

STATES OF JERSEY

Health and Social Security Scrutiny Panel Quarterly Hearing with the Minister for Health and Social Services

THURSDAY, 23rd FEBRUARY 2017

Panel:

Deputy R.J. Renouf of St. Ouen (Chairman)
Deputy G.P. Southern of St. Helier (Vice Chairman)
Deputy T.A. McDonald of St. Saviour
Senator S.C. Ferguson

Witnesses:

Minister for Health and Social Services
Chief Officer for Health and Social Services
Assistant Minister for Health and Social Services
Hospital Managing Director
Service Director for Older People
Director of System Redesign and Delivery
Assistant Minister for Health and Social Services
Director of Finance and Information
Chief Nurse
Project Director for Future Hospital
Assistant Director of Policy and Ministerial Support

[10:00]

Deputy R.J. Renouf of St. Ouen (Chairman):

- Ministers and the health team. Thank you to members of the public and the media who are present also. This is a quarterly hearing of the Health and Social Security Scrutiny panel with the Minister for Health. In the usual way, I and the panel will introduce ourselves and then I will ask the Minister to introduce himself and his team. This meeting is being recorded so that is one of the reasons why we do that.

Gentlemen I am sorry, we have one more here, I can see another over there.

(several inaudible words)

Deputy R.J. Renouf (Chairman):

Okay, so my name is Deputy Richard Renouf and I am Chairman of the panel. On my right?

Deputy G.P. Southern of St. Helier (Vice Chairman):

Deputy Geoff Southern.

Deputy T.A. McDonald:

Deputy Terry McDonald, member of the panel.

Senator S.C. Ferguson:

Senator Sarah Ferguson, member of the panel.

Deputy R.J. Renouf (Chairman):

Minister?

Senator A.F.K. Green:

I am Senator Andrew Green, Minister for Health and Social Services.

Chief Executive for Health and Social Services:

Julie Garbutt, Chief Executive for Health and Social Services.

Assistant Minister for Health and Social Services:

Deputy Peter McLinton, Assistant Minister for Health and Social Services.

Hospital Managing Director:

Helen O'Shea the Hospital Managing Director.

Service Director for Older People:

Ian Dyer, Service Director for Older People.

Director of System Redesign and Delivery:

Rachel Williams, Director of System Redesign and Delivery.

Assistant Minister for Health and Social Services:

Constable John Refault, Assistant Minister Health and Social Services.

Director of Finance and Information:

Jason Turner, Director of Finance and Information.

Chief Nurse:

Rose Naylor, Chief Nurse.

Project Director for Future Hospital:

Bernard Place, Project Director for Future Hospital.

Assistant Director of Policy and Ministerial Support:

Mark Richardson, Ministerial Support.

Deputy R.J. Renouf (Chairman):

Thank you and I should also say apologies from Deputy Jackie Hilton. We are also joined by our Scrutiny Officers Kelly and Andy. Right, Minister, we wanted to begin by asking some questions about the Mental Health Estate. We are aware that in the M.T.F.P. (Medium-Term Financial Plan) 2013 to 2015, money was allocated for feasibility study to look at delivering mental health and the facilities needed. Can you tell us whether that feasibility study was carried out?

Senator A.F.K. Green:

It is being carried out, I believe you will want more detail than that and I will pass you on to the officer in a minute. However, there is no doubt we need to get off the St. Saviour Site. For 2 reasons, one we need to vacate the site and 2 that we are not happy with the facilities of Orchard House (an acute assessment unit for adults with mental health problems) at the

present time so we need to replace that. That feasibility work is being carried out at the moment and we are working with our partners in Property Holdings to come up with the structure of the building. I will pass you over to Ian Dyer who is the officer representing mental health and who is leading on this.

Service Director for Older People:

Thank you Minister. There are 2 projects effectively, the first project is the feasibility for the whole Mental Health Estate. We have £350,000 allocated from the Medium-Term Financial Plan between 2013 and 2015. That one was put on hold because it was allocated for the Feasibility Study for Mental Health Provision on the Overdale Site. People will be aware that initially the Overdale site was then earmarked for a 2 site hospital for the new requirements for the General Hospital. That happened later in 2013 so we did not spend the money at that time. The proposals for the General Hospital do not include the Overdale site. We have released that money to do the feasibility study now, it has been delayed for a short period while we had to (Overspeaking) ...

Deputy R.J. Renouf (Chairman):

Is the money still restricted to looking at the Overdale site?

Service Director for Older People:

No, Chairman. We asked in releasing that money that we allow the feasibility study to look at any potential site. So it is now... rather than just the Overdale site that will be a potential site. What we will do is I will work with the Project Lead for Jersey Property Holdings to identify the requirements for the Mental Health Estate, and not just Orchard House, but a whole new site for Mental Health. From there, we will have sent that to Jersey Property Holdings and they will look at potential sites we could use, Overdale being one of them.

Deputy R.J. Renouf (Chairman):

So why was it restricted to Overdale in the first place?

Service Director for Older People:

I am not sure why it was originally restricted, I was not involved in the application for that or the M.T.F.P.

Deputy R.J. Renouf (Chairman):

Right.

Service Director for Older People:

It described Overdale as being a very good site. I think it is probably because it was one of the sites that was under the States of Jersey and it felt like it was an appropriate environment to locate future health facilities. The other area as well is that we currently do have other mental health facilities being improved there. So we have the Poplars service which will provide clinical services to people with dementia, memory services and out-patient requirement as well (inaudible). So there are already some health services being provided there which may have been one of the rationales for looking at Overdale.

Deputy R.J. Renouf (Chairman):

So was work done on checking Overdale's suitability in the beginning of 2013 when the money was allocated, or before?

Service Director for Older People:

No. No work commenced in 2013.

Deputy G.P. Southern (Vice Chairman):

What is the progress? How far are you on with looking at what you want to provide?

Service Director for Older People:

We have got a project manager appointed from Jersey Property Holdings - an officer there to work with us within Health and Social Services to move it forward. We are currently looking at architecture with mental health facilities as it is important to get the right architects. We are having conversations with the company that did the very good project in Guernsey. They have got a brand new mental health service there so we are looking at how that was developed. We are from this point in phase one putting work together. So there has been some preparation to get to this stage which we started in August last year following the Mental Health Strategy 2016 to 2021. That has been shared by colleagues within the commissioning team and service design team. We are in the process now of getting the drawings all together.

Deputy R.J. Renouf (Chairman):

Okay, what is the programme?

Service Director for Older People:

The programme will be to complete ... at this stage now, anything that is in scope. So Mental Health Services but in scope. We will be looking to have a draft of the feasibility by September this year to take that forward.

Deputy R.J. Renouf (Chairman):

On a number of sites, is that right?

Service Director for Older People:

Well, it will initially say this is what we require and then and then our colleagues in JPH (Jersey Property Holdings) will be looking at the sites that we may be able to afford.

Deputy G.P. Southern (Vice Chairman):

Have you got to the statement, this is what we will require, we need a facility which will cover this number of beds, (Overspeaking) ... clients and in house and in the community presumably. The first (inaudible) community apply to mental health as well. So have you got to the stage of "we know what we want" yet?

Service Director for Older People:

Within Health and Social Services we have got an understanding of what we would want. For example, (Overspeaking) ... what we know (several inaudible words) some provision for people to be assessed safely in a mental health establishment. Of course, we will have the power to refer people for safe assessment and treatments (inaudible). We also know there are a number of people receiving specialist care under medium secure units. It is always very difficult for them to return to Jersey because what normally happens, they go from medium-secure to low-secure into community services. The tendency in the past has been to try to receive the low-secure within off-Island. It is very difficult for the individuals then when they come if we don't have low-secure. So we will be looking at some of the low-secure ones. We have got a very good understanding of the number of beds that we will require for assessment beds for functional mental health, which includes conditions such as the depressions, schizophrenia, bi-polar disorder, the anxiety disorders. We have got a good understanding on the back of P82 investments in mental health services and what is required for the (inaudible) assessment base. We have got a good overview for our in-patient requirements. What we need to do is review our local data against NHS benchmark for adults and older adults. That looked at comparing us with NHS specialist services and mental health services. We were able to pool that information together, plus we have a lot more detail within our length of stay and local data. So we have got the information there, putting together the exact number of beds we are well on the way to be able to do that. Then we have the community services, we are looking at what we need as far as other mental health facilities and people coming along to attend appointments. Whether it be appointments with psychiatrists, with nurses or with social workers as well as treatment options such as psychological therapies

and CBT (Cognitive Behavioural Therapy). So we have that information together; it has not been pooled together in a single document, we will have that quite shortly.

Deputy R.J. Renouf (Chairman):

If you have got that good overview what is going to happen before you produce the document in November you have just spoken of?

Service Director for Older People:

So once we have got the overview, the information about what is required we will then be putting that with the feasibility study. So the feasibility itself will be looking at Health Building notes, there are three acute mental health services. We need to make sure any provision for acute services is limited to that building because of the speciality of the type of building that is required. We also need to look at building the site for the intensive care units to make sure we are building to the right specification. So once we have got that together then we will be looking at the actual design. So what does it look like and then once we have got that design it can then be looking at where does it fit, which site does that fit. I think the key thing is with Jersey we cannot and we should not be looking to take a design off the shelf because we are not like anywhere else. We are a very small jurisdiction compared with anyone else. If we were looking at psychiatric and intensive care units on the mainland for example we would be looking at anything from 10 to 14 beds. We do not need 10 to 14 beds for psychiatric intensive care. So we need to make sure that the service we design is very flexible (several inaudible words) provision.

Senator S.C. Ferguson:

Sorry, I am a bit confused on this. At one stage you say yes, we know the numbers and I presume trends. Then you said we have got misinformation. So are you able to tell us your numbers that you think you will require and the trend that is following? Are you able to say these are the numbers we need to cater for?

Service Director for Older People:

I have not got a document to give you saying these are the numbers. What we have is a number of documents and a number of papers brought together we will be able to pull that together (Overspeaking) ...

Senator S.C. Ferguson:

How long have you been pulling them together for?

Service Director for Older People:

We did the Mental Health NHS benchmark last year, the first time that we joined. So for Adult and Older Adult Mental Health Services we received that for November. And that is one of the key documents we require (Overspeaking) ...

Senator S.C. Ferguson:

So when are we going to see it?

Service Director for Older People:

We are aiming to have the feasibility completed by September this year. As far as the information of what needs to go forward (Overspeaking)...

Senator S.C. Ferguson:

... The size of the estimates of the number of beds you are going to need, the number of patients, is that in order?

Service Director for Older People:

Yes.

Senator A.F.K. Green:

Of course, all that sits alongside the early intervention work as well and how successful that is. Because we know the earlier you intervene the less acute beds you need. So all of that sits alongside that work which has been informed by the Mental Health Strategy which was (Overspeaking) ...

Senator S.C. Ferguson:

But yes we are talking (Overspeaking) ... you have two sub-sets here you are dealing with and there is quite a big difference between them. You have the Mental Health sub-set and you have the Dementia sub-set. They are not quite the same thing are they?

Service Director for Older People:

Well, dementia sits within mental health and then there is a (Overspeaking) ... debate whether it should or it should not. I think the numbers, while they are not the same, should be reasonably straightforward to pull that together. The numbers for dementia we know what projections are going forward. We have got a very clear idea about the number of people who are likely to experience dementia by 2040 and the increased number. We have also the

investment with P82 for our community services as well as the long-term care benefits to support people wherever possibly in their own homes. So I am reasonably confident with the information that we have got there and the projections that we have got that we can work with that. I think the other sub-set, the functional mental health is the dementia, schizophrenia, bipolar disorder, the anxiety disorders, with national and international data. What is difficult to introduce or to be aware of are things like the psychoactive substances that trigger psychosis in young people that have not been predicted. So we have got the information, we have got the data and we have put it together and made it part of the feasibility programme.

Deputy G.P. Southern (Vice Chairman):

So you are drawing together the data that will be completed by the end of the year?

Service Director for Older People:

Yes.

Deputy G.P. Southern (Vice Chairman):

And rolled into a feasibility study of the facility (Overspeaking) ... Now how much is that dependent on progress in the community for early-intervention or access to (Overspeaking) ...

Deputy G.P. Southern (Vice Chairman):

I would say it is total, you cannot do one without the other.

Service Director for Older People:

Assumptions have to be made in developing the new bricks and mortar for Mental Health Services. We are going into the P82 investment into Jersey talking therapies, into older adult mental health services and alcohol and drug services. So there is the inter-dependence there as well as the inter-dependence on the work that we are doing with the general hospital. For example, looking at dementia liaison work with a number of people that go through the general hospital who will be over 75. A significant number will have a condition and so the liaison work we do with dementia through the general hospital will have an impact there. So there are lots of inter-dependencies that we have to be mindful of as we move forward.

Senator S.C. Ferguson:

Does (Overspeaking) ... all of this is inter-dependent for instance on the long-term care policy and availability. I am possibly straying slightly off the script here.

Deputy R.J. Renouf (Chairman):

Well what do you want to ask?

Senator S.C. Ferguson:

I am just wondering what steps you are taking to catch up with the long-term care programme.

Senator A.F.K. Green:

Would you like to be more specific?

Senator S.C. Ferguson:

Yes, there is a waiting list to get ...

Senator A.F.K. Green:

I do not think there is a very long waiting list for assessment.

Senator S.C. Ferguson:

I heard it was about 120 people (Overspeaking) ...

Service Director for Older People:

We have looked at and invested over the last year to try to reduce the wait there has been. We have programmes to tackle that over the last few months working with colleagues within Health and Social Services to see how we can streamline as much as possible. So there are always areas we can improve on within the long-term programme. It is a huge piece of work and we will continue to improve on that. Probably the key thing is that within Jersey we now have a facility to support people to have the care that they require within their own home which gives us a significant head start to the other jurisdictions. We are working closely with those and making an assumption that is going to continue to be maintained if it is what we need to do to move forward with our (Overspeaking) ...

Deputy R.J. Renouf (Chairman):

Can I ask, in planning the Mental Health Estate, what population growth assumptions will you see?

Service Director for Older People:

The population growth for the older adults our data as far as the depth of data within the population figures for Jersey. I think the last one was 2009 that we used which was the Statistics Officer data for Population Growth. I looked at that in comparison to international

data for people with dementia - for example to look in the rise in dementia compared with our population, age and demographics with this comparisons and that analysis.

Deputy R.J. Renouf (Chairman):

For example, are we using the population policy of 350 net growth per year?

Service Director for Older People:

I believe we are.

Deputy R.J. Renouf (Chairman):

Do you think that is sufficient? (Overspeaking) ...

Senator A.F.K. Green:

The growth of the population is only one part of the equation. It is the makeup of that population that we know that we have got a growing ageing population. All the investment in health generally is about preparing for that. It is the number of elderly folk and the conditions that they bring with them. I know Senator Ferguson does not always agree with me when I say that. It is not people of today we are worried about, it is the people of 10 years, 20 years and 30 years.

Deputy R.J. Renouf (Chairman):

In so far as concerns dementia care very much. However, mental health conditions can arise at any age and if you have got a growing population we need to cater for that. So if our planning is based on only a net growth of 350 a year, surely we are not planning sufficiently having regard to all those over recent years. We have seen reports come out in recent weeks showing a far, far greater number than that (Overspeaking) ...

Senator S.C. Ferguson:

Another 1,000 in 2016.

Senator A.F.K. Green:

We are waiting for the population strategy as you are ... waiting to release our latest strategy and of course that will inform us going forward.

Senator S.C. Ferguson:

Can I just ask then, the other thing that we are going to be caught with and I don't know whether you have made provision for it? Is that people who work here for 10 years and then

go and live elsewhere. They can then come back, live here for a year and then they are entitled to all the benefits, including long-term care. Now where is that coming (Overspeaking)...

Senator A.F.K. Green:

That is a matter for Social Security not for ourselves.

Senator S.C. Ferguson:

No but it surely ... with respect you are not living in a silo are you?

Senator A.F.K. Green:

No I am not but I ...

Senator S.C. Ferguson:

So it is something that perhaps you need to be talking to Social Security about.

, Service Director for Older People:

I think what we will do (several inaudible words) is we go through (Overspeaking) and we will do scenario analysis. So apart from the (inaudible) we will be looking at is putting different numbers in, making assumptions, including worst case scenarios, best case scenario (Overspeaking)...

Senator S.C. Ferguson:

Sensitivity analysis (Overspeaking)...

Service Director for Older People:

Ultimately, a decision has to be made based on the information that we have and the assumptions that we are making as to how many beds do we need and how many people we need to provide the service to and the care that we believe is our projected requirements. It will be done after the appropriate analysis.

Senator S.C. Ferguson:

I am just highlighting a problem, I think that is going to grow.

Deputy R.J. Renouf (Chairman):

Perhaps we should move onto the related issue of the temporary provision at Clinique Pinel. Minister it seems regrettable that we are having to put in place stop-gap changes across to implement those.

Senator A.F.K. Green:

I would have to say you have got me at a loss as to what temporary provision it was?

Deputy R.J. Renouf (Chairman):

The merger of Orchard House and Clinique Pinel for the next few years ...

Senator A.F.K. Green:

I have not declared that as a policy. We are carrying out a feasibility study at the moment, however, there is no policy on that at the present time.

Deputy R.J. Renouf (Chairman):

Okay but there is clearly dissatisfaction with Orchard House.

Senator A.F.K. Green:

Yes and we are looking for an alternative and that could be possibly on the site of Clinique Pinel. The inference is that we are going to be mixing patients with acute mental problems with patients with dementia. That is not the case that is not something we are looking at. We are looking at whether we could co-locate and have got no further than that. It fits in with the strategy that Ian was just talking about.

Deputy R.J. Renouf (Chairman):

One of the reasons I think you have given, we have seen the written question you have engaged to senator Ferguson that staff can be available to deal with times of short staff in emergencies.

Senator A.F.K. Green:

It is fairly obvious whether you are dealing with an acute mental health problem or an acute medical problem that if you co-locate things that you do get scales of economy. We are not talking about having an acutely ill person with a mental health problem in a bed alongside somebody with dementia. However, we are looking at whether the site will support a facility there; it is part of the feasibility. It may not support it, it may have to be somewhere else.

Assistant Minister:

It is not unusual to have 2 separate disciplines over a location. If you look at the general hospital we have surgical wards and we have medical wards. So 2 different types of care all requiring the same type of nursing facilities. So it is not unusual to have something like that.

Deputy R.J. Renouf (Chairman):

Can the nurses who are working with dementia patients equally move to nurse patients with serious mental conditions (Overspeaking)...

Senator A.F.K. Green:

That is a detailed question you will have to ask the professionals - the nurses.

Service Director for Older People:

Perhaps (several inaudible words) some of the issues with Orchard House. One of the issues that we know with Orchard House ... it was with the view of being there for 10 years or so. It was a converted unit that was originally designed for people with learning disabilities. It would have been on target to move out of Orchard House within the 10 years, but there was an issue to do with, as we just described, the feasibility for the whole Mental Health Services. One of the challenges we have now is that Orchard House is a standalone service within the Old Queen's House side of St. Saviour's Hospital. With that brings certain increased risks that we are managing at this moment and we are trying to mitigate. However, what will improve mitigation of the risks will be to merge it within Clinique Pinel and we have been looking at that. The data that we have identified and what we have got. We are going with the assumptions for the work we are doing with the community services with people with dementia lends itself to us moving forward. To take Orchard House and the services provided from Orchard House away from there and into the community. Any design to allow this to happen will be done in such a way to ensure all assessments for dementia will be nursed totally separately than those with functional mental health problems. Also, those with functional mental health problems will be nursed according to need and risk. We would not want, for example, we have clients on Cedar Ward at the moment which is for functional mental health. It is exactly the same as Orchard House but for people over the age of 65 whereas Orchard House is for working age population. Other times you will want some over 65 working in the same part of the unit with someone under 65. So the design, if we are able to do it if we design in such a way of zoning, so people will be nursed separately and safely according to their needs and their presentation at that time.

Senator S.C. Ferguson:

Yes, I suppose the other thing is though that the specialist nurses dealing with mental health programmes or mental health patients require a different set of skills and training to those dealing with dementia.

Service Director for Older People:

Absolutely and we are working (Overspeaking)...

Senator S.C. Ferguson:

The answer to my question, we have talked about we have the extra cover from one side to the other.

Service Director for Older People:

I think they are two separate things. So firstly, any service provision on the Clinique Pinel site to accommodate the closing of Orchard House and mitigating the risks at Orchard House. We would absolutely have the staff with the right skills with the right patients. So people who are working with people with dementia at the moment who are specialists in that area and maintain that work with that client group. People who are working with the elder population who have functional mental health problems continue with that client group. It can be working with people with the most challenging behaviours during acute phases of mental illness (several inaudible words) continue to work with that client group. So apologies if response was not as clear as that. What we are describing, for example, if I am on-call on 12 o'clock on a Friday evening and I get contacted by colleagues in Orchard House because someone has been admitted because they are under significant stress and such that they have come into the ward whether they have got however many nurses as well as the people that are also managing. With no immediate support should they require. The most immediate support is for someone to come across the road and come and support them. What this will allow is that we will working with the (several inaudible words) group, but in the same building. So on the few occasions when you need the extra support someone can come downstairs to support during that period of crisis. We are not talking about diluting the skills or ability of the nursing staff (several inaudible words).

Deputy R.J. Renouf (Chairman):

Is that the case because the Minister in his answer said that merging the units would increase the availability of staff to support each other particularly during night time shifts and at weekends. That doesn't tell me there's a crisis (Overspeaking)...

Service Director for Older People:

That is exactly (Overspeaking)...

Senator A.F.K. Green:

That is exactly what he has described (Overspeaking)...

Deputy R.J. Renouf (Chairman):

So weekend shifts the staff working in the dementia unit should be available to...

Service Director for Older People:

No. Staff working in the dementia unit would work with dementia patients. If however, there was a crisis situation or a challenging situation and they needed support, they would have the ability to come and support and vice-versa. If there is a crisis (several inaudible words) the wards and there was a crisis often you would require extra nursing support with tasks such as medication and to look after the other clients while they are looking after the person with the highest need at that time. They would be on site within the safe environment. It doesn't happen often but when it does, it is really useful. The zonal work within Clinique Pinel has been moved forward with that proposal would allow staff to be there to support each other as required. However, that wouldn't be part of their duty; it wouldn't be part of their day to day work. It would be part of the (Overspeaking)...

Deputy R.J. Renouf (Chairman):

The reference to night time shifts and weekends is because there is a lower threshold of staff (Overspeaking)...

Service Director for Older People:

During Monday to Friday 9.00 until 5.00 we will have occupational therapists, doctors, social workers, other therapists and staff, and managers on site. So a higher proportion of staff during the Monday to Friday. On weekends and in the evening and night time you will have the nursing staff ratio that is it. There will be time where staff will be at Clinique Pinel, possibly Rosewood House, or from our community teams come to support their colleagues in Orchard House. The difference between contacting them and asking them to come up and support and to be there during times of crisis there is a timeline. So this will absolutely improve the services. It makes no difference in what the vast majority of services (inaudible) elsewhere; it is just a sensible way to manage services.

Deputy R.J. Renouf (Chairman):

I can well understand how you would want to improve services. The fact is, as I think you said, you have managed the risks at Orchard House for many years and we want to move that whole service just to somewhere new and you are planning that. So why do we need now to spend money on a feasibility study and if it goes ahead to redevelop Clinique Pinel for just a few years. Why not continue to manage the risks as present?

Chief Officer:

The quality of building is an issue as well – we have majored in the discussion so far about staffing issues. However, the physical quality of Orchard House is not acceptable. Possibly one of the first conversations we had was could it be improved until we were at the point of developing the whole new mental health facility? The simple answer to that question is no it cannot. It is a poor facility and we do need to provide better for the people in that unit. We can run it safely, but that is not the right quality of service that we want to give to them.

Senator A.F.K. Green:

It is quite simple Chairman, we should leave the allocation of these things to the professionals. However, you do not need to be a professional to walk in there and say: 'Would I like a family member of mine to be in this facility?' If the answer to that is no and it is not easy to put right then we need to do something about it.

Service Director for Older People:

If you think about (several inaudible words) scale of Orchard House. The types of issues that we have had are occasionally tiles have fallen from the roof at Queen's House into the garden and the pot-holed roads. So we would have to fix those and do those. There is work that would have to be done in the surrounding area of Orchard House as well as internal to Orchard House to make it safe. I think money could be better spent and we can adjust significant other risks by merging with Clinique Pinel and making it appropriate to the needs of the individuals. We are absolutely not looking to merge and mix individuals with different needs within one building.

Deputy R.J. Renouf (Chairman):

No, no I understand. Perhaps it would be useful if we invite the Scrutiny Panel to come up and have a look at Orchard House (Overspeaking)...

Senator S.C. Ferguson:

For the benefit of everybody can you define ... we have heard about Cedar Ward, we have heard about Rosewood House. Could you define what buildings there are on Clinique Pinel site...?

Service Director for Older People:

There are two main buildings, there is Clinique Pinel and then Rosewood House. Currently there are four wards within those building's. Within Rosewood House is an 18 bed ward - Oak

Ward - which caters for people with significant dementia care requirements and that is often end of life care. Next door to that is Maple Ward and they provide a step down from assessment services and that is often for people with dementia whose phase of their condition is such that they wander around the ward quite a bit and wanting to be with others. So you need a higher staffing ratio to support them and keep them safe. So that is within Rosewood House (Overspeaking)...

Senator A.F.K. Green:

Can I just come in there Ian, it might be useful for the Scrutiny Panel to visit. It is outstanding the work that the team have done in improving the facilities for those needed. There was fiscal stimulus money, if I remember it correctly. What they have done there to improve the quality of life and the dignity for patients out there is first class. It is an outstanding model that we should be proud of and I would like you to go up and have a look at it to be honest.

Senator S.C. Ferguson:

Yes, it was not contradictory (Overspeaking) ... both for the panel and for the public to know exactly what is there.

Senator A.F.K. Green:

Yes you are right but it is also good for the public and the panel to know what a first class facility they have in Rosewood House.

Deputy R.J. Renouf (Chairman):

I do not seek to deny that at all. What is in Clinique Pinel?

Service Director for Older People:

Beech Ward is the assessment for Organic Mental Health so it is for people with dementias. That is an 11 bed unit at the moment. We would always envisage irrespective of Orchard House under the outlined business case (several inaudible words) to reduce those bed numbers by at least 3. So we would be looking to reduce those beds from 11 to 8 as we invest in community services. We will be looking to do that irrespective of what happens with Orchard House. The other ward is Cedar Ward which is a unit for over 65s. I think it is worth the panel being aware that we do have significantly increased numbers of assessment beds for over 65s in Jersey. I think that is partly because of our community services traditionally and we are addressing that with the P82 and doubling our resources in the community. So we have not been good at managing risk within the community traditionally. We have got some excellent

services and we have some excellent staff working in the community. However, we have not been able to manage it within the community. So we cannot have three times as many assessment beds for older people in Jersey than the national average. Again if we look at that, people do not want to be in hospital if they can help it. (Overspeaking) ...The vast majority of people want to receive treatment, good care and good treatment appropriately and appropriate treatment in their own home and in the community. We need to be aware of the wants and requirements of people that need our services and to provide that includes service within the community. We can do that through the P82 investment. So if we talk about the assumptions on the bed reduction we are currently looking at it is because we have too many assessment beds for older people, three times as many. We are also investing significantly and we are currently recruiting people to work in our community services and keep them in (inaudible) work and very clearly and more closely with the primary care services and working with the general hospital. So what has been really beneficial is the primary care strategy and the hospital strategy coming together at the same time as the mental health strategy. Bringing it all together on time allows us to reduce those beds and to support people in a more appropriate environment and a safer environment.

Deputy G.P. Southern (Vice Chairman):

Can I just ask the question asked before, where we are with progressing this particular case?

Service Director for Older People:

Once the current feasibility study is complete we will be in a position to have a more detailed consultation. Arrangements are in hand for a workshop.

Deputy G.P. Southern (Vice Chairman):

Where are we on that workshop?

Service Director for Older People:

I presented a workshop last Friday to staff and following the workshop, I asked for expressions of interest from the staff involving the staff reference group. The feasibility has come through with the first draft. We have had the first draft of that but it is (several inaudible words) pulling together. I am hopeful by certainly the end of February I have asked them to look at something slightly different so we are probably the 1st or 2nd week of March for the final feasibility study. Then we will be able to take it to our corporate management board for sign off. So we are very close to completing that piece of work. What I am describing is phase one and then phase 2 will be (several inaudible words) feasibility for the whole Mental Health Estate.

Deputy R.J. Renouf (Chairman):

So if we develop and work does proceed how will that affect the existing services Clinique Pinel during the redevelopment? Would you need to move people out?

Service Director for Older People:

No. We do not envisage we will have to. One of the things that the redevelopment will include will be putting an out-care unit to the North Wing, I think it is, of Clinique Pinel. We can do that without affecting the current client group. We need to be aware that people in the downstairs Beech Ward which I mentioned is an 11-bedded unit. It was originally designed as a 15-bedded unit but we have not been using it at its full capacity because we have not needed to. So during this time when the building works start we have looked at reducing 11 beds and have come down to 9 beds initially so we can nurse the people in Beech Ward within an area away from where the main building work is being completed. Working (several inaudible) and looking at the feasibility we have at the moment we think it is quite manageable to do (Overspeaking)...

Deputy R.J. Renouf (Chairman):

Even with the vulnerable people you have got there to cope with the disruption and the noise?

Service Director for Older People:

Yes. Clinique Pinel (several inaudible words). We have just completed some work there installing ligature-free windows and we were able to do that safely with the clients in situ.

Deputy R.J. Renouf (Chairman):

Okay, thank you Mr Dyer. Anymore questions on that topic panel?

Chief Officer:

Chairman?

Deputy R.J. Renouf (Chairman):

Yes.

Chief Officer:

Could I just make a comment before we move on? We have had quite a comprehensive and wide ranging conversation. We could probably spend the rest of the hour and a half that we have got still talking about mental health. I think it is really good that we are because it

probably has not had the hearing it should have had because we have been very concentrated on the future hospital. I think the range of questions shows just how disparate the agenda is around mental health in terms of the strategy itself, all in different work streams. If it is possible for members of the Scrutiny Panel to visit the facilities I think it is their interest in doing that. Could I perhaps suggest that we also add on a briefing from Andrew Heaven (Head of Health Improvement at States of Jersey Health and Social Services), the Deputy Director who leads on the implementation of the Mental Health Strategy. Because there are a lot of things we have touched on as concerns but there is a lot more information that we could share if we had an environment where we had more time to do that.

Deputy R.J. Renouf (Chairman):

Yes. We have heard from Mr Heaven last year, I cannot remember exactly when but we have had briefings but if it is felt that we have an update I will certainly be very happy to discuss that with the panel and we will let you know Mrs Garbutt. Okay, thank you.

Chief Officer:

I will be very happy to facilitate that if it would be useful.

Senator S.C. Ferguson:

I am going slightly off-piste again. The hospital has been asking organisations in the public, various charitable organisations if they would be interested in participating in consultations about the hospital. Are you going to be calling on some of the organisations in the charitable sector who might be interested in being part of the consultation to work on this?

Service Director for Older People:

We have had consultation already with a number of voluntary organisations. We have worked very closely with MIND Jersey and Jersey Alzheimer's Association on parts of the Mental Health Strategy and we are involved with that. Just recently we had more detailed discussions with them following some of the issues around the Orchard House/Clinique Pinel plans. We will be inviting the chair of MIND Jersey to be involved with the feasibility at an early stage. So I think it is important that we work very closely with our colleagues in the independent and voluntary sector. (Overspeaking)...

Deputy R.J. Renouf (Chairman):

Thank you Mr Dyer perhaps we can move onto staff recruitment and retention in the hospital. I am aware Deputy Southern has some questions?

Deputy G.P. Southern (Vice Chairman):

You can start where you like. How are we doing on recruitment and retention of nursing and other specialist staff?

Senator A.F.K. Green:

Again I will hand over to the Chief Nurse but certainly when you benchmark us against the U.K. (United Kingdom) we are (Overspeaking) ... well yes so we are doing very well I am pleased to say (Overspeaking) ... Right you will get the details from the Chief Nurse.

Chief Nurse:

In terms of the general hospital specifically we have currently got about 38 registered nurse vacancies. Overall, our total number of nurses represents a fairly manageable percentage that is around about 5 percent of our registered nurse workforce which is not particularly out of kilter. I am aware we do problems, we have a cluster of them in a specific area. So we have had ongoing problems with recruitment in theatres. We have a number of agency staff at the moment who had been in theatres for a while to cover that. We have a campaign at the moment with a recruitment company called TMP that the hospital staff are working with to try and attract more nurses here. In terms of on the general side in the hospital, so the hospital wards, out-patients departments we have got about 22 registered nurse vacancies. Again, active recruitment is underway at the moment. We have got nurses who have been recruited who are on their way into posts. What I will say is the issues around recruitment are fairly static within the hospital and haven't really changed. We have not had an increase in turnover of staff over the last couple of years. Our staff turnover which generally is around staff retiring or staff going to additional posts on the Island as well as some people choosing to leave the Island. The number of things that we have put in place to address this and try and stem some of the issues that we have attracting nurses to Jersey around such as our local education and nurse training programmes which have proven very successful. We have got 37 students in various stages of their training at the moment. This is a decent number which will give us a steady flow of newly qualified nurses. There is no doubt when you talk to nurses that the physical environment of the hospital really does not lend itself to proactive recruitment. Nurses new to Jersey are quite surprised when they see the state of the building and you will be very familiar with that dialogue. There is also issues that I know our nursing unions are proactively working on around workforce modernisation for nurses and they remain committed to that process. Also, issues that affect other jurisdictions, for example, there has been an impact in terms of Brexit in the U.K. where professional staff have become a little bit nervous about changing posts at this particular time. Again, that has a knock on effect in Jersey. I would

say that the picture around recruitment and retention remains fairly static. We do have some hotspots, which we are on top of those hotspots and we do have active recruitment campaigns. We have a full picture maternity services at the moment, we have no vacancies there and we do have some midwifery students in training as well. I do not know if that answers your question?

Deputy G.P. Southern (Vice Chairman):

When you say you are carrying 38 vacancies which is around 5 percent is it over 5 percent or under five percent? Because 5 percent is the marker that there is...

Chief Nurse:

I think it ... yes, I would have to come back to you on that absolutely. However, I am afraid I have not got it this morning. I think possibly it sits just under the mid or 5.5, rather than over.

Deputy G.P. Southern (Vice Chairman):

That would seem to indicate an improvement rather than a (Overspeaking)...

Deputy R.J. Renouf (Chairman):

It was 8 percent last time we spoke (Overspeaking) ...

Chief Nurse:

Can I just say that the figure depends what you are asking for. So if you ask me for (Overspeaking). If you are asking for hospital vacancies, I will talk about the hospital. However, if you ask about Community Social Services, Health and Social Services you get a bigger figure because we are talking about more nursing areas. So I will answer whatever question you give me with the figures that I have got for that.

Deputy R.J. Renouf (Chairman):

Then I have a question because we have heard before about difficulties in recruiting theatre nurses. Is it possible to train the nurses we have locally to take up further training in theatre?

Senator A.F.K. Green:

I was just going to pick up on that because you have started the training programme have you not?

Chief Nurse:

Yes.

Senator A.F.K. Green:

Yes.

Chief Nurse:

I think Helen wants to answer that specifically.

Hospital Managing Director:

We are now looking at doing exactly that. We have some underqualified nurses that have worked in theatres that we are sending off to do the training course. We are hoping to get more numbers through that course because I think it is the only way we are going to attract theatre personnel. This is not just that they do not want to come to Jersey they are really difficult to attract anywhere in the U.K. as well. So we are doing exactly that (Overspeaking)...

Deputy R.J. Renouf (Chairman):

Is there something about theatre work that nurses do not want to do it?

Chief Nurse:

No, I think what has happened is nationally, a bit like they have done with general nursing, the workforce in theatres are called Operating Department Practitioners. They have made that a graduate profession. So we had to go and undertake a graduate programme for that. So there are staff that Helen described now in the U.K. undertaking a course and they will come back to work in Jersey when they qualify.

Deputy R.J. Renouf (Chairman):

A graduate course?

Chief Nurse:

Yes. We have managed to successfully attract some staff who are not from Jersey who graduated from the university we have students at currently and we have got them a post in Jersey now.

Senator S.C. Ferguson:

Has it really improved the quality of nursing? (Overspeaking)... presumably it is a bit like earning the undergraduate degree and then you do get the same practise?

Chief Nurse:

I could not tell you detail but I can come back to you with the detail of the ODP (Operating Department Practitioners) programme. What I will say is that the intention of all graduate programmes is that you develop those particular critical analysis thinking skills amongst your staff as well as the practical hands on skills that nurses require.

Senator S.C. Ferguson:

That implies that people like yourself with training for (inaudible) do not have the critical analysis skills which I think is grizzling for...

Chief Nurse:

Yes, I know what you are saying but the majority of nurses are graduates now. So each of those nurses who undertook the old style programmes, myself included, in the (Overspeaking) they were not graduates, are graduates now. So it is about recognising that nursing is complex; it requires a full range of skills. Not just in terms of those very important caring skills but you do need to have some technical and analytic skills now (Overspeaking) changed.

Deputy G.P. Southern (Vice Chairman):

You spoke of the nurse training that you are doing locally. Can you explain the answer that you have given which says Cohort 2, 3 and 4 which you have not registered yet? Are they still training within the department?

Chief Nurse:

Yes so the way that this has been answered they will go to the particular groups of nurses who currently work for student nurses. So for the adult student nurses, they are the nurses that stay in Jersey for their training and are the biggest groups that we have. We train them to employ. Their programme involves them so they spend a period of time in class in Jersey and then they also spend time out in practise. Then we have practise placement areas all over the Island. So it is not just limited to training nurses for the General Hospital. They experience community nursing, nursing in palliative care, and in other areas as well as the Hospital.

Deputy G.P. Southern (Vice Chairman):

You are talking 29 out of 33 who have completed their training and are working within the hospital service?

Chief Nurse:

Yes.

Deputy R.J. Renouf (Chairman):

Which I think is a good retention rate.

Chief Nurse:

Yes. It is very good.

Senator S.C. Ferguson:

I think you have got a September 2015 cohort and then you have got a cohort during March of 2017. Did that start in September 2016 then?

Chief Nurse:

No, there was a gap there because the curriculum changed. So we had to reorganise delivery at the Jersey end. So the September cohort should have started last September, they are starting in March this year and we have got an additional cohort starting in September this year to make up for that gap.

Deputy G.P. Southern (Vice Chairman):

Attached to recruitment or retention where are we in developing a permanent pay offer for nurses?

Senator A.F.K. Green:

I really can't discuss that at the moment and that is at the request of the trade unions. An offer has been made and they have asked for a chance to formally respond before we say anything. So that is as much as I can say at this stage. We have made an offer and they are thinking about it.

Deputy R.J. Renouf (Chairman):

Minister can you move on to hospital bed numbers and before putting a question I think I just had to comment that you can imagine that a lot of people have been speaking to me following our sub-panel's report on the new hospital. It seems to me that people don't understand why we are planning a hospital with only 283 beds in it. They think that is a very small number, a very small increase compared to what we have at the moment. I have done my best to explain the reasons you have given us. Just to assist the Department, I think there is still some communication that is needed and a wider field of members of the public to explain the strategy. Perhaps you would like to take this opportunity to assure us about the bed numbers plan for the hospital.

Senator A.F.K. Green:

I am very grateful for the opportunity to do that. I never thought I would find myself agreeing with Donald Trump (President of the United States) about fake news. However, I do on this occasion because we have consistently said that the new hospital will have at least 50 new beds, 50 more than we currently have. I will pass on to the officers to go into detail in a minute. It may be 60, we cannot be specific yet but it is at least 50 because we are still in design stage having now got the site. Having said that, we are yet to work out the funding of course. However, I do not think that you can just look at it ... even if we have a minimum of 50 new beds, I think you have to look at the use of those beds. We have talked about modern surgery, for example. My favourite one, not that long ago you went in for a hernia, you stayed in for 10 days. You now come in for a hernia at lunch time and you go home in the evening all things being equal. Not only that, but the much greater provision of individual rooms, while providing dignity for patients, also give us much more flexibility in terms of patients with a highly infectious condition. You could take out a 6-bedded ward under the current system. In the future, you take out one bed. Let us be quite clear, there is a minimum of 50 extra beds compared to what we have today. I do not know if you would like to speak to...

Hospital Managing Director:

Without wishing to sound a little odd, it depends which beds we are talking about. I am going to concentrate on the adult inpatient base which are just (inaudible) beds. In addition to that we have EAU (Emergency Assessment Unit), ITU (Intensive Therapy Unit), Maternity, Children's, private rooms, so I am ignoring those as they are specialist beds. So the adult inpatient beds, we have currently got 132 in operation. We are planning at the moment and I have got to add the caveat for that in a moment because we are still doing the modelling, we are still doing the scenario planning. Our thinking at the moment is to have 192 in the new build so that is an increase of 60 beds in that cohort of adult in-patient beds. These are the ones we are expecting to see the greatest need for. They are the ones that the Minister has just mentioned we will be more flexible because of the layout of the ward will be different. So it will give us a more flexible way of working with them. A 60 increase on 132 is, obviously, a significant rise.

Deputy R.J. Renouf (Chairman):

Surely beds in maternity would need a large increase as well with the growing population?

Hospital Managing Director:

Maternity is interesting because of the way people look after maternity care now has changed since we built our maternity unit. So our maternity beds are rarely filled because people do not stay in so long. You used to have a baby and stay in for a week, now you are home within hours.

Deputy R.J. Renouf (Chairman):

Yes.

Hospital Managing Director:

So we are actually overprovided with our current bed base. So going forward we will make sure that it is appropriate. However, it does depend on the population, our birth rate has remained at roughly 1000 a year so pretty static.

Deputy R.J. Renouf (Chairman):

Yes, people have concerns about the growing population and what the population figures are that you are using and will we ever reach a stage where we run out of beds because we have not planned for a growing population. So is it the case that we use that figure 350?

Senator A.F.K. Green:

We have planned for the current population policy, but more importantly the make-up of the population within that policy. We will review this when the new policy comes out. Although, this is the beauty of the site south of the current hospital. North of the current hospital ... the current hospital, if you like, will be vacant for health use within the health campus should there need to be future expansion in 30 or 40 years' time. That is why we want that health campus not just for that but a whole host of other things ... health-related provision. You have got flexibility there, no other site gave us that flexibility.

Deputy R.J. Renouf (Chairman):

I know you have spoken about this, is it available for health use?

Senator A.F.K. Green:

When we go forward with the planning permission, we have not got to that stage yet. When we go forward that will be part of the brief that we will be putting forward. This will be a health campus that we will ...

Senator S.C. Ferguson:

What do you anticipate being on it? You must have some ideas?

Senator A.F.K. Green:

Not at this stage. It could be maybe that some mental health facilities need to go on there. It could be that some other community-related facility that keeps people out of hospital is on there. Also there is expansion for the future. I am determined, it could be that the new hospital in 100 years' time goes on that site. I am determined that we do not have this problem that we have had in the past with no plan for expansion alternatives in the future. So part of our planning permission, if you like, part of when we go forward and seek planning permission will be to make the whole area a health designated zone with a view to developing a health campus.

Deputy R.J. Renouf (Chairman):

So is that going to be part of the same application for the construction of the new hospital?

Senator A.F.K. Green:

I do not know, I have got to be advised on that. I would like it to be but I do not know whether it will be.

Deputy R.J. Renouf (Chairman):

This must be surely agreed with the Council of Ministers, the (Overspeaking)...

Senator A.F.K. Green:

The principle of the health campus is agreed by the Council of Ministers.

Deputy R.J. Renouf (Chairman):

Right.

Senator A.F.K. Green:

That is agreed. That does not mean that is in planning law which is something we need to do at some time.

Senator S.C. Ferguson:

If you are going to demolish everything there...

Senator A.F.K. Green:

No, we have not said that. We are going to - let us be quite clear, we are going to repurpose, the granite block because it is a listed building anyway. That is going to be ... well the current

plan is it is going to be a school of nursing and some administration. What is going to happen with the 1980's building, it is not clinically fit for purpose but is a sound structure. I do not know the answer to that yet.

Senator S.C. Ferguson:

Is that where ITU is at the moment?

(Overspeaking)

Senator A.F.K. Green:

There is no doubt the 1960's building will have to come down. I have been advised it will not survive another 10 years because of the concrete degradation.

Senator S.C. Ferguson:

There must be a lesson there looking at the granite block that is still there and still in good working order. If something we build 100 years later needs to be knocked down.

Senator A.F.K. Green:

I am not sure what the lesson is because clinically the granite building does not work. We are talking about using it for a school of nursing and administration. If you were ... and probably I'd be accused of being a philistine, if you were really starting from scratch you would put a bulldozer through that as well to give you a bit more space. We know that we wouldn't be allowed to do that.

Deputy R.J. Renouf (Chairman):

How are we on the planning on for the new hospital? So we have heard as a sub-pane a timetable but are presently planning the vacating of Westaway Court and (Overspeaking)...

Senator A.F.K. Green:

That is being worked on at the moment if you want the details (Overspeaking)...

Deputy R.J. Renouf (Chairman):

Not a detailed plan but some reassurance that we are not slipping behind in the programme?

Hospital Managing Director:

We are not slipping, we are doing an awful lot of work on what we call relocation works. So how are we going to empty that part of the hospital that we need to (Overspeaking) ... in order to be ready. This is an iterative process because we are coming up with solutions, we are testing all of them with clinicians and then we are having to go back and redefine them. We are expecting from the team a health brief next week so that should detail everything we have discussed so far. That has to go out (several inaudible words) teams to make sure it is right. From that we do some concept designs which we are expecting to be ready by about quarter 2 this year. Then they go into full design not until probably January next year. In between that we will be going back with our business cases in quarter 2 this year. So we are on track but it is an iterative process because now we are talking fine detail about what service is moving to where, which people are moving to where. So a lot is being done in a lot of detail.

Deputy R.J. Renouf (Chairman):

Are we likely to achieve a solution with Andium Homes about staff housing? (Overspeaking)...

Chief Nurse:

That is ongoing work at the moment and (several inaudible words) is progressing towards the time frame that we have been given. So we are open to be in a position that when our new intake junior doctors start in August they will go into a different building. Then the remaining staff that are already in Westaway Court will be also housed over a base of the ward. That is probably all I can commercially say.

Deputy R.J. Renouf (Chairman):

Okay.

Senator A.F.K. Green:

We will get the support and held that we would expect to get from (Overspeaking)...

Assistant Minister for Health and Social Services:

I can confirm that (inaudible) are working in that same direction.

Deputy R.J. Renouf (Chairman):

Right okay, thank you (Overspeaking)...

Senator S.C. Ferguson:

... Renovation work on Grouville Annexe? Has that been made over to Andium yet?

Assistant Minister for Health and Social Services:

No, that is JPH.

Senator S.C. Ferguson:

And when is the renovation going to be done? (Overspeaking)...

Assistant Minister for Health and Social Services:

... that is not for either health or Andium unfortunately so that is Jersey Property Holdings (Overspeaking)...

Senator S.C. Ferguson:

Well, yes but there are health people living there?

Assistant Minister for Health and Social Services:

In the houses you mean?

Senator S.C. Ferguson:

In the block of flats, the Grouville Annexe.

Senator A.F.K. Green:

Well Grouville Annexe actually referred to a clinic, long gone. There are some flats there but that is not something I would know. (Overspeaking)... Eventually if ... I mean, we are moving slightly out of brief but if you want to know. Eventually I would like to see all housing for key worker staff handled by Andium. So they would take over all the stock and that is our objective but we have not achieved that yet.

Assistant Minister for Health and Social Services:

That is our wish.

Deputy R.J. Renouf (Chairman):

When it is hoped to make a full planning application for the hospital?

Hospital Managing Director:

Well we start with an outline plan which we would obviously then move on to full planning. Outline planning is in July this year and (several inaudible words)...

Project Director for Future Hospitals:

We will come back to that. It is next year some time.

Senator A.F.K. Green:

Is there a date (Overspeaking) as well as a (inaudible)?

Deputy R.J. Renouf (Chairman):

Minister since we last met you have responded to the sub-panel's recommendations on the future hospital projects. They have accepted our recommendations and we are grateful for that. One of them was taking up the suggestion made by our advisors Concerto to appoint a suitably experienced project director at this stage. I think you had perhaps concentrated on our emphasis at this stage. However, you had said, "The team will need to be augmented as the project proceeds". Is it your intention to appoint a suitably experienced project director?

Senator A.F.K. Green:

It is my intention to encourage Property Holdings who run the procurement (Overspeaking) to appoint the right person at the appropriate time. We do know for example, when they built the 1980s extension of the hospital, other companies exist. They appointed Higgs and Hill to manage the whole project and they did that by dividing it up into sub-packages. That is the sort of thing that we know we are going to have to do but really that is all Property Holdings and DFI. We certainly know that whilst we have a very good team and I would not want you to think that we have not (Overspeaking) ... and I do not do think you do think that.

Deputy R.J. Renouf (Chairman):

No, we do not.

Senator A.F.K. Green:

We do know that the team will need to be strengthened by someone who has actually delivered the building of a hospital and I do not think we are quite there yet.

Deputy R.J. Renouf (Chairman):

I do query with all this work going on, the planning and the design, is it not important to have the person who will head up the project for perhaps, (Overspeaking) ... in place?

Senator A.F.K. Green:

I am not an expert on it but it seems to be that the client needs to be absolutely clear what they want before they appoint someone to do it. We are still determining, we know we want a new hospital. But we are still determining...

Hospital Managing Director:

That is what this brief is that I mentioned earlier that is coming out next week. So that is the driver for (several inaudible words). But (Overspeaking) ... the team we have got now has technical advisors, it has health advisors, (several inaudible words) globally. So it is not as if we are not being advised by people that know what they are doing with hospitals.

Deputy R.J. Renouf (Chairman):

No and we have not suggested that...

Chief Executive for Health and Social Services:

I think the problem is that we cannot answer your question because it is not in our report.

Deputy R.J. Renouf (Chairman):

That I can understand to an extent but you are, obviously, working very closely with the client (Overspeaking)... Well you are the client and it is the Jersey Property Holdings that is the manager.

Senator A.F.K. Green:

As the client we have moved from saying we need a new hospital to much more detail now that we have got a site. That work needs to be done, I would suggest using experts like (inaudible) and others. However, it is accepted that we will need, that the States will need a person who is experienced in delivering a hospital.

Deputy R.J. Renouf (Chairman):

Yes and I think Concerto were considering not just a person who knows how to build a hospital but a person who can come in at an early stage to deal with and head up design issues and planning issues...

Senator A.F.K. Green:

I think design and delivery are two different things, personally having been involved with the (Overspeaking). I do not think we are far away from that but as (inaudible) said it is very clear that the actual appointment is one for Property Holdings and DFI.

Deputy R.J. Renouf (Chairman):

Yes. Okay, what else? You are going to retain a critical friend on the project board and so there may be more than one as the project develops. So would you envisage having people with different expertise to act as their critical friend?

Senator A.F.K. Green:

Yes and different parts of the scheme will require different critical friends. However, there is one that I am keen on when we eventually have something to show people that they can identify with, initially anyway. That is the people that use the service not just the clinicians, that is important as well and they are involved now. Also, people that suffer from chronic conditions that regularly use the hospital. We would like to make the use of their expertise as expert patients. Tell us what is good about what we do now, what they don't like, what we can improve and to make sure we plan that in. But I do not know if Helen and Bernard have got more to say about that?

Hospital Managing Director:

About the patient aspect, I think Bernard already engaged with lots of charities and the groups that represent (several inaudible words). So they are involved and will continue to be involved as part of the engagement for that. In terms of the design champion, we have a design champion already on the panel and on the team. I think what we are saying is that as we go through the design process you want a different sort of critical friend as the design is agreed. (Overspeaking) how we are managing the transition, how we are managing the (Overspeaking). I think the team is going to shift and change during the 4 years.

Chief Executive for Health and Social Services:

I think the Concerto report was very helpful in identifying that as we move from the design phase into acquiring a builder to build this thing for us that there may be a different type of champion that needs to be brought into the team and that is under active discussion.

Deputy R.J. Renouf (Chairman):

Good, it is good to hear that has been taken on board. Looking at the wider transformation programme we have some recommendations. I think Minister you said that our recommendation to look into establish a programme management office would be considered by you. You noted there are recourses implications that need to be resolved.

Senator A.F.K. Green:

So what we are talking about there really is the work around P82.

Deputy R.J. Renouf (Chairman):

Yes.

Senator A.F.K. Green:

Rachel will talk to us about that.

Director of System Redesign and Delivery:

So whilst we do not have a physical space for the programme management of this at the moment, we have been looking into assessing the look of the various infrastructure and processes around the programme management. All the way through P82 we have been integrating well between the different work streams. So between kids, mental health, out of hospital, stable primary care, children's services and healthy lifestyles. Each of the leads meets together to integrate those plans as they develop, and to talk about risks and issues and communications that are common and that integrate between those programmes. Most of those work streams have a steering group or an implementation group. Each of the leads sits on one another's steering group or implementation group to make sure that there is good integration. We have also got a transition steering group that overarches it. It also has on it primary care, voluntary sector, treasury and social security. I have been writing a project plan or a programme plan that reflects all of that and enhances it even further with a more formal programme management office. As you said, there are resource implications for that. I am bringing together the work stream leads for an all day workshop in two weeks' time to complete that programme plan. This is including updating the critical path and making sure that wherever possible all of the documentation that each of those projects has looks and feels the same. So the same look and feel of the project plans, risk and issue logs and the communication plans, for example. Of those 6 work streams, 3 of them already work to me and sit together in Maison Le Pape anyway.

Deputy R.J. Renouf (Chairman):

Okay. As I understand it the roll out was acknowledged and the close working you have I think Concerto felt that the risk was that just one of those streams might pull away. Then there is not that structure at the top to hold it all together.

Chief Executive for Health and Social Services:

Well, there is because there is the transition steering group which I am Chair which has representatives not just from within my department but across the States Departments. They

are all (inaudible) senior representatives and leading GPs and leading pharmacists. So we do have all the right people together. What we are determined to do is to put the right infrastructure around that in terms of the project plan documentation, the critical path and the programme management to reassure you and ourselves that what we know we are doing can be evidenced. We do expect to fulfil that recommendation in full.

Deputy R.J. Renouf (Chairman):

That is good and within what timescale?

Chief Executive for Health and Social Services:

Within the next couple of months.

Deputy R.J. Renouf (Chairman):

Couple of months. So that will involve the resource implications and additional staff members?

Chief Executive for Health and Social Services:

Yes, which we will have to resolve within the department, yes.

Deputy R.J. Renouf (Chairman):

That should just be beneficial to be able to ensure everything moves again?

Chief Executive for Health and Social Services:

Yes, because we have those 6 work streams and then there will be a further governance related work stream which will also need to be lead and that will be the way that we will address the resourcing issue.

Deputy R.J. Renouf (Chairman):

Okay, perhaps you could keep us updated on how that develops. Thank you Mrs Garbutt. Right, panel have you got questions on any other areas? Can we ask Geoff to go first?

Deputy G.P. Southern (Vice Chairman):

I am looking at voluntary release schemes and I note voluntary redundancies from the hospital or from the health amounted 14 staff. Is there any plans for future voluntary release schemes in order to deliver the £70 million in staffing savings from the hospital?

Senator A.F.K. Green:

If you are saying are we driving to say let us see if we can find a number of people to release, no we are not. However, in ongoing work, looking at different services, departments do come up with different ways of doing things that sometimes involve being able to release staff. There are no plans at the present time. I will hand you over to Helen probably because she manages the hospital. But I will never say when we stop looking at the way that we do things. Most of those releases have been staff driven from the bottom up.

Hospital Managing Director:

Yes. Well I encourage all of my teams to look at whether or not they can do things different and whether somebody needs recruiting. We all will go through that whole process. That is, do you need the same post? Is it the same hours? Is it the same grade? Is it meant to do the same things? So we review all of our staff all of the time anyway. I have not got any for 2017 at the moment. I think there is one individual that has put a staff request in rather than any particular redesign that has come forward. This gives us an opportunity sometimes when people put themselves forward to say exactly that. So I think we might have one but otherwise no at the moment.

Senator S.C. Ferguson:

So, to some extent we have doubled the amount of the work that really needs doing?

Hospital Managing Director:

None of the recent specific pieces of work in specific areas. They cannot cover the whole patch (Overspeaking).

Senator S.C. Ferguson:

Not when it is understaffed, obviously.

Hospital Managing Director:

Some of these have been driven through the ... so some of these posts (inaudible) have already been driven by a piece of work where they have looked at, for example, the portering staff have had a lean exercise and we have not recruited more of those posts...

Senator S.C. Ferguson:

Right. So when are you getting work together on the waiting lists?

Hospital Managing Director:

We already have done work on the waiting lists. Have you seen the results?

Senator S.C. Ferguson:

That is why you answered the question that Deputy Hilton asked. I noticed that the orthopaedic wards are down to 3 for the first (Overspeaking).

Director of Finance and Information:

I think it might be worth Helen do we talk about the quality awards and how they come forward intuitive to improve the work load and performance within the hospital as well.

Hospital Managing Director:

Rose is the lead on the quality boards but every year we ask people to put forward schemes that they have worked on and schemes that have made a difference. We get a really good range from the staff and people nominated from their teams on how they have made improvements throughout the year. When it comes around to this year's quality awards I am sure we can easily consider the range of leaderships that have been undertaken.

Chief Nurse:

I was just going to say about putting support schemes forward that can either demonstrate value for money or demonstrate improvements in customer service, patient safety and innovation. So they have a range of catchment. Innovations is a catch all category so we don't miss anything factual if they don't put (several inaudible words) in that category. We run that on an annual basis and (inaudible) a broad range of schemes and they go through a shortlisting process. Winners in each category (several inaudible words) really positive in terms of encouraging other departments to think differently and do things.

Chief Executive for Health and Social Services:

I think the important thing as well is it is staff lead. Because it is staff coming forward with their own ideas and doing it on terms...

Senator S.C. Ferguson:

Do you have a basic suggestions box set up?

Chief Nurse:

We do have some suggestion space set up. We have one around at our living cost schemes (Overspeaking) to put suggestions forward. The mail room which is where the lead team are based. That has an open door policy and staff are able to put suggestions through that. We also have various open days. Staff will also raise ideas through the various different meetings

that they go to. We also hear really good stuff through our monthly Unsung Heroes scheme as well where people can nominate people for doing exceptional service in their job.

Senator S.C. Ferguson:

No, I was thinking of a dead simple suggestion box where that suggestion gets a typical reward.

Chief Nurse:

In the ward we have got two great big flip chart size charts with all of our staff suggestions that have been given to us. We have not nominated one for an award in any way at the moment but we are collecting them. Then we will be worked through...

Deputy G.P. Southern (Vice Chairman):

To the Minister have you finally got a detailed service level agreement signed and agreed with how many nurses are nursing in healthcare?

Senator A.F.K. Green:

We have a service level agreement but still not signed unfortunately.

Deputy G.P. Southern (Vice Chairman):

What do you see as the way forward?

Senator A.F.K. Green:

I don't know what the problem is. I think it is just that there are several people on the board. They wanted to get legal advice on it; they seemed to be happy with it. What I am prepared to do because I know you want to finish your report is perhaps ... and they have asked us not to release everything at the moment because there is some commercially sensitive stuff in there. Perhaps if we could at least give you the headlines that might be helpful for your report if we send that to you.

Deputy G.P. Southern (Vice Chairman):

It certainly would be in terms of our interests but on the wider interest what are you doing to try and get that?

Senator A.F.K. Green:

We keep pushing but I cannot make them sign it. I will let Rachel give you more detail because she does speak to them regularly.

Director of System Redesign and Delivery:

There are 3 elements to the contract - there is the financial section, the service specifications and the wrap around contract wording. We have agreed the financial amounts, we have agreed the service specifications. The only bit that is still outstanding is just two small sections of the contract which we are just having a discussion about. The individual that we are having the discussion on that with is on leave at the moment. So as soon as they are back from leave we expect to have that contract signed. The only bit that is outstanding is just two small elements of wording on the wrap around contract. The financials are agreed and the service specifications are agreed.

Deputy R.J. Renouf (Chairman):

What do you mean by the wrap around contract?

Director of System Redesign and Delivery:

The terms and conditions. So the States general terms and conditions that talks about things policies you will have in place, what happens if there is a dispute, what requirements do we have of the organisation and what they can expect from us.

Deputy R.J. Renouf (Chairman):

Yes, understood.

Senator A.F.K. Green:

I know you are anxious to finish the work that you are on and we can provide some of that information for you ahead of time, we will.

Deputy R.J. Renouf (Chairman):

Okay, it is half past, any other burning questions?

Deputy G.P. Southern (Vice Chairman):

Just one. If I was setting out to create a long term care system, I would not set out the design on what we have ended up with. That is for those people on income support and there are 3 grades that you can apply for assistance with help the care. There is now a new 4th tier which stretches from £150 to £350. However, that is assessed different to the 1 to 3 grades below it by different people and the funding is sourced from different sources. So you have got effectively a 2-Stage delivery of long-term healthcare. Now, it seems to me that you would not set out and do that to somebody, either yourselves and probably in conjunction with Social

Security, should take a look at it and say is this really what we want to go ahead with for the next...

Senator A.F.K. Green:

You may have a point there. Regular reviews are going on, but we must not muddle up benefit allowance with long-term care. They are two different things and I know they overlap sometimes.

Deputy G.P. Southern (Vice Chairman):

But that point is that long-term care assess a need and gives that a sum of money. The grade below that on income support are assessed completely differently on a different criteria nonetheless. They also have a funding mechanism which says you can be spending on this scale.

Senator A.F.K. Green:

The things you are describing there are a benefit. The long-term care scheme is, like it says, a long-term care scheme. However, you are right they do need to be looked out on how they work together, whether we can improve them...

Deputy G.P. Southern (Vice Chairman):

My concern is that the group of people assessing Level 4 for want of a better word, are different with a different assessment, completely different assessment technique compared to 3. For instance, is the risk of that Level 4 overlap or are miles apart?

Senator A.F.K. Green:

We will take your concerns away and look at it. However, what I would say is one is a benefit sometimes for long-term but often for a particular condition for a period of time. The other one is a long-term care scheme where it will be up to a certain cost. It is a matter for Social Security but you are right it should be reviewed from time to time and that is something that we will discuss. The Minister does carry out regular reviews but we will discuss your concerns.

Senator S.C. Ferguson:

Yes, because the higher Level 4 is actually impinging on the lower levels of long-term care. So you have to have a standard of assessment. You cannot have two standards of level 3, they are all leading in to long-term care so you must have a consistent level of assessment.

Senator A.F.K. Green:

What we are trying to do is to help those poor people that just fell between the gaps. If we create another problem then that will come out in a review.

Deputy R.J. Renouf (Chairman):

Ministers and assistant ministers and all the team from health thank you very much for meeting with us today.

ADJOURNMENT

[11:45]