



Health, Social Security and Housing Scrutiny Panel

Quarterly Meeting with the Minister for Health and Social Services

THURSDAY, 24th JULY 2014

Panel:

Deputy J.A. Hilton of St. Helier (Vice Chairman)

Deputy J.G. Reed of St. Ouen

Witnesses:

The Minister for Health and Social Services

The Assistant Minister for Health and Social Services

Director, System Redesign & Delivery

Hospital Director

Chief Executive Officer

Director, Finance and Information

Chief Nurse

Index

Strategic Plan and strategic team for new hospital

Page 2

Acute Services Strategy	Page 7
IT in hospital	Page 9
Waiting lists	Page 14
Locum staff	Page 21
Dental law/Dental staff	Page 25
Nursing staff	Page 29
Pathology	Page 32
Robin Ward	Page 33
Temporary theatres	Page 34

[10:32]

Deputy J.A. Hilton:

Good morning and welcome to the Health, Social Security and Housing Scrutiny Panel. We welcome the Minister for Health this morning. We will start by introducing ourselves. I am Deputy Jacqui Hilton, Vice Chair of the panel.

Deputy J.G. Reed of St. Ouen:

Deputy James Reed, panel member.

Chief Nurse:

I am the Chief Nurse.

Director, Finance and Information:

Director of Finance.

Chief Executive Officer:

Chief Executive.

The Assistant Minister for Health and Social Services:

John Refault, Assistant Minister, Health and Social Services.

The Minister for Health and Social Services:

Deputy Anne Pryke, Minister for Health and Social Services. Apologies from the other Assistant Minister, Deputy Martin, who is away.

Hospital Managing Director:

Hospital Managing Director.

Director, System Redesign and Delivery:

Director of System Redesign and Delivery.

Ms. J. Hales (Scrutiny Officer):

Janice Hales, Scrutiny Officer.

Ms. K. Boydens (Scrutiny Officer):

Kellie Boydens, Scrutiny Officer.

Deputy J.A. Hilton:

Thank you very much indeed. I would like to start by offering the apologies of chair who is currently unwell. Thank you. So we would like to begin by asking some questions around the Strategic Plan progress report R.98. Within the Strategic Plan progress update you have stated that the appointment of the independent client advisory team will take place shortly. Can you give us some detail around that, who that is, exactly what ...

The Minister for Health and Social Services:

The strategic team, you mean for the future hospital? Is that what you mean?

Deputy J.A. Hilton:

The independent client advisory team.

The Minister for Health and Social Services:

Yes, the Hospital Director is up-to-date with that, obviously because it is part of the project management team. Helen.

Hospital Managing Director:

Yes, the 3 advisers, the legal adviser, the financial adviser and the technical adviser are all now in place. The technical adviser was the last one to be appointed and that is Gleeds, and they are now here. They have started what they call the mobilisation and their engagement plans and we have got lots of progress on the engagement programme. All clinical and non-clinical teams are meeting with the Gleeds' team, and that includes healthcare planners, architects, design professionals and they are sitting with those clinical teams and working out exactly what footfalls there will be, what adjacencies with clinical services are necessary, what flows of patients we need

and so by mid-September we should have a much clearer view of what the shape of the hospital needs to be in order to make the flows of patients work.

The Deputy of St. Ouen:

Excuse me, can you just confirm, how many individuals sit on the client advisory team?

Hospital Managing Director:

It varies. All of those 3 advisers have got huge teams and they bring in whoever they need at the time. So at the moment the ones we are working closely with are the health planner and the architect, and the design professional.

Deputy J.A. Hilton:

When you first answered you said that there were 3 leads, I believe, a legal adviser, a technical ...

Hospital Managing Director:

A financial adviser and a technical adviser.

Deputy J.A. Hilton:

Sorry, I did not get that.

The Deputy of St. Ouen:

Sorry, I just need to press you on that because in the response it speaks about the appointment of the independent client advisory team. Not several.

Hospital Managing Director:

Yes, Gleeds are the lead team. Gleeds are the ones that lead the legal and the financial team so they are responsible for the whole project. But from a procurement point of view we went out for 3 different teams, but they all come under Gleeds in terms of Gleeds now are the lead.

The Deputy of St. Ouen:

Who would this independent client advisory team report to?

Hospital Managing Director:

They report through to the Treasury who are the lead on the new hospital.

Chief Executive Officer:

They report to the project board and the chair of the project board is the senior responsible officer, S.R.O., for the project, which is currently the Treasurer of the States, because obviously this is a building project, therefore it sits under Jersey Property Holdings.

The Deputy of St. Ouen:

Right, so the client is Treasury rather than the Health ...

Chief Executive Officer:

The client for the build is Jersey Property Holdings. The service client, the service brief, I am the S.R.O. for. There are lots of governance documents we can show or perhaps more appropriately the Treasury could show if you wanted to see that in detail.

Deputy J.A. Hilton:

Okay. So, Gleeds, have they been engaged on a fixed term basis? How does it work exactly?

Hospital Managing Director:

I might defer to Jason on this.

Director, Finance and Information:

Their whole client adviser team have gone through a thorough procurement process led by Property Holdings with the advice of the procurement team in the Treasury. They have been commissioned to undertake the initial piece of work that results in the feasibility study and the business case which will come to the Assembly. That is the remit for the piece of work that we have done or what we are doing rather. If it helps, we could easily provide the specifications that they are working to, the department procurement process.

Deputy J.A. Hilton:

So is it an open contract with Gleeds then?

Director, Finance and Information:

No, it is a specific contract.

Deputy J.A. Hilton:

It is fixed. For what period of time?

Director, Finance and Information:

I could not tell you off the top of my head but that is easily provided. The contracts are all in place based on the specifications that were used for the tender process.

The Deputy of St. Ouen:

How do you ensure, if the Treasury Department are the client, what is being proposed and considered meets the needs of the Health Department and, in particular, the public when they go to the hospital?

Director, Finance and Information:

The governance structure is such that the project is overseen by a board which comprises ... it is chaired by the Treasurer of the States as the accounting officer for the project, the Chief Officer from Health and Social Services and various others are on the board. The client advisory team report into that board to ensure that proper account is taken both of the service requirements and the technical building requirements in design aspects and so on. So that board oversees their work and they deliver to that board to ensure that all things that have been highlighted are taken account of.

The Deputy of St. Ouen:

All right, so part and parcel of the process is the development of an acute service strategy, am I right?

Director, Finance and Information:

Yes.

The Deputy of St. Ouen:

It says here that as of May 2014 an acute service strategy is being developed. Is that correct?

Hospital Managing Director:

It is. We have got the outline of the acute serve strategy, which now includes models for ambulatory care and emergency help, a women's and children's unit, so all of that has been worked through and written up into a high level strategy. What we are now doing, and this is where Bernard Place's role comes in as well. He is full-time working on this. We are not turning that strategy into specific design briefs, which is the work I was just talking about that would be completed by early September.

The Deputy of St. Ouen:

So has the acute service strategy - this is directly towards the Minister - been signed off?

The Minister for Health and Social Services:

Not as yet, no. I have seen some drafts of it.

The Deputy of St. Ouen:

So it has not been completed by May because you are saying it is still being worked on.

The Minister for Health and Social Services:

As Helen just said, obviously there is still a lot of work to do.

The Deputy of St. Ouen:

So when are we likely to be able to see an acute service strategy that we can rely upon.

Hospital Managing Director:

We can send the documents now so you could see.

The Deputy of St. Ouen:

Well, why has it not been signed off? Help me understand why you are saying ... at one point you are saying May 2014 it is being completed and then you say: "Well, it has not been signed off yet", we are in July now.

Hospital Managing Director:

It has been through the project board that we have just been referring to and it has been through the ministerial oversight group. So they have all seen it.

The Deputy of St. Ouen:

Right, so what is the hold up with the Minister signing it off then?

The Minister for Health and Social Services:

I think if M.O.G. (Ministerial Oversight Group) have signed it off then it has been signed off and it has been to the Minister, but I do not sign it off. It is M.O.G. that signs it off. But we can give you a copy. I am surprised you do not have a copy.

The Deputy of St. Ouen:

No, because we have been waiting to see this acute service strategy. We have been asking to see signs of it for some time because obviously we are undertaking a review on the hospital.

Hospital Managing Director:

We can send it today.

The Deputy of St. Ouen:

Good.

The Minister for Health and Social Services:

I thought we were all up to date with what we have been ... I know Carol and you are liaising well, but if it has not then that is no problem.

Ms. K. Boydens:

It was the summary that we received, it was not ... I do not know if that is the actual document.

Hospital Managing Director:

It is not a big document.

Ms. K. Boydens:

It was acute services strategy summary, I do not know if that is ...

Hospital Managing Director:

Okay, we will make sure you get the full document, but it is not a big document because it is a just the headlines, the design sit underneath it.

The Deputy of St. Ouen:

So when will the remainder of the work that was before this acute service strategy be completed?

Hospital Managing Director:

The aim is 9th September.

The Deputy of St. Ouen:

This year?

Hospital Managing Director:

Yes.

Deputy J.A. Hilton:

Could you give us a little bit more information about the market engagement that is taking place with local and international suppliers to form your outline procurement strategy? Has that been initiated?

Director, Finance and Information:

To be honest, that is probably a question better addressed to the Treasury team who run those engagement sessions. I understand they have run well but not sure that anybody around the table was in attendance at them. But they were for local and international business but ...

Deputy J.A. Hilton:

Okay, can you just remind us exactly where you are with regard to ... is it the outline business case with regard to the dual site option? Are you where you would hope to be at this given time? Is everything progressing as planned?

The Minister for Health and Social Services:

Yes, I think everything is progressing as planned because we are working up the full business case which is what will come to the States in March next year, I think.

Deputy J.A. Hilton:

So the full business case you are expecting to ...

The Minister for Health and Social Services:

The outline business case.

Deputy J.A. Hilton:

The outline business case you are expecting to produce in March time next year?

Hospital Managing Director:

In March it should go to Council of Ministers ...

Deputy J.A. Hilton:

Right, okay.

Hospital Managing Director:

... and the full business case in November.

Deputy J.A. Hilton:

Okay, did you have any questions you wanted to ask around the budget side?

The Deputy of St. Ouen:

I suppose it is related to it. In the Strategic Plan update no mention has been made of the I.T. (Information Technology) strategy in development of improvements to the monitoring and governance arrangements within the hospital. Is there a reason for that?

Director, Finance and Information:

Not that I am aware of. We do have an I.T. strategy. There it is. I am more than happy to send that to you if it helps. It is dated January 2013 so it may just be an omission from that document but we do have one in our working papers.

Chief Executive Officer:

I think the issue here is this was a summary report covering all aspects of the Strategic Plan produced by the Chief Minister's Department to update, it could not possibly capture every single aspect of what we were doing, otherwise it would have been much, much bigger.

The Deputy of St. Ouen:

Part of the problem that I have is that one of the key areas that underpin any development of services in some of the strategic plan priorities is around the delivery and development of the key enablers that were identified in P.82.

[10:45]

One of them was I.T.

Chief Executive Officer:

An information strategy, which is why we have an information strategy for ...

The Deputy of St. Ouen:

Bearing in mind there have been a number, at least one, critical report written around your I.T. provision, strategy, that currently exists, I just was interested to understand how that fits in the overall what we are doing well and we are pretty confident that we have delivered our priorities as identified in the Strategic Plan.

Chief Executive Officer:

I do not believe that the P.A.C. (Public Accounts Committee) report criticised our current information strategy. In fact I recall that I attend P.A.C., and one of the members of that group congratulated us on the information strategy.

The Deputy of St. Ouen:

The Comptroller and Auditor General in her recent report regarding the use of management information in the Health and Social Services Department operating theatres ...

Chief Executive Officer:

Operating theatres is a separate ...

The Deputy of St. Ouen:

... is specifically critical of ...

Chief Executive Officer:

It is but not of our information strategy.

The Deputy of St. Ouen:

... or it identifies a lack, should I say, of appropriate information to allow management decisions to be improved.

Director, Finance and Information:

Could I perhaps add to that because, forgive me I do not have a copy of the report in front of me, also in there it does refer to a number of conversations with the Comptroller and Auditor General's team that undertook this work, there is in there a recognition that while those observations had been made that our strategy is designed to address those very issues and to implement our strategy and we will be addressing those issues.

The Deputy of St. Ouen:

But it specifically mentions that the strategic objectives for your department as whole, as set out in your business plan, and that fact ... then she started on other areas, one of which is effective management of the budget, which obviously we are all keen to have confidence in. If you are not able to provide the appropriate information, which obviously has been highlighted by the C.A.G. (Comptroller and Auditor General), it is very difficult to instil and improve the confidence within the department about how you use the relevant funds.

Director, Finance and Information:

No, I think it is very important to understand that while there are some genuine factual observations in there where we can improve, there is also an awful lot of information that we do have and we do utilise to inform how we allocate our resources and how we plan. I am sure the director can talk to some of that.

Hospital Managing Director:

I think there are 2 important points here. Firstly, the report you are referring to - and I have a quote from it here - says: "H.S.S.D. (Health and Social Services Department) has recognised the need for management information to underpin health reforms. H.S.S.D. informatic strategy 2013-2018 aims to ensure that health informatics is an enabler of wider change underpinning service reforms contained in the White Paper. The strategy includes a commitment to deliver integrated reporting in finance, human resources and quality information." So they did recognise we had a strategy in place. But it ...

The Deputy of St. Ouen:

Yes, right, hang on, let me just interrupt you there because there have been a whole range of reports written around the lack of appropriate management information over many, many years and those words could equally have been included, and probably were, in other reports back in 2006, 2007, 2008, 2009 and 2010 onwards. We are looking for some clear indications that these matters are being taken seriously and that we are able to rely on the fact that the appropriate information is being collected and used because we have statements that theatres are reaching capacity and so on and so forth, and yet we have other reports that say: "Well, it is very difficult to judge whether that is really the case because we do not have the information."

Hospital Managing Director:

Let me reassure you about information we do collect because we do recognise that our system is not as easy to use as the other theatres systems. It is not as automated, it is quite labour-intensive but we manually collect data now that we are using all the time and I have a table here that we collect what patients go to theatre, what their procedure is, what the procedure type is, the anaesthetic length, who was the operator, which theatre did they go to, how many other staff were there, how long did it take, when did it start, when did it finish, was there any time between cases, which ward were they going to, was it an emergency, was it planned, what time did they leave recovery? All of that is collected for every patient now. What they are suggesting is that we are perhaps not doing it in the most efficient way, which is true because it is a manual system.

The Deputy of St. Ouen:

I think it is more than that. It is not just a case of not doing it in an efficient way, I think they were surprised first of all that the information was not being collected in electronic form when you have an I.T. strategy in place that has already be funded.

Hospital Managing Director:

It is added to our electronic system.

The Deputy of St. Ouen:

To some degree, but the reality is that one of the main conclusions is that improvements to management information should be seen as a priority. We have even mentioned that in some of the reviews that we have undertaken over the past 3 years. It might not be relating to the theatre but other areas. This is a concern.

Hospital Managing Director:

It is, absolutely.

The Deputy of St. Ouen:

We are looking for real, real, assurances from the Minister and yourself that this is going to be treated as a priority and we are going to end up with being able to have confidence in the information that comes from your department, which will be spread not to just States Members and scrutiny panels but the public as a whole.

The Minister for Health and Social Services:

A lot of information, as Helen said, is being collected, perhaps not in the up-to-date way that it should be collected but as Helen said and I would add to that to reassure you that information, especially in theatres, is being collected and we do take it seriously because that is the whole point of having the I.T. strategy going forward. I.T. in the future hospital of course will be vital.

Deputy J.A. Hilton:

At a previous hearing I think you informed us that you were in the process of employing 3 key personnel for the I.T. work. Have they all been employed now and in post?

Hospital Managing Director:

These are sitting in Jason's department.

Director, Finance and Information:

Let me just talk to that. The first of those has been employed in the new post, now the second advert is out, recruitment has closed, without going into too much detail, there have been 2 applicants and I have now applied to the Population Office for a licence to seek somebody with the relevant skills.

Deputy J.A. Hilton:

Right, so are you confident then, going forward, that you have the funding available to improve the I.T. system that you currently have to cover the points that are being made in the report?

Chief Executive Officer:

I do not think we can be confident about funding in the current situation.

Deputy J.A. Hilton:

Can I ask you, in the business plan, the Medium Term Financial Plan for 2016 to 2018, have you got a bid in there for additional monies to implement ...

Chief Executive Officer:

The process has not started, there is work ongoing around a long-term revenue plan and we have built in the appropriate figures into that. But obviously we also have to look at, very carefully, what we do in 2015, given the recently published budget information.

Director, Finance and Information:

Those figures that we have provided to inform the long-term revenue planning process we have also provided to P.A.C. so if you wanted that background information I am sure Kellie can access that for you.

Deputy J.A. Hilton:

All right, thank you very much.

Hospital Managing Director:

Could I also add that we are not standing still. This year we have implemented the order comms systems, which is having a massive clinician positive impact on patients, and that means people can order tests electronically and get all their results electronically so that we are not filling in bits of paper any more. So each system is being added but it takes a lot of effort to get each of these systems in and we are planning for lots of other systems that would go in. So the theatres, we can do a lot of those recommendations without cost but we might prioritise other clinical systems before a theatre system.

Deputy J.A. Hilton:

Can we move on now, please? Thank you. Just on to waiting lists. At our last quarterly hearing you mentioned that that orthopaedics and gastroenterology were problem areas of the hospital regarding waiting times, stating that orthopaedics is unacceptably long at 28 weeks. Are you able to tell us whether you have made any inroads into the waiting lists, particularly in orthopaedics and gastroenterology?

The Minister for Health and Social Services:

Yes, we have and rather than me singing their praises, because I know that Helen and her team have worked extremely hard, and all the consultants too, to get that waiting list down, Helen, I am sure it is better coming from you.

Hospital Managing Director:

Yes, you are right we have been talking about initiatives we have been doing in orthopaedics. They have shown some significant progress. In December 2013 there 1,336 patients waiting for their first outpatient appointment, with 705 having waited more than 12 weeks. As of the 1st July this year, there is 708 waiting for their first appointment, with 76 waiting over 12 weeks. So that is an 89 per cent reduction in long-waiters for outpatients.

Deputy J.A. Hilton:

Okay, that is good. So has that come about because of the appointment for the fourth orthopaedic consultant?

Hospital Managing Director:

No, we have got locum cover that we have had in. It is also because we have changed the clinic templates, we have increased the numbers of patients we are seeing, we are validating lists and we appointed the advocacy(?) nurse.

Deputy J.A. Hilton:

I think in our previous hearing there was mention of a fourth orthopaedic consultant being ...

Hospital Managing Director:

A locum, yes.

Deputy J.A. Hilton:

A locum consultant coming in from June, did that happen? That is the one that you have employed as a consultant, okay. So, just to confirm, so at the 1st July you had 708 patients on a waiting list and only 76 that had been waiting for more than 12 weeks. How many of those 76 who have been waiting more than 12 weeks require procedures that maybe the expertise is not here to carry that out?

The Minister for Health and Social Services:

Which, expertise or procedures? They are slightly different.

Deputy J.A. Hilton:

I believe in the past you have had somebody come in from the U.K. (United Kingdom) to carry out quite complex surgery with shoulder injuries and things. So I was wondering how many of the 76 are patients are waiting for a specialist or more complex procedures.

Hospital Managing Director:

I probably need to clarify, they are waiting for their first outpatient appointment not procedures. In terms of procedures, in the last 3 months orthopaedics have reduced the number waiting for a procedure by 30 per cent and the number waiting over 12 weeks by 26 per cent. Patients needing a specialist, a different surgeon, a visiting surgeon, will be included in these numbers. So they are not measured separately.

Deputy J.A. Hilton:

Do you think they should be measured separately, in that you are relying on a specialist coming in from the U.K.? I know historically there have been long waits involved.

Hospital Managing Director:

I do not see why a patient needing a shoulder operation should wait any longer than a patient waiting for anything else.

Deputy J.A. Hilton:

Well, maybe it is just that they were all waiting too long a year ago.

Hospital Managing Director:

I agree, but it is coming down.

Deputy J.A. Hilton:

Okay, all right.

Chief Executive Officer:

I think there was a particular instance, was there not, that we investigated, a set of circumstances, where somebody had waited a long time but that is not the norm.

Deputy J.A. Hilton:

Okay, as far as the gastroenterology ...

The Minister for Health and Social Services:

I could see scrutiny asking us the question if we did separate them, why are you separating them because they are waiting so ...

The Deputy of St. Ouen:

Just before we move to another subject, with regard to the orthopaedics, just for the sake of clarity, could you tell us the average time from referral to treatment?

Hospital Managing Director:

No.

The Deputy of St. Ouen:

Why not?

Hospital Managing Director:

Because we do not measure average time from referral to treatment. We measure time from referral to outpatient and we measure time from going on the waiting list to getting a procedure.

The Deputy of St. Ouen:

But surely it is a matter of adding up the 2 and doing a small, simple calculation, is it not?

Hospital Managing Director:

No, because in between those you might have lots of diagnostic tests and follow up appointments.

The Deputy of St. Ouen:

Yes, but that is all part and parcel of the referral process, is it not?

Hospital Managing Director:

It is. But as I have said before we do not have a system ...

The Deputy of St. Ouen:

So then your figures are misleading, or could be considered to be misleading.

Hospital Managing Director:

I am not claiming it is from referral to treatment time. That is the way the U.K. measure and, as I think we have said here before, we do not have a system in place that measures that same pathway in the same way.

The Deputy of St. Ouen:

So why have we not got a system in place, whether it is based in the U.K. or not? Why can we not have confidence in the services we provide to provide figures from referral to treatment for a whole range of different ...

Hospital Managing Director:

It is not about having confidence. We can talk to patients about how long that process will take, this is about us deciding whether or not it is the measure we want to use and at the moment we are using the measures to first outpatient and to procedure.

The Deputy of St. Ouen:

But we come back to the management of the hospital and demonstrating the efficiency and the value for money element of the hospital. If you cannot provide or are unable to provide simple information around referral to treatment and then use it to consider how effective your different groups are, how else do you do it? Explain to me, how else? If you have not got that information, basic information, what other methods are you using?

Hospital Managing Director:

We use all the methods that we are using now, which is we know exactly how many patients are waiting to come in, when they are going to be seen, who is going to see them, when they are being followed up and how long it is going to take to get them to theatre.

[11:00]

We have all the information that we need to be able to manage the service operationally, we just have not, at the moment, measured it in a total pathway.

The Deputy of St. Ouen:

But surely if you ... you cannot presumably claim that ... you might be able to claim, should I say, that one area's waiting period is being reduced but you cannot then go on to say: "And, by the way, the period from referral to treatment is also reduced" because it could be that all the emphasis has been placed on dealing with people at the referral and more time now is being taken between referral and treatment.

The Minister for Health and Social Services:

We are not saying that. We have got the different times from first referral and to having a procedure. We are not saying what you are saying.

The Deputy of St. Ouen:

Let me ask a slightly different question, what is stopping you from providing referral to treatment figures for each, be it orthopaedics or other paediatrics and so on and so forth. What is stopping you from being able to provide that information?

Hospital Managing Director:

We would have to reconfigure our system to measure that, because they are 2 episodes.

The Deputy of St. Ouen:

Right, is that planned?

Hospital Managing Director:

Not at the moment because I have other priorities. I would much rather have some clinical information systems that improve clinical treatment and benefit than spend the time and effort doing that one at the moment.

The Deputy of St. Ouen:

But obviously with all the issues that continue to be raised the public around waiting times and so on and so forth, do you not think that this particular outcome or measurement of outcome would be extremely useful for the Minister and others to use to demonstrate practically that the hospital is meeting the people's need, are paying attention to the concerns raised and are doing something about it?

Hospital Managing Director:

It would be a useful tool for the Minister to use but in conversations with the Minister we would much rather improve the safety by having things like e-prescribing and e-discharging as systems we would rather spend our time implementing now rather than a process counting measure.

The Deputy of St. Ouen:

So you are saying basically that you are playing catch up and that we have not even got what I call the basic information and systems in place that allows to provide the information that has been readily available in the U.K. for years.

The Minister for Health and Social Services:

No, you have put some words that are not quite right. We just do not collect the information in the same way as U.K. does, and I have said that many times.

The Deputy of St. Ouen:

The issues that continues to be raised, Minister, and I am going to stop here, is that regularly reports are written about the hospital and one of the areas they end up focusing on is the lack of appropriate information to help with the management, help with the governance systems and so on and so forth. Now, it is all very well for you to be going ... you are saying: "We do not do it like the U.K., we do something else" but if your information was as reliable as you say it is then you would not have the comments that are continually being made around the information.

The Assistant Minister for Health and Social Services:

It is about measurement, James, it is not about treatments. No, it is a National Health Service measurement and we do not work on that, we work on reducing each element of the patient's journey through the hospital. That is where our focus is rather than looking how long it takes before and do we meet the targets set by the National Health Service.

Deputy J.A. Hilton:

Just to clarify, for my sake, so it is measured in time to the first outpatient appointment and then to the first procedure?

Hospital Managing Director:

Yes.

Deputy J.A. Hilton:

Have you got the average waiting times for those 2?

Hospital Managing Director:

Yes, not with me.

Deputy J.A. Hilton:

Not with me.

Hospital Managing Director:

Well, I have outpatients with me not inpatients.

Deputy J.A. Hilton:

Okay, could you possibly send us those, please? Okay. Just before we leave the subject of waiting lists, gastroenterology had ... if you could just brief us on how you are doing with gastroenterology because I know last time we met 4 months ago there was a very, very long wait.

Hospital Managing Director:

Included in the collection of gastroenterology are some urology procedures. They have some quite long waits at the moment. We have appointed our new urologist, we have still got one part-time visiting consultant and he has put on lots of extra clinics and he is doing some initiative lists at the moment just to clear some those scope treatments. The average wait in June for gastroenterology for their first outpatient appointment was - and this is in days, I am afraid - 81 days, so under the 90 days.

Deputy J.A. Hilton:

So 81 days.

Hospital Managing Director:

Yes, is the average in June.

Deputy J.A. Hilton:

So that is just under ... 11 weeks, yes. Okay, so 81 days to first outpatient appointment. Okay, so what about surgery, if surgery is required. Do you keep that data?

Hospital Managing Director:

I have not got that with me, yes.

Deputy J.A. Hilton:

It would be really helpful if we could have that sort of data as well. There is just a question I wanted to ask you around your new programme of bowel screening. When you introduced the bowel screening programme ... does that fall under gastroenterology?

Hospital Managing Director:

That is where it is undertaken, yes.

Deputy J.A. Hilton:

It is undertaken in gastroenterology. So when you introduced your new bowel screening programme, did you have a completely separate pot of money and resource to do that?

The Minister for Health and Social Services:

We did.

Deputy J.A. Hilton:

You did, so introducing the bowel screening programme did not have any knock-on effect on the waiting list?

The Minister for Health and Social Services:

No, because it was a public health initiative, like the mammogram ...

Deputy J.A. Hilton:

Okay, so where did that pop of money come from? When did you bid for that? Was that in the previous Medium Term Financial Plan or something?

Director, Finance and Information:

It would have ... I cannot remember from memory, I can let you know. It is in the books, I just cannot remember.

Deputy J.A. Hilton:

That would be really helpful. We are just interested to understand where the funding came from so that would be really good, thank you.

The Deputy of St. Ouen:

In regard to the gastroenterologist, at our last hearing you said you were planning to bring in locum Staff, has that happened?

Hospital Managing Director:

Yes.

The Deputy of St. Ouen:

How many staff have you brought in?

Hospital Managing Director:

We have been bringing in staff on a frequent basis, they are not here permanently, so they will come in and they will work for a week and clear some outpatient appointments and then they will come back and do another week, because these are doctors that have jobs elsewhere.

The Deputy of St. Ouen:

Right, because at the time you told us that you would bring down the waiting time quite rapidly, so just remind us what was the waiting period before you brought in the locum staff and what is the period now?

Hospital Managing Director:

I do not have the actuals with me so I might not be as accurate as I ought to be, but the fact that our average is now under 90 days is a considerable improvement.

The Deputy of St. Ouen:

If you are simply catching up with work at the moment using locum staff, what assurances can you give us that that waiting time will be reduced and, secondly, that it can be maintained at a much lower level?

Hospital Managing Director:

Each of our services are doing their capacity and demand modelling as part of an annual review anyway but also as part of the work that Bernard's working through with them looking at the design for the new hospital. So we will know ... the terminology we use is removing the backlog of people waiting and then can you sustain that going forwards. So each of the specialities would be looking at whether or not they have got sufficient staff, sufficient clinics, sufficient theatre time to keep on top of lower waits.

The Deputy of St. Ouen:

So you are saying we are going to have to wait until we have got the new hospital in 10 years' time before we see any improvement?

Hospital Managing Director:

No, no, I am saying that is a piece of work that we should review on an annual basis and is happening as part of Bernard's work right now.

The Deputy of St. Ouen:

Right, so when will you be able to give us a clear indication that you have handle on this and that waiting times have reduced and going to be able to be kept at that level?

The Minister for Health and Social Services:

Waiting times have reduced significantly.

Hospital Managing Director:

We could ... the next scrutiny.

The Deputy of St. Ouen:

Right, so you are confident that with the work that is going on, that the times will reduce still further and you will be able to maintain them ... do you have a target period of time?

Hospital Managing Director:

No, what I said is we are looking at the capacity and demand of each specialty to see whether or not we have got sufficient capacity to maintain it.

The Deputy of St. Ouen:

Right, so you do not have any targets for waiting time areas?

Hospital Managing Director:

Our target we aim for is that we see new patients within 12 weeks and we meet procedure targets within 12 weeks.

The Deputy of St. Ouen:

So new patients within 12 weeks and ...?

Hospital Managing Director:

Once you are added to the waiting list, you get your procedure within 12 weeks.

The Deputy of St. Ouen:

So is there a gap between being seen and being added to a waiting list?

Hospital Managing Director:

Yes.

The Deputy of St. Ouen:

So it is 12, 12, 24 plus how many more weeks?

Hospital Managing Director:

Yes, and that depends on your specialty, it depends on your problem, it depends on the complexity of your care.

The Deputy of St. Ouen:

Right, and you think that is good?

Hospital Managing Director:

I am saying that is what we are currently working to and if we get every specialty to that ...

The Deputy of St. Ouen:

But you say ...

Hospital Managing Director:

... it will be an improvement.

The Deputy of St. Ouen:

Sorry to come back to you but you say you do not have a target for referral to treatment, the U.K. is 18 weeks, if you are saying it is 24 plus that you are working to, that is a much lower standard than the U.K.

Hospital Managing Director:

It is different to the U.K., yes.

Chief Executive Officer:

Can I comment on the U.K., having come from the U.K.? The U.K. programme to reduce waiting times took 6 years at least. Consistent heavy funding into the service to crunch through massive numbers in order to reach that 18 week target.

The Deputy of St. Ouen:

We have 100,000 people, we do not have millions. It should be much easier for us ...

Chief Executive Officer:

No, because we do not also have the resources of the N.H.S. (National Health Service) so you have to put it into that context. What I would like to say, because I think we are dwelling very heavily, and rightly so, on long waits, the vast majority of people on this Island get treated very rapidly and everybody gets treated according to their clinical priority, and that is important to recognise.

Deputy J.A. Hilton:

All right. I wanted to just ask you about dental law. Last time we were here I believe you said that it was currently being reviewed; it was on your departmental programme to be reviewed. You answered that you did not have the information to hand at that time but you would come back to us. Has any progress been made on that?

Chief Executive Officer:

I am sorry if we did not come back to you on that. We should have done.

Deputy J.A. Hilton:

I do not believe that you did, no.

Chief Executive Officer:

That piece of work is led by our Public Health Department so I will ask Dr. Susan Turnbull to provide you with a written update.

Deputy J.A. Hilton:

All right, that would be really useful, thank you. Again, the dental waiting list, I know there were concerns around staff not being replaced. Is there still a problem for the dental waiting lists as well.

Hospital Managing Director:

We do still have long waits for dental. We have made some changes. We have agreement that the consultant is going to increase the number of patients seen in a clinic. We have agreement that we are not going to follow up certain conditions in line with best practice, for example when you have had a wisdom tooth extracted, and we are going to convert those follow up appointments into new appointments. Our associate specialist is converting some of his time to do 10 weeks of extra clinics, which he is in the middle of doing now. So we should try and reduce that but it is still a problem.

Deputy J.A. Hilton:

Is it simply because we are not putting enough resource into the service to address these issues or is it a bigger problem in that we cannot get the staff?

Hospital Managing Director:

Part of our biggest problem is we cannot attract the staff into dental services but we are looking at the whole service now as a review to see whether or not we are using our resources the best way we can and should we divert people into ... how do I explain this more easily? We are looking at whether or not we should be putting more of our current resource into the outpatients for these types of patients. The one thing that we are not doing is we are not compromising anybody's clinical care. If anybody needs to be seen urgently they are seen urgently. All of these patients that are waiting will not have any detriment to their clinical treatment.

The Deputy of St. Ouen:

Last time we met you told us that a member of staff left - this is to do with dental services - about 3 years ago and that you had been unable to fill that post. Can you just remind us what that post was?

Hospital Managing Director:

I was not here 3 year ago. It was one of our medical ...

The Deputy of St. Ouen:

We are talking a consultant.

Hospital Managing Director:

Yes, it was medical staff, yes.

The Deputy of St. Ouen:

At what level? Are we talking a top consultant or are we talking somebody ...

Hospital Managing Director:

Yes, well consultants and dentists are slightly different so it was a qualified dentist.

The Deputy of St. Ouen:

So although you say you cannot seem to recruit a qualified dentist, it does not seem to be a problem across the Island in the private practices.

Hospital Managing Director:

These are not dentists as in dentists you would go to in the private practice, these are people with extra skills that do oral surgery.

The Deputy of St. Ouen:

Okay, do you think it is acceptable that we still do not have the sort of specialist ...

Hospital Managing Director:

Well, we would obviously like to recruit. It is a national problem.

The Deputy of St. Ouen:

What other actions are you able to take to address this issue? If you are saying you cannot recruit, and I take your word for it but I find it difficult to believe, but what else can you do?

[11:15]

The Minister for Health and Social Services:

Why do you find that difficult to believe?

The Deputy of St. Ouen:

Because you seem to be able to recruit everyone else. I would suggest that some of the consultants you are recruiting are equally very specialist in what they are doing and I just find it difficult that dentists, the specialist clinical professional ...

Hospital Managing Director:

Nationally in the U.K. it is a real problem. Restorative dentistry particularly.

The Deputy of St. Ouen:

But we do look further afield than the U.K. for our consultants, do we not?

Hospital Managing Director:

We do, providing they are registered with the G.M.C. (General Medical Council). That is a given requirement and that is the U.K. system.

The Deputy of St. Ouen:

So, you know, why do we not look further afield ...

Hospital Managing Director:

The adverts all go internationally through the systems that we use.

The Deputy of St. Ouen:

Right, and are you currently advertising the post?

Hospital Managing Director:

What we have done at the moment is we have increased the hours of our visiting consultants so that we are trying to get extra hours from them and we have looked at how we can change some of the work practices so nursing, specialist dental therapist can take on some of the work and release medical staff to do what only medical staff can do.

The Deputy of St. Ouen:

So have you now recruited a nurse therapist?

Hospital Managing Director:

I believe we have. She is on her training.

The Deputy of St. Ouen:

So apart from recruiting a nurse therapist what other actions are you able to take? I come back to the first question.

Hospital Managing Director:

The ones I have just said. We have increased the visiting consultant hours, we have changed the clinic profiles of our current staff so we are seeing more patients through clinics by changing the practice in the clinics.

The Deputy of St. Ouen:

When you say you have increased the time spent by visiting consultants, what are we talking about here, a couple of hours extra a week or far more?

Hospital Managing Director:

We have doubled their time but that is still part-time.

The Deputy of St. Ouen:

So doubled their time from what to what?

Hospital Managing Director:

I do not want to tell you something that is false so I would rather send that to you afterwards. But I know we have doubled their input into the Island.

The Deputy of St. Ouen:

But there is a lot of difference between doubling 10 hours a week or 2.

Hospital Managing Director:

Yes, it is still not a lot of hours.

The Deputy of St. Ouen:

So we are talking single figures?

Hospital Managing Director:

I do not want to answer that until I have checked.

The Deputy of St. Ouen:

Sure, but you can give us an indication, I mean you are responsible for the ...

Hospital Managing Director:

They have doubled their clinics and presumably they are coming across for a normal length clinic so you would be talking ...

The Minister for Health and Social Services:

It is quite right that Helen needs to give you the correct figure. It would be totally wrong of her to give false information because that is not right.

Deputy J.A. Hilton:

If she could pass that information on to us afterwards, that would be really good.

The Minister for Health and Social Services:

I will give to you, that is no problem at all but you cannot expect her to have everything at her fingertips just like that, because it is a very busy hospital with lots of staff.

Deputy J.A. Hilton:

Yes. Can we move on to staffing? I think Rose last time we spoke to you we were talking around recruitment and the difficulties of recruitment of nurses and I think you told us you were in discussions with the strategic housing unit around the whole housing issue and what we could offer new recruits. Have you made any progress on that?

Chief Nurse:

It is still work in progress in terms of our staff accommodation aspect. What I can say is that through our sustained work around recruitment the situation is improving in terms of our ability to attract nurses and keep nurses in Jersey. So while we still have that longer term work ongoing, we have managed to bring in additional staff, we have 22 nurses waiting to come into post, who are just going through the various recruitment processes.

Deputy J.A. Hilton:

From the U.K.?

Chief Nurse:

Yes, from the U.K. and we have 29 vacancies left in the hospital that we are still currently filling. We have a range of measures in place to bring people into some of those posts as well. So we can do some targeted recruitment around specialist areas, so, for example, for critical care and theatre nursing we have gone to a specialist agency. We have managed to recruit some nurses from Spain which have been very positive, excellent staff that we have got in place and we are hopeful to fill our critical care posts by August that we have outstanding. In addition to that we

have got plans with Madeira that we are still working through with them in relation to potentially taking up to 5 of their newly qualified nurses by October. So, again, if you hold the figure of 25 in your head, we do have some plans in place to fill some of those posts.

Deputy J.A. Hilton:

Currently what housing do you have available to you that you can offer to staff? I think it comes under the remit of Health.

Chief Nurse:

We have 248 units of staff accommodation and that is available for all of our staff, it is not just for nurses. Within that we do have some units that we turn over very quickly. There are a number of our staff that have not been able to move out of the properties just because of issues with finances in the main. What we are looking at as part of the whole review of our accommodation portfolio and how that is managed in the future is to use our housing quite differently. So that we use it as part of the onboarding in Jersey, so it is part of the relocation package initially and that there is an expectation when they first come into Jersey that they will only be there for a period of time. What we do need to make sure is that our plans around other accommodation options are in place before we do that. So I am working with Jason and colleagues from Jersey Property Holdings and Treasury on that piece of work, and Housing.

Director, Finance and Information:

I might just add that those discussions are live and active. We met with Jersey Property Holdings, Housing and the Chief Minister's Department 2 weeks ago to through exactly how that might work.

The Deputy of St. Ouen:

When you talk about 29 vacancies ...

Chief Nurse:

Twenty-five.

The Deputy of St. Ouen:

Twenty-five. Is that a total number of vacancies or ...?

Chief Nurse:

That is the registered nurse work vacancies.

The Deputy of St. Ouen:

So on top of that?

Chief Nurse:

On top of that we have got, I can tell you the exact figure, a handful of healthcare assistant vacancies. We generally do not have a problem with creating healthcare assistants, they are locally recruited. We have a good induction programme in place and we have been working really positively with the Advance to Work Scheme, Social Security, Highlands, to make sure that we have different entry routes for people who want to enter a career in care. So we have a very good throughput through our healthcare assistant workforce and I would just like to plug that they do get shortlisted for an Enterprise Award for that work this year.

The Deputy of St. Ouen:

So out of a total of how many registered nurses?

Chief Nurse:

In total across Health and Social Services we have got just over 700. So in total we have just over a 1,000 including the non-registered workforce. I can give you the exact figures. That is roughly what that is. The figure of 25 is the hospital vacancies that we have at the moment because I thought it was particularly the hospital you were interested in. In addition to that we have probably got about 10 vacancies for registered nurses across community.

The Deputy of St. Ouen:

That sounds good.

The Minister for Health and Social Services:

Thank you, a lot of work has gone into it.

Chief Nurse:

Yes.

The Deputy of St. Ouen:

Would you say the vacancies are the lowest they have been for many years?

Chief Nurse:

It is difficult to say that. I know we always have this conversation. The reason it is difficult to say that is because we have had sustained investment in nurse staffing. So every year we have managed to input into our bottom line new nursing posts. So if you just bear that in mind when you think about the overall figure. We have had an additional 98 registered nurses added to our establishment over the last 5 years. So if you think about an extra 100 bled into ... so that is why quite often when I come to scrutiny you say to me: "That figure sounds similar to the figure you

said last time.” This year we have had additional new posts so we have 5 new critical care posts on top of our current establishment. They are included in our vacancies so I think the position is definitely improving as a result of our home-grown workforce, all our other initiatives, our targeted recruitment campaigns that we go over to the U.K. and our strengthened links with other States departments and with the universities in the U.K. as well. Again this year, when we do not have any of our own nurses qualifying locally just because we have a gap in our 2 programmes, we are hoping to take up to 13 newly qualified nurses from the U.K. who will probably struggle to get jobs once they have qualified in the U.K.

Deputy J.A. Hilton:

I just wanted to ask you a question around pathology and whether you could give us an update on pathology services and the 6 temporary staff - maybe they are semi-permanent, I am not sure.

Hospital Managing Director:

I can. The locum staff are just right now ending their contracts. We have appointed some temporary staff to cover the 2 chemistry and haematology disciplines. They are in post, they are on Island and they are about to start. That will be a 2 year programme.

Deputy J.A. Hilton:

So your existing staff, you did not overcome the difficulties around the out of hours?

Hospital Managing Director:

The existing staff can still do out of hours if they wish to, at the moment they have not but the training opportunities will be there to train them in both chemistry and haematology.

Deputy J.A. Hilton:

I think last time we spoke about it we were told something along the lines that with the savings that were being made through cutting the overtime levels, is that still the case? Has there been an additional cost of having to bring in temporary staff?

Hospital Managing Director:

There was an initial cost. So we did not make the savings as quickly as we had hoped but now we have got to this new solution we will be able to realise those savings.

The Deputy of St. Ouen:

I am just interested to understand a little bit about Robin Ward, especially as we have highlighted the issue around the recent review. Could you just update us on where you are at with the proposed improvements that you have already stated will happen?

Hospital Managing Director:

Yes, we have said that we will invest in Robin Ward in an adolescent unit. The planners, the architects, the designers, are coming in to have a look how that might work. We will have to decant Robin Ward out of the ward while those refurbishments take place so we will be looking at least 2015 before we would be able to start that. But we are at the very early stages of just designing it.

The Deputy of St. Ouen:

So you plan to undertake the work in 2015 and hopefully complete it presumably?

Hospital Managing Director:

I do not know how long it will take. Until we have the plans and we have somebody telling us how long that will take.

The Deputy of St. Ouen:

How long has it taken to refurbish other parts of the hospital, like the theatres and things? What is the normal period of time from start of work until finish?

Hospital Managing Director:

They are all incredibly different. Le Quesne we have just done in ...

Director, Finance and Information:

I think you would be very unwise to say it took 20 weeks to do that and therefore will take 20 weeks to do this. They are very, very different. The feasibility work for the Robin Ward update is commissioned and underway. Once that is completed we will know what it will cost, how long it will take, what the risks are that need to be managed. So we will know that reasonably shortly. That work has been commissioned by Property Holdings already.

The Deputy of St. Ouen:

What is the progress with the temporary theatres?

Hospital Managing Director:

The temporary theatres are still moving forward so we have the tenders about to go out. We have been around one loop of tenders where we were asking for people to show an interest in modular build, which is the original plan. Unfortunately there was not a lot of interest so we have now changed the specifications so that the build is slightly different and that is going back out to tender now.

The Deputy of St. Ouen:

What will be the difference? You are moving from modular build to what?

Hospital Managing Director:

My understanding is it is a bit of a hybrid, so there will be a steel structure that will be built differently and separately and then there will be bolt on theatres on top of that.

The Deputy of St. Ouen:

So it will be slightly more permanent?

Hospital Managing Director:

It is still planned to be temporary but it is just a different build design method.

The Deputy of St. Ouen:

Is it likely to be more expensive?

Hospital Managing Director:

There are probably some small additional costs but until you get your tenders back, you do not know.

The Deputy of St. Ouen:

And your target date for completion of that work?

Hospital Managing Director:

Is now January ... let me get this right, it is going to happen over the next year but we will not be able to use them as extra theatres until January 2016. But we will have done all the new air handling works in all the other theatres so they are decamp theatres to start with.

The Deputy of St. Ouen:

Good.

Deputy J.A. Hilton:

Thank you. It is almost 11.30 a.m., so we come to the end of our final panel hearing with you all. I would just like to say thank you very much for all your help and assistance over the previous 3 years.

The Minister for Health and Social Services:

Thank you.

Deputy J.A. Hilton:

Thank you very much indeed.

[11:29]