

22.03.29

2 Senator S.W. Pallett of the Minister for Health and Social Services regarding the reinstatement of Samarès Ward (OQ.57/2022)

Will the Minister provide the Assembly with an update on the progress made to reinstate a full suite of stroke and injury rehabilitation services on Samarès Ward at Overdale, as agreed in P.115/2021, and advise when this reinstatement will be completed?

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

I am grateful for the question and pleased to update members on the progress made. Since I made my statement to the Assembly on 1st March, officers have been working together to prepare, to plan and to implement the package of improvements I outlined. To facilitate the move, working groups have been set up specifically to address the logistics of moving, the refurbishment design, the financial requirements and community therapy provision. The representatives on those groups have been fully briefed on the decision made by this Assembly and work has begun to establish the requirements for the move in July. A project manager has been allocated to support the groups and services to ensure the timeline remains unaffected by any risks and issues. They are tracking the actions of the workstreams, keeping services to task, while ensuring that an oversight group is fully sighted on any risks and issues that arise.

3.2.1 Senator S.W. Pallett:

I thank the Minister for his update and it is good that he has got working groups up and running and he is heading towards a reinstatement date of July, that is what I take from his answer. But could the Minister explain what work is being carried out today to relocate services currently being provided at Samarès Ward by Health and Community Services, such as the assisted reproduction unit, and can he assure the Assembly these services have been consulted fully on any relocation?

The Deputy of St. Ouen:

Yes, that work is being done and services are being consulted. So we know that we have to safely relocate a number of services, including the A.R.U. (Assisted Reproduction Unit) so we are looking at all parts of the health estate to see where services can be located. Plans have been discussed and confirmations of these locations will be confirmed shortly. Those moves are all planned to take place between May and June.

3.2.2 Connétable A. Jehan of St. John:

Can the Minister explain his answer to Written Question 90/2022 where he said there would only be 14 beds available when the Deputy Chief Minister confirmed to 2 written questions saying the new hospital would have up to 30 beds?

The Deputy of St. Ouen:

There have, in recent years, been 14 beds available for rehabilitation. That was the case when services were delivered at Samarès Ward in Overdale, and continued to be the case when services were moved to Plémont Ward. So we are continuing with that level of bedded care in the move back to Samarès, and that is the reason why 14 is the number. I am aware of the plans for the new

hospital, which have come forward as a result of consultation with all involved. I think it is great that we are able to provide a ward of 30 beds, most of which will be in single rooms, of course.

3.2.3 The Connétable of St. John:

In answer to Written Question 91/2022 there were an average of 24 patients at Samarès Ward, so how does he achieve 14?

The Deputy of St. Ouen:

As previously explained, the 14 beds were for those patients receiving rehabilitation treatments and therapies. The remainder of patients on Samarès Ward were often not there for rehabilitation but were there awaiting an onward placement either into residential homes or to domiciliary care in their own home.

3.2.4 Deputy G.P. Southern:

Does the Minister accept that in order to deliver these services staffing must be kept up, and can he inform Members whether or not he is using short-term contracts for specialists in this area, some as short as 9 months, in order that the overall figures look good?

The Deputy of St. Ouen:

There will be no reduction in staffing upon the move back to Samarès, and indeed we are recruiting 3 further consultants in the area of frailty and rehabilitation. There is additional staff. I do not have the full breakdown of which staff are permanent which are on other types of contract but, undoubtedly, there will be some who are not permanent either because they might choose to work on a part-time or zero-hour basis or because they may be locum posts, because that is the way health services do operate to ensure that services are covered. I do not believe that that results necessarily in any reduction in service because these persons are qualified and are vetted before they come to the Island.

3.2.5 Deputy G.P. Southern:

Will the Minister come to the House with the figures that he is missing at the moment?

The Deputy of St. Ouen:

If the Deputy will refine his question; do I understand that he wishes to know of all those staff working in rehabilitation which are full-time permanent posts and which are not?

Deputy G.P. Southern:

Yes, please.

The Greffier of the States (in the Chair):

I think that is what the Deputy wants.

The Deputy of St. Ouen:

I will provide that and circulate that.

Outstanding shifts due to vacancies and short-term sickness have been covered by staff on the nurse bank. Many bank staff are themselves employed on permanent contracts in HCS and choose to make themselves available for additional work.

Circulated Response below

I can confirm that all the staff employed as part of the in-patient rehabilitation team are substantive and on permanent contracts.

There are currently two registered nurse vacancies and three health care assistant vacancies in the team. The posts have been filled and are awaiting clearances and a start date.

3.2.6 Deputy C.S. Alves:

Can the Minister state whether while this work is taking place if there has been a reduction in any of the services that are currently being provided to patients in Plémont Ward?

The Greffier of the States (in the Chair):

Sorry, there was a musical interlude from Deputy Le Hegarat. Thank you. Minister, it is over, so you can carry on.

The Deputy of St. Ouen:

Members would not have wanted me to sing along, so I am glad it is over. Absolutely no reduction. We are looking hard and fast at the services we offer and want to enhance them. We are ensuring that the community offer, and particularly the care that patients receive after their stay in Samarès, or now Plémont, is co-ordinated well, is thorough and gives them the support they need.

3.2.7 Deputy C.S Alves:

Is the Minister aware of any complaints that have been made by patients in recent times who are currently in Plémont Ward, as I am aware of at least 2 who are not satisfied with the level of service they are receiving and are going through the complaints process.

The Deputy of St. Ouen:

I have not heard of any recent complaints, apart from subsequent to those that I mentioned in the debates we had some months ago but I confess I have not asked. If the Deputy would wish to speak to me about the constituents or a patient she might know and if I can offer any help in resolving issues I will do so.

3.2.8 Senator S.W. Pallett:

Like Deputy Alves, my main concern is ensuring Islanders are provided with good standards of rehabilitation care. Could the Minister explain what he is currently doing to ensure that the experience of patients within rehabilitation services is being improved? In light of the stories that were shared with this Assembly during the debate on P.15, what is he specifically doing to ensuring that care is improved?

The Deputy of St. Ouen:

Of course, I well remember that difficult, anxious time.

[10:00]

It seemed to me that many of the issues revolved around communication, communication of what our care should be, of how patients were to be looked after and what patients could expect, and not only communication with patients but also with their family. Of course, this was during COVID which made communication often so much more difficult. But a very significant change, I believe, has been the introduction of what we have called a passport, which is a document which sets out for a patient coming on to the ward exactly what they can expect in terms of treatment, who will be looking after them and when they will receive treatments. It provides an opportunity for patients to record what they feel they need, for staff to record what is being offered, and gives a programme for their care moving forward with dates and times. I understand that is going a long way towards addressing the communication that is needed, so that patients can understand the pathway that they are on and families can read this document too and understand how their loved one is being looked after.