

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY R.G. LE HERISSIER OF ST. SAVIOUR**

ANSWER TO BE TABLED ON TUESDAY 17th JANUARY 2006

Question

Would the Minister inform members –

- (a) of the number of staff who have been suspended in each of the last three years (2002 to 2005) as a result of disciplinary infractions, if any, and in each case, identify the nature of the alleged infraction, the period of suspension and the means of disposal of the case?
- (b) whether the Director of Nursing receive any payments upon resigning and, if so, what were they?
- (c) whether the Director of Nursing was appointed as Deputy Chief Executive approximately two weeks before departure from office and, if so, the reasons why?

Answer

- (a) From 2002, the following suspensions took place:

Employee Group	Number of Staff in Employee Group
4 Manual Workers	512
2 Social Workers	45
1 Civil Servant	642
1 Residential Child Care Officer	72
2 Medical staff	90
11 Nurses	966
Total 21	Total 2327

(The number of staff in the Social Worker category is an approximate because of how the term “Social Worker” is defined, complicated by the fact that Social Workers are paid as Civil Servants).

The reasons for the suspension and the outcome are listed in the table below:

Employee group	Reason for suspension	outcome	Length of suspension	Year
Manual Worker *	Under police investigation (alleged misuse of computers)	Ongoing	3.5 years	2002 ongoing
Nursing	Gross Misconduct (Patient abuse)	Resigned when given penalty	5 months	2002
Social Worker	Gross Misconduct (Professional standards)	Resigned whilst suspended	6 weeks	2002
Manual	Gross misconduct (theft	Employee	1 day	2002

Worker	of HSS property)	resigned before disciplinary hearing		
RCCO	Standards of child care	Written warning	12 weeks	2003
Nursing	Gross misconduct (alcohol abuse on duty)	Dismissed	TBA	2003
Medical staff	Performance issues	Referral to NCAS	3 weeks	2004
Medical staff	Performance and medical concerns	Still under investigation	13 months	2004 ongoing
Nursing	Gross Misconduct (Inappropriate Behaviour)	Dismissed	6 weeks	2004
Medical Staff	Professional standards	No case after police investigation	11 months	2004
Nursing	Professional Standards	No case after police investigation	13 months	2004
Nursing	Gross misconduct (patient abuse)	Dismissed	2 months	2005
Civil Servant	Gross misconduct (misuse of email)	Suspended while working notice period	4 weeks	2005
Social Worker	Gross Misconduct (Performance issues)	Dismissed	6 months	2005
Nursing	Gross misconduct (Patient abuse)	Resigned when given penalty	4 weeks	2005
Nursing	Gross misconduct (Alleged patient abuse)	Dismissed	12 weeks	2005
Nursing	Lack of duty of care	Written warning	5 weeks	2005
Nursing	Under Police investigation	Ongoing	12 months	2005 ongoing
Nursing	Professional Standards	No case	5 weeks	2005
Nursing	Inappropriate Behaviour	No case	5 weeks	2005
Manual Worker	Gross misconduct (alcohol abuse and non-attendance)	Resigned whilst suspended	2 weeks	2005
Manual Worker	Gross misconduct (abusive language towards a patient)	Written warning	5 months	2005

* This is a complex States of Jersey Police investigation. It has been directed by the H.M. Solicitor General that disciplinary action cannot take place until the investigation is completed.

(b) The States of Jersey entered into a mutual confidentiality clause with the previous Director of Nursing which is, by definition, legally binding on both parties.

(c)The Director of Nursing was designated as “Deputy Chief Executive” on 18th November 2005. This

designation was limited and very specific. The Director of Nursing would act as formal deputy when the Chief Executive was absent from the Island, either on annual leave or on States of Jersey business. Such a designation was a formality as the Director of Nursing has acted in this capacity since the Chief Executive was appointed in May 2004. Further, the Director of Nursing would act as formal deputy when a number of managers, who were of the same level of authority, came together on a project which “cut across” the organisation. In such circumstances, the Director of Nursing would have accountability for the success of that project. (In the event, no such project was actioned).

Needless to say, to comply with best governance practice, the name and designation of the person substituting for the Chief Executive when he is not present should be formally known and that person held accountable for the discharging of the Chief Executive’s duties during that period. On a specific theme, the Major Incident Plan formally identifies a leadership role for the Chief Executive, or a designated deputy, should a major incident occur.

The designation of deputy in these circumstances was not a remunerated responsibility and was additional to the current duties of the Director of Nursing.