STATES OF JERSEY

OFFICIAL REPORT

THURSDAY, 20th JANUARY 2022

[9:30]

The Roll was called and the Dean led the Assembly in Prayer.

PUBLIC BUSINESS

1. COVID-19 hospital patients visitor access (P.8/2022)

The Bailiff:

The final matter of Public Business before the Assembly is the proposition of Deputy Tadier entitled COVID-19 hospital patients visitor access, P.8, and I ask the Greffier to read the proposition.

The Greffier of the States:

The States are asked to decide whether they are of opinion − to agree that people who do not have COVID-19 should be allowed to visit people in hospital and to request, as a matter of urgency, the Minister for Health and Social Services to instigate a robust system to keep people who do have COVID-19 from visiting people in hospital.

1.1 Deputy M. Tadier of St. Brelade:

We find ourselves on the last day of the sitting anyway and we do now have the benefit of some, I believe, helpful comments from the Minister, so I thank him for preparing those. I thank, Members, also for allowing this debate to go ahead. It is an unusual matter but I think important to many Islanders because it speaks to so many issues, not just about infection control or about COVID. What I do want to say in my opening remarks is that this debate should not be about - and I will not let it be about - pitting hospital staff against patients' safety and rights to receive visitors or indeed the rights of family to be able to visit their loved ones who are perhaps in a very critical or down and low condition while they are in hospital currently being unable to see anybody from the social circle or family circle at the moment. I will take any comments that are made in that vein quite seriously in my summing up. But I hope that we will have a respectable debate that recognises that we are still in a difficult position but that we need to balance people's rights. I also want to touch on the fact that when it comes to healthcare, whatever it is, whether it is people who have contracted COVID or not, that we need to be treating patients holistically and that while we might be ... and this has been a theme that has run throughout the restrictions that we have put on people throughout the pandemic. It is always a balance between protecting people's physical health from preventing the spread of COVID but balancing that with the downsides that arise from the restrictions. We know that in order for patients to recover that they do not just need to have physical treatment but they also need to have psychological and emotional treatment, which often is not and cannot necessarily be expected to be provided by the hospital staff. That usually comes from friends and family. In normal circumstances we would expect visiting rights to be respected. I also want to contextualise it. That we have been through now over 2 years with COVID and COVID restrictions, and we have not just been dealing with the virus but we have been dealing with the effects of the restrictions from the virus, which I think have taken their toll on many people in society, even where COVID itself as a virus has not taken its toll necessarily on them. People have largely complied. When we told them to get a vaccine they got a vaccine, when we told them to get a second vaccine, they got a second vaccine, when we told them to get a third vaccine they got a third vaccine. When we asked them to wear masks, even when most people did wear their masks, and when we told them that they had to wear masks of course they had to wear masks, and that is the situation where we find ourselves in. But nonetheless it has to be said that we have left sections of our workforce, in particular, at greater risk than I believe has been acceptable. I think this is true when it comes to healthcare staff and when it comes to teaching staff. But we are obviously focusing on the format today. The other concern I have, and I will address in the first instance the comments of the Minister, is that while it is quite clear that he says he has taken advice from infection control, and I quote directly, in his third paragraph he says: "I am acting on the advice of our clinicians who have a duty to keep patients safe." Yes, he does have a

duty to take into account, I think, what clinicians tell him. Clinicians have a duty to keep the ward safe but, as a Minister, he has an overarching responsibility not just to hospital staff and to keeping hospital safe, which I have to say he has failed to do on this occasion, but also he has a responsibility to the wider community, to the patients, to be able to receive visitors and for visitors to be able to go about their ordinary business of visiting their family and providing that support I spoke about in my opening remarks. The comment is also made that they are acting to keep patients safe and that they have a duty to place the needs of patients first. That is another direct quote. Of course here, the patients have multiple needs. That is the issue. They do not just have a need to be treated physically. They have a need to have emotional support from their family. These needs are not being looked at by this blanket ban. It goes on to say that ward teams are identifying those patients that are appropriate to be considered under exemption and I think this is the big rub here. Remember part of what I am asking for in this proposition is that there should be a robust system put in place to keep COVID out of the hospital and to stop it spreading. We have not had a robust enough system up until this point otherwise there would not be 29 confirmed cases in Health and Community Services, 27 of which are at the General Hospital. This is a problem because that is a problem that affects staff, patients and visitors. If only there had been a more robust system put in place, one that was policed, for example, that was proportionate and reasonable, then I think we would not be in this place in the first place. I am heartened that the Minister says he does not oppose this proportion. I hope that means that he might even support this proposition but again I do not want this to be some kind of hollow victory where this is passed but in fact the Minister is still saying, and this is not just the subtext but I think the actual text of his argument, that he really will be led by clinicians on this. So if the clinicians say: "No, we do not want to raise the ban, we do not want to lift the ban on visiting" then unfortunately that will not happen.

[9:45]

Because what we have seen here is that we have a Minister who quite rightly listens to clinical advice but, unfortunately, and I think it is not an issue that is isolated to the Minister for Health and Social Services, he finds himself being led by that advice, rather than taking the advice into account and him being the leader, because, as I said, he does have other considerations to take into account. One of those considerations is human rights. I hope this does not happen today but there used to be a time when in the States if you mentioned human rights that half of the Assembly, if not more, would switch off and say: "Oh, we do not have human rights in Jersey, do we?" But this is a real issue because the Minister has said he has acted on clinical advice and considerations but has he acted on human rights advice? We know that when a Ministerial proposition is lodged there is a section that takes into account human rights considerations and there is a statement to that effect. When it came to this blanket ban on visiting at the hospital ... I call it a blanket ban because that is what it is, albeit with some exemptions which are really difficult, I think, for family members to enforce and enjoy. We will go on to that in a moment. The comments about human rights advice are singularly absent from this proposition and that says to me it is because they were not taken. There was not any consideration of human rights. What are those rights that should be considered? I raise these issues because human rights cannot just be something that are respected in the abstract. There are many of us I think who, to a larger degree or a lesser degree, consider ourselves to be libertarians and that we only will sanction state intervention in normal rights and in family life where it is justified and proportionate and there is no other way of doing that. What we have seen here is an absence of that evidence, is that we know there is a problem. I think we are all united in the fact that we want to keep COVID out of the hospital and to get it out of the hospital, but what we are not clear about is the best way to do that. While it might be very efficient for the hospital to say: "We are going to just close down the wards and not let anybody in for a period of time", that is not a reasonable political solution to it, I would suggest. Because people do have the right to expect ordinary family life within reason. But that said, people are not naïve. They are not expecting things to go on as normal. This is, I think, where we have the rub. We were initially, I think, told by the Minister or led to believe

that the ban was based on the fact that people had been turning up at the hospital, had been behaving abusively and not willing to provide evidence of a negative test. I cannot speak for that. I have no reason to doubt that they have occurred and that is unfortunate and that can never be condoned. But similarly, I have heard lots of stories about people turning up at the hospital, presumably named visitors, saying: "I have my lateral flow test here, would you like to see it?" and they say: "No, no, it is okay, just go in, we trust you." I think when you have a system that relies on a high degree of discretion or that is not policed properly and the rules may differ and the interpretation may differ from case to case, that is when you will get unfortunately, but understandably, people reacting in a possibly hostile manner because they will say: "You did not ask that person to provide a test, I do not have any lateral flow tests. I have been keeping away from people, why should I provide this?" But if we had a clear system which says: "No, in order to visit, for example, you must be a named visitor, you must make an appointment, you must register with the testing service on eGov." I did it last night. I did a lateral flow test before going out to a social event, a musical event, and I knew that, as far as possible, I did not have COVID. So I was being responsible there and I registered and I got a message back on my phone saying: "You have registered your lateral flow test and you can go about your ordinary business, taking the ordinary precautions." That worked. We have that system set up. We have invested so much in this Island in terms of the border force when people come visiting the Island to keep the Island safe. We have invested so much in that. We have invested a lot in the furlough scheme and all those schemes around the workplace, yet when it comes to perhaps the most vulnerable who find themselves acutely ill or perhaps morbidly ill in hospital, we find ourselves in a position where we have not been able to keep those safe. Just in passing, I did enquire over the last few days about what the system is at the prison and it seems that we have managed to have a robust system for visitors at the prison. I know arguably there are fewer people that come in and out of prison but in terms of visiting inmates in the prison, which I would say, if we could make a parallel with visiting patients at the hospital, you are better off being a prisoner at H.M.P. (Her Majesty's Prison) La Moye because you know that you can turn up once or twice a week and that you will be allowed to visit and that there will be a robust process to keep you, to keep the inmates and to keep the staff safe. Unfortunately, we do not have that at the hospital. I am not here to bemoan the current state of affairs because I know everybody has been dealing with a difficult situation. What I want to get us to is the point at which we do agree that we need a robust system at the hospital. It should be proportionate. I do not think it necessarily means keeping everybody in a holding pen until they have been tested. To address a couple of the red herrings before they come up, because they certainly did come up in question time the other day, this is not about testing every single person that comes into the hospital to make a delivery, to go to outpatients, to go to the pharmacy to pick up their hospital prescriptions. What this is saying is that if you are allowed to currently go into the hospital, to go about your own business, then that should not change. If there are other restrictions which are proportionate they should remain in place. But when it comes to being able to visit somebody, so if you do not have COVID - this is the starting point - and you want to visit somebody else in hospital who does not have COVID you should be able to do that safely. Having a restriction on you visiting does not really make any sense. What we should be saying to those people, and what the Minister should be saying to the department, is how can Mr. X go and see Mrs. X in the hospital or Mr. X see Mr. Y in the hospital safely, given that neither of them pose an inherent risk and their introduction into that environment does not increase the risk? How can we get them safely from point A to B without any risk of them catching an infection? That should be possible. That should be entirely within the intelligence of our Ministers to be able to do that and to do it urgently. It should not be down to the ward teams, and this is where I quote again: "Ward teams are identifying those patients that are appropriate to be considered under an exemption." Let me quote directly from somebody who contacted me this morning at 7.00 a.m., and a couple of Members will know about this; I certainly know the Deputy of Grouville will have been contacted I think by somebody last night, and this is another relative of the same person. They are basically saying that ... I will read this, it does not identify the person: "My parent is in hospital now receiving palliative care. We are not allowed

to visit so that is not what we were told. We were told that people who are palliative could receive visitors." Remember this is a patient who does not have COVID, who may have had it but does not have it now. She is receiving palliative care in hospital and the family are told that they cannot visit. They say: "We are waiting for the dreaded phone call to say that she has passed away. Please can you advise me about the rules and can we insist on seeing her?" This is not a great state of affairs. I feel very strongly and very much for that lady. I think some of us in the Assembly have been through similar situations recently and many of us will have been through that difficult period of losing loved ones in the past. All I can say is that you should be allowed in; that is what we have been told. We should be allowed in and I am raising this issue with the Minister now. I said that if this was my mother I would be insisting to go in there. I would be going up to the ward, I would be going up with my full P.P.E. (personal protective equipment) with my lateral flow test saying: "Look, I am negative. I have done everything that I need to do. I want to see my mother while she is still conscious, while she is still alive so I can say my last goodbyes to her." Because I was able to do that and I think that other people should be able to do that as well. It should not be down to the ward staff to be making these judgment calls. By the time somebody gets on the ward it should be because they are allowed to be there and because they are safe to be there, and they have an appointment, let us say. These are not unreasonable things and we have been through all this when it comes to care and settings. Members will have also read my comments in the proposition which gave some other examples. I will read them quickly because I think it is important these people have their voices heard. Case one said: "Sadly, since my email my parent has been diagnosed with cancer and a secondary cancer. I am still battling day by day to be able to have a family member with them." This is in between the period of last Thursday, whenever it was, when the ban was imposed. "I have asked for exceptional circumstances. Yesterday my parent used the iPad and I saw my parent break down in tears and we cannot be next to my parent to comfort him or her." Sorry, if that is clumsy wording but I deliberately phrased it to not identify the person as best as possible. But what a situation to have somebody write that, who has not only been diagnosed with cancer but secondary cancer, to be told that they have a limited time to survive and to do that over an iPad, when we know that we have such a great system of testing and safety in place already. The second case, another person told me: "My parent is in a very fragile state and has been in hospital for more than 4 weeks. I am unable to visit. My other parent is also unable to visit. They have been married for over 60 years. I believe that the lack of family contact at this critical time can only be having a detrimental effect on my parent's chances of recovery." I will read that last bit again because that is what struck me, is that: "I believe that the lack of family contact at this critical time can only be having a detrimental effect on my parent's chances of recovery." I am going to finish this now because I think we get the gist. I hope that Members can support this but I want to frame what I am asking of the Minister. I want him to have a sensible proportionate system where the presumption is that you can visit provided that you are not a risk and that the patient is not at risk. I think there are lots of people in there. I know that we have got some wards that have some COVID. I do not want to go down the rabbit hole, like I said, of what the Minister told me on the phone is: "What if somebody goes to the pharmacy and then they end up on the ward?" What I would say is that even in normal times we need to have a better system in our hospital. You cannot have people wandering aimlessly around the hospital if they have no legitimate reason to be there. But unfortunately I think that is exactly what can happen, certainly in normal times. But I have been in hospital more times than I care to remember to visit people, and I go there for a specific purpose to visit a person and then I leave. But if I wanted to I am sure that I could have gone from ward to ward without anybody talking to me, without anybody saying: "What are you doing here? How can I help you? Are you here to see somebody?" That has been largely my experience when I have gone to a ward, let us say, in ordinary times but maybe even more recently, is that there is not somebody there on the ward to greet you and say: "Hello, how can I help you?" Which is not for politeness by the way. It is nice to have that but it is nice to have that for family members who are perhaps in a deeply shocked state and who do not necessarily have the wherewithal to deal with the government system and the hospital part in that system. But certainly just for

security. You want to make sure that you know who is on the wards and I think this shows that there is a bigger underlying problem which will need to be addressed in the future about what we expect from our hospital.

[10:00]

Again, I say this in the context of paying tribute to all the great staff that we have on all of the wards, who have got so much to deal with at the best of times without COVID and without having to deal with a system that has not been fit for purpose. I do make those comments. I am aware that I may not have addressed all the potential red herrings that are going to be coming my way but I hope that we can have a sensible and constructive conversation. If you feel the same way that I do just ask the Minister to lift the ban as soon as possible but to put in a proper system in place. This is not the choice about having a robust system or having visitors. I am saying we need to do the 2 at the same time. We need to do the 2 urgently. If it means that other departments and other Ministerial colleagues need to support the Minister for Health and Social Services by making that happen so that other staff can be drafted in to help with the COVID response, then that is exactly what we should be doing. I maintain the proposition and ask presumably for it to be seconded.

The Bailiff:

Thank you very much. Is the proposition seconded? **[Seconded]**

1.1.1 Connétable A. Jehan of St. John:

I will not be troubling the clock today. On Tuesday I spoke in favour of this debate being the last item so we could have all the information. We have information on patient numbers but again H.C.S. (Health and Community Services) is not able to provide information on staffing other than to say staff have been redeployed from education, management and non-inpatient care roles to support ward activity. We have been given numbers. No information on how many staff are off with COVID or what sickness levels there are in Health at present. With staff already deployed I am guessing that number is high. I think it is worth repeating what I said yesterday about staff numbers. In July the Minister for Health and Social Services told me there were 8 per cent vacancy limits. On 2nd November the Minister for Health and Social Services told this Assembly there was a 5.3 per cent vacancy currently and that is not unusual for an organisation this size. Yet a Freedom of Information question asking for vacancy levels on 1st November puts that level at 14.2 per cent, some 353 vacancies. If there is a problem with staff levels at the hospital and that is the reason that people cannot go and visit let us tell the public. What is the reason? Being a patient in isolation can be difficult. Having a loved one in isolation who does not have COVID can be difficult. I hope that Deputy Tadier would agree with me that other visitors that he mentioned to the hospital, such as going to the pharmacy, et cetera, should be encouraged to take a lateral flow test anyway. We should encourage everybody going into public buildings to take a lateral flow test. The staff in the hospital are under incredible pressure and I will repeat my thanks of yesterday to all of the front line staff who are doing an incredible job in very difficult circumstances. I hope that the Minister can confirm that those patients receiving palliative care can have close family visitors and I hope that that can be rectified immediately. I also hope the Minister can give us an update on staffing levels to help me and others decide on whether or not to support this proposal and give us the real reasons. I will listen with intent to both sides of the debate before deciding on which way to vote.

1.1.2 Deputy J.H. Perchard of St. Saviour:

I am hoping that the Minister will speak during the debate - I am sure he will - to address some of the questions and concerns raised. I would like to just comment on a couple of aspects of the information that we were given when the press release first went out. I have a couple of questions that I would welcome an answer from the Minister, if he is able, and a couple of comments. In support of some of the things that Deputy Tadier expressed, I think pursuing a sensible and

proportionate solution is a reasonable request. I think that when Deputy Tadier used those words I personally felt that that was something I could get behind; a sensible and proportionate response. We have been told that there are exemptions in place for patients receiving end-of-life care, in the maternity wards and S.C.B.U. (special care baby unit). I have a couple of questions particularly pertaining to all 3 of those and I will go through them quite systematically and concisely. I hope the Minister will be able to provide some clarity. When we talk about exemptions for maternity, what does that look like? What does that literally mean? What testing regime do the people under the exemptions have to go through? Assumedly those visitors will still have to go through some sort of procedure to show they are COVID negative before visiting maternity and what is that process? Those questions also apply to S.C.B.U. and I would like to say that in terms of parents of babies in S.C.B.U. who are not the birth mother I would like to know explicitly what exemptions are made for them and, again, what does that look like. Does it impact what were the usual rules around the time of day they can visit, how long they can be there, what they have to do when they are arrive? Is it still full P.P.E. and tests and lateral flows? What is it that parents, typically fathers, but obviously not exclusively, but most of the time fathers coming into S.C.B.U. to visit their child-bearing partner and baby, what are the restrictions there? Because anything other than basically what they had before, to me, would be quite unacceptable. When it comes to end-of-life care, again I would like to understand what those exemptions are and just point out that it is not always completely clear when someone is reaching the end of their life when they are very poorly. We had a family member last year who sadly passed away during the pandemic and we were not able to visit them. We were very sad about that. At the time it was quite early in the pandemic and so I think at that time we were also terrified of making this family member sick by passing asymptomatic COVID, we did not know we had; there was so little that we knew. Sorry, when I say "last year" I obviously mean 2020. There was so little that we knew about the virus. At the time, even though it was hard, we were much more accepting I think. I think it was much more acceptable to request people to stay away from vulnerable patients. However it was incredibly hard and, reflecting on it, is actually harder than it felt at the time because, as I said at the time, we were all very scared of making this person sicker. We kind of accepted that that was what we needed to do. That was our duty to protect them. But now we are in a completely different position where people are vaccinated and can prove that they are vaccinated and we have lateral flow tests. The reason I bring this up, even though we said there are exemptions, because for us it was not clear that it was end-of-life care that this person was having. We did not know necessarily that they were going to die. I imagine that that is not a unique position and I imagine that there are people with family members who are not sure how long they have, and for us this family member was in hospital for weeks and weeks. We were so fortunate in that the week they died they were allowed to move into a nursing home and so we were able to see them from a distance, having not seen them for weeks. But again, we did not know that that was going to happen. It was just a few days after the release from hospital. So if we took that circumstance and applied the rules that we are applying now I would be outraged, now being tripled jabbed, doing lateral flows all the time, being very careful day to day, because we also have another vulnerable family member still and I have a young child. We are being very, very careful and we have all these protections in place. I understood it in 2020, even though it was hard and even though it was devastating my family, and I understood it and we obviously complied. But now, if we were where we are now back then I would be livid. I would be heartbroken. I would not be able to comfort myself in the way that I can now because at the time it was the right thing to do. I still maintain it was the right thing to do to protect that vulnerable family member. I say all of this because I do think that this is not as sensible and proportionate as it could be. I understand why there might be a feeling that this extreme response is necessary. But I do think we are in a different place now to where we were in 2020. I do think that that should have significant impact on these policy decisions. I would like to just finally add that the rule about one adult accompanying a child to A. and E. (Accident and Emergency) is also something I find ill-considered. I think that if you have a child and you have to rush to hospital with that child, and you are a parent, it should not matter if you are a mother or a father and it should not make a

difference to how we perceive how much someone is affected. The parent of a child who has to go into hospital is emotionally affected and we cannot pit one parent against another in this emotional way. If my husband and I took our child to A. and E. and I was told: "He can stay but you have to leave", I just would not leave, I just would not go. It would be the same if it was the other way round, my husband would not tolerate that. Of course there are different circumstances here, different reasons why a child might go to A. and E., but to have this blanket rule, it does not make sense to me as a parent and just as a person, as an empathetic person. It does not make sense to me. I think that should be revised. I think we undermine people when we refuse nuance. I think that people understand more than we are giving them credit for when we do these extreme things. I think that there is a much bigger place for nuance and not just in this instance but in politics throughout. We discredit the intelligence of the population when we say: "We cannot have a nuanced policy because people will not understand it." I think there is place for that. I would like to add to Deputy Tadier's adjectives: sensible, proportionate and nuanced.

Deputy R.J. Renouf of St. Ouen:

I had wanted to speak earlier in this debate and had asked in the chat but the last 2 speakers have asked some deeply operational questions of me, which, quite frankly, I would like to seek advice on before I speak. I asked that early …

The Bailiff:

You are withdrawing your request …

The Deputy of St. Ouen:

I might defer, Sir.

The Bailiff:

It is not a question of deferring, you are withdrawing your request to speak at this point, Deputy, yes.

The Deputy of St. Ouen:

Yes. Thank you, Sir.

1.1.3 Deputy L.M.C. Doublet of St. Saviour:

I am grateful to Deputy Perchard, who has articulated some of the points that I was going to make and indeed ask some of the questions that I am also interested to know the answers to.

[10:15]

As Members will not be surprised that my questions also centre around maternity, so I look forward to hearing the answers from the Minister. We have heard from some previous speakers about the impact of not being able to have contact with loved ones when there is an illness. Of course we heard some similar points being made when we were discussing enabling pregnant women to have support partners with them when they are having scans and hearing how critically important that was in terms of their care that is provided with support partners. I think it was the Royal College of Obstetricians and Gynaecologists have stated that that support from a close person in the woman's life is part of their medical care. I think that is something that we need to be mindful of here. Deputy Tadier expertly made that point as well about how loved ones are concerned that not being able to see close family members is contributing medically to declining health, and these things are hard to measure of course. I think sometimes when Ministers are making decisions, and of course they must listen to medical advice and expert advice, but I, as much as anybody, as a person with a background in psychology, understand the importance of rigorous evidence. But we also need to think about this as human beings. I am disappointed that these restrictions are still in place now at this stage of the pandemic. I just wanted to add a question before I made some points, I did want the Minister to clarify specifically about visitors accompanying women who are not in hospital but who are visiting

hospital, pregnant women who are visiting hospital for scans or other appointments related to their pregnancy. If the Minister could clarify that I would be very grateful. Deputy Tadier is basing his arguments around human rights and this resonates with me as a humanist, and I think we need to think about human rights a bit more when we are debating, especially things like this that involve what is, essentially, having human contact or not having human contact with their loved one at what is a very vulnerable time but to varying degrees of course for people in hospital with different conditions. Deputy Perchard mentioned that the response that we have should be balanced and proportionate and I totally agree with that. I think that given the resources that we have put into other things in the pandemic to make sure there are safeguards to allow people to do things that we deem to be important, given those resources that we do have as an Island, why are we not putting those resources in here? Take travel, for example, there is a set up at the airport to provide P.C.R. (polymerase chain reaction) tests, which I know, of course, is a different type of testing to the lateral flows, which would be used for hospital visitors probably and that system, it was super-efficient. Anyone who has travelled through the airport when that has been in place, you join the queue, you do as you are told, you get your test and then your results come through and you follow the instructions. If you want to travel that is what you have to do. Likewise, the people who want to visit the hospital, personally if I had a loved one in hospital and very recently in the last month I have had someone very close to me who died in hospital, not in a Jersey hospital but in Ireland, without a moment's hesitation I would comply with being subjected to a lateral flow test by a member of staff, so it is supervised and I would comply with having to wait the 10 minutes or so for a negative result before I was allowed in. I would absolutely comply with that, I would be happy to do so. In fact I would probably feel more comfortable because they would know that I was protecting my loved one if that test was done under supervision. Why are we willing to put resources in to supporting things like travel but not into supporting seeing loved ones in hospital? The testing at the airport, was that put in place because we deemed it an important human right that freedom of movement should be allowed or was it there because that freedom of movement was important for the flow of money into our economy? If there was a monetary value on the relationships we have with people in our lives, would we even be questioning this proposition from Deputy Tadier? We cannot put a monetary value on those relationships. I am sure I speak for every other Member in this Assembly, if we are honest with ourselves. The most important things in our lives are the people who we love and the people who love us. There is nothing more important than this. In order to put in a robust, safe testing system to allow people to visit their loved ones in hospital, as Deputy Perchard again pointed out, we might not know when people are near the end of their lives. We should invest in whatever is needed, and I do not think it would be a huge cost. We should invest in that to allow people to access their loved ones because from personal experience not being able to visit a loved one at the end of their life is a regret that I will hold for the rest of my life. I do not want any other Islander to have to experience that. I hope that Members will support this proposition today so that we can help to facilitate people to be together.

1.1.4 Deputy C.F. Labey of Grouville:

I must say we are receiving some very considered speeches this morning. I am very grateful that Deputy Tadier has lodged this proposition because I must confess when it was brought to the Council of Ministers last week and the suggested measure of banning visitors from the hospital, I too described it as draconian; a draconian measure and I stand by that.

The Bailiff:

Sorry, Deputy have you concluded your speech?

The Deputy of Grouville:

Sorry, no, sorry, I am having trouble with my computer. I do not know where I got up to but …

The Bailiff:

You said that you had described it at the Council of Ministers as a draconian measure and then …

The Deputy of Grouville:

Yes, Sir, and I still stand by that. I still stand by that description because I really do not feel that we have the right to ban people from visiting their loved ones when they are at their most vulnerable. I understand the clinicians' point of view and this is obviously an easy measure just to ban people from the hospital, but this is not the right one. It might be the easiest way to be clinically safe but it does not consider the holistic care of that patient, in my view. As vice-chair of the COVID task force, when that was put together at the start of lockdown, we had measures in place within days, if not sort of a couple of weeks, where we had measures at supermarkets, all over the place where people conducted themselves and sort of were very good with the guidance. We had community support groups going out assisting the vulnerable in our community. I just think that this measure that is being suggested is so *carte blanche*. But I am afraid it is not the right one, it is not the right one for the patients who, as I say, need more than just the clinical care; they need the care of their families and loved ones. It is not the right decision for the staff in the hospital, putting the people in the position in the wards to make those decisions. That is when there will be abuse taking place because the decisions will be subjective and I do not think it is fair to put staff members in that position. We need to adopt some measures where everybody knows where they stand. At the moment what worries me as well, by putting these measures in for this one building, we have the whole Island locked down and we are working but we cannot seem to sort of devise something for one building to protect the patients and staff in the hospital. I do not think enough thought has been given to this issue. I rather think a bit like Deputy Doublet has suggested, if it was to do with the economy we would have different measures in place. We would not just have a *carte blanche* ban like this. The other issue that worries me, we have a backlog at the moment of people that have not been attending regular check-ups in the hospital but this is only going to deter people yet further. I would ask the Minister for help to come forward to consider this issue, to allow patients to receive visitors and put in place measures that protect both staff and patients alike, that we know that people will abide by because they have abided with the measures that we have put in place so far.

1.1.5 Deputy S.M. Wickenden of St. Helier:

I think I will start, I know Deputy Tadier made a point to say this cannot be about pitting staff and visitors away and he would be very harsh on anyone that mentioned it but I hope he does not mind mentioning that there should be a consideration in our deliberations. We cannot just discount anything that there is a staff level as well, there are many, many hard-working health workers that go to the hospital and deal and support and look after our family members and our friends through times ... you do not go to hospital because everything is rosy and happy. I hope that the Deputy will not be too harsh, only just to say that when we are deliberating something such as this that we cannot discount one aspect of … and the debate, we do not get to choose to just ignore one part of what we need to talk about. I know the staff are worried about themselves as well and there is a level of consideration that has to be taken in with these decisions and it was taken in when the decision not to change the visiting rules was applied. There were exceptions, it was not a blanket ban that was made, there was discussions within the Council of Ministers and I am sure with clinicians and the Minister to say that we need to control. Of course there needs to be a level of support, there are mental health deliberations that need to be taken into consideration as well. The clinicians are not just thinking about themselves. There has been a lot of do not listen to the clinicians or listen to them but with a pinch of salt and you have got to make up your mind, if not everything else. The clinicians are not just looking at themselves, they are not trying to be selfish; they are trying to look at the running of the hospital and the risks.

[10:30]

This debate is about risk and how much we, as politicians, feel that there should be a risk profile associated with our sick and vulnerable and how much the clinicians feel that a level of risk should be associated with such a decision about visiting. Because we are talking about people that are on medications that are in wards and are unwell, which is why they are in the hospital. There has been, from what we are hearing and I have to believe what they say, that there has been a level of abuse towards members of staff within the hospital around such things as even wearing masks. I, as Minister for Children and Education, have dealt with an awful lot of correspondence from people who think that masks are absolutely ridiculous, they do nothing, they do more harm than good and they absolutely will not wear a mask no matter what you do. They are going to want to go and see their relatives and the likes in hospital, if they have them in hospital. They believe the vaccine is absolutely wrong and they will not have the vaccine at all and they will stand up for their rights. We have seen them outside the States Assembly all crowded around to tell us how evil we all are for allowing vaccines to be even considered in Jersey. They would like to go and see their loved ones who are in hospital because they do not believe that COVID exists, they do not believe the vaccine is anything other than a conspiracy or it is untested and unsafe. They do not want to wear masks. Who do we put on the door to say: "At least we have got some levels of control in place here, you and your views, as much as you are allowed your own view, you are not allowed in the hospital if you are not going to wear a mask and you are not going to get tested and you do not believe in COVID, unfortunately we are not going to allow that risk in the hospital?" Do we hire the T.A. (Territorial Army)? Do we put in Honorary Police? Do we get G4S Security or other security companies that do exist that could be used? Are we doing proportionate or are we doing robust? L.F.T.s (lateral flow tests) are a really good measure in a morning to go and give you an idea about your risk profile for the day. Do you need to go and get a P.C.R. test? How are you going to associate with your day going to school and the likes? We are using them and they have been very effective. But your day normally is associated with going to the shops or going to work and the likes, not always going into areas where there are very vulnerable people. I agree with Deputy Doublet, that if we were going to do L.F.T.s it would have to be on site. It would have to be on site because anyone can bring an L.F.T. from a week ago, a month ago, that says that they are negative and you have no way of knowing that that L.F.T. was taken that morning. Do we go down the P.C.R. route? Deputy Tadier has talked about the prison. Well you have to book to go to the prison; you have to get your time and your date to turn up there. You have to go through a security check, a very severe security check anyway, when you are visiting the prison and no mobile phones, no metal objects, going through without luggage and the likes. There is a level of risk profile at the hospital and a risk profile at the prison and we need to accept what the risk profile is. I agree that the ward staff should not be the ones that are responsible for doing the checks and balances and they should not get the abuse from the people who have different views and different risk profiles to what we have. I am not understanding in some aspects how we have got to this position here because, firstly, we are politicians. I agree that we should have a testing regime that should be robust, as the proposition says. It should be robust, it should be strong and it should take into consideration the risks, not only to our loved ones but to other people's loved ones. It is not just about …

The Bailiff:

Deputy, you are asked if you will give way for a point of clarification from Deputy Tadier.

Deputy S.M. Wickenden:

No, Sir.

The Bailiff:

Very well.

Deputy S.M. Wickenden:

He gets to sum up. There have been a lot of speeches about my loved one and my example and how it goes here but you have got to remember that there are other members of the public who may not be happy with this level of risk for their loved ones in the hospital. I think that the decision that was made was never going to be a long-term one and I know we are still in a pandemic. But when the decision was made we had nearly 4,000 positive cases in the Island and most of the cases were in the 18 to 40, I think, were the highest-rising numbers in the risk profile, which are generally the people who would be going and visiting in hospital. The decision was made to stop general visitation to the hospital with exceptions for all the right areas, I believe. I just do not think, as politicians, we are the right people to suddenly start telling a hospital how their risk profile should be. I am struggling to still support this proposition, although I know it will go through. I will stick with the word "robust" in the proposition, as they have been set out. Any system that allows visitors right now while we are in a pandemic, while we have had a new variant and we had high levels of numbers should be robust. But the numbers are going down because we have got masks in place and the public are doing the right thing at the moment. But we have got to consider everything, not just our family members but other people's family members and with the vulnerability in the hospital. Nobody is in there because they are all happy and well, except the staff I hope. We have got to consider it all when we are making this decision, that proportionate and soft is not where we need to be here. Robust, as the proposition says, that is where we should be.

1.1.6 Deputy L.B.E. Ash of St. Clement:

I am pleased to follow Deputy Wickenden and he raised a point I had not particularly considered, and I think he is right. We do, sadly, still have a fairly high percentage, really an unfortunate high percentage of people who refuse to be vaccinated on the Island, the same people who have refused to be tested or object to being tested and many will not wear a mask either, and that is because it infringes their human rights or so they want us to believe it infringes their human rights and to an extent it does. I think that when Deputy Tadier talks about human rights, we can extend human rights or we can limit rights but at times you have to do what is good for the majority of people and I think that is what the hospital authorities are looking to do here. I have not yet decided whether I can back him or not. One or 2 things that have struck me already in this debate is some of the language used, which I find quite amazing. We have people calling for a sensible and proportionate response, and I will 100 per cent agree with that; we should have a sensible and proportionate response. But what I find ironic is the people who are demanding it are the very same people that said in this Assembly 2 years ago demanding a hysterical and over-the-top response, where we closed all our borders, where we shut everybody out, where we, effectively, isolated ourselves away from the rest of the world and in doing so, of course, we would have trapped many people on the other side of the channel. It is interesting now that they are looking for a sensible and proportionate response and I am glad to see that they have slightly shifted their view and accept that the pandemic is being handled in a correct manner now. The other word we had was nuanced. I do not think we have short memories because if you go back to Christmas 2020 we tried a nuanced approach where we had these various rules. I personally disagreed with them, 6 here, 4 there, 2 of the other; it was supposed to be nuanced to try and help. It failed miserably and we were told the public did not understand those rules; that is what we were told by people in this Assembly. Now we are being told the public understand absolutely everything and we should move to nuance. What is it; do the public not understand things or do they understand things? The Assembly needs to be clear on that. The other thing that I am rather objecting to in this debate and in yesterday's debate is this sustained attack on civil servants. The civil servants in Jersey, the vast majority, do an absolutely fantastic job and in COVID they have done a brilliant job under the most difficult of circumstances. Even if you look from a health angle, who have really come under flak here, they have done a fantastic job. Look at what has happened from a health perspective within it, we had a reallocation of G.P.s (general practitioners), that was not easy to do but it was vital to do at the time. We had a vaccination rollout that perhaps has been as good as anywhere you will find in the world. We had the Nightingale hospital, it was assembled incredibly

quickly, partly because we managed to get out of the way of planning and the normal neighbourhood objections that we get on anything which we try to do, including building houses. We had medical deliveries delivered door-to-door, this all came from civil servants. It was politically-driven, sure it was, the same as the co-funded payroll scheme, which I had a major part in in bringing, as did the Minister for Treasury and Resources, but we did not arrange for it all to be done in a matter of a month to go out, to be delivered, to be funded; the civil servants did. Can we get away from this massive attack that we see in this Assembly, and have done for years, and it is fuelled in attacking the press on people who are doing a jolly good job for this Island to the very best of their ability? The third point I would make when listening to this debate and the debate we had yesterday, is the thing that is coming through loud and clear is we do not have the correct facilities in place, whether it is to deal with this COVID at the moment in the hospital, we could do with a full isolation wing or whether it is to do with the replacement of Samarès Ward, where we could do with the most modern rehabilitation facilities that we could possibly provide. We cannot do it where we are, we need a new hospital, that has come across loud and clear, and yet the same people making these arguments yesterday are the same people who voted against the funding for the new hospital. I will just return to whether I can support Deputy Tadier or not in this. I perhaps will but I want to see what the Minister for Health and Social Services has to say. I feel there must be a way of arranging some sort of testing facility where we can do it. If there is not though, we must go with what the health authorities and the clinicians are telling us. It could even put more people's lives at risk if we do not, and we have to go with medical advice. We are not doctors.

1.1.7 Deputy S.G. Luce of St. Martin:

On the face of it this proposition is perfectly supportable. Who would not want to do whatever we can to help and support those close to us who are in hospital? I feel that while allowing those people who have shown they have tested negative for COVID into hospital, I think we need to think a little bit bigger and a bit more long term, and I would ask Members to do that for a few minutes. The proposition says and mentions people who do not have COVID-19 but I do not think any of us present can be 100 per cent sure in our hearts that a negative lateral flow test is saying that. I certainly know people who have tested negative on a lateral flow when they were positive and vice versa. I also know, like many others do, I suspect, that the attitude of some in our community - and I say some, there are some - more than ever people are choosing to ignore a positive test or just not test at all and they are doing that in order to travel or to circulate in the community in order to avoid being inconvenienced for whatever reason. Despite most people masking up, testing, having vaccines, having boosters, we do have more in the community now who are not following the rules, so there is a risk to that.

[10:45]

I agree with Deputy Wickenden on one point: prison is not hospital, obviously there is a massive security difference between the 2 physical places. A prison is not full of sick, ill, at risk or vulnerable patients, whose metabolisms may well be at a low ebb, so it is not a comparison I would choose to use. At this point I just want to say that those comments on palliative care are so well made. All those people in their last days with us should be allowed visitors, that is absolutely clear to me, so I would take them out of the considerations today. But I would ask Members to think on this and allowing visitors into hospital where the decision to do that increases the risk to patients, all patients, other patients, not necessarily our own patients; it increases the risk of those people catching COVID and the potential for them then to get more ill, really ill or worse, sadly. Surely that cannot be right. I know only too well how lockdown affected those who live alone, the elderly, children, but the elderly particularly, how they were affected by lockdown, how they lost their structure because they could not meet people, how regular weekly events, the events that give us all the framework of our daily life, but those events were lost, how every day was the same, how people lost track of what day of the week it was or weekends. We got through that, we put up with that short-term pain for some

long-term gain of being able to come out of the other side and get back to resuming normal life - well, hopefully, normal life very soon - and that is where I am here. I am not sure that I can agree to something that is great in the short term; that leaves all patients of all ages and babies right through to the elderly at greater risk of getting ill. Not being able to visit loved ones of whatever age who are seriously ill is awful and that cannot be denied. It wrenches your stomach, it gets you in the heart not being able to be with them, to cuddle them, to comfort them; it is awful. It is not as awful as never being able to visit them again, not being able to have them around again. Deputy Perchard put things so much better than I can, and the ability or not to access A. and E. with children or with loved ones is challenging beyond belief but deciding which parents are allowed into A. and E. and which not needs the wisdom of Solomon, and staff are put in terrible positions trying to choose. How well is the child? Is it a broken bone or is it something really, really serious, something which cannot be fixed in the short term? Which children can cope without their parents in A. and E. or without both parents in A. and E.? But having said that, which parents can cope without accompanying their children; for some will do better than others? The moment you say yes to one, should you then be saying yes to the next and it goes on and on? Subjectivity is such a difficult thing. This is absolutely, as Deputy Doublet so clearly put, not a monetary thing; nothing is more important than family and loved ones. But we need to be sure that those who are already ill, because why else would you be in hospital, are not made more sick? I end with that. Families want and need to be together but they need to be together for the longest possible time. In my mind far better to have some short-term pain in not being able to meet next week and to get some long-term gain in being able to meet, to see, to talk, to hug, to love next month and next year. I could speak more and I will listen more but right at this point I am not sure that I can agree to something that increases the risk to patients, to all patients, and it is all patients that we need to think of, everybody in the hospital. I need to be sure that what we are dealing with here is safe and robust and proportionate. I will wait to hear more from the Minister and others.

1.1.8 Deputy R.J. Ward of St. Helier:

I thank the majority of people who have spoken, it has been a really thoughtful debate. I do thank Deputy Tadier for bringing this because it has really got me thinking as well as to where we are. What I would like to do is to bring us back to the actual proposition as is written and perhaps highlight a few areas. It does say people who do not have COVID should be allowed to visit people in hospital and the services to instigate a robust system to keep people who do not have COVID from visiting the hospital. The key point of that is there is what one might refer to as a burden of proof needed before you visit the hospital that you do not have COVID. I will just try and reassure the last speaker, and I get the point with regards can we ever be certain about testing, but there is a point where we have to have some reliance on testing for our society. I too take lateral flow tests before I go to any events and before I go out and about and meet constituents or go into a school or anything like that. I am reliant on the fact that I have done that well and that people are protected by that. Because if we do not have that and that is not a system that is working then we have a real problem for our society in opening up in any way. These are things that we have to rely on. I think that the robust system needs to be looked at as well in terms of where it is applicable. This is about visiting people that are admitted to hospital and are ill. I think there is a simplicity and I think it has become over-complicated in this debate by some, hopefully not purposefully because that is not the type of debate we need on this. We are not talking about those who are going for a blood test, who are visiting the pharmacy, who are perhaps for an outpatient's appointment after a broken bone or to have a cast removed, et cetera, et cetera. Those standard safety measures exist in terms of mask wearing, washing your hands, and there is somebody on the door that you go past who checks whether you have any symptoms on your way in; I have done it myself recently. This is about visiting those who are admitted on to particular wards that are away from the main area, that area of the hospital. I think to say a robust system could be simply to anybody who wants to visit and you perhaps book in visiting times, is that in order to visit the hospital you need to provide this type of proof, otherwise you will

not be admitted to the ward. What that does in addition, and I think it is a point that nobody has made yet, is it gives a level of safety to staff that they currently do not have. If staff are having to go to the entrance to the ward, speak to people who are just appearing, they are putting themselves at risk in that interaction at that time. There needs to be, beyond the visiting, a more robust system in place for the staff around those wards and the staff who we are expecting to put in the front line all of the time and have done so throughout this pandemic. I think that any system that is put in place to protect against the spread of this disease by testing previous to going into the hospital will be beneficial, full stop. I note that in the comments that was circulated to us from the Minister, and I thank him for those, it says in the penultimate paragraph: "I have urged that we make every effort to overcome the operational challenges and we will continue efforts to establish a robust system with a view to admitting visitors through a safe process." You can infer from that that at the moment they do not have a safe system: "We must continue to be advised by clinical leaders with their responsibility for the safety of the patients who are the most vulnerable in our community." I think we all agree with that. To some extent I think there is an agreement here with the Minister and everybody who is speaking to say that what we are lacking at the moment is a robust system in the hospital for visiting and then we have a choice. We either put that robust system in as per this proposition, and I hope I am making this argument pertinently because it is a difficult one to make in some ways, and this proposition could be a catalyst for making that happen or we never have a robust system. When does the ban on visiting end? Is it to do with levels of infection in the community? At what point is that going to be? We have been there before and we are uncertain about that. As long as this pandemic exists we are going to need some form of robust system in our hospital to protect staff and protect patients. This is an opportunity to do that with all the support it needs. If it is a problem with staffing the hospital then we need to look at allocating staff to this particular place on our Island, the hospital with the most vulnerable in our community to protect them. We can do it and it is very interesting because I looked back through the COVID reporting emails that we get every day and from yesterday's the total number of tests that have been performed on the Island mainly for inbound travel and online screening surveillance since the beginning of the pandemic is 962,506 tests. That is a significant number and nowhere near that number will be required to make visiting the wards of the hospital safer than it is now and safe into the future. I think that is a context we need to look at. We are putting this into a proportion which is not there and is manageable. It also gives us the opportunity to reset the button, if you like, and say to people visiting the hospital: "Look, you have a huge responsibility here, we want you to be able to visit your loved ones but the deal is [and it is something that Deputy Doublet said and I totally agree with her] that you will take a lateral flow test and if you cannot provide that proof you will do that on the door and wait your 10 minutes." I was visiting people in hospital, I have friends in hospital who had had an operation, I certainly would have done that in order to ensure that I could access the hospital, and I think the vast majority of people on the Island. We are heading down the line of saying to people, as we learn to live with - whatever that means - the pandemic, then it is up to individuals to take responsibility. For that first step where we need individuals to take responsibility and provide proof, we are saying we cannot do that, we are going to have to shut down visiting to the hospital. I think this is an opportunity to provide better protection for those who are working at the hospital, better protection for those on the wards themselves and a more sort of thorough provision of visiting from loved ones within a timescale that is not just something that is open-ended. I hope that people can support this proposition for those reasons and not get drawn into this extension of issues and this clouding of this debate into areas of criticism of civil servants - I do not know where that came from - criticism of the hospital debate and so on. It has nothing to do with all of that. This is really simple, a blanket ban is being introduced. I think the majority of the Assembly are saying really that is not the way to do it because it is causing more harm than good. But we need a robust system to protect staff and members of our community who are in hospital at the same time. Can we go away from this debate, please, and get on with that and give the support where it is needed? I think that is the simplicity of this argument and something that we have the facility to do with lateral flow testing, P.C.R. testing and vaccinations. I am triple

vaccinated, I lateral flow test every day because I want to go out and about and do as much as I can that I am allowed to in terms of safety for our community. I can do that, others can do that. It is certainly possible for us to instigate and I hope the Minister for Health and Social Services will see that and support it and I urge Members to support this proposition.

1.1.9 Deputy J.A. Martin of St. Helier:

It does sound very simple, does it not? When this request came to C.O.M. (Council of Ministers) at the end of when we were meeting last Tuesday, we were asked because suddenly the numbers had gone up and it seemed to be, possibly, people that had come in, who were, Deputy Ward asked very politely: "Have you had a COVID done, your lateral flow?" "Yes, it is negative." But I have heard they had done it on the wrong day or maybe not done it right but COVID got in.

[11:00]

Once COVID got in again - we all know Omicron spreads more than anything - it started spreading. I know the Chief Minister and the Minister for Health and Social Services have been talking to all the medical staff to overcome this, get this robust system in. But I also took offence about Deputy Doublet saying: "If this was a finance centre or something we might be able to do it." This is, remember, the one hospital we have in Jersey, the one set of medical staff. We also had people going in there daily for chemotherapy, saving their lives; literally saving their lives. They may use one of the toilets as they are going in or coming out where somebody else has visited who has got COVID and has not done the test or is carrying COVID. I did not think at the time that it was too much to ask, we need to close some of the wards off. We will definitely keep maternity open and we will keep end-of-life visiting and we would do as much as we can but for general visitors we have to just pause for a moment and maybe a week, let us see how the numbers go. We need to get the numbers down in the hospital, we need to keep people safe. Deputy Ward and Deputy Doublet, very, very good citizens would just say: "Yes, I would sit in a room for 10 minutes and I would have my lateral flow" or, hopefully, you would be sitting in a room on your own and there is no one else in that room who tests positive because they walked away, they sent them all home and how many rooms does the hospital need? You have seen the facilities in our one hospital, they are not the greatest; they manage with what we have got. I said at the meeting the other night, we need to try and get a system in place but I would only support it for all the reasons the Deputy of St. Martin said. It may be a short-term pain but it has got to be a long-term gain. I cannot have people mixing up there, they cannot go anywhere else; they literally cannot go anywhere else. Deputy Tadier, again, compared the prison. I know this has been said but it is a totally different environment and COVID is in there now and they are thinking about stopping visitors. Guernsey prison is full of it, they stopped visitors 2 days ago - the only sensible thing - and they are searched, they know the time they are going in, et cetera, et cetera. The visiting hours at the hospital are brilliant, they work around people who work, there are quite a lot of hours, there are lots and lots of people and there are lots and lots of entrances, if you really think about it. It is not the good Islanders who really want to see their people in hospital, it is the people who are rude and sometimes very rude to young nurses who have just qualified and they do not need this. They are busy, they are tired, they have done a long day's shift and then they get abused because a policy that we have put in: "Have you had a lateral flow, are you negative?" I know it is very easy to say allow people who do not have COVID to visit the hospital, it is absolutely a no-brainer. It is how do we determine the people who do not have COVID? Probably to me it cannot be onsite. I do not want to go down to inventing a system but it is going to be, I think, what Deputy Tadier said when he opened up, it might be something a bit … at the moment people might think it is a bit over the top but if we can do it. I will listen to the Minister for Health and Social Services, I have read his comments and I know they are absolutely talking to medical staff and there are suggestions and they are trying and they both said very late on Tuesday night: "We are trying and we will do it if it is safe and it must be safe for everybody." I will just finish again by saying we cannot send patients up the road, we do not have another hospital. We have our staff, we cannot

afford for any more of them to get sick. I will listen to what the Minister for Health and Social Services says, I have read the comments. But, as I say, there is just so much that hospital does, it does everything for a population that would have about 400,000 people, very sick people who are getting life-saving treatment in there, do not want them mixing with people who flaunt the rules; I am very sorry. I will listen to the Minister for Health and Social Services and then I will decide which way I am going to vote.

1.1.10 Connétable M. Troy of St. Clement:

Thank you for allowing me to speak. This is very difficult for me. I am not a great speaker and I only speak when I think there is a great need. I have a story to tell, it is very personal and if I break a little bit I hope you will understand why as I tell the story. In 2020 I spent many, many months in Oncology; I had 12 rounds of chemotherapy and I abided by all the rules. I was frightened, extremely frightened. COVID hit at exactly the same time. I spent at intervening times between my rounds of chemotherapy at home alone and suffering dire side effects. I experienced first-hand what old age feels like, the side effects are of freezing cold, numbness of hands, legs and feet, made you trip over for no reason whatsoever. I collapsed twice, I went back for more, I was told to stop at 8 rounds. I insisted on continuing to make sure as many of these little aggressive cells were got rid of as possible. In the intervening time, at the very early stage COVID struck, I spent many times visiting with my masks on. In the early days COVID was unknown and people were petrified and the hospital situation was incredible; absolutely incredible. I saw consultants go on the ward when they were off duty helping an unknown quantity and facing danger because their Hippocratic Oath says they must look after the sick, despite the consequences, and we have seen that worldwide. I did my duty to myself and to my family and I told my family that dad would do his best to come out of this and would do anything that was necessary to stay alive. Dad had 3 operations in 2021. In the first one I ended up with a stoma bag, which is a terrible situation for anybody to face and I know that many people have them permanently. I know one lady who has had it for 30 years and it is the most incredible situation to be in and, again, you feel as though you are taking a step backwards but you have to stay focused. All around you, and this is the point, the staff in the early days were facing an unknown quantity but they came to work, they looked after us, they went above and beyond. I continued to follow the rules, visitors followed the rules and everybody was scared. After my first operation and I had the stoma bag, I later had a reversal and that was great, that was fantastic. But on the day that I was due to leave from my operation, I had spent 8 days in hospital with limited visitations because of various circumstances as they transpired in the hospital at the time, and sometimes I could be visited and sometimes I could not but you have to accept that. It is the hospital, you have to go by the rules that the clinicians set. They are the experts and how dare we argue with them, to the extent that we put other people in danger? On the day I was due to go home my wife came to collect me, I was fully dressed and I went into some enormous shiver. I had contracted sepsis, another setback and I wept. I had heard about sepsis, some people end up losing limbs because of sepsis. I went down for an emergency scan, people were in their masks, I was in my mask, the porters were in their masks, everybody was doing their hands and I went down and the guy was there, was about 8.00 p.m. at night and they were very gentle with me and I was petrified. They did the scan, I went back on the ward and I had some special medicine and I had paracetamol, large doses of paracetamol, I want to get my temperature down and 3 days later I left hospital. Then we have to go through other operations. But the basis of my story is this: we are at the final hurdle of the COVID cycle, we hope, we think. We do not even know whether the next person coming in through the hospital door has got Omicron or the next variant. Why are we so stupid as to allow people to come in saying we think that they might be COVID-free when the gestation period for COVID is 2 to 5 days in any case? Anybody walking through the door, whether they have had their lateral flow test or not, might still have COVID and there just might be a 00001 per cent chance that that next person coming through the door might have the next variant, which might be 10 times worse. I wholeheartedly agree with the empathy expressed by various speakers previously that there is a huge need to have your family

by your side and I missed that for hours and days but the governing picture is this. You have to look after the general populous. We are the arbiters of the civil service and the great consultants that we have at the General Hospital. We fundamentally decide whether they are right or wrong but I do not know why we would risk going against their advice at the final hurdle of this major 2-year worldwide pandemic. I owe my life to Dr. Duku, Dr. Kassai and Dr. Soomal. I saw some of these consultants on wards when they were not on duty in the early days of COVID because they wanted to do more. There were shortages. So these guys went about their business facing an unknown quantity in early 2020 and I think they need to be awarded medals. I think we are endangering knocking the final hurdle down and falling flat on our face. While we need to allow various sections of the community access for palliative care measures, children and maybe A. and E., *et cetera, et cetera,* we must make the greatest precautions. The greatest way of protecting the people in hospital is to not allow this proposition. As emotionally charged as it is, my experience pleads you to say no and allow this to take its course which I think is probably only going to be 2 to 3 weeks from now. Thank you for listening. **[Approbation]**

1.1.11 Senator S.Y. Mézec:

I have to say that I am very surprised that the proposition, as it is worded, is causing such controversy because I think that it is worded extremely carefully to make absolutely sure that the Assembly is not placed in a position where we vote to act contrary to medical advice or to change circumstances to put people at risk from contracting COVID and making things worse at this part of the pandemic. If the proposition did leave any wriggle room for that, I would not only not be prepared to vote for it, I would have tried to convince Deputy Tadier not to bring it.

[11:15]

He has brought something that is worded very carefully to make sure that it is not those things that I think some Members who have spoken seem to think that it is. The proposition does not prescribe exactly what needs to happen from this point. The key words in it are the words "a matter of urgency". That is what this is about. It is about determining whether we think the situation now, where some very vulnerable people are having their health and well-being affected by the restrictions there are, and then receiving visitors who go and see them, needs to be considered urgently or whether it needs to be considered at leisure. That is the point that we are debating here. We are not debating opening up the hospital to anybody who wants to go in. We are not debating prescribing a specific regime to determine who is allowed in and out. We are saying that the Minister for Health and Social Services should instigate a robust system and, in doing that, he will consult with whoever he needs to make sure that we get that robust system. If that robust system is not ready in a particular timeframe, the proposition does not ask the Minister to go ahead anyway. It simply uses the word "urgently" so it can be done as quick as is possible but not quicker than that and not slower than that. I am surprised that that provokes such controversy. I, for one, want to make sure that every member of staff in our health service, every patient receiving care in our health service and every visitor who attends health facilities, is kept absolutely safe from COVID and I would like the Minister to do what he can to make sure that there are systems in place which were not in place beforehand that had led to problems so that those who are in hospital and who are alone, worried and potentially scared will have the comfort of the presence of those who they care about around them to help them through that and help them through their treatment or their recovery. That surely is something we can all get behind and this proposition, in asking the Minister to go away and do that work, gives him a green light and gives him an endorsement from this Assembly to say that we think that this is important enough to deserve serious consideration rather than what was a kneejerk reaction in all of a sudden banning visits because of problems that had arisen. I am not deprecating the Minister for doing that. When problems arise, sometimes you do have to resort to a kneejerk response to immediately put a stop to that problem but then the question is: do you maintain those restrictions without a second thought beyond the initial kneejerk reaction or do you consider them carefully and quickly to try to

improve the situation beyond that? So I would urge Members to unite around this because nobody I think is at odds in their purpose here. We want things to improve for patients in the hospital and I would hope we want to do that as soon as possible. The Minister for Health and Social Services, who has not spoken in the debate yet unfortunately but will be just after me I see has, in some of the emails that we have seen and in the comments we have seen, shown so far an openness to this proposal and has expressed views on certain options that could be before him to enable visits to take place again and to be able to take place safely and effectively where there is no risk. So, clearly, there is some thinking that has already been done on this and therefore giving him the green light to go ahead urgently on this causes no harm. If there were a risk of this proposition causing harm of enabling visits at an arbitrary date and without a robust system in place, I would not even be considering voting for it because that would clearly lead to greater risk and potential harm to staff, patients and even visitors alike, which we want to avoid. I guess the final point to make - and I make this not to score a point but I think hopefully to help in our thinking of how we hopefully move towards the end of the pandemic - is that Deputy Ash did say in his speech that he found it ironic, or words to that effect anyway, that some of those who in 2020 had been arguing in favour of tough restrictions and, in particular, had argued against opening the borders because of the increased risk that that could potentially pose at the time are now, from the opposite angle, arguing for less restrictions. I think there is a serious point here that needs to be understood if we are to move out of the pandemic in a safe and sensible way, which is that where the world is now in January 2022 is totally different from where we were in March to June 2020. Arguing for tougher restrictions at the start of the pandemic made sense because there was little to no protection from the virus in the form of a vaccine or the drugs that are now being given to people with COVID to lessen the harm that it does to them. Now, at this point, we have both of those things and both of those things are our roots to getting out of the pandemic and leaving this as endemic and enabling us to eventually go on to normality and to be able to live our lives normally, as we did before this era. That requires a change of thinking. The toughest restrictions that we faced on our liberties early on in the pandemic were necessary but we can do better than that now because of the specific advancements that have been made in the development of that vaccine and the development of the anti-COVID drugs as well, which means that you can lessen the risk. You can be more sure of environments being safe than we could have done at that point. If we can get to a situation where our responses to spikes or particular emergencies which might take place in a particular environment is one which does maintain a risk-free environment but enables people to take part in our economy, to visit people, to try to have as much normality in their lives as possible, is that not the preferable option? We know of all the impacts that tough restrictions can have on people's mental health and well-being and the consequential effects that has on their general health and their recovery. So I am eager to hear what the Minister for Health and Social Services has to say after this because in his comments he left it open as to whether he could support this proposition or not. I just want to attempt to cool the debate that was starting to get heated beforehand to point out that this is not about trying to increase the risk to patients and staff in the hospital but about the key point of treating this as a matter of urgency and not a matter to be dealt with at leisure. And to say that it is important enough for the solution to be found for this as soon as possible rather than having a relaxed approach and potentially leaving people facing that hardship for weeks and weeks to come rather than having it dealt with quicker with that robust system in place so that nobody is put at extra risk. I struggle to see how anybody can disagree with that unless you are genuinely of the opinion that visits for people in hospital are not important and I would hope that most of us would think it is important and worth people thinking about it very seriously to make sure it can be enabled. I would like it to be enabled and that is why I will vote for the proposition and to say to the Minister for Health and Social Services: "Please deal with this urgently and deal with it so that those people in hospital can benefit from the emotional support that they will get from visitors to assist with their recovery and do so in a way which poses no risk to anyone." We can achieve that so let us get on with it.

1.1.12 The Deputy of St. Ouen:

I want to thank all those who have contributed so far to this debate. Once again, hospital services are in the spotlight and I thank Members for the consideration they have given staff and what they said about the dedication of staff. I particularly want to commend the Connétable of St. Clement for his very moving brave speech. The best speeches in this House are always the ones that come from the heart and I am sure we all love hearing those patient stores when they are so positive and we know that that is a positive outcome. So I thank the Connétable for being able to share and I thank him for his remarks about our dedicated, hardworking staff who were facing, as he described, those perils at the beginning of COVID but yet they stepped up and did what we asked them as an Island to do. So to come to Deputy Tadier's proposition. Yes, of course all of us and all the hospital staff would wish to get back to allowing visitors into all wards but we have to recognise that, in our charge, we have some of the most vulnerable people in our community, and infection control is a fundamental part of hospital organisation. It is a constant presence in everything that is done but it is not terribly visible when we go and visit. It is not obvious. Perhaps a little more so during COVID but normally so much planning and organisation has gone in the background to keep patients safe and to limit the spread of any sort of infection. Most of the time that can be managed allowing visitors in and allowing the free circulation of people but sometimes circumstances mean it cannot and it is a standard procedure in hospitals when the infection risks tip the balance between the risk of infection to ill and frail people who might get that additional illness or even die. When that outweighs the benefits of allowing visitors to give emotional support to their loved ones, it is a hard decision to make when those circumstances arise. It really is and I want to assure Members that those who have been responsible for this decision, the clinical leaders, are not callous. They are not harridans. They are not seeking to protect themselves. I want to read the comments made by our chief nurse when the limited restriction, not a blanket ban, was introduced. She said: "We are a small hospital on an island. As such, we take infection prevention and control incredibly seriously in all of our services. Our priority is our patients to ensure their safety while they are in our care and for the health and well-being of our staff." That is what she said and that remains the priority. Safety for patients and safety for the staff. Therefore, I do not think at this stage, because this is a temporary restriction, it is a human rights issue. This is a standard operating procedure in all healthcare systems.

[11:30]

It is used sparingly and it is used when it is essential to keep the public alive and healthy. I am surprised that the proposer did appear to criticise me for not preventing infection in the first place by having a regime where people can wander around the hospital. I would have preferred that he would have criticised irresponsible members of our community who came into the hospital knowing they are symptomatic. How could they have not thought that they might well be carrying COVID who subsequently tested positive. You can never know 100 per cent perhaps how anyone catches COVID but we do know what measures staff take to protect themselves. We do test all the patients in hospital so we could tell to a very significant extent that it was not brought in by staff or patients already in the hospital because those patients have been there for some time and been tested. Could it be recent visitors? Well, it would be visitors who are very, very likely to have brought it in and of course they are a small minority of visitors and they spoilt it for the rest of our community, but it still remains the duty of our clinical leads to protect against that small irresponsible minority. It is unfortunately the case that the majority suffer and our clinical leads should not be blamed for that. We all have to adhere to rules in society and to obey laws because they are needed because a small minority would otherwise refuse to obey laws. We do not say that we should abolish all laws and find other ways to sort out those sorts of things. Our clinical leaders absolutely are seeking ways to restore visiting as soon as possible. It is not that they are not supporting visiting, because they certainly are and this has been done from the beginning. All options have been considered. It is all very good to say: "It is entirely possible to devise a system" when logistical experts and the like and I have looked at it and not yet found that system. If Deputy Tadier has any ideas that have not been thought of by all

those sorts of practical people, then let him come forward. The issues and problems have been identified by previous speakers and especially, I think, Deputy Martin of space. The hospital is a crowded place. We have hundreds of people visiting at normal times. They all have to be corralled into a space for a test to be administered socially distanced. It is difficult to identify that space because there is an outpatient waiting room. Do we cancel the outpatients? No, of course not. What happens if somebody tests positive in that space? Well, first of all, receiving that news can be a shock and distressing for some people so they will need clinical staff on duty to help that person through. They will need to take them away to somewhere else in the building and help them through the P.C.R. test and everything else they need to know but what about the people next to them? What does that mean for direct contact issues? There are so many issues to think through and the provisioning of it in terms of staffing when I do not want our clinical staff to be diverted from their duties to do this and other people are saying that of course. So is it easy to draw staff from elsewhere within Government or to buy in contractors who would do this? No, it is not because those questions have been asked and, across Government, I understand that workforces are down by about 10 per cent at the moment. Not just Government but in the private sector. We know the constraints on just getting a team of people in, training them, to do this safely and just making this work but we will continue exploring all options and asking people to have a look again. No doubt they are clever people who found these sorts of things and have thought of all sorts of issues and tried to get over them, but the advice that has come up to me is that they are still thinking and still trying but, at the moment, it has not been possible. I should not expect that something is going to be dreamed up in a day or 2. I have mentioned staff, and the Constable of St. John has asked me also about staff, and I should say I came to this debate ready to answer Deputy Tadier's proposition but I find it is question time and that is fine. I will always try to answer questions but I am sorry I have to delay because some of these were deeply operational questions and not the sorts of questions that would normally be asked without notice. To the Connétable of St. John, there are presently in H.C.S. 141 staff that are absent due to illness. Fifty eight of those 141 are for COVID-related illness reasons. So 141 represents 5.7 per cent overall in our staffing. The 58 represents 2 per cent of our staffing and those are not separate figures. The 58 are combined in the 141 and I can say those levels are coming down. They have been coming down over the week, as we might expect, as infection seems to be reducing. I hope it is continuing to reduce. The Connétable also queried again the percentages given on the vacancy rates. We, I think as all government departments do, calculate vacancy rates at least monthly so it is no surprise that, if you ask at different times, they are different rates and I do not see why there has been criticism. Can I say that I was really sorry to hear about the experiences of Deputy Perchard and her family and I can put her in touch with people better than I, because I am not trained in these things, who can answer all her detailed questions. I can give some details at the moment if I can just access an email, and I am also answering I think questions asked by Deputy Doublet. So the regime in the Emergency Department when a child comes in is that we ask only one parent to accompany that child and the rationale behind that is to prevent crowding in a clinical area and that, as we have said in previous public health guidance, if you think about it, is the same reason why, at the height of the pandemic, we introduced social distancing in places like supermarkets because we needed to prevent crowding in areas where infection can spread and especially in a clinical area. We have allowed in more than one parent or additional relatives in exceptional circumstances and I am told that one of those exceptional circumstances has been an end of life. I do not know whether that has happened but that is in the protocol. God forbid children could be facing end-of-life issues. In the maternity ward, those visiting are asked to take an L.F.T. before they have antenatal visits in elective care so, for example, caesarean sections. P.C.R.s are given prior to the procedure. For women coming in in labour, there are rapid P.C.R.s for them and their partner. I am conscious this is greater detail that has been asked of me and it may be more than what I was asked but staff have tried to understand what has been asked. In postnatal, the birth partner is allowed to visit because they will have had a previous P.C.R. There is an L.F.T. before seeing a midwife pre and post. That is the mother and the partner. On the maternity ward, one birth partner is permitted and then there is one

birth partner plus one other but it must be the same individual or named person for the whole stay. There has to be an L.F.T. taken prior to the visit and staff will ask to see the cartridge. For scans, an L.F.T is required on those attending a scan and a partner can also attend. In S.C.B.U. and paediatrics, 2 parents can attend but they must visit one at a time, they must take a daily L.F.T. and bring the cartridge with them. Insofar as concerns end of life, end-of-life situations have allowed ...

The Bailiff:

I am sorry, Deputy, before moving on to end of life - I have been waiting to find a gap, this might be it - would you give way for a point of clarification for the Connétable of St. John?

The Deputy of St. Ouen:

Yes, I will.

The Connétable of St. John:

I thank the Minister for the helpful information about the level of absences caused by sickness. The question about the numbers, one figure given to this Assembly was on 2nd November, 135 people. A figure on a Freedom of Information ...

The Bailiff:

Well this does have to be a point of clarification. Are you asking the Minister to clarify something in his speech?

The Connétable of St. John:

Yes, he says the numbers are from different months. The numbers I quoted were from one day apart. One day - not months - one day.

The Bailiff:

That is not a point of clarification, that is a speech point in response, I am afraid, Constable.

The Connétable of St. John:

Thank you for the opportunity.

The Bailiff:

If you want to clarify what you were saying, Minister, this might be a good time to do it.

The Deputy of St. Ouen:

I would like to clarify but obviously I have not been able to prepare for that question. It is an issue around statistics; I would not have an answer. But I would be pleased to work with the Connétable to try and work this through and understand what has happened because maybe it depends how the question was asked as to the answer that was given. Let us take this out of the Assembly and we will try and work this through, and I will do my level best to do that. I am sorry, Sir, I would be the principal responder here, I assume, so I do not have a time limit, is that correct?

The Bailiff:

Yes, you are the principal responder, of course.

The Deputy of St. Ouen:

In end-of-life scenarios more than one person at a time has been allowed to visit. The deputy chief nurse who sent me this email confirms that the staff have certainly been facilitating visitors in the end-of-life scenario and also for recent diagnosis and, on some occasions, to be there at that diagnosis. Clearly, clinical staff would want to try and pre-empt the giving of significant news with visitors but it is not always feasible or appropriate.

[11:45]

Some patients want the opportunity to take stock on their own, for example, and then share when they feel it is ready. So it confirms again that they have facilitated visiting also for positive relatives and for legal processes where, for example, a power of attorney needs to be given and for dementia patients needing help for feeding where the knowledge, the recognition, of the carer is proving crucial to nutrition. I should make clear, if I may, that a palliative care pathway does not immediately mean an end-of-life scenario. It is possible, and indeed because of advances in palliative care, when it is recognised that somebody will die as a result of a condition, they are put on a palliative care pathway immediately. It does not mean that there is no treatment given, it does not mean that they might not be healed or go into remission, but it is recognised that that is a condition which can cause death, so being on a palliative care pathway can be a long-term measure to ensure that the correct care is given to a person. It does not immediately mean that somebody is in an end-of-life care situation and that may be where some confusion is arising. Obviously I acknowledge that it is not possible for even highly-trained staff to know the precise moment when somebody is dying, so it is not an easy scenario, but staff will have the best judgments they can give as to when somebody is at end of life and using that best judgment they will be compassionate. I can assure Members they will be compassionate and they will allow appropriate exemptions. As Deputy Tadier told the Assembly, he had been contacted this morning by somebody whose relative appears to be on the palliative care pathway but he contacted me also before the debate and I have asked him for the name and the ward the patient is on. I have not yet had that information but it is frustrating to me, and I said this yesterday, that people are telling me: "Renouf, your organisation is failing. I have got loads of evidence but I am not going to tell you what it is or who it is or who has been speaking to me." Now that might not be the case with Deputy Tadier, he might be going to tell me soon, I hope, the name of this patient so that I can make enquiries because I always will make enquiries. If Members want to tell me that patients or families are raising concerns with them about our care, I am willing to ask questions about that, I am willing to go to those who are caring and say: "Have we got it right?" But I am afraid there are some Members who are saying: "I am just gathering evidence. I am getting all these accounts and I am not going to tell you who." How does that help me?

The Bailiff:

Minister, Deputy Tadier has asked if you will give way. He has not said what he wants you to give way for but I imagine it is a point of clarification. Is it, Deputy Tadier?

Deputy M. Tadier:

Yes.

The Deputy of St. Ouen:

I will give way.

The Bailiff:

Is the clarification of your speech or of something the Minister has said?

Deputy M. Tadier:

It is about what the Minister said. The person in question of course contacted me this morning and they are dealing with that as best as they can on the ward trying to access to see their relative. The Minister has told us that people with palliative care relatives will be able to see relatives but in this case they have not been allowed, so does he accept that the policy is failing and it should not be a case of contacting a States Member or the Minister to be able to see your relative?

The Deputy of St. Ouen:

I am just checking what we have said about exemptions first. When we announced this we said exceptions will be in place for people receiving end-of-life care and that is the distinction I am trying to make. There are very many patients on a palliative care pathway who can be on that pathway for months. It does not mean they are yet at the end of life or even that they might reach the end of life because they might come off. Sometimes they do come off the palliative care pathway, I understand, but I do not know. I do not know the detail. There is a distinction between end-of-life care and palliative care. Palliative care is a process. Because somebody says their relative is on palliative care, they may not be in danger of dying on the ward but that is my difficulty. Unless I can make enquiries, I am stuck. I am facing criticism but I cannot make enquiries so, please, can you either ask that person to contact me if she really feels that she has no other recourse or to give you her name to pass on to me - sorry, I do not know if it is a her or him - and that is really only if that person cannot get what they feel is a satisfactory response from the ward because I know our wards are exercising this compassionately. I cannot speak of the individual circumstances that Deputy Tadier seeks to know about but if that person has been told: "I am sorry, it is not appropriate for you to come in" then I can only support my staff who will have assessed that on the basis that the relative is not receiving end-of-life care and it would be more of a risk for that visitor to come in and run the risk of infection in these difficult circumstances we are in. That is my response at the moment but I need some detail to investigate this. I am afraid I just do not know how to work this. If Members want a health service that responds with compassion and care and at the same time you are putting us under pressure by political motives ... is it? I do not know. Is it political moves because you are saying so much is going wrong but you are not telling us the people you are speaking to so that we can try and put it right? This is our health service and it is going to be harmed if we make it a political football over the next 6 months. I am sorry if I am getting emotional and distressed but I am really fearing at the moment for the way this is going. We need to support our clinical staff, our leaders, everybody in the hospital. That is what we are saying: that we are running the risk of politicising hospital services. If we believe we know better than our clinical leaders, then we just need to constitute ourselves as a committee of 49 who are going to run the hospital and put in place all the processes we want, and there will be hundreds of them, and make clinical decisions. I do not want to do that. I would be terrified about doing that. I trust the people who are trained to do this and I do not envy the judgments they make at this time, when for the last 2 years they have been working in extremely challenging conditions that they have never known before and they have gone through this, delivering the safest care they know and they have gone above and beyond the call of duty. I would just ask Members to support good clinical governance, good clinical leadership, to have respect when we get that advice and to give some understanding, some appreciation of the difficulties and the conflicts these people are trying to manage. There are no easy solutions here which brings me back to the wording of the proposition when I say "there are no easy solutions". We will continue to try to find a solution to ensure safe visiting. I feel I can support Deputy Tadier's proposition because it asks me to agree that people who do not have COVID-19 ...

The Bailiff:

I am sorry, if someone has their microphone switched on and there is noise in the background, would they please switch if off immediately? Please carry on, Minister.

The Deputy of St. Ouen:

The proposition asked me to agree that people who do not have COVID-19 should be allowed to visit people in hospital. Of course, I agree they should be allowed to visit people in hospital. Then to ask me to request as a matter of urgency that I instigate a robust system to keep people who do have COVID-19 from visiting people in hospital. I will accept that request if the Assembly wishes me to on the basis that a robust system means a safe system, a safe system which is confirmed to me as safe by our clinical leadership, and then with that system I will instigate it to ensure visiting. While we are trying to work that out, I undertake to the Assembly that we will continue trying to achieve it. I

will support the proposition and once again I thank Members for hearing me out in what has been a quite difficult speech to deliver.

1.1.13 Senator K.L. Moore:

I am very pleased to follow the Minister for Health and Social Services there. It was a bit of a bombshell to hear his conclusion at the end of his speech and I very much welcome warmly his conclusion, which appears to be a balance of the compassion versus practicality equation that we have been asking him to reach. I do have a lot of sympathy for the position that the Minister for Health and Social Services is in. Of course, we all greatly respect and appreciate the efforts that hospital staff have been through over the past 2 years. It has been an unprecedented and exceedingly difficult time, yet the Minister for Health and Social Services did talk of the Assembly running the risk of politicising hospital services. I do not want to dwell too much on this but I do want to try once again to express to the Minister, as many of us have already tried to do with him privately, the need to listen to States Members who have tried to communicate and express concerns with him. If I may, just over the last 6 weeks there have been at least 2 statements issued by the Government that have, to all intents and purposes, said: "Despite the Omicron peak there are no problems here at the inn, everything is fine within our health services."

[12:00]

When those statements go out, there is a shriek internally from members of staff who are desperately trying to keep their service on track and feel that the Government Members are not listening to their concerns. We discussed this yesterday, just if I may, on that point. We, as States Members, get messages saying: "No, this is not correct. We are in trouble. We are struggling. We are on our knees." Those are 3 quotes from 3 separate messages that have been received by me alone, and I know plenty of my colleagues have received similar. The final one who mentioned the struggling said in a message last week: "But at least they have now implemented some restrictions on people entering hospital." So, it is a difficult situation and it is a tight balance. But the reason I wish to make this point given the Minister's conclusion is that, as we mentioned yesterday, we received at the end of last week a letter from the medical director and the chief nurse expressing very clearly to States Members that they had great concern that clinical voices may be ignored if the Assembly were to take actions that we were considering in this debate and the earlier debate of the week. It appears on the face of it that this Assembly is exactly where we need to be taking some of these decisions because - and it is not clear exactly at what point - but at some point in the Health and Community Services structure there is an internal failure to listen. This is causing great distress to people who are doing their very best to deliver clinically for patients on a day-by-day basis. Hopefully, although we are now appearing to have crested the peak of the Omicron wave, it is important that we seek to remove this blockage, we seek to change the structure and to listen appropriately to staff when they raise concerns and to act accordingly. It is no longer appropriate to put out statements claiming that things are okay when we simply know that they are not. Just as the Constable of St. John so rightly identified the disparities from one day to the next in terms of the vacancy rate, it is inexplicable that that vacancy rate could have changed to such a great extent within the space of 2 days. That simply does not happen and so we need to have answers as to why the incorrect information has been put out and we wish to see an absolute and concerted effort to remedy the situation, to start afresh from today and move forward. So I congratulate and thank the Minister for Health and Social Services for agreeing with Deputy Tadier's proposition. It was in fact the right proposition to bring and so I will also be supporting it.

1.1.14 Deputy K.F. Morel of St. Lawrence:

I have had to quickly adjust what I was going to say. I will start where I was intending to start in the first place. All patients in hospital are by definition vulnerable and they are vulnerable to infection, and COVID is without doubt an infectious disease. While it may be the case that there are high levels

of vacancy among the staff and it is part of the cause perhaps of the closure of the hospital to visitors, I feel it is important not to conflate that issue with the issue of preventing infection and disease. Those 2 matters have to be dealt with separately and I believe it is right for the Connétable of St. John and others to raise the issue of staff vacancies and why they are there, those caused outside of COVID. I was going to say that as a Member of the States, I think I am fairly well-known over the last 3 years or so as being someone who questions pretty much everything, and I do question why we have got to the point of having to stop visits to the hospital. But to question why on that matter is not the same as questioning that we have to do it and stop visits. So that is where I thought I was because I thought if the Minister for Health and Social Services is not supporting the proposition and he is being led to that position by the doctors and nurses who run the hospital at the clinical level, because I am not a doctor or a nurse, I have no more medical knowledge than anyone else in this Assembly, when it comes to the issue of clinical operations specifically, I feel that I have to defer to the doctors and nurses as they are the ones trained and who work in this area. We have all learned over the past 2 years that the public health crisis and civil liberties clash and this proposition squarely addresses that conflict. In that sense, at an intellectual level, I am pleased that Deputy Tadier brought this proposition. In fact, now that the Minister for Health and Social Services has indicated his support I am even more pleased that he brought it. However, my initial stance was that as a non-medically-trained person I feel that I have to defer on such operational matters to the doctors and nurses who make these difficult decisions. So I thought I was going to speak to say why I could not support the proposition, as much as I understood why it was lodged. But given the Minister for Health and Social Services' indication of his support, and I can only believe that that support is driven by advice given to him by the very nurses and doctors who I have been talking about, I feel that I am now in a position to support this because I assume that his decision to support is led by medical advice. Just one thing that I wanted to mention is the Minister for Health and Social Services repeatedly yesterday and today mentioned that if there are people who are complaining about treatment or complaining about working conditions, that they should ask that States Members to pass the details to the Minister for Health and Social Services. That is fine where the person has said: "I want you to pass the details" or in response to a question by me or another States Member says: "Yes, please pass on my details" but we cannot pass on details of people who have asked us not to. One of the frustrations that many States Members and many Islanders have had is how we are not still getting all the information that we believe we would like to have about the nature of people who have COVID in hospital. Did they contract it in hospital, did they not contract it in the hospital, were they there primarily because of COVID or for other reasons, et cetera? These are the sorts of questions we have been told time and again: "Well we cannot say that because it might identify people, it is a data protection issue." So handing over an Islander's name to the Minister for Health and Social Services is a massive data protection issue and so I would ask, while I appreciate the Minister for Health and Social Services' deep frustration that he feels he cannot act on such complaints, that is unfortunately where we are. The Minister for Health and Social Services himself uses that reason for why he cannot provide other statistics and so that is the reason why we cannot always pass on the information of who is complaining. So, yes, I am quite surprised that I am now in a position to be able to support the proposition and I thank the Minister for Health and Social Services for his intervention.

1.1.15 Deputy K.G. Pamplin of St. Saviour:

I will just start by offering my apologies for missing some of the debate as I messaged in the chat. For the benefit of those who did not realise, I received a call to hear that sadly my grandmother had passed away on the day we were mourning my other grandmother who had also passed away 5 years to the day as well. So apologies for not being fully engaged in the debate but I wanted to ensure that I spoke as it is important to do so. I just wanted to say, having gone through this experience personally about the decisions being made to visit vulnerable people in care, you go through a range of emotions of your duty, it does not even matter what position you hold in civic life, how you are seen to be doing the right thing, but equally a humane point of view and then what of course is right in your

own personal beliefs. It is difficult and everybody has been through this in one way or another. That is the great unifier of this pandemic, is we have all, every single human being has gone through this for the last 2 years, and it is all sorts of experiences, frustrations, life-changing events, as Deputy Morel has just mentioned, the tensions between rights and doing the right thing. As I have always said, as I have tried to do in my role, as other speakers have done, is to speak emotionally but with my head in place and to look at the facts and bring them to where they are required. Sometimes you do not need to, you let others speak, which is why I did not take part in yesterday's debate. I thought others spoke bravely and firmly and I was not needed. But I just wanted to add in this context that, it is also something I have said many times over the last couple of years, communication is critical in this whole, whole thing we have gone through. In a crisis, as I have said before, it exposes everything, it exposes all the good things and it exposes things that are not so good and we are living and breathing that and it is something we have all had to wrestle with. However, communication is just one of those things that still sticks out for me as something we are just not getting right. Why can we not compassionately step back before announcing a piece of news and making sure that everybody who should know first knows first. But we sound out people who can maybe enhance it to make sure that we have every word right, that it comes across as empathetic and caring, strong if it needs to, understanding if it obviously has to, because when those things do not happen, there is so much cynicism and so much frustration out there right now. The gaps in that knowledge, it falls through and we end up divisive. If anything, we have to get to a better place where we do not have that decision-making. If only the communication around this could have been thought through. I only heard about the temporary visit because somebody phoned up because they had seen it on Facebook, and then I saw we had been sent a press release email. That was how the news was given to us and I just feel, I know it is tough and we are all working long hours and long decisions, but just think before you release a statement how people are going to react. Talk to your States Members who could have helped, and I know that is hindsight, but I think it is important. If we are going to learn anything from this pandemic, we need to look around the world who are doing the same things, making difficult decisions, and then contextualising them for us, what we need in our local health system with its one hospital, its depleted staff who are looking for this community to support them once again, inexcusable to unload and put your frustrations on to anybody in authority, be that a nurse, be it a porter, be it a policeman, be it a prison officer, be it anybody. But please make sure you are reaching out and offloading but do not take it out in the worst possible time; you will regret it. It is unfortunate that that has happened in our hospital. We can do better. I am glad Deputy Tadier has brought this but I just urge once again anybody working inside the delivery of anything left to do with this pandemic, please use us in the Assembly who can help you with the communication, that we take a step back and we avoid debates like this.

1.1.16 Deputy J.H. Young of St. Brelade:

When this came to the Council of Ministers, reluctantly I was prepared to agree with it because I think it is desperately important that our hospital is a safe place, it is a place where all of us are at our most vulnerable but I did say that I wanted to have exceptions. I wanted the clinical staff to be able to decide on an exception basis, and obviously end of life is one of those, and there are others, and of course maternity services were going to be accepted anyway. But I did say I felt it should be a temporary period until we have a system because I do think it is possible, it will be expensive and it will require some organisation. I do not think it can be done on wards with people taking tests and sitting around for 10 minutes waiting for the result. Like Deputy Martin, I want to avoid designing a system but I do think it is possible that that system could take place elsewhere in the hospital, but nonetheless I think it is possible. Of course, what we all need is that during the debate, when this debate started, I absolutely was very much with the proposition because of all the reasons that Members spoke about in a very moving part of the debate. But of course things have changed very much now with the Minister's surprise, really.

[12:15]

I think obviously when one looks at the proposition, I think he is right that the words we are asked to approve are probably, I think, unarguable, that we do not want people in our hospital who are going to give infections to people in the hospital. We want - and the key words for me - "a robust system". A robust system means what it says, so that is what I rely upon now in the choice that we have to make. Until the Minister made his decision, my principal motivation was to act for the staff because I am really, really worried now about the kind of aspect that has popped into this debate in the last few speeches, which I think are conflating the issues that we discussed yesterday, which is really about who runs the health service and, with this issue, which is very much in my mind, is definitely a clinical operational role. That conflation I think is not helpful. I really do not want our hospital team to feel somehow that we as politicians are not supporting them, are undermining them and not valuing their judgments. I am really worried about that. So I plead with the Ministers and all of us as Members to do everything we can to communicate our support for our valuable, wonderful health service workers who are not well paid, in my view, who have gone through unbelievable privations in recent years. Of course, I absolutely agree though, I do agree that we have to stop this business about trying to spin situations and avoid facing the realities. Things are not all well but we are in this together, we have to find solutions, but that is an issue for another day. So I think where we come to is that therefore I do have to support the proposition. I am surprised at that because the test for me is: are our clinical people going to feel undermined and undervalued and are being presented with a task that they cannot possibly control infection risks anymore? I think that is why the key words to me are "a robust system" whatever that is, and that is going to cost money. So I say to the Minister and the officers, put your request in straight away for the money, let us have the mechanics in place to put this into reality as soon as we can. That is all I wanted to say, thank you.

1.1.17 Senator J.A.N. Le Fondré:

I am quite pleased to just briefly follow the previous Minister. I will do my speech in a slightly different order, and I do agree with almost all of his remarks, but I do want to address the comment he made around staff. Firstly, to reiterate the comments of other Members, and obviously the Minister for Health and Social Services and the comments that were made yesterday about absolutely commending our health staff in particular in dealing with the difficult scenarios we have been dealing with over the last 2 years. But one of the stresses, the added stresses, that is added to their workload are debates like this and debates that we had yesterday, for example. I have to make the point that there were some comments yesterday that were completely inappropriate at a staff/employer-relationship level - but we will come back to that on another day - and so I think the support for staff needs to be practical as well as just verbal. But to bring us back to the actual subject: if it was a simple answer, we would have done it already. We are comfortable supporting the proposition because it is not unreasonable that this matter is brought to the Assembly. It is obviously a very important matter, no question, we all recognise that. As I said, if there had been a simple answer, we would have sorted it out earlier this week. The Minister has been very clear from the first point this was raised with us that for a short-term period we could support it but for the longer-term period we felt there needed to be remedial measures put in place because of the issues around visitors, and which many Members have already alluded to. What we have to be clear about is that in itself the proposition is not going to change anything overnight, today, whatever. Either we will come to a scheme, and we will find it, we will find that solution, and we will get it in place within the required timeframe that we are dealing with because obviously we all hope that the numbers continue to fall, or we will not be able to come up with a robust scheme and matters will continue as they are. Because ultimately that is what the wording of the proposition allows, which is right, and it goes back to that point that Deputy Morel made, which is we must not be challenging at a clinical level the professional judgment and responsibilities of those who are responsible for keeping patients and staff - but patients particularly, vulnerable patients - safe. That is where it gets tricky in these areas, whether it is not for us as politicians to make that sort of decision, because the responsibility in a very practical way sits with the professionals. We need to defer to the knowledge and experience of the health

professionals but, broadly speaking, that is what we have been doing all the way through the pandemic. But anyway I do not think I need to say too much else other than we have to all avoid trying to design a system on the hoof. I am sure we will all be guilty of that quietly and privately. There are suggestions that have been made and, to date, we have not yet found the solution. One is dealing with potentially up to 500 people a day, certainly I think no less than 150, 200, depends who one has to test, and therefore that does place different logistical issues in the context of testing people coming into the hospital. So, I will go back right to the point that the wording of the proposition is such that if we can find a solution, we will move forward, there is no question. If we cannot find a robust solution, then we will have to see what other remediation measures we can put in place. But what we have to do absolutely is recognise that ultimately, even if it is uncomfortable, it is the clinical responsibility of the health staff to make those judgments as to where the ultimate balance of risk lies in their operational responsibilities of keeping people safe in the hospital. As I said, if it was simple we would have done it already and we very much want to do it. From that perspective, that is why we are able to support the proposition, having again carefully looked at wording and taken advice particularly from the Greffe, and from that basis again we are supportive of the wording of the proposition as it is written but we have been trying to sort it out in the previous days. Thank you, I hope that clarifies the position.

The Bailiff:

Does any other Member wish to speak on the proposition? If no other Member wishes to speak, then I close the debate and call on Deputy Tadier to respond.

1.1.18 Deputy M. Tadier:

Thanks to the Members who spoke. It seems that we vehemently agree with each other, indeed as we did yesterday, but that did not stop us having a robust and maybe fruitful debate, nonetheless. I do want to address this dichotomy quite early on that these are just simply operational and clinical decisions to be made that we must follow automatically because if that were the case, why did it come to Council of Ministers in the first place? We were told that there was a discussion which presumably took place maybe a day or so before or on the same day as the ban was imposed. It sounds like it was discussed but if it were the case that the Ministers had a genuine choice either politically or actually, if they did not have that choice, why were they debating it? Was it just simply to rubberstamp? The point is of course the management of the hospital does fall to the managers and the safety of it is down to clinicians but there are wider considerations, as I said at the beginning, because this is not simply about clinical decisions, this is about the wider political context. When you start to tell patients what they can and cannot do and visitors what they can and cannot do, that is when it becomes political, so there are balanced judgments to be had here all the time. I suppose just to put that in context is something that we have heard from Dr. Muscat himself throughout the entirety of the pandemic is that there are harms and there are counter-harms and there are risks and there are counter-risks, and it is about getting that balance. It is not inappropriate that at the moment we question what the counter-risks and the counter-harms are in the current visiting policy, so that is absolutely right for politicians to do that. That said, I do accept that it is not ideal to be discussing these things as a first resort, and that is why I did everything within my power as soon as I heard about this to contact obviously States Members, to contact the Minister. I had several conversations with the Minister, for which I thank him, to see if we could find a solution and to see where this was going and what the timescale was. But unfortunately we could not really come to an agreement and I could not get the reassurance I wanted to know that safe visiting could be put in place at any time soon, hence the proposition. The Constable of St. John, I hope that on balance now he has had the answers that he wanted to be able to support this proposition. I know that Deputy Perchard has had strong thoughts about this for quite a while. She said that she would be angry if she had been told that she could not visit her relative if what happened back then in the pandemic was happening now with all the changes and all the improvements we have seen to testing and to safety. Deputy Doublet

similarly has said that it is right that we do take human rights considerations into account. She said she is still concerned that we have all of these restrictions in place now 2 years on, and I think that many people would agree with her on that in the wider public. I am glad that the Deputy of Grouville spoke up and spoke out about her opposition that she voiced during the B agenda, presumably at the Council of Ministers' meeting, where she said that the imposition of the visiting ban was draconian. She put it much better than I did when she said that it does not consider the holistic care of the patient, and I think that is right. Again, it is right that the staff and the clinical staff want to keep the hospital COVID-free but similarly it is our duty to consider the holistic care of the patient, and not just the patient in hospital, but the visitors and the wider societal impact. Deputy Wickenden, I think we are arguing on the same side ultimately, and this is not a case of ignoring the staff and what they are telling us. On the contrary, what we are saying is that we want to make sure that the hospital is sufficiently staffed and resourced and that COVID does not get on to the ward in the first place. Remember, COVID did get on to the wards exactly because we did not have a robust system in place. Slightly shifting the order around in which people spoke, I have to say that I was moved by the Constable of St. Clement's speech; he spoke from a very personal point of view. I would say to him that what we are asking to do here is to put that robust system of testing in place that was never in place before, notwithstanding people's best intentions, so that staff, patients can be kept safe so that people in that critical situation that he found himself in can also have the knowledge that they will be kept safe. To Deputy Wickenden, it was unfortunate that he would not let me have that point of clarification because what I wanted to ask him ... and it would have given him a chance to respond; I get to sum up but he does not get to respond to my question now. He agrees with me that people on the ward should not be the ones doing the tests or in fact they should not be the ones that are having to triage who can come in and who cannot come in and that is exactly the point. At the moment, they are having to make those judgment calls and so we need a robust system in place to do that. Deputy Ash said that we have an excellent civil service in place; I fully agree with that. They are acting to the best of their ability and because we have such good civil servants in place, designing a system that is robust and secures all the rights of visiting that are reasonable and proportionate while keeping COVID out of the hospital should not be beyond the wit of our excellent civil service.

[12:30]

Deputy of St. Martin again said that it requires the wisdom of Solomon to try and police these current exemptions, who is allowed in, who is allowed out, there is a lot of subjectivity in that and that is what we have to take out of the equation. We need clear rules, maybe named visitors who we know that are safe that can come into the wards so that we do not have lots of people milling around unchecked. I absolutely agree with the Deputy of St. Martin in that respect. But again I add, what we have had up until now, that is what has increased risk to patients, not this new system which we should be putting in place. Deputy Ward, again he talked about acting reasonably. What I took out of that is that yet again we need a robust system in place. When will this end, the current ban on visiting? I would ask what is to stop this happening again? If we simply say: "Let us do nothing and let us wait until COVID is no longer in the hospital before we allow people to visit again", what assurances do we have that this will not simply happen again? People, for the most part, have been acting reasonably and I think they want us to act reasonably in return. I thank Deputy Martin for what I thought was a very measured speech. She commented on Deputy Doublet's comments about if this had been about a monetary decision it would have been much more flexible. I am not sure I would have gone down that route personally in my arguments but what I understood Deputy Doublet to be saying is that when it comes to family members, they often do not have the platform or the voice for speaking up about their concerns compared to maybe other sections of the community when we put restrictions in in shops, et cetera, for travel, they do not have those community bodies that might amplify their voice. But this is still an important issue for them and of course most people I speak to are respectful of the hospital staff and they do not want to rock the boat - that is the word I have heard - because they know they need to keep on good terms and they are very grateful for the

care that their family members are getting. But sometimes of course you do get people who are perhaps more vocal and forcefully putting their position forward about wanting to see their relatives. I think that is completely different of course from the unacceptable abuse that we see for people not wishing to comply, and that is exactly again why we need this robust system in place. I thank ultimately the Minister for speaking and supporting this proposition. What I hope is that this is not simply adopted by the Council of Ministers and then they will say: "But we are not going to do anything about it because we are going to let this happen organically and we are going to reintroduce visiting anyway." There needs to be a proper system in place. What I would say, just to give the Minister clarity about this person who contacted me this morning, and I am quite happy to go through this, because I received a text message this morning at 7.07 a.m. which I read out earlier saying: "We are waiting to see my mum in hospital. She is receiving palliative care and we are told we are not allowed to visit." Another member of her family had contacted me last night about the issue. So I responded this morning at 7.25 a.m. - remember, this is the first time the person has contacted me - and I just responded to her. She came back to me at 7.30 a.m. - and remember this is all before I had been out to walk the dog this morning and I am getting ready preparing for the debate - and so I get back to her. She says at 7.32 a.m.: "She is 92 years-old and it is disgraceful she cannot have visits from her family. These are real lives being affected by the rules. Thank you for your time. Are we allowed to see her? Is it something that I can insist on?" So I get back again. This conversation is going on, I say at 8.52 a.m. when I come back, getting ready after my dog's walk, this is after I have spoken to the Minister for Health and Social Services, I said: "I have alerted the Minister for Health and Social Services, can I give him your parent's name and details so he can look into the visit for you if you are comfortable with that?" At 9.17 a.m. I get an update, which I did not see immediately, saying: "We are on the ward now pleading to see her for 5 minutes. They say we have to ring for permission first. We are waiting outside for them to get back to us." At 9.23 a.m.: "The nurse is trying to locate a hood so that we can go in and see Mum." So, that is not a case of me saying that there is a problem with the system and not providing any information to the Minister, that is me getting a message and raising it directly with the Minister and going back to the constituent asking for permission. Of course, this is happening a few minutes before a debate. What does that mean in real terms? I do not mind doing all that, and I am sure the Minister does not mind getting contacted by me a few minutes before a debate of this nature, but we should not be in the position where, first of all, somebody turns up to a ward to ask if the exemptions apply to them. The ward staff should not be put in that position to have to deal with somebody coming up to the ward and then applying those kind of discretionary tests, making phone calls, emailing, texting States Members who then have to ask the Minister to get involved. The Minister says: "I want the details of that person so I can help" but then at the same time says: "But even if I did get involved, I would not really be able to change the decision anyway because it is a clinical decision." That is not an optimal system to have in place. What I am suggesting is that we have a better system than that where people know whether they can go and visit their loved ones, where they have ticked all the boxes before, they are safe, they do not pose a risk and that there is that robust system in place. I am going to jump a few speakers. I thank Senator Moore and Deputy Morel for speaking and for their support ultimately and I do pass my sincere condolences on to Deputy Pamplin, who I think it speaks to his dedication and to his work ethic that he has come into the Assembly today when he could have easily been excused. Many others would not have been in a fit state necessarily to come in but he wanted to join in this debate and knows that this is about a wider issue and that ultimately it is also about good communication. Because I think when a decision like this is made, it is not simply something that can be considered clinical and operational because it does have so many repercussions on other people and also something that we then have to deal with. I thank Deputy Young who, despite saying that it was an excellent proposition which was completely uncontroversial and needed to be supported, said that he was surprised that he was going to support the proposition. So it should not be a surprise if it is a good proposition, it should be something that he would support. Similarly, to

the Chief Minister, I would echo those comments that the staff are doing really important work right across this piece. Without any further ado, I ask for the appel.

The Bailiff:

I ask the Greffier to place a voting link into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The proposition has been adopted.

POUR: 40		**CONTRE: 3**		**ABSTAIN: 1**
Senator I.J. Gorst		Connétable of St. Peter		Deputy G.C.U. Guida (L)
Senator L.J. Farnham		Connétable of St. Clement		
Senator S.C. Ferguson		Deputy S.M. Wickenden (H)		
Senator J.A.N. Le Fondré				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				

Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

The Deputy Greffier of the States:

Those voting contre: are the Connétable of St. Clement, Deputy Wickenden and the Connétable of St. Peter and Deputy Guida abstained.

Deputy J.H. Young:

I did put a note in the chat and I asked if I may correct one of my answers earlier this week. I gave you notice.

The Bailiff:

You did indeed and I did say I would allow that if it were possible. If you could explain, you think that you gave wrong information in an answer to a question during question time and you would like to correct that information?

Deputy J.H. Young:

Yes, if I may.

The Bailiff:

Yes, please do.

Deputy J.H. Young:

I will try and be brief. In my reply to Deputy Higgins' question about the Norfolk Police investigation into historic planning cases, I believe I may have unintentionally misadvised the Assembly. This was because I misunderstood his final supplementary question about my own role in the matter. To put things right, I do not know all about the complaint, I had no direct involvement in the cases but as an elected Member in 2014, I became aware of one of the complainants and I did try to help that person. Since then, obviously I have had no further involvement until hearing from the Norfolk Police at their briefing on 16th December 2021. I apologise for that, it was unintentional, I made a mistake, I misinterpreted the Deputy's question and have apologised for it. Thank you.

ARRANGEMENT OF PUBLIC BUSINESS FOR FUTURE MEETINGS

The Bailiff:

Very well, that concludes Public Business for this meeting and I invite the chair of P.P.C. (Privileges and Procedures Committee) to propose the arrangement of public business for future meetings. Deputy Alves.

2. Deputy C.S. Alves of St. Helier (Chair, Privileges and Procedures Committee):

Four additional propositions have been lodged since the publication of the Consolidated Order Paper and these are listed for the meeting on 1st March. They are the Draft Children (Arrangements to Assist Children to Live Outside Jersey) (Amendment) (Jersey) Law 202-, P.9/2022, the Draft Ecclesiastical Legislation (Consequential Amendments) (Jersey) Law 202-, P.10/2022, Trade Marks, Registered Designs and Patents (Application Forms) (Jersey) Regulations 202-, P.11/2022 and the Order in Council: adoption of new Canons, P.12/2022. There are currently 19 propositions listed for debate at the next meeting in February, including the Common Population Policy, the Draft Children and Young People Law and other propositions that might be expected to take some time, so Members should expect the meeting to go until Thursday, if not longer. I would like to take this opportunity,

therefore, to remind Members that Friday is identified as a continuation day; it should therefore be in Members' diaries as a day that could be used for business if needs be. With that, I propose the arrangement of public business for future meetings.

The Bailiff:

Does any Member wish to speak on those arrangements or have any further things to add? Very well, then I will take that as the Assembly accepting the arrangement for public business as proposed by Deputy Alves. Accordingly, that concludes matters and we stand adjourned until the morning of 8th February.

ADJOURNMENT

[12:44]