



Health and Social Security Scrutiny Panel

Quarterly Review Hearing

Witness: Minister for Health and Social Services

Thursday, 16th November 2023

Panel:

Deputy R.J. Ward of St. Helier Central (Chair)

Deputy C.S. Alves of St. Helier Central

Deputy A. Howell of St. John, St. Lawrence and Trinity

Deputy B. Ward of St. Clement

Connétable M. O'D. Troy of St. Clement

Witnesses:

Deputy K. Wilson of St. Clement, Minister for Health and Social Services

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Health and Social Services (1)

Deputy R. Binet of Grouville and St. Martin, Assistant Minister for Health and Social Services (2)

Mr. C. Brown, Chief Officer, Health and Community Services

Ms. A. Muller, Director, Improvement and Innovation, Health and Community Services

Ms. R. Johnson, Associate Director, Health Policy

[10:31]

Deputy R.J. Ward of St. Helier Central (Chair):

Welcome to the quarterly public hearing with the Minister for Health and Social Services. We will start with some introductions. Minister, I always ask you are you familiar with the process, there should be a card on here, but I think you have seen it a number of times. Are you okay with that?

The Minister for Health and Social Services:

Yes.

Deputy R.J. Ward:

If we introduce ourselves first. I am Deputy Rob Ward and I chair the panel.

Deputy C.S. Alves of St. Helier Central:

I am Deputy Carina Alves and I am vice chair of the panel.

Deputy A. Howell of St. John, St. Lawrence and Trinity:

I am Deputy Andy Howell and I am a member of the panel.

Deputy B. Ward of St. Clement

I am Barbara Ward, Deputy for St. Clement and member of the panel.

Connétable M. O'D. Troy of St. Clement

I am Marcus Troy, Constable of St. Clement and panel member.

The Minister for Health and Social Services:

Karen Wilson, Minister for Health and Social Services.

Assistant Minister for Health and Social Services (1):

Deputy Malcolm Ferey, Assistant Minister for Health and Social Services.

Assistant Minister for Health and Social Services (2):

Rose Binet, Assistant Minister for Health.

Chief Officer, Health and Community Services:

Chris Brown, Chief Officer for Health and Community Services.

Deputy R.J. Ward:

Thank you. Okay, so if we start to talk about some of the ministerial priorities. Could you highlight any particular 2023 ministerial priorities that have not been fully met and what challenges were encountered in these areas?

The Minister for Health and Social Services:

Well, one of the things that we are still waiting for is the work on the primary care strategy. That was delayed for a couple of reasons in the sense that we had some resource issues that prevented that

but also the volume of work that has been done around the general health portfolio in policy terms. As you know, we only have quite a limited policy function. The other area is around the citizen engagement strategy and this is the strategy that we are trying to put in place to make sure that citizens are actually engaged and involved in the design and the development of health care going forward. The other is the autism and neurodiversity strategy and that is the one that is causing most challenge in terms of getting that work started at this moment in time.

Deputy R.J. Ward:

A couple of things on that. In terms of the primary care strategy, is that the remnants of the Jersey Care Model that was removed but something has to be replaced in terms of the relationship with primary, secondary, tertiary care?

The Minister for Health and Social Services:

Yes. No, it is not the remnants. What we are going to do is completely refresh what we want to do to deliver a better primary care service. I think the original intention as part of the Jersey Care Model was to do some work around to the strategy for primary care. As part of my ministerial priorities for next year what I want to do is I want to refresh the approach to that. So it will be respecified, as it were.

Deputy R.J. Ward:

What we have at the moment is what was already there, just business as usual with no change.

The Minister for Health and Social Services:

That is right.

Deputy R.J. Ward:

Are you disappointed that that primary care strategy has not been developed since it was a priority for 2023 and it has just now been knocked on to 2024?

The Minister for Health and Social Services:

Well, I think I am not so much disappointed, I think there was a need to take stock. As I have said before in terms of what has actually happened around the folding of the Jersey Care Model and what we need to do is we need to reset the health strategy. One of the things that will be incorporated into that going forward will be the focus on what we want to do around primary care.

Deputy R.J. Ward:

I will just ask one other thing quickly. You mentioned about a citizen engagement strategy and I will raise something that was raised with me - and we have raised it as a panel before - if you go online

to look at waiting lists, that website has not worked and I believe it actually has not worked since March. I may be wrong, this is just information I have been given. What is happening to the website of waiting lists so the public can engage and get access to what the waiting lists are?

The Minister for Health and Social Services:

So I am aware that there have been some issues and difficulties that Islanders have had accessing waiting lists but we are updating the sources of the information and the quality of the information that we want to provide, and there is some work being done on that at the moment.

Deputy R.J. Ward:

Do you have a timescale for that?

Chief Officer, Health and Community Services:

We are expecting to discuss at the H.C.S. (Health and Community Services) Advisory Board what sort of metrics would be most useful to the public and to be able to publish it, because there is a whole range we could choose. I am hoping that in the new year, into 2024, we will have agreed those metrics and the information will be readily available. Waiting list information is available through the board. The board papers that are published on the Government website for the H.C.S. Board includes waiting list information.

Deputy R.J. Ward:

Would it be a good idea to have a link to those on the website that people go to? It is a simple ...

Chief Officer, Health and Community Services:

Yes, I do not know whether that is ...

Deputy R.J. Ward:

That might be a simple solution to the problem. Can I ask - sorry, I am on a roll here - when you talk about the metrics being decided upon when will they appear online in the first quarter, second quarter, third quarter?

Chief Officer, Health and Community Services:

First.

Deputy R.J. Ward:

First quarter of 2024. In the NHS, for example, I believe you can go on to the website - this may not be accurate, I am sure you will know more than me - and you can get some sort of estimation of how long you would wait. Is that one of the things that will be added to the to the process?

Chief Officer, Health and Community Services:

Yes, so what you tend to see is 2 broad things. One is the size of waiting, so how many people are actually waiting? Now, in some ways that is not a great indicator because you could have thousands of people but if they are only waiting 2 weeks then that is not ... it is the length of time that patients wait. So information in the past has been grouped into timeframes. In the NHS, there is very specific targets where information is published against those targets. In Jersey we do not have those targets. That is what I am saying about we need to agree what those metrics are. But what we should expect is that a member of the public can look at a waiting list, ophthalmology, for example, and say: "If I am a routine patient this is the likely wait that I will see."

Deputy R.J. Ward:

Will it go as far down as to say I am waiting for a knee operation or replacement knee, I can look and say the estimation from my replacement knee in Jersey would be however long?

Chief Officer, Health and Community Services:

I do not think we are going to get down to sort of individual procedural level. So that would come into orthopaedics, for example.

Deputy R.J. Ward:

For departments, orthopaedics, for example?

Chief Officer, Health and Community Services:

Yes, orthopaedics, ophthalmology, so by speciality the waiting list but not by procedure.

Deputy R.J. Ward:

Okay.

Deputy B. Ward:

There are just 2 comments, if I may, Minister. On the waiting list, and we are looking at the future, it is about the readmission rate which, I think if my memory serves me well, in March when it was published it was running at 13 per cent readmission rate, which of course impacts on our waiting lists if people are bouncing back. Will that be included going forward so we can keep abreast and keep track of that?

Chief Officer, Health and Community Services:

Again, readmission rates are important. The last set of readmission, I think, is around 13 per cent. When you look at the U.K. (United Kingdom) that is what you would expect to see but it is understanding what those readmission rates are for. Is it because of a failure in community services

or a breakdown in home care that people come back? Is it because they have been discharged too soon? Looking at the overall information, you have to interrogate it to understand why that is. Indeed, some people are readmitted on purpose because they are planned to be readmitted. I think the problem is with some of the data is it is not being clear for what reason that readmission has taken place. I am just turning to Anuschka, is there anything more to add?

Director, Improvement and Innovation, Health and Community Services:

Well, particularly on ...

Deputy R.J. Ward:

Sorry, do you want to just come up to the table. There you go, you can swap. That is a good idea.

Director, Improvement and Innovation, Health and Community Services:

Anuschka Muller, Director of Improvement and Innovation, Health and Community Services. Just to confirm the waiting lists will be published. We are aiming to do that in January, February, so the detail that you were asking for. Readmission rates, we are looking into that in the new set to have that included as well.

Deputy B. Ward:

Thank you, because it is important. It is important for families. My other question, which is going slightly back, was on the autism strategy, are you going to be working with C.Y.P.E.S (Children, Young People, Education and Skills) because they oversee C.A.M.H.S. (Child and Adolescent Mental Health Service) and, of course, if we are picking up younger ones or certainly up to the age of 18, they will be involved? So the strategy, will that be covering C.Y.P.E.S as well?

The Minister for Health and Social Services:

It is a really good point. I think the strategy needs to be whole life so it will inevitably require us to work across a whole host of agencies, not just C.Y.P.E.S. but also with the charitable sector as well, because I think we really do need to understand what that experience is like and how we engage the whole system in developing a strategic framework that meets the needs of those people.

Deputy B. Ward:

There will be costs involved as well so it will be across committees, you know, sharing of costs because of their responsibility with ...

The Minister for Health and Social Services:

I think the first thing to do is to signal the strategic intention as to how and in what way we want to improve support and care for people with autism and neurodiverse needs. The second thing is the

implementation that is required behind that strategic intention. I think that is where you point around how do we cost that and the amount of investment that is going to be needed. One of the things that is of particular concern to us at the moment is the struggle that we have got to actually reduce those waiting lists down for people awaiting assessment. I do not know if you want to make any comments about that in terms of the mental health services work around that.

Assistant Minister for Health and Social Services (2):

I know that they have been working on the strategy. Autism Jersey has been doing that and also I have been speaking to Andy Weir about whether we can improve getting people diagnosed. I have been chatting to him about that.

Deputy B. Ward:

Thank you very much, Minister.

Deputy R.J. Ward:

With that diagnosis there comes a need for treatment.

Assistant Minister for Health and Social Services (2):

That is right. That is one of the problems is you can you can diagnose people but we do not really enough in place to help people once they have been being diagnosed. That is something else we are looking at.

Deputy R.J. Ward:

Yes, the 2 go hand-in-hand.

Assistant Minister for Health and Social Services (2):

They do.

The Minister for Health and Social Services:

I think that is the issue around the implementation about what kind of service offer that we need to make for people. The other element of strategic work that has not been delivered is the new mental health strategy. That has been delayed.

Deputy R.J. Ward:

Okay, do we have a date for that?

The Minister for Health and Social Services:

No.

Deputy R.J. Ward:

So that might not happen at all?

The Minister for Health and Social Services:

No, it will happen but I think it has been delayed for this year and I do not have a date on this one.

Deputy R.J. Ward:

Okay. I mean obviously a description is really important otherwise we have nothing to benchmark against.

The Minister for Health and Social Services:

Okay, I will find out.

Deputy C.S. Alves:

Just to pick up on mental health. We know that the move to the new build for Orchard House has been delayed. Do you give an update on that? Is that still ...

Assistant Minister for Health and Social Services (2):

I am going there next week.

Deputy C.S. Alves:

So when is that move due now?

Assistant Minister for Health and Social Services (2):

As far as I am aware it is still waiting on the lift because I think they are actually ... the people that should be upstairs are downstairs.

Chief Officer, Health and Community Services:

We were hoping that it would be before Christmas but it depends on the delivery of the lift.

Deputy C.S. Alves:

Okay.

Deputy A. Howell:

Could I just ask one thing? The A.D.H.D. (Attention Deficit Hyperactivity Disorder) patients who are being seen at the moment, some of them could be sent back into primary care if the funding was there. Have we have you come up with any thoughts about that?

The Minister for Health and Social Services:

I would need to talk to Andy Weir. I do not know whether you have had any conversation, Rose?

Assistant Minister for Health and Social Services (2):

Not about that, no.

Deputy A. Howell:

No, because I think then we could get to see more patients and get them treated, then more patients could be seen because I think there is quite a problem at the moment.

The Minister for Health and Social Services:

There is, but I shall discuss that with him.

Deputy R.J. Ward:

I think there is a risk as well. There is a lot of promises being made of new strategies and people who are in difficult situations and may want a diagnosis are just waiting and waiting and waiting. The last thing they want to hear from this panel is: "Well, it will happen, but we do not have a date and it will happen at some time. We have some plans for something in the future." Where is the urgency? I have to ask that question. I am sure there is an urgency but, again, we are seeing delays and I am just concerned that people ... when can we start to see real, tangible improvement in autism and other areas of mental health, et cetera.

The Minister for Health and Social Services:

If I can just comment on the urgency piece, because this is absolutely on our radar in terms of urgency. One of the things that we have tried to do is to try and work out how we can actually improve those referral and those assessment processes. There has been quite a lot of work done to actually make some inroads into that. I think some of the waiting times have come down from 2 years and we can see a general trend coming down because we have put some more investment in that or reorganised the way in which the referral process is happening. But it is not enough, it is just not enough, and the prevalence of autism in the Island, again, it is quite a significant prevalence. I do not we have ...

[10:45]

Deputy R.J. Ward:

Is there a bid in the Government Plan to put more money in for autism?

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The Minister for Health and Social Services:

I do think we have planned for that, yes.

Deputy R.J. Ward:

So there is a bid in the Government Plan? I know we are not talking about the Government Plan today but we are talking about ministerial priorities and these priorities are there all the time. So where is the push for the money to do it if we are aware of it?

Assistant Minister for Health and Social Services (2):

I think some of the problem is actually finding the right individuals to do some of the work that you want to have done. Staffing. It is an expertise.

The Minister for Health and Social Services:

It is one of the most difficult things.

Deputy R.J. Ward:

Where is the push to get the expert staff? I am going to keep going with it.

The Minister for Health and Social Services:

No, no, the ...

Assistant Minister for Health and Social Services (2):

I think there is quite a lot of drive to get the right people. I know there have been interviews taking place to try and fill the gaps but it is not easy because there is not that many people doing the work.

Deputy R.J. Ward:

Yes, we recognise the difficulty. I think, just as a panel, we do need to push more on the dates, the changes and the tangible outcomes because we understand at the beginning when you are planning and, you know, we do not have a primary health care strategy, we do not have a Jersey Care Model, we do not have so many different things but at some point a year and a half, nearly 2 years, into this term we do need to be seeing something tangible.

Deputy C.S. Alves:

Sorry, can I just pick up on the aspect of staff there and getting specialised staff? What about offering some kind of training programmes for them, because I remember when we were teaching we had certain individuals who could carry out certain assessments for certain areas of difficulty?

Assistant Minister for Health and Social Services (2):

I have been looking at that with Andy, as well as trying to bring down the waiting list for A.D.H.D. We have been discussing different ideas.

Chief Officer, Health and Community Services:

One of our priorities in recruitment is targeting specialist mental health staff. Of course this is a global shortage, not just a shortage in Jersey. I think probably from an operational point of view, Minister, it is probably important to be clear that we are not waiting on a strategy to do something. Those activities about trying to reduce the A.D.H.D. waiting list and the issues, Deputy Howell, that you raised around, you know, patients have to come back to see a psychiatrist to have their Ritalin drugs rather than ...

Deputy A. Howell:

Yes, whereas they could be being seen by a G.P. (general practitioner) if that could be joined up, I am sure.

Chief Officer, Health and Community Services:

That would release capacity.

Deputy A. Howell:

Yes, exactly.

Chief Officer, Health and Community Services:

So those things are continuing. I would not want people to think that we are waiting on a strategy because there is an immediate urgent need to do so.

Deputy A. Howell:

Can we do it a bit faster? It is 18 months on now.

Deputy R.J. Ward:

I just think at some point it would be nice to have one of these hearings where you say what tangible has happened and we can have a list of things that say this has changed in this time, this has changed, this is different. It is not just about patterns, you know? I honestly have a plan and a strategy to lose weight all of the time, it does not mean it actually ever happens but my plan is always there. I think it just seems so analogous to where we are going here and I just think as a panel and as we get further into this term, we need to learn more about that. Let us go on to the first ministerial priority, something perhaps we can say, was the establishment of the Health and Community Service Board, which leads us nicely into our second set of questions. Andy.

Deputy A. Howell:

What measures are in place to monitor the performance of the newly established Health and Community Services Board and ensure that all board committees, reporting structures and assurance frameworks are established by quarter 2 2024?

The Minister for Health and Social Services:

So I will hand over to my policy officer in a minute who is going to do some of the work with them? But the first thing to say is that the board has now met on 2 occasions and we are still in the process of recruiting to the full complement of the board appointments. And there is a workshop planned with the board members to actually look at how and in what way their effectiveness is going to be developed and reported on. There are some standard tools that some boards use across care organisations and we may choose to adopt some of those, but I think what I am more interested to understand is what the local context is for how we actually account to the public as to what we want to do to demonstrate the effectiveness. We are on track to deliver that by the end of quarter 2.

Deputy A. Howell:

Can you provide an update on the appointment of a new chair of the Health and Community Services Board?

The Minister for Health and Social Services:

Yes, we are still in the recruitment process for that.

Deputy A. Howell:

Okay, thank you. Additionally, can you provide an update of the appointment of the remaining non-executive directors?

The Minister for Health and Social Services:

That is still in process. I am advised that we should be able to receive some information on when they are intending to appoint to that post over the next week or 2.

Deputy A. Howell:

Then one N.E.D. (non-executive director) was that right, was appointed yesterday? Or it was announced.

The Minister for Health and Social Services:

It was announced, yes. It was announced.

Deputy A. Howell:

Do you think that person was independent?

The Minister for Health and Social Services:

Yes. I think the process that they have gone through with the Appointments Commission, they were considered in terms of all of the person specification and the requirements of the post through the Appointments Commission and that was the decision that was made about that appointment.

Deputy R.J. Ward:

So when will we know the board members and the chair, a date when we will know these.

The Minister for Health and Social Services:

As you know, the process is not with me, it is with the Appointments Commission, but we are trying to press on that and to actually get them to appoint where we have a full complement of the posts in place.

Deputy R.J. Ward:

Will it be by the end of this year?

The Minister for Health and Social Services:

I cannot say because I am not running the process. I am expecting the Appointments Commission to be able to deliver the outcome.

Deputy A. Howell:

Is it the Appointments Commission who makes the appointment or is it you, Minister?

The Minister for Health and Social Services:

It is the Appointments Commission that make the recommendation and the decision is mine as to whether to accept that recommendation or not.

Deputy R.J. Ward:

Okay. Is there anything else you want to ask on that? Other than that ...

Deputy B. Ward:

When will the minutes of the last meeting be out, because they are still not out?

The Minister for Health and Social Services:

Yes.

Deputy B. Ward:

I just wondered when they are going to be published.

The Minister for Health and Social Services:

I do not know. That is the board secretary but we can confirm that for you?

Deputy A. Howell:

Could I just ask one question? Could I just say with this board, would it be possible for it not to clash with the States Assembly sitting, please, because none of us are able to go if we are expected to be in the States Assembly?

The Minister for Health and Social Services:

I was not aware that it was clashing but I think that is the date on which we agreed.

Associate Director, Health Policy:

Yes, what we can do is we can ask the chair to review the proposed board meeting dates to try to avoid clashes wherever possible. There may be, as I am sure you will appreciate, some months where that is just not possible to do but we can certainly give that message back to the chair.

Deputy R.J. Ward:

I think just the clarity of the minutes, the content and the meetings as well is very useful, particularly for the panel. So we would want to get that. Just to confirm then that they have a list of waiting lists here so you can link to that.

Chief Officer, Health and Community Services:

All the papers for the board are published on the Government website. There has been an issue about how quickly that happens as a process but certainly every single paper, the agendas, everything are in the public.

Deputy R.J. Ward:

Because this board will be very powerful, it will be very influential, so I think that openness and that transparency of what is discussed and what is seen needs to be there and there needs to be real validity in members and, if you like, trust in what it is doing. Do you have a measure of that?

The Minister for Health and Social Services:

What I can say is that I have received a number of ... well a range of feedback from people, a number of people, and I can tell you that they have welcomed this. It has been very positively received. People have attended and they have told me that they welcome the opportunity to sit and

ask questions. They believe that the process is open and transparent. They welcome the pre-publication of the papers. Also the other thing is that they have seen and welcome the challenge from the non-executive side to the executive side, which is something that people have not had experience of before. Overall, the response from the public has been positive.

Deputy R.J. Ward:

Yes, I think we have seen that as well. Next set of questions is Deputy Alves about efficiency and standards.

Deputy C.S. Alves:

Thank you. So, Minister, what steps are being taken to ensure that H.C.S. are prepared for independent inspection by the Jersey Care Commission, particularly in adopting and complying with evidence based clinical standards to ensure services are safe and effective?

The Minister for Health and Social Services:

I will hand over to Chris on this because this is detailed work, but what I can assure the panel is that we have got the mechanisms in place to be able to get ready and develop our state of preparedness about this. Would you like to carry on, Chris?

Chief Officer, Health and Community Services:

Yes, I guess in some ways everything that we are doing as part of the improvement or turnaround plan in H.C.S. is about preparing for inspection. So whether that is financial improvement, clinical governance improvement, adopting N.I.C.E. (National Institute for Health and Care Excellence) standards, which we made a policy. I do not think there is anything that we are doing that will not be about preparing us for a regulatory inspection, so that continues. As we move into 2024 we will ... and the more we start to understand what Jersey Care Commission are expecting, the more we can target. But I am comfortable that we just need to continue in the route that we are continuing on around improving all the processes in governance and quality, because those are all the sorts of things that I would expect a regulator to want to gain assurance and inspect. At the moment there is not what I call a specific programme because it is about preparing Jersey's Health and Community Services for regulation and that is part of the overall turnaround plan, whether that is culture, finance or clinical standards.

The Minister for Health and Social Services:

I think there are a couple of things that we will ... you know there has been a big emphasis on the whole issue around culture in H.C.S., so we will have the next Picker survey that will be out, and the J.N.A.S, assessment, which is the Jersey Nursing Accreditation System, which basically looks at a whole standard range of domains across care quality. The other thing is that obviously we have the

quality team that have been appointed now and they are going to be looking at some of the metrics and the performance that we can use to benchmark and also assess the quality of care in relation to each of the specialisms that operate within H.C.S. In terms of the efficiency element of that, as has Chris alluded to, we have the financial recovery programme and I do believe, and having gone through the detail of it, that we are on track to be able to deliver our efficiency for this year. It was planned in the programme but we are going to have to be absolutely totally focused on the delivery of the next tranche of that during 2024 because the scale of the efficiency is greater. The mechanism and the vehicle for doing that is through the financial recovery programme and also some other aspects of improvements that we will probably come on to later on in the discussions.

Deputy C.S. Alves:

Thank you. Who has oversight of the work being undertaken by the Jersey Care Commission?

The Minister for Health and Social Services:

Who has oversight? We do not. That is an independent body.

Deputy C.S. Alves:

Is there a reason why H.C.S. is not inspected by the C.Q.C. (Care Quality Commission) similar to the U.K.?

Deputy R.J. Ward:

Which is the Care Quality Commission. I looked it up.

The Minister for Health and Social Services:

The Care Quality Commission in the U.K. is established within law. Our law has established the Jersey Care Commission and the regulatory framework that we use for health is enacted through the work of the Jersey Care Commission. Some of the ways in which the regulatory frameworks appear through the Jersey Care Commission have some similarities with what the Care Quality Commission offer, but the detail of how the Jersey Care Commission organised its work, identified its standards, set out its policy framework ... we have the expert in the room who has designed all of that if you want to talk to the policy officer in more detail about that, we can go into more detail. The Care Quality Commission is a regulatory organisation that is established under U.K. law and in Jersey our regulatory body is the Jersey Care Commission.

Deputy C.S. Alves:

But there are similarities between the 2?

The Minister for Health and Social Services:

Clearly any health system across the world will have similar standards that they will want to compare and contrast the quality and the performance of their clinical services. What that means is that you take from each of those regulatory frameworks ...

Deputy C.S. Alves:

Sorry, so how is that communicated to staff joining the organisation, for example? Because a lot of them will be coming from the U.K. and will be used to obviously C.Q.C. not the J.C.C. (Jersey Care Commission).

[11:00]

Chief Officer, Health and Community Services:

My assumption in that as the change team is that the many of the standards that are used by the Care Quality Commission equally apply in Jersey. We are not different. As I say, it is an independent Jersey Care Commission, an independent body, but my expectation would be planning on the basis of the standards that the C.Q.C. in the U.K. expect is not a bad start. I would assume that the J.C.C would actually follow in that line.

The Connétable of St. Clement:

Given that we have now establish N.I.C.E. protocol as opposed to the Jersey way, which we have heard a lot about, should we assume that the U.K. Care Model is more robust than the Jersey Care Model? Why do we not just go by the most robust system?

The Minister for Health and Social Services:

First of all, the absence of a regulatory framework in Jersey around standardising and delivering against the particular quality measures that are referred to in the regulatory framework has not been developed and kept pace. I think when you are having professionals who come from different parts of the world to come and work here in Jersey, what is expected is that they will have a regulatory framework to benchmark their practice against ...

The Connétable of St. Clement:

From their own jurisdiction.

The Minister for Health and Social Services:

Either from their own jurisdiction or if they have worked in multiple jurisdictions they will have been familiar with the concept of a regulatory framework. The other thing that is an element of this is about an evidence-based practice approach to the way that we do things. One of the things that is really important for us to improve the quality of care for Islanders is that we use evidence to inform

the design and the development of services going forward. Some of those are articulated or embodied through N.I.C.E. guidance. There will be other bodies that will provide the latest evidence as to how you do something. Our job is to make sure that we are supporting clinicians to use that evidence base in order to direct and deliver the best possible care that they can.

The Connétable of St. Clement:

We are not going to fall into the same trap as the Jersey way.

The Minister for Health and Social Services:

We cannot afford to and we must not. What we must do is we must make sure that our care offer is optimised through the latest evidence and I make no apologies for saying that that is the way that we are going to deliver modern healthcare.

Deputy R.J. Ward:

Just to follow on from that, it is sort of vague, in that case, Minister, can I ask you are you confident that Jersey Care Commission is capable of doing what it needs to, if you like, with an equivalence to the Care Quality Commission in the U.K., the level of independence, given that we are in absence of a regulatory framework?

The Minister for Health and Social Services:

What I have seen in terms of the way in which the Jersey Care Commission is operating within its current regulatory limits, so we know that it is not regulating the whole healthcare system, what I have seen is that it can take actions and sanctions against organisations. I expect you would need to talk to them about what kind of sanctions and regulatory action they would take against the health system.

Deputy R.J. Ward:

I will not ask about the gaps because I am sure we will come back to them ...

Deputy C.S. Alves:

No, that is okay. What specific measures are in place to improve the productivity of the workforce within the hospital setting ensuring they can meet the increasing demand of patient care?

Chief Officer, Health and Community Services:

It is a big question. There are a number of ways that we are looking at that area and it would probably start with a very obvious one and that is the use of our medical staff and the application of job planning. The panel may be aware with job plans, again, this is something that is a contractual requirement of doctors that are registered but with the General Medical Council, which all our doctors

are. We have currently started to go through a more robust job-planning process to look at what our doctors are doing and when and how we can maximise their input. So job planning is one way in which you look at productivity, the other of course is through our improvement plan and Financial Recovery Plan, so looking at how effective our theatres are used, our outpatients are used because of course if you can get that right then staff are deployed effectively as well. Late starts in theatres, early finishes; Deputy Ward would be very familiar with these things. If we can improve the processes and the utilisation of our assets, then obviously the staff productivity increases as well. The other thing is looking at how we have extended scope of practice with some of our practitioners and some of that, I think, looking at my policy colleagues and Minister, might be slightly restricted by Jersey law, compared to the U.K. But the opportunity for physiotherapists and pharmacists and nurses to do things at the top of their register is something that we have to do and particularly we have talked about it already, the global sort of workforce shortage. We need to look at ways in which we can change our workforce and nurse associates, which is a programme in the U.K. that has been incredibly successful in supporting in building a care workforce as important. A whole range of very sort of immediate productivity issues but also we need to plan for the future about what the workforce is going to look like. Again, we should look to other jurisdictions, not just the United Kingdom but across the world about the changing face of health professionals. Because there is a global shortage, there is a lot of work going on across the globe on how we can staff healthcare in the future. We need to work with that as well.

Deputy R.J. Ward:

We have got so much to get through, I just think we are ...

The Minister for Health and Social Services:

Sorry, Chair, can I just respond to the Deputy? We think that it is obvious that there is going to need to be a change in the workforce design and development of the workforce. We know that there are certain processes that people do that do not require a workforce to deliver and that is why the interface between technology and the workforce will improve our productivity. The aspiration is it will improve our productivity. What we have not worked through at the moment is which processes, what kind of offers? They are tending to be emerging and adopted and what we have not got is a real clear approach to how do we organise services and care services in the future that allow us to optimise the productivity of the workforce? If they are more efficient they know what they need to be doing but also how we use technology to help with that.

Deputy B. Ward:

It was only just very short, it is about the nurse-led services where the nursing staff are working at masses level. They have their prescribing qualification as well. We are very blessed that we have

a good workforce that are working at that level but it is developing those services. Are you looking at that in light of not being able to get maybe doctors and people to come to the Island but we ...

Chief Officer, Health and Community Services:

Yes, and not just in nursing, how we use our dieticians, how we use our speech and language therapists, so things that perhaps doctors would traditionally do, that new models of healthcare supervised by doctors ultimately but all the allied health professions and nursing have a major part to play in that redesign of what we need. Because if we keep advertising the same old thing, if they are not out there we are never going to recruit them and we have to think differently.

Deputy B. Ward:

We can hold our own then, can we not?

Deputy R.J. Ward:

Again, when is that going to happen because I get the concept, it is great?

Chief Officer, Health and Community Services:

It is going to take time, yes.

Deputy R.J. Ward:

What sort of time, a year, 2 years?

Chief Officer, Health and Community Services:

Two years, yes, because many people will need training, yes. This is not a quick fix, this is a strategic solution to the global workforce problem; it is not a quick fix.

Deputy A. Howell:

Can I just ask one question, going back to the theatre use, is that improving? How are we doing with that? Are they starting earlier and going on later? Have we got more staff? Because we have just got to get on with it.

Chief Officer, Health and Community Services:

Yes. No, that is part of the Financial Recovery Programme and that is happening now. We have managed to recruit more O.D.P.s (Operating Department Practitioners) and theatre nurses ...

Deputy R.J. Ward:

What is an O.D.P., sorry?

Chief Officer, Health and Community Services:

Operating Department Assistants, so people that work and support the theatres, so that is happening. Utilisation varies by specialty and there is varying reasons why that is different but we are starting to see an improvement in that and that will continue through. That is a way in which we are focusing on how best we use our workforce, our theatres, reducing our waiting lists, they are all interconnected. But to be quite honest our theatre utilisation is not good and it has not been good for years and we have got to improve and get up to an acceptable standard.

Deputy R.J. Ward:

How much better is it than 6 months ago now?

Chief Officer, Health and Community Services:

I do not have the percentages in front of me but we can provide that information.

Deputy R.J. Ward:

A year and a half ago and how much we expect in 2 years, these are the sort of things that we really want to know about.

Chief Officer, Health and Community Services:

No, we can provide that information, yes.

Deputy A. Howell:

Have we gone back to having mixed lists again?

Chief Officer, Health and Community Services:

We are looking at that now and we will do, we will look at blended lists but ensuring that there is strict governance around them. The issue before was there was not the level of governance that was required; it was not transparent. The introduction of mixed lists does mean that in certain specialities you become more efficient.

Deputy A. Howell:

Exactly.

Chief Officer, Health and Community Services:

Therefore, we need that but it has to be governed by good, strict and transparent governance.

Deputy R.J. Ward:

Was is mixed lists?

Deputy A. Howell:

When you have private and public.

Chief Officer, Health and Community Services:

Public and private.

Deputy A. Howell:

Because then you can just have one list with one consultant working together.

Chief Officer, Health and Community Services:

Yes. It is not efficient to split them really.

Deputy A. Howell:

No, it has been really inefficient.

Chief Officer, Health and Community Services:

But I can understand why it was because of the lack of governance. But this is all part again of the private patient strategy, which has not been mentioned, about ensuring that private practice is part of the solution, not part of the problem and I am pushing very hard ...

Deputy R.J. Ward:

Good luck with that.

Deputy A. Howell:

Because is it quite sad that at the moment we have got some patients who are having to go with the consultant from here to the mainland?

Chief Officer, Health and Community Services:

Yes.

Deputy A. Howell:

That is quite significant, I would have thought.

Chief Officer, Health and Community Services:

It is and it is income that can be directed to public patients and public services that we are not generating, so ...

The Minister for Health and Social Services:

I think just if I could say, I share that frustration, I mean it is really, really unacceptable that people in this Island are waiting so long for treatment and the team are really clear about the focus that is needed on improving the flow and also making sure that that utilisation is increased because that is how we get waiting lists down. What I would also want to caveat that with is that there is a hell of a lot of negotiation that is going on in order to improve that situation. We are working on it really proactively at the moment to try and make the difference. In some areas we have seen that happen, in others we have not. Generally, we have still got a problem but in some areas we are making some slight improvements to that.

Deputy R.J. Ward:

Okay. One of things is digitalisation of plans, Deputy Ward, do you want to ask some questions on that?

Deputy B. Ward:

Thank you, Chair. Minister, can you provide an outline of the digitalisation plans for healthcare services, particularly the continued rollout of the electronic patient record and how these will contribute to the efficient, effective and sustainable use of departmental resources?

The Minister for Health and Social Services:

Okay. I will hand over to Anuschka for the detail of it but there is a couple of things that I want to account for in relation to this. If we were to start again in terms of a rollout for electronic patient records, for the record we would not have done it this way. I am really concerned that the implementation of this is causing and has caused problems for clinicians and it has also affected patient care; that should never have happened. The risk management of it, however, has been tackled by the Chief Officer and we have now got an approach to trying to make sure that all of the outstanding issues are being addressed, which is training, making sure the system works, making sure that we have got proper approach to decent migration. But the work that is being done to bring digital solution to the health system has, I think, been over-ambitious in terms of its intention and I think that is why we have run into some of these problems. But I will leave Anuschka to talk through some of those issues.

Deputy R.J. Ward:

Is this the digitalisation of patient records so that everyone can see them? Is this what we are talking about?

Director, Improvement and Innovation, Health and Community Services:

I think the Minister was referring to the electronic patient record, which is a replacement system for the old TrakCare.

Deputy A. Howell:

It is IMS MAXIMS, that is right, is it not?

The Minister for Health and Social Services:

Yes.

Director, Improvement and Innovation, Health and Community Services:

That is right.

Deputy R.J. Ward:

I do not know what any of that means. Sorry, this is a system in which we record all patient information, so that when you are treated anyone can look at it and say: "There you go, that is you, I have got all your records here", yes.

Deputy C.S. Alves:

Can I just add to that? I think the point you are trying to make is you are asking whether it crosses over with G.P. and other services as well, which I do not think it does, is that right, just the hospital?

Deputy R.J. Ward:

The point I want to make is, is it really that difficult in the digital age to have someone's record in one place?

Director, Improvement and Innovation, Health and Community Services:

Yes.

Deputy R.J. Ward:

I cannot believe it is that difficult.

Director, Improvement and Innovation, Health and Community Services:

It is quite complex. If we are looking ...

[11:15]

Deputy R.J. Ward:

I am going to stop talking because I think you have already lost me but I will listen, sorry.

Director, Improvement and Innovation, Health and Community Services:

Just go into a bit in detail but I am more than happy to offer maybe a separate digital session for the panel. It might be ...

Deputy R.J. Ward:

Yes, rather than going into it because of the time today, rather than ...

Director, Improvement and Innovation, Health and Community Services:

No, not today and I was thinking if you are interested I am more than happy to organise that because it might be quite useful to see the system-wide differences, so whole system and then technical systems within it.

Deputy A. Howell:

Can I just say, at what point, Minister, may it be decided that this E.P.R. (electronic patient record) is not fit for purpose?

The Minister for Health and Social Services:

I do not know, I cannot honestly say but I think what we have got to do is we have got to do the post-implementation review because there are still some issues affecting the transfer of information between systems.

Deputy A. Howell:

It is really significant.

The Minister for Health and Social Services:

It is significant, which is why I am angry about it because we would never, ever have started from this place.

Deputy R.J. Ward:

Who bought this system then? Who is responsible?

Deputy A. Howell:

How was it procured we have to ask?

The Minister for Health and Social Services:

I cannot make any comments about it but what we are trying to do is we are trying to fix it now. What we are trying to do is we are trying to make best use of the issues that clinicians are talking to us

about around the problems they have got with use. On the other hand, those who have used this and adopted it are really enjoying the benefits of using it and they can see the benefits of using it. But as with every single digital project it is always about implementation and that is where we have got to focus the work now.

Deputy A. Howell:

I think there is quite a significant problem with the fact that intensive care has to have a separate glue-it solution, compared to the IMS MAXIMS; when they do not talk to each other, it is really serious.

The Minister for Health and Social Services:

Yes, I know and, as I have said, I can only say to you I share the same view and we have talked to M. and D. (Modernisation and Digital) about this and they have now got their remedial work programme in place to try and address some of these issues.

Deputy A. Howell:

But can I just say we are letting down our clinicians and I think, therefore, we are also letting down patients?

The Minister for Health and Social Services:

We are and I have said those very things and that is why I am saying the importance now is to put those things right.

Deputy B. Ward:

If I may, Minister, in some ways you have answered some of the questions because my question was going to be that the issues that you first identified have now been resolved and I think there is a yes and no in that response. I do not know, maybe you can expand on that.

The Minister for Health and Social Services:

Because there were so many issues I do not think we have got a full resolution here. I just repeat what I have said, it is unacceptable the position that we are in. I think this is something that H.C.S. themselves have found equally frustrating. We are now having to go through a remedial work programme. I do not know how long that is going to take us to get to the point where we have got a fully integrated information system but that is the ambition and that is the goal through this.

Deputy B. Ward:

Thank you. Thank you for that.

Deputy A. Howell:

Can I just ask how long Trak Plus can carry on?

The Minister for Health and Social Services:

I do not know the detail to that question, I am sorry.

Director, Improvement and Innovation, Health and Community Services:

You mean the old TrakCare system? We can find out.

Deputy R.J. Ward:

Does that mean we will get emails rather than waiting for a letter if you have an appointment, not that the letter has ever arrived, just to say?

The Minister for Health and Social Services:

It is my point about implementation. It is not acceptable patients have had 3 letters for an appointment that is on 3 different days; it is just not acceptable.

Deputy R.J. Ward:

No, well we know it is not acceptable, the thing is though when is it going to change?

The Minister for Health and Social Services:

But that was my point, which is having made that statement and which is shared by the panel, I have now charged the team with putting that right.

Deputy B. Ward:

Thank you, Minister.

Deputy R.J. Ward:

Right, I am sure I will ask again.

Deputy B. Ward:

In the previous panel hearing we heard that procurement is always an issue in relation to the electronic patient record system. Have these concerns been raised formally with the Council of Ministers and to what extent does the Minister believe that this hinders both her capacity as a Minister and the department to roll out service improvements?

The Minister for Health and Social Services:

Okay. There is 2 parts to that.

Deputy B. Ward:

There is 2 parts, forgive me for that.

The Minister for Health and Social Services:

I will try and remember. I have raised formally with the Assistant Minister who is responsible for digital, the issues around this and had a number of meetings with him as to what the issues are. The Chief Officer, through the team who have been involved in the implementation have also regularly had meetings. It is well known that there are issues. The second question was, sorry?

Deputy B. Ward:

To what extent do you believe that it hinders both your capacity as Minister and the department roll out on its service developments?

The Minister for Health and Social Services:

It does because the thing is this is a centralised arrangement and if we are going to get a properly functioning health system you have got to know the business and you have got to understand what it is the business needs. I think there has been a disconnect in understanding how to drive a digital solution.

Deputy R.J. Ward:

Sorry, can I just ask a question on that? Unless you understand what the health system needs and the implementation of a digital system would be difficult but we had a Minister that has nothing to do with the department and just got an overview of digital systems and you are going to talk about the implementation of a digital system in health. Is that not part of the problem?

The Minister for Health and Social Services:

Yes, it is. What I think the health system needs is its own digital expertise about how to develop ...

Deputy R.J. Ward:

Yes, so that Minister really has not got the overview that we think they have because they cannot really do anything about a digital system that is not working in health, is what we are saying.

The Minister for Health and Social Services:

I think you would have to ask the Minister about that himself.

Deputy R.J. Ward:

We will.

The Minister for Health and Social Services:

But in terms of the overview around the whole digital piece, there are all sorts of Government systems that the Minister is responsible for. What I am particularly concerned about is, given the historic position that we are now in where we are having to implement a system that I do not think has been sensitised, managed or implemented to the business needs of the health system, we are now having to do the remedial work around that.

Deputy A. Howell:

Can I just ask, did we used to have a digital team until quite recently, which was then disbanded?

The Minister for Health and Social Services:

I do believe before my time there was a digital team that was in health that I think through previous organisational and government reforms was then brought into a central function and ...

Chief Officer, Health and Community Services:

Sorry, Minister.

The Minister for Health and Social Services:

Sorry, Chris.

Chief Officer, Health and Community Services:

Just to say a bit of reassurance, it does not solve this problem but we are currently - and it has been approved by the States Employment Board - going to appoint our own health Chief Information Officer, which is what you would expect in any other health system, someone who is an expert in health digital. That will help us a great deal but it clearly will not resolve, as the Minister said, the problem that everything else is held centrally. They will be able to influence and they will have expertise within H.C.S. but of course everything else will be still central. I think one of the challenges that I have noticed is that the central team have a real capacity issue and they are implementing multiple systems across all Government departments. Therefore, whether we always get the level of capacity and input that we truly need is questionable but we will have expertise within H.C.S. who will be an expert, hopefully, in health digital but it will not resolve past problems of course and ...

Deputy R.J. Ward:

I do fail to understand how we have somebody in charge of a digital strategy but you are basically saying that that digital strategy is too wide and is not suited in health and so we are going to have to get our own person getting involved in their own health digital strategy, which may be separate from the other bigger digital strategy.

The Minister for Health and Social Services:

Just let us be ...

Deputy R.J. Ward:

It makes sense that that is happening because to be quite frank, Minister, it is obvious that is happening. Because what we have got is some high-convoluted idea across Government, and we have seen this a lot, with no real implementation of anything.

The Minister for Health and Social Services:

Yes, yes.

Deputy R.J. Ward:

When you do want to implement it it is not working; that is the issue that we have I think.

The Minister for Health and Social Services:

Yes, I agree with you. I was just going to say I think just to be really clear about our position around it is we are dealing with a legacy here and ...

Deputy R.J. Ward:

Yes. No, Minister, honestly I do get what you are saying and I do not disagree with you at all, honestly I do not think we do. Do we want to finish the last question or should we move on because we are conscious of time?

Deputy B. Ward:

I know, I know. Yes, in some ways you have answered some of the questions, thank you to the Chief Officer for saying that we now have somebody in place who knows about computers.

Chief Officer, Health and Community Services:

Hopefully will because we have not appointed them yet, yes.

Deputy B. Ward:

Will, they have not been appointed yet?

Chief Officer, Health and Community Services:

No.

Deputy B. Ward:

But there is a light at the end of the tunnel, marvellous, so that will help us. In actual fact what we have now is that we have got poor information coming in, poor data, so how can we be looking at proper things going forward if we do not have the right data here and now about capacity and demand, when we have not got the machinery in place to do that? How are you tackling that, are we back to pens and paper? Sorry.

The Minister for Health and Social Services:

It depends which data you are talking about and I do not want to get too technical about it but we have got the financial data and I think the data systems are pretty robust in terms of what they provide. We have got a patient information system that is not integrated. The data that comes out of that, I am not an expert in data quality but I guess that that causes issues around the data quality. We have also got information that is captured on a whole range of other issues associated with health, which are related to things like patient experience metrics and whatever that are not captured as part of an electronic patient record. There are so many different sets of data that they will all vary in the quality, they will all vary in the functionality and they will all vary in the issues that you have just raised about in terms of assurance. When we get our Chief Information Officer one of their key tasks is going to have to take stock of all of that and work out a digital platform, a digital strategy, a digital solution, a digital approach to how we do work and that is just about data. The digital agenda is not just about data, it is also about other things that I have talked about in relation to ...

Deputy R.J. Ward:

We do need to move on.

Deputy B. Ward:

It will be good to take up the offer of meeting and talk about digital. Hopefully, with the new person in place. Thank you, Minister.

Deputy R.J. Ward:

Yes, we will move on. Constable Troy, you have got some questions on collaboration within H.C.S.

The Connétable of St. Clement:

Yes, thank you. Collaboration, Minister, how is the H.S.C. collaborating with other Island providers to improve system-wide working within the hospital setting and what are the key milestones for the development of an Island-wide healthcare strategy?

The Minister for Health and Social Services:

If I talk first about the Island-wide strategy. I have written a strategic statement of intent that has virtually outlined what my vision for healthcare in the Island will look like. Clearly it is not finished

yet and it will need to be discussed within the Council of Ministers in terms of the general direction of travel and support for that. But what that is going to do is, I believe, create a significant shift in the way that we are hoping to deliver healthcare in the Island. It will need to be underpinned by ... and I know Deputy Ward has talked about strategy after strategy but we do need to set this out in a way that allows us to cost and align it with the business development of healthcare in the Island and that it is aligned to some of the other strategic priorities that the Government is trying to pursue at this moment in time. It cannot stand alone, it cannot just be focused on what we are going to do for people with coronary heart disease or diabetes or dementia; we have to start to think about healthcare in a much broader sense. To set that out we have got to make some strategic statements about how we envisage that and what the work that is needed to underpin that. That said, there is a whole host of work that is going on to make sure that the connections across the community are involved in shaping and organising some of the strategic work that we are currently engaged in at this moment. I will hand over to Deputy Ferey because he can explain more about that.

Assistant Minister for Health and Social Services (1):

Yes. We continue to have really good engagement from the community, some from mature groups and some a lot less mature. Most of them have officers obviously feeding that information back through. The organisations that are most prominent, there is Health and Care Partnership Group which meets quarterly and that is all providers of charities working in the health and care sector; really important that we hear from the coalface what the experiences are. We have also got the Community Group which is a quarterly forum for homecare and care home providers, again, providing that essential frontline voice. There are lots of focus groups, not least the Mental Health Partnership Group, the Community Framework Stakeholder sessions, mental health services providers sessions and end of life partnership groups for all providers who are involved in end of life care, Sexual Health Working Group, which is H.C.S. and Brook; Dementia Strategy Steering Group and plenty of stakeholder events going on around that as to how to improve patients with dementia.

[11:30]

Deputy R.J. Ward:

Sorry, I do not mean to interrupt but just rather than getting a long list, can you name a couple of tangible things that has come from those?

Assistant Minister for Health and Social Services (1):

Yes. Particularly the cluster groups, which is disability and inclusion in mental health, they have helped form strategies and helped drive forward with the dementia strategy and to how to improve patients' experience and outcomes for people with dementia.

The Connétable of St. Clement:

Can I ask, this seems to be new, it has not been done before, this sort of thing?

Assistant Minister for Health and Social Services (1):

The cluster groups are reasonably new. They have been going for about 3 or 4 years. Some of those other groups are a bit more established. But the idea of a concept of a cluster group is really to get that grassroots vision.

The Connétable of St. Clement:

Okay, thank you, Minister. Thank you, Assistant Minister.

Assistant Minister for Health and Social Services (1):

Thank you.

The Connétable of St. Clement:

It was reported in the media that ophthalmology patients will be referred to the U.K. for cataract assessment and possible surgery as part of £1 million scheme to drive down waiting lists. Can we ask what work was undertaken to source an external provider and when will they be appointed?

The Minister for Health and Social Services:

Chris, do you want to pick this up?

Chief Officer, Health and Community Services:

Yes, this is part of the waiting list recovery programme. The Government-funded H.C.S. £5 million; there are ophthalmologists just a proportion of that. But our capacity on Island is not sufficient to deal with the backlog in a quick way. Through a procurement process, we had been out through procurement to seek providers who could offer that service and, as a consequence, that is how that I believe that media article came about. I would need to check whether we have signed the contract but we are expecting that to have a major beneficial impact for Islanders on being able to be having their cataracts done quickly. But that would have been completed through a procurement process.

Deputy A. Howell:

Can I just ask, why did we decide not to employ another consultant over here? Because this is only going to be a short-term fix, it is not going to be a long-term fix. We must be short of someone to do the operations over here and it is going to be long term ...

Chief Officer, Health and Community Services:

We also need to look at - going back to the previous points - around our productivity and the number of cataracts, for example, that we undertake per list, as opposed to what you might expect internationally. We need to improve some of those aspects as well. But this is really just to clear that backlog while we are looking at how we best have a sustainable ophthalmology ...

Deputy R.J. Ward:

What is the backlog then? How many is the backlog?

Chief Officer, Health and Community Services:

I do not have the numbers in front of me, with a guess ...

Deputy R.J. Ward:

I was just looking up the Himalayan Cataract Project, we should perhaps just get them over here and ...

Chief Officer, Health and Community Services:

The speed in which cataracts can be done - and knowing that my father had one done yesterday - is really quick and I think perhaps there are areas where we need to modernise on Island around how we undertake cataract operation and ensure that we are doing it in a way that meets international standards and that is about improving productivity.

Deputy A. Howell:

But would you agree to look into perhaps employing another person to do these operations here? Because then that would be long term, would it not?

Chief Officer, Health and Community Services:

We are looking at all these things within the context of the Financial Recovery Plan. Remember we are saving £26 million over the next 3 years, so employing lots more people may not be the option. Looking ...

Deputy R.J. Ward:

Where are they going, to a hospital in Southampton? People are going to Southampton to get their cataract surgery.

Chief Officer, Health and Community Services:

Yes, so they will go across and be operated on and flown back on the same day basically ...

Deputy A. Howell:

How much is that going to cost? There are lots of hidden costs like hotels and air flights. If anything goes wrong, who is going to pick up the pieces? I think perhaps ophthalmology is one of the most concerning operations to be sending patients off Island.

The Minister for Health and Social Services:

Can I just respond to that? I absolutely get that but what I have had through complaints and concerns raised from patients is they want to be seen and they want to be seen quickly. We cannot do that within our current pattern of service at the moment. My priority is to make sure that we can find any solution possible to get that backlog down.

Deputy R.J. Ward:

It sounds like an emergency solution at this point.

The Minister for Health and Social Services:

It is like an emergency solution.

Deputy R.J. Ward:

Okay, and I see where you are coming from, if you will excuse the pun.

The Minister for Health and Social Services:

But I just want to take Deputy Howell's point, which is there is a longer sustainable issue that we have got to work through. One of the things I know that the team is dealing with at the moment is how we do that in the context of the Financial Recovery Programme. We only have so much resource to deliver so much activity. What we have managed to do is get some more money from the Treasury to manage the backlog that has been building up over time.

Chief Officer, Health and Community Services:

I think we just want to reassure the panel that of course that with all these insourcing, outsourcing contracts, clinical governance, how patients are managed post-surgery, finances, everything is gone through in enormous detail as part of the contract and clinical safety of course being top priority.

The Connétable of St. Clement:

We think there is about 500 people on the waiting list and ...

The Minister for Health and Social Services:

I must admit I thought it was 700 the last time I looked, yes.

Chief Officer, Health and Community Services:

I think it is more, yes, I think it is 700.

The Connétable of St. Clement:

Okay. I was going to ask you a quick question, which is not on here, have we got that list because we are diagnosing quicker because we are a fairly affluent society? Is that part of the picture?

Chief Officer, Health and Community Services:

I do not know, I do not know.

The Connétable of St. Clement:

No, okay. But there is a waiting list, you are sorting it out. The £1 million I think you have answered, we were going to ask, where is this money coming from? You have had extra money from the Treasury.

The Minister for Health and Social Services:

Yes.

The Connétable of St. Clement:

All good, thank you very much. Thank you.

Deputy R.J. Ward:

Yes, thank you. The next one and talk about health funding reform just very quickly, how is the work developing on options for healthcare funding progressing? How is that work progressing?

The Minister for Health and Social Services:

Okay. Can I bring Ruth Johnson in?

Deputy R.J. Ward:

Yes.

The Minister for Health and Social Services:

Because Ruth has been leading the work on that.

Deputy R.J. Ward:

Obviously as much as anything it is the timescale, is there something coming and the timescales for something for us to look at, just briefly?

The Minister for Health and Social Services:

Yes.

Associate Director, Health Policy:

Certainly. It is Ruth Johnson, Associate Director of Health Policy. The work is progressing at the moment. As you know, we have done the financial forecasts and we have a meeting with the Council of Ministers to discuss the work with them in more detail next week. We should then, hopefully, be in a position where we can shortly advise Scrutiny as to when the options for reform will be presented to the Assembly. As you know, there is a commitment to do so in 2024 but the question we will be tackling with C.o.M. (Council of Ministers) is when in 2024.

Deputy R.J. Ward:

Okay, thank you. Next set of questions then, there is some work regarding the proposed changes to the Termination of Pregnancy (Jersey) Law 1997 and there is some citizens' engagement process on the table in 2023. I do not know if it is finished. How are the insights gathered from that being incorporated to ensure the law better meets the needs of women and reflects current medical practices?

The Minister for Health and Social Services:

The work that we are doing at the moment is to bring forward an update to the current law. We already have the Termination of Pregnancy Law in place, I think that is important for people to know.

Deputy R.J. Ward:

Yes, absolutely. I was going to make the same point, yes.

The Minister for Health and Social Services:

Yes. But what we want to do is to make sure that the law today reflects the societal values that are now, meets the needs of women and recognises the changes in medical practice determination of pregnancy. As you know, we have been undertaking a public consultation that has run from July to October and we had over 793 responses to that survey. I do not know if you want to pick up ...

Associate Director, Health Policy:

Yes. We are currently working through those survey responses at the moment. While 793 represents quite a large number in terms of public surveys, one of the pieces of work that we have to do is we have to extract from that 793 what we call survey bomb respondents. We know because we have got little clusters of responses in the middle of the night that they are probably from campaign groups, for example, in America. We have to go through a process of cleansing all the I.P. (Internet Protocol) addresses so we can extract them out; that takes a bit of time. But what we will be in a place to do is before the end of this year we will publish a feedback report on the

consultation which sets out what Jersey respondents have said to us about the proposed changes. In addition to that, in addition to the survey, we have also had a small number of one-to-one interviews with Jersey resident women with lived experience of using our termination services and obviously we will be factoring that into the findings and that will shape the decisions that we need to make.

Deputy R.J. Ward:

Will those results and recommendations be the end of this year or the beginning of next?

Associate Director, Health Policy:

The survey consultation report will be at the end of this year and then we will be working towards an in-principle debate on potential changes at quarter 2 next year.

Deputy R.J. Ward:

Okay. Some questions on maternity services next.

Deputy C.S. Alves:

Thank you. What specific improvements are envisioned for the Health and Community Services maternity services in 2024 and how will these enhancements contribute to better maternal and infant health outcomes?

The Minister for Health and Social Services:

Okay. Chris has been leading the work around the Maternity Improvement Plan and obviously this was in response to a whole host of issues that emerged out of the concerns raised by both patients and staff around maternity services and also a number of internal and external reports that were done around that. You also did your own review of maternity services in 2021 and, as a result, this is where this work has emerged, so I will hand over to Chris to update you.

Chief Officer, Health and Community Services:

Yes, so to provide the panel with an update on the Maternity Improvement Plan, which is obviously a key priority, we continue to monitor progress on a weekly basis; that meeting is chaired by the Medical Director and Chief Nurse. Escalations of any concerns are maintained through our senior leadership team and are also reported in the public domain through the Health Advisory Board. We have a report on the Maternity Improvement Plan that goes to each board; it is in the public domain to be read. The strength and leadership team remains in place and we are pleased to say that we have been able to recruit a substantive director of midwifery, which is a big move and she starts in early December, so that is good news for the service. The position as at 14th November, out of the 127 actions that are part of the improvement programme, 97 of those are now complete. Key

challenges that remain that we have a focus on is the whole issue of the culture within the department and I think I have mentioned that in previous scrutiny panels. We have got some targeted interventions that are taking place as regards to ensuring that the team work is in a multi-professional way. We have addressed poor behaviour of individuals and action has been taken as a consequence of that. Out of the 29 I think was actions from Scrutiny back in 2021, just looking at the latest update, that 19 have been fully completed or completed. When we say fully completed we have got to ensure that they are embedded; 8 are in progress. Again, out of the actions culture remains one of the outstanding issues that we are really focusing on. Some of the improvements that we have made. We have introduced an infant-feeding midwife now. We have introduced a perinatal mental health midwife. We have appointed, as I mentioned, the substantive director of midwifery. We have established a monthly benchmark maternity performance dashboard - we did not have that before - to see how our performance compares with benchmarks, international benchmarks, U.K. benchmarks. We have enhanced provision of information to women in relation to pain relief and birth choices. We now have a Q.R. (quick response) code on all notes, enhanced publicity of the access to the Maternity Debrief Service and enhanced provision of bereavement support to families. From the point of view of breastfeeding, again, we audit the knowledge of midwives against the U.N.I.C.E.F. (United Nations International Children's Emergency Fund) standards. The 2-day course is available to all midwifery staff that have not undertaken that course and I have been told that in the last audit of knowledge of midwives around the U.N.I.C.E.F. standards that we are seeing improvements from where we were. A number of issues but the big focus for me and the team is really, as I say, on the cultural situation that exists within our maternity service.

Deputy C.S. Alves:

I think that has pretty much answered the next question, thank you.

Deputy R.J. Ward:

There is something we were going to ask later, can I just pick out a section of it? I think you are thinking of the same thing. In the submission received by Corporate Services Scrutiny Panel, the R.C.M. (Royal College of Midwives) gave a number of examples: "Persistent poor culture and negative behaviours, including staff not allocated breaks during their shifts as long as 13½ hours." They are corroborated by a J.C.S.A. (Jersey Civil Service Association) and Prospect, the other union. In light of those consistent reports, which is quite alarming, what is taken to address them and there seems to be a contrasting perspective between that and what we heard from the Be Heard survey. How are these things fitting together?

[11:45]

Are you getting a true reflection? That long list is great but has that changed?

Chief Officer, Health and Community Services:

That is the culture issues that we are talking about.

Deputy R.J. Ward:

Has that changed?

Chief Officer, Health and Community Services:

That has changed and remember this is some time ago now, the Royal College of Midwives.

Deputy R.J. Ward:

Just to be really specific, if we were to ask that again you would not expect that feedback from the unions, from the R.C.M. and Prospect if you were to ask them now.

Chief Officer, Health and Community Services:

I would certainly expect them to say that the culture is still poor without doubt because it is.

Deputy R.J. Ward:

Right.

Chief Officer, Health and Community Services:

There are specific issues ... that R.C.M. survey, I found that that involved 2 responses, 2 people.

Deputy R.J. Ward:

It is still valid if they ...

Chief Officer, Health and Community Services:

It is still valid but at the ...

Deputy R.J. Ward:

How many midwives do we have?

Chief Officer, Health and Community Services:

Fifty plus.

Deputy R.J. Ward:

Okay.

Chief Officer, Health and Community Services:

We need to put it into context. But the cultural issue is a significant one and so we have targeted interventions, so something called Civility Saves Lives, which is an approach that is being used in the U.K. to deal with behaviours between professionals. The concerning thing for us all is if you look at the problems in the U.K. maternity services, whether that is Morecambe Bay or Nottingham or East Kent, that the underlying issue is about culture and relationships between midwives and doctors, doctors and doctors, midwives and midwives, so we have those issues here.

Deputy R.J. Ward:

Okay, and they are being addressed?

Chief Officer, Health and Community Services:

Yes, absolutely.

Deputy R.J. Ward:

I just wanted to ask that.

Chief Officer, Health and Community Services:

Absolutely head on, and we have seen action taken against individuals who are no longer with us whose behaviour fell short of what we expect.

The Minister for Health and Social Services:

The other thing to add to that, Chair, is that I would like to formally make an offer to the staff-side organisations to work with us to address some of these cultural issues and if they have any other suggestions as to how we can improve we would be happy to do that.

Deputy A. Howell:

Are they still expected to work these 13-hour shifts without a break or has that stopped?

Chief Officer, Health and Community Services:

I will check but I cannot imagine that is still going on because I would have heard about it. But I will check.

Deputy C.S. Alves:

Can I just pick up on another area where concerns were highlighted, obviously you have addressed culture but there was also some concerns about compliance with mandatory training, especially in areas like, and excuse my pronunciation, cardiotocography.

Chief Officer, Health and Community Services:

C.T.G. (cardiotocography).

Deputy C.S. Alves:

Yes, and suturing.

Chief Officer, Health and Community Services:

Yes, but that has improved dramatically. So we were at very low levels for both midwives and obstetricians. We are now at very high levels, or the levels you would certainly expect elsewhere, so that has been a dramatic improvement.

Deputy C.S. Alves:

Great. Everything else has probably been addressed, so thank you very much.

Deputy R.J. Ward:

Deputy Howell, I do not know if question 19 has been asked. I think question 19 has been answered when we talked about mental health. So the next area is around new healthcare facilities, Deputy Ward.

Deputy B. Ward:

Thank you, Chair.

Deputy R.J. Ward:

Although there is a question I missed from before but I will come back to it.

Deputy B. Ward:

How will the Minister ensure that the programme of development for new healthcare facilities is informed by and responsive to the latest advancements in medical technology and healthcare delivery models?

The Minister for Health and Social Services:

At the moment we are at the strategic outline case stage, which is about how it is going to be organised across sites. But in the development of time as we get to start to refine the way in which healthcare ... the content of what goes into these buildings, there will need to be, I imagine, a number of clinical groups that will inform the way in which clinical care can be developed going forward. One of the things that we do need to think about is how can we do it differently, in what ways can we do it differently, what is the evidence telling us about how it could be done differently? For that you look

to the clinicians to be able to draw in on their use of evidence in terms of determining how those care models will emerge over time.

Deputy B. Ward:

Thank you. In the Future Hospital Review Panel, it suggests it has been reported there is a possible disconnect between your good self and the Minister for Infrastructure. Are you at liberty to make comment on that?

The Minister for Health and Social Services:

No.

Deputy B. Ward:

Why?

The Minister for Health and Social Services:

That is something that has been reported and I do not think I can add any more to what has been said.

Deputy B. Ward:

Okay, thank you very much.

Deputy R.J. Ward:

Questions on the legislative programme, commencing a review of the Medicines (Jersey) Law 1995, the Misuse of Drugs (Jersey) Law 1978, what are the anticipated outcomes in aligning Jersey's legislation with international regulatory best practices? Really we are talking about the manufacture and the cultivation of medicinal products and medicines including cannabis. So where are we with that review?

The Minister for Health and Social Services:

Can I hand over to Ruth, who is leading on the legislative programme work for us?

Associate Director, Health Policy:

So we are starting a review of both pieces of legislation, the Medicines Law and the Misuse of Drugs Law, in early next year. We have some other pieces of legislation that we need to finalise before we have the capacity to commence on those. We will be taking international conventions and established good practice as our guidance in reforming both those pieces of legislation. Obviously there are other factors that will impact upon that potential legislation, for example any future thinking that the Assembly may do or consider with regard to cannabis and decriminalisation of cannabis as

well. So there are a host of factors around that. We would anticipate that the review of the legislation and establishing what we want to achieve in either brand new or amended laws will take approximately 12 months and then we will move into the law drafting process. It is important to recognise that particularly the Medicines Law, it is a very complex piece of legislation because it deals with medicines, which cross international boundaries. So we have to tag that to legislation around the world. It is not just a domestic issue.

Deputy R.J. Ward:

I would say is it so important regards a decision on whether cannabis is legal and whether the Medicines Law includes it in terms of its medical grade, they are 2 separate things, are they not?

Associate Director, Health Policy:

Yes, so to be clear, we are still progressing with full-scale review and amendments to both those pieces of legislation. It is recognised that both those pieces of legislation, regardless of any future decision-making, need to be overhauled because they are at the point where they are barely fit for purpose.

Deputy R.J. Ward:

Just to ask, that is going to be very, very important for any sort of cannabis industry on the Island because the outcome of that will determine whether or not it exists in its current form or has to change dramatically.

Associate Director, Health Policy:

Not necessarily. But what we need to do is the Government of Jersey, with regard to all its economic development activities, needs to ensure that there is public provider and manufacturing confidence in the legislative framework in which cultivation or manufacture of cannabis-based products are happening. The law is important to that, yes.

Deputy R.J. Ward:

The Health Department is involved in this consultation?

Associate Director, Health Policy:

It absolutely will be, yes.

Deputy A. Howell:

Can I just ask the Minister if she is considering bringing in regulation for the prescribing of cannabis on the Island?

The Minister for Health and Social Services:

I am considering it, yes.

Deputy A. Howell:

When do you think that may come forward?

Associate Director, Health Policy:

With regard to regulating the prescribing of cannabis, there are a number of legislative vehicles through which that could be achieved, one of which is the Regulation of Care Law, which of course does not rest with the Minister for Health and Social Services, it rests with the Minister for the Environment. So there would need to be a conversation with the Minister for the Environment about the potential of using the Regulation of Care Law. There is also the potential of building regulation of cannabis prescribing into either the Medicines Law and/or the Misuse of Drugs Law. But obviously, as I have just outlined, there is a long timeframe for the development of those amends.

Deputy R.J. Ward:

Also the definition of a medicine and its regulation as a medicine, which is not there at the moment, which is going to be way more complex and may require a completely different product and we are back to the type of industry that we have again.

Associate Director, Health Policy:

Yes, that is correct.

Deputy B. Ward:

It also brings in hopefully that you are consulting with the courts and the justice system because you have a system where if you buy it on the streets it is illegal but if you go to the facility and pay your £250, or whatever it is, that is legal. I mean there is a discord there, is there not, and it is very confusing.

Associate Director, Health Policy:

It is recognised that, particularly if you are talking about cannabis policy, that it is a complicated area that touches upon many different elements of Government. To that end, the Minister for Health and Social Services is in the process of establishing a cross-ministerial group focusing specifically on public policy matters relating to cannabis.

Deputy B. Ward:

Thank you for that. I am pleased to hear that because it is about a balance, equity, and people are treated in a fair and proper manner. But thank you for that.

The Minister for Health and Social Services:

I have had a lot of public concern raised about this, so we do need to address it.

Deputy R.J. Ward:

Yes, there is an inconsistency. We have got about 5 minutes left and we are getting towards the end so, Constable Troy, do you want to talk about the workplace culture?

The Connétable of St. Clement:

Yes, we have covered one of them, but during the quarterly hearing in June the Minister highlighted efforts to address the culture of bullying and the need to ensure staff feel valued within the service. Could the Minister provide an update on the progress and measures taken since then to foster this cultural change and ensure a more supportive working environment?

The Minister for Health and Social Services:

Thank you. As you know, this has been a real focus for us over us over the last 12 months and one the things that we have done is introduce a number of initiatives aimed at trying to support staff. One of the things that has been absolutely key to that is the Freedom to Speak Up Guardian. That role has been so well received and there has been a significant amount of take up from that. We have also launched what we call a Civility Saves Lives programme and introduced a restorative learning approach, particularly following a serious incident, so that we try to move away from this blaming culture that was quite prominent in the organisation. In terms of the turnaround, it might be helpful to pass over to Chris at this point because I think there has been a whole range of initiatives that he would like to comment on as part of the turnaround as well.

Chief Officer, Health and Community Services:

Yes, thank you, Minister. Of course I have already mentioned one area and that is maternity with targeted intervention and something called Civility Saves Lives. The general point, what we have seen, and people are talking to me about that they feel that they can start to speak up, not in all areas, but we are seeing green shoots of people coming forward. I hold a monthly Teams talk, which is via Teams for staff to come and talk about their experience, what it feels like. I often meet staff on a one-to-one basis, sometimes off site if they feel more comfortable to do so, and we are starting to see now people come forward and talking about their experiences. Particularly been doing some work as regards to race discrimination in H.C.S., which we are tackling head on. We see a number of listening events that take place, so senior leaders meeting with their colleagues to listen. Is it by any means resolved? No. We know this is a long-term issue and an issue that we are addressing the practices built up over decades. But I think there are green shoots that I do feel people are coming forward more, certainly to speak to me, because my diary is littered with people

coming to see me, which is really good news. Also walking the floor is an incredibly important aspect for leaders at all levels, not just the top of the office. So we will continue to deal with that. We are tackling bad behaviour and bullying where that is proven. There have been a number of H.R. (human resources) processes that have been implemented with individuals where those sorts of things are unacceptable. So we will continue to focus on this. As I said when I first arrived in Jersey, of course it is the workplace culture that is the central challenge to us. So financial recovery and clinical standards and governance is really only symptoms of a workplace culture that has built up over many years. This has to be and remain a key priority for us and is a key leadership challenge for me as Chief Officer but also the Senior Leadership Team, senior doctors in the organisation.

[12:00]

So we are, I feel, making progress. We are nowhere near where we need to be from what I would like to see. But we are on that journey. We did see some improvements in our Be Heard overall scores in H.C.S. compared to the last one. I would expect that we continue to see that happening over time. So a key part of the turnaround programme for sure.

The Minister for Health and Social Services:

If I could also add to that, we must not lose sight of the fact that staff are themselves making a lot of effort to try to contribute to this. Because it is easy for us to sit here and say we are doing this and we are doing this and we are doing this. But staff themselves want to see this change and they are engaged in bringing some of those changes around and we must not lose sight of that. I remember the words of Deputy Howell a couple of weeks after I had been appointed, which is we need to cherish staff. One of the ways to recognise their efforts is we had the award ceremony last Friday where staff had nominated one another and cherished one another's contribution. It was good to see there was a good atmosphere and a good cultural shift there in terms of what people saw was important.

Chief Officer, Health and Community Services:

We had the highest number of people putting forward their colleagues for awards than there has ever been seen.

Deputy R.J. Ward:

I do not know if that is a good idea. Because those who do not get awards, who just get on and do their jobs, never been rude, never been uncivil, how do they feel?

The Minister for Health and Social Services:

They are part of it. They are part of a team.

Deputy R.J. Ward:

Really?

The Minister for Health and Social Services:

Yes.

Chief Officer, Health and Community Services:

Yes. I think you are absolutely wrong on this, because I think it is a huge ...

Deputy R.J. Ward:

That is okay, it is good to be told I am wrong, I am usually right all the time.

Chief Officer, Health and Community Services:

If you go there, the energy, how pleased people were for each other ...

Deputy R.J. Ward:

I am sure that is the case. If I am honest, I am sorry, can we stay an extra 5 minutes just to finish off, I do worry that we have to have a Speak Up Guardian, that we have to have a civility project looking at the ...

Chief Officer, Health and Community Services:

I wish we did not.

Deputy R.J. Ward:

Yes, but we do. Did you want to ask another question?

The Connétable of St. Clement:

I am not sure which is the most relevant on the list I have here. I am disappointed that we have to have a Freedom to Speak Up Guardian. It is a huge shame we have to go that distance, but you have to, to clear up the situation. Let me see. We will ask number 30 if that is all right. It was recently recorded in the media that the departmental breakdown results from the Be Heard Survey 2023 would not be released publicly. It was however shared in a public release, the initial results, that the overall response rate was 40 per cent among public service employees. Given the low turnout for the survey, what value does the Minister derive from those results and how will they be used in decision making?

The Minister for Health and Social Services:

The Be Heard Survey is the corporate survey, so what we have to do is we have to take whatever people could contribute to that survey work. You can see on the metrics that there are improvements and it is really important that we do not lose sight of the fact that, as the Chief Officer was reporting, these are green shoots. So any data that we can get that gives us an indication that things are improving is really important. In the department ... and particularly for H.C.S., because we talk about the department as though it is just the hospital, it is not. But for the data that comes out of the hospital in particular one of the things that we want to do is to continue to evaluate and drill down into some of the key themes that staff talk about and constantly survey then through that. It is always important to constantly seek the views of staff and this is just a snapshot in time. What we should be doing is benchmarking this in terms of how that either improves or decreases in next year's survey and that is something we will be picking up in March, which I think is the next one.

Chief Officer, Health and Community Services:

We are also looking at, I am trying to think of the name, those spot surveys, pulse surveys, just a few ... because of course the Be Heard Survey has loads of questions, so sort of 5 questions: "What do you think?" rather than sit and wait for next year. We just want to get a sense, as many organisations do, of ...

Deputy R.J. Ward:

Can I make a suggestion of how you can reward your staff and show them their value, give them a decent pay rise and do not have negotiations and make them want to go on strike.

The Minister for Health and Social Services:

There is a lot of evidence to suggest that pay alone does not improve morale.

Deputy R.J. Ward:

No, pay alone does not but pay in conjunction with value and not having to go through the process might.

Chief Officer, Health and Community Services:

Not within my control about pay negotiations.

Deputy R.J. Ward:

Perhaps it should be. We have some quick questions on keyworker accommodation, we are 5 minutes over, have you got another 5 minutes, is that okay? Do you want to ask those quick questions?

Deputy B. Ward:

Thank you, Chair. Yes, it has been reported, I have to say in the press, that 45 health workers who are already permanent Jersey residents were being relocated from their Government subsidised homes. Can you explain the measures the Health Department has in place to ensure these workers have secure, suitable, alternative housing in the private sector, especially as some have resided in their current accommodation for over 12 months, some have been longer. But we are hearing that resignations are going in, which is a real concern.

Chief Officer, Health and Community Services:

There are some resignations. It is the short-term cost of a long-term benefit. What we have seen with the new government policy on priority keyworkers is a lot of that accommodation was filled by locum or agency staff, it was always meant to be short term, 6 months, some have been in for 10 years. It was never intended - and this is not just for health workers but others - that this would be a long-term solution. What it means is that when we substantively to the Island those people who are willing to commit to the Island that we have no accommodation to use for when they first come across, this is a steppingstone into finding their own accommodation. So it has been a real problem as regards to substantive employment for us. So we will lose some people but the long-term benefit is greater. However, what we have ... the numbers resigning are very small but what we have agreed is that these staff receive support in moving. So in terms of access to relocation services and people who help find accommodation, £1,000 towards their removal within Jersey. Each case is being reviewed on an individual basis based on their own personal circumstances.

Deputy A. Howell:

Can I just ask how many people have resigned as a result of this?

Chief Officer, Health and Community Services:

I do not know the exact numbers.

Deputy A. Howell:

Because we do not want to lose staff, do we, who have been here for 10 years?

The Minister for Health and Social Services:

I think some of these people were also locum staff as well.

Chief Officer, Health and Community Services:

These are not permanent. These are locums who, again, we want to move locums ... locums are a short-term solution to the workforce.

Deputy R.J. Ward:

What you are saying is as soon as they did not get cheap accommodation they thought they will not stay.

Chief Officer, Health and Community Services:

Yes.

Deputy A. Howell:

Are they significant holes in your department?

Chief Officer, Health and Community Services:

No. It is a bit of a shot in the foot though. It is not an H.C.S. decision, it is government policy, but it is something that was being raised by people wanting to come here permanently saying: "I need to have some accommodation" and we do not have any because it is full of locums and agency staff.

The Connétable of St. Clement:

One of the restrictions to recruitment for the future.

Chief Officer, Health and Community Services:

Absolutely.

Deputy A. Howell:

Can I ask if you have managed to use any of the homes up at Westmount for your staff?

The Minister for Health and Social Services:

Yes, I think they have, have they not? I do not know how much, but we were sharing that with C.Y.P.E.S.

Deputy B. Ward:

A lot of these issues, really, it is the legacy again.

Chief Officer, Health and Community Services:

It is a legacy. It should have always been that those that were accommodated knew at the time that it was for a 6-month period. Because of the legacy they have just stayed and stayed and stayed.

Deputy R.J. Ward:

I am conscious of the time, we are 10 minutes over. So unless there is anything you want to ask the panel, this is the opportunity. I do not mind; I will answer anything.

The Minister for Health and Social Services:

No, but it is just a statement that I did want to make around the assisted dying legislation and we have made representation as to how and in what way this is going to be scrutinised. I understand that now we are going to have a separate panel, is that right?

Deputy R.J. Ward:

Yes, and that is in train and the membership of that is being developed as well. So, yes, the thorough scrutiny of the assisted dying proposition, which I believe will lead to legislation, is in place or will be in place very, very soon.

Deputy A. Howell:

Then possibly we are also going to carry on scrutinising as well as this panel.

Deputy R.J. Ward:

Yes, where it crosses a number of panels, they will do their bit and they will feed into that review, as will others, so it should be very comprehensive.

The Minister for Health and Social Services:

Can I just make a plea, given the amount of work officers will need to do to serve all of this controversial ... that we are just really clear about what we will be scrutinised here in relation to it, that would be very helpful, Chair, if we could.

Deputy R.J. Ward:

What will happen, if a review panel is developed, as it will be, then there will be very clear terms of reference and a very clear scoping document as to the way we will do it, as is the case with all reviews from scrutiny panels. I would advise to look at the terms of reference and the scoping documents that I am sure officers are aware of. That will be very thorough. We are extremely aware that needs to be worded extremely carefully, specifically to the proposition, so that we are talking about what comes forward. So we are absolutely aware of that, so, yes, that will be the case. If it is not clear, give us some feedback and we will be aware of that. That is why we want to make sure it is clear. But it will go through a number of processes, I think it will be very, very clear.

The Minister for Health and Social Services:

Yes, thanks very much. Thank you.

Deputy R.J. Ward:

With that, we will call the hearing to an end, 10 minutes late, never mind, it is because we talk so much. Thank you very much and just let us know when we are offline from the millions of viewers. Thank you.

[12:11]