

**STATEMENT TO BE MADE BY THE
MINISTER FOR HEALTH AND SOCIAL SERVICES
ON TUESDAY 1st MARCH 2022**

Implementation of the proposition ‘Re-opening of Samarès Ward’ (P.115/2021)

I am pleased to be able to update Members today on the progress that has been made to implement, to the very limits of practicality, the decision of this Assembly to reinstate the full suite of stroke and injury rehabilitation service facilities and beds either at Samarès Ward or at another suitable location.

I believe the actions that we are planning will lead to a significant, and necessary, improvement in our rehabilitation services, and set us firmly on the right path for genuinely integrated services delivering the best outcomes for patients.

Before I outline the thorough process we have undertaken in the six weeks since the debate, and my conclusions, I do want to reassure Members that despite my concerns with the original proposition, I respect the decisions of this Assembly and have done everything possible to deliver. I want to thank officers and clinicians involved in supporting me to find the right solution and going above and beyond to find ways to create a truly holistic rehabilitation experience.

Nevertheless, I hope Members will accept that delivery in this case is not an easy task. There are considerable logistical complexities and extreme time constraints. We need to limit patient disruption and deliver facilities that meet clinical standards, and any solution must not delay the delivery of our new hospital.

I have also continued to bear in mind the clinical advice that has been provided to myself and Members: our rehabilitation services are best when they are integrated with our other services. For this reason, a stand-alone unit is unlikely to be the most effective way of delivering rehabilitation services in the long term.

Equally, I have consistently accepted that the services and facilities in Plémont Ward need to be improved. The experience of some patients has not been good – this is not acceptable, must be improved, and I renew my apologies.

The approach I am outlining today will meaningfully improve the rehabilitation services in Jersey, considering the constraints I have just mentioned.

To reach this position, I commissioned a high-level assessment which identified 16 site options, and each option was then assessed against key criteria – including the requirements of the proposition, feasibility, timeliness, space requirements, impact on current occupants of the facility, access and proximity to other clinical services, and costs.

These 16 site options included locations in government ownership, including the former Les Quennevais School, Le Bas Centre, Westaway Court, St Saviour’s Hospital, as well

as the options of a green field development, or leasing or purchasing an existing nursing or residential care home.

It soon became evident that options outside the existing health estate were unfeasible as they would take too long to deliver or would not be to a sufficient clinical standard.

I have heard many people mention the speed at which we delivered the Nightingale Ward, but, while commendable, that was a temporary facility constructed outside of normal planning requirements. That simply isn't the situation for a rehabilitation ward. A whole new ward, with the quickest delivery possible, would take 2 – 3 years to deliver. I cannot change these realities, and no responsible Minister would ignore them.

I also cannot countenance a delay in our new hospital and make no excuses – delivering a whole new hospital, with fit-for-purpose wards (not just for rehab patients but for all patients) is the single most important thing we can do. This does mean that any move back to Samarès Ward can only be temporary, as we need to vacate the Overdale site at the end of this year.

As you can see, this is a difficult issue, but I believe we have a way forward that is sensible, practicable and delivers for patients.

Firstly, I have instructed officers to move our rehabilitation services back to Samarès Ward. The Ward will reopen during July 2022, which is the absolute soonest it can be done. I hope this is welcome news.

To enable this, I will ensure that the services currently occupying Samarès Ward will be safely relocated to ensure there is no disruption to their service continuity. Services affected may include the Assisted Reproduction Unit, Retinal Screening, pre-operative assessment, and Community Therapies. To comply with timings around the demolition of existing buildings at Overdale, we will have to vacate Samarès Ward by Christmas of this year and we will return to a refurbished Plémont Ward.

Secondly, I have asked for investment to undertake a full refurbishment of Plémont Ward while it is unoccupied. This will include complete redecoration, new equipment, quiet spaces for patients and family, a day room, a dining room, more space to allow for better movement and walking exercises, a laundry service, and dedicated kitchen assessments.

As part of this, we will deliver 4 single rooms, focused on long-stay patients or those with isolation needs, and convert the existing 6-bed bays into a more spacious room with 4 beds. Solid side partitions will provide greater privacy.

In addition to practical improvements in facilities, we will also invest more in improving services. This will include 3 new consultant posts with specialism in stroke and frailty as part of the Jersey Care Model; an activity co-ordinator; and additional investment to strengthen and enhance physiotherapy at home to ensure patients get timely and free physiotherapy to achieve their personal rehabilitation goals.

This package of improvement measures will cost up to £2m, which is a substantial investment in our rehabilitation services. I am grateful to the Treasury Minister and ministerial colleagues for their support in this.

As a result, our services will look, feel, and be of the standard that patients expect and deserve, in an environment where rehabilitation can be the focus.

They will also be located within the general hospital, so patients can have ready and quick access to clinical services, with 24-hour medical cover.

This will mean that patients can also readily access services such as podiatry, hydrotherapy, orthotics, prosthetics, and radiology, without relying on patient transport.

Finally, in 2026, we will deliver an integrated, bespoke rehabilitation service in the new hospital at Overdale.

This approach respects the decisions of this Assembly, recognising the important part that a high standard rehabilitation facility plays in a patient's recovery, while also working within the logistical and practical constraints that face any service. I thank my ministerial colleagues for their support.