



## Health and Social Security Scrutiny Panel

Government Plan 2021 - 2024

### Witness: The Minister for Health and Social Services

Monday, 26th October 2020

**Panel:**

Deputy M.R. Le Hegarat of St. Helier (Chair)

Deputy K.G. Pamplin of St. Saviour (Vice-Chair)

Deputy C.S. Alves of St. Helier

Deputy T. Pointon of St. John

Deputy G.P. Southern of St. Helier

**Witnesses:**

Deputy R.J. Renouf of St. Ouen, The Minister for Health and Social Services

Senator S.W. Pallett, Assistant Minister for Health and Social Services

Mr. R. Sainsbury, Group Managing Director

Ms. R. Naylor, Chief Nurse

Ms. I. Watson, Associate Managing Director

Dr. A. Muller, Director for Improvement and Innovation

Mr. G. Ramsden, Head of Corporate Change, Delivery and Modernisation in Digital

Ms. J. Larkin, Head of Finance Business Partnering, Our Hospital

Mr. S. Mair, Group Director, Performance Accounting and Reporting

[14:06]

**Deputy M.R. Le Hegarat of St. Helier (Chair):**

We have now gone live. Apologies for the slight delay in relation to technical issues. This is the public hearing in relation to the Health and Social Security Scrutiny Panel and the Government Plan

for the Health Department. We welcome the Minister for Health and Social Services and the officers this afternoon. I am going to introduce myself and then I will ask the panel to introduce themselves and the ministerial team, and then the officers who are going to contribute to this hearing this afternoon. I would ask that if anybody comes in at a later stage, if they contribute and have not already introduced themselves, if they do so that would be helpful. I am Deputy Mary Le Hegarat, Deputy for St. Helier District 3 and 4 and I am the chair of the Health and Social Security Scrutiny Panel.

**Deputy K.G. Pamplin of St. Saviour (Vice-Chair):**

Good afternoon, everyone. I am Deputy Kevin Pamplin of St. Saviour District No. 1 and I am the vice-chair of this panel.

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

Good afternoon, everybody. I am Deputy Carina Alves. I am one of the Deputies for St. Helier District 2, and I am a member of the panel.

**Deputy G.P. Southern of St. Helier:**

Geoff Southern, Deputy of St. Helier No. 2, member of the panel.

**Deputy T. Pointon of St. John:**

Trevor Pointon, Deputy of St. John. I am also a member of the panel.

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

Good afternoon. I am Deputy Richard Renouf, Deputy of St. Ouen and the Minister for Health and Social Services. If I could ask my Assistant Ministers to introduce themselves followed by the acting director general and then other officers.

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

Senator Steve Pallett, Assistant Minister.

**Group Managing Director:**

Rob Sainsbury, group managing director.

**Chief Nurse:**

Rose Naylor, chief nurse.

**Associate Managing Director:**

Isabel Watson, associate managing director.

**Director for Improvement and Innovation:**

Anuschka Muller, director for improvement and innovation.

**Head of Corporate Change, Delivery and Modernisation in Digital:**

Graham Ramsden, head of corporate change delivery and modernisation in digital.

**Head of Finance Business Partnering, Our Hospital:**

Jo Larkin, head of finance business partnering for the hospital, including H.C.S. (Health and Community Services) Capital.

**Deputy M.R. Le Hegarat:**

That appears that we have introduced everybody. If, as I said, somebody comes in at a later stage and needs to introduce themselves, if they are going to participate, that would be good from the perspective of the public. Normal rules apply in relation to Scrutiny Panel public hearings and therefore we will kick off. As I said, this is based on the Government Plan and the first question I would like to ask of the Minister is, from our own perspective, it would be helpful if, for our understanding, you could run through what process has been undertaken in the development of the Government Plan 2021 to 2024 in relation to your area of business. So that is the process that it has gone through please. Thank you.

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

The process has involved H.C.S. determining its priorities and building business plans, which first went for approval to our executives and to myself and were then forwarded into the central system to bring forward for discussion within Government Plan planning. I hope that helps.

**Deputy M.R. Le Hegarat:**

Thank you. Is there anything further that anybody would like to contribute to that last statement? Okay, we will move forward in relation to the other areas and if we need to come back to that we will. Deputy Pamplin will now pick up on matters in relation to the budgets.

**Deputy K.G. Pamplin:**

Thank you, Chair, and it is good to be back out of isolation. Before I go any further I would like to play great credit to the team at the airport and everybody working behind the scenes. I am glad to be COVID free but they did an excellent job and are unsung heroes. Can I just quickly pick up on something you said in your introduction, that somebody was an acting director general? Could you highlight who that person was?

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

No, no concern, it was just that Caroline Landon is on leave this week so I am calling Rob, for this week, the acting director general. That is all. He is standing in as director general for this week while Caroline is on leave.

**Deputy K.G. Pamplin:**

You understand why I picked that up because it certainly sounded when you said “acting” in the outside world that means something else.

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

No, nothing sinister.

**Deputy K.G. Pamplin:**

Good. Let us start with the resources mapped to your portfolio. We can see that the resources within the Government Plan 2021 to 2024 have increased since the last Government Plan, particularly 2021. Could you just walk us through each year, allocation and why the increases, if you can highlight? I have got my assumptions what they would be but if you could highlight why the increase.

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

To talk about the detail I will pass over to Joanne Larkin, but why the increase? It is because, I am pleased to say, there has been a good recognition among my fellow Ministers that we do need to invest in Islanders’ health and well-being and I am pleased that the business cases we have put forward have been adopted and proposals have come forward for that increased funding. As to the details, amounts and precise increases, I will pass over to possibly Jo, if you are able to answer that question.

**Head of Finance Business Partnering, Our Hospital:**

Sorry, would you mind repeating the exact question again please? At the moment, Steve Mair is trying to get on but he is having difficulties with the microphone so I am just trying to help him out and just missed that. So if you would not mind repeating please.

**Deputy K.G. Pamplin:**

If you look at the allocations in the last Government Plan for each year period compared to the new proposed Government Plan there is an increase in every year, particularly in the 2021 allocation. It is like some £25 million. What we are looking for is why there is an increase from the last Government Plan for these allocated years. If you have that detail ... I suspect I know why the first one is on the back end of COVID but that is the detail we are looking for.

**Head of Finance Business Partnering, Our Hospital:**

Apologies, I am not going to be able to comment on that one particularly as it is not the area that I deal with generally. I think when Steve comes on the line he might be able to comment on that but I am not sure if we can just defer that until he ...

[14:15]

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

Kevin's question has particularly mentioned 2021 and of course there are substantial funds in that year to meet the COVID response, that is the Nightingale hospital, the P.P.E. (personal protective equipment) provision and the test and trace system. So all of that is within the H.C.S. allocation for 2021.

**Deputy K.G. Pamplin:**

It might be difficult if he is not on call but I will push on and maybe, Minister, you can help us as best you can. When it comes to 2021, it is particularly those problems that you have just identified in the COVID response; is there anything else attached to the Care Model or is there anything else particularly in some of the things you first mentioned about preventable health situations?

**Group Director, Performance Accounting and Reporting:**

I have been able to join the meeting now, Minister, if you would like me to make a comment.

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

Yes, please do, Steve, thank you.

**Group Director, Performance Accounting and Reporting:**

I think it is as Kevin describes, there is a £6 million increase for the Jersey Care Model, which is part of the agreed approval by the Council of Ministers. There was also the usual increase in maintaining health and care and community standards, that has gone up, as has happened for several years because of the increased pressures that the service fields through inflation, demand growth, et cetera. That is the main element of increase. There are other smaller elements on specific items but those are the 2 big ones.

**Deputy K.G. Pamplin:**

That is helpful. Thank you for that. In the annexe on page 12 of 13, it provides a table for the Health and Community Services heads of expenditure for the years 2021 to 2024. Can you just talk to us

again how the budget is allocated for this, particularly the difference here? In the budget allocated to your department and the budget allocated to your portfolio in 2021.

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

Again, Steven, are you able to talk about the differences?

**Group Director, Performance Accounting and Reporting:**

I am just trying to locate the exact page but again, in principle, what happens is that the Government has a number of pressures, as you will appreciate - as I just try and locate the actual page - then there is the increase which are the 2 items of growth that was referenced, so the department has put in for the Jersey Care Model. That will see a net growth investment over the next 4 or 5 years. Equally the ongoing pressures that we have referenced. In addition, on the other side of the equation, there is also the need for the Government to achieve efficiencies and quite sensibly H.C.S. has suggested that it could identify a number of efficiencies through ... not cuts at all but through a zero-based budgeting approach whereby it will go through all of its expenditure, identify items it feels can be delivered for less. Then what you get is the base budget in 2020, you get the increases such as the Jersey Care Model and such as maintaining healthcare standards, and you will get a budget reduction for any efficiencies that any departments are delivering. The actual allocation on a cost-centre level or business unit level will be very much for the Minister, Richard, and the director general, Caroline, to allocate between them to deliver the best outcomes.

**Deputy K.G. Pamplin:**

How much flexibility does that give the budget for these years?

**Group Director, Performance Accounting and Reporting:**

Flexibility in terms of?

**Deputy K.G. Pamplin:**

In terms of those budgets with the unknown factors that could come about with the continuation of the pandemic, the effects of Brexit and all of that.

**Group Director, Performance Accounting and Reporting:**

The pandemic, as you will no doubt be aware, through 2020 the Government has made provision through its various reserves to offset that expenditure. It is a full business case approach, as you would expect, so if any department, including H.C.S. - obviously H.C.S. is majorly impacted - feels that it has a pressure that it could not have foreseen, i.e. COVID came along in March 2020 so the budget was set well before that. It will put a business case together, have a rationale why they need the money, how much they think they will need. That then goes into our corporate finance

colleagues who review it and quite rightly challenge it, ask questions about it. If and when that is agreed then as expenditure is incurred budget will be given to the department to meet that expenditure. There might be an in-principle agreement that they need X million for a particular activity and as that comes through on a monthly basis then the actual budget will be transferred to meet the actual expenditure. There is a small provision I think, but I cannot speak personally on that for Brexit, that COVID has been dealt with as an individual business case process. Equally the departments quite rightly will be asked to endeavour to manage within their budgets as best they can, facing the pressures that they face. Not, I hasten to add, the COVID position. The normal routine ups and downs in running a business.

**Deputy K.G. Pamplin:**

Thanks for that. Minister, I ask you the same question I asked the Minister for Social Security: around the table at Council of Ministers, how did you find that process in fighting for certain allocations? The Minister for Social Security alluded to she put up a bit of a fight for certain allocations and efficiencies. Can you talk us through that process and are you satisfied with what you have now?

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

Yes, I am satisfied. In some areas we had some robust discussions but insofar as concerns Health and Social Services expenditure I do not believe there was any controversy, as such, that we had to thresh out within the Council of Ministers.

**Deputy K.G. Pamplin:**

Let us move on to some of these new projects. Let us start with the COVID-19 vaccination, which is on page 60 of the annexe again, if you have got it to hand. Let us look at the figure for the requested funding again in 2021. Obviously there is no expected money requested for the subsequent years, which I will get to in a second, but can you just talk us how the figure for the requested funding arrived at that final figure for 2021?

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

I cannot give you the detail on how the final figure was reached but it was the one put forward in the business plan. Can I ask if Steve has any greater detail?

**Group Director, Performance Accounting and Reporting:**

I could talk through the process, the fine grain detail will be within the service, but the process was as described so they will come up with an estimate of what they feel. So you had the Nightingale hospital, you had various other pressures, colleagues will go through and identify what they thought the demands were, what they thought the pressures were and what they could get the price for, put

that together and make a case for it. Just to repeat one point from before. It is not, as you would imagine, an open cheque book. That is subject to challenge, justification on why this figure, on what basis is that, have you got any benchmarking, et cetera?

**Deputy K.G. Pamplin:**

That is helpful because obviously this is an unknown vaccine which is still at work. You could benchmark it against other vaccines so just curious again, how does this stand up against other vaccines like flu, for example, if there is anybody can shed any light on that?

**Group Director, Performance Accounting and Reporting:**

I think the financial pressure is much, much greater than the flu has ever been, be it in Jersey or be it anywhere else, as I am sure you appreciate. So you are right, benchmarking does not always work in this circumstance but what then works is we do not allocate the funds out when we are in receipt of the business case, we wait to see how it materialises month on month and then budget is allocated out equal to the actual expenditure. That in itself is a useful check and control, I think.

**Deputy K.G. Pamplin:**

I am also curious what the rationale was because one would expect we do not know where we are with a vaccine and it will develop and evolve over time why there has not been any expected funding for 2022, 2023, if this is a rolling vaccine. Can anybody draw any light on why there is not any additional funding put aside for future years?

**Group Director, Performance Accounting and Reporting:**

There is a sum available held corporately because there are obviously more pressures arising from COVID than there are just in H.C.S. So rather than try and identify all those individually and specifically on what is still an emerging situation, shall I suggest, the Treasurer, the Chief Minister, the Minister for Treasury and Resources will make appropriate provision and a similar process will be followed again. As specifics arise funds will be sought, if appropriate.

**Deputy K.G. Pamplin:**

How many vaccines would these funds allow you to purchase based on the process it went through? Do we have any idea at this stage who the preferred vaccine suppliers are against this final sum that was allocated?

**Group Director, Performance Accounting and Reporting:**

I am sorry, I cannot answer that. I think this will be more operational. Other colleagues may be able to assist.

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

I do not know if there is anyone specifically on the team dealing with vaccines with that degree of knowledge. Obviously, Kevin, we are planning to vaccinate the vast majority of the population as and when a vaccine is available but as to the timing of it, it is still early days.

**Deputy K.G. Pamplin:**

This is something we could probably come back to when those details emerge because I think it is an important factor as we move on to the next project, which is the Nightingale wing, which you know a little bit more about. Looking at the figure again on page 61 of the annexe, how much has been spent on the Nightingale hospital to date though, before we look at that figure for 2021? How much has been spent on the Nightingale alone, so buildings, staffing, maintenance, security, additional issues concerning weather-related issues, that sort of stuff. What is that ballpark figure?

**Group Director, Performance Accounting and Reporting:**

I think the figure for the build was in the region - I would have to check for you and I am sure we can check and come back to you - of about £8 million. I think the original submission was in the region of £12 million to £14 million. Obviously a prudent approach, nobody had done this before. The ongoing maintenance is a much smaller figure. I am sorry I do not have that in my head at the moment. Obviously that will be looked at should we need to invoke the Nightingale hospital in 2021, and that will be one of the submissions then we put against the corporate provision.

**Deputy K.G. Pamplin:**

On a day-to-day basis, how many staff involved are currently at the Nightingale? That would include security and anybody else who is using the facility and where does the cost of the staffing; is that in that figure of the £12 million to £14 million that was set aside?

**Group Director, Performance Accounting and Reporting:**

I can answer part of that. I think colleagues will be able to deal with the actual staffing of the unit. The £12 million to £14 million was an estimate at the time to build and set up and open the Nightingale hospital. Additional to that there are ongoing running assumptions. I would have to ask colleagues if they could tell how many staff were at the facility at the moment.

**Chief Nurse:**

Would you like me to take that, Minister?

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

Yes, please, Rose.

**Chief Nurse:**

Just in relation to the Nightingale at the moment, so the staff onsite are predominantly the staff that you have mentioned already, so in terms of site security and making sure we have got basic maintenance at the site as well. In relation to any staff that have used the site, whether it is for training purposes, that is already within our existing cost, so there is no additional cost to that at the moment, other than those basic maintenance costs that we have already included in the total cost for the Nightingale to year end.

**Deputy K.G. Pamplin:**

Just to be clear, the cost of the hire of the security, which is 24/7, that is included in this budget, that is not ...

**Chief Nurse:**

Our total forecast cost, which includes everything for the Nightingale by year end, is estimated to come in at a total of £11.9 million and that includes the cost to H.C.S. and the cost to I.H.E. (Infrastructure, Housing and Environment), which includes the build costs.

**Deputy K.G. Pamplin:**

That is helpful. The final figure identified for 2021 in the Government Plan, it is a sizeable amount of money of course, for retaining a facility that of course we do not know, it may not be needed. This is why we are trying to break down this requested figure of ... I mean it is slightly less than that that was put aside this year, as you say, Steven, for the unknown factor. It is just the detail of that final figure and how it was arrived, is what we are trying to get to.

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

I am sure we can let you have that but that figure for 2021 does include the removal of the hospital, stripping out the equipment in it and then restoring the land to what it was before. It is more than the running costs ...

**Deputy G.P. Southern:**

Can I ask a question on the staffing there? I think it is probably appropriate. The question is: how many intensive care trained nurses do we have on the Island currently? Is that an adequate number, should we see a serious second wave of the coronavirus?

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

Rose, please, can you help?

**Chief Nurse:**

In terms of our current staffing establishment for intensive care I would need to come back to you, Deputy Southern, with the total number that we have got on the unit today.

[14:30]

But we also, in preparation for the emergency response to COVID, trained additional staff who normally work in theatres. So we have got a much larger pool of staff that we can expand if we need to for intensive care capacity but it will affect our modelling in terms of how we normally provide critical care. So there is lots of different scenarios, depending on what is required, so I can tell you in relation to our intensive care staffing at the moment that unit is adequately staffed for the number of beds that we have got. Should we need to expand those beds we have got additional capacity in terms of the work we have done previously and earlier in the year. I do not know if Rob wants to expand on that at all, in terms of our total number of beds.

**Group Managing Director:**

The only thing I would just add is we just need to highlight that when we talk about our intensive care capacity that is all within the General Hospital. The Nightingale would not be used for the purpose of intensive care. We would not have ventilated people in that facility. It is not being provided for that function. In our original plan for Island preparedness, for people who might require ventilation, our plan is it would take us up to 49 patients, which is a lot of intensive care capacity. But as Rose says, that would be staff across our different settings. There would be anaesthetic staff, theatre staff, as well as I.T.U. (Intensive treatment unit) and critical care nurses.

**Deputy G.P. Southern:**

Sorry, just for clarity's sake. I am not sure I heard it properly. How many staff are I.C. (intensive care) trained or I.T. (intensive treatment) trained and that is thrown a certain number of beds, how many beds, and you are saying, I think, that this new unit, the Nightingale unit, will not be used for intensive care but will be for overspill, is that right?

**Group Managing Director:**

The Nightingale has not been set up for intensive care. So if somebody needs ventilation that would happen at the General Hospital and the capacity that we planned at the General across our I.T.U., which we would have to extend into other areas and we would have to potentially go into some of our theatre capacity and also potentially some of our other bedded services, that physical capacity was for up to 49 beds and the staffing required for that has been determined across different departments. So I.C.U., theatres, recovery and other areas for that. I do not have the exact figure for you but we can certainly get that to you in terms of how many staff we would require.

**Deputy K.G. Pamplin:**

We will crack on. We have got a lot to get through here. Going back to the business case, you talked about the extended use. There is extended building and plant hire, is that in anticipation of returning the development back to the land as it was? Or is there some other reason for that?

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

I wondered if the plant hire might refer to the oxygen generating plant. Rob or Rose might be able to assist.

**Chief Nurse:**

All of the costs within the business case are all the costs that are required for everything that is on the site, including the decommissioning of the site.

**Deputy K.G. Pamplin:**

There was an interesting comment from the Minister for Infrastructure the other day that the building was not originally expected to be used over winter and that new heating systems had been ordered. Obviously we did know it was a live situation with the pandemic, could you just give us some indication of the understanding of that language; the building was not originally expected to be used over the winter and why this installation of new heating systems had not been ordered?

**Chief Nurse:**

In terms of the site, we originally built the site for the very short-term period of the emergency response, which was our plans at the very outset, was that we created a facility that could deal with a surge in COVID activity in terms of our patient demand. So the initial site, as I say, was purposed for about 3 months' use. During that period, as you know, we had the opportunity where we put staff in there who acted as patients and we stress-tested the facility. While there is a heating system installed as part of the original build it was not warm enough for the building for the people who were part of the stress test. So moving into the winter period, that has always been a challenge for us in terms of keeping the building warm enough. That is the reason that they are putting in a new heating system, to make sure we are able to heat the building up sufficiently. Obviously during a summer period we did not anticipate that we would be particularly cold. We thought we would be too hot in the facility rather than needing the heating turned up to a higher level. I do not know if that answers your question.

**Deputy K.G. Pamplin:**

It certainly helps, Rose, thank you. The point is, it is there in case we need it, and let us hope we never do, but obviously when the United Kingdom suddenly put their Nightingale hospitals on alert that brought us all to the attention, which is why I found the Minister for Infrastructure's comments

very curious. Let us just say, and let us hope this is not the case, it is needed, it is utilised in this winter period, so December, January, February, March, would these requested funds cover the cost of the funding to sufficiently staff it for the care as Rob outlined? Is this enough money or would we have to require more anticipating that it is used? Let us hope it is not.

**Chief Nurse:**

My understanding is that they are total costs. We have modelled it on the basis that if we did have to use it we would only open a small number of beds to begin with. So again, while the facility does hold the capacity for 190 patients, we modelled it with the purpose that we would start with 30, if we needed to. That is included in the costs. So there has been some various different modelling worked out in terms of the cost of the facility. Some of the staff would come from our existing workforce and some of the staff would come from our bank workforce as well.

**Deputy K.G. Pamplin:**

I guess if you needed more money because - let us hope again it is not the case - you would be able to secure that from other means?

**Chief Nurse:**

Correct.

**Deputy K.G. Pamplin:**

Last section from me, before we move on to the Deputy of St. John, is the P.P.E. warehousing solution. Obviously a massive factor of the early part of the pandemic. Turning to page 65 of the annexe now for everybody. So this funding identified, when will the ... and this is the basis of our knowledge at this point. When will the Jersey Field Squadron finish their storage management and distribution of P.P.E. and then alternative arrangements will be made at the end of 2020, if not sooner? Can you update us on the whole situation?

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

I know all that planning is going on. I do not know if there is an update. I had understood by the end of the year but I do not know if Rose or Rob may be able to assist any further. Rob, I am sorry, there is a lot of interference. We cannot hear you.

**Deputy K.G. Pamplin:**

It looks like Rob has left.

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

I am sorry, Kevin. We will come back to you if we have any further position on the date of that.

**Deputy K.G. Pamplin:**

I have some more questions about who is going to be ... maybe, Minister, you can help us here then. Who will be responsible for providing, managing and distributing the P.P.E.?

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

It will be our teams in government. The director general responsible for that is Julian Blazeby and the procurement team under him.

**Deputy K.G. Pamplin:**

Obviously this was a major issue, was it not, if we all cast our minds back it seems like a lifetime ago now, in March and April and there was the situation with the responsibility on private companies. There was a bit of tension there. Are you satisfied those issues have been resolved, there will be enough P.P.E. in reserve, we are in a better place now, of course, and this final figure, if you can break it down, can cover it to 2021 as put forward in the Government Plan?

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

Yes, so we are retaining a stock of 3 months P.P.E. and that 3 months is calculated on a worst-case scenario, as well as ensuring that we have the regular supplies of P.P.E. coming into the Island. That is not only to provision hospital services but also care home services throughout the Island, whether they are private care homes or H.C.S., prison, schools, all those public bodies that need P.P.E. provision.

**Deputy K.G. Pamplin:**

I see Rob has joined Rose. I do not know if you wanted to pick back up the finishing off of the storage management distribution of P.P.E. situation and when it would be done and when it is in place by the end of the year, if not sooner.

**Group Managing Director:**

It is something that has been overseen through the strategic co-ordinating committee group that has been re-established as part of the COVID planning. My understanding is that we have got plans that will remain in place for this year and obviously they will continue to review what will be needed for 2021 on. Just to reassure, in terms of the distribution element, as part of our COVID planning we have a P.P.E. cell that was set up previously in wave one, so that cell is still continuing to meet. It still has the same team supporting the oversight. So when we get requests that come in as a result of COVID escalation or P.P.E. changes, whether that is in a care home or a G.P. (general practitioner) practice, the staff themselves still have the same mechanism for distribution that it previously had. So all of that has continued and we have it also in place as part of our preparedness.

**Deputy K.G. Pamplin:**

Would you be able to go back to the director general there, Julian Blazeby, and have a breakdown of that 2021 figure, the 338, just so we can sign it off?

**Group Managing Director:**

Yes, we will take that back.

**Deputy K.G. Pamplin:**

I see the chair is itching to get in.

**Deputy M.R. Le Hegarat:**

I just wanted a quick question because I have asked this question before. We have local providers of P.P.E. who at the start of the pandemic increased their stocks but then of course the Government gave everything away for free, so those companies now find themselves with stocks of P.P.E. and nobody to buy them. There seems to have been a lack of co-ordination or a lack of correspondence or communication with those individuals. Can you assure me that that is going to happen because I have seen some ... I have asked a number of questions throughout the period about this and I notice that there was further correspondence in the last week to 10 days. Can I ask that that is looked at, as a matter of urgency, because you have obviously got companies locally who have P.P.E. and have got stocks of it with nowhere for it to go? Can I ask what is happening in relation to that?

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

I can speak to that because one of the companies wrote to me and also phoned me. As a result, I did put our procurement team in touch with them and I have checked the position since, that our local companies have those links and they are in a position to provide P.P.E. if their prices are acceptable. There is that link with local and also national providers. If I may say, chair, I think this provision of P.P.E. is absolutely necessary. It would have been possible of course to say, come the summertime, there are sufficient stocks of P.P.E. available in the marketplace and therefore the care homes can access that. But this is a good example of government providing co-ordination.

[14:45]

Recognising that it is probably best placed to have that broader view of pressures building within P.P.E., particularly as COVID rates seem to climb. We do not want to get into a position where a shortage occurs worldwide and care homes and other institutions once again say they cannot access P.P.E. We do not want to leave them on their own to do that so Government is in a good

position to step in to provide that broad view and get in sufficient supplies to safeguard the whole Island. I am very proud of that piece of work that has been done.

**Deputy M.R. Le Hegarat:**

I think, Minister, do not get me wrong, I fully 100 per cent agree with what you have just said. I think it was more about not forgetting that there were people who had supplies and stocks locally and so therefore, yes, fully appreciating it is about at a reasonable price but it was just about making sure that we utilised the supplies that are available from local suppliers and even if that means ... it was not about somebody having to pay a local supplier. It was about ensuring that our own local suppliers were not forgotten about in order that they were still able to do business and not necessarily have to come to the Government in order to get funds for them to continue their business, if that all makes sense. It was just really about not forgetting that we have suppliers that are already local that have stocks of these things that we, as a government purchaser, if we are able to get them at a competitive rate we should also look at local suppliers, if that makes sense.

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

It does make sense, chair. I absolutely understand your point. I do assure you that I have been told communication is in place with the local suppliers.

**Deputy M.R. Le Hegarat:**

Thank you, I will now move on to, I think it was going to be ...

**Deputy G.P. Southern:**

Can I just come in there?

**Deputy M.R. Le Hegarat:**

I think it is down to the next section, which is ...

**Deputy G.P. Southern:**

Can I come in anyway because ...

**Deputy M.R. Le Hegarat:**

A quick question, certainly.

**Deputy G.P. Southern:**

... my brain is driving my wild. When we are talking about this funding, so £8.3 million for the Nightingale wing, are you saying to me that that figure is not extra, it is included in the overall budget of £237 million for 2021? Or is it somehow separately from contingency funding because I see a

£10 million increase from 2020 to 2021 to £237 million, but that is larger than the 2 figures on there for the vaccine potentially and Nightingale wing is £13 million, and there is only a £10 million increase. What is going on? Or am I wrong?

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

Steven, are you able to assist?

**Group Director, Performance Accounting and Reporting:**

Yes, certainly. COVID-related expenditure through business cases are approved, as you have described, Deputy Southern, through reserves, so our base budget is not impacted by those. You have your base budget, that increases for the Jersey Care Model and increases for the healthcare standards. Then pressures that the department cannot reasonably manage, such as COVID, are separately funded, which will then be picked up through the various corporate scrutiny processes as to the mechanisms by which the Government will do that.

**Deputy G.P. Southern:**

So the figure of £237 million for 2021?

**Group Director, Performance Accounting and Reporting:**

I can get that confirmed. I can get you an analysis of 2020 to 2021 ...

**Deputy G.P. Southern:**

That contains these extra spends?

**Group Director, Performance Accounting and Reporting:**

The point I am trying to make is your additional exceptional expenditure on COVID, et cetera, is over and above the base budget. I can get the exact figure for you and send it through.

**Deputy M.R. Le Hegarat:**

Okay, thank you. I think we are now in a position to move over to Deputy Pointon in relation to air ambulance service.

**The Deputy of St. John:**

It gives us an opportunity, Minister, to talk about things normal in the provision of medical care. As Deputy Le Hegarat says, I want to talk initially about the air ambulance and I see that for the years 2021 to 2024 there is £395,000 allocated each year. We understand that the requested funding is in addition to the funding you already put aside for this project. Is that correct?

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

Yes, that is so, Deputy.

**The Deputy of St. John:**

What does that bring the total budget to for air ambulance per year?

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

I do not have that original figure. I wonder if any other of my team do.

**Group Director, Performance Accounting and Reporting:**

I do not have it to hand, if nobody has I am sure we can get the information and issue that in total.

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

We will let you have that.

**The Deputy of St. John:**

Thank you. Do we know what the current or new total costs of procuring a fixed wing aircraft is going to be; the total cost per annum? Or am I asking the same question?

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

As I understand it, you are asking the same question, Deputy. The Government Plan seeks funding for the additional cost.

**The Deputy of St. John:**

I am led to go on and ask the same question again if I follow the question plan. How many times last year was the air ambulance used?

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

I do not have those statistics, I am afraid. What I do recall is a briefing in the early stages of COVID when the supplier at that time was clearly unable to continue with the service and the excellent work put in by officers to find an alternative, in combination with Guernsey because this is a shared project with Guernsey. Because clearly the Island does need that connectivity to enable us to transfer patients for surgery care wherever needed. I was very satisfied with the work that had gone on and the rigour and the negotiations that had taken place. We could not get in a new supplier at the same cost as the previous but we were satisfied that we were receiving value for money on this project.

**The Deputy of St. John:**

I am presuming that your new supplier is flying a much more up-to-date aircraft that is pressurised, rather than the old unpressurised aircraft.

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

Yes, I do recall that also. The service was going to be enhanced, that is my recollection of the briefing and, yes, that was one of the options. Yes, indeed.

**The Deputy of St. John:**

Okay, thank you. Shall we move on to the Jersey Care Model just in brief? The funding for the Jersey Care Model has been mentioned but we have in 2021 £6,600,000 allocated and that steadily rises and then retreats back in 2024 to £4,100,000. Can you provide a breakdown for the funding that was requested for 2021? Of course we can ask for the detail of the rest in writing.

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

Steve, do you have a breakdown of that £6,600,000?

**Group Director, Performance Accounting and Reporting:**

Yes, we have a breakdown and we can certainly circulate that in outlined terms if it would assist. The money requested by the department was all approved; there were no reductions in that. It consists of some one-off funding, such as programme management, because it is a big change programme, as you will appreciate. It allows the department to resource up to ensure it could deliver. It also allows for additional investment in the service that is required in the community and then it nets off any efficiencies delivered out of that. But, yes, we do have a full analysis, which, if it is helpful, we could put together for you.

**The Deputy of St. John:**

Thanks for that, Steve. How are we going to be able to measure the outcomes in relation to this funding against the achievements that you have made in relation to the Care Model?

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

We will develop an implementation plan with specific targets to reach, and the expenditure will be tracked against those, Deputy. Of course we would involve, as we are in the parallel discussions, the proposed board to review all that expenditure and the benefits that are delivered.

**The Deputy of St. John:**

How often will we have, if you like, an update from the department in relation to the expenditure?

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

The proposal would be to provide information on a monthly basis so that the board could report.

**The Deputy of St. John:**

That is encouraging to hear, thank you. We will move quickly on to something the Care Model will be highly reliant upon, not least the new hospital as well. But that is the digital systems that you will need to put into place, and I see in 2021 there is £1,300,000 set aside for digital development and that goes on to reach £400 million in 2024. How does this work? Will this work be undertaken under this project funding? Does it differ to the intended digital care strategy, which is the major project of the States of Jersey as a whole?

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

I understand that it is a bespoke part of the overall strategy. But may I pass over to Graham Ramsden, who is here to speak on that detail?

**Head of Corporate Change, Delivery and Modernisation in Digital:**

Certainly. Good afternoon. In terms of the business case that supports the digital health and care strategy, that has got a number of initiatives in there which are linked to the Jersey Care Model. I will need to take the question away though, Deputy, in terms of in relation to the business case for the Jersey Care Model, to have a look at that, but very happy to come back with a full answer.

**The Deputy of St. John:**

Okay. It is quite a large amount of money in a year when you are still maintaining the current hospital building and you are just developing the early stages of the Care Model, assuming the most recent proposition is accepted. What do you hope to have achieved by the end of 2021?

**Head of Corporate Change, Delivery and Modernisation in Digital:**

The business case in respect of the digital care strategy does break down a number of initiatives. Some of them do span across the whole period of the Government Plan, others are more specific, basically some enabling factors such as unique identifiers for individuals to enable improving the interoperability of the systems that will be specifically delivered. But, again, we have got a map-out of all of the things that would be delivered through that strategy and, again, happy to come back with the detail on that in simple terms for you.

**The Deputy of St. John:**

This £1,300,000 set aside for this year for 2021, do we have concrete evaluations of when things are going to be happening and when certain amounts of this capital are going to be required, in other words, a timeframe?

**Head of Corporate Change, Delivery and Modernisation in Digital:**

Deputy, is that in respect of the Jersey Care Model business case?

**The Deputy of St. John:**

Yes.

**Head of Corporate Change, Delivery and Modernisation in Digital:**

That is one that I would have to see if I could defer to any of my colleagues on the call or take away for you. At the moment the business case that I have is in respect to the digital care strategy, so I have not got the detail on the Jersey Care Model one but certainly colleagues can help or, as I say, happy to take that away.

**The Deputy of St. John:**

My impression is that the 2 are going to be mutually dependent.

**Head of Corporate Change, Delivery and Modernisation in Digital:**

Yes, there are dependencies between the 2, correct.

**The Deputy of St. John:**

I am just concerned that we have not put a spade in the ground in relation to a new hospital yet and the Care Model and the new hospital are going to be intertwined in relation to their digital requirements.

**Head of Corporate Change, Delivery and Modernisation in Digital:**

Yes, and I think if we look in the business case around the digital strategy, that reference to our hospital is clear in that business case and the dependencies there. But I think that is probably something that is worthy of some analysis back to you.

**Deputy G.P. Southern:**

Can I come in there, please, Trevor?

**The Deputy of St. John:**

I will give way, Geoff, yes.

[15:00]

**Deputy G.P. Southern:**

Great, thanks a lot. Yes, almost £5 million there, the 2 boxes together, is this going to end up with the electronic patient record and how many groups will it involve and by who? If the pharmacist can talk to the community nurses, who can talk to G.P.s, who can talk to the hospital, that is what we are aiming for surely. But when will we see that interoperability of electronic patient records accessible to everybody, including the patient? When is that going to be done?

**Head of Corporate Change, Delivery and Modernisation in Digital:**

You are absolutely correct, Deputy, that does cover the electronic patient records. In terms of the timeframe and the delivery of those benefits, it is as set out in the business case at a high level between 2021 and 2024 to complete that. But I do not have with me the detail of when different groups would come into play on that in the plan; that is something that we would need to present back to you separately.

**Deputy G.P. Southern:**

But that is the plan, that groups will join the system separately and that will be planned for, one set of people at a time. Who is involved now? What can happen already, do we know?

**Head of Corporate Change, Delivery and Modernisation in Digital:**

I do not have that information, Deputy, but I can certainly take that and come back with an answer.

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

There are systems that join G.P.s to hospital orderings, the G.P.s can now electronically request certain tests, likewise there are links to the pharmacies also. This is being introduced, this is proceeding step by step.

**The Deputy of St. John:**

Which really covers in short order my next question, which was what have you undertaken during the course of 2020 in relation to I.T. (information technology) developments?

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

I know there has been that sort of progress but could Rob or Rose perhaps detail exactly what they have seen in practice?

**Chief Nurse:**

Yes, so I can give you some examples of some of the things that we have done this year. One of the big projects I know is slightly separate but one we set up in Nightingale wing, we have built that in the model of a paperless wing. Some of the new ways of working that we introduced ready for the Nightingale for us to stand up, we are rolling out across the rest of the organisation. An example

would be electronic prescribing, which is right across the hospital services now. We have also, in different parts of the organisation, developed that interoperability in terms of our system. In diabetes care we have now got a system that enables the centre and the patient's G.P. to access the same information. Also in the world of safeguarding, we have done a lot of work over the course of the summer to make sure that particularly information to safeguard vulnerable people and children is shared with the relevant agencies. There is a huge amount of work that the team have covered off this year, which I cannot go into detail about because I do not have that with me but certainly we can share that. We recently had a presentation at our H.C.S. board as well in relation to some of the different advances that we have made over 2020 and the plans that we have got for 2021, so we can share that with Scrutiny Panel members as well.

**The Deputy of St. John:**

Thank you, Rose, thank you very much. Can we move on then to the new hospital ...

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

Can I just add that remembering Family Nursing deliver a huge amount of healthcare in the Island at community level? I understand that this year they have issued all their staff with handheld devices, which can access their records and a great deal of patient information. That is happening, information accessible in people's homes also.

**The Deputy of St. John:**

That is very interesting, Minister. When I was managing a health visitor unit in Leicester during the mid-70s everyone ran their business and their patient lists from handheld computers, so we are not far behind.

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

There you go, we are coming up to Leicester standards, thank you.

**The Deputy of St. John:**

Can we move on then to Our Hospital, our new hospital? Apparently we are at phase 2, it is a major project and you have allocated funding for 2021 of £20 million. Can you provide a breakdown of how the requested £20 million for 2021 will be spent?

**Group Director, Performance Accounting and Reporting:**

Do you want me to comment, Minister?

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

Yes, please, Steve.

**Group Director, Performance Accounting and Reporting:**

Yes, we have a full line-by-line analysis that we report to each month to the Our Hospital board and we can certainly get you that. From memory, that is to take us through, I think, until the summer, by which time the Minister for Treasury and Resources will have brought forward the overall funding proposals for the Our Hospital and any expenditure beyond that period will be wrapped into that. I believe that takes us to the summer with a little bit of contingency but, yes, we can break it down; that is not a problem at all.

**The Deputy of St. John:**

But, essentially, this is still backroom expenditure, is it?

**Group Director, Performance Accounting and Reporting:**

I know what you mean. I would not personally describe it as backroom, I think the scale and magnitude of the hospital, it is all one big project but, yes, I appreciate what you are saying. It is the development partner working with us, it is our commercial experts, it is our technical experts, our cost consultants all preparing it so that it is good to go and will open and function in 2026.

**The Deputy of St. John:**

Okay, great. You will probably be able to deal with this one as well, Steve; how much has been spent on the project to date?

**Group Director, Performance Accounting and Reporting:**

I can get you a precise figure and I am sorry I do not have that in my head; Jo may know that in her head. We do have it, we do monitor each month and we report it in and I can certainly get that number ...

**The Deputy of St. John:**

Okay, fine. I am taking it that there will be a further bid going in for next year, for 2022, once you have clarity about the costs that you are saying are being developed halfway through the ...

**Group Director, Performance Accounting and Reporting:**

Yes. The way the process is working is probably around about into May time, there will be an outline business case produced. At the moment we are at a strategic part of the case, we will move into more detail, which is the work around our clinical colleagues and our other experts are working on at the moment. As I say, that should be done by April/May time and at the same time the Minister for Treasury and Resources will bring forward a financing package as to how the expenditure is to be financed, so not just what it will cost but how it proposes for the Government to pay for it as well.

**The Deputy of St. John:**

Thanks very much, Steve. I am going to move on to the patient support services refurbishment, in other words, keeping the existing hospital alive; £1,044,000 set aside for 2021, £989 million set aside for 2022 but then nothing for 2023 and 2024. What is the basis for that?

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

I think, Deputy, we are dealing with an old building. We have to see on a regular basis what needs attention. We want to maintain the best standards but of course we do not want to spend unnecessarily if we are moving to a new hospital in 2026. Therefore, the planning is limited to 2 years at the present time. There will need to be expenditure, I am sure, while we are still on this site but in terms of knowing exactly what is needed it is more difficult to project into those further years.

**The Deputy of St. John:**

On that subject again, we were wondering why the expenditure had not been included in the Health Services Improvement Project.

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

I think there is some element of moving money from one pocket to the other. I do not know if Steve or Rob can assist here.

**Group Director, Performance Accounting and Reporting:**

Do you mean by the Health Services Improvement, the generic, I think, figure is £10 million?

**The Deputy of St. John:**

Yes.

**Group Director, Performance Accounting and Reporting:**

That is for meeting service pressures, not so much maintaining the building, so that is the cost of builds always rises by more than generic inflation, as the U.N. (United Nations) example quoted ...

**The Deputy of St. John:**

We are looking at revenue as against capital.

**Group Director, Performance Accounting and Reporting:**

Yes. Just picking up on what the Minister was quite rightly saying, you will of course have the opportunity in future years if there is a need for further maintenance capital expenditure to revisit

this. So next year you could revisit 2022, 2023 when you have more information on what the needs might be to keep the hospital running through to 2026.

**The Deputy of St. John:**

Okay. The business case for this project states: "This bid through bed realignments and co-location of specialities will provide further efficiencies and savings." Could you, Minister, explain that because it sounds to be professional speak to me?

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

Thank you, Deputy. It is about good bed management within the hospital and ensuring that we do not retain patients longer than necessary and that we can provide services they need at home to rehabilitate. I know there is good work that has been going on and the figures have improved significantly over recent years. If I can ask Rob or Isabel perhaps to talk about bed management and how we try and maintain people's health and care in the community.

**Associate Managing Director:**

Yes, thank you. Good afternoon, everyone. We recently have a new discharge co-ordinator, which is managing to progress with the timely discharge to prevent bed blockages. This is really helping us and this is on the back of the Jersey Care Model; we were already doing the ground work for that, putting that in place. We are starting to see the benefits. We are having weekly robust meetings for the winter pressures planning to ensure that we do not have the annual problems that they have every winter. We have got all these meetings in place and we are progressing with the discharge and I would say that has been really successful. The way we can measure that is through reducing the waiting list and it is hard to measure keeping people at home but I think that is one of the questions going back to what you were talking about earlier. It is not just about the money and the evidence and the outcomes, it is about as proven that we can keep people at home, the safest place, especially through COVID.

**The Deputy of St. John:**

Okay. Could I ask you to embellish that? You mention a discharge co-ordinator, there was always a bed manager, so do you now have 2 posts looking after this problem?

**Associate Managing Director:**

No, what we have done is we are just joining up the work and to make sure it is not just health-led. We have the social work team based at the hospital, so it is all about joined-up working and us all linking in. I think we have created this new pathway and we have seen benefits over the last 2 weeks already. That is about us being proactive, not being reactive and being able to provide

quicker support, getting people back home. Definitely keeping people at home, that is harder to evidence the good outcomes but we are able to see those differences at our weekly panels.

**The Deputy of St. John:**

Okay, fine. Just finally for me, which of the services that you are developing do you see are going to be co-located in a hospital environment?

**Associate Managing Director:**

I think when the new hospital is built the benefits are going to be fantastic because it is proven that co-location is really helping us. With mental health and adult social care integrating recently, I can see a stronger sense of direction. I think we are working more holistically and we are working more on a social work model, which is better for people keeping them at home.

**The Deputy of St. John:**

Thank you very much for that. I am going to hand you over to Geoff and Carina, I think they have sorted out some questions to ask the Minister.

**Deputy G.P. Southern:**

Okay, thank you, Trevor. In the last Government Plan H.C.S. were asked to make some £9 million worth of efficiencies in 2020, was this delivered?

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

Deputy, I believe that £5 million of efficiencies were delivered.

[15:15]

The impact of COVID has meant that we were not able to continue the delivery of further efficiencies.

**Deputy G.P. Southern:**

The £5 million covered what sort of savings? Can you inform us of any detail?

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

I will ask Rob or Rose perhaps to talk about the detail. But I was impressed and it was important to note that these efficiencies were delivered after a clinical assessment of them to ensure that there would be no impact on the health of patients. Rose, can you help with some examples, please?

**Chief Nurse:**

I think Rob is going to take that and give a response.

**Group Managing Director:**

I will and the Minister is correct, all of the schemes have been assessed by the chief nurse and the medical director about quality impact assessments. The areas that we have had some continued success this year building on last year, particularly around procurement, we have been able to get some real benefits in different ways of working around our procurement close and we have seen some better efficiency in our supply chain by working differently. We have had some particular return in terms of pharmacy expenditure, so our chief pharmacist has been working on a plan around how we can get better supply at better value price and is taking different initiatives with his pharmacist team. We have seen some good progress around starting to tackle some of our areas where we have had reliance on agency, and that has been quite expensive and where we have converted those roles into substantive staff; that has been better for us and is less costly. Then there are other areas of general efficiencies, so things like off-Island activity that can be very costly, our off-Island placements that we target yearly, that all those things have continued; they are well-established schemes that we do year on year on year.

**Deputy G.P. Southern:**

Can you put a figure of that £5 million on the change to pharmaceutical supplies and/or can you put a figure on the reduction in the use of agency nursing?

**Group Managing Director:**

I do not have the figures to hand but we can certainly get the figure to the panel; that is not a problem, in terms of our 2020 realisation.

**Deputy G.P. Southern:**

Okay. This year, again, you are asked to deliver a further £5 million worth of savings using zero-based budgeting, how has that gone?

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

My understanding is that that will be for delivery in 2021 but the department has begun looking at these budgets with a view to starting from a zero base and efficiencies are being identified. Rob, could you speak on that, please?

**Group Managing Director:**

Yes, I can. We have completed Z.B.B. (zero-based budgeting) across all of our care groups, so each area has looked at what opportunity they might have. Some of that is transactional within their cost centres for posts that they feel they might no longer need if they are not front-facing or clinical or professional-facing, so better efficiency around admin and process ...

**Deputy G.P. Southern:**

Some posts have been lost.

**Group Managing Director:**

In 2021, as part of Z.B.B., if a project manager determines that we are able to work in a different way or might no longer need that vacancy because a process is replaced, then they will pursue that as part of their efficiency. That does not equate to front line clinical services obviously, that relates to different ways of working and department processes, particularly admin-type processes. Pharmacy is also in there, our non-clinical support services, so how do we become paper light, as Rose mentioned? There is a whole range that has contributed to the Z.B.B. total. Each care group is asked to look at their efficiency and in what areas they can make greater savings within as part of what they do year on year.

**Deputy G.P. Southern:**

Is it not the case that zero-based budgeting is about building from a zero base and that somewhere in that process you decide there are activities that you currently undertake that you are not going to undertake anymore and there has not been any of those?

**Group Managing Director:**

Yes, that is a principle, a foundation of what Z.B.B. is about. If we think about our surgical services, they have undertaken detailed modelling through a forecast model to determine what is the level of activity we need to adhere to? How many patients do we need to get through our day surgery units? How many staff do we need for that? In some areas that means you need more staff and in some areas it means you need less staff. Healthcare evolves year on year on year and you have to adjust how your workforce respond through that demand year on year on year.

**Associate Managing Director:**

Can I come in and talk about the care group in terms of the zero budgeting? What we are doing differently is looking at how we deliver care, so we are looking at packages, looking at the best efficiencies and sometimes that is definitely not going into residential care. For example, we scrutinise and analyse each package of care. We also review more often that care to prevent a drift in care and that is where we have managed to have £200,000 ... we really do manage to save money by looking at every package and keeping a robust system in place.

**Deputy G.P. Southern:**

But you seem to be saying that staying at home is better than staying in a home, is that the case, in terms of saving money?

**Associate Managing Director:**

Not always but if it is the person's wish. Sometimes it can be too expensive and it is not realistic and then you have to look at the safety element, so we have to balance that at all times. It is about exploring with other private providers to see if they are able to adapt into a more bespoke care package. I think it is about how we look at the care packages and we are just looking differently, instead of just looking at residential as the first choice; we are looking at other options.

**Deputy G.P. Southern:**

You assume that those options will be cheaper.

**Associate Managing Director:**

Most of the time, yes, we do explore that. We look at re-enabling people. It is about not just going into residential care, for example, we make sure that we are able to put in the O.T. (occupational therapy) services, looking at different services to keep people at home.

**Deputy G.P. Southern:**

Okay. Back to the Minister, if you would, according to page 127 of the Act, you have identified £2 million worth of savings, some of which is about pay efficiencies and I am interested to know what pay efficiencies mean in that context. But you are still looking at and looking for a further £3 million, it says here: "Subject to action or decisions by the service, for example, a review of our pathways and strategies to reduce the use of overtime or contingent workforce." Can you tell me, firstly, what that means and, secondly, how much you anticipate saving through reducing the amount of overtime?

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

The off-Island services, Deputy, I will refer to the contracts we have with centres in the U.K. (United Kingdom) for the provision of care there. There is always scope for honing those services and negotiating the cost of them.

**Deputy G.P. Southern:**

Do you expect the cost of those to go down next year or to remain the same?

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

It is a contractual negotiation that there is ... I am not involved in the detail of those negotiations. I think Rob can assist with further detail on that.

**Group Managing Director:**

Yes, I can come in there. In all honesty, we are unsure at this stage in time. We know that this year our off-Island activity has been hugely impacted by COVID and we have had to work really differently. Some of the planned transfers of people who would ordinarily go to, say, Southampton, has reduced across quite a number of our specialities. We think that could continue potentially into 2021, particularly the early part of 2021, and that means that if we are seeing less activity with those providers in the U.K., then we can think about how we adjust the tariff. If there is less activity we would expect to pay less but obviously we need to work that through; that is a bit of an ongoing one for us at this moment in time, in all honesty.

**Deputy G.P. Southern:**

On the issue of reducing the use of overtime, which I presume everybody in the public sector is saying we are going to reduce overtime, how effective do you anticipate that might be?

**Chief Nurse:**

I can take that one. At the moment, particularly in relation to nursing and midwifery, we have got a number of different things in place that predominantly are aimed at supporting staff because it is in nobody's interest that people work excessive hours over and above their normal hours every single week. Our main focus around reducing our overtime spend and our contingent labour workforce is around sorting out some of the source issues that are driving that behaviour. We have got through the use of an electronic rostering system, which is now out to 150 areas in H.C.S. We have got an actual visible line of sight on all of our workforce 24/7, which enables us to track and trace and monitor the hours of work that people are doing. It also enables us to manage and support movement of staff around the organisation, while also having a clear line of sight on who is trained in what. If you go back to your original question around critical care nurses, we know through our e-roster system who is trained in those particular skills and who could go and work on I.T.U. if and when we need it. We have got a range of sort of check and challenge and assurance systems in place around our workforce and at the moment I am the final authoriser on that. I have to say this is not about reducing the opportunity, this is around supporting staff and making sure that we have deployed everything else first before we ask staff to work additional hours. I have not got an actual target because our focus is around sorting out the source problem first. Looking at our staffing establishment, looking at our demand and capacity modelling, and that is a piece of work we are doing in mental health at the moment, in the same way that we have done it in the General Hospital last year. Lots of different strategies in place and we are seeing a reduction at the moment, just by deploying those different strategies.

**Deputy G.P. Southern:**

As part of that reduction in overtime, what is your current staffing for nurses? For example, what percentage of vacancies are you carrying at the moment?

**Chief Nurse:**

I have not got the percentage position but I know the total number of vacancies. In the General Hospital for registered nurses we have got 46 and in mental health we have got 24 for registered nurses. But we have got a number of staff that are coming into the organisation. We have managed to recruit 33 recently who are all on board and from outside of Jersey to come into posts. We have got students as well that are qualifying later this year. Our position around nursing is quite buoyant at the moment and I think that while we have got some pressures in the system that are being driven by activity, and we are in this phase with COVID and winter preparedness and we are carrying vacancies, we are starting to see people come through in terms of applying for jobs. They will start coming into post over the coming months. But I can get you a percentage vacancy position, I have just not got it in my head.

**Deputy G.P. Southern:**

Well, 60-plus vacancies sounds quite significant to me. You say it is quite buoyant but it does not sound like it.

**Chief Nurse:**

We have got 43 coming into post if we count our students. and I think our vacancy position in nursing has probably sat at a similar level. It has not particularly deteriorated and we do have a flow of people coming back in, back into post.

**Deputy G.P. Southern:**

In terms of the success or failure of reducing the overtime, what contribution do you expect to make to the £3 million that you are supposed to be meeting in terms of savings?

**Chief Nurse:**

The actual solution to delivering the saving does rely on us sorting out the source problem, which, as I said, in some areas is around reviewing the establishment and the staffing rosters and that is a piece of work we are doing in mental health at the moment. We did it last year in the General Hospital over efficiencies, as well as to deliver a better rota for nurses.

[15:30]

**Deputy G.P. Southern:**

Okay. The final statement on page 127 says: "This proposal is at an early stage and detailed plans, along with benefits and impacts, will be shared as plans evolve." Are we likely to see how that £300 million extra savings is likely to be delivered?

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

Yes, Deputy, those plans will be shared.

**Deputy G.P. Southern:**

Thank you. I am losing my screens here. Fill in by all means, I am just ...

**Deputy M.R. Le Hegarat:**

Yes, I just wonder whether it is worth at this point, Deputy Southern, that Deputy Alves takes in, while you sort of get back to where you thought you were in relation to your part of the question plan. If Deputy Alves comes in with her section and then you can sort of reacclimatise where you have got to.

**Deputy G.P. Southern:**

By all means.

**Deputy M.R. Le Hegarat:**

Deputy Alves, are you in that position?

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

Yes, that is fine. Thank you, Chair. Okay, so a report by Deloitte from 2015 on zero-based budgeting concluded that the zero-based budgeting cycles are, and I quote: "Not a cost-effective option from what most organisations in either the public or private sectors, albeit conceding that they were useful in specific sectors under specific circumstances." That is on page 5 of the report. My question is: what research and consultation have you received to decide on pursuing the zero-based budgeting?

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

Would you like to comment, Steve?

**Group Director, Performance Accounting and Reporting:**

Yes. But I am not familiar with the Deloitte report that you refer to but I find that conclusion extremely surprising. The rationale for doing this is the experience of a number of colleagues across both service and finance, across a number of public sector organisations, and it has proven in many cases that this is not simply a savings exercise, rather it is a transformation exercise and encourages service colleagues to look at things differently, as well as generating efficiencies. But I do apologise, I have not seen the 2015 report that you are referring to but I do find their conclusion extremely surprising.

**Deputy C.S. Alves:**

Okay. Can I ask what alternative strategies were considered before going with the zero-based budgeting, such as outcome-based budgeting and why were the other strategies rejected?

**Group Director, Performance Accounting and Reporting:**

Outcome-based budgeting tends to be, in my experience, a lot more challenging, as zero-based budgeting is a more established process and it is better to develop these matters and come to a more challenging one later on. The government did not use Z.B.B. last year. The government did a series of processes, challenges, workshops, et cetera, but that process is still continuing because Z.B.B. will be rolled out across the whole of government. But obviously the £20 million of efficiencies across government has to be delivered before we will have completed a Z.B.B. process. The options were to continue with the process that the Government decide in 2021, which we are partially doing. The second option considered was to look at Z.B.B., which is a well-established process. I have experience of and am familiar with outcome-based budgeting. The Government did not formally consider that and personally I would recommend that for a future year, once it establishes Z.B.B. process. Also, with the Z.B.B. process, as I am sure you are familiar, you build up a tremendous base of knowledge and understanding service and financially that then can be a total focus on outcome, as opposed to a mix of inputs and output.

**Deputy C.S. Alves:**

Okay, thank you. Again, quoting Deloitte's 2018 Global Cost Management Survey Report, they also found that in E.U. (European Union) countries, those that did implement Z.B.B., experienced considerably more instances of poorly designed reporting and tracking. How would you alleviate this concern?

**Group Director, Performance Accounting and Reporting:**

The Government of Jersey has a very well-established reporting and tracking process of a financial nature, which uses monthly budget monitoring that the Minister has referred to before and which we will be doing for the J.C.M. (Jersey Care Model). In fact we were in discussion only last week with service colleagues about establishing financial information and outcome information, so we can bring the 2 together; it probably goes back to your earlier point. The Government has also recently introduced an outputs outcomes performance measure, so it is not just a financial monitor that comes in each month. But information is put on a project management system whereby project managers have to report on how they are delivering, in addition to how they are spending or saving money. Again, just looking at things in other places, the government's processes, I believe, are robust and they will continue and they will develop, I have no doubt. You will have seen, for example, the annual accounts have been brought forward for each of the last 2 years, which gets financial information out into the community, out into the Island, out into Ministers' hands so much quicker

than it did 2 or 3 years ago. It allows colleagues to focus on looking forward, to look at outcomes, as opposed to focus on looking backwards and seeing ...

**Deputy C.S. Alves:**

Okay, thank you. Deputy Southern, did you want to come back in or ...

**Deputy G.P. Southern:**

Yes, I will come back in with my next area, yes.

**Deputy C.S. Alves:**

Thank you.

**Deputy G.P. Southern:**

Page 133 of the I.H.E. estate strategy and maintenance review started as follows: "Revise and release a portion of the budget for the health estate in light of progress made with backlog maintenance and to reflect capital allocations within H.C.S. budget" and gives the figure of £4 million. My interpretation of that is that the Infrastructure Department has basically offloaded £4 million of its capital spend on to you. Is that a correct interpretation I have there?

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

I think there is further explanation of this later on in that section. But could I ask Steven Mair to explain?

**Group Director, Performance Accounting and Reporting:**

Certainly. They have not offloaded in that sense, no. H.C.S. has £5 million in its capital programme precisely for this purpose. That was judged by colleagues to be an adequate figure in the current circumstances and, as per previous comments, it can always be looked at on an annual basis. Therefore, if this £4 million had remained, the Government would have been investing £9 million when it was felt that £5 million was sufficient to meet the needs at this point in time so it would have been almost double budgeting which nobody would want to do unnecessarily.

**Deputy G.P. Southern:**

I realise that you are peripheral in terms of this as a saving but, nonetheless, in the comments on page 135, it says: "The building maintenance budget will be reduced below a level which allows J.P.H. (Jersey Property Holdings) to improve the current condition of the property estate. While some areas are in relatively good condition, some properties are in need of extensive works to ensure they remain functional for building users and compliant. However, with the removal of this funding, this will no longer be possible." How is that a saving and not chaos really saying we cannot

afford to maintain our housing stock? What has happened? What has gone wrong and, in particular, our health stock?

**Group Director, Performance Accounting and Reporting:**

The health stock, nothing has gone wrong, as you describe it, and the bulk of that is, as you say, peripheral to H.C.S. but if I can just touch on one or 2 things that may assist but you may have been, as well, speaking to other colleagues in other departments. In our hospital work, we will be doing a review of all the estates and I know some great work has gone on recently in a number of the estates. It may be that some of them are no longer needed in the future. Therefore, we may be able to release those estates and land use and obtain a capital receipt and not invest unnecessarily in buildings that will not be with us long-term in the future. Likewise, things such as the office project, the Government is looking at all of its assets including those which it needs and those which it can make the best use of, again, from the same perspective of do we need to spend quite a lot of money on rentals, on a lot of buildings where we have to maintain them heavily, when we would be better investing in a smaller number of buildings of higher quality and generating the efficiencies through doing so. The fine grain of the page here I am referring to, Deputy, and I am happy to refer to colleagues in I.H.E., but it is not simply a budget reduction. We are looking at the whole estate as we go through this process.

**Deputy G.P. Southern:**

If you do not mind, back to the Minister. The C. and A.G. (Comptroller and Auditor General) recommended that the Government review spending on property maintenance to tie in with the property condition surveys in her report on operational land and buildings. Is it not the case that we are 2 years behind? We should have had some sort of assessment of the health buildings, in particular, but our building stock 2 years ago rather than still be having to deal with it and to save money and cut budgets currently?

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

Deputy, I will need to find out exactly when surveys were undertaken but I know in relation to the General Hospital, there has been a fairly recent survey carried out called the Six Facet Survey - I think that is perhaps 3 or 4 years-old now - that really outlines and emphasised the old state that this building is in and the need to keep it to a sufficient standard to meet healthcare standards but the increasing cost of doing so. There are other buildings we have and how often they are surveyed is not something I am aware of at the moment.

**Deputy G.P. Southern:**

Okay, I will pass you back to my colleague Carina.

**Deputy C.S. Alves:**

So, Minister, in table 8 of the Government Plan's annexe, which is on page 12, it identifies changes to departmental heads of expenditure from 2020 to 2021. In that table, it states that H.C.S. is due to save £5.227 million through rebalancing so please can you tell us why this differs from the £5 million efficiencies that have been allocated to you as Minister? Thank you.

**Group Director, Performance Accounting and Reporting:**

Do you want me to comment, Richard?

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

I would be grateful, Steven.

**Group Director, Performance Accounting and Reporting:**

The rebalancing programme identified, I think the figure was about £18.7 million or thereabouts, to a specific department to the various pieces of work that was done. Two elements were identified not to specific departments but were fees and charges where it was felt that there had not been a structured approach to reviews and that could be undertaken, and also what was described as "housekeeping". The jargon, as everybody sharpens their pencil and tries to take a little bit of money off a relatively inconsequential budget. Those generated a figure, that was apportioned out in consultation with director generals, et cetera, and that will be the difference between the £5 million and the £5.2 million, I think you just referenced. I will have to check the exact numbers but that principle is what applied. It is applied across all departments and not unique to H.C.S.

**Deputy C.S. Alves:**

Thank you. Have any reoccurring reductions in non-staff budgets been allocated within your department and have these been included in the £750,000 efficiency target? Would Scrutiny be able to see where these are located? This is referring to page 93.

**Group Director, Performance Accounting and Reporting:**

I am just trying to locate page 93.

**Deputy C.S. Alves:**

Well, that is page 93 on the digital version. I am not sure if it is different than the physical one because we had issues with that last week.

**Group Director, Performance Accounting and Reporting:**

All right, okay. I am sorry, I cannot locate that on my version. Is that in the annexe?

**Deputy C.S. Alves:**

Sorry, this is taking a while to load. It comes under part 3 “Modernising Government”.

**Group Director, Performance Accounting and Reporting:**

All right, I suspect it did. Sorry, I just cannot locate it but without seeing it, I suspect it is what we have just referred to.

**Deputy C.S. Alves:**

It is not the annexe. It is in the Government Plan.

**Group Director, Performance Accounting and Reporting:**

All right, I was looking at the wrong document. Yes, it is the one with the table there?

**Deputy C.S. Alves:**

Yes.

**Group Director, Performance Accounting and Reporting:**

Sorry, what was the figure you were quoting?

**Deputy C.S. Alves:**

750,000 efficiency target.

**Group Director, Performance Accounting and Reporting:**

Yes, that is what I was describing before, so H.C.S. will have a share of that £750,000 which is what I described as “good housekeeping”. I can get you the H.C.S. figure. I am sorry, I do not have the number off the top of my head but, yes, it is one and the same.

[15:45]

**Deputy C.S. Alves:**

So my next question is another key efficiency is the £950,000 reoccurring income project to increase the new charges and increase the costs of recovery of existing charged services. Will any new charges or recovery costs be introduced by H.C.S. as part of this efficiency target?

**Group Director, Performance Accounting and Reporting:**

The way that process is going to work is we have established a framework which all Ministers can choose to utilise to review their fees and charges. So we started from the principle of you could just decide to subsidise everything and have no fees and charges, which would be one extreme. You

could choose to make full cost recovery on everything, which would be the other extreme, or you could go to elements within. You might choose to subsidise certain services but not others but, at the moment, the Government does not have a framework to allow it to take a structured review of that; they are done on a rather piecemeal basis. We suggest there that process whereby we would allocate out all costs or overheads get allocated in a consistent way across all areas. We would then do benchmarking that we have referenced before. We would look at the surplus or deficit on certain standout business units and then we would come to Ministers and say: "This, in our view as officers, looks reasonable" and you could perhaps look at a price increase but often officers would not be taking those decisions. Those will be by individual Ministers when they have seen the analysis going forward, and the £950,000 at this stage is simply allocated across departments based upon their total budgets but decisions will depend on individual Ministers taking individual decisions once they have seen the analysis that is going to be undertaken. That should give the Government then a sound base for looking at it. Does it want to subsidise these services or is it inadvertently subsidising services without really realising? We would rather not subsidise service A but rather take full cost recovery for service A and take that money to invest in service B so, hopefully, this will give the Government a better understanding of its finances and allow it to make more informed decisions going forward.

**Deputy C.S. Alves:**

Thank you, and my final question is: will any front line or significant public-facing services be affected by the transfer of technology functions from H.C.S. to Modernisation and Digital? Thank you.

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

A question I have asked, Carina, and I have been assured is that, no, there will be no impact on front line services and the question of efficient delivery of digital services will be by putting all the team together to work and share each other's expertise.

**Deputy C.S. Alves:**

I will just see if anybody else wants to come back in. Thank you, Minister.

**Deputy K.G. Pamplin:**

I just want to quickly touch upon the projects that we reviewed in 2019. Some are deferred, some are partially deferred and some are delayed. I want to just quickly start with the delayed one. That was the Mental Health C.S.P. (Common Strategic Policy) 22-02. So those things that have been delayed and deferred, if you or your colleagues could touch base on why those projects were delayed and deferred.

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

Yes, could I ask Anuschka if she could assist with that question please?

**Director for Improvement and Innovation:**

Yes, sure. We went through the questions on the deferred and delayed. Particularly on mental health, I need to handover to Rob Sainsbury.

**Group Managing Director:**

So I can pick up the mental health. So we have definitely had a COVID impact on this, so our crisis response service that we had been planning and trying to recruit to has been disrupted. We have had to make some changes to that service. They have already had to work in a different way but we have not been able to recruit to the ambition that we would have wanted to within 2020, but we have introduced quite a lot of the principles in the way that we want that team to be working. From a capital perspective, we were able to complete what we needed to do within Orchard House, so that is positive but the panel will be aware that we have had some delays to our Clinique Pinel initiative. That has started back up in September but we had those summer months from March on really whereby that programme had been disrupted. The complex trauma recruitment was also disrupted. The entirety of that psychology service was really focused on COVID support throughout the whole period but Jake and the team now have all their ads out and they are confident that they should be able to recruit to that complex trauma team. I think the rest then sit within digital and preventable diseases. I am not sure whether or not we still have our digital colleague online. Graham?

**Head of Corporate Change, Delivery and Modernisation in Digital:**

Yes, I am still here. So in terms of the digital health and care strategy, Rob, is that what you were referring to?

**Group Managing Director:**

Yes, so the question is in relation to what schemes have been deferred or delayed within 2020 as a result of COVID?

**Head of Corporate Change, Delivery and Modernisation in Digital:**

In terms of the various projects that the digital team have got ongoing, there has been a small impact, I think it would be fair to say, in terms of COVID but the majority of those projects are on track in relation to the items that the teams are working on at the moment. What we have tried to do as part of COVID is to sort of make sure that the court digital delivery team were able to continue to be engaged in their activities and that separate things were being managed under separate project structures. So there are some projects but there is one, for example, that we are just picking back up at the moment in relation to an immunisation platform, which is being kicked off again, and that

project was delayed as a result of COVID but other projects on the scorecard that we track are tracking with a green status at the moment.

**Deputy K.G. Pamplin:**

The last one on this issue is the adult safeguarding improvement plan, which has been partially deferred. What has been partially deferred in terms of that plan?

**Associate Managing Director:**

I will come in on this one. The plan is to rollout the "Making Safeguarding Personal". That is coming out next year. In terms of the vacancy that was there, it was not a case of we did not manage to put that out. It was that nobody applied for the post but that is all in place now and I think in terms of delivering the improvement for safeguarding, it is about getting that policy out through the whole of the adult social care service.

**Deputy K.G. Pamplin:**

Two quick final questions from me before I hand over to Deputy Southern. The projects, Minister, that we have often talked about away from COVID - and I am talking about the setting up of the Assisted Dying Council or jury, I think as we described it - that was delayed with COVID but that obviously falls under "policy", which is slightly away from your proposals here in the Government Plan. So could you just point to those other projects like the review into assisted dying and the money supporting that work?

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

Yes, I believe assisted dying is one of the topics that you would like to talk about on Thursday so I can certainly give you details on Thursday but we are working with a consultancy based in the U.K. on putting together a citizens' panel. We are seeking input from stakeholders on the sort of evidence that needs to be put before a citizens' panel and we will present that evidence and how we would go about it. The financing of it is something that can be met, I am informed, from the budget of the S.P.P.P. (Strategic Policy, Performance and Population) Department.

**Deputy K.G. Pamplin:**

My last question is on page 177 of the Government Plan under the Health Insurance Fund - and this ties into the Care Model which I am sure we will be talking about over the next couple of weeks between us and the panel - it says: "We will undertake a full review of the next 6 months to determine an appropriate model for future health funding with particular reference to the funding in primary care, incorporating the low income access scheme and the extended primary care services envisaged within Jersey Care. This review will be co-ordinated with a parallel review of social security benefits and proposals brought forward to the Assembly by Government Plan 2022-2025."

It is the fact that that detail is not there at the moment, which is concerning us going forward, and as we are talking about the Government Plan and some huge pots of money being moved around from the Social Security Fund and the Stabilisation Fund, I am sure you are aware that there is great concern growing about that. When you read that in the Government Plan, I am sure you can understand why I am asking that question. Is that good enough, Minister?

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

It is significant funding that is needed, Deputy, but we need to find a sustainable way of delivering the cost of healthcare and social services in the years ahead because those costs are ever mounting. So there is a plan to work hard and quickly with all others across government to develop ways of phasing this funding. So, clearly, with the Government Plan and the Care Model, we do not have the full plan as yet but that needs to be developed, and that is recognised.

**Deputy G.P. Southern:**

Richard, when can we expect to see a plan to replace the health and the other charges to support primary care? When can we see that? Is it likely to be this year?

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

For sustainable healthcare, the next Government Plan will bring that forward.

**Deputy G.P. Southern:**

For sustainable primary care?

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

Access for a vulnerable person I think you are referring to, are you?

**Deputy G.P. Southern:**

When are we going to see that as well but I am saying when will we see a new fund set up? Is it going to be this year, next year or sometime never?

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

That has to be developed. That is the reference that Deputy Pamplin has read. We are going to be developing that over the next 6 months to bring forward in the next Government Plan.

**Deputy G.P. Southern:**

Thank you, Richard. Six months will do fine. Can you just address the issue that until we have seen how this new system for affordable care is to be delivered, can you expect really to have the States

accept that we are going to do something new but we do not have the funding or a breakdown of the funding in place?

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

Do you mean the funding for access to G.P. services for financially vulnerable persons?

**Deputy G.P. Southern:**

No, I am talking about the J.C.M. Funding of the J.C.M. itself.

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

I understand.

**Deputy G.P. Southern:**

There has been no breakdown of costings at all on what is going to be spent where.

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

I think earlier in the meeting, we said we would provide you with a breakdown of these figures for the additional investment required.

**Deputy G.P. Southern:**

Yes, you are right there. Sorry to return to it.

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

That is okay.

**Deputy G.P. Southern:**

Can I just have a final question, if I may, on full charge recovery that we were talking about before? It seems to me that what is proposed is that we should automatically be making full charge recovery for the costs of any course, and some of these courses are very related to wider issues and not just medical issues but ways of helping people maintain their well-being. It seems to me that what is proposed is that we should initially charge for everything and only when a case is made not to charge should we not charge. It seems to me that if we are going to have a holistic approach to well-being, whether it is mental or physical, then we should be not charging for things unless we have to.

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

I disagree with the view you have expressed that that is the basis of it. So I think the intention is to be taking visiting charges when the time comes for review and then to apply that methodology that

Stephen Mair explained earlier. In H.C.S., I have not heard of any proposals to bring forward further charges.

**Deputy M.R. Le Hegarat:**

I think that is sort of drawing our 2 hours to the end, as it is now 15:59. So I would like to thank the panel and the Minister, the Assistant Minister and all those officers who provided us with responses and questions today. We look forward to seeing you in the latter part of the week for another public hearing. Thank you very much.

[15:59]