

2019.11.12

6 Deputy C.S. Alves of the Minister for Health and Social Services regarding the cancellation and rescheduling of operations at the General Hospital due to bed shortages: (OQ.277/2019)

Will the Minister advise whether, in the last 3 months, any operations have been cancelled, or rescheduled, due to bed shortages in the General Hospital and, if so, how many? Will he also advise whether any patients, who have undergone treatment, or are in hospital in the U.K. (United Kingdom), have experienced delays in coming back to Jersey due to bed shortages?

The Deputy of St. Ouen (The Minister for Health and Social Services):

The General Hospital's bed occupancy figures fluctuate and are currently running at approximately 75 to 80 per cent. Bed shortages are rare. We only have those shortages in the most exceptional of situations. Daily operational meetings are held to review and plan capacity. Health and Community Services has not, until now, maintained figures of when an operation is cancelled due to bed pressures, the reason being that is such a rare scenario but, however, a new code has now been allocated to cover that scenario. Should it be necessary, surgeons would prioritise all operations, based on the level of urgency. For example emergency, that would be life-saving and urgent surgery, for example cancer, would not be cancelled, but a routine operation, for example hernia, would be assessed by a surgeon at the time and might be deemed safe to postpone. In that regrettable circumstance, the patient would be advised and provided with a new date of surgery as soon as possible, envisaged within a couple of weeks. Should there be a need to cancel an operation, the Group Managing Director would also be advised. As to the return of patients from the U.K., again, until recently, Health and Community Services did not maintain records as to the number of patients who have experienced delays in being repatriated back to the General Hospital due to a lack of beds. Once a patient is referred by a U.K. hospital and accepted by a consultant in Jersey, we endeavour to repatriate as soon as possible. When delays do occur, it is usually due to a lack of isolation cubicles on a ward, or within the intensive care unit, or the special care baby unit, the reason being that all U.K. hospital transfers require a period of isolation and screening to ensure cross-infections do not occur.

The Bailiff:

Minister, I would ask you to draw your answer to a close. We are at 2 minutes already and that is 30 seconds more than the time generally allocated to an answer.

The Deputy of St. Ouen:

Thank you, Sir. I can leave it there and answer any supplementaries.

3.6.1 Deputy C.S. Alves:

I have recently been made aware of a case where someone became ill on holiday in Europe. They spent 5 weeks in that hospital where, after 3 weeks, it was safe for them to travel back to Jersey. They were unable to, due to bed shortages and were, therefore, transferred to the U.K. for a further 3 weeks. Understandably, members of the public are concerned that a new hospital is being proposed with fewer beds when instances like these are occurring. What assurances can the Minister provide that incidents of bed shortages will not become an issue when a new hospital is built?

The Deputy of St. Ouen:

It is difficult to respond to the specific instance that the Deputy refers to and I would urge anyone who has concerns relating to specific patients to raise them with us and we will very readily investigate them. My understanding is that - and I do not know if this is the same case that the Deputy has referred to - I was aware of one case where the patient was privately funded and there were insurance company considerations. I do not believe that in the case I am thinking of that the question was related to bed shortages. It is not usual for bed shortages to occur, certainly not over 3 weeks, unless it is in the sort of case I have referred to, where the patient needs to be in an isolation unit. The hospital planning as to bed numbers, speaking more broadly, is very carefully worked out. It is very systematically considered and will be further developed in the work that is going to be undertaken over the next few months, so that we have a reliable figure of the number of beds that could be placed in the new hospital and that will be subject to further consultation and engagement. But I reiterate, if the Deputy, or any other Member, wishes to come and discuss specific instances, we will certainly investigate and I could answer in a better way than I can on my feet here.

3.6.2 Deputy G.P. Southern:

After the Minister's answer that he does not normally keep bed shortages as a reason for cancellation, does he have any figures for staff shortages resulting in any cancellations?

The Bailiff:

I think that is outside of the ambit of the question, Deputy, which relates to bed shortages and the causes for any difficulties. If you can rephrase your question, to bring it to bed shortages, then I will allow you to ask it again, but I am not prepared to permit it as asked.

3.6.3 Deputy R.J. Ward:

I was going to the same topic and I think they are related. We talk a lot about the number of beds in a hospital and I would like to ask the Minister whether he is referring to physically the number of beds, or is it more to do with the staff that can staff the provision of those physical beds in the hospital themselves, which is, I think, the question we were going for here and is that not the wider issue? We can put in more beds and we can have more rooms, but if we do not have the staff to staff them, they will simply not be available and that, I think, is the issue that we are getting to.

The Bailiff:

Minister, I think that is within the ambit of the question.

The Deputy of St. Ouen:

As I mentioned earlier, operational meetings are held at the beginning of each day to review and plan capacity for that day. My information is that no operations are cancelled due to staff shortages on that day.

3.6.4 Deputy R.J. Ward:

Can I press this a little, because I think it is really important for the wider discussion on the new hospital? Are we talking about physically the number of beds, or are we talking more about the amount of staff to enable those beds to be used on an ongoing basis?

The Deputy of St. Ouen:

We are fortunate in Jersey in that we do not suffer the kind of staff crises that seem to occur and we hear about in the N.H.S. (National Health Service). Nursing numbers have recently been recruited to and we are well-served, we are well-staffed in our healthcare. There are always pressures, because

there are pressures throughout the healthcare system in the whole western world. I am not aware of the sort of pressures that seem to be raised by the question. It is a deeply operational question. I do not fix the number of nurses that are present on each ward, or in the operating theatres each day. I do not have any oversight of the rotas and the like. If this is a real concern of the Deputies behind me, I would invite them to come and have a discussion with myself and management and we can reassure them.

3.6.5 Deputy K.G. Pamplin:

Before I begin, can I raise the *défaut* on the Deputy of St. John if that is needed? Just checking. I like to look after him. I can help the Minister from my experience of being in the hospital for 24 hours to see how the facility works. There is a group of people who make bed decisions. In the evening, one person makes the bed decisions on all incoming and outgoing patients. Based on information and some really good Scrutiny work, we discovered that the waiting time list put on the website is not accurate, therefore, concern is growing on the information put forward. Will the Minister reassure us to provide that accurate information so we can determine what the issues are when it comes to bed shortages, or any such issues?

[10:30]

The Deputy of St. Ouen:

In a Scrutiny meeting last week, we discussed our present waiting lists and we shared with the Scrutiny Panel that the data that we hold at the moment is not perfect, it is not great. Therefore, we are not entirely confident in the accuracy of waiting list figures, but the news is, of course, that this has come to light because so much more work is being done around our data collection in Health and Social Services. Sorry, I am struggling to think of the question asked by the Deputy. As the Deputy has seen, there is good planning within the hospital around the staffing levels and the management of care for our patients.

3.6.6 Deputy S.M. Ahier of St. Helier:

Will the Minister give an explanation as to why patients are being detained at the hospital, rather than being returned to the care of their families, thus leading to bed shortages at the General Hospital?

The Deputy of St. Ouen:

I do not believe patients are detained beyond any need for their own healthcare needs.