

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 20th OCTOBER 2015**

**Question**

Will the Minister inform members of the full schedule of closures of hospital beds due to take place over the coming months, along with the reasons for the closures and which wards are due to be subject to the closures?

In particular, will he inform members of the increase in orthopaedic waiting lists and give reasons for the closure of orthopaedic beds in the face of any increased demand?

**Answer**

There are and will be fluctuations in the bed base at the hospital. Among the reasons for this are:

- to ensure wards are safely staffed
- to reduce the requirement for premium rate ‘agency’ staff
- to build in contingency to be able to re-open beds in times of greatest pressure
- to encourage the transition to new ways of working that will reduce the number of in-patients admitted and staying in the hospital. This will be achieved by managing their care either more rapidly or in more appropriate settings.

**Corbiere Ward** (Medical ward) – 6 in-patient beds are currently closed on Corbiere Ward. This is primarily due to nursing vacancies on the ward. The use of agency staff to support these beds is extremely costly and is being avoided if at all possible. While these beds are closed, the opportunity is being taken to install a new nurse call bell system within the ward. When this is completed, we will use the closed bay to accommodate the Medical Day Case Unit (MDCU), which is currently housed on the Emergency Assessment Unit (EAU). The purpose of the MDCU is to deliver day case treatment and prevent admission to Hospital. This transfer has the added benefits of increasing MDCU capacity from 3 to 5 patients and of providing more clinical space on the EAU.

**Robin Ward** (Children’s ward) – is currently being re-designed to improve the accommodation for CAMHS patients and is therefore decanted to Rozel Ward until late December. The impact is a temporary reduction in beds from 15 to 8. Contingency plans are in place should more beds be required during this period.

**Beauport Ward** (Orthopaedic ward) – 6 beds will be temporarily closed on Beauport Ward from early November until early January. This is due to unprecedented numbers of Beauport nursing staff on maternity leave, staffing vacancies and the requirement to avoid using agency nurses where possible. Vacancies are currently being advertised.

All orthopaedic operating lists will continue to be full during this period, but the schedules will be adjusted to reflect more ‘minor’ and day case procedures to reduce the requirement for beds. Patients will continue to be treated in an order based upon their clinical need, with urgent cases taking priority.

**Maternity** – It is anticipated that 6 beds will close in maternity at some point yet to be determined, as demand for in-patient beds has reduced as changes in practice have occurred.

**Surgical Beds** – It is anticipated that some elective surgical beds will close over the weekend following Beauport re-opening its beds in January. This is to make more efficient use of staff at weekends.

**Orthopaedic Waiting Lists**

Challenges that affect our orthopaedic wait times and actions we are taking:

- There is a high number of referrals for this specialty – over 200/month
- Patients often require more follow-up care than other specialties so the clinics have to balance new patients with follow-up patients
  - the arthroplasty nurse has helped remove some of the follow-up case load from the doctors
- Patients almost always require some degree of imaging tests that can add to the wait time
  - we are continually working to reduce the waits for imaging and have plans to appoint a further radiologist and radiographer
- The surgery is usually quite lengthy which means that you cannot get many cases through one theatre session
  - the new temporary theatres currently being erected will offer additional theatre capacity, once the essential maintenance to the existing theatres is complete
- Emergency or trauma cases can displace routine elective cases
  - we have a dedicated ‘emergency’ theatre but all emergencies and ‘urgent’ cases will be clinically prioritised
- Joint replacements tend to have a finite life span so there is a steady stream of islanders needing a second replacement too; our increasing longevity means this number will continue to rise
  - this forms part of our future modelling for the service and the increasing demand.

714 patients are awaiting an out-patient appointment as at 1 October 2015 (576 at the same time last year).

The out-patient waiting position is:

Orthopaedic Average Wait in Weeks for a First Out-patient Appointment				
May 15	June 15	July 15	August 15	September 15
9	11	9	8	9

524 patients are awaiting a procedure as at 1 October 2015 (579 at the same time last year)

The in-patient waiting position is:

Orthopaedic Average Wait in Weeks for a Procedure				
May 15	June 15	July 15	August 15	September 15
18	18	17	19	21

## Initiatives taken to reduce orthopaedic waiting times

Additional clinics

Additional theatre lists

Arthroplasty nurse appointment – independently sees follow-up patients

Change of clinic management

Upper limb ambulatory assessment service (Physiotherapy)

Enhanced recovery programme for hip and knee surgery.