Corbel:

I have different dates.

Ms. A. Bisson:

It was March when the actual meeting was held, but I was informed in February.

Mr. N. Corbel:

I was informed officially at a meeting which I attended on 24th April.

Deputy S. Power:

As late as that?

Mr. N. Corbel:

Of course, there was speculation beforehand. There was a lot of speculation but officially that was the first time that we, the TGWU, were notified of the intentions of the Health and Social Services.

Deputy S. Power:

So, the official meeting took place in April; you were told unofficially by word of mouth in March or February. Who told you? Who was your point of contact?

Ms. A. Bisson:

That came from management, from Mark Littler.

Deputy S. Power:

Who was your meeting with, Nick?

Mr. N. Corbel:

The meeting was with management, Mark Littler and Mair Hutt, who is a manager within Health.

Deputy S.C. Ferguson:

So, what sort of consultation have any of you had with your members? It was dropped on you, perhaps, from on high. Has there been much consultation since?

Ms. F. Stein:

The main consultation which came to fruition was when we held a meeting at the Town Hall, at which we had a very large group of the Overdale staff who were JNA (Jersey Nursing Association) members who attended. That, in turn, could not be dealt with on that particular night because, obviously, the agenda was for other things. So, in turn, what happened was I arranged another meeting, a separate meeting, with these staff to try and find out what their main problems were with their redeployment issues. That was later on this year. This probably would have been around about August.

Mr. N. Corbel:

In terms of consultation with the employer, I think apart from the meeting on 24th April and a further meeting recently, which I do not have the date for, which I could not attend as I was out of the Island, and my deputy attended in my place, I believe there has been very little in the way of consultation.

Mr. K. McNeil:

From the College of Nursing perspective, we have not had a great deal of consultation with our members. There has not been a lot of people come forward with particular concerns over that. The one or 2 staff who have come forward have been regarding redeployment and concerns about the movement from the elderly services. With regards to consultation, again, I would have to say I do not believe that we were involved in any point of consultation. The decisions had already been made and any meetings which we have been involved in since have purely been to update us on what is happening. There has not been really a request to participate in this process. They have been meetings which have purely allowed us to listen to what is going on, so the decisions have already been made.

Deputy R.G. Le Hérisier:

Did you challenge the lack of consultation?

Mr. K. McNeil:

We have not yet, no. At the end of the day, I think there have been so many other things going on within Health and Social Services. I think there has been almost an overwhelming amount of change happening at this particular time. It is very easy for things to just slip through the net.

Ms. A. Bisson:

Can I say as well, we have not challenged it as such but we have, from an RCN perspective, which I can only speak on our behalf, looked into this on behalf of the staff and the patients. Now, I have been personally, on several occasions, probably in excess of a dozen occasions, to Leoville and McKinstry, to some of the private sector homes. I have made a point of going out to look at all of them with a view that if I have knowledge of what these qualities are and what we are looking at, we have a greater understanding of what the implications are, and what potentially the problems are. I have spoken to staff individually. Staff on the whole were, in the beginning, very concerned. Obviously, they did not know what was going to happen, where their jobs would end up. It appears - and, again, only from an RCN perspective - those who are members of the Royal College of Nursing at this present moment in time do not have any specific concerns or complaints. There are one or 2 staff who are still a little unsure as to where they will go but they have been assured. I have also spoken to 2 staff, who I have asked if they would kindly submit statements to the effect of the conversations, but they have been absolutely delighted with their move and feel that they have been given the full support of Health and Social Services. They have been on several new courses, learned several new skills, and they are very, very happy with where they have gone to. So, I can only speak on behalf of those staff.

Ms. F. Stein:

As to the intervention of the JNA, it was only through the JNA having to take staff problems on board -- on the perspective of more on the care assistants side, to date I think there are still a couple of care assistants who unfortunately as yet have not been told which areas they will be redeployed to. I think

that is basically because they are just waiting for an opening for them to be slotted into. However, it has to be said that some of these girls who have worked with care of the elderly for years, who are extremely experienced, it is a shame that they have to move out into another area because of redeployment. Their expertise is excellent and they feel that, obviously, to keep their jobs, they are going to -- it will do them good to move around and see what other options they have within nursing. It is just a case of, hopefully, they will be able to be redeployed eventually in a place that they will be happy with.

Mr. N. Corbel:

Just in terms of the consultation, we did raise concerns at the lack of consultation at the last meeting which was arranged, in which, I think, again we did meet with Mair Hutt. I was not present at that meeting, but it was very much a fait accompli. There was no room to discuss options for the future. This was at the time that we were told that 25 million was being withdrawn from Health to be used by Waste, and that the new build would not take place. So, that was when we raised these concerns.

Deputy R.G. Le Hérisssier:

When were you told about the Waste decision?

Mr. N. Corbel:

We were told about that at that meeting and it hit us pretty hard. We were expecting this new build and to have that taken away, again, with very little consultation, very little opportunity to debate the issues ... again, at the recent Joint Executives' meeting at Health, the JNA section of the Joint Executive did raise these concerns.

Deputy S. Power:

Can I just seek clarification on that, Nick? What meeting are you referring to when you said that Health preferred the 25 million would be taken out of the Health budget towards Waste, which I presume is the incinerator? Was that this year or last year?

Mr. N. Corbel:

No, it was this year.

Deputy S. Power:

Was that the same meeting in April?

Mr. N. Corbel:

I have not noted it in April but it was certainly raised at the meeting which my deputy, Mr. Paddy Kirwin, attended on my behalf.

Deputy S. Power:

At that meeting it was made clear - your understanding of clear - that the reason a lot of this was happening was because 25 million has been taken from Health and has been put towards the Waste incinerator?

Mr. N. Corbel:

Yes.

Deputy S.C. Ferguson:

You have covered a certain amount, but what particular concerns have any members of staff raised with you?

Ms. A. Bisson:

I think, with the majority of staff, in the beginning it was the uncertainty. Obviously, they were not sure where they would end up, what area they would end up in, and, as Fred has already stated, a lot of these staff have worked in that same area for a great deal of time. Obviously, it is very frightening when you have to go and to change in a new environment and learn new skills, especially when you have been doing the same job for a long, long time. The majority of nurses - and, again, I can only speak for RCN members - have been given a lot of assurance. Most of those staff have been found positions where they are happy. There is also an element that the staff have been given that under the redeployment policy there is a 6-month trial period on both sides. So, they are able to have the ability, if they are moved into an area where they are uncertain or unhappy, that it will be viewed again. That yet has to be put to the test because they have not had anybody within their 6 months come forward and say, "I am grossly unhappy and what is going to be happening?" So, I think that is something that needs to be looked at in the future, that we have, from the Royal College, expressed to our members that they must at any time come to us if they have concerns, and we will follow that forward. As I say, those staff who have already been redeployed so far, they appear to be very happy and very settled. There still is an element of staff who are not sure where they are going to be going and they are, at this moment in time, the biggest concerns. One or 2 other members have said that, despite management's argument that they had consulted with them regularly, they would say different. They feel they have not been consulted with as regularly as management would lead us to believe.

Ms. F. Stein:

I think the staffing issue is one thing, but if you want to know the general feeling on the other side of things, about where is the elderly going to go, then I think that is a different thing altogether. I think there are concerns among staff, certainly, with regard to the provision of care for the future for the elderly. The smaller nursing homes I do not think were really consulted about this in the beginning, from what I gather. I do not think they have looked at the Island as a whole, looking at the

demographics of how many numbers we have of the elderly coming up. We have more and more and more, and it is not going to go away. People are living longer. We are going to have a certain amount of elderly who are going to need care packages but are we going to be able to provide them? Where are they going to go? We have the Care Consortium list, these people in beds who are blocking beds in the wards. On my last case conference, with one of my last patients, which was about 2½ to 3 months ago, they were told that they would need to go into a bed. The beds were not available and that person had to stay in an acute medical ward for that length of time. Now, surely the cost in that must be absolutely phenomenal. That was the waiting list, and that was just one client. Obviously, there are other people in hospital who are still waiting for beds but maybe it is not appropriate to move them at this stage. Maybe that particular nursing home is not suitable for that client. The concern of the nurses is, “Where are we going to put the clients in the future?” Everything seems to be closing down and there are not enough openings.

Deputy R.G. Le Hérissier:

That is a good point. I wonder if I can come back to Amanda’s point.

Mr. K. McNeil:

I was just going to make a comment on, again, the staffing situation. I think, presently, that Health and Social Services themselves have been facing major staffing concerns with regards to the number of staff within the service. Jersey is a small island that does not have the same access to bring people in at short notice, and Health and Social Services have run into, themselves, some difficulties. Now, historically, the private sector often have greater issues with regard to recruitment and a concern, certainly from the RCN perspective, would be that there would not be the same level of skilled interventions available to the people when they move into the private sector, if they have that same difficulty recruiting that the Health and Social Services do. I am sure, as I say, there are plenty of things in place to ensure that that is done, and there are plenty of protocols and comments, but where are these staff going to come from? If Health and Social Services cannot recruit, then historically, I think, the private sector are going to have the same difficulty. There have been cases I have heard of, again just by word of mouth, of situations whereby one of the private nursing homes did have an issue where they had difficulty finding a member of staff to cover a particular shift. Now, they are still going through implementation and movement of these patients; when they are up and running and full if that same thing happens, where are these nurses going to come from?

Deputy R.G. Le Hérissier:

Good point. Reflecting on Fred’s point, Amanda, one of the points that has been put to us during evidence is that we are breaking up a pool of expertise. Although we understand under Miss Malone’s rule that nurses are multi-tasked, so to speak, and multi-environment but, by breaking up the team at Overdale and McKinstry, this pool of expertise of people who have developed a rapport and an expertise in dealing with old people, if we have to go back to public care, do you feel we could rebuild the

system?

Ms. F. Stein:

I think you would certainly get the care staff who would want to go back to work in that environment. So, on a staffing level, you have the people who have the knowledge.

Deputy R.G. Le Hérisier:

Yes, and would be prepared. What about the nursing staff? Do you feel we are breaking up a group of expertise?

Ms. A. Bisson:

That is a very difficult question in elderly care because within the whole of health care the majority of our clients are the aging population. So, they are within the organisation, whichever area you look at. I agree with you that, yes, there are comments that nurses are generic and we can basically turn our hand to most things but I think nursing has changed over the years and we are all expected, although some would say not, to specialise now in certain areas. Nurses cannot be expert at all things but we are expecting experts in certain things. So, many nurses are diversifying now and going down the route of specialising in certain areas. One of those that has had a great deal of publicity and support over the years is elderly care. Now, I understand there are nurses at Overdale who have gone down that route and undertaken specialised training in care of the elderly, which is a very, very specialised group. I think you are all aware that our Health Minister, Mr. Syvret, has on several occasions commented on this client group are those with very complex needs. Obviously, in order to address those complex needs, we need staff who have complex capabilities, and whether or not the private sector could provide that, we do not have that answer, I am afraid. There does not appear to be any available literature or supporting statements to state that those homes are training their staff to the level of standards that we would expect within Health and Social Services.

Deputy S. Power:

Getting back to the numbers of staff affected at Overdale and McKinstry, can I ask you individually or collectively, how many staff have been redeployed and how many are left and do you know where they have been redeployed to?

Ms. A. Bisson:

I tried to get the answer to this question yesterday, in anticipation of being here today, because that may be asked. Unfortunately, I have not been able to get that answer. In fairness to management, that is probably because the very person who probably has that answer, she has not returned my calls or my emails. So I do not have that answer. I understand, again from my personal visits to Leoville and McKinstry, there are still roughly a third of the staff who are within the redeployment plan who are yet to be either redeployed or be told where they will be going.

Ms. F. Stein:

Is that including manual workers?

Mr. N. Corbel:

Are you asking how many will be lost, or are in the process of being moved or redeployed?

Deputy S. Power:

The question was probably a little unfair, but what I would like to know is how many people were employed at Overdale and McKinstry before they started to wind it down; how many have been redeployed, and how many are left; to check where we are; how many were affected?

Mr. N. Corbel:

The figures they gave us, nursing post losses would be 53.6, I think, and other manual workers, 12.68. We are not aware of how many are in the process of being redeployed at the moment.

Mr. K. McNeil:

I think a big part of the problem, to pin that down to how the movement is going on, has been the delay in the process and actual movement of patients. I mean, it has been moved back month by month because the private sector has not been ready to accept, nor have they had the staff in place to be able to accept. What elderly care have done they have retained a lot of their staff who were already part of the redeployment system. They have retained them there to ensure that the patients that are moving into the private sector are moved more effectively. So, a lot of these people have places to go but they are still within elderly care because they are waiting on the beds to get opened. Now that has just started and much more in earnest. So we should be able to see these staff being released into the redeployed posts, hopefully, very soon.

Deputy S. Power:

It is your understanding that something in the region of 70 people are affected by this Overdale closure?

Mr. N. Corbel:

Yes.

Deputy D.W. Mezbourian:

Amanda said earlier that the RCN staff, many of them are happy with the new training that they have been offered. Does that apply also to members of the JNA?

Ms. F. Stein:

Absolutely. Yes the training applies to all nurses across the board, which is provided by Health.

Deputy D.W. Mezbourian:

What support has been offered, apart from training, by Health and Social Services to your members?

Ms. F. Stein:

Sorry, I do not understand your question.

Deputy D.W. Mezbourian:

In as much as we were talking earlier about some of the concerns that your staff have expressed. Some of them have not wanted to leave Overdale and the work they are doing at the moment. Have they had one-to-one consultation or discussions with ...?

Ms. F. Stein:

No. Well, on the care assistants' side, the ones that are being redeployed obviously are going into different areas within the hospital. It will be quite daunting for them. They have not done any surgical or medical nursing for quite some time, but bear in mind they are the care assistants; they will not be doing work of a qualified nature. They just feel that in elderly care that is where they best thrive, that is what they are best at, and it is going to be daunting. When you go into an acute ward, it does not matter whether you are a qualified nurse or a care assistant, it is a total different care area, a different system, and a lot of these girls are pretty anxious about that.

Mr. N. Corbel:

Yes, it has been fairly distressing. The actual process of the procedure has been fairly distressing. There are some health care assistants who are reliant on that particular type of work and apparently - correct me if I am wrong, Fred - there was a process of reapplying or applying for certain posts.

Ms. F. Stein:

Yes, some of them were made to reapply for their posts.

Mr. N. Corbel:

To reapply.

Ms. F. Stein:

A few vacancies were opened up, obviously, in Sandybrook and The Limes, and it was through interview that the girls had to reapply for these jobs.

Deputy D.W. Mezbourian:

Were they all successful?

Ms. F. Stein:

No, there were not enough openings for them. There were not enough positions.

Deputy D.W. Mezbourian:

Those who went through the interview process, was that a mere formality? Did they get offered the roles?

Ms. F. Stein:

They went through the interview process and managers took from that the staff that they wished to place back within the elderly care.

Deputy D.W. Mezbourian:

So what has happened to the others?

Ms. F. Stein:

The remainder have been reallocated on to different wards around the General.

Deputy D.W. Mezbourian:

Were they happy with that?

Ms. F. Stein:

Not at all.

Deputy D.W. Mezbourian:

So it comes back to what support then has been offered by Health and Social Services to them.

Ms. F. Stein:

The fact that they have been able to retain a job, I think, was a first priority. So, therefore, I think they have sat down and cannot really do very much about it, I am afraid.

Mr. N. Corbel:

In dealing with the consequences, you know, psychological and otherwise, I am not aware of any support being given, or any counselling if that was required, by Health and Social Services.

Deputy D.W. Mezbourian:

Do you think it would be required?

Mr. N. Corbel:

It is possible. We did have a JNA branch meeting a while ago. As Fred said earlier, it was well attended. Many Overdale staff did attend that meeting and a lot of concerns were raised there, a lot of general feelings of distress and worry which had not been dealt with by the employer at that time. We are unaware of any change at the moment.

Deputy R.G. Le Hérisier:

Who is your point of contact, Nick and the others? Is it the Personnel Department or is it Mrs. Hutt or whoever?

Mr. N. Corbel:

Well, it is a bit difficult, there are quite a few. Officially, it is the Chief Officer, Mike Pollard. It can be Mair Hutt, it can be Mark Littler, and sometimes line managers within departments and wards.

Ms. F. Stein:

I have had communication in the past with Mair Hutt, and with regard to the meeting at the Town Hall and with regard to issues, in which she did again go through all the points to prove obviously that they had stuck by the redeployment policy to the line, and they have done.

Deputy D.W. Mezbourian:

Has each member of staff who would be affected by this at Overdale had a one-to-one meeting with someone from Personnel?

Ms. F. Stein:

The only meeting that we have had from Personnel was when they were interviewed by their line manager and Human Resources and a modern matron and that was when they had to go for interview for their jobs, to be re-interviewed for their jobs.

Deputy D.W. Mezbourian:

Apart from that, they have not had a meeting individually to explain the situation?

Ms. F. Stein:

Nobody has, no.

Mr. K. McNeil:

No, I am not aware of them having individual consultation with the manager, albeit I accept that Mrs. Hutt has stated on a number of occasions that she has an open door policy to any member of staff who wishes to go and discuss any concerns with her. There was no planned intervention to meet individual

members of staff. Staff have been informed as a group.

Deputy D.W. Mezbourian:

So everything has been done collectively?

Mr. K. McNeil:

As far as I am aware, yes.

Deputy D.W. Mezbourian:

Have your members received anything in writing?

Mr. K. McNeil:

Not that I am aware of from a nursing perspective, anyway. I think everything has been done through information at work and a lot of what they hear.

Deputy D.W. Mezbourian:

Have your members been given any guarantee that the redeployment that they will take up is for long term?

Mr. K. McNeil:

Yes, and we have broached this. I mean, they have been 100 per cent supportive of the fact that there is going to be no loss of job to any nursing staff as a result of this move being made and that all staff will be protected within that until they leave, retire, whatever. So there is not any underlying message, that we are aware of, to reduce the numbers of staff.

Deputy D.W. Mezbourian:

How do you think this could have been dealt with by Health in a way that would have reduced concerns for you and your members?

Mr. K. McNeil:

I think before this had even gone out into the public domain. Because, I mean, from my personal perspective, the first actual consultation I had was with the JEP (*Jersey Evening Post*), when I sort of picked up the JEP and read an article in it and thought, "I have not had any contact with any members of staff concerned about this" but it was just a point to keep my interest. Then we did get an invite and unfortunately I was away and Amanda attended on my behalf. Up until that time, the first point of contact was when it had leaked into the public domain anyway. It would have been, I think, helpful if we had been able to talk at the very beginning. It would also have been helpful, I think, to the change process because we could have then been a party to that and been much more supportive towards the staff rather than just dealing with their concerns which, when you are going down the chain, somebody

comes to us with a concern, we go to the manager, they come back to us, and we go back to the member. Had we been party to that and been aware of that, we could have been probably assisting in that change process, because change is a very difficult thing and in health care just now it is just overwhelming.

Mr. N. Corbel:

Can I respond to that as well?

Deputy R.G. Le Hérisier:

Yes, come in, Nick.

Mr. N. Corbel:

We are in a slightly different position, the JNA, because as part of the T and G (Transport and General) we have other pay groups which we represent. As far as the change programme is concerned, there appears to be a strategy on the part of the employers, the States of Jersey, in consultation over change, or discussions over change, to drip feed information and very often we are provided with information at very short notice, and we feel this has happened with the Overdale proposals. We were given very little time and very little opportunity to respond to the consultation procedure. As I said earlier, we do feel it is a fait accompli, that the decisions had already been made, and there is an irreversible force to that change happening, irrespective of what input we are able to provide. Whether that is a deliberate strategy on the part of the States or not, I do not know. It is just an observation, but from experience it appears to be the case.

Deputy S. Power:

This goes back over a little bit of ground which you have all commented on. There is an emerging picture here that Health and Social Services will readily admit that the level of professional care that took place at Overdale was excellent. The public have 100 per cent respect for the level of professional care and attention that was given at Overdale. I think the relations of those that were looked after in long-term care and respite care will readily admit the same thing. I wonder about the wisdom of breaking up that unit that was so respected throughout the Island because the buildings had reached their sell-by date and because there was no plan for a capital investment programme. Can you comment on that? Has that come up in your negotiations with your own membership? I know you have mentioned anxiety but to me this is one of the core points of this whole thing.

Ms. F. Stein:

I think the general feeling among the staff -- bearing in mind that some of them have been there for 20 years plus. I, myself, started work there in Overdale in 1975 in the same buildings, and they were appropriate then. Unfortunately, I feel, and some of the members feel, that these buildings have been left to become dilapidated. There is no investment being put into these buildings. I think there was a

shortcut on the maintenance side, and it was always very difficult to try and get any maintenance done on these buildings. Although the buildings are not really suitable in the fact that they were still 4-bedded wards and privacy was a factor, and things do move on in nursing, you do want more privacy and dignity for your clients, I feel that if investment had have been put in in the first place, Overdale is a beautiful spot. It is ideal for the elderly; it is central; it is close to elderly relatives trying to get access to see their loved ones. I mean, everything about that spot is absolutely excellent. To let it go into the state it is in, personally, I just feel it is just an absolute total waste to let that go instead of being able to build on to it. They have done a fabulous job with Samares. It is on a perfect spot for rehabilitation; it is ideal. There has just been no investment put in over the years. I think that is why they are in a state now.

Deputy R.G. Le Hérisier:

Okay. Amanda, do you want a word?

Ms. A. Bisson:

From a nursing perspective, I would support what Deputy Power just said in that there has been a lot of very happy, very satisfied patients and their families at Leoville and McKinstry but there has also been an element of very dissatisfied families and patients in Leoville and McKinstry not from a nursing perspective, from a building perspective, the fact that, as Fred has already said, patient dignity and privacy has been totally disrespected in that building. Yes, we have come a long way over the years, but I think that should have been highlighted many, many, many years ago. As I have already said to you, I have made a point of going there. I have been to the relevant homes which we are going to be putting these people into. Taking aside the nursing side of things, the buildings, yes, that is a great improvement but, again, I think I have to say what Fred has said that I do feel the States of Jersey, or Health and Social Services, have let those buildings fall into the poor state of repair that they are.

Deputy S. Power:

Do you think that was a deliberate policy? Do you think they decided to let them go?

Ms. A. Bisson:

I do not think saying what I think is the right thing to say here. What has happened has happened. Why it has happened and how it has happened is for somebody else to answer.

Ms. F. Stein:

I wonder if it was possible cutbacks in maintenance years ago. It was quite evident then, due to cutbacks.

Ms. A. Bisson:

Just one other point that might be valid there, Fred spoke earlier about patients being stuck in acute

medical beds. That, historically, has been going on for many, many, many years and that I do feel is part and parcel of the fact that Health have not recognised the fact that we have an aging population - as they do across the rest of the world - and that the money has not been put there. The money has been cut in Health and Social Services over the years. It has not been increased as it should be to meet the demand that we now have for health services, and especially in elderly care. We have lost an awful lot of care homes over the years. That has created this problem as well. So it is not just this immediate problem that is causing the bed blocking. It has historically been something that is going on for some time and the Island has not recognised the need for greater services for elderly care. This is not going to improve. This is going to get a bigger problem.

Deputy R.G. Le Hérisier:

In a way, I think you have answered the next 2 questions. They are all about the physical conditions on the 2 wards and whether you were involved in giving feedback, or whether you were involved in discussions about that. So, did you ever get any feedback from management about the conditions on the ward or did you, yourselves, give any feedback to management about the conditions on the ward? Nick, you have mentioned this earlier, what is your view?

Mr. N. Corbel:

In terms of feedback from management, no. No, it is not that. No, is the short answer to that. Fred, you are more involved.

Ms. F. Stein:

There has not really been any feedback. There has not really been any discussion except, as Kenny would say, it was brought up without consultation. Yes, it was done and dusted.

Deputy R.G. Le Hérisier:

Yes, but the sort of issue that Amanda has just brought up, you know, "Look, you have this growing problem. Every now and then it explodes into a bed blocking crisis and then people sort of desperately seek the beds and so forth". To what extent were you aware that this problem was growing and were you ever involved in discussions about it?

Ms. F. Stein:

We were never involved in discussions about it, but being that I do work on community as a community nurse and do see the wider community on this Island, there is a vast amount of elderly who are being cared for at home at the moment. This is only simply because they are able to stay at home with a care package put in from community nurses. However, when these people become less able to do what they can and less independent, the families will be seeking permanent care. That is a big, big concern because the amount of elderly now -- at one time, you know, family nursing was just a small unit but it

is quite a big grown business now, and inside that there is a lot of people who are being cared for and, obviously, that is the best place for them to be is to be cared for with the families at home. As soon as that little bit of extra independence goes and those families cannot cope, this is when we are then going to be turning and looking for beds, and it will not be residential, because they have done the residential side of it while they have been at home, it will be nursing beds, elderly nursing beds. Personally, I do not know exactly where we are going to find them.

Mr. K. McNeil:

There is a massive amount of research out there over a number of years which has shown that the elderly population is increasing, and their needs, and one of the problems I think that comes to the fore as well is that we are now beginning to see that the carers who have been caring for the elderly, they are elderly themselves. So, their ability to provide that level of care ... now, once that becomes apparent there has to be a level of responsibility. Now, normally the Government, the States, will take on supporting that, as I say, and I think that needs to be maintained. We have a responsibility as an Island, as every individual, to care for our elderly. They have done it for us. They have been there for us when we were growing up, through school, through shops. These are the people who have provided services who are now reaching a time where their abilities have gone down because of health or whatever. I think it is very important that we maintain a focus on that and that the States do have a responsibility to maintain that, and not feeding it back to the private sector.

Ms. F. Stein:

Can I also say there is a very big issue with the fact of the respite side of things as well? With the respite facilities going to go, now we have people coming in from the community who have total care packages at home, who are being looked after. Obviously, relatives need that well-deserved break but now are going into homes which are becoming dual registration. Now, from what I have seen from the dual registration, already part of those nursing beds have been taken up straight away by people who have lived in the home for so many years, well, now their needs are greater, their nursing needs are greater, and they have been moved from residential into the nursing beds, and so it does leave a couple of nursing beds at the moment. Clients are getting put into residential. We have had to go in and take them from the residential to do risk assessments, and what has happened? They are not suitable for the residential; they have had to be put into the nursing sector of it. So, again, there are all sorts of problems going to be coming up from respite patients. My grave concern is the outside nursing homes - although obviously there are experienced, dedicated nurses in there - is it fair to them that they will be taking some patients who have complex needs?

Deputy S. Power:

We saw a written submission from the Jersey Nursing Association that refers to continuing and persistent rumours that developers have taken an interest in the Overdale site. Do you have any idea where these rumours are coming from?

Mr. N. Corbel:

We have no idea. That is the nature of the rumour mill, which is why I did say they are rumours. I mean, there are some well known developers in the Island and they always seem to get targeted with these rumours. We have no idea how valid these rumours are and whether there is any sound substance in these rumours.

Deputy S.C. Ferguson:

In your written submission you highlighted that it is well known that workers employed in the private sector undertaking the same duties as at Overdale are provided with inferior terms and conditions to that enjoyed by public sector staff, and you proceeded to provide the description of how the difference became apparent and manifested itself. What does the Jersey Nursing Association believe are the implications of this?

Mr. N. Corbel:

Well, as far as terms and conditions are concerned for workers, the privatisation of public sector care, if that is the case, will erode those conditions for workers. There is a high use of migrant workers in the Island and there is evidence to show that they are paid lower rates of pay than resident workers, workers who enjoy terms and conditions negotiated by trade unions. There is a possibility there may be exploitation of workers. In the private sector, when you are running a business, there is this need to ensure that the owners of the business, the shareholders, get their share of the profit, and terms and conditions are an issue. I have no factual comparisons of terms and conditions between the public and private sector, but very often in the private sector workers do not enjoy pension rights; their holiday entitlements can be as low as the minimum, which is 2 weeks; workers are paid the minimum wage (£524) and that is seen by some employers as the maximum wage. I am not saying that is the case in the nursing profession, or in health care, or in the private sector, but we do not know that. We have negotiated over the years in the public sector - the JNA, the RCN and other pay groups - extremely good terms and conditions, and that is well recognised within the Island.

Deputy S.C. Ferguson:

Yes, that is one part of the equation. Have you considered any implications with regard to the standard of care?

Mr. N. Corbel:

Fred, do you want to comment on that?

Ms. F. Stein:

Yes, do you want to comment on the standard of care?

Mr. K. McNeil:

Based on staffing levels, I certainly think that the minimum protocols laid down, just for Health and Social Services for the public health service, for the minimum numbers of staff in the private sector, unless they accept a lesser amount than what we would accept in Health and Social Services per ratio of qualified staff to number of patients, there may be a care deficit there, but there is no evidence there to support that because these protocols also lay down quite a stringent training package policy updating. I think a deficit problem will be attracting the staff to work within that sector because, again, it is well documented we are approaching a time when there is going to be a worldwide shortage of nurses. There is a lot of competition. In the UK itself an agenda for change has come in. There have been a lot of nurses now staying where they are; they are not moving as much. The conditions of service in the UK have gone up, therefore in order to attract people to come to Jersey, which has a very high cost of living, has become more and more difficult. It is becoming more difficult to work in the States' sector. Hence, we have major issues regards staffing and I would have a concern that in the private sector it is going to be even worse to attract them. If they cannot attract qualified members of staff with appropriate skills and training, then they have to start undergoing health care assistants and bring them up to skills. Jersey has an excellent record in training health care assistants, there are many health care assistants highly skilled, but are they ready just to take on that level of responsibility of care at this particular time? I do not know if that is the case.

Ms. A. Bisson:

I support what all my colleagues have said but it is very, very difficult when these clients are already in care to establish what is a nursing need and what is a care need, and to establish the yield ratios and staff. Now, I assume things will not change in the future. As it stands at the moment with them being moved into the private care homes, the nursing homes, when these patients become unwell, or acutely unwell, they are moved back into the general care setting to obviously get them better and then taken back to where they are. I think you do have to be very careful in what you are establishing is the nursing need and the care need. If you also look at in the UK now, the actual number of qualified nursing staff has been cut back drastically and they are employing more and more health care assistants who are being trained to a far greater standard than they used to be. I am not saying that that is correct, but nurses, unfortunately, are being expected more and more to be academically trained, rather than clinically trained. To a point, that is very sad. It is losing what was a core element of nursing many, many years ago. Unfortunately, that is how things are moving in Jersey. I am afraid we will have to sort of toe the rope, as it were, and go along with that. We have no option here. In terms of the recruitment of staff, it is a huge, huge issue. The Health and Social Services at the moment are in absolute dire straits in terms of staffing needs. We are just about holding it together. A lot of us are working huge amounts of overtime to cover the gap. That cannot continue. We are using agency staff at a vast amount of money to fill the gap. Health and Social Services, to a point, are able to do that but the private sector are not able to do that and they, at some point, are going to have meltdown, and I do honestly not know where the staff are going to come from.

Deputy R.G. Le Hérisier:

Yes. Okay. Well, thank you very much. We have covered a vast range of issues and we truly appreciated your input.

Deputy S. Power:

Can I ask one question?

Deputy R.G. Le Hérisier:

There is one question still to be asked.

Deputy S. Power:

Yes, if you do not mind. We touched earlier on the anxiety levels that staff at Overdale felt because of uncertainties and that area in being relocated. Can I touch on anxiety and distress to the patients and the families of patients? At any stage during the discussions you have had with Health and Social Services were you ever made aware that there was likely to be an increase in mortality rates of those that were moved?

Ms. A. Bisson:

That, again, historically has always been a problem with elderly people who are settled in one area and then moved. It does upset them. Potentially, we do see a greater death rate when perhaps it was not expected but, again, nobody can say that that would not have happened anyway. We do not know that but there does seem to be a pattern. Over the years, when people have been moved from where they have been living for some time and have been very settled, it has unsettled them. I think the greatest thing that can be seen - and there is a lot of evidence to support it - is with those clients who have elements of dementia who get very used to their surroundings, to their staff and where they are, and the move does upset them incredibly. In terms of the general elderly, there is no evidence to support that at all. There is evidence to say people have died but they cannot say whether that would have happened had they been in where they were before. Certainly there is evidence to support that the elderly mentally infirm are very, very distressed by these moves.

Deputy R.G. Le Hérisier:

Okay, thank you. Fred, you wanted to say something?

Ms. F. Stein:

Exactly what my colleague has just said: research has proved that by moving elderly who have been in long-term and separating them, you can see the death rate just increase.

Deputy R.G. Le Hérissier:

Okay. Thank you very much. We have asked you a lot of questions and we hope we have covered the waterfront, so to speak, but are there any final points you wish to make? Any issues you feel we may not have looked at enough or whatever?

Ms. F. Stein:

No, I think it has been really interesting but the general concern is that it is fingers crossed that we are going to have something sorted out to be able to provide the Health and Social Services placements for these oncoming elderly people. I would like to go somewhere to be looked after, please. **[Laughter]** I do not want to go to waste, thank you.

Deputy R.G. Le Hérissier:

Thank you very, very much indeed. We have really appreciated your input. Thank you.