



STATES OF JERSEY

Health and Social Security Scrutiny Panel

THURSDAY, 17th SEPTEMBER 2015

Panel:

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

Deputy G.P. Southern of St. Helier

Deputy T.A. McDonald of St. Saviour

Witness:

Ms. S. Samson (Royal College of Midwifery)

[10:01]

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

Right, okay. So can I begin this meeting? This is a public hearing of the Health and Social Security Scrutiny Panel and this meeting is being recorded, so we will introduce ourselves. I am Deputy Richard Renouf and I am chairman of the panel.

Ms. S. Samson:

I am Sarah Samson. I am a midwife of some 20 years' experience and 18 of those in Jersey. I represent the Royal College of Midwives and members that are working locally.

The Deputy of St. Ouen:

Thank you, Ms. Samson. I should say we are also joined by our scrutiny officer. So we are very grateful for you coming to speak to us, Ms. Samson. You will know that the panel is undertaking a review on the recruitment and retention of medical staff in the Jersey Hospital.

Ms. S. Samson:

Yes.

The Deputy of St. Ouen:

We are particularly interested in hearing your views on that and your experiences on that with particular regard to midwives. Could you tell us, first of all, is there any local training for midwives in Jersey?

Ms. S. Samson:

Yes, there is. Just this year we have started a programme with links with Chester University to grow our own midwives, if you like, and we have 3 students that started in September 2014.

Deputy G.P. Southern:

Is the usual route ... do young people come in or is it something you develop during your career? What is the ...?

Ms. S. Samson:

Well, the 3 that we have at the moment are young college leavers, but there is scope for more mature students to join as well. Certainly, the training has changed since I did mine when you used to access it through nursing. We now have direct entry midwives who link with the university. It is a degree programme, but yes, they take any age group and diversity.

The Deputy of St. Ouen:

Prior to this year, did Jersey have any programme for training midwives?

Ms. S. Samson:

No, this is the first time in Jersey this has been accessible. You always had to go to the mainland before.

The Deputy of St. Ouen:

Yes. How many posts do we have in Jersey for midwives?

Ms. S. Samson:

Currently, we are not running with any vacancies. I think we have in the region of 50 whole-time equivalents.

The Deputy of St. Ouen:

Fifty. Okay. There are no vacancies at present?

Ms. S. Samson:

Not at present, no, so I am informed.

The Deputy of St. Ouen:

But when vacancies occur, are there any difficulties in filling them?

Ms. S. Samson:

Not in recent years for midwives, no. It has been the opposite, in fact, for our profession. We have ... my manager told me that we have regular enquiries from midwives in the U.K. (United Kingdom) and further afield wanting to come and work in Jersey.

The Deputy of St. Ouen:

Oh.

Ms. S. Samson:

That has been a change, I would say, in the last 2 or 3 years.

The Deputy of St. Ouen:

What do you think has led that change?

Ms. S. Samson:

I am not sure. I think there are several factors, really. The working environment in the U.K. has become more difficult for people and I think here what is attractive is that we do have greater staff/patient ratios, so we are able to deliver the care that we are trained to give. You are more likely to be able to achieve that here than perhaps you are in the U.K. and other jurisdictions. The other thing is that we have a community midwifery team so that midwives are able to utilise all their skills and I believe the States were helpful in implementing that as well. I do not know whether they helped with funding for the implementation of the midwifery team so that we can utilise all their skills and give one to one care and practise team midwifery. So that was attractive, I think, for some.

Deputy G.P. Southern:

When you say that working conditions got worse on the mainland in recent years, what sort of things are you talking about?

Ms. S. Samson:

Well, it is very challenging. I am sure you have heard on the news that the N.H.S. (National Health Service) is buckling under the pressure. If you do not have enough people on the ground to deliver care, then what happens is you prioritise and the nicer things, you know, being able to find out about people and their wider needs, go. People do not stay in hospital very long in the U.K. anymore. If you have a baby without complication, you have a normal birth, you are home within 6 hours. So there is not a lot of support. There is not a lot of support for breastfeeding so breastfeeding rates are lower there than they are here. So our wider role of health promotion, which starts with getting the fundamentals for parenting right, are easier, more easily achieved here, because we have a greater patient/staff ratio.

The Deputy of St. Ouen:

Does this appear to be being maintained by the Health Department or is it coming under any pressures?

Ms. S. Samson:

At the moment, it is maintained. We undertook a tool that we use called Birthrate Plus, which was probably around 5 or 6 years ago, and it measures not only patient numbers, because it is not just a numbers game, as you are aware, it is about patient acuity, and we are seeing more complicated cases coming through with the rise in obesity and the complications that that leads to as well. So ... sorry, I have forgotten where I was going with that.

The Deputy of St. Ouen:

Well, I was asking if there were ...

Deputy G.P. Southern:

Patient acuity was ...

Ms. S. Samson:

Yes, we use the tool to measure how many midwives we should have per head of patient. So it is a scientific tool. It was not just: "Oh, we need more midwives, put in a business case." It was actually measured over a period of 6 months and we had to keep a scorecard of our activity in the area throughout midwifery. We did that on a 2-hourly basis throughout the day for 6 months, so it was quite labour intensive in itself but it was worth it in the end. As far as what the future holds, I

think we are all a little bit nervous about that. There are obviously many changes going on in the workforce. There is a huge restructuring going on. We have just received news that our head of midwifery is leaving and no news of whether there will be a replacement, let alone who that might be. We feel very strongly that a head of midwifery leading our team is very important for support networks and for patient safety. I also work very closely with the workforce modernisation team and I have been working on the job matching and evaluation. We started that process 18 months ago I think it was and people want to know what their salary is going to be. They are nervous about it. They have mortgages, they have families, and they need to make plans. So that is causing some unrest as well in the workforce.

The Deputy of St. Ouen:

Are management giving you ... are they communicating with you and telling you what their timetable is?

Ms. S. Samson:

Not particularly strongly, I have to say, no. We did ... when we had our first workforce planning meetings we did say that communication was going to be key and there were various methods of communication that were mooted. Initially, there were regular meetings that staff could drop in and out of. We also said the use of the screensaver things on the computers would be a useful way of just getting bullet points out, but that seems to have all gone very quiet. So it is almost like it has faded into the background.

The Deputy of St. Ouen:

Things have changed.

Ms. S. Samson:

I think now it is particularly pertinent to people to know because they are kind of thinking: "Well, what has happened? Has it all fizzled out? Is it another scheme that has just disappeared into the ether again?"

Deputy G.P. Southern:

Or is just the usual slippage that happens with targets?

Ms. S. Samson:

I think the teams that have been working on the job matching have worked very hard. We got Health and Social Services jobs matched, not within the initial timeframe because when we first saw that we all said: "This is not achievable. We need to move that first, straight away." But then initially we were told that the nurses and midwives would be informed of where they would sit on

the pay band once the Health and Social Services jobs were matched, and then the decision was made to open that out to all States employees. So a new batch of jobs have come and we are working on those as well and still nobody knows. We have not even seen a framework yet of how the pay scale will look. It is going to be a single pay structure for everybody but ...

The Deputy of St. Ouen:

One pay spine.

Ms. S. Samson:

Yes, but we do not know where anybody is going to sit on that. There is a big fear that people think we are all going to lose money in spite of reassurances from everybody. But I think it is human nature, is it not, to be sceptical until you actually see it in black and white?

Deputy G.P. Southern:

Indeed, yes. Certainly, if you are restructuring and reordering what is happening, people will worry inevitably.

Ms. S. Samson:

Yes.

Deputy G.P. Southern:

You appear to be in a much better position than the representative of the Royal College of Nurses. He was saying that there are shortage areas.

Ms. S. Samson:

Yes.

Deputy G.P. Southern:

Heavy reliance on bank nurses and agency nurses in particular, which is an expensive way of doing things. So ...

Ms. S. Samson:

Well, we are a relatively small team so we are not going to see the same pressures as nursing. Our last problem with recruitment was in our neonatal unit, which is nursing predominantly. I think we have 2 midwives that work in there, so they are predominantly neonatal-trained nurses and about 2 years ago they struggled to recruit. I think 3 or 4 of their team, which again is small, left all within a short space of time.

The Deputy of St. Ouen:

Is that because it is a specialism?

Ms. S. Samson:

Yes, I think so and often I think when people come here they think it is not going to be very strong for their career progression. Our organisation is quite flat, really, if you look at it. There is not much room for career progression.

Deputy G.P. Southern:

You said you have just started a course for locals through Chester.

Ms. S. Samson:

Yes.

[10:15]

Deputy G.P. Southern:

So you are recruiting ... what was the response to that? Because you said at the same time we are getting contact with people asking if we have any vacancies ...

Ms. S. Samson:

Yes.

Deputy G.P. Southern:

People want to come here so what caused ... what do you think was behind the need or the wish to set up a course for locals?

Ms. S. Samson:

I think the ethos that we should grow our own rather than keep recruiting from outwith the Island. There are a lot of young people with the necessary skills to come into the profession and the enthusiasm for it and I think with the interest from young people as well, when we have these career days, showed that there was definitely a need for it. Yes, and I think it does make it more accessible for people who already have families as well to join.

The Deputy of St. Ouen:

Of course. Is that planned to have an intake each year?

Ms. S. Samson:

No. We actually do not have enough staff to be able to support the students if we did that, so the decision was taken that we would take 3 and see them through the 4-year course and then we will take another 3. Because if we had 3 each year we would not have enough mentors to support them through the programme. It is quite intensive.

The Deputy of St. Ouen:

I understand, so 3 and then possibly when that course is finished after 4 years ...

Ms. S. Samson:

Yes, another 3.

The Deputy of St. Ouen:

... another 3.

Ms. S. Samson:

Rather than the nursing programme runs every year, there will be a new cohort every year.

Deputy G.P. Southern:

Would that be in conjunction with recruiting from the U.K. or elsewhere or would that cease?

Ms. S. Samson:

Well, I guess it depends when the vacancies come, does it not, and how many? If people left suddenly at the end, when their training was finished, then we would be able to offer the new students jobs and I guess they ... you know, within the legal framework of being anti-discriminatory, and I guess the fact that we have grown our own would probably go favourably for them. The other thing we have to be very careful of, though, is not to take too many new entrants all in one go because that is not beneficial to them either. It is quite good to be able to consolidate your training in a large teaching hospital, for example, rather than come back straight away to Jersey. So, again, for the workforce that are already here, if you take newly qualified midwives there is more onus on the fact that you have to gently get them into the workforce.

Deputy G.P. Southern:

The other thing we have been hearing is the age structure of the workforce. What is it looking like in midwifery? Are you all stacked up in your 50s or not?

Ms. S. Samson:

Yes, there is a large proportion of us that are in the same sort of age group, yes.

Deputy G.P. Southern:

Okay, so that sounds like the need for local training is focused on that.

Ms. S. Samson:

Yes.

Deputy G.P. Southern:

Because we know there is going to be a ...

Ms. S. Samson:

Progression planning. So certainly the last ... well, the last one that came was a local girl and she is quite young. We have taken probably half a dozen or so that are in their 20s as opposed to my end of the scale.

Deputy G.P. Southern:

Right, and have they been recruited from the U.K. or elsewhere or are they ... were they already on the Island?

Ms. S. Samson:

One is a local. No, 2 are local, 2 are local girls. One was newly qualified. One had been consolidating her training in the U.K. and then came back.

Deputy G.P. Southern:

You say that Jersey appears to be a good prospect; you are receiving enquiries?

Ms. S. Samson:

Yes.

Deputy G.P. Southern:

What are the problems in bringing people over from the U.K., if any, that you see?

Ms. S. Samson:

Well, I have received quite a few comments from my colleagues, if I can just share with you some of those. The positive things that they see initially is the Island is sold as a nice place to live. If you have children it is safe. There is a good quality of education and there is a lot for young children to do. It is slightly more problematic for people who have teenagers, I think. Unless they are actively into sport or things like that, there is less for teenagers to do. The relocation package

is helpful for many, although one member of staff did say that because she was local she felt she had not been eligible for it. I do not know how true that is or whether they are treated any differently, but ...

Deputy G.P. Southern:

What does the relocation package consist of?

Ms. S. Samson:

I do not know. I am not sure.

Deputy G.P. Southern:

Right.

Ms. S. Samson:

I think the organisation pays for moving costs, so if you have a house and you have to pack up the house. I think they pay for the legal fees of selling a house or setting up a rental system. I do not know what the amount is, but it is financial assistance, if you like, to actually physically move everything over here. The negatives are that promotion is not really an incentive because many people, as they go up the pay scale, will lose money. That is because you lose your unsocial hours enhancements because increasingly now they do not want managers working weekends, night duty, bank holidays. One lady said tax going up without any notice, so in her particular case her tax had gone up to 25 per cent without any warning. She does not have a mortgage or dependent children. She is a manager who works full-time and only comes out with £200 more than someone who works 26 hours a week and is on a lower band than her. So that does not really give you ...

The Deputy of St. Ouen:

That seems odd.

Ms. S. Samson:

There is an awful lot more. That is an area manager. The cost of living is prohibitive, especially flights on and off the Island if you have family in the U.K. So some people wait until their children are self-sufficient and then come with husband or partner. They still want to visit grandchildren and family, so the cost of flights is a bit prohibitive. These are the sorts of things that you might not find out until you are already here. High rents, especially for nurses who are on a lower grade of pay than midwives. Poor quality staff accommodation which is still very expensive. A few years ago we had to use agency midwives because we had a ... we were crisis managing, basically. We had some people who had left. We did not have enough midwives to safely cover the unit, so 2

agency midwives came over to work. One of them had to have the room fumigated that she was in. It is student type accommodation. The mattress had to be burnt, got rid of. The head of midwifery actually marched over there and forcibly had to sort it out. That does not really sell the Island in a good light. If that person then thought: "I have worked there, I like the team, but that is the way they treat people coming over" then that is not going to promote us very positively at all. It is impossible for most people to buy property was one comment. People struggle, and having gained a professional qualification I think you do not ... the expectation is that you do not have to be on the bones of your backside to have a decent quality of life. You train hard, you work hard and you expect a certain standard of living, which is harder to achieve here because of housing.

Deputy G.P. Southern:

So even for essential employees ...

Ms. S. Samson:

Yes.

Deputy G.P. Southern:

... like this particular group, you are saying the cost of housing is unaffordable in many cases?

Ms. S. Samson:

Yes. In many cases, yes, particularly if you are talking about people who have come here from outside. Their partners do not necessarily qualify for employment status.

Deputy G.P. Southern:

Right, yes.

Ms. S. Samson:

Married people it is slightly easier. I understand that the law is slightly different here for married couples than it is for partners. One midwife experienced having to provide a G.P. (general practitioner) letter to prove that her and her partner were in a long-term relationship. Now, how on earth that can possibly help I do not know.

Deputy G.P. Southern:

Was that recent?

Ms. S. Samson:

Yes, that is sort of 5 years ago.

Deputy G.P. Southern:

I suspect that was illegal even then.

Ms. S. Samson:

If you have moved to the Island, your G.P. will not know you either so the G.P. writing a letter to say they were a couple seems bizarre.

Deputy G.P. Southern:

There should not be any difference between the treatment of a couple and a married couple ...

Ms. S. Samson:

No, but they had to prove that they were a couple, whereas I guess if you are married you have the piece of paper, have you not?

The Deputy of St. Ouen:

Yes. Once that proof is there, there should be no distinction between any couples or are you finding a distinction between married and unmarried?

Ms. S. Samson:

That was a case of the midwife being female is the main breadwinner. The gentleman concerned was at that point enabled to work on the bank as a healthcare assistant and I believe when a post became vacant he was able to get employment because of being male, they said, because they needed a skill mix that included male and female. Because healthcare assistants are relatively easier to come by because they do not require the same level of qualification. So that was what he was told how he was able to get a job.

The Deputy of St. Ouen:

Because he was a male?

Ms. S. Samson:

Yes. He did have the relevant qualifications as well, but if you are in a ... you have one post and 20 people apply for it, what is different about you? Oh, well, we do not have many male healthcare assistants so ...

The Deputy of St. Ouen:

That is interesting how far they can try to achieve a mix.

Ms. S. Samson:

Yes. There are other comments where there is a lack of development opportunities and in particular the mandatory training programme is not very robust. There is a poor social network ...

Deputy G.P. Southern:

Sorry, can you just explore that?

Ms. S. Samson:

Well, as far as ... it is an educationalist midwife who has come with quite a background in being a midwifery tutor in the U.K. She informed me that the only mandatory training for us is fire, the fire code. **[Laughter]** So I think there is probably a legal requirement that we all do that, but we also ... we are required to do safe handling. For midwives, we have to do simulation training, which is called Prompt, which is a multidisciplinary training thing around scenarios and you all have to work as a team. So we do that. We have breastfeeding training annually. Trying to think of the other ones ...

Deputy T.A. McDonald:

Manual handling or anything like that?

Ms. S. Samson:

Yes, safe handling. But as far as the legal requirements are concerned, she said the only mandatory one is actually the fire. The others as a team we do manage to work in.

The Deputy of St. Ouen:

To maintain your midwifery qualifications, do you have to do a certain number of hours each year?

Ms. S. Samson:

Yes, we do, the same as the nurses.

The Deputy of St. Ouen:

It is in the professional development, yes.

Ms. S. Samson:

Yes.

The Deputy of St. Ouen:

So that is provided, is it, by the hospital management or is it ...?

Ms. S. Samson:

Yes, it is. It is very much on an ad hoc basis, really. There are those that will put themselves forward for lots of study and those that tend to just do the bare minimum. What we are trying to introduce is a system like a passport where you have so many study days pro rata, which would enable everybody to get the same fair and equal opportunities at study.

Deputy G.P. Southern:

Okay. So basically we are just drawing a comparison between what happens in the U.K., where it presumably is mandatory, and what happens here?

Ms. S. Samson:

What happens here, yes. Social networks can be ... it can be quite isolating being here and I guess that again is to do with the geographics, is it not, if you have your family in the U.K. and not many people around here? People say they are not better off at all. So initially they would be attracted by the salary because it is better than the U.K., but they end up when they get here not being better off at all. Rent, and all salary is taxed at 20 per cent, whereas in the U.K. you have a personal allowance and your pension contributions and social security are taken off and then you are taxed on the remainder. Now, I did not know that happened there and not here.

Deputy G.P. Southern:

That is the policy. It is called 20 Means 20.

Ms. S. Samson:

Yes, but that comes as a bit of a shock to some.

Deputy G.P. Southern:

Yes.

Ms. S. Samson:

At senior management level there is no benefit to moving to the Island. The increase in salary does not cover the cost of living, and this particular person lost one week's annual leave.

Deputy G.P. Southern:

So pay and conditions?

Ms. S. Samson:

Yes.

[10:30]

Deputy G.P. Southern:

Right, okay.

Ms. S. Samson:

Yes, I think that is it, really. That was the comments I received from my members.

The Deputy of St. Ouen:

Thank you. That is interesting. As you say, they are their comments. Has any formal study been undertaken to try and put all these figures together and ...?

Ms. S. Samson:

No.

The Deputy of St. Ouen:

No?

Ms. S. Samson:

Not to my knowledge anyway, no. Childcare is a big factor as well for people. Childcare is quite expensive here and I think people have to balance between ... because we are a 24-hour service and your shifts are not the same each week, it can be difficult getting ... because childminders obviously only have ... they are allowed to have so many children of a certain age group at any one time. If you have somebody saying: "Could you have little Johnny on Monday this week and Friday and Thursday next week?" they cannot ... it is not something that is easily incorporated into a Monday to Friday, 9.00 to 5.00 situation.

Deputy G.P. Southern:

Especially if your support network is in the U.K.

Ms. S. Samson:

In the U.K., yes, exactly. So I know people who bring parents over from the U.K. for the school 6-week summer holiday because the husband and the wife cannot physically have 3 weeks off each to cover the 6-week period that the children are off. So there is that, and also one person that has just sprung into my mind had ... when they come over they have to re-register any U.K. vehicles. So if they come and they bring their own car, it has to be registered with a J plate within, I think it was, 3 months, however they are on a 6 month probation. Anybody new in post is on a 6 month probation so there is no guarantees that you keep your job if you do not perform to the required

standard. At the end of the 6 months they have an appraisal, at which point if work and everything has been satisfactory the contract is formalised. But during that time they are required to re-register their vehicles and pay G.S.T. (Goods and Services Tax) on it, which was another financial hit when you have often taken a financial hit to come here and then it all seems to pile in on you.

Deputy G.P. Southern:

The 6 months' probation also must be difficult with some landlords, I would think. Less than a year becomes quite difficult. They have to take a year's lease or lose out should they not finally be accepted.

The Deputy of St. Ouen:

So in the case you were just talking about, did the midwife continue beyond the 6 months' probation?

Ms. S. Samson:

Yes, she did.

The Deputy of St. Ouen:

But it was just alarming for her initially?

Ms. S. Samson:

It was alarming initially because I think the way she found out about it, it was not communicated so really I think the H.R. (Human Resources) package when people are coming to the Island should include facts like that so that people can plan for it. The way they found out about that legal requirement to register the vehicle with a J plate was when they had a ticket put on it because it was parked on the main road outside their residence. I think the Honorary Police had noticed that a U.K. plate had been in the area for a while and put it a ticket on it. They went to the Parish Hall and were told they had to do it within a finite period of time, and they had to pay a substantial amount of money in a lump sum to get the vehicle registered with a J plate. Given that potentially 3 months down the line they could be ... that seems a little harsh.

The Deputy of St. Ouen:

That is an important detail which we should be able to get right.

Ms. S. Samson:

Yes. The other thing is somebody came ... I think the partner, the husband's work had brought him here and she came too - she is not a midwife but this was something in talking about recruitment selection someone told me had happened - because she followed some months later

all her chattels and personal belongings, wardrobe, T.V. (television), anything that she came with also had G.S.T. applied. Which had they moved everything in one go when he came potentially would not have happened. So the things you find out when it is too late.

Deputy G.P. Southern:

You talked about the ability over here with a higher staff to client ratio to deliver a full service, as it were. Have midwives had much input or much involvement with the First 1,000 Days Initiative? Have you come across that?

Ms. S. Samson:

No, I have not personally. I believe probably with the ... we have links with the N.S.P.C.C. (National Society for the Prevention of Cruelty to Children) and 2 midwives are seconded to work some of their hours with that team. They work very closely with vulnerable families in particular, surrounding getting the parenting right at the very beginning and child nutrition as well. So we have the Breastfeeding Working Party that are working very hard towards getting the breastfeeding well established because we know that has health implications for the future.

The Deputy of St. Ouen:

Terry, is there anything you wanted to ask?

Deputy T.A. McDonald:

I do not know a lot about midwifery but it was quite a surprise to me to know there are 50 of you in the Island, all told. Because I still live in the past where there a district nurse who was the midwife and so on for the parish. But, of course, I have just heard you talk about the N.S.P.C.C. There is a lot more to the job in this day and age, is there not?

Ms. S. Samson:

Yes.

Deputy T.A. McDonald:

Dealing with other departments. I can see you are a great believer in the team and very much it is a team that fits into other agencies and so on, but, like I say, it was quite a surprise to me to see just how many there are in the Island. It seems from what I have heard that the recruitment from the U.K. is perceived as being quite daunting and quite frightening, we are seen as being different, and this could be putting people off applying for positions and so on. Again, you have opened my eyes today with things like G.S.T. and there are some real horror stories that are occurring. That was first time I had even thought about reregistration of vehicles. So there we are.

Deputy G.P. Southern:

Whereabouts are you based? In the hospital?

Ms. S. Samson:

I am in the hospital. My role is Labour Ward Co-ordinator, so it is a very small part of the bigger picture.

Deputy G.P. Southern:

You have a community base already, so presumably you are looking forward to the coming days when the new hospital, as such, is to be designed - or is supposed to be - and an initiative to get more staff out into the community where presumably have already got the skills.

Ms. S. Samson:

Absolutely, yes. It will be lovely.

Deputy G.P. Southern:

Will it make much difference?

Ms. S. Samson:

I think a profound difference, yes. Our maternity unit at the moment is hardly fit for purpose. In this day and age people expect to have a ensuite bathroom on the delivery suite, not have to march up the corridor to go to the toilet. Our maternity theatre, the operating theatre, was described by one of the officials that came around as they had seen better in a third world country. So, yes, we work in challenging times and I cannot wait to see the new hospital. We need to be more inclusive of fathers in this process. You know, it is a team parenting role, mums and dads. At the moment we do not have the facilities really to include fathers in the process and the bonding after the baby is born.

The Deputy of St. Ouen:

Have you been involved with inputting those thoughts into what is needed in the new hospital project?

Ms. S. Samson:

No, but I have a lot of information at my fingertips, as one of the modules I did from my degree was on the birth environment. The reason I have not been directly involved was there were 2 consultation days a couple of years back, I think, when all of this was being mooted and both of those days I was working so I was not able to get to them.

The Deputy of St. Ouen:

But have midwives been involved? Has the College been able to ...?

Ms. S. Samson:

Not to my knowledge, nobody has approached us.

Deputy G.P. Southern:

You are waiting for the phone call still?

Ms. S. Samson:

Yes.

The Deputy of St. Ouen:

We have heard ...

Ms. S. Samson:

I think our head of midwifery is quite proactive.

The Deputy of St. Ouen:

As long as there have been discussions and those ideas are being incorporated.

Ms. S. Samson:

Yes, our head of midwifery has been involved, I am sure. Yes.

The Deputy of St. Ouen:

The midwives who we do recruit from outside Jersey, do they generally come over on a permanent contract or are there any fixed term contracts?

Ms. S. Samson:

More so these days it is permanent contracts, yes. When I first came here they were on fixed term, 5 years, but now it is usually a permanent basis.

The Deputy of St. Ouen:

Do they stay?

Ms. S. Samson:

Do they stay? Yes, most do. We have had people who have left because of difficulties settling or difficulties with children getting jobs or higher education opportunities. I mentioned that young

children are very well catered for in our Island schools but when you are looking more at the teenagers and higher education opportunities, that is more difficult. I believe one person's teenage son was deemed not to be eligible to join the Advance to Work Scheme when he left college because they had not been in the Island long enough. As it turned out the senior management team in the unit were able to alter that judgment and he was able to get on it but there are barriers that are put in the way. I know one person that came with 4 children and a husband who left because it was not feasible. I believe also if you have not been in the Island ... I do not know what the required amount of years is, but if you have a child then that leaves at 18 and is going on to university, they would be viewed as an overseas student, even if they have worked the majority of their career in the U.K. and just come here for the previous 2 years, for example. There are issues with that as well that might put people off.

The Deputy of St. Ouen:

I presume the single midwives that come over are offered accommodation in the Health Department's block, is it, to which you described before?

Ms. S. Samson:

Initially, yes. I think they are given a certain amount of time in which to find private rental. So they will be accommodated for ... I am not sure if it is 6 months and then they are asked during that time to look for private rental.

Deputy G.P. Southern:

But given its rundown nature, they probably are going to get out as quick as they can in reality.

Ms. S. Samson:

Yes, that is it.

The Deputy of St. Ouen:

But couples who come over, or families, would be looking for a house to rent?

Ms. S. Samson:

A house, yes.

The Deputy of St. Ouen:

Are they left to their own devices to try and navigate that or is there a department in the hospital that can help them, put them in touch with people?

Ms. S. Samson:

I think they do that on their own, yes.

The Deputy of St. Ouen:

Okay. Do we have anything else we need to ask?

Deputy G.P. Southern:

Is there anything that you came here dying to say and you realise you have not?

Ms. S. Samson:

I will probably think of that when I get outside. No. I personally think we are very luckily. I stay in touch with the girls that I trained with and worked with in the U.K. and certainly we are able to deliver a very high standard of care here. We pride ourselves on that. All of our ladies in labour get one-to-one care and we are proud to maintain that. We have high standards.

The Deputy of St. Ouen:

Yes, and I think the Island recognises that. So often we see in the births columns of the *J.E.P* (*Jersey Evening Post*): "Thanks to the midwifery team."

Ms. S. Samson:

Yes.

The Deputy of St. Ouen:

I really believe that is genuine and we recognise your dedication and the care you give to ...

Ms. S. Samson:

So we do not want to let that get watered down at all.

The Deputy of St. Ouen:

Certainly not, and neither would we.

Deputy T.A. McDonald:

What is the percentage now between the home births and ...

Ms. S. Samson:

That has been quite successful. I am not entirely sure of the figures, I think it is around about 2% to 3% and we have 1,000 births a year roughly. That is down to the success of the midwifery team.

Deputy T.A. McDonald:

Excellent. One thousand births on average a year. Another surprise to me.

Deputy G.P. Southern:

There are also about 1,000 65-year-olds, et cetera, et cetera. In every age group there is about 1,000, that is what goes through.

Deputy T.A. McDonald:

Yes, there you are. Thank you.

The Deputy of St. Ouen:

What you have told us has been very useful, so thank you very much, Ms. Samson, for coming to speak to us.

Ms. S. Samson:

Thank you. It is a pleasure.

The Deputy of St. Ouen:

That brings an end to the public hearing. Thank you.

[10:45]