

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 3rd NOVEMBER 2015**

Question

Does the Minister accept that the inability of the General Hospital to recruit and retain nursing staff revealed in the answer to question 9014, tabled on 20th October 2015, shows that his department is no longer capable of delivering a full health service which meets the reasonable needs of residents?

To what extent has the need to close beds on safety grounds due to lack of staff been brought about by the need to meet 2015 spending reductions, for example, by deferring recruitment for some posts, and if so, can the Minister assure members that he has measures in hand to ensure that staffing is brought up to full complement in 2016, and if not, why not?

In particular, what measures does the Minister have under consideration to reduce the waiting time for initial orthopaedic appointments along with the waiting time for procedures, other than to prioritise relatively minor procedures that do not require bed occupancy in order to cope, and if none, why? With medical and orthopaedic beds closed what measures does the Minister have in hand to prevent a crisis in the health service this winter?

Answer

The Minister does not accept that the current nursing staffing position means that the department is no longer capable of delivering a full health service which meets the reasonable needs of residents. No operations have been cancelled due to lack of bed availability. All theatre sessions are still in operation and there have not been any changes to our admission criteria for medical patients – all patients requiring admission have been appropriately accommodated.

There has been no deferment of recruitment to clinical posts that are currently vacant. Active recruitment is continuously undertaken and a number of staff have been successfully recruited and are due to commence work. 5% of the budgeted registered nursing posts remain vacant as of October 2015 – this is the lowest figure in the last 4 years, yet the budgeted establishment is the highest in the last 4 years. There will always be turnover of staff in any organisation with the number of employees we have and the level of unfilled vacancies at 5% would not be considered an outlier in comparison with UK hospitals.

The decision to close beds rather than use off-island, costly agency nurses has been carefully considered and is an appropriate decision in the current economic climate. Should the need to increase capacity arise, these beds would be re-opened using on-island temporary staff where possible, supplemented with off-island agency staff if necessary. As set out in the answer to States Question 9014, the orthopaedic beds will be re-opened in January which is traditionally the time of year when there is a seasonal increase in admissions.

Should Jersey experience an episode of illness that would constitute ‘a crisis’, for example, a serious outbreak of winter flu or vomiting, the 6 closed beds would be re-opened. However, this alone would be insufficient to manage such a crisis and we would have to take decisions to cancel elective surgery and manage our in-patient capacity to accommodate any such influx of islanders who were unwell. This would include closing wards to admissions if the ward had an infection outbreak, stopping discharges to nursing and care homes from any ward with an outbreak, nursing infectious patients together and managing infectious patients in their homes where safe to do so. The current configuration of the hospital, with largely 6-bedded bay accommodation, reduces operational efficiency as a whole bay will close for one infected

patient. In the future hospital, the single rooms for patients will assist with such management by increasing flexibility, reducing bed closures and reducing the risk of the spread of infection between patients.

Orthopaedic waiting times are constantly reviewed and changes are made to processes and systems to strive for maximum efficiency. These actions will continue as processes can always be improved. No new investment is planned for the orthopaedic service during 2016 due to the financial constraints upon all public services. However, even if funding was available, the lack of theatre capacity would prevent any significant reduction in waiting times until the new temporary theatres become operational in 2017.