

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY J.H. PERCHARD OF ST. SAVIOUR  
ANSWER TO BE TABLED ON TUESDAY 21st APRIL 2020**

**Question**

Will the Minister –

- (a) advise how many nurses are required to resource the Hospital if all beds and the Intensive Care Unit are full; and
- (b) state what plans are in place to ensure that an adequate number of nurses for the hospital is resourced and maintained and that any field hospital established during the Coronavirus outbreak can also be resourced?

**Answer**

- a) If all of the hospital beds and intensive care unit are full, the number of staff to resource these beds would be our current budgeted establishment of 533 registered nurses.
- b) At the outset of the COVID 19 pandemic, the regulatory bodies in the UK produced a joint statement for all of their registrants. This included the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the Health & Care Professions Council (HCPC). In their joint statement, they set out the position from a regulator's perspective for professionals who will be required to work differently during a pandemic. Working differently includes working in different care settings than usual, working in different roles, and working differently to manage an increase in demand.  
<https://www.nmc.org.uk/news/news-and-updates/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus/>

The layout of the field hospital, as with Nightingale Hospitals in the UK, is based on open wards with patient beds in rows. This enables the nurse to have sight of a large number of patients at once and enables the registered nurse to manage more patients, supported by other staff, such as healthcare assistants. This means we would be able to spread the limited registered nurse resource across a greater number of beds. This is the same as the centres in the UK and other countries.

As part of HCS preparedness, we have been identifying staff who can support front-line care and growing our number of staff available to support care delivery. Initiatives have included:

- i) Recruiting retired nurses to return to work – the NMC has a COVID-19 register and retired nurses can resume working for the period of the pandemic.
- ii) Employing student nurses as healthcare assistants; this is in line with the guidance from the university.
- iii) Training other professionals so they can support staff on the wards – to date we have trained 37 Allied Health Professionals in this way.
- iv) Recruiting and training to our Healthcare Assistant workforce – these are on-island candidates and we have had 30 through this route already and are currently recruiting
- v) Identifying those nurses who are not currently in clinical facing roles – these staff will be updated through a compressed training programme and redeployed to the clinical workforce.

- vi) Using existing teams differently – an example of this is the theatre nurse team, some of whom are supporting their intensive care colleagues as part of an extended team.
- vii) Continuing to recruit temporary registered nurses into Jersey – these are few in number and anyone new to Jersey will be required to self-isolate for the required period before starting work.
- viii) Working with partner organisations to identify staff with key skills such as critical care nursing so they can be redeployed to intensive care or to support front-line care delivery.

On-island testing will provide a greater opportunity to get staff back into work promptly and will assist significantly in some of our workforce challenges, particularly in relation to the registered nurse workforce.

If Jersey is in a position whereby all beds are open in the general hospital, ITU is full and those on the Nightingale site are fully occupied, we will be required to work with registered nurse ratios that will be much lower than the normal, and we will be providing a higher level of healthcare assistant support than normal. We are currently doing everything we are able to do within the restrictions currently on us as a result of the global pandemic, limitations on travel and the pressures in the UK. Our position in this regard will reflect practice elsewhere across the NHS when in the peak of the surge in demand.