STATES OF JERSEY

Health, Social Security and Housing Panel Quarterly Meeting with the Minister for Health and Social Services

FRIDAY, 12th APRIL 2013

Panel:

Deputy K.L. Moore of St. Peter (Chairman)

Deputy J.A. Hilton of St. Helier

Deputy J.G. Reed of St. Ouen

Witnesses:

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)

Deputy J.A. Martin of St. Helier (Assistant Minister for Health and Social Services)

Dr. S. Turnbull (Chief Medical Officer of Health)

Mr. T. Riley (Human Resources Director, Health and Social Services)

Ms. H. O'Shea (Hospital Managing Director)

Ms. R. Williams (Director of System Redesign and Delivery)

[11:02]

Deputy K.L. Moore of St. Peter (Chairman):

Welcome to the Health, Social Security and Housing Scrutiny Panel. Thank you all very much for your attendance. We will start with the usual introductions if we could. So I am Deputy Kristina Moore, Chairman of the panel.

Deputy J.A. Hilton of St. Helier:

I am Deputy Jacqui Hilton, Vice-Chairman of the panel.

Deputy J.G. Reed of St. Ouen:

Deputy James Reed, panel member.

Assistant Minister for Health and Social Services:

Judy Martin, Deputy of St. Helier, Assistant Minister for Health.

Chief Medical Officer of Health:

Dr. Susan Turnbull, Medial Officer of Health.

Human Resources Director:

Tony Riley, Human Resources Director, Health and Social Services.

The Minister for Health and Social Services:

Deputy Anne Pryke, Minister for Health and Social Services.

Hospital Managing Director:

Helen O'Shea, Hospital Managing Director.

Director of System Redesign and Delivery:

Rachel Williams, Director of System Redesign and Delivery.

Scrutiny Officer:

Fiona Scott, Scrutiny Officer.

Scrutiny Officer:

Kellie Boydens, Scrutiny Officer.

The Deputy of St. Peter:

Lovely, thank you very much. We are being observed today by the Greffe and also the Solicitor General, which we welcome. They are here to observe us.

The Minister for Health and Social Services:

I was just wondering what he was ... **[Laughter]**. He has reassured me.

The Deputy of St. Peter:

They are just here to observe scrutiny and our performance and conduct in hearings. So, welcome to them. If we could start, we are focusing today on health as you know and firstly we would just like an update on the progress that you are making with your plans for a new hospital, Minister, if you could inform us.

The Minister for Health and Social Services:

Okay, certainly I will do. As you said, this is regarding the hospital quarterly hearing. First of all, I would just like to apologise. The Chief Executive is ill so would like to give her apologies. It is not too serious; it does not need hospital admission so that is fine. As you know, the hospital planning for a new build of a hospital, wherever that is going to be, is an extensive project and we have a ministerial oversight group which are looking at that, which I have been to scrutiny with before. It needs to be fully scoped. So where we are at the moment is that we have a short list for sites for the new hospital which were accepted back in February following an extensive review of possible alternatives. But the Ministers in the oversight group obviously are very concerned about the overall affordability of the hospital, as you would expect, because this is the biggest spend I think that Jersey will have to look at for the foreseeable future, so we need to make sure that we have covered all the possibles and gone down every avenue that needs to be going down. Therefore, we are still in that phase of a fundamental review of the costs and the affordability, so that is where we are at present. I am very much aware that we are behind our timeline and I do not like to be behind a timeline, but it is better to get all those issues sorted out right at the very beginning rather than go down the avenue and the questions being asked there, so it is important.

The Deputy of St. Peter:

So how many sites are you now looking at in your short list?

The Minister for Health and Social Services:

We have a short list of 3, but I will not ... because they are still confidential so it would be totally inappropriate for me to comment on which sites.

The Deputy of St. Ouen:

You did say that the short list of sites was accepted. Can you tell us by whom?

The Minister for Health and Social Services:

The ministerial oversight group.

The Deputy of St. Ouen:

Can you just remind us who sits on that ministerial oversight group?

The Minister for Health and Social Services:

It is chaired by the Chief Minister and there is the Minister for Treasury and Resources, the Minister for Social Security, myself, my Assistant Ministers, and the Minister for Planning and Environment has come in on a couple of occasions.

Deputy J.A. Hilton:

Can you tell us whether the Minister for Planning and Environment has suggested any other sites in addition to the 3 sites you have just mentioned that has possibly delayed you in your deliberations?

The Minister for Health and Social Services:

Not that I ... we have not met for a little while because of going down the cost, so I would need to go back and actually check that rather than tell you something that is not quite right.

The Deputy of St. Ouen:

It was proposed that a public consultation would take place on the proposed site. Is that still planned?

The Minister for Health and Social Services:

The public consultation? Yes, it is.

The Deputy of St. Ouen:

When is that likely to take place?

The Minister for Health and Social Services:

Well, as I just said, we are behind our timeline and I am not particularly ... I like to be on time, but when we have all the information that we need to give out to a consultation we will be going out to consultation, and I hope in the foreseeable future. I do not want to put a date to it or a month, but I hope as soon as we possibly can.

The Deputy of St. Ouen:

I am a bit concerned to hear you say that you cannot give us some sort of indication of when the public consultation will take place, especially as you sit on the ministerial oversight group. Surely you must have some idea of when the matters regarding the affordability and costs will be finalised.

The Minister for Health and Social Services:

I would like to think that it is going to be soon. We have a planned meeting for the beginning of next month and hopefully issues will be sorted out by then, issues of affordability and the work that has gone on from there. Hopefully soon after that, but I do not want to put a time to it because getting all that correct information before we go out to consultation is important because this is a big project. But saying that, we need to keep the pressure up because building a new hospital, wherever that is going to be, is vital going forward because we know it will take time.

The Deputy of St. Ouen:

Sorry, just one last question regarding sites and consultation, would it not be the case that if it was determined or decided that we should retain and work to redevelop the existing site, the cost implications would be different to that required for a new build on a new site?

The Minister for Health and Social Services:

It might be the case, but then we need to make sure that we have the information behind it to support it.

The Deputy of St. Ouen:

I suppose my question is then obviously if you are wanting to resolve the issue of affordability and costs but yet it is also planned to come out to the public or go to the public and consult over 3 potential sites, I just wonder how that all fits when the public might say: "Well, we do not want a new build on a new site, we want a redevelopment of the old site," of course which would involve a whole range of different costs to that required for a new build.

The Minister for Health and Social Services:

That is important but we need to understand, and so does the public need to understand, if we went down that site what the costs would be compared to another site. Because whatever site we decide on, we are talking a great deal of money and we need to fully understand all the facts and figures behind it. That is the most important thing. But saying that, the most important thing at the end of the day is that we need to move with it because we do need to build a new hospital.

The Deputy of St. Ouen:

Who is helping to or who is working on developing the costs and determining the actual physical cost of the alternative proposals that you are looking at?

The Minister for Health and Social Services:
You mean who is actually doing the ...?

The Deputy of St. Ouen:
Yes, who is doing the work?

The Minister for Health and Social Services:
We have a project board doing that and also the company Atkins ... it is Atkins International Limited, something like that.

The Deputy of St. Peter:
But they were commissioned, I believe, to conduct a pre-feasibility study, which should have given you all the information to lead to this point so that a decision could be made. I am struggling a little bit to understand what part of their role has not been fulfilled to enable the ministerial oversight group to make that decision. I presume that if more information is needed then your costs are going to be rising in relation to the pre-feasibility study.

The Minister for Health and Social Services:
I think it is more information on actually how much it is going to cost. We are comparing with other hospitals in the U.K. (United Kingdom), which is quite right, but we need to understand fully how much it is going to cost. I do not know if you have any comment about the cost of hospitals.

Hospital Managing Director:
I do not think it is any lack of what Atkins or the rest of the team are doing. This is just about being able to reassure the ministerial oversight group that we have benchmarked against other hospitals and that we have accurate costing as much as you can do at pre-feasibility stage.

The Deputy of St. Peter:
So you are happy with the quality of work that you have received ...

Hospital Managing Director:
Yes.

The Deputy of St. Peter:

... and the point that your budget is set at the moment as well in relation to the cost of the work that they are doing?

Hospital Managing Director:
Yes, we are still within the pre-feasibility envelope.

The Deputy of St. Peter:
Excellent, thank you. I think we will move on. Deputy Hilton has a question.

Deputy J.A. Hilton:
Could you tell us what work has been undertaken to try and reduce hospital waiting times?

The Minister for Health and Social Services:
Okay, I can say that a lot of work is being done because I know there is a lot of concern about the length of waiting list times. Now Helen is the new Hospital Director and she is undertaking a review not only on outpatient waiting times but also looking at inpatient times. I do not know if, Helen, you want to say any more about that.

Hospital Managing Director:
Yes, certainly.

Deputy J.A. Hilton:
Can I just ask you a question? I think last time you were here we were told because of the waiting lists with certain specialties that a business case was being worked up by an orthopaedic consultant and was going to be presented to a board. Has that happened and has there been an agreement to employ an additional orthopaedic consultant?

Hospital Managing Director:
Do you want me to answer? Yes. The business case has been worked up. It has not gone through the approval process yet because the process we have gone through is asking existing consultants what they think the preferred plan is to improve the capacity within orthopaedics. Initially, they did not want a further consultant. They thought that they could do this by changing the way they work their theatre times, changing the way they work their outpatient times, looking at how they use their middle-grade doctors differently, and we have done that and we have seen some improvements in our waiting lists. But they have now come to the conclusion that that is not going to be sufficient and we now have the plan ready for approval.

Deputy J.A. Hilton:

Right, okay. Is there any evidence to suggest that hospital management have gone to consultants in the specialities where there are large waiting lists and suggested that another consultant should be employed but the consultants have resisted because of the effect on their private patient waiting lists?

Hospital Managing Director:

Yes, we have gone to consultants to say do we think we need another consultant, and orthopaedics is a classic example of that. Their resistance I do not think is because of private practice. I think it is because we had not explored all the other options first.

Deputy J.A. Hilton:

Okay. So you are confirming that you have not approached any of the other specialities and asked them to work up a business case for an additional consultant? You have not had any of them turn round to you and say: "No, we do not need another consultant"?

Hospital Managing Director:

No, we have asked the urology team and we have asked the anaesthetic team to look at what the consultant establishment should be, and both of those have come back to us with additional consultants.

Deputy J.A. Hilton:

Right, okay, thank you.

The Deputy of St. Ouen:

Back in April 2009, the Comptroller and Auditor General wrote a report entitled: "The Department of Health and Social Services structure and organisation". In that report, it made a recommendation that the department should consider forming a benchmarking club and it also suggested within that recommendation that the department had already indicated to the Comptroller and Auditor General that it agrees with its recommendation and plans to seek to implement it. Have you done that?

[11:15]

Hospital Managing Director:

Sorry, I am totally unfamiliar with that report and I am not sure what benchmarking club it is referring to. Is it about quality outcomes? Is it about waiting times? Is it about money? I am sorry, I do not ...

The Deputy of St. Ouen:

The Minister just mentioned about the benchmarking services to reduce waiting times and so on and so forth so that you can actually demonstrate practically that you are improving the services that you provide. This is talking exactly about that and I am disappointed, perhaps, that in light of the fact that this is April 2009 and we are now April 2013, 4 years later, what was said and agreed to as part of the recommendations contained in this report have not been implemented.

Hospital Managing Director:

I am not saying they have not been implemented. I am saying I am not familiar with that report. There are lots of benchmarking mechanisms.

The Deputy of St. Ouen:

Do you belong to a club ...

Hospital Managing Director:

There is not one club, yes.

The Deputy of St. Ouen:

... that compares your outcomes with other places?

Hospital Managing Director:

Yes, but we do it at specialty level. So, for example, cardiology, we can contribute our data to cardiology databases and then we can compare ourselves with other areas. We are not on the same information system as most U.K. hospitals. They would just submit all their data to a central point, usually called Dr. Foster, which is the most commonly used one, and that automatically benchmarks you with other U.K. organisations. We do not have those data systems to be able to do that. So that would be the best known club, if you like, and no, we do not belong to that because we cannot, we do not have the data systems. But where there is a specialty club, we do benchmark with those.

The Deputy of St. Ouen:

With regards waiting times, I accept that we are not England and we will never be, but we could be classed as similar to Guernsey and Isle of Man, for instance. Does any comparative benchmarking take place between ourselves and Guernsey and Isle of Man with regards to waiting times and the services and the period that people have to wait to be attended to?

Hospital Managing Director:

I have not seen any benchmarking with Guernsey and the Isle of Man. We do benchmark against the U.K. waiting times, which we recognise, as you have already said, are different and we do not subscribe to the same targets as the U.K. So we are not measuring apples and apples. Our benchmark here is that we like to see people within 3 months of referral for outpatients and get them into a procedure within 3 months of being put on the waiting list.

The Deputy of St. Ouen:

What bothers me is that I am sure that I have seen in published reports by the department some information that compares the Island with the U.K., and yet you say we cannot compare the Island with the U.K. So how does that work?

Hospital Managing Director:

No, I did not say we could not compare; I said we do not belong to the same club that most people belong to, which is Dr. Foster. I can go online and find waiting times in virtually any hospital in the U.K., so we can compare ourselves with the U.K. and we do. So we know where there are long waits in the U.K. and I know it is trauma and orthopaedics is one of the big troublesome areas in the U.K. Yes, we can compare ourselves, but we are not a member of that club that I think you were initially referring to.

The Deputy of St. Ouen:

We are not going to dwell on this, but we would be grateful if, Minister, you could update us on the work that has been undertaken following the issue of this report back in April 2009 and the recommendations that were accepted by the department and how they are being implemented.

The Minister for Health and Social Services:

I do not know if Dr. Turnbull would ...?

Chief Medical Officer of Health:

Can I make a point just to point out that there was a very major piece of benchmarking work done as part of the KPMG work that led us into the Green Paper and the White Paper looking at the capacity of the hospital and the number of doctors and all that sort of thing. So there has been a much bigger piece of work done since whatever was done in 2009. I am not aware of the 2009 report. It is obviously not in the public health arena particularly. You were not Minister for Health and Social Services at that time and I do not think anybody else round this table was in post.

The Minister for Health and Social Services:

It all depends what month it was.

The Deputy of St. Ouen:

Regardless of who was the Minister for Health and Social Services, in fairness ...

Chief Medical Officer of Health:

Yes, but still ...

The Deputy of St. Ouen:

... it was quite critical of the department, but also supportive of your efforts in improving the performance. Really, I suppose all we wanted to know is that action has been taken and we can be comforted.

The Minister for Health and Social Services:

As Dr. Turnbull said, a lot of action and benchmarking has been done, but I have not read that recently anyhow so I am sure it is something that I can go back and read and look at, because it goes back quite a few years. I know that we have moved on considerably since then and, as Dr. Turnbull said, the KPMG benchmarking was a huge piece of work.

Deputy J.A. Hilton:

Can I just take you back to the waiting lists again, Helen? Can you just confirm the specialities that did have a long waiting list? I know it involved orthopaedics, urology. Can you tell ...

Hospital Managing Director:

There are 2 waiting lists. One is for outpatients and one is for inpatient procedures. Inpatient procedures, you are right, orthopaedics, urology, and a little bit of general surgery but that is now improving. Urology and orthopaedics, we have managed to stabilise the waits so they are not getting any worse and now hopefully we will turn the corner and start decreasing those waits. Then the outpatients are a different group.

Deputy J.A. Hilton:

Yes, what group is ...?

Hospital Managing Director:

They are more the medical specialties, so cardiology, neurology. I am pleased to say cardiology patients, since January the number of patients waiting over 90 days has now decreased by 46 per cent, so they are really starting to make some inroads into the cardiology list.

Deputy J.A. Hilton:

How has that come about?

Hospital Managing Director:

By changing the clinic templates and by putting additional medical staff into the clinics. Neurology has decreased by 13 per cent and dermatology by 31 per cent.

The Deputy of St. Peter:

How has that additional staffing been funded?

Hospital Managing Director:

That was already within our establishment but we were going through a recruitment process so that is part of this year's budget.

Deputy J.A. Hilton:

So additional in those cardiology, neurology and dermatology were additional staff employed in all of those specialities to bring those waiting lists down?

Hospital Managing Director:

Not in all of them. Cardiology specifically had the additional staff.

Deputy J.A. Hilton:

How did you manage to reduce dermatology by 31 per cent?

Hospital Managing Director:

Mostly by clinic templates and additional clinics. So we have existing staff doing more clinics.

Deputy J.A. Hilton:

Why could that not be done before?

Hospital Managing Director:

It is not in their normal job plan. They have been doing extra clinics, so they have been probably putting on Saturday clinics, they have been doing extra clinics in the week. People are trying very hard to bring these waiting times down.

Deputy J.A. Hilton:

Is that something that would happen normally in other jurisdictions that people would just increase the number of clinics, whether they were on a Saturday, a Sunday or ...?

Hospital Managing Director:

Yes. What you would have to determine is whether or not we have the right capacity for the longer term and whether this is sustainable, and that is the work we are doing now. So, is this just a blip to get over a peak or is this something we have to address for the longer term?

Deputy J.A. Hilton:

Okay. Cost-wise, if you are increasing clinics so that you are actually providing clinics on a Saturday outside of the normal working week, there must be an additional cost to that?

Hospital Managing Director:

Yes.

Deputy J.A. Hilton:

So you are conducting this review at the moment to see how cost effective it is?

Hospital Managing Director:

How cost effective it is and how sustainable it is because you can ask people to work weekends for a period of time but not over the longer term.

Deputy J.A. Hilton:

How many consultants do you have in dermatology?

Hospital Managing Director:

One.

Deputy J.A. Hilton:

Just one consultant?

Hospital Managing Director:

Yes, and some junior staff.

Deputy J.A. Hilton:

So he has quite a large workload?

Hospital Managing Director:

Most of our consultant ... well, I say most, a good proportion are single specialty. We only have one specialist in most areas.

Deputy J.A. Hilton:'

Can I just take you back to a previous scrutiny hearing when I believe one of the Medical Directors was there? He made a comment in that hearing about trainee surgeons sat around twiddling their thumbs. Were you here when that comment was made?

Hospital Managing Director:
I was but I do not recollect that particular comment.

Deputy J.A. Hilton:
I will read it to you. He was saying: "For general surgery there are 4. We have 4 on the E.N.T. (ear, nose and throat) rota. Now, there are 4 people have to do that if they are on call because you cannot make people be on call one in 2 anymore because the law has changed a few years ago, so those people are going to be employed anyway. A lot of their time they are on call but some of the time, if they are not on call, they will be sitting twiddling their thumbs because we cannot get into the ... although we are all fighting to get into the operating theatres." So I am just wondering why are the hospital employing doctors to be sat around twiddling their thumbs.

Hospital Managing Director:
I think what he was explaining at the time was that you have to have a minimum number of doctors to have an on-call rota and, therefore, we need to make sure we have enough theatre capacity to make sure we can employ them sensibly during the normal working week. So the on-call drives the number of people you need and then we need to make sure we fill their time appropriately during the week. As I recollect, we were talking about theatre capacity at that point.

Deputy J.A. Hilton:
Okay. There is still a difficulty around theatre capacity. Can you just tell us how you are getting on with the ... is it the refurbishment or building of a new theatre?

Hospital Managing Director:
Yes, we have several plans. We are hoping to convert by putting an airflow system into one of our procedure rooms that will give it the adequate airflow quality of a theatre. That is going to happen hopefully later this year, which will release quite a significant amount of theatre time for the main theatre. We are looking at using more of our theatres on Saturdays and Sundays. We are looking at extending the working day in theatres, which you can only do by an hour or so, and we have the theatre refurbishment project that you mentioned that is under way. That is in progress.

Deputy J.A. Hilton:
All right. There was just one last question I wanted to ask you. Can you explain to me - I am talking about doctors on call now - what is a resident doctor on call?

Hospital Managing Director:

A resident doctor on call is a doctor that is onsite overnight.

Deputy J.A. Hilton:

Actually onsite overnight? So he would be resident in the hospital?

Hospital Managing Director:

Yes.

Deputy J.A. Hilton:

Or in the doctor's home?

Hospital Managing Director:

Yes, not at home, so somewhere that is accessible in the hospital usually. Our on-call rooms are within the complex.

Deputy J.A. Hilton:

Right, okay. I will just leave that there for the moment.

The Deputy of St. Peter:

Okay. Could you explain for us, please, what contingency plans you have in place to maintain your workflow when people experience sickness, bank holidays and other issues that might affect staff and their ability to work?

Hospital Managing Director:

Annual leave and bank holidays are worked out in our initial planning, so we do not assume that any consultant is going to work 52 weeks of the year. It is usually worked out on a 42-week year. That is normal practice. Sickness and absence, if it is planned sickness absence - obviously study leave or if it is a known procedure somebody is going for - then we will cover it with either colleagues or we will get a locum in to cover those clinics and theatres. If it is unplanned, then sadly we sometimes lose those clinics or theatres because it is very short notice as a rule and we cannot just find an alternative surgeon.

The Deputy of St. Peter:

Okay. What about, say, at the weekend from the patient perspective if somebody is admitted over a bank holiday and they need emergency treatment or to be stabilised over the weekend, what do you do in that case?

Hospital Managing Director:

The hospital is 24/7 in terms of emergencies, so if you come in any day of the week, you need urgent imaging, you need urgent surgery, you will get it. We have a team in the radiology department. We have a team in theatres. Usually, it will be classified by it needs to be life or limb threatening if you are going to take somebody to theatre out of normal hours, but there will always be a team. If it is a significant injury or trauma then we would fly people to the mainland at weekends.

The Deputy of St. Peter:

I see, okay, thank you. Do you have any plans for your high-dependency unit at the moment? There is some work that is being carried out there. What is the plan?

Hospital Managing Director:

We are refurbishing the intensive care unit at the moment. That is due to complete in October and that is ahead of schedule. We have currently 9 critical care beds across the hospital and we will continue to have 9 when it is refurbished. At the moment, we have the high-dependency unit on Plémont ward to enable the works to be carried out in the intensive care unit, so those beds will return to the intensive care unit.

The Deputy of St. Peter:

Can you explain the difference between high dependency and intensive care, perhaps?

Hospital Managing Director:

Yes. There are 4 levels of care. Normal ward-based care is level zero. Level 1 is slightly more intensive care than just an ordinary ward bed, so you would have a few more nurses and better observation of the patients. Level 2 is high-dependency care, and level 3 is intensive care. Intensive care usually means somebody is on a ventilator and you have one to one nursing. High dependency care is intensive nursing usually without a ventilator and you probably have about 3 to one nursing.

The Deputy of St. Ouen:

What number of beds do you have in each category? So you have the intensive care unit and you have a high-dependency unit. How many beds in each?

Hospital Managing Director:

At the moment, because of the works we are doing, we have 5 beds in high dependency and 4 beds in intensive care. When we complete the works, we will do what virtually every U.K. and

other intensive care unit does and that is use all of them flexibly. So every bed will be capable of being either H.D.U. (high dependency unit) or I.T.U. (intensive care unit) and it will depend on what the patients need.

The Deputy of St. Peter:
Which is why you come to the 9 critical care beds and that is that figure?

Hospital Managing Director:
Yes.

The Deputy of St. Peter:
Okay. So we will continue with 9 critical care on a flexible basis?

Hospital Managing Director:
Yes.

The Deputy of St. Peter:
What work is being done then to take into account the changes in the population and managing our workload? Do you feel that 9 is a sufficient number?

Hospital Managing Director:
Nine puts us very well provided for in comparison to the U.K. In the U.K. the average is 3.5 intensive care beds for 100,000 population, and we have 9 for virtually 100,000 population.

[11:30]

Obviously, we do need to be able to stabilise patients and look after them for potentially several days if we are cut off for whatever reason, bad weather, but obviously we also transfer off our critically ill. So I think 9 is well provided for at the moment.

The Minister for Health and Social Services:
Especially the new unit that should be finished in 6 months' time, it will make a tremendous difference. It was not before time so it is all going to be well.

The Deputy of St. Peter:
Yes. Now, some more current news, I guess, is the nurses' reaction to the current pay offer. What is your reaction, Minister, to their very slight rejection of that pay offer?

The Minister for Health and Social Services:

I understand that the R.C.N. (Royal College of Nursing) have gone out to ballot and they have come back with no clear mandate. I know that the States Employment Board and Tony and the Chief Nurse have been talking to both the R.C.N. and the J.N.A. (Jersey Nursing Association) trying to come to some sort of agreement.

Human Resources Director:

Can I answer that, Minister?

The Minister for Health and Social Services:

Yes, because you are up to date.

Human Resources Director:

The U.K. full-time officer for the R.C.N. plans to fly over next Thursday and Friday to meet with their members and to meet with our senior team. The R.C.M., the Royal College of Midwives, has not yet reported their ballot. That is probably anticipated later next week. As far as I am aware, the J.N.A. have not yet balloted.

The Deputy of St. Ouen:

Will this latest pay offer address some of the concerns that the nurses have had regarding their level of pay?

Human Resources Director:

It will start to. It is a great step in the right direction. To have 2 consecutive years at 4 per cent is a really powerful step in the right direction, but it is a journey that is going to take 3 or 4 years, possibly more, into the next M.T.F.P. (Medium-Term Financial Plan) to put what needs to be right put right, but it is a great forward step.

The Deputy of St. Peter:

But essentially the ballot that was announced yesterday was a slight rejection of the pay offer, albeit slight.

Human Resources Director:

Around about a quarter of the nurses have said no.

Deputy J.A. Hilton:

Is there any chance that the offer will be increased?

Human Resources Director:

There is no intention to review the level at this stage.

The Deputy of St. Peter:

Okay. Staying with nurses, specialist nurses, we have some evidence that some specialist nurses are being flown in from the U.K. to complete certain tasks. Could you talk us through that and how often this occurs, please?

The Minister for Health and Social Services:

I think that we always will need specialist nurses flown in, so to speak, and they are what we call agency nurses, especially in specialist areas like theatres and critical care. As I understand, today we have 6 agency nurses working in the hospital on a temporary basis, 3 in theatres and 3 on the wards. So with a nursing contingency of 1,000 approximately, I think we are really very lucky it is only 6 and I think that is due to the commitment of our local nurses.

Deputy J.A. Hilton:

So the 6 that we are talking about have come in from the U.K.?

The Minister for Health and Social Services:

Yes.

Deputy J.A. Hilton:

Obviously, that must mean you could not fill that capacity locally?

The Minister for Health and Social Services:

It is a very specialised area and probably only on a short-term basis.

The Deputy of St. Peter:

So you feel that you have a very well-placed skill base within your current base of nurses and there is no need for further training to bring up those skills on the Island?

The Minister for Health and Social Services:

We are always looking at increasing our nurses' training skills. That is a continual work programme. That never stops and it is part of a nurse's continuous professional development. We are always looking at ways of increasing training. I understand that we have a local training programme and that is very important, a "grow your own". I think I have some ... we have just got through here locally trained nurses who qualify this summer. There are going to be 6 registered nurses, adult, coming up to be trained and 2 returning from the U.K., which are Jersey-born ones,

and 9 mental health Jersey trained. So it is a continual pattern and we need to continue that to make sure that we train our own and grow our own.

Deputy J.A. Hilton:

Before we leave that subject, can you just explain on what sort of contract the agency nurses are employed and what length of time they are normally employed for?

Human Resources Director:

An agency is a standalone private company which nurses sign up to work for and they then rent them out to hospitals all over the U.K. As the Minister said, 6 out of a 1,000 is actually a very remarkably low proportion compared to my experience in both large city hospitals and small district hospitals. So the agency will rent them out as any other agency would do. You can get an agency secretary, you can get an agency manager, you can get an agency plumber.

Deputy J.A. Hilton:

Yes, I was just wondering what length of time they would normally be employed for.

Human Resources Director:

Well, it is really variable. It depends.

Deputy J.A. Hilton:

What is the longest period of time the hospital has employed an agency nurse from the U.K.?

Human Resources Director:

I could not possibly comment without researching the data.

Hospital Managing Director:

Without checking I would not know.

Deputy J.A. Hilton:

You do not know, okay, that is fine. Right, shall we go on to the next question? Can you explain why the department has felt the need to bring somebody in from the U.K., an adviser in the U.K., to help fill the recent vacant post of the chief ambulance officer, which I believe was ... that previously somebody was acting up in the role and had been acting up for 4 years. Can you explain why you needed to bring somebody in from the U.K. to advise you on how to fill it?

The Minister for Health and Social Services:

Do you want to say? You were part of the procedure.

Hospital Managing Director:

I was, yes. I have not brought somebody into the role to advise me how to fill it. I had an interview process that was undertaken. I had an external adviser on the panel from the U.K. Ambulance Service and we had the local Appointments Commission representative on the panel. We went through the interview process and came to the conclusion that we were not able to appoint from the candidates that applied. I then asked an adviser from the U.K. to come over and give me an assessment of the ambulance service to see what our current risks were, what our opportunities were and how we might develop the current service, and that is what the adviser has come to do. They are not acting as the chief ambulance officer and that is not the intention. They have come over to look at what the action plan needs to be to develop our service and develop the staff within it so that we can manage it ourselves.

Deputy J.A. Hilton:

So was it a question that you did not feel that the candidates who had applied actually fitted exactly what you were looking for?

Hospital Managing Director:

Yes, obviously we have a criteria.

Deputy J.A. Hilton:

Yes, I think people would be surprised that somebody who had acted up to the role for 4 years and had applied for the job was turned down. I think that came as quite a big surprise.

Hospital Managing Director:

I am sure, yes.

Deputy J.A. Hilton:

Can you just tell me how long the external adviser is expected to be in the Island?

Hospital Managing Director:

He is going to come over ... it is variable, but a couple of days a week for the next 3 months to help deliver the plan and it will be reviewed at the end of 3 months.

Deputy J.A. Hilton:

At the end of 3 months will the job then be advertised again?

Hospital Managing Director:

That will depend upon how the development of individuals has gone during that time.

The Deputy of St. Peter:

Would it not be normal practice when somebody is acting up in a role over a prolonged period of time to provide them with training and development so that they can better equip themselves to do the job?

Hospital Managing Director:

Yes, it is and, yes, it was.

The Deputy of St. Ouen:

Can I ask, Minister, what emphasis do you place on employing local people for local jobs?

The Minister for Health and Social Services:

I think a great emphasis. As we said about nurses, it is very good that we employ or grow our own nurses, but at the end of the day it is the right person for the right job.

The Deputy of St. Ouen:

One could argue that any employer could use that reasoning for seeking to bring in somebody from the U.K. rather than spend time improving the skills of existing employees.

The Minister for Health and Social Services:

I think it is a slightly different question. As I said, continuous professional development and training is important from all our staff and that is what we would like to continue and that is what we do.

The Deputy of St. Ouen:

Is it a case that for the last 3 or 4 years we have had a person responsible for the Ambulance Service who is not up to the job?

The Minister for Health and Social Services:

I would not like to comment on that.

The Deputy of St. Ouen:

Well, it seems from the public's perception that that is the case because the person has not been retained or promoted to the position that he has been undertaking for the last period of 3 or 4 years.

The Minister for Health and Social Services:

As we said, the continuous professional development is part of the role and that is important.

The Deputy of St. Peter:

Shall we move on and talk about your reform of the health service and the F.B.C. (full business case) process at the moment, if we could? Have there been any renewals or changes to service level agreements recently in the past months?

The Minister for Health and Social Services:

Renewals to the service level agreements?

The Deputy of St. Peter:

Or new service level agreements with providers of services in the community?

The Minister for Health and Social Services:

Yes, there have. Rachel has the up-to-date list.

Director of System Redesign and Delivery:

At the moment we have 23 service level agreements predominantly with voluntary sector organisations. We have been going through a process of looking at those service level agreements I think we have briefed previously. There are 2 elements to this. One element is around the services that we are receiving and the finances that attach to those, and there have been no changes between last year and this year in terms of the services that we are receiving from our voluntary sector partners and the amounts of money that attach to those. What there has been, though, are changes to the documentation and part of this came about through discussions that we had with the voluntary sector around improving the contractual documentation, making it more reflective of a 2-way relationship, making it more clear and making it more succinct in places. So what we have at the moment are 2 levels for the service level agreement, one that contains all of the elements it needs to contain but it is just a few pages and they are for the services that are of smaller financial value, and another which is much more full for the services, exactly as you would expect, that are of higher financial value. Again, that is part of our principles about being fair and transparent but also proportional in the way that we work with people going forward. That new documentation has been really welcomed by voluntary sector organisations that we work with and they have seen that it is a demonstration of what we have talked about for the last couple of months, which is making things fair and transparent and proportional.

Deputy J.A. Hilton:

On the service level agreements, have you changed the length of the service level agreement now? Do you have a uniform time period?

Director of System Redesign and Delivery:

So as we have briefed previously, the intention was for this year to be a shadow year because the one thing we need to work very closely with our partners on is making sure that the metrics are correct, that they are appropriate and that they really help to reflect what is being delivered and reflect the value for money that we are getting for taxpayers' money. So that is what we are doing this year. So this year is the shadow year while we work up the metrics that work for us, that demonstrate the services and that work for our voluntary sector partners, too. The intention then is to move to a 2-year agreement to take us in line with the M.T.F.P. periods and then we will be at the beginning of the next M.T.F.P. period and we can move to 3 years.

The Deputy of St. Peter:

I see. Have you had any rejections from community voluntary sector organisations who have declined to sign up to a service level agreement?

Director of System Redesign and Delivery:

No.

The Minister for Health and Social Services:

I think I would like to pay tribute to the voluntary sector because it has been difficult because of all the new language in the new paperwork, but they have really embraced it. They have been challenging as they have gone on, which is quite right, but if we can get them through this period and get them on to the 3-year cycle of the M.T.F.P. it will be a good step because then we know where they are financially wise and that is important.

The Deputy of St. Peter:

Do you have any pending still that have not yet been agreed?

Director of System Redesign and Delivery:

We have agreement in principle for the vast majority of them through the discussions that we have been having. For some of them, it is a case of finalising signing on the dotted line, but the discussions are going really, really well so far and, as I said, the feedback that we have had from the voluntary sector is that they are seeing that we are really acting on what they have told us they want and that we are really listening and trying to move the relationship on to that even footing so that it really reflects the way that we want to work with them going forward: much more partnership, much more working together, much more clarity, but with that proportionality.

The Deputy of St. Ouen:

Do you enter into service level agreements with consultants or is that a different form of contract?

Director of System Redesign and Delivery:

With which, you mean hospital clinical consultants?

The Deputy of St. Ouen:

Yes.

Hospital Managing Director:

They have an employment contract.

The Deputy of St. Ouen:

Employment contract, but does that include requirements for certain levels of service?

Hospital Managing Director:

They all have a job plan as we call it, which is a timetable of activity that they agree to work to, and that is within their employment ...

[11:45]

The Deputy of St. Ouen:

Are they measured at all on the outcomes?

Hospital Managing Director:

They are measured in terms of we know how many clinics they have done and how many theatre sessions they have done. We are looking at whether or not we could refine that further. In the U.K. things are moving to activity-based job plans. We do not have that here. It may or may not be the right thing to do, but we are working with the consultants to see if we have the right system in place.

The Deputy of St. Peter:

If we could return to the full business cases, we had a number of service specifications that you were working on and I believe some have been agreed to go ahead, but there has been some time delay due to the extra discussions that have taken place. Where are you now with your timeline? Where do you see yourself or the department?

Director of System Redesign and Delivery:

Yes, you are absolutely right. What we embarked upon at the beginning of this year was a listening exercise because we had heard from a number of different areas that they wanted to have further discussions with us and we responded to that. It is very important that we continue to listen to what stakeholders are telling us, whether that is G.P.s (general practitioners), hospital consultants, voluntary sector and Islanders. So we did that. At the moment we have a number of the specifications that are agreed, so good to go, and they have been agreed by the vast majority of the stakeholders and gone through that robust process of the steering group, the ministerial advisory group, for the Minister to make her decision on are we happy with them and are those services good to go. Some of those services are about to be advertised for the tendering processes that we have briefed previously on, and a small number when we went through that process it became clear that there is only one possible provider of those services. So that investment will go into existing services with a development plan around that to make sure that services are ready to receive the investment and that it all works smoothly. So as of hopefully Monday or Tuesday next week we will start to see adverts for some of the new services coming out. Some of the services are a bit more complex and listening to what people have told us we are taking those outline plans back around the loop and getting people's involvement and input to those. Again, that is from a whole range of stakeholders, G.P.s, hospital consultants, nurses, social workers, voluntary sector, and those meetings start next week.

The Deputy of St. Peter:

For the amber and the red?

Director of System Redesign and Delivery:

For the amber ones. For the red ones, there is only one or 2 where we have thought when we have looked again, yes, they are still the right thing to do, yes, they are still the right priorities, and actually that was a very strong message when we talked to all of those stakeholders in the listening exercise that they agreed that the case for change was still valid, the priorities were still valid; we were talking about the detail. So the red ones are still priorities, they are still valid, but they need to be done in the right order and in the right time sequence.

The Deputy of St. Peter:

What sort of a timescale do you see that occurring on?

Director of System Redesign and Delivery:

Well, we are focusing on the greens and the ambers now and then we need to focus on the red. So it will be towards the back end of the summer we start to refocus on the reds again.

The Deputy of St. Ouen:

You say that some of the services are about to be advertised. Will these new services be open to people and organisations that are off Island?

Director of System Redesign and Delivery:

Again, we have gone through a very robust process for each of these services with the Minister making the decision about should the services be open - it is called an open tender so open to anybody - or should it be a restricted tender, restricted just to Jersey. A majority of them the decision was made, quite rightly, that those services should be restricted to Jersey.

The Deputy of St. Ouen:

That will be clear when they are advertised?

Director of System Redesign and Delivery:

Absolutely.

The Deputy of St. Ouen:

Are you able to - not now - provide us with the list of services that you plan to advertise and which will be open and which will be closed?

Director of System Redesign and Delivery:

Yes, we have a private discussion session this afternoon so we can bring those, yes.

The Deputy of St. Ouen:

You can provide that information?

Director of System Redesign and Delivery:

Yes, we will bring all of that information.

The Deputy of St. Ouen:

Thank you very much.

The Minister for Health and Social Services:

That was an exciting point because we now have signed off those and we can see the money being used for what it is intended to be used and development of some services, and they are mostly in the children and families.

The Deputy of St. Ouen:

Will there be any services that are currently provided by the department that will be put out to tender?

Director of System Redesign and Delivery:
The tender processes that we are using at the moment are for the new services as part of the White Paper.

The Deputy of St. Ouen:
But we are also aware that some of these new services are going to be improved existing services rather than new.

Director of System Redesign and Delivery:
Where there is only one potential provider, whether that is the department or whether that is a voluntary sector organisation who are already providing services, where it is a significant enhancement as part of the White Paper then the robust process will be followed to make that decision about whether they go to tender or not. But the only ongoing on-Island services that are being tendered at the moment are those that are in the White Paper. Of course, we are also going through processes for services that are provided off-Island for Islanders to make sure that we are continuing to get the best possible quality services at the best value for money and that they are integrated.

The Deputy of St. Ouen:
Just to be clear, the answer currently is no?

Director of System Redesign and Delivery:
For existing services that are being provided, the business as usual services, we are not tendering those services at the moment. It is just for White Paper services and for some off-Island services.

The Deputy of St. Peter:
If we could move on quickly because time is ticking, we would like a quick update if we could on your progress with the primary care funding where I presume that work must have started to get that in motion by September next year?

The Minister for Health and Social Services:
Work has started. We have a scoping document and Rachel is leading that one, too. She is a very busy lady. Do you want to ...?

Director of System Redesign and Delivery:

Yes. As you will remember, the plan was because we need the additional capacity but, very importantly, the deep subject matter expertise in all of the elements of primary care, we are going to advertise for specialist advisers to help us with that primary care piece of work, and that advert has already gone out.

The Deputy of St. Peter:

Will part of that scoping document and their brief be to look at other nations, small nations around Europe perhaps, who have different models?

Director of System Redesign and Delivery:

Yes, absolutely, and it is very, very important that the piece of work is done very closely with those people in Jersey who are already providing primary care services, so the doctors, dentists, optometrists, pharmacists, because we have to make sure that we are working absolutely jointly with all of those people to make sure that not only are we looking at options to bring the best of international models that work elsewhere, particularly in smaller jurisdictions, but they are absolutely right for Jersey.

Deputy J.A. Hilton:

Can you just briefly remind us again where you are on the update of your I.T. (information technology) system so that you have a compatible system with the G.P.s? Is that something that is being worked on at the moment?

The Minister for Health and Social Services:

As I understand it, the G.P.s are sorting their I.T. system so that they talk to each other.

Deputy J.A. Hilton:

Yes, I was just wondering about the hospital system and the G.P.s for greater record sharing.

Hospital Managing Director:

The G.P. system that has just been referred to is about them having a central server and that is all going ahead. What we are doing now within our I.T. strategy is working with our system, which is called TrakCare, and their system, which is called Emis, and working out how we do those interfaces, the technology of doing the interfaces. So it is certainly planned. How long that will take I am afraid I do not know.

Deputy J.A. Hilton:

Do you have the budget for it?

Hospital Managing Director:

There is some money in ... well, in the Director of Finance's pot. I do not know whether it has been scoped to see how much it is going to cost yet.

Deputy J.A. Hilton:

So it is not something that is going to happen in the immediate future then? This is an ongoing piece of ...?

Hospital Managing Director:

We will be able to do certain elements. We are looking and we have the money for something called Order Comms, which will enable us to order tests for pathology and for radiology electronically, and we hope to be rolling that out to the G.P.s. So certain elements are definitely funded but to get the complete works that is still being scoped.

The Deputy of St. Peter:

We mentioned earlier information systems and the lack of compatibility with the U.K., which I presume must put us at a slight disadvantage when benchmarking. This information services work seems to have been going on for a very long period of time. Can you remind me how long it has been?

The Minister for Health and Social Services:

What do you mean, the G.P. one or the ...?

The Deputy of St. Peter:

Well, the hospital I think, mostly the secondary care.

The Minister for Health and Social Services:

It is a long period of time but it also is very complicated. I think the TrakCare came in more or less on time, a little bit delayed I think, but it came in on budget and that was just 18 months ago. But yes, there is still an awful lot of work to be done.

The Deputy of St. Peter:

Am I right in thinking that patient data is being centrally located now technologically rather than on the files that we saw in the library?

Hospital Managing Director:

Patient note files?

The Deputy of St. Peter:

Yes.

Hospital Managing Director:

Two specialties are fully electronic and that is the Accident and Emergency Department and maternity. The others will follow, but those 2 have gone first.

The Deputy of St. Peter:

Okay. Where are those files stored?

Hospital Managing Director:

The electronic files?

The Deputy of St. Peter:

Yes.

Hospital Managing Director:

I am not a techie. There is a server, a secure server, but I cannot give you the technical details.

The Deputy of St. Peter:

Would you know whether it was locally or perhaps off-Island?

Hospital Managing Director:

Not without guessing. I do not want to guess.

The Deputy of St. Peter:

Perhaps it is a piece of information that we could request following on from this meeting.

The Minister for Health and Social Services:

Neither of us are techies so it is somewhere.

The Deputy of St. Peter:

I understand. Okay, thank you. Would you like to ...?

Deputy J.A. Hilton:

Yes. Can we just ask you a question around whether currently you have an obesity strategy?

Chief Medical Officer of Health:

Just to give some basic data on obesity in the Island, we have been measuring obesity since 1999, since then, mainly through the Jersey annual social survey. It has been a rising tide and at the moment we are running at 18 per cent for the most recent survey. If you look at data around Europe, the range is 10 to 30 per cent, so we are not as good as the best or as bad as the worst.

Deputy J.A. Hilton:

Eighteen per cent for adults or for all?

Chief Medical Officer of Health:

Of adults, yes.

Deputy J.A. Hilton:

What is the child obesity rate?

Chief Medical Officer of Health:

We measure 5 year-olds just before they start school and that is running at 10 per cent, which is the same as the U.K. I do not have the international data for that.

Deputy J.A. Hilton:

What is being done at the moment to address the issue of childhood obesity?

Chief Medical Officer of Health:

Well, the childhood obesity, the 5 year-olds, is actually decreasing, which is interesting. We do not fully understand why that is, but it is decreasing at that age group. However, the adult rate is increasing. If you add to the obesity rate of 18 per cent the overweight rate, which is anybody with a B.M.I. (body mass index) between 25 and 30, that is an extra 38 per cent. So from what we know at the moment, over half of our adult population is either overweight or obese. That is not good enough, especially as it is still on the upswing, because obesity in its own right increases your risk of heart disease but it also increases the risk of diabetes, which in itself increases the risk of heart disease. Diabetes is also, as you would expect if you look at the graph of diabetes figures and such with the diabetes service, that is rising as well.

Deputy J.A. Hilton:

As an organisation, is there one single thing that you can do to get people to drink less and eat less?

Chief Medical Officer of Health:

Deputy Hilton, I am sure you know that the answer to that is there is no one fix. **[Laughter]**

Deputy J.A. Hilton:

So what do you do? What is the Health Department doing?

The Minister for Health and Social Services:

Despite Susan being so professional, she does not have a magic wand. **[Laughter]** If only she had.

Deputy J.A. Hilton:

What is the Health Department doing? Because it is a time bomb. It is a diabetes time bomb that we are facing, so what can we do?

Chief Medical Officer of Health:'

What we obviously have is in the public health arena there are a whole raft of initiatives going on within the schools: Healthy Schools; there is exercise referral; weight management initiatives through primary care. There are all sorts of different interventions like that which in a comprehensive obesity strategy would all be key parts of it. In a comprehensive obesity strategy which we have in our plan for this year to embark on, it is more than health. It is strengthening further links with education. It is about transport. It is about all sorts of different aspects. Health services alone cannot tackle obesity. It is about all sorts of things to do with marketing of foodstuffs and the attitude of industry. What we really need if we really want to get serious about tackling this is to have a very comprehensive cross-States commitment for everybody to consider in all of their policies what can be done to alter our whole society in a way that may in due course start to see a downward trend on the obesity rate. But at the moment we have enough reason to say in Jersey we have a problem and it is on a par with the other major health problems that we have recognised. I am thinking particularly of alcohol. Smoking is still public health enemy number one, though, and causes more trouble in terms of early premature death at the moment. But if you are obese and you also smoke and you also have diabetes and you also have high blood pressure, your risk of dying early is extremely high, and our statistics bear that out.

[12:00]

The Deputy of St. Peter:

You say that you hope to have an obesity strategy this year?

Chief Medical Officer of Health:

No, it would not be in place this year. We are starting work on it. Obviously, it is a major piece of work to pull together all of the relevant departments to scope out what the size of the problem in

terms of what other people's contributions might be, so we are beginning that work this year. That is not going to stop all of the initiatives that are already in place and have been for a number of years that are continuing to grow in strength and do the good works that they do.

Deputy J.A. Hilton:

I know that some schools operate a healthy eating strategy. Is that all of the schools or only some of them?

Chief Medical Officer of Health:

Primary schools have the opportunity to become accredited as healthy schools. The main focus on that is food and nutrition and physical activity. I do not have the number in my head, but more than half of the primary schools are now accredited.

The Minister for Health and Social Services:

I think there is just one more than half. I know First Tower because that was the last one that was a Healthy Food school, but they are doing an awful lot of work. There is more emphasis put on healthy eating.

Deputy J.A. Hilton:

Is it something that you are on their case, basically, at the schools?

Chief Medical Officer of Health:

Absolutely. The primary schools love it and those that have not quite got there yet are working towards it. That is great because if you embed the habits in children it has a knock-on effect to families as well. But that would not be why we are seeing the lowering trend in 5 year-olds because obviously they have not got to school yet, but at least once they get to school there is a good chance that habits will be embedded better. If you look at the rates of obesity across the population, there are higher rates of obesity in the 16 to 54 year-old population than there are in the older population. The other interesting observation is that the rates in men are higher in the younger populations and in women in the older age groups. I think looking more at how you can understand the differences gives further opportunities to be smarter about the strategies.

The Deputy of St. Peter:

Okay. I think we have reached the end of our time, so we had better call it a day there. Thank you very much for your attendance and for getting through so many varied subjects.

The Minister for Health and Social Services:

There was one last thing about the Mental Health Law. It comes under the community and social services side of it, but I have a briefing paper so it gives you a bit of background. When we next meet in June we can give you a bit of update.

The Deputy of St. Peter:
That would be very helpful, thank you.

The Minister for Health and Social Services:
But I will leave you this one.

The Deputy of St. Peter:
Thank you very much. We will close the meeting.

[12:02]