



## **Health, Social Security and Housing Scrutiny Panel**

### **Quarterly meeting with the Minister for Health and Social Services**

**MONDAY, 30th SEPTEMBER 2013**

**Panel:**

Deputy K.L. Moore of St. Peter (Chairman)  
Deputy J.A. Hilton of St. Helier (Vice-Chairman)

**Witnesses:**

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)  
Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services)  
Ms. J. Garbutt (Chief Executive, Health and Social Services)  
Ms. H. O'Shea (Hospital Managing Director)  
Mr. R. Jouault (Managing Director, Community and Social Services)  
Mr. T. Riley (Human Resources Director, Health and Social Services)

[11:04]

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

We will start with our usual introductions. Welcome also to the Health, Social Security and Housing quarterly hearing. We have apologies from Deputy Reed who is unable to attend due to

illness, which is a great shame, but he sends his best. So I am Kristina Moore, Chairman of the panel.

**The Deputy of St. Peter:**

Excellent, thank you very much. So, since we last met, you have withdrawn the proposition regarding prescription charges at the hospital pharmacy.

**The Minister for Health and Social Services:**

Mm hmm.

**The Deputy of St. Peter:**

What response have you had since that decision was made?

**The Minister for Health and Social Services:**

Going back in time, I think the decision I made to withdraw it was on comments from the general public and also your comments with a view to the proposed amendments that you might have done. Over the weeks what we did was enhance a general policy, a policy that was there back in, I think, 2004/2005. So we relooked at that and enhanced the policy, which is that consultants or doctors prescribe only hospital-only drugs unless they felt that it was appropriate treatment-wise or as an emergency to prescribe other drugs.

**The Deputy of St. Peter:**

Have any conversations taken place with the doctors about discharging their patients in a perhaps more timely fashion?

**The Minister for Health and Social Services:**

Well, that is something that I would not do. That is something that the Hospital Director would do along with the Clinical Director.

**The Deputy of St. Peter:**

Can you confirm that has taken place?

**Hospital Managing Director:**

The doctors feel quite strongly that they do discharge their patients when they feel it is the right time to discharge them. They have accepted that they are not going to be doing repeat prescriptions for their patients. We are actually ratifying that policy today so it has not actually

started until we have gone through the ratification process. But yes, we have challenged them about discharging patients but obviously that is a clinical decision.

**The Deputy of St. Peter:**

They have not given a formal response to the medical staff committee?

**Hospital Managing Director:**

Not in writing, no. It has been discussed at medical staff committee but they have not felt the need to put something in writing to us.

**The Deputy of St. Peter:**

Okay. Will you be trying to make savings in other areas?

**The Minister for Health and Social Services:**

Of? You mean ...

**The Deputy of St. Peter:**

Of your department generally because you are obviously trying to make savings ...

**The Minister for Health and Social Services:**

Yes, we still have a C.S.R. (Comprehensive Spending Review) programme in place and that is going ahead. It has its own challenges in its own right, but they are working extremely hard to achieve that, not only the hospital, and the community. But it has challenges in its own right and every single project is a challenge.

**Assistant Minister for Health and Social Services:**

I think it is fair to say, Minister, that it is an ongoing role of certainly the Hospital Managing Director and the Chief Executive of Health and Social Services. This is one of the priorities is actually trying to improve the services that we are delivering and improving the cost base of delivering those as well. It is an ongoing challenge. It is not a once only. It is ongoing all the time. It has to be.

**Deputy J.A. Hilton:**

Since you decided to withdraw the prescription charges, have you managed to identify where you might be able to make those savings?

**The Minister for Health and Social Services:**

That is a big topic in its own, I think for another briefing, because there are lots of different projects, including Lean has come into place and Lean is working extremely well, but it is a whole range and it is a whole team. At the heart of it, you have to put patient safety at the top.

**Deputy J.A. Hilton:**

Yes. So at the present time you have not implemented any changes to allow for the money you did not save on ...

**The Minister for Health and Social Services:**

With this project, even though it is going out into the community where it should be - because a patient's G.P. (general practitioner) provides the holistic care - there are obviously some savings still in there.

**Assistant Minister for Health and Social Services:**

I think it is also fair to say some of the savings are not necessarily cash based. They are about improving performance, which in its turn creates a cash improvement. So we are not just looking at just cash savings, we are looking at improving the services, which will contribute to a cash saving at the end of the day.

**The Deputy of St. Peter:**

Has study leave been cancelled for any doctors or staff as a result of this decision?

**Hospital Managing Director:**

As a result of which decision?

**The Deputy of St. Peter:**

Well, the savings, any savings, to make savings?

**Hospital Managing Director:**

I have not cancelled any study leave. Any study leave that is already booked has been honoured. What we have said is that we would like doctors to refrain from booking any more for the remainder of this calendar year, but we have not cancelled any.

**Deputy J.A. Hilton:**

What sort of response have you had from your doctors?

**Hospital Managing Director:**

Variable. Some doctors have made a case, and a good case and we have upheld it, for taking some particular study leave that is pertinent to doing their job this year. Other doctors have acknowledged that it was a decision that needed to be taken, and some doctors are disappointed.

**Deputy J.A. Hilton:**

Why was the decision taken to change the policy at this particular point in time?

**Hospital Managing Director:**

We have not changed the policy. We have just ...

**Deputy J.A. Hilton:**

But you have postponed ...

**Hospital Managing Director:**

We have an authorisation process to contain costs in this financial year.

**The Deputy of St. Peter:**

How do you expect staff to continue their professional development?

**Hospital Managing Director:**

All of the mandatory and essential training is still going on. That has not been cancelled at all. It has not been stopped and has not been cut back in any way. All staff that have already booked their training are still going and we are talking about a 3-month period, so in our view they can still make that up in the next year. They work in 3-year cycles, medical staff.

**Deputy J.A. Hilton:**

So this is just going to affect the last 3 months of this year?

**Hospital Managing Director:**

Yes.

**Deputy J.A. Hilton:**

So what happens January next year? Is the cut or the change going to be permanent?

**Hospital Managing Director:**

No, not at all. It is going back to normal working from January next year. In fact, I have also budgeted for more study leave for next year.

**Deputy J.A. Hilton:**

Okay, thank you.

**The Deputy of St. Peter:**

Thank you. Minister, you mentioned earlier that patient safety is at the heart of everything you do. What lessons do you think can be learnt from the *Francis Report*?

**The Minister for Health and Social Services:**

Oh, crikey, that is a big one. Where do we begin?

**The Deputy of St. Peter:**

Well, shall we talk about the common culture shared by all in the service, which does put the patient first?

**The Minister for Health and Social Services:**

Well, hang on, yes, it is a huge, huge question and I think if you wanted to talk about the *Francis Report* then it would be nice to have been briefed about it because an awful lot of work is being done to look at the *Francis Report*, to look at the *Keogh Report*. I am sure someone will correct me if I am wrong on the closing dates. The N.H.S. (National Health Service) I think have come out towards the end of July looking at all the recommendations and divided it into 3 sections, or whatever. Obviously, we will take that on board and the Chief Nurse under Rose Naylor with her team are looking at all the recommendations and how they fit in and what we need to do here in Jersey. So much so that we had Professor Sir Brian Jarman over on Friday talking to all health professionals regarding the *Francis Report*, and also safeguarding had a presentation by the admin lawyer - I am sure that is not his title - giving us the recommendations of the Francis report. An awful lot of work is being done but that is a wide area.

**Chief Executive, Health and Social Services:**

Perhaps if I could just add to that, we have set up an oversight group within the hospital and invited in a number of representatives from the Care Federation, from Family Nursing and Home Care, and from the voluntary and community sector to join us. What we are currently doing is we are mapping all of the various messages and recommendations because, as the Minister said, there has been quite a plethora of reports over the summer, including the *Don Berwick Report*, and they all make recommendations that overlap and they all make separate recommendations. At the same time, all of the Royal Colleges have also been putting their views forward. So we have collected all of that and we are now mapping ourselves against that. The oversight group, which I chair, will be bringing all of that together to say which areas we feel we can say: "Yes, that is fine, we feel we are okay there. That one perhaps we have some learning or something we

could change to take on board.” But one of the things that we are also trying to do is have an external viewpoint, so we are working with both Guernsey and the Isle of Man, who are also doing similar mapping exercises, and we will get together to look at whether there are any common messages that are coming out of that and if we can support each other in terms of taking any work forward.

**Deputy J.A. Hilton:**

Are there any plans to have an external review into the services and standards at the hospital? Has that piece of work ever been completed, somebody to come in and do an independent report on our hospital?

**Chief Executive, Health and Social Services:**

We have a number of benchmarking exercises that we do - such as the Pica reviews - that look at individual parts of the hospital. So, for example, the maternity department would be one that we have quite regularly. We do not have an all-encompassing inspecting regime like they do, for example, in the U.K. (United Kingdom). However, we are well advanced with the Regulation of Care Law drafting, which will bring into place comprehensive regulation inspection right across every care provider in the Island. So what we look to do is where we can benchmark and where we can take part in external benchmarking exercises we do so. One of the reasons that we are very keen to work more closely with Guernsey and the Isle of Man is because they are in a similar position that we are, that we are Island economies and we have Island populations. We have unique health and social services challenges and opportunities that obviously you do not see in the U.K. So it is about making sure that we take part in the best of what the U.K. can offer in terms of benchmarking and, indeed, international benchmarks, but also make sure that we do things that are sensitive to the nature of the way we provide services that are appropriate for our Island.

[11:15]

**Deputy J.A. Hilton:**

As Chief Executive of a hospital in the U.K., which I believe you were before you came to Jersey, how would you rank our hospital compared to where you came from and what is your biggest concern at the present time?

**Chief Executive, Health and Social Services:**

That is an interesting question because actually I was not the Chief Executive of a hospital.

**Deputy J.A. Hilton:**

Oh, right, okay.

**Chief Executive, Health and Social Services:**

I was the Chief Executive of a Primary Care Trust, and it might be a question that Helen would want to take a view on. My perspective would be that it is a very complex organism, a hospital. There are so many different departments and aspects of the care that we provide and, therefore, it is really quite difficult just to take one blanket approach and say it is good or it is bad or it is indifferent or it is adequate or whatever. My impressions, as somebody who has worked in the health system in the U.K. for over 30 years, were very positive. Not that there are not things that need to change. We have talked many times in this Scrutiny Committee about the need to, for example, redevelop the hospital infrastructure and that is now well under way. We have talked about the need to bring in additional staff for certain categories. We have talked about the need to move into the community. But the one thing that did strike me quite heavily when I arrived and I walked round the wards - and I do so on a regular basis and visit the departments - is that actually the level of caring in the hospital is really quite outstanding. There still is that real connection between patients and their carers and their nurses in particular that perhaps was lost in many parts of the U.K. and in the English system due to the focus on the targets and the delivery and the bottom line. We do all try to remember that we are here to provide services for patients. We have to do that within our budgets, of course, but the prime importance is the patient's experience and patient safety. Helen, I do not know if you want to add to that?

**Deputy J.A. Hilton:**

But practically speaking, when the Regulation of Care Law does come into effect, which will probably not be until the year after next, I believe, how is that going to change things for the hospital? It is going to bring you under more pressure, I would think, so how do you intend to address that?

**Hospital Managing Director:**

I do not want to wait for that law. We are already looking at how we compare with U.K. counterparts. We already know how we compare in M.R.S.A. (methicillin-resistant staphylococcus aureus) rates and C.diff (clostridium difficile) rates, and that is extremely well. We already know how we compare with the inpatient Pica survey that happened this year and we compare incredibly well. So I am already looking at how we can benchmark things that we are already measuring so that we know that now. Your question about where do I think we rank, well, in all of the measures I have looked at we are ranking very well, if not average better than average. So we just need to make sure that we have all of those measures in place and then when the Regulation of Care Law comes in there might be more, but I am not going to wait for that before we start measuring ourselves.



**The Minister for Health and Social Services:**

I think one thing to our advantage is that we are Health and Social Services; that we are joined up. I think we perhaps do not realise how fortunate that is to deliver patient care because I think a lot of organisations in the U.K. would wish they were joined up.

**Assistant Minister for Health and Social Services:**

There has been some media coverage only in the last couple of weeks I think that the U.K. has started to look towards the sort of model we are already delivering.

**The Minister for Health and Social Services:**

Perhaps they could learn something from us.

**The Deputy of St. Peter:**

Thank you. You kindly provided us with some of the information we had asked for in advance relating to locums at the moment in the hospital. We note that the number of locum nurses has particularly increased since we last spoke to you about staffing ratios. Is there any particular reason for this increase?

**Human Resources Director, Health and Social Services:**

I am not aware of any locum nurses at the moment.

**The Deputy of St. Peter:**

The answer we have received says there are 28.

**The Minister for Health and Social Services:**

Oh, vacancies.

**Human Resources Director, Health and Social Services:**

No, there are 28 nurse posts vacant.

**Hospital Managing Director:**

That is vacancies.

**Human Resources Director, Health and Social Services:**

That is further down. That is answering the question about vacancies.

**The Deputy of St. Peter:**

Right, I see, so that ...

**Human Resources Director, Health and Social Services:**

The answer to the question on locums is 22 and none of those are nurses.

**The Deputy of St. Peter:**

Right, so that seems to be quite a high proportion of locums if you consider how many ... that is doctors?

**Human Resources Director, Health and Social Services:**

Twenty-two locums out of 3,200 staff.

**The Deputy of St. Peter:**

Yes, but if you say that is not nurses, you have to take the nurses out of that.

**Human Resources Director, Health and Social Services:**

They are almost all doctors.

**The Deputy of St. Peter:**

Exactly, and how many doctors do you have?

**Human Resources Director, Health and Social Services:**

We have 14 or 15 doctors, medical locums, out of the 22.

**The Deputy of St. Peter:**

Out of how many? How many doctors do you have?

**The Minister for Health and Social Services:**

How many doctors do we have at the hospital?

**Human Resources Director, Health and Social Services:**

Just over 150.

**The Deputy of St. Peter:**

150, so you have 22 locums out of 150?

**Human Resources Director, Health and Social Services:**

No, 15 locums are doctors. The other 8 are scientific staff.

**The Deputy of St. Peter:**

So that is 10 per cent?

**Chief Executive, Health and Social Services:**

Ten per cent, yes.

**The Deputy of St. Peter:**

Is that a satisfactory rate?

**Human Resources Director, Health and Social Services:**

The majority of them are covering vacancies that have been appointed to. We are just waiting for people to work their notice period and come and join us. I think only 2 are again substantive vacancies that we have not currently got recruitment plans resolved. Another couple will be ill health issues where doctors are not clinically fit to carry out their duties, medically fit to carry out their duties.

**The Deputy of St. Peter:**

Is absenteeism an issue?

**Human Resources Director, Health and Social Services:**

Not in those ratios. I can only think of 2 or 3 that are health affected out of those.

**Hospital Managing Director:**

Sickness and absence among doctors is usually very low and we have a couple of specific cases that need long-term locum cover.

**The Deputy of St. Peter:**

Okay.

**Deputy J.A. Hilton:**

You have 2 vacancies for consultants at the moment?

**Human Resources Director, Health and Social Services:**

The 2 I can find are respiratory, which we still have not ... we have a locum covering respiratory and we have not appointed to that, and there is one in mental health as well we have not appointed to.

**The Deputy of St. Peter:**

The respiratory position was advertised some time ago, I believe, perhaps 9 months?

**Human Resources Director, Health and Social Services:**

Yes. We interviewed and were unsuccessful the first time round.

**Hospital Managing Director:**

The first time round we interviewed we offered a role and that individual then pulled out, so we went back to the market and back to interview and we appointed the gentleman that is here at the moment as a locum because that was his choice. So we are just in discussions with him about whether that becomes substantive or we go back out to interview. It has been a difficult post to fill.

**Deputy J.A. Hilton:**

Is there any particular reason for that? Because the previous incumbent left about 14 months ago, August last year, was it?

**Chief Executive, Health and Social Services:**

No, just under a year ago.

**Hospital Managing Director:**

No, he left since I have been here.

**Deputy J.A. Hilton:**

Can you pinpoint whether there is any particular reason why you are having such difficulty?

**Hospital Managing Director:**

They are difficult in the U.K. as well. We do not sub-specialise as much as the U.K. do so we want a general physician with respiratory experience. That is slightly different to the way the U.K. have now developed their consultants and some consultants would want to be in a very specialist respiratory unit. So it is difficult all round and we will go back out and have another look.

**Deputy J.A. Hilton:**

While we are talking about the consultants, is there a practice whereby an incoming consultant has to buy into the private practice of the outgoing consultant?

**Hospital Managing Director:**

No.

**Deputy J.A. Hilton:**

So that bears no part in the recruitment? They have no obligation to do that?

**Hospital Managing Director:**

The private practice of any individual coming into a consultant post is purely a business venture that they do outside the hospital and we do not get involved in that at all. But to my knowledge they do not buy into practices.

**Deputy J.A. Hilton:**

So would there be any instance whereby somebody maybe would not accept a post because they were not prepared to buy into a private practice of an outgoing consultant?

**Hospital Managing Director:**

Well, since I have been here I have not had any consultant applicants not accept posts or say that that is the case.

**Deputy J.A. Hilton:**

You just mentioned, I think, that you offered a post to somebody who then decided not to take it up. I was curious as to what the reasons were.

**Hospital Managing Director:**

He decided. His current trust in the U.K. made him an offer to stay.

**Human Resources Director, Health and Social Services:**

That he could not refuse.

**Deputy J.A. Hilton:**

Okay, thank you.

**The Deputy of St. Peter:**

Last time we spoke, you talked about taking on more consultants in other areas such as orthopaedics. Have those positions been filled now?

**Hospital Managing Director:**

Not the orthopaedic one. That funding is not available until next year, so we are looking at an appointment next year. We have just appointed, not yet started, a new urologist so we will have a permanent on-Island substantive urologist in post from about Christmas. We have also just

appointed 2 new anaesthetists - one of those is an additional post - so we now have more time given to the pain service.

**The Deputy of St. Peter:**

We have jumped about a little bit here. I think if we perhaps, as we are talking about H.R., focus on the H.R. Department itself, how many part-time staff do you have currently in the H.R. Department?

**Human Resources Director, Health and Social Services:**

In the H.R. Department? Just for Health and Social Services?

**The Deputy of St. Peter:**

Yes.

**Human Resources Director, Health and Social Services:**

Because the H.R. Department is a States department, not a Health and Social Services Department. There are I think 8 part-timers.

**The Deputy of St. Peter:**

Part-time members of staff, okay. How many full-time members?

**Human Resources Director, Health and Social Services:**

One, 2, 3, 4 ... 5, I think, 5 or 6.

**Deputy J.A. Hilton:**

Would you say you are adequately staffed, the number of staff that you ...?

**Human Resources Director, Health and Social Services:**

No, there is a business case that has been put together by Mark Sinclair, the Director of H.R. for the States, with my contribution that reflects a number of significant work streams and challenges for people management and workforce management that requires some investment, and that is trundling through the various committees and decision-making processes in the States at the moment.

**Deputy J.A. Hilton:**

How confident are you that the business case will be successful? Who is it actually going to anyway? Who is the business case being presented to?

**Chief Executive, Health and Social Services:**

I believe the business case will be presented to the States Employment Board, who will provide a view on whether it is a robust business case. Obviously, they cannot commit resources because they do not have resources. That would then have to go back into the machinery of Cyril Le Marquand House to look at where resources could be found, if indeed they can.

**Deputy J.A. Hilton:**

Would it be fair to say, then, as your staffing is so low that the department is struggling with providing the service that you would like to be able to provide to your employees?

**Human Resources Director, Health and Social Services:**

I think there are challenges coming down the line that we are not strongly equipped to do and do well, we recognise that, because of the horizon scanning we have been doing. I think the department at the moment is manfully doing all that it can with the resources that we have, but the business case does have many merits otherwise I would not have put my name to it. Things like *Francis* require a different H.R. agenda. You would never go into a new hospital scheme in the U.K. without strengthening H.R. because there are so many workforce and organisational development issues. It is very much about horizon scanning, I think, to a large extent.

**The Deputy of St. Peter:**

You said earlier you have 3,500 employees. Essentially, if you have 8 part-time staff and 5 full-time that is equivalent of about 9 ...

**Human Resources Director, Health and Social Services:**

It is low, it is low.

**Chief Executive, Health and Social Services:**

It is low, yes. It is a question of resilience.

**Human Resources Director, Health and Social Services:**

I might have miscounted by one. Again, in terms of benchmarking - and the business case does lead off with some benchmarking data - it is fairly low compared to a similar hospital in the U.K.

**Deputy J.A. Hilton:**

Has it always been at a very low level?

**Human Resources Director, Health and Social Services:**

As long as I have been here.

**Chief Executive, Health and Social Services:**

Yes.

**Deputy J.A. Hilton:**

Do you understand the reason behind that?

**Human Resources Director, Health and Social Services:**

It predates me.

**Chief Executive, Health and Social Services:**

It does go back into I think earlier changes where these services were all centralised and I think at that time perhaps the balance between what was central and what was retained in the department probably was not right. Attempts have been made since to address this issue and the business case is, I hope, one that will get some traction. As I said earlier, it is really a question of resilience and being able to have the strength and depth to be sure that we can deliver across what is a very challenging agenda for us.

**Deputy J.A. Hilton:**

Do you have a high sickness rate in the H.R. Department?

**Human Resources Director, Health and Social Services:**

No.

**Deputy J.A. Hilton:**

Which is quite surprising considering they must be working under quite a lot of pressure.

**Human Resources Director, Health and Social Services:**

Our sickness rate is pretty good.

**The Deputy of St. Peter:**

One of the recent challenges that H.R. has been dealing with has been the situation with the out-of-hours services. I believe that that contract was due to end today. Do you have an update on the position?

**The Minister for Health and Social Services:**

You mean the pathology out of hours?

**The Deputy of St. Peter:**

Pathology, yes.



**Human Resources Director, Health and Social Services:**

The pathology out-of-hours agreement does indeed end today. Having been extended several times, notice has finally been given. Our negotiating team met with the trade union representing the staff who currently provide that service last week to make literally a last-ditch attempt to see if there was a way we could come to an agreement that would allow the existing staff to be prepared to continue delivering that service. Those discussions, although we felt they were very constructive and positive and we had had an initial good response from the trade union, have not proven to be successful. Therefore, our contingency plan will be introduced in the next 24 hours.

**The Deputy of St. Peter:**

Which is?

**Human Resources Director, Health and Social Services:**

Which is we have secured 6 locum biomedical scientists who will provide a first-class range of out-of-hours service for the next few months while we continue to consider how we can modernise pathology. The out-of-hours review is only one small part of an overarching review of the whole of pathology services where there is considerable scope for modernisation and bringing it up to speed and up to comparative levels with benchmark organisations in the U.K. But for the time being we will use these locum staff, who are very experienced, very expert in their field, biomedical scientists. They have been spending the last month being inducted and orientated to help them deliver the service, which they will do starting tomorrow. One difference to the current service is that all of those staff will be physically on site for the entire duration of their shift or their programme of work, which is not always the case historically with our current staff. So that should give us, in fact, some quicker response times and some better response times for our clinicians who use the service out of hours.

**The Deputy of St. Peter:**

We will come back to that point in just a moment if we could, but if you could just explain perhaps ... I appreciate that there will be an element of confidentiality, but you say that the discussions were constructive and you were hopeful, then they broke down. What did they break down over, what issues?

**Human Resources Director, Health and Social Services:**

I am trying to find ...

**The Deputy of St. Peter:**

You mentioned there being onsite overnight. Was that an issue for negotiation?

[11:30]

**Human Resources Director, Health and Social Services:**

The current staff had not been inclined to accept that. We had put that forward as part of an earlier proposal. The negotiations last week were predominantly about pay and about the amount of remuneration for providing the on-call service. We have made some concessions both in terms of quantum of pay and some step changes to reach the end point, which did not prove acceptable to the staff affected.

**Deputy J.A. Hilton:**

Why do you think staff would think it unreasonable not to be on site when they were being paid quite a considerable amount of money for providing a service?

**Human Resources Director, Health and Social Services:**

I suspect history. Historically, most services in pathology across the health service in the U.K. have delivered some on-call services from home. There tend to be contractual requirements for the job in order to live within X miles or X journey to the hospital or the service. So historically it has not been unusual, so people in their 40s and 50s would be used both here and in the U.K. to that if not being the norm then certainly not a complete aberration.

**Deputy J.A. Hilton:**

But there must certainly have been cases where you have had on-call pathology staff being paid £680 for a night shift who have actually spent the whole time in their own bed in their own home?

**Human Resources Director, Health and Social Services:**

It is probably unlikely ...

**Deputy J.A. Hilton:**

But it is not ...

**Human Resources Director, Health and Social Services:**

... but many of them will have spent most of the shift at home and just come in for the emergency work that requires them to attend. There are some of our existing staff who have chosen and prefer to be on site. We do provide on-call rooms for them to work in and stay in. So there has been a blend among our current staff.

**Hospital Managing Director:**

Across other professions, there are almost 3 different ways of being on call. You can either do a shift and cover the night. You can be resident on call so you are in the hospital, or you can be on call from home. That is not unusual and I think, as Tony has just said, there is a mixture between the people that have been providing it. Some stay on site and some do not.

**Deputy J.A. Hilton:**

Personally, it struck me as a little strange that somebody could be on call providing a service, which is presumably providing drugs to patients at the hospital ...

**Human Resources Director, Health and Social Services:**

This is test results.

**Deputy J.A. Hilton:**

... or results of tests, sorry, so there may be an instant where if it was not classed as urgent somebody could be left waiting all night and they would come in the next day to carry out the test.

**Hospital Managing Director:**

If a test is urgent, the on-call staff would come in and they would do the test.

**Deputy J.A. Hilton:**

What would be classed as urgent, though? For instance, if somebody came in and they required the results of a urine sample for infection and the test was carried out on the Friday evening, when could a doctor in the hospital reasonably expect that result to come back?

**Hospital Managing Director:**

It is normal working on Saturday and Sunday so that would have been done on Saturday morning.

**Deputy J.A. Hilton:**

So they could reasonably expect a result within 24 hours?

**Hospital Managing Director:**

Yes.

**Human Resources Director, Health and Social Services:**

There is a wide range of tolerance between what is clinically appropriate and safe for a turnaround for a test. Some can be 24 hours and that is not problematic at all, and others clearly the clinician and the patient will want it rather quicker.

**The Deputy of St. Peter:**

Let us turn now to the locums who are arriving. Have they now been trained to use the equipment that we have?

**Human Resources Director, Health and Social Services:**

It has just been orientation and familiarisation rather than training because these are people who have worked in a variety of laboratories and a variety of hospitals for many years and are familiar with the types of equipment and the range of tests that we as Jersey General Hospital will offer. We are probably most comparable to a district hospital in the U.K. and these locums have worked not only in small district hospitals but some very large innovative teaching hospitals as well, so they are very comfortable and confident with the entire repertoire of tests and equipment. It is more about familiarisation with the particular models that we have and how we work and where are the telephone numbers and how do I engage with the rest of the hospital. That seems to be going well. They seemed very confident when we were talking to them last week.

**The Deputy of St. Peter:**

What lessons do you think have been learnt from the negotiations with the existing or previous out-of-hours staff team?

**Assistant Minister for Health and Social Services:**

Can I just help a little bit? It should have been done years ago. **[Laughter]** That is all I would say.

**Human Resources Director, Health and Social Services:**

Thank you. I was trying to find a way to say that. It is an extremely unusual case.

**Assistant Minister for Health and Social Services:**

Can I just really add this is not a criticism of the current management? It should have been done many, many years ago. Unfortunately, we go back to 1998 this has been running since and it was a 3-year agreement then. It should have been sorted out in 2001, effectively. To be carrying on 15 years later is not appropriate. That is the principal lesson.

**The Deputy of St. Peter:**

But the negotiations have been entered into at various points, so why have they fallen down at each point?

**Assistant Minister for Health and Social Services:**

Tony has been closer. Tony and Helen have been closer to the actual negotiations than I have.

**Human Resources Director, Health and Social Services:**

I honestly believe one factor is the absence of a specialist pathology manager. My experience in hospitals of various sizes in the U.K. is pathology is one department that does tend to have a specialist manager who is both a competent manager and a qualified pathologist. For quite a lot of the years that John has described we have not had that here. I think it has made a big difference to the last year where we have had a very, very experienced pathology-qualified change manager helping us move this piece of work forward.

**Deputy J.A. Hilton:**

Is he here on a temporary contract to do this piece of work?

**Human Resources Director, Health and Social Services:**

He is, yes.

**Deputy J.A. Hilton:**

So where are we going from here? If the locums are taking over from tomorrow, how do you see that progressing? Do you see that you are going to make any progress with the existing on-Island staff or what do you see happening?

**Human Resources Director, Health and Social Services:**

Well, I guess the important thing is we are going out to advert for a substantive managerial post so we can have a specialist manager in post. Helen is arranging that and she can speak more on that. The current incumbent will be leaving and the new replacement will continue with a range of service improvements, service reforms, service modernisation initiatives that will lead to a different out-of-hours service enhancement. That is the experience elsewhere.

**The Deputy of St. Peter:**

How long do you expect or anticipate that the locums will be in place providing that service?

**Hospital Managing Director:**

We have given them a guaranteed 3-month time period because we needed that to secure the safety of the service. During that 3-month period we will be looking to what is our medium-term contingency. Some of the existing staff that were not previously engaged in the on calls are expressing an interest in being trained, but they will have a training period to go through and the locums can help with that training. Some of the locums themselves have said that if we need a medium-term solution where we can give fixed-term contracts they would be willing to stay. So we are now going to look at a medium-term solution, so I would expect to see changes beginning of the new year and we will work towards a medium-term solution.

**The Deputy of St. Peter:**

Obviously, population is always a big issue and when we have experienced professional people in the Island offering their services in an area there might be questions raised as to how and why people who come in to operate as interims in a post can then become permanent staff because obviously they are adding to numbers in the Island.

**Hospital Managing Director:**

I would very much like the existing staff to join us in reworking the model and being part of the solution and that would be the end point, that it would be our existing staff working a new model of out of hours. That would be the end point. I am not expecting locums to become permanent members of staff.

**Human Resources Director, Health and Social Services:**

They will be short-term, fixed-term contracts rather than permanent status.

**Assistant Minister for Health and Social Services:**

I think it might be useful just to remember the numbers. We have currently 18 staff who do on call and we have a total of 38, so there are 20 that have not been able to do the on call because it has been retained within the 18. Many of those 20 are likely to come forward.

**Deputy J.A. Hilton:**

Is that because the 20 were not offered the chance to do out of hours?

**Assistant Minister for Health and Social Services:**

That and a little more than that. There was not the opportunity ...

**Deputy J.A. Hilton:**

So have they been operating as a closed shop?

**Assistant Minister for Health and Social Services:**

Well, there was not the opportunity to maintain their skills in all the disciplines for the 20 which were available to the 18.

**Deputy J.A. Hilton:**

So you are hopeful that within the 20 still in the department you will be able to get an out-of-hours team among those 20 permanent employees?

**Assistant Minister for Health and Social Services:**

Yes.

**Hospital Managing Director:**

And hopefully some of the 18.

**Assistant Minister for Health and Social Services:**

Some of the 18 as well, yes.

**Deputy J.A. Hilton:**

Okay.

**The Deputy of St. Peter:**

I was just going to ask about costs of having the locum structure in place. Given the transport and accommodation costs that you will incur for operating that service, does that save you money, really?

**Assistant Minister for Health and Social Services:**

Yes, very much so.

**The Minister for Health and Social Services:**

It does, yes.

**The Deputy of St. Peter:**

How much?

**Assistant Minister for Health and Social Services:**

Well, the first 3-month period it is ... I cannot remember the actual figure. It is just under £11,000, the first 3-month figure, against what it would have cost us had we continued with the current agreement.

**The Deputy of St. Peter:**

£11,000 in 3 months?

**Assistant Minister for Health and Social Services:**

So already by bringing in the contingency the gross cost is in the region of £11,000 cheaper than we would have been paying in on-call payments.

**The Minister for Health and Social Services:**

You can see that John has all the figures at his fingertips because I think with this service and what could happen in the next few months, it is important that it has some political understanding, too. John has looked at it very well.

**Hospital Managing Director:**

I expect the medium-term contingency to significantly cut costs.

**Assistant Minister for Health and Social Services:**

Yes.

**Deputy J.A. Hilton:**

While we are on the subject, you are all relatively new to the Health Department. I wanted to ask you, alongside the out-of-hours agreement, are there any other agreements in place within the Health Department that you know are completely out of date and need to be addressed?

**Hospital Managing Director:**

There is no other out-of-hours separate agreement in the same way as pathology. We have other members of staff that do out-of-hours work, so you have physio, pharmacy, ambulance. That is all part of their shift system and negotiated differently. Ambulance, for example, is negotiated through their pay review body.

**Deputy J.A. Hilton:**

So you are not aware of any other service that is provided by the Health Department that would raise concerns among yourselves that basically the taxpayer is getting a raw deal?

**Hospital Managing Director:**

No, unless Tony tells me differently, but certainly I have not come across anything since being here.

**Human Resources Director, Health and Social Services:**

Nothing. Pathology has always stuck out as ...

**The Minister for Health and Social Services:**

With the service review and the pay negotiations next year, that might be ... not different, but I am sure that will bring up a few questions.



**Assistant Minister for Health and Social Services:**

There will be opportunities to streamline some of the areas where perhaps they are not quite as streamlined as they could be now as part of a general review, but pathology stood out as a beacon of everything that was wrong within payments and it had to be dealt with. We could not leave it another year to wait until that review came through. Another year would be a horrendous cost to the public and that is just not viable.

**The Deputy of St. Peter:**

Shall we move on to waiting lists? At our last quarterly hearing we touched on this matter and you mentioned that there was a review to be carried out about outpatient and inpatient waiting times. We would be interested to know the outcome of that review, please.

**The Minister for Health and Social Services:**

I am sure Helen can go briefly into waiting times, but we just had an update that 84 per cent of patients are waiting less than 3 months for their procedure. But as has been said many a time, the waiting list is always a challenge. We are an ageing society and we know that it is that group that will use the hospital services more. It is some region of something like 230,000-odd outpatient appointments a year, which is high.

**Deputy J.A. Hilton:**

Can I just ask you about that figure of 84 per cent? Is that from the time that they see the consultant and they have got on a list for the procedure?

**Hospital Managing Director:**

Yes.

**Deputy J.A. Hilton:**

So it does not include the time they have waited to see a consultant?

**Hospital Managing Director:**

No.

**Deputy J.A. Hilton:**

It would be helpful to know that because it forms part of the bigger picture.

**Hospital Managing Director:**

We measure 2 measures. One is the time it takes to get to an outpatient appointment and then the second one is once you have had that outpatient appointment and you are put on the list the time it takes to get treated. So they are the 2 measures that we measure.

**Deputy J.A. Hilton:**

What is the first measure?

**Hospital Managing Director:**

It depends on the outpatients, it depends on the specialties.

**Deputy J.A. Hilton:**

Orthopaedic?

**Hospital Managing Director:**

Orthopaedics are not doing well in both outpatients and inpatients and we have had this conversation here before. In orthopaedics ... I can tell you exactly what it is ... Orthopaedics, about 60 per cent of patients are being seen within 3 months of outpatient appointment.

**Deputy J.A. Hilton:**

So 40 per cent are not?

**Hospital Managing Director:**

Yes.

**The Minister for Health and Social Services:**

I think it is also fair to add the 16 per cent increase in referrals, too.

**Deputy J.A. Hilton:**

Okay, so that is orthopaedics. When we last discussed this, orthopaedics has always been the big stumbling block. Did you say earlier in this hearing that a business case had been put forward for an additional consultant but had not been approved?

**Hospital Managing Director:**

There are going to be 3 stages to the improvements within orthopaedics. Firstly, as the Minister has just said, we have seen a 16 per cent increase in referrals in the last 6 months compared to the 6 months before that, and these are G.P. referrals, so the demand is constantly going up. We have put a business case forward firstly for an arthroplasty nurse, and this nurse will be able to

take on some of the duties of some of the doctors in the follow-up clinics and that will release doctors to do more clinics and to do more theatres. We have, as you know, a capacity issue with theatres so we also have approval to put some air flow systems within our minor procedure room, which means we can move procedures out of main theatres and release some capacity to do more operating for orthopaedics. Those 2 have to happen before we can appoint a new orthopaedic surgeon.

**Deputy J.A. Hilton:**

Can I just stop you there? I think you mentioned about the air flow in the theatre 6 months ago.

**Hospital Managing Director:**

Yes, it is starting.

**Deputy J.A. Hilton:**

It is starting?

**Hospital Managing Director:**

Yes.

**Deputy J.A. Hilton:**

So when should that be complete then?

**Hospital Managing Director:**

I am hoping it will be completed by Christmas.

[11:45]

**Deputy J.A. Hilton:**

But it just seems knowing that there was this big issue around orthopaedic waiting lists, which is getting worse, I am just a little bit disappointed that something we talked about 6 months ago is still ... I just sort of thought it may have been completed by now.

**Chief Executive, Health and Social Services:**

I think it is only fair to recognise that it is also a question of resourcing. There was not provision made, for a variety of reasons, 2 years ago when we were busy negotiating through the medium-term financial planning process for a particular enhancement of investment in these areas. There should have been, but that work had not been done at that stage. We can produce the business cases, but then we have to go hunting for the source of the funding to meet that requirement.

Initially, we always look within our own resources, but our budgets are running very tight this year because of increasing demand across the piece, and obviously we enter into discussions with the centre as well in terms of whether there are other sums of money we could access. We will be bringing forward a significant raft of business cases for hospital-based services as part of the next medium-term financial planning round, but obviously we do not want to have to wait until then to do something about these areas. So we are looking to be as creative as we can with the resources that we have. If we could find the resources, obviously we would be able to recruit and we would be doing these things, but I think if we look at the experience in the U.K. when they drove down their waiting times, it was a 3-year programme?

**Hospital Managing Director:**

Yes.

**Chief Executive, Health and Social Services:**

They put a huge amount of investment into it and they are struggling still to hold the waits where they wanted to get them to for trauma and orthopaedics because more than anything that is a marker of the increased demand from elderly populations. They are finding it difficult even with the injection of resourcing that they had.

**The Deputy of St. Peter:**

How many years would you say this level of wait, particularly in this department of orthopaedics and trauma, has been on the same rate?

**Chief Executive, Health and Social Services:**

I think it is difficult to say. It has been growing steadily. I would have to reflect that when I arrived, which is 3 years ago, there were not the data capture systems in place to necessarily give you that amount of comprehensive data. There was some information but not enough. As we have been able to improve our data collection, and obviously bringing in track caring was a big help with that, we have been able to benchmark more robustly. I think it is also fair to say that we have a very tight team within the hospital of management people with the resource and capacity to develop business cases. We bring our doctors and nurses into doing that with us, but obviously their first priority is to be giving care to patients. So it is a multiplicity of things and each year obviously the demand increases and we need to make sure that we do get that business case through to fruition.

**The Deputy of St. Peter:**

Would you say orthopaedics is your area of most concern?

**Hospital Managing Director:**

Yes.

**Chief Executive, Health and Social Services:**

Pretty much, yes.

**Hospital Managing Director:**

There are some good news stories. Urology, which has been a problem, is now improving significantly. We have the new consultant starting hopefully this side of Christmas. In areas which we have discussed in the past, dermatology, cardiology, neurology, all significantly improved. That is following the review that we have been doing.

**Deputy J.A. Hilton:**

So how do we get these waiting numbers down in orthopaedics? Because I think it would be fair to say from 6 months ago, I accept you have had a 16 per cent increase, but they are actually getting worse. They are worse than they were 6 months ago.

**Hospital Managing Director:**

The waits are not worse. They are not significantly improved. They are pretty much on a static, but the waiting, the number of people on the list, is growing. The waits have not actually gotten any worse.

**Chief Executive, Health and Social Services:**

Helen, you will correct me if I am wrong, but I think we have had waiting list initiatives running in trauma and orthopaedics ...

**Hospital Managing Director:**

Constantly.

**Chief Executive, Health and Social Services:**

... which has held the 16 per cent, so it has not got worse. Otherwise we would see these figures worsen rapidly.

**Hospital Managing Director:**

There are other areas that we are looking at, and again we can take experience from other areas of the U.K. and Europe, looking at the referrals and should those referrals be going straight into a consultant, should they be going through a physio team. We have done that for back pain and it has been hugely successful in reducing the numbers coming into the system for back pain. You

can do that for other areas. You can do it for the joint care. We are looking at enhanced recovery for patients coming in for joint care, and that means a multidisciplinary team working with the patient before they even have their surgery so that they are prepared and they go home sooner, which frees up the beds, which means we can get more throughput. We have to wait for the temporary theatres, which hopefully we will get planning permission for, because theatre capacity will be our bottleneck.

**The Deputy of St. Peter:**

Has the Minister for Planning and Environment given you an indication of when you will receive the response?

**Hospital Managing Director:**

Not to me.

**The Minister for Health and Social Services:**

He has not and I have not been on the website to have a look when it is coming up either.

**Deputy J.A. Hilton:**

So you have put an application in for the temporary theatres?

**Hospital Managing Director:**

Yes.

**Deputy J.A. Hilton:**

How long ago was that?

**Hospital Managing Director:**

3rd September the site notice went up.

**Deputy J.A. Hilton:**

So just about a month, okay.

**Assistant Minister for Health and Social Services:**

I think it would be fair to note that actually in orthopaedics the patients are triaged according to urgency of need, so we are going to find some people who have been complaining: "I have been waiting for a very long time." It is probably because there are more urgent cases that are being dealt with before them. We would like to get them all through in the same time, but it is just not possible with the constraints we currently have.

**Deputy J.A. Hilton:**

Then I think it would be fair to say also that there are patients with more complex operations needed who have waited a very, very long time. I know of somebody who waited over a year because somebody had to be brought in because the operation was so complex. That brings me on to if you had the theatre capacity would it be possible to bring more experienced surgeons into the Island, not only to do the more complex operations but to help our staff, to help them and assist them in these operations? Does that happen now?

**Hospital Managing Director:**

We have several visiting consultants that specialise. It might be shoulders, it might be hands. We have increased the number of times they are coming on to the Island. Theatre capacity is still an issue, but we are obviously trying to move that around to accommodate them. Some of our existing staff are being taught some of the techniques by those visiting surgeons, so there is a learning process already in place. Again, we go back to the specialisation. If you look in the U.K., the orthopaedics team specialise in foot and ankle, lower limb, upper limb, shoulders, hips and knees, and we do need more generalist people to make it work here.

**The Minister for Health and Social Services:**

It is not just a one size fits all. It is a knock-on effect. You could get through your waiting lists, but you need the bed space to be able to do that and you need the theatre space.

**The Deputy of St. Peter:**

Have you got any further questions?

**Deputy J.A. Hilton:**

No.

**The Deputy of St. Peter:**

Okay. If we could turn now to mental health, which we mentioned we would like to ask some questions, at our previous hearing in July we asked about a statement that had been made by Commissioner Clyde-Smith. You mentioned then that the department did not plan to conduct a wholesale review of mental health at that time. Have recent news stories changed your opinions?

**The Minister for Health and Social Services:**

I think it is fair to say that there are quite a few things that have occurred. One is that we are going to do a review. One of the main things is that we need to update the Mental Health Law and we need to figure that in.

**The Deputy of St. Peter:**

It was not new, was it?

**The Minister for Health and Social Services:**

No, but it has shown that it is part of a picture. The estates, how we look at our estates, need to be really brought in the picture because that is a wider issue now, which was not seen several months ago.

**The Deputy of St. Peter:**

Right, but neither of those 3 issues are particularly groundbreaking, have not changed immensely over the last 3 months.

**The Minister for Health and Social Services:**

The estates one has.

**Managing Director, Community and Social Services:**

The estates issue has changed. Since we last met there have been further developments around the thinking around where the hospital may be sited and further developments - we will come on to that - and that has meant we have had to revisit the wholesale estate issue with regard to mental health. As the Minister points out, that ties in very tightly with the work around legislation and consideration of what is provided on-Island and what is provided off-Island. So we have taken the opportunity more in response to that, quite honestly, than in response to what has been in the media to bring together the work around estate legislation and service redesign.

**The Deputy of St. Peter:**

How do you intend to conduct this review?

**Managing Director, Community and Social Services:**

As I say, there are 3 components which will be run on slightly different timelines. The legislative review is obviously a significant piece of work which will take a number of years to complete. The estates issues are something that we would look to be a shorter timeline on that so that we have significant plans for the next M.T.F.P. (Medium-Term Financial Plan) to make sense of where mental health services will be sited in the context of the broader hospital redesign. As a response to those 2 issues, more immediate work looking at how services are configured, as I say, what services are considered appropriate to be run on-Island and what services are considered appropriate to be run off-Island. Those 3 pieces of work run at slightly different timeframes, but I have brought forward a business case to be considered by the Minister which will look to review those pieces.



**The Deputy of St. Peter:**

Will you yourself be conducting the reviews?

**Managing Director, Community and Social Services:**

No, we would be seeking external expertise to do that.

**The Deputy of St. Peter:**

As you know, we were considering very strongly looking into that area also, but if we were to carry out a review of such an area obviously most of our work would be conducted in public. So how would you require any external reviewer to conduct and hold their review so that you have good consultation and contact with the public on what is an important area?

**Managing Director, Community and Social Services:**

I think we would be looking for similar engagement with our various stakeholders. We have third sector providers and voluntary agencies who work with us to provide services, so similarly we would be seeking a wide range of views from the courts with regard to what is required in terms of secure accommodation, et cetera.

**The Deputy of St. Peter:**

Thank you.

**Deputy J.A. Hilton:**

Just going back to the legislation, I think you said that it would take a considerable period of time. Why is that?

**Managing Director, Community and Social Services:**

Because mental health law is not simple. It has many components to it which relate to capacity, to the work of the courts in terms of offending, so we have to take into account the views of not just Health and Social Services but Home Affairs. It is a huge encompassing law. It has taken the U.K. decades to produce new laws. We hope to short-circuit many of those processes by getting the right expertise, but we do not underestimate the complexity of the task.

**Deputy J.A. Hilton:**

The Mental Health Law has been on the agenda for a very, very long time, certainly since I first came into the States 11 years ago, and we do not appear to be any further forward. Are you confident now that in the Law Officers' Department you are going to have somebody there pushing this and driving it forward in a timely fashion?

**Managing Director, Community and Social Services:**

Yes, but also I think we require dedicated resource to deliver the drafting instructions from our side as well to enable the Law Draftsman to create the law to be considered by the States.

**Deputy J.A. Hilton:**

Do you have that?

**Managing Director, Community and Social Services:**

That is part of the business case.

**The Minister for Health and Social Services:**

I think, as Richard said, it is a very complex issue. If I remember rightly, there are 3 parts to it. It is not just Health and Social Services. Quite a big part of it is Home Affairs as well, as well as the courts. So it is very complex and I think it has been pushed perhaps too hard.

**Managing Director, Community and Social Services:**

But it is long overdue.

**The Minister for Health and Social Services:**

Yes, in the long grass for quite a while, and I expect it will be part of the business plan when that comes forward to the Ministerial Policy Group.

**Deputy J.A. Hilton:**

The business plan is before you at the moment?

**The Minister for Health and Social Services:**

No, not quite yet. Shortly, I understand.

**Deputy J.A. Hilton:**

What sort of timeline are we talking about for this review to start?

**Managing Director, Community and Social Services:**

Well, I have produced the business case, which I am seeking support from our commissioning colleagues to look at that first and then from our finance department. It will be reviewed by the Chief Executive and then by the Minister. So we would hope to turn that round this month.

**The Deputy of St. Peter:**

Guernsey recently completed their Mental Health Law. Will you be looking to that piece of work?

**Managing Director, Community and Social Services:**

We have been working very closely with Guernsey in regard to that and also the resources they put into delivering that, and we have learnt many lessons from them and are hoping to be able to share a lot of their experience to, as I say, reduce the amount of time that we will take to bring in the legislation.

**Deputy J.A. Hilton:**

If the business case is accepted by the Minister, where is the funding coming from?

**Managing Director, Community and Social Services:**

That will be considered as part of the review in terms of the review from the commissioning team and from the Chief Executive, although I have had discussions in terms of where that funding will come from but I possibly cannot talk about that in public at the moment.

**The Deputy of St. Peter:**

Thank you. Shall we move on then? We would like to mention briefly one of our previous reviews, that about respite. We have discussed it many times in the past, but just on Friday there was a letter published in the *J.E.P. (Jersey Evening Post)* suggesting that a lot of the recommendations have not taken place and that little has changed. Would you agree with some of the assertions that were written in this letter?

**Managing Director, Community and Social Services:**

I did not actually see the letter.

**The Deputy of St. Peter:**

You have not seen it? Okay.

**Managing Director, Community and Social Services:**

No, but in terms of significant increases in resourcing around respite care, there has been a quite significant amount of increased respite provision over the summer holidays to enable young people who have been returning to the Island to access respite. There have been quite significant developments in terms of the White Paper and future availability of additional respite resources as well.

**The Deputy of St. Peter:**

Can I quote some of the excerpts from this letter, which was written by somebody who is experienced in this area? She says: "There are respite services but blocked by fully residential children resulting in more families under strain leading to yet another crisis. We need respite

services. We do need quicker diagnosis. This is currently in hand but families need support prior to diagnosis when everything is in turmoil and functioning is impossible.” So it seems like very similar themes to those that we looked at 2 years ago.

[12:00]

**Managing Director, Community and Social Services:**

I think that is right. You are right, we still have the issue with individuals who require longstanding residential provision, who are using respite services for longer than one would wish, but we are in the process of developing individualised packages of care for those individuals very shortly. So I believe 2 of those individuals will have their own individual packages of care out of the respite provision by the end of this year.

**The Deputy of St. Peter:**

That work has been ongoing for the whole of this year, I believe?

**Managing Director, Community and Social Services:**

Yes, it has. That is correct, yes.

**The Deputy of St. Peter:**

Why has it taken such a long time to achieve?

**Managing Director, Community and Social Services:**

I think individual packages of care need to be developed very carefully, particularly for young people with autism. Transition and movement from one provision to another is not something that you can do quickly. It requires a great deal of planning and, if it should go wrong, it can cause a great deal of crisis for the individual. They do require a very consistent team of people working round them and the environment has to be exactly right. We have been working very hard to deliver that and also, in response to the previous respite reviews, look at on-Island residential provision around autism. That work is ongoing.

**The Deputy of St. Peter:**

We were told some time ago that there was another centre becoming available in the Island. Has that now opened?

**Managing Director, Community and Social Services:**

Is that in relation to Heathfield? Is that what you were thinking about?

**The Deputy of St. Peter:**

In The Haven?

**Managing Director, Community and Social Services:**

The Haven, yes. That came online over the summer holidays to deal with young people returning from placement and that was provided and it remains open.

**The Deputy of St. Peter:**

It was going to continue as respite, proper respite?

**Managing Director, Community and Social Services:**

Correct.

**The Deputy of St. Peter:**

It will?

**Managing Director, Community and Social Services:**

It will.

**The Deputy of St. Peter:**

It is at the moment?

**Managing Director, Community and Social Services:**

Yes.

**The Deputy of St. Peter:**

Good. And Heathfield?

**Managing Director, Community and Social Services:**

Heathfield was under consideration for a residential facility for young people with autism. We have been looking at that among a number of other sites as well to see whether that is appropriate. Currently, the plan is looking at the feasibility of providing a 3-bedded residential facility on the Greenfield site as a more appropriate option than the Heathfield site.

**The Deputy of St. Peter:**

Okay. How far progressed are those plans?

**Managing Director, Community and Social Services:**

The plans have been developed. They have not been submitted to the Planning Department, but early indications from the Planning Department about whether they would consider the site appropriate for the use have been favourable. We have not submitted detailed plans yet to the Planning Department for that facility. The timeframe for that is that we should start work in early 2014 and we would hope to have it completed in that time as well, within the year.

**The Deputy of St. Peter:**

Okay, thank you. Shall we turn to Saturday? It has been a busy weekend for the Health Department. Saturday there was an article about a judgment from the court regarding a care order. Were you surprised by the judgment, Minister, at the time?

**The Minister for Health and Social Services:**

I have nothing to do with the care court and I think it is down to the children's services and the courts and lawyers themselves. As Richard has alluded to throughout, at this moment and stage I am not able to make any comment.

**Deputy J.A. Hilton:**

Have you seen the article?

**The Minister for Health and Social Services:**

Only glanced at it.

**The Deputy of St. Peter:**

Would you like to?

**The Minister for Health and Social Services:**

Well, I will read it when I am back, so it is difficult to comment without understanding, really.

**Deputy J.A. Hilton:**

Would you be surprised if ... well, maybe the Director of Social Services will have a better knowledge of the case, but among other things a child falling from a moving car, historical allegations of physical and sexual abuse, repeated lateness at school, an admission by the mother that she struggled to meet the needs, alcohol problems in the past, concerns around the mother's partner. Have you read the article?

**Managing Director, Community and Social Services:**

I did read the article.

**Deputy J.A. Hilton:**

Would you say that is a fair representation of the facts?

**Managing Director, Community and Social Services:**

I would not wish to discuss the facts of an individual case. What I would say is that it is the job of a professional social worker to present the facts to the court so that they can safeguard the child. Obviously, in this case the social worker presented the facts as you read them there and the court makes a judgment as to what is the appropriate action resulting from that. Clearly, the social worker is seeking for a care order to be sought and the court has not found that is the ... that is not their judgment. That is for the courts to comment on, not for me.

**The Deputy of St. Peter:**

How will your team, therefore, manage and monitor this case on a going forward basis?

**Managing Director, Community and Social Services:**

Well, in all cases the job of the children's service, working with the other agencies, is to minimise the risks to the individual and to ensure that they are as safe as we can make them. Circumstances will always change and we will apply to the court for further orders in the future should the risks be such. We will seek to appeal cases and taking advice whereby if there are grounds for appeal then we will appeal. I do not actually know in this case whether there are grounds for appeal.

**Deputy J.A. Hilton:**

As a professional, were you disappointed at the outcome of this case?

**Managing Director, Community and Social Services:**

I am always disappointed when we bring forward recommendations to the court and they are not found to concur with those recommendations.

**The Deputy of St. Peter:**

Is this a regular occurrence? It is not often reported.

**Managing Director, Community and Social Services:**

It is unusual. It is very unusual.

**Deputy J.A. Hilton:**

Personally, I found the whole case quite surprising actually and I have asked to see the judgment so I can read it for myself and see exactly what was presented to the court. But there has been a

lot of publicity recently around domestic violence and the effect on children, and to read in the paper that the mother's partner had a previous conviction for violence and had been accused of domestic violence is quite disturbing, really. The question after reading this for me was how bad does it have to get before the court will remove children from dysfunctional families.

**Managing Director, Community and Social Services:**

Well, as I say, it is children's services' responsibility to bring the evidence and facts before the court for the court to make that decision, and in this case they have made a decision which differs from the recommendation of the children's services.

**Deputy J.A. Hilton:**

So in the future does this mean that you might use this case as a benchmark for deciding whether you take a case to the court?

**The Minister for Health and Social Services:**

I think that is ...

**Chief Executive, Health and Social Services:**

We would always take it to court if we felt there was a need for it to be there.

**Deputy J.A. Hilton:**

Okay, but it puts you in a really difficult position because you, quite rightly, have taken your concerns to court and you have professionals dealing with these matters, and you get the outcome that you have. So that must be disappointing.

**Managing Director, Community and Social Services:**

Children's social workers are experts in safeguarding. That is what they do day in, day out, and they work with all the other agencies to make sure that children are kept as safe as we can keep them. The court has the responsibility to consider the information before it and make the correct judgments, but that really is a comment for the court that you would have to seek.

**Deputy J.A. Hilton:**

So where does the children's service go from here with regard to this family? Even the mother admitted herself she finds it difficult to cope. What constructive thing can the children's service do to help?



**Managing Director, Community and Social Services:**

I obviously cannot comment on an individual case, but in all cases we are working with families to make sure that they are protected as much as we can. It is not just the children's service. Obviously, other agencies such as the police, education and a variety of different agencies come together to make sure that we provide as much support as we can to keep the children as safe as we can.

**Deputy J.A. Hilton:**

Is the chair of the safeguarding board aware of this case?

**Managing Director, Community and Social Services:**

Well, the article was directly above an article about herself so I imagine she will have read both pieces at the same time. **[Laughter]**

**Deputy J.A. Hilton:**

So she is aware of it now if she was not aware of it before?

**Managing Director, Community and Social Services:**

I have not seen her since Saturday, but I would assume, having read one, she may have read the other.

**Deputy J.A. Hilton:**

Right, thank you.

**The Minister for Health and Social Services:**

If she reads the first one.

**The Deputy of St. Peter:**

Well, thank you very much for your time today. We have used a little extra time which you kindly agreed to offer us. Thank you all for your input and I will close the meeting.

**The Minister for Health and Social Services:**

Thank you.

**Deputy J.A. Hilton:**

Thank you.

[12:09]