

2021.09.14

13 Deputy G.P. Southern of the Minister for Health and Social Services regarding theatre staffing problems (OQ.193/2021)

Further to his response to Oral Question 169/2021, will the Minister inform Members what progress, if any, he has made in relation to staffing problems with theatre staff, which he noted was a factor in the increase in waiting times for routine operations at the time? Will he further advise whether or not he has succeeded in reducing waiting lists and times to below 2019 figures and if not, why not?

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

The changes to theatre scheduling in the summer were the result of particular pressures around specialist theatre staff. Since then, we have seen the improvement with staffing that was expected and we have been able to resume routine theatre activity from 31st August as we had planned. As of Monday, 13th September, there remain 11 full-time staff vacancies within the operating theatre department. This represents a 13.4 per cent vacancy rate. Many of those vacancies are currently filled by agency staff on a temporary basis. To assist in the recruitment of appropriately qualified theatre personnel there is currently a bespoke recruitment campaign running across the U.K. as well as all these vacancies being advertised on the N.H.S. (National Health Service) jobs website. As to the final part of the question, the reduction of waiting lists, the snapshot view at 31st August of the inpatient surgical waiting list for all categories of patients is 39 per cent lower than the 2019 year-end position.

8.13.1 Deputy G.P. Southern:

The Minister quotes the average figure across all categories of operation. Could he give a new breakdown of where the waiting lists are per category?

The Deputy of St. Ouen:

The figure I gave related to the in-patient surgical waiting list but it was for all categories of patients, that is, the 3 categories they are triaged into; urgent, soon and routine. I do not have that breakdown into how many urgents, soons and routines were waiting on each of those 2 dates. As I said, it is 39 per cent lower than the 2019 year-end position.

8.13.2 The Connétable of St. Lawrence:

39 per cent means nothing unless we know what the number is. How many people are on waiting lists to have operations at the hospital? I am aware the hospital is sending out letters to patients at the moment to tell them they are on a list to go on a list to be operated on and I think that needs to be resolved. When you are in pain and waiting for a hip replacement, say, and you get a letter from the hospital to say you are on a list to go on a list to be seen by a consultant, we need to up our game and getting that sorted out, and I would like the Minister to respond. How many people are on waiting lists now?

The Deputy of St. Ouen:

I agree with the Connétable's comments. I do not want that to happen, to be told you are on a list to go on a list, and that is what we are working to achieve. I hope those letters being sent are still very rare now, although I have seen them in recent months. We are drawing together all our data. There is tremendous work being carried out on the data retrieval that is needed within the healthcare service because we are rapidly moving, at last, to an electronic record. I am interested to speak with the Connétable to find out which specialty is still sending out those letters because we

are now much clearer about our waiting lists. I do not have specific numbers for this surgical waiting list but all our numbers and information relating to our waiting lists is now online on gov.je/health/waitinglists, where all the information can be found on lists in the various specialties.

8.13.3 The Connétable of St. Lawrence:

When the Member asks the question, to be referred to the website is reasonable but I would prefer the Minister answered the question and I would like to ask the Minister to come back and answer the question via email to all Members. Let us talk about how many orthopaedic patients are waiting for operations.

The Deputy of St. Ouen:

I will come back on the orthopaedic waiting list, what it currently is and the figures asked by Deputy Southern, who was asking about the in-patient surgical waiting list.¹

8.13.4 Senator S.C. Ferguson:

What percentage of the records are now electronic? Does the Minister not understand that everyone on a waiting list tends to be old and therefore probably does not have a computer and cannot look at waiting lists on the States website? What provision is being made for that?

¹ The following information was accordingly submitted by the Minister for Health and Social Services by email on 16/09/21.

The number of **adults** waiting for surgery:

As of	Number of patients waiting
31 December 2019	443
31 August 2021	380
Difference	-63

The number of **children** waiting for surgery:

As of	Number of patients waiting
31 December 2019	1
31 August 2021	9
Difference	8

Further detail on the above figures is shown below to show how long patients on the waiting list have been waiting for surgery.

Adults

Date	0-30	31-60	61-90	91-120	121-180	180+	Total
31/12/2019	68	77	97	57	72	72	443
31/08/2021	52	58	61	62	73	74	380

Children

Date	0-30	31-60	61-90	91-120	121-180	180+	Total
31/12/2019	1	0	0	0	0	0	1
31/08/2021	2	1	3	1	0	2	9

NB: these figures do not include emergency cases as these are treated immediately and not put on a waiting list. Further information on waiting lists is available at <https://www.gov.je/health/waitinglists/Pages/index.aspx>

The Deputy of St. Ouen:

We have converted some G.P. records that are now accessible across the whole health service. It is not the full level of information that is available but some essential records are now held electronically so that if we were to be admitted to the Emergency Department it is possible for the Emergency Department to know what interactions have gone on in primary care. As a basic primary care record, that is available to Emergency Department practitioners, which is so important, rather than trying to treat somebody unknown to them without needing to draw information from them, which is sometimes difficult. Now there is that access to primary care records but we still need to do more and more is being done. There is substantial investment being made into the electronic patient record.

[15:00]

As to people without access online, they will be referred into a specialty and the person referring them will give them information about waiting times and anything else they wish. That might be their G.P. or the consultant or specialist in the hospital.

8.13.5 Senator S.C. Ferguson:

I would like a bit more information on getting the records put on electronic process because as I go into the hospital fairly regularly now, I see lots of trolleys pushing great big woggles of files around. I wonder about data protection on that but that is another story. How far are we getting with the electronic side?

The Deputy of St. Ouen:

That is a whole subject in itself and I would be very happy to arrange a briefing for the Senator.

Senator S.C. Ferguson:

I do not want a briefing. I just would like the Minister to be able to demonstrate that he knows what is going on in his department.

The Bailiff:

Senator, the Minister now understands that you do not particularly want to have a briefing so perhaps he can see how he can deal with the answer to the question.

The Deputy of St. Ouen:

I have explained what I understand has happened so far. We have made good progress with the access to a certain level of records in the Emergency Department and others can access that high-level record but there are further details. Imagine if you have had interaction with our hospital services over years, decades perhaps, and you will have a substantial file. Not all of that is yet available electronically but that work is planned and being undertaken. I understand it is working to time and we want to enter a newly-built hospital with a fully electronic record and not have those trolleys being wheeled around with files on and we are working to that end.

8.13.6 The Connétable of St. John:

Can the Minister tell us what the additional cost of employing agency staff is to substantive staff?

The Deputy of St. Ouen:

In general, it depends on who is being employed and the speciality.

The Connétable of St. John:

In the theatre, please.

The Deputy of St. Ouen:

I understand that in the theatre it can be up to 35 per cent of the cost of employing somebody substantively. There was a written question answered to this effect earlier in the summer.

8.13.7 The Connétable of St. John:

When does the Minister expect to have covered all the vacancies in the theatre?

The Deputy of St. Ouen:

The Theatre Department operates at just over 80 staff. The staff will come and go. Agency staff may need to be brought in at different times. We have now reduced agency staffing and therefore the cost of it substantially from previous years, by improved substantive recruitment. But I do not think there will ever come a time when the hospital does not need agency staff. It is a feature of all health services in the western world that to cover services, agencies exist to provide temporary staff.

8.13.8 Deputy G.P. Southern:

Is the Minister aware that any vacancy rate over 5 per cent causes intense nervousness in the workforce and makes it very hard to recruit? His figure of 13 per cent vacancies makes it very difficult to recruit to that department. Does he not agree?

The Deputy of St. Ouen:

I am not sure I recognise the figure of 5 per cent given by the Deputy, although the ideal and the aim is always to recruit substantive staff wherever possible.