

Deputy I Gardiner  
Chair, Public Accounts Committee  
Scrutiny Office  
States Greffe  
Morier House  
St Helier  
JE1 1DD

20 October 2021

Dear Deputy Gardiner

**RE: PAC Government Covid-19 Response Review**

Thank you for your letter dated 24 September 2021 addressed to our former Chief Executive Officer, Bronwen Whittaker which was passed to me to collate a response on behalf of our service leads and senior management team.

Please find our comments below:

**1. Please tell us of the impact of COVID-19 response measures on ‘business as usual’ activities, including:**

**a. Do you have a ‘back-to-normal’ recovery plan?**

“Normal” is still in flux – services are being delivered and functions in place. Services we provide did not stop during the pandemic and the majority continued as usual with some changes to delivery. We are now delivering services under business as usual procedures with some modifications as necessary i.e. parent group bubbles/maximum numbers etc. to support distancing... and continued use of PPE.

**b. What help did you get from the Government?**

Initially communication was poor, the first major changes in the form of Government ‘advice’ was made on a Friday evening. This had many implications for FNHC with regards to safely visiting and caring for people in their homes and care homes. At that point we did not have appropriate PPE to be able to safely deliver care and urgent action was needed over the weekend to ensure that staff and patients were safe. Once initiated, the government’s PPE cell was a very positive move, especially when there were supply chain issues and stock had to be rationed. We have continued to benefit from this, helping to mitigate the increased financial burden from the need to use more PPE than ever before, however, we have been informed that this will end in December 2021 which we are currently addressing.

There have been limited financial help/acknowledgement from government that post 2021, the same services are more expensive for example PPE, insurance, implementation of flex working arrangements (hardware/software), increased staff cover for not only sick leave but isolation and dependent cover and increase wellbeing requirements.

Charities – excluded from “productivity” fiscal stimulus – this is the kind of programme which would be valuable to this sector as well as specific IT training to ensure a flex way of working is enhanced.

### **c. What could they have done better?**

In terms of business continuity planning, the focus on the needs of the hospital was an issue as the community is where most of the patients with Covid and other health care needs were. Initially as the hospital closed to outpatients we saw a sudden increase in referrals, there appeared to have been no consideration upon the impact on FNHC, however, we were able to manage this within our own BCPs.

We heard about the staff that had been trained up to support services but not sure who benefitted from this and going forwards have any been able to help address the current shortage of care staff? What happened to all the qualified staff from wards that were closed? It would have been a good opportunity for them to support care in the community working with us. Eventually we were given access to some support workers, but we needed registered practitioners to support the delivery of services.

We understand that decisions needed to be made quickly and steps agreed, however follow up to new processes has been weak.

### **d. What key lessons could they learn for pandemic or emergency planning?**

We understood the need to protect the hospital and its staff. However, we feel that there should have been more consideration to the needs of the community – our services, home care, care homes etc. where the majority of Covid positive patients were. The effective ‘closure’ of the hospital led to increasing care needs for people in the community, however, we like many others had to wait to hear media releases and press conferences to find out what and how the latest Government advice would affect our services.

### **e. What would you (or those you represent) do differently next time?**

Better communication – over time, various groups were formed and we now are part of the Community Bronze group which is a conduit for information and is helpful. There should be a clear structure of ‘command’ groups where everyone understands who is at what level and how information is communicated across all levels and sectors.

Recognise that with the pandemic other project streams such as Jersey Care Model timeline have been impacted. The timeline (including budget) be remapped in order to achieve the best outcomes rather than rush to the old timeline, as there may be some learning from the pandemic that need to be considered/adjusted.

## **2. How have you benefited from any support schemes by the Government to ease the negative impact of Covid?**

No, as a number of the schemes exclude charities. The schemes are also at very short notice for planning to delivery.

## **3. What would you advise to help improve communication of Government measures next time?**

Clearly defined and published command/groups with clear processes for communication.

Please do not hesitate to contact me should you wish to discuss our response further.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Claire White'.

Mrs Claire White

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CC. Rosemarie Finley, Chief Executive Officer

Judy Foglia, Director of Governance, Regulation and Care