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Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 20th May 2021

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

Witnesses:

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

Deputy T. Pointon of St. John, Assistant Minister for Health and Social Services

Ms. A. Muller, Director of Improvement and Innovation

Ms. I. Watson, Associate Managing Director for Mental Health and Adult Social Care

Ms. R. Naylor, Chief Nurse

Mr. S. Graham, Associate Director of People

Mr. P. Hughes, Deputy Medical Director

Ms. C. Landon, Director General, Health and Community Services

Mr. A. Khaldi, Director, Public Health Policy

[10:02]

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

Good morning, everybody. This is the quarterly hearing for the Health and Social Security Scrutiny Panel and this morning we are going to be asking questions of Deputy Richard Renouf, the Minister for Health and Social Services. I am Deputy Mary Le Hegarat. I am the chair of this panel and I am a Deputy for Districts 3 and 4, St. Helier. I will ask those that are on the panel to introduce

themselves, and then I would ask the Minister and those who are likely to contribute to this hearing to introduce themselves. If anyone else is brought in at a later stage, if they can just quickly introduce themselves so that the members of the public know who they are. Thank you.

Deputy K.G. Pamplin of St. Saviour (Vice-Chair):
Thank you, Chair. I am Deputy Kevin Pamplin of St. Saviour and I am the vice-chair of this panel.

Deputy C.S. Alves of St. Helier:
Good morning, everyone. I am Deputy Carina Alves of St. Helier District 2 and I am a member of the panel.

The Minister for Health and Social Services:
Good morning, everyone. I am Deputy Richard Renouf, Minister for Health and Social Services. If I can ask my Assistant Minister to introduce himself next?

Assistant Minister for Health and Social Services:
Good morning, all. I am Trevor Pointon. I am the Deputy of St. John. I am an Assistant Minister to the Minister for Health and Social Services responsible for mental health.

The Minister for Health and Social Services:
Then if I could ask my team to introduce themselves?

Director of Improvement and Innovation:
Good morning. My name is Anuschka Muller. I am the director of Improvement and Innovation.

Chief Nurse:
Good morning. I am Rose Naylor and I am the chief nurse for Jersey.

Associate Director of People:
Good morning. My name is Steve Graham. I am the associate director of people for Health.

Associate Managing Director for Mental Health and Adult Social Care:
I am Isabel Watson. I am associate managing director for mental health and adult social care.

Deputy Medical Director:
We also have Paul Hughes, who will join in a moment, who is the deputy medical director.

Deputy M.R. Le Hegarat:

Okay, thank you. Normal rules apply as if we were sitting in person within the States building, but we are working remotely at the present time so, therefore, as I said, the rules still apply. The questions will start shortly. What I will ask all members to do is that if they are speaking to put their cameras on so that they can be seen and any other time that they are not speaking to have those cameras off, because the system on virtual appears to work better. Thank you.

Deputy C.S. Alves:

Okay, so I will be starting off with the questions and I will be asking some questions around resources and staffing to start with, Minister. So, it was recently reported by the British Medical Association that G.P. (general practitioner) surgeries across the U.K. (United Kingdom) are experiencing significant and growing strain, with rising demands, practices struggling to recruit staff and patients having to wait longer for appointments. You responded to an oral question by Deputy Pamplin last week that you were engaging with the primary care body constructively on concerns locally. Will this Government help support recruitment of new G.P.s to the Island who are facing the same problems?

The Minister for Health and Social Services:

Thank you, Deputy. Yes, I am sure we will do all we can to support G.P.s informally. It is not a formal process because, of course, our primary care G.P. system are independent practices and they would conduct their own recruitment. But we do work closely with G.P.s and we are seeking to work even more closely. We meet with them on a regular basis and we discuss issues of concern. To the extent that that might be something that the G.P.s would wish to raise with us, we will be in a position to listen and offer what help we can.

Deputy C.S. Alves:

Okay, thank you. So, further to the original question by Deputy Pamplin: what exactly is the department doing to support recruitment of all local health and community service needs, even before the next stage of the Care Model and that local recruitment expectation?

The Minister for Health and Social Services:

There is a lot going on, as you always would expect in a large organisation. I am particularly proud of the new initiatives that we have brought forward recently to mean that local people can train as mental health nurses, as children's nurses, as practitioners in theatres, and learning disability nurses. All of that training is going to be available locally. We know that we also need to recruit, usually from the U.K., and we have all sorts of strategies about doing that. So, to elaborate, I am going to first of all, if I may, ask Rose Naylor, our chief nurse, to tell us about the programmes in place, and also Steve Graham, who can answer the detailed questions on recruitment. So, over to Rose first, if I may.

Chief Nurse:

Thank you, Minister. Good morning. Yes, just to run through the programmes that we have in place and the ones that we are introducing this year and early next year. We have a range of schemes in place already to grow our own, particularly in relation to the nursing workforce and the operating department practitioner programme. At the moment on the adult nursing degree programme we have 40 students. That is across first, second and third years. We also have programmes starting this year thanks to funding through the Government Plan to run the mental health nurse training programme on Island. If you recall, previously we ran this with very small numbers and the students went to a large cohort in Chester. We are in a great position now. We have recruited the senior lecturers. We have been endorsed by the Nursing and Midwifery Council. We are just waiting for the formal report back. When we went live to the public on this, we had within 24 hours over 25 Islanders contact us directly to say they would be interested. We are looking to start that programme this September and because we do train to employ, the numbers on the cohort will probably be between about 8 to 10. Another new programme that we are starting is the learning disability nurse training programme. Again, this is quite a small team so the numbers will be small, but again that supports a sustainable workforce going forward as well as gives Islanders an opportunity to train in some of the specialty fields. We also have the children’s nursing programme still running and the midwifery programme as well. Again, in addition to those, we have run in the past the return to practice nursing programme and this is really for Islanders who have worked as registered nurses in the past and perhaps had a career change or a lifestyle change and would like to come back to nursing. To date, we have had 20 nurses register through that locally who have all gone into employment in Jersey. We are hoping to restart that programme next year. Again, the numbers are quite small for that. In addition to those programmes, we also offer our registered workforce a range of programmes. So these are to support the development of new roles like advanced clinical practitioners that are part of a multi-professional team. We run masters programmes in advanced clinical practice in those areas and that is open to nurses, midwives and allied health professionals. We also, again thanks to funding in the Government Plan, are going to be introducing an on-Island programme for the specialist community public health nursing programme, and this is really aimed at nurses who work in the community. So this is really about bolstering our community nursing workforce locally. This will be nurses who are already on the register, already working, who will be able to do this programme on a part-time basis supported by their employer. Then finally just to mention that we do also provide a comprehensive range of programmes for our non-registered workforce, so our healthcare assistants, our support workers, and we have at the moment 185 individuals on programmes from lots of different providers across the Island. Those programmes are called the R.Q.F., the regulated qualifications framework, which is a nationally recognised qualification. We run them up to level 5, which is the registered managers programme. So again that is a very vibrant, busy department. Those are the things that we are doing internally to support

some sustainable growth. So I think I am going to hand you over to Steve now, who is going to talk about the other things that we do to recruit people who are already registered and qualified and experienced.

Associate Director of People:

Thank you, Rose. Yes, I just wanted to talk a little bit about the recruitment activity that we have going on supporting healthcare vacancies. We are probably in one of the busiest periods we have ever been, I think, when it comes to looking at filling vacancies. We have over 100 jobs out to advert at the minute and we have another 30 that were approved this week, so we will have a significant number of roles out to be filled. This has been driven by the activity to reduce locum and agency workers, so as we are moving people out of agency and locum we are looking to bring them in substantively. We have engaged with an organisation called Penna to conduct a search for a very specialist group of employees called radiographers, who have been hard to fill. So we are going to use them to go out and do some significant search work and if that works it will become a model that we can utilise in other hard-to-fill areas. We have identified all the vacancies we have and have plans to get those processes in place to get into substantive recruitment as quickly as we can. The other part to recruitment is obviously retention, so we have been looking at ways we can keep people as well. While our turnover numbers are not particularly high - I think we are losing on average 12 people a month - we still need to be thinking about how we are keeping people here in response to Be Heard. We have a Be Heard action plan being developed by a colleague of mine who is working hard to get around the care groups and identify what people thought more about Be Heard and how we will respond to that. In addition, from the people in the Corporate Services Department there is a significant amount of managerial training and courses in place, a recognition that a lot of the Be Heard survey was around "the way my manager looks after me." Through Team Jersey and Virtual College and also through the organisation development team there are things like the world-class manager programme for people to go on, as well as other Virtual College and Team Jersey culture pieces to help change the way the organisation operates.

[10:15]

Deputy C.S. Alves:

That is great, thank you very much. Okay, on 1st March, Minister, you tabled a response to a written question asked by Deputy Pamplin in relation to a breakdown of current staff across your department. Please could you provide a breakdown of the number of fixed-term contract, temporary and permanent staff and where is the greatest and most urgent need in filling roles?

The Minister for Health and Social Services:

I understand we currently have 200 vacancies that are posts which are patient facing. They are 30 medical staff, 67 registered nurses and 44 non-registered nurses and 53 allied health professionals. Many of those are advertised but for the granular detail I would like to pass back to Steve Graham, please.

Associate Director of People:
Thank you, Minister. I am afraid I cannot give you those numbers immediately but I can certainly find them and get them to you by the end of the day. It is not a problem, I just was not prepared for that kind of question, this being my first Scrutiny Panel, so apologies for that.

Deputy C.S. Alves:
No problem at all. I am just going to let Deputy Pamplin come in on that because he has asked for a question.

Deputy K.G. Pamplin:
I appreciate that, Steve, welcome to the world of Scrutiny. It has been reported in the U.K. recently the Nightingale effect has seemingly taken place due to the high presence of healthcare workers during the pandemic and N.H.S. (National Health Service) England saying there were more than 11,000 more nurses, midwives and health visitors working in the N.H.S. in England in January compared to January 2020, as well as an additional 5,195 healthcare support workers and assistants. Given that situation and the high regard that this Island has for its own Island-based healthcare staff, is there scope there to capitalise on that and why working for this Island and this Island's healthcare system is equally as beneficial as working for the N.H.S. that could be tied into any recruitment schemes? I do caveat with the fact that we do have problems with housing and immigration and the cost of living on the Island, but I just throw that to you, Minister, and you, Steve, as you seem to be answering the question.

Associate Director of People:
In conversations with Penna, to be honest, while we are looking at radiographers, we have been exploring those exact points. Coming to the Island is an exciting place to come but also I think one of the things we failed previously is being clear about some of the complications you have just described. I think we need to set that up at the front so that we only get those people that appreciate what you have to go through to relocate here, as someone who relocated 6 months ago, and making sure people are aware of that before we get them into the process. I think that will give us a higher level of success. I think what we are finding at the minute are people are interested and then when they get into the interview and then come through the process it becomes apparent that it is a relocation, you cannot just commute here. So there are certainly plans with Penna to explore that

wider appeal of the Island and put together a campaign of this as a healthy economy that is going places and to be part of it and it is exciting and thriving.

Deputy K.G. Pamplin:

One quickly from me, picking up on the point you raised, I think you said 12 vacancies appearing per month, was that right? Did I pick that up?

Associate Director of People:

Sorry, no, 12 people leaving, our turnover is around 12 people leaving. No, we have 107 vacancies live at the minute and this week alone we had another 40 approved at our resourcing panel, which will go out in the next couple of weeks. So that is the level of activity we are now working at. We just need to maintain that and bundle them as well. The other observation is here we are a department of the government and so your healthcare worker does not look in government pages for jobs, which is why the use of something like Penna in generating that health visibility is really important. That in itself will help attract people and make them understand that while we are a department within government we are still a health system as well.

Deputy K.G. Pamplin:

That is helpful. Finally, when you provide that information, are you able to provide us some of the reasons for the turnover? Is it retirement? Have there been any pressures from the pandemic that people have had to take early retirement or have rethought their job positions? If you cannot provide it now or if you can give us a flavour of some of the reasons now, that would be helpful, but we definitely would like to seek that information going forward.

Associate Director of People:

Yes, sure. I can give you some high level from the exit interviews that we have undertaken. There was no mention of the pandemic, to be honest, but there is a relocation piece. So they could well be people who have family in the U.K. that have gone back because, and we do not have a secondary question that picks it up at the minute. There are some retirements in there as well. So I think it is a mixed bag. There is not a lot around career progression. It does seem to be relocation or retirement at the minute.

Deputy C.S. Alves:

Okay, thank you. I am moving on now to waiting lists. So, at the previous quarterly hearing on 25th February, you advised that the number of persons waiting to access the Jersey Talking Therapies service was 96. Please can you provide an update on the number of people currently waiting to access Jersey Talking Therapies as we are hearing that the waiting lists for all mental health have

risen sharply as predicted? Also, if you are able to tell us what the current waiting times are as well. Thank you.

Associate Managing Director for Mental Health and Adult Social Care:
Hello, it is Isabel Watson here. I would just like to answer that question for you. Looking at the Jersey Talking Therapies, I can speak on behalf of that. There has been an increase and it really was expected. The numbers referred, 51 at the moment. We have 18 in treatment. We have 18 pending the start of treatment. We have requests for people to come and return to Jersey Talking Therapies of 6, and that number is increasing. We see that through safeguarding, with having adult social care, the crisis team. We are sharing that between ourselves and that is an expectation, we really do expect that to increase. But we are coping with the demand. I have all the posts out for recruitment at present. That has been successful. We have a new practice nurse coming on board and every little helps. Coming out of the COVID situation is going to be great for us because we are seeing more people applying for jobs that did not apply before. The main thing is trying to get home-grown people coming on board on the Island, so that is quite promising. So, to answer your question, it has increased but we are coping.

Deputy C.S. Alves:
You just mentioned there you have some posts out for recruitment. How many are currently vacant then in that department?

Associate Managing Director for Mental Health and Adult Social Care:
In that department there are about 6 vacant posts and we are managing to recruit on-Island, so there should be 4 more coming out. We have done a huge drive towards getting social workers on board and so forth, so that has been successful. The reduction in agency staff is going to be a great saving for us. It is a win-win situation. We have almost eradicated that in adult social care and the community mental health side. It is going to give continuity for Islanders within mental health and a more stable team. So, it is really good to see that happening. It is something that we are all driving towards. We have not completed it all yet but we have had more people coming forwards, looking for a job with us, whereas before it was really hard to recruit. The medical side is different and it is a bit harder to get doctors, but certainly to see that momentum come on the community side has been good for us.

Deputy C.S. Alves:
Okay, great. So of those people that are currently waiting to be seen by the service, what is the sort of waiting time that they will be expected to wait before they are seen?

Associate Managing Director for Mental Health and Adult Social Care:

We aim to try and have everybody seen within the 18-week target date. That has been difficult because of COVID but we are really working to get that back on track. We work with LV Listening Lounge, who do a lot of work for us, so that takes a lot of the level 2 people that need support.

Deputy C.S. Alves:

Okay, great. Thank you for that. Moving more generally on to waiting lists, recently you launched a new waiting list system for Islanders and yourselves to monitor. Can you provide an update on how that is working but also, given the impact of waiting lists caused by COVID-19, as we are hearing around the world, what is the impact locally, especially around cancer care or any other issues that have arisen?

The Minister for Health and Social Services:

I am greatly encouraged by the changes and the improvements we have made to the way we maintain our waiting lists. We have a good, reliable dataset now which can be used to ensure that we plan our work and know exactly what is needed. Yes, there have been pressures, of course, caused by the pandemic and the closure of elective care for a time, but I believe that we have now caught up with the backlog within inpatient elective services. There may still be issues regarding outpatient services, which we are rapidly catching up on, but if I can pass over to Caroline Landon, director general, for more detail, thank you.

Director General, Health and Community Services:

Thank you, Minister. Thank you, Deputy. So, for your assurance, Deputy, we continued to deliver cancer treatment during the pandemic. We were very clear that we would maintain emergency procedures and cancer procedures for our patients. There has, as the Minister quite rightly says, been an impact upon our waiting lists and we are working hard to address that. We are putting on additional sessions and doing extra work. It is not significant around our inpatient waits but the Minister is correct, it is significant around our outpatient waits, which correspondingly means that there is going to be a conversion issue because there are going to be people out there that are going to need treatment that we have not seen in outpatients. When they come forward, that will impact upon our inpatient list, but we are preparing for that and planning changes around our theatre scheduling in order to be able to absorb that as we head towards the end of the year. We have recently been looking at our theatre capacity and utilisation so that when we get that conversion through from outpatients we will have the available capacity to deal with it.

Deputy C.S. Alves:

Okay, thank you for that. So, moving on to mental health now, following the mental health awareness week, which was 10th May to 16th May, the panel notes that a child and young people mental health draft strategy was launched on 10th May. In the draft strategy there are 4 high-level

actions under 4 overarching themes. When will you publish the specific timescales for completion of these actions and their allocated funding?

The Minister for Health and Social Services:
I will ask Deputy Pointon to take that question and pass on to his officers where appropriate. Thank you.

Assistant Minister for Health and Social Services:
Thank you, Deputy, for the question. The progress we are making in relation to mental health for adolescents, for example, and children is being funded from COVID funds for the coming year because waiting lists were, frankly, unacceptable. We had an acute need to increase the numbers of staff delivering the service. We have already recruited a number and we have a number coming in train to provide that service. We have already reduced waiting lists by approximately 2 weeks - it was 8 weeks; we have brought that down - and we are delivering more timely services to people in need. If I can hand over to Isabel, she maybe has a greater understanding of the infrastructure of this.

[10:30]

Associate Managing Director for Mental Health and Adult Social Care:
Rob Sainsbury has been meeting in regards with that. I am sorry he is not here at the moment, but what I can tell you quite positively is that we had a briefing meeting with the Children's Services a couple of days ago to show how we are going to create a new pathway together to make sure that we do not miss children coming through from 16 to 18 year-olds, and also I know there is some fantastic work going on together on behalf of mental health and to try and make that more seamless, to see if we can take the pressures off certainly C.A.M.H.S. (Child and Adolescent Mental Health Service). I know that Miguel is doing some work with that and there is strategic work that is being carried out through Rob Sainsbury, but I am very, very keen to be part of that.

Deputy C.S. Alves:
Okay, thank you. Does anyone have an idea when the specific timescales will be published around those 4 high-level actions?

Assistant Minister for Health and Social Services:
We are already actioning ...

Director General, Health and Community Services:

I am sorry, Deputy Alves, we do not have that information at the moment. We could provide you with a separate briefing around this if that would be helpful.

Deputy C.S. Alves:
Okay, thank you very much.

Director General, Health and Community Services:
Apologies.

Deputy C.S. Alves:
No, that is fine, thank you. Thank you for your honesty. Also the funding as well, if we could have some information around that. I note that Deputy Pointon said that it was coming from the COVID, but if we could just have a bit more specifics around that as well. Thank you.

Director General, Health and Community Services:
Certainly.

Deputy C.S. Alves:
The panel has also noted that the department launched a survey in relation to the establishment of a strategic advisory panel, which will include young people over the age of 13, professionals and people working in the community. In the feedback that is received so far from that survey, have respondents been supportive of the establishment of this strategic advisory panel?

Assistant Minister for Health and Social Services:
I am not currently aware of the response and we would have to get that information to you, Deputy.

Director General, Health and Community Services:
Apologies, we do not have that information, Deputy Alves, but we will ensure that we get it to you.

Deputy C.S. Alves:
Okay, thank you. So, finally, what is the latest on the Mental Health Improvement Board? As mentioned previously, it had changed but not met recently. Given the growing waiting lists, what action is being taken as, from our information, adult mental health referral waiting lists are still quite lengthy? Thank you.

Assistant Minister for Health and Social Services:
What I can tell you is that that board, as you know, has not met for some while. It is being reconstituted in a different fashion and we will be meeting, hopefully in 2 or 3-weeks' time, once

again, once Rob Sainsbury gets back because he is co-ordinating this. In addition to the board as it stood, I have asked a specific question about inclusion of C.A.M.H.S., and the young people's support service, the Y.E.S. (Youth Enquiry Services) programme, because they are all an integral part of the ongoing mental health provision. We need to work as a team there, so I am asking for them to be included in that process. The nature of the board is going to change from the way it was.

Deputy C.S. Alves:
Okay, thank you for that. So I will hand over to Deputy Pamplin who is going to be asking some questions around the Jersey Care Model.

Deputy K.G. Pamplin:
Thanks, Deputy. I just want to go back to waiting lists. I tried to get in but I lost my internet, so quickly just picking up on the waiting lists. I am on the website and at the moment the data only goes up to March, we are obviously just about to enter June, so there seems to be a lag of waiting list data for April and May. Obviously we are still in May but I get that. Is there a problem? Also, I note, and I think you mentioned it, Caroline, that there is an additional 5 per cent of inpatient admissions not being shown in the data in the charts and the data quality issues currently being worked on. Do you have a date for when that data work is going to be completed so we have a complete picture? Because, as you mentioned also, the inpatients, the day surgery is quite high, the waiting list, 51.4 going by March data.

Director General, Health and Community Services:
So there is always a month lag, so it should not be 2 months, so apologies for that. I will find out after this meeting why we have not got the most recent data up. There should be April's data on there, so I will find out about that and ensure that we get back to you. Yes, we still have some ongoing data-quality issues; however, please be assured that we have absolute understanding around patients who are waiting for procedures across our service lines but there are some issues that we are having around converting it into our P.T.L. (patient tracking list). I anticipate that that should be sorted within the next, I think probably 4 to 6 weeks, but, Anuschka, can I ask you to comment on that, please, because I know it is something that Beverly's team is working on which is the conversion through to the P.T.L. data?

Director of Improvement and Innovation:
Yes, sure. So, on the P.T.L. data we are doing an in-depth review on making sure that the data is really accurate and supporting operations teams with understanding what is in their dataset but also on a kind of process basis. So we do that care group by care group and I will follow that up with the website why this has not been updated because we have got the data. So, yes, work is underway and there is a piece of in-depth review happening, has already started, but this is really the focus at

the moment to really ensure the P.T.L. data is understood and used, particularly the data. In the end, it is patients, every number is a patient, understanding their needs and understanding from a clinical point of view the urgency. So, there is a lot of work going on between the analytical side and the actual clinicians on the front shop floor to support them.

Director General, Health and Community Services:
But be assured, Deputy Pamplin, it is a complex waiting list. So, we have got inpatients, we have got outpatients, we have got our day cases. We understand our conversion rate, just, but however there are still other services that we need to get to the bottom of their wait. So, our aspiration is, is that regardless of the procedure, your waiting time is available and visible to you and that is the work that is going on in the background. Because it is quite new, getting the services to work to their P.T.L. and understand their P.T.L., it is an ongoing piece of educative work. But I am optimistic, in fact, I am more than optimistic that - where are we? - we are in May, end of this year, every single procedure will be on a waiting list and visible to the public.

Deputy K.G. Pamplin:
That is good because I guess what you are saying is we have got this modern waiting list which is brand new, which is good to see, but some of the processes of informing and communicating with patients is not as modern. The waiting, the letters being sent, the backlog, of the pressure that is put on the staff to do that, to optimise what you are putting in place, those processes need to be sharpened up. I would also suggest that obviously what we are seeing is the fallout of COVID when people were reluctant to come forward for procedures and also a pause was put on certain things. So am I right in presuming some of these lags we are now seeing, these waiting lists, are for people who either themselves did not come to their appointment because they were concerned about their COVID and shielding, and equally because of the pandemic as well? Am I right to assume some of that?

Director General for Health and Community Services:
Definitely around outpatients. Although we tried to maintain a service and we did a lot that was digital, a lot of patients did not … quite rightly some patients prefer face to face and also our clinicians, quite rightly erring on the safe side in a digital consultation, would refer on to the waiting list when perhaps they would not have done if it was a face to face. So some of that is calling patients back in so that they can have that face-to-face dynamic but a lot of our patients quite rightly were scared and did not come in, and I would probably include some of our urgent patients in that. So, a big piece of work that we did in March was looking through those lists and getting them clinically validated by our clinicians so that we could, as far as humanely possible, ensure that we were not missing people. But, yes, you are absolutely right around the outpatient waits. It is an oncoming

storm because of course people were not going to their G.P.s as well, so we are going to be catching up really for the next, I would say, probably 12 months.

Deputy K.G. Pamplin:

That was the point I think of the original question I was getting to is, this is the same thing that we are seeing around the world with Jersey. It is no different that, yes, because of certain things, staffing and equipment sort of things - but this was predicted last year - that the concern was, on top of people who fall ill, who need their procedures this year diagnosed, we are going to see that storm. So, I guess the challenge is going forward to meet that expectation of those lists and for Islanders to attend their appointments now.

Director General, Health and Community Services:

Yes, please. Please come in. If we send for you, please come.

Deputy K.G. Pamplin:

Okay, thank you, we will move on. So, Minister, we are going to move on to the Jersey Care Model now; some questions for you. At the quarterly hearing on 25th February this year, you advised that business plans for each care group of the J.C.M. (Jersey Care Model) would be finalised by the end of February and a sharing exercise was to take place between each care group in March and April of this year to encourage cross-working. Can you just provide us some very brief details about that exercise but more specifically what were the outcomes of the exercise?

The Minister for Health and Social Services:

Thank you, Deputy. If I can pass over to Anuschka, the program lead, to talk about this. Thank you.

Director of Improvement and Innovation:

Thank you, Minister. Yes, so unfortunately we were slightly delayed with the business plan. The plans have been compiled and the exercise of sharing the business plans will happen next week, so it is slightly delayed from 4 months. So we were hoping to do that in April but we had to delay that due to operational pressures and it is happening now next week.

Deputy K.G. Pamplin:

That is good to hear. On 11th May, you tabled, Minister, a response to a written question asked by Deputy Le Hegarat about the I.T. (Information Technology) budget for the Jersey Care Model; will any changes to the patient user interface include financial provision for any necessary communication, guidance or advertising to the public about the changes? Has there been any sort of change and flux in the financial model, basically?

The Minister for Health and Social Services:

I do not believe there will be any change from the answer I gave to the written question but can I ask Anuschka to elaborate on precisely what we are doing over communication to the public?

Director of Improvement and Innovation:

Yes, sure. I am not quite sure I understand the question, Deputy Pamplin, so maybe if I just answer and then just follow up if that is not what you were after. So, the digital side sits with the modernisation of the Digital Department in the Chief Operating Office, so that team is working on the digital health programme and is working through delivering that of course with input from my clinical side. The external communication is focused on the changes that may happen to the public rather than any back-office changes, if that makes sense.

Deputy K.G. Pamplin:

No, it does. It was just more specifically to the answer that Deputy Le Hegarat asked the Minister about the Health Insurance Fund and how that money would be used, the actual expenditure of about £159,000, but that is helpful, thank you. Because also we noted a recruitment event took place on 26th March for posts advertised in relation to the Care Model you just touched on. Could you advise how many staff were recruited following that recruitment event, how successful it was, and also could you now advise us how many people in total are working on the Jersey Care Model, where we are at this stage?

Director of Improvement and Innovation:

Yes, sure. I am happy, Minister, to take that question. So we went out for that recruitment event looking for a broad range of posts, as you know, to support the Jersey Care Model, particularly to support the clinical side in gathering ideas and to manage these projects. So we offered posts to 19 people; however, it was almost a 50:50 mix, so 50 per cent internal candidates who were offered a role, and that was either a secondment opportunity or even a career progression, a promotional opportunity, which is good news. While there was a lot of feedback internally, it is difficult to have an experience on a secondment level or to make career progression. Fifty per cent were recruited from external. A good mix, we did not recruit to all of the posts; however, as people work on the total on the Jersey Care Model it is wider than just 19. So, that team is very much focusing on service improvement but also wrapping themselves around on the clinical side to help them developing new pathways. So I would say, you could almost argue all of H.C.S. (Health and Community Services) are working on the Jersey Care Model in that sense.

[10:45]

So from a supporting perspective we have got about - when they will all start - we will have about 40 people across a number of areas. That includes communications, that includes digital, that includes project management and it includes also service improvement, quality improvement. We have recruited a number of people with clinical background, which is really helpful to have a good healthy mix. But, as I say, the actual Jersey Care Model team is going to be extended from a more virtual team perspective because it will include a number of clinical leads leading on each of the major programmes which is already in place. They are not officially of course employed by me, they are dedicating time to work on these changes, service changes. Then of course we have external partners being involved as well, so it is a wider virtual Jersey Care Model team.

Deputy K.G. Pamplin:
That is really helpful as always, Anuschka. So specifically your team, how many people do you have now for the work that you are leading specifically, your team?

Director of Improvement and Innovation:
Let me just see that.

Deputy K.G. Pamplin:
Then I will let Deputy Le Hegarat come in.

Director of Improvement and Innovation:
Yes, so total we will have 39 when all people start. It includes the informatics team, so not all of them are Jersey Care Model, there are some substantial H.C.S. posts and COVID-related posts in there as well. So if you want to have a clear split of what these are, probably it is better to get that back to you in writing so you can see the difference. Because even though they are all contributing from another ticket but, as we have just discussed, waiting lists are really, really important for the Jersey Care Model. However, this is of course something which is important for the day-to-day running of the department as well. Just turning over to Caroline who may want to add to this.

Director General, Health and Community Services:
Can I just interject, Deputy Pamplin, and I have put it in the chat? I just want to be really clear, these staff will work across the whole of health economy, across the whole of the Island. We are already having conversations with partners about that. So, while it is a team that is recruited but within H.C.S., it is a team that will work across all organisations. We envisage, as the partnership board starts to work effectively, the work of that team will be determined by the partnership board.

Deputy K.G. Pamplin:
Great, we were just going to get on to that but, Deputy Le Hegarat, the chair, wants to speak, I think.

Deputy M.R. Le Hegarat:

Thank you for those, and it is good to hear that 50 per cent of those were internal recruitments and giving people opportunities to develop their skills. In relation to the external 50 per cent, could you tell me how many of those came from off-Island, please?

Director of Improvement and Innovation:

Yes, sure. None of them, it was all on-Island recruitment.

Deputy M.R. Le Hegarat:

Thank you, that is really promising because it is always good to be able to have some new people coming into the health that are already resident in Jersey. That is great, thank you very much.

Deputy K.G. Pamplin:

Thanks, Chair. So, we touched then on the independent oversight board, we all expected that to be in place by quarter 2 of 2021, so million-dollar question, has the board been established?

Director of Improvement and Innovation:

Yes, I am happy to take that question. So we have made the progress, maybe I was a bit too ambitious to get it all up and running by quarter 2; however we have got, as you may be aware, the recruitment to the independent oversight board, to the chair and the 2 members, and the chair for the partnership group. All these posts are being recruited for the Jersey Appointments Commission process, so to keep it really independent. So, where we are at the moment is recruitment panels have been established, they have met, they had introductory sessions to get to know each other, to understand the context, and they are now in the process of reviewing and designing the job descriptions and the final recruitment process. So, the plan at the moment is that long-listing will happen in end of June and interviews will happen in July.

Deputy K.G. Pamplin:

Your new vision for completion of this then, when do you expect it to be in place now?

Director of Improvement and Innovation:

To go live, so if recruitment has been successful, I think it makes sense to start in September rather than in August when people may be on leave. So September is the actual kind of first board meeting, if you want to call it that way.

Deputy K.G. Pamplin:

Thank you, Anuschka, as helpful as always. But while we have the Minister, if he is still with us, Minister, how confident are you now at the delivery of the Jersey Care Model? We are hearing for the same time the pressures on the healthcare system as we talked about with the impact of the waiting lists and as we go forward. Could you now put a date on it when the Jersey Care Model will be in that stage when it is getting into the community, the vision that we all have for the care model? When do you see that taking place and are you confident it will be? Thank you.

The Minister for Health and Social Services:
First of all, Deputy, yes, I am staying with you when you said: "If you are still with us", I am here for the duration. I have every confidence that the Jersey Care Model is moving forward and is embedded in our healthcare plans. Because of the thorough planning and work with stakeholders and our partners that principally Anuschka has led, but the whole department, clinical and managerial staff have got behind, recognising that we need to change and we need to offer a greater degree of care in the community and preventative care, which is what the Jersey Care Model is all about. Talking about the recruitment of the posts, which one or 2 people have thought is just an additional number of bureaucrats but it is not that at all, it just means that we have sound systems in place which really embed the improvements we want to make so that we are on a really good footing to take these forward. In our engagement with charitable organisations, G.P.s, it is clear that they are working with us, they want to work with us, and they are up to make the changes that are necessary. So, I am pleased that we have done this work and others are capturing the vision and working with us. Please tell me if I have left anything out from your question.

Deputy K.G. Pamplin:
No, just really more communication. We noted obviously on the recruitment side there was an additional communications person to support the department and we can only presume that is to help communicate with the Island. Can you give us any indication (a) that post has been recruited and (b) when the next phase of engagement with the Island will begin? Because again the most important phase will be … and obviously the appetite was there because you did the Parish roadshows, but they will seem like a very long time ago now for some of the members of the public and, as we all know, a lot has happened since then. What more have you learnt from those engagements that you could improve the engagements with the Island?

The Minister for Health and Social Services:
Yes, I believe that post has been recruited to the communications post and certainly we want to go out with some substantive news to members of the public but I think first we have got to work with our partners in the partnership board to work out what specific pathways will be developed and how. Because this is not just H.C.S. any longer, it is all people engaged in the Island's healthcare. As you know, the programme is set up to work with those, to develop streams of work which we can

then put out to the general public so that they can understand what the Jersey Care Model means in terms of the change and the better care that will be provided. But I think we are still in that planning stage for all these pathways. So, Anuschka, please add.

Director of Improvement and Innovation:

Yes, so can I just add to that? I think there are 2 levels here. One is we are doing a lot of work already with partners, so it is not just planning, we are already working on delivery strands, we have a whole delivery plan in place, so that work is happening a bit in the background. Of course, those who are involved from partners are aware, they are engaged, they are positive about it, but what I absolutely recognise what is missing is that wider piece of public engagement and making that work visible. So we aim to have that all properly start later after the summer, plans in place to do exactly that, communicating what that means to people, taking away some of the anxiety which may pop up because people do not know what is going to change for them. So that is absolutely in train to roll out in a bigger public campaign to engage people and also to make sure we listen and bring them in. But just to say that a lot of work is already happening on intermediate care with partners in the background. But also on mental health we have workstreams across the whole J.C.M. programme. The tranche one deliverables which were listed in the documentation, they are all on track, particularly around commissioning. It is where the commissioning strategies are key items which are happening but I recognise from a public perspective we need to pick that up but recognising it is something which is step by step. Having additional people in who will support that will be a massive help.

Deputy K.G. Pamplin:

As I say, again, really helpful. We asked the question because as the Future Hospital project gains momentum and is in the public eye, similarly a lot of questions coming through are, well, we have still not seen the same public presence of the care model, the new care model with the new hospital and we passed that on. Also, these are the things that we hope to look forward to with the independent boards who will be reporting to us as soon as possible. But we will move on quickly, a couple of quick questions following on from last year's Government Plan. Minister, one of the recommendations in the review of that plan was to provide us with the outcome of the feasibility work for the replacement of the Aviemore residential short-break facility. At the quarterly hearing on 25th February you advised us that works at the Aviemore facility will be completed in June, so are we on track with this, as we are days away?

The Minister for Health and Social Services:

Yes, I know a lot of work has been carried out at Aviemore but as to the precise status at this moment, perhaps the director general might be able to help with that. Although, I think Caroline may have left the meeting because she is torn between the hospital group.

Director of Improvement and Innovation:

I think Isabel may be able to help.

The Minister for Health and Social Services:

True, thank you. Over to Isabel, please.

Associate Managing Director for Mental Health and Adult Social Care:

Hello, Kevin, do you want to ask me that again, do you mind?

Deputy K.G. Pamplin:

Yes, no problem, Isabel. So basically as part of the Government Plan review, we agreed that we would have updates on the works to the Aviemore facility. In fact, we always ask questions about healthcare facilities, so if you know about the updates for the inpatient facility to replace Orchard House, we would love to hear that as well but specifically works to Aviemore. We were told in February that it would be completed by June and we just want to know if that was the case.

Associate Managing Director for Mental Health and Adult Social Care:

Okay, this work is still going on there. What we are trying to do with the States is identify somewhere for the client that is living there, there are plans in place, we want to decommission that altogether. We are meeting with the Minister on Friday to talk about alternative plans; that is ongoing. We have plans for Rosewood House, we are talking about … I can give you the detail, I have got something here. The estate update, the work at Clinique Pinel, the acute assessment facility, includes the building of a place of safety facility on site. The contractors are reporting a completion date of 20th April 2022, 6 weeks beyond the contract completion date. That work is ongoing at the moment. Within the plan to reallocate services from Overdale to Les Quennevais the services provided at Poplars, that is ongoing, so there is a lot of estate work that is going on at the moment. So there is a plan to decommission Aviemore and that is in place. We just want to identify the proper place for a lifetime home for that client, so we do not want to rush that. There are pressures to try and find the correct property because, as you know, the property market is quite buoyant and properties are being snapped up but we are working very hard on that and we do hope to close that soon.

Deputy K.G. Pamplin:

Very good. Well the care needs of that individual obviously are very important and must come first but appreciate the update. So, just to be clear, you said the completion of the inpatient facility is 6 weeks behind schedule or is going to be 6 weeks delayed?

[11:00]

Associate Managing Director for Mental Health and Adult Social Care:

They just say this is the existing fire-stopping, the non-compliancy, so it is these environmental factors, not resources from our end. It is quite frustrating but Jonathan Carter has been really good from estates and trying to assist us in that.

Deputy K.G. Pamplin:

That is helpful.

The Minister for Health and Social Services:

Of course, Deputy, that is the present timetable. It is possible the contractor can make that time up, there is still 10 months to run of that contract period.

Deputy K.G. Pamplin:

Yes, I think we would all agree 6 weeks is better than 6 months to hear, so that is good news. Finally, in relation to the £6.8 million requested for the digital strategy project in the Government Plan, Minister, you advised us at the last quarterly hearing that the electronic patient record project was comprised of 3 procurement stages, where is the project at this stage in terms of completion? Any update would be appreciated because I think we can all agree this is going to be a critical component moving forward, so any update would be helpful. Thank you.

The Minister for Health and Social Services:

It is moving forward. We have had technological advances in the EMIS record now being made available to clinicians in the Emergency Department, digital sharing of test results between pharmacies, G.P.s and hospital also. So we are seeing results from this investment which is a really good thing, it is a good start, but Anuschka, I think, can give more detail. Thank you.

Director of Improvement and Innovation:

Yes, certainly. So the E.P.R. (electronic patient record) programme, as you say, it is divided into 3 procurement strands. We are currently in the procurement stage for the technology, so basically for the system, and currently sourcing supplies and partners for that particular one, doing a lot of demonstrations for clinicians, so that is almost nearly completed. Then the other 2 strands are the ones for implementation and the migration of the data, so this is currently being kind of started as the next phase.

Deputy K.G. Pamplin:

Great, thank you. I am sure you will update us as we go on and we meet soon. That is it, you will be pleased to hear, from me, so I hand back to the chair, as we discuss all things COVID-related. Thank you.

Deputy M.R. Le Hegarat:

Thank you, Deputy Pamplin. Recently in some local media it was reported that lateral flow COVID-19 testing kits were to be offered to businesses to mitigate the risk of a potential third wave. Are there specific industry sectors that you would like to prioritise for greater workplace lateral flow testing and will this include further testing in schools?

The Minister for Health and Social Services:

Yes, Deputy, these are targeted at specific workforces, principally those that are public facing. So the ones who are eligible to take part are hospitality, retail, agriculture and fisheries, public transport, postal, freight and delivery services, well-being, cosmetic and beauty businesses, veterinary practices, early years services and children's social care. The testing programme in schools is something that is worked through with sites, particularly the education officers and public health, so I am not greatly sighted on the schools programme. But in all those industry sectors, that programme is open now for employers to join.

Deputy M.R. Le Hegarat:

Has the uptake from industry been positive and do you have any information to be able to provide us with the numbers, if you like, if at all possible?

The Minister for Health and Social Services:

I have not received a report as yet because this is very new. I think this has been only started in the last fortnight, so I would expect a report back from officers after, say, a month. I have not been made aware of any difficulties that people have encountered or any great resistance but I think it is a little early to assess feedback.

Deputy M.R. Le Hegarat:

Okay, thank you. Moving on, this week the latest scientific assessment on the variant first detected in India, known also as the B1617 variant, was that it is more transmissible but early indications are that the vaccines work against it. We understand that locally the response has been to bring forward the second jab for those over 50 or underlying health conditions. Can you explain all measures taking place and how many people are yet to be vaccinated?

The Minister for Health and Social Services:

Yes, I will try and do so. So, the Indian variant is the subject of much discussion at the moment in the U.K. and that has been replicated in Jersey. Becky Sherrington, who leads the vaccination programme, and Dr. Muscat are observers within the J.C.V.I. (Joint Committee on Vaccination and Immunisation) and in the discussions that are taking place in the U.K. to understand precisely what the Indian variant will mean, what its effects are, what its implications are for what we are trying to do to reconnect but also protect Islanders. Unfortunately, that is not absolutely certain as yet because there is so much research coming to the fore day by day. But you are right in that current thinking seems to suggest that the variant does not evade the vaccine protection but it is up to 50 per cent more transmissible. So therefore it has a potential for creating harm because of its greater spread and it seems to be spreading within younger people, unvaccinated people in the U.K. We do not have any recorded cases of it in Jersey as yet, I hope we might be able to keep it out, but there is a risk that in the U.K. and other countries it will take over from the Kent or U.K. variant as the predominant variant because it has a greater propensity to transmit. So we are considering our procedures in Jersey, how and if they need to be varied to take account of the risks from this variant. You asked about specific numbers of people vaccinated. I think we do have 46 per cent of the eligible population, that is the adult population over 18, who have been fully vaccinated, that is, they have had their second dose and 2 weeks have elapsed. We have a significant amount of people who have had a first dose and the advice from the J.C.V.I. has been that across the U.K. we should bring forward the average time for administering a second dose to those who have had their first dose. So we have now moved to a position where we are calling in Islanders who have had their first dose within 5 to 7 weeks in order to receive their second dose whereas previously we were calling in people within a range of up to 10 weeks in order to receive that second dose, the reason being is that the scientific evidence is that to combat the Indian variant, it is important to give people the second dose as soon as possible because the first dose might not necessarily provide the same degree of protection against this variant as it did against other variants. So I hope that helps.

Deputy M.R. Le Hegarat:

Thank you, yes, that certainly does. It was recently announced that preparations were being made to provide the COVID-19 Pfizer vaccinations to 12 to 15 year-olds in the U.K. either before the summer or September school terms this year following authorisation in the U.S. (United States). Please could you advise what preparations are being made to provide the vaccine to 12 to 15 year-olds in Jersey? Obviously I am fully aware that at this stage the U.K. has not sort of verified that this will go ahead, so can you just advise what plans have been put in place?

The Minister for Health and Social Services:

Well, as I said earlier, we follow the advice that comes from the Joint Committee on Vaccination and Immunisation, and Ivan and Becky are participants in that. So I anticipate that when that is considered by the J.C.V.I. we will follow whatever recommendations are made. But if I could pass

over to Alex in case he has got any further information that can be given on that or indeed on the previous question. Alex, could you introduce yourself, please, as you have not participated or introduced yourself earlier?

Director, Public Health Policy:

Very happy to, Minister. My name is Alex Khaldi, I am the Director of Public Health Policy. To address your question, Deputy, the vaccination of children under the age of 18 is not yet the subject of formal J.C.V.I. advice although they are aware very obviously and discussing the Pfizer trials that have taken place and the potential to offer that particular product to a younger age group. If I was to give you a sense of broad timing in relation to this that might be helpful, which is we would not expect to see any announcement about vaccination of under-18s over the course of the next month or 2 but it may be something that emerges in the middle of the year around the June or July period with the potential for some changes to our vaccination programme to take account of that advice a little later on. So, in terms of, as you know and others are aware, we have a really highly-effective and efficient vaccination programme and we have begun conversations with officers in C.Y.P.E.S. (Children, Young People, Education and Skills) and indeed the Children's Commissioner, about ensuring that we are preparing the ground properly for a potential immunisation programme for that age group. On the basis of current intelligence, we still perceive that being some months away and as such we are in very early stage preparation for that eventuality but also extremely confident that with the co-operation of the school system, parents and of course the infrastructure that we have already got in place to deliver vaccination programmes at pace, together with making sure that we are focused on children's rights issues and liaising with stakeholders like the Children's Commissioner, that we would be able to stand up a very effective programme in short order as and when required. Thank you.

Deputy M.R. Le Hegarat:

Just on the follow up to that, and I think it will probably be yourself, Alex, that will answer this, is that young people like those under-30s, the younger age groups, Pfizer is the one that is most prominent because of potential risks in relation to other vaccines. Can you perceive that when this comes into fruition that we will be able to get sufficient supplies of the certain vaccines which will be used on the younger generations?

Director, Public Health Policy:

I am happy to answer that question, Minister, and, Deputy Le Hegarat, but I am afraid the answer will be, at this point in time we are very conscious of the Pfizer trials and what they are offering. The questions about supply are really difficult to predict because we do not know at the time that, for instance, J.C.V.I. suggest advising the U.K. Government and Crown Dependencies on vaccination

of the younger people, what products will have, if you like, made it through the regulatory processes and hence what the mix of vaccines on offer will be.

[11:15]

But I think that the U.K. Government in particular, on which we are dependent for our vaccine supply, will be trying to align supply to regulatory announcements in the way that they have in our vaccination programme to date. The obvious thing to say is that there was a change recently in terms of a preference not to deploy AstraZeneca for under-40s and we were able, as the U.K. have been able, to accommodate that without any significant change in vaccination timings. I would hope that the same would be the case when we approach the issue of younger children but I cannot know that at this point in time, to be perfectly level with you.

Deputy M.R. Le Hegarat:

No, that is fine. Thank you very much, Alex, for that. It was enlightening from the perspective ... and I am fully aware that this is obviously a changing thing all the way across and it will continue to change. But, no, thank you for that, it was very helpful. It was announced that from 10th May 2021, the COVID rules governing marriage and wedding receptions would be further relaxed allowing up to 50 people to attend in a private garden. Will self-administered lateral flow testing kits for wedding venue staff, for example, be sufficient to offset the potential risks of larger gatherings?

The Minister for Health and Social Services:

So, lateral flow tests are available to businesses who are engaged in the hospitality sector. This detail was carefully considered by public health officers and, as ever, one can never rule out risk and say that something is absolutely safe, but this was deemed a proportionate measure to take given the lack of a spread, a lack of community transmission within the Island at this stage. Thank you.

Deputy M.R. Le Hegarat:

Where there is a legal mask-wearing requirement for marriage and wedding reception venues, what are the practicalities of enforcing mask wearing where alcohol is being consumed at larger venues of up to 50 people? What is the latest with masks policy as we continue forward?

The Minister for Health and Social Services:

So, in those sort of venues, mask wearing is only required when people need to move away from their tables. I would expect the managers of premises or event organisers who have responsibility for the event that they are putting on to be in a position to ensure that people do follow the rules. So that is a case of warning people perhaps as they arrive, there is good guidance on this, and our

public health team are able to assist any businesses and event organisers when they have questions. You ask, Chair, about the mask-wearing policy generally and this is something perhaps you are getting communications about, as I do, as others have as well, why are we still wearing masks when we do not have community transmission in the Island? It is an understandable question but we should not think that COVID or the threat from it has disappeared entirely. There is still risk. There is still risk within the community because while we have an excellent track-and-trace system, we are not picking up cases, but it is possible for people to be asymptomatic and still transmit. Then of course we have the borders, and connectivity with areas outside the Island is important, but there is a risk at borders that infection may come into the Island, notwithstanding all the controls that we have. So, it is important still to maintain some measures that are effective in limiting the spread of disease and mask wearing is one of those basic and fundamental measures that we can all do when we visit public places, indoor public places in particular. S.T.A.C. (Scientific and Technical Advisory Cell) have recently advised that mask wearing should be mandatory, should remain mandatory in those places until at least stage 7 of our reconnection programme set for 14th June when, subject to any changes, because it is always being reviewed, but the present plan is that on 14th June much of mask wearing will no longer be mandatory, though it is likely to remain in guidance.

Deputy M.R. Le Hegarat:

Thank you, Minister. What is the latest on the booster programme due to be employed in the autumn? Will this be given at the same time as flu jabs or earlier, given concerns of the B1617 variant, also as clinical trials and decisions for children to be vaccinated are ongoing?

The Minister for Health and Social Services:

Again, this is something that is under discussion and preparations are being made but the programme has not yet been finalised, either here or in the U.K. So we await the J.C.V.I. advice on whether, and if so, what specific boosters might be required but we are readying ourselves and speaking to all necessary parties, including G.P.s over here as to possible means of implementing a booster programme. If I can pass over to Alex Khaldi for any further detail on that. Thank you.

Director, Public Health Policy:

Thank you, Minister, and, Deputy Le Hegarat. I am afraid I do not have much more detail to add. There are a number of unknowns. I think it is reasonable to assume for the purposes of planning there will be some form of booster programme happening in the autumn, at least for the over-50s. Beyond that we are not yet sure whether the boosters provided will be simply to combat waning immunity and be the same products as currently being administered or indeed whether they will be tweaked to take account of some of these variants of concern that we have been talking about in this panel at an earlier stage. So nothing more, I am afraid, to add except that we, as per the previous question, are very much in readiness and all of the consultation that you would expect with

primary care and others on the Island is happening to ensure that we could deliver the most efficient and appropriate programme for boosters we can.

Deputy M.R. Le Hegarat:

Thank you, Alex. It is noted that the emergency Draft COVID-19 (Enabling Provisions) (Amendment No. 2) (Jersey) Law is to be extended to March 2022. At a recent hearing with us, it was explained that given the concerns of any new variants, it was prudent to keep the Nightingale on standby. Will it still be decommissioned in June of this year, given the emergency COVID-19 powers are extended and this new variant concern?

The Minister for Health and Social Services:

Yes, it remains the plan, and indeed I think it is being activated, that the Nightingale will be decommissioned and removed from the site at Millbrook because experience and our understanding of COVID has given us that assurance that we could deal with any uptake in cases within the General Hospital setting and within the medical ways of caring for people. So that plan to decommission still stands.

Deputy M.R. Le Hegarat:

Thank you, Minister. It was recently announced that Jersey will adopt a COVID-19 vaccine passport scheme. Please, can you advise how this scheme will be co-ordinated between Health and Community Services and the Economic Development, Tourism, Sport and Culture Departments?

The Minister for Health and Social Services:

Yes, again this is an emerging issue. I think across the world countries are working on what is sometimes called a "vaccine passport" but I think it is better known as a "COVID status certificate" because it will give more information other than whether a person has been vaccinated. But there is no international norm as yet which can be recognised as people cross borders. The hope is that that will come to fruition as we move through into the summer such that people travelling can … we could recognise that people have been vaccinated, let us say, in the United States and have whatever benefits that COVID status certificate might offer. But we are not there yet but instead we, in Jersey, have said we would give a green-light status to persons travelling from the common travel area into Jersey and they would have to give some proof of their vaccination status. In Jersey, each of us have the little credit card-type evidence of our vaccinations, and that would be acceptable for the time being if Jersey people were coming through the ports. Whatever evidence that there is in England, Scotland and Wales will similarly be used to allow people to come through the ports with that green-light status. That will be the position from 28th May and there will be other ways of evidencing that that I am sure will be developed over the summer and will allow international travellers to take advantage of any concessions or - it is not a concession because it is really a return

to normal travel - but any advantages that vaccination may have. But at the moment it is just the common travel area that this will apply to.

Deputy M.R. Le Hegarat:

Thank you, Minister. On 11th May, Minister, you tabled a response to a written question about the measures in place to address long COVID-19 patients in Jersey. How long do you think it might take your department to quantify the numbers of Jersey residents that may suffer from long COVID?

The Minister for Health and Social Services:

On this we want to work with G.P.s as rapidly as we can because it is likely that anyone who feels they may be suffering with long COVID would first see their G.P. for a diagnosis. But long COVID has now been entered into the dataset in order that G.P.s can make a diagnosis and enter that data which will then inform what treatment plans may be. I know Dr. Muscat is on a group that works with G.P.s to set out a care pathway for those who may be suffering, recognising it can be debilitating months after somebody contracts COVID. It is an emerging science that we are very aware of and are putting systems in place to address it.

Deputy M.R. Le Hegarat:

Thank you, Minister. Now moving on to the Comptroller and Auditor General H.C.S. response to COVID-19. In the second C. and A.G. (Comptroller and Auditor General) COVID-19 report published on 29th April 2021, it was noted by the C. and A.G. that patients transferred from the Samarès Ward at Overdale Hospital to Sandybrook Nursing Home had not been tested for COVID-19. In addition, staff at Sandybrook were not advised to wear P.P.E. (personal protective equipment) despite it being available, causing further issues, as mentioned in the report, of staff having to isolate. Why were patients being transferred not tested before the transfer?

[11:30]

The Minister for Health and Social Services:

This was in the very early days of the pandemic when our capacity to test was severely limited at that time. There was no indication that the patients being transferred might be suffering from any symptoms of COVID and therefore I believe the clinical decision, based on what we could do at the time in terms of testing, was made that they should be transferred. Of course, the situation, as time developed, allowed us to test so much more and as a matter of routine. At that time it was a clinical decision based on the assessments of risk that clinicians made. If anyone within my team can add to that, please jump in. Perhaps not, Deputy. Rose, yes. Have I explained that correctly?

Chief Nurse:

Yes. No, that is very helpful. Yes, just to add to that, as the Minister said, it was very early on in our response and one of the things that we were doing at the time was also creating additional bed capacity to looking at where we could, not only redeploy staff, but where we could create extra capacity. The Minister is correct in terms of the response with regards to testing. It was really, really early stages. Also in relation to our P.P.E. guidance, the guidance at that time was not that every single area wore P.P.E. so the decisions were based, in a moment in time, based on the guidance that was available with the information that we had at the time. If that is helpful.

Deputy M.R. Le Hegarat:
Yes, thank you. So basically in relation to the P.P.E., so staff were not being advised to wear it in every circumstance?

Chief Nurse:
Not at that time, no.

Deputy M.R. Le Hegarat:
What policy exists and who was responsible for these reported findings?

The Minister for Health and Social Services:
Sorry, Deputy, the findings of the C. and A.G.?

Deputy M.R. Le Hegarat:
Yes, is there a policy that exists in relation to those decision-making, if you like? What policy exists and so who, therefore, is responsible for those reported findings?

The Minister for Health and Social Services:
To answer the findings, do you mean? We have policies around P.P.E.

Deputy M.R. Le Hegarat:
Right. What policy exists in relation to those decisions made, I suppose, in the early stages? Therefore, who is responsible for those findings? Who is responsible for those decisions, I suppose, that were made at that time?

The Minister for Health and Social Services:
They were clinical decisions made by clinicians responsible for the care of those patients. Yes, that is all I can say. All clinicians are bound to follow the policies applicable at that time. As the Chief Minister has explained, they were following the policy on P.P.E. as it stood at that time, based on the understanding that we all had about COVID.

Deputy M.R. Le Hegarat:

Okay, thank you. A final question from me prior to me handing over to Deputy Alves, it was also noted in the same report by the C. and A.G. that the decisions of suspending or allowing health services to remain open were not supported by consistent documentation against a clear set of risk-based criteria. Again, can you advise what decision-making process was followed where decisions taken did not follow a risk-based criteria and who was responsible for this?

The Minister for Health and Social Services:

I think decisions did follow a risk assessment. The criticism was that that was not heavily documented, which is perhaps understandable in the crisis response that we were managing at the time. But there was a lot of consideration that went into trying to find the best way to manage risk, based on our very limited understanding of COVID at that time. Can I pass over to Anuschka for detail?

Director of Improvement and Innovation:

Thank you, Minister. Just to say the report has recently been shared, so we are currently going through the findings and the recommendations. There is a lot of learning in there and we are putting together, of course, our responses against the recommendations but also doing the learning from the findings. I think it is a bit early to go into specific detail of these because it has not been submitted yet to return to C. and A.G. and the P.A.C. (Public Accounts Committee). We are currently looking at these and these are all areas we are taking into account into wider learning of basically the whole of the last year.

Deputy M.R. Le Hegarat:

Okay, thank you, Anuschka, and I will hand over to Deputy Alves.

Deputy C.S. Alves:

Thank you, Chair. Minister, on the … sorry, can you hear me okay?

The Minister for Health and Social Services:

You are a little faint but I could hear you.

Deputy C.S. Alves:

Is that better?

The Minister for Health and Social Services:

That is better.

Deputy C.S. Alves:

Okay, fab. On 22nd March you tabled a response to a written question asked by Deputy Southern in relation to the medical hosiery pilot scheme run in conjunction with the Family Nursing and Home Care and noted that a review of the scheme was due to be completed by May this year. Please, could you provide an update on the status of this review?

The Minister for Health and Social Services:

Yes, I would be happy to pass over to Anuschka in just a minute but just to say that this is something that I am taking a personal interest in because I was convinced some years ago by Family Nursing staff of the benefits that hosiery stocking, compression stockings basically, can offer. I am pleased to say that although it was a pilot - I do not know the precise date the pilot has come to an end - the service has continued beyond the end date. We are assessing it. I think it is going to be very positive. I would like to pass over to Anuschka of the detailed news on the assessment.

Director of Improvement and Innovation:

No, it has it been a very successful trial and a total of 225 people have benefited from the pilot. Particularly it was calculated that there was a budget for, I think, £40,000 allocated. The total spend was just over £40,000. The service model was modelled on the number of slightly more people, 247 but 225 were then benefiting from those. It was very, very successful from both sides, from a patient perspective but also from a staff perspective. Recommendations of the review, there has been a review of the trial and the recommendations are that the funding will remain in place and the provision of the hosiery will become business as usual. We are looking into making this happen now at the moment and also to undertake further work to ascertain the body of some costs associated to potentially widening the current offer to a wider range of dressings and bandages. Based on that success, we are looking at how this could be extended even further.

The Minister for Health and Social Services:

I think it is a very good bespoke example of how the Jersey Care Model does not need to incur additional expenditure or additional staff. Because just by spending what is perhaps, in the scheme of things, a reasonably small amount of money on an improved product which helps healing sooner, it means that people can get back to work sooner who are affected or enjoy their lives, it means that they are not visiting their G.P.s over a prolonged period of time or needing Family Nursing services over that prolonged period of time, so that frees up pressures on nursing to see to other patients, which just improves efficiency. It is good from the efficiency point of view but it is great from the healing point of view, people heal more quickly and, therefore, that debilitating condition means that they do not suffer it as long. Their general health remains in a better position. It is a good example, I think, of what the Jersey Care Model might hope to achieve in different other areas.

Deputy C.S. Alves:

Thank you, Minister. Moving on to some questions around assisted dying, the panel notes that the Jersey Assisted Dying Citizens' Jury sessions have taken place. We also note that the initial recommendations will be sent to you by 1st June. We also note on the Government website prior to publication the findings will be shared with an independent panel, there will be a Council of Ministers briefing and then States Members before publishing the initial recommendations. My first question is: is this timescale on track and do you have the initial recommendations yet?

The Minister for Health and Social Services:

No, I do not have the initial recommendations; that is still with the jury and their advisers, thus the programme is on track. The jury repeated its work on the data and that was all anticipated. I look forward to hearing what their recommendations are and will be taking it forward, as you say, to the Council of Ministers and then publishing their reports.

Deputy C.S. Alves:

Okay, thank you. Just an observation, why is the Scrutiny Panel not included in the list of groups that the findings will be shared or briefed with, as stated on your website? Would we be able to request this from Evolve, the company that is assisting with this?

The Minister for Health and Social Services:

Yes, I have absolutely no intention of excluding the Scrutiny Panel. It is probably just the formalities that are on the website. But I would want to share with you before a release to the States Members and to the general public.

Deputy C.S. Alves:

That is great, thank you. Is the current timescale realistic from the point onwards for the Government of Jersey policy to put together a proposition for debate in November or December?

The Minister for Health and Social Services:

I would hope so but of course this depends on exactly what the recommendations are and none of us know that yet but the intention remains to have that debate by the end of the year. We have not said it is a proposition but probably likely. It could be some other means of bringing it towards this to the States Assembly, so an in-committee debate remains a possibility but we have just got to see what the recommendations are.

Deputy C.S. Alves:

That was going to be my final question, whether it would be an in-principle debate, given the law drafting that will be required to make the potential choice into Jersey law, so that is a possibility that it could be an in-principle or in-committee debate instead of an actual proposition.

The Minister for Health and Social Services:

It could be. It certainly will not be detailed legislation because I think it would first have to be an in-principle vote but this is a really complex area and I am sure there would not be time to develop detailed legislation by the end of the year. Indeed, perhaps that should not happen until States Members have discussed the issue and make in-principle decisions.

Deputy C.S. Alves:

Okay, thank you, Minister, and that was my final question. I am not sure if anybody else on the panel has got any other questions they would like to chip in with. Right on cue, Deputy Pamplin. Thank you.

Deputy K.G. Pamplin:

Yes, I have always got one extra. It is to go back to the questions around the C. and A.G. report and I appreciate what Anuschka said about there are many lessons inside it to learn and it is quite new.

[11:45]

But one that really does stick in around the question of the transfer of patients to Sandybrooks, there are many other decisions in early March, as you identified with early in the pandemic. But one of them was the decision-making and the governance of clinical quality, that committee was stood down and the decisions were being made for governance and clinical quality decision-making between March and May through the major incident command and control arrangements. The timeline seems around the decision-making taken out of that clinical care assessment and put into this gold command decision-making. As the C. and A.G. notes around those early decision-makings, there is a lack of paper trail, there is a lack of balance in some of those decision-makings. Minister, who made that decision to give that clinical authority to the gold command and who was in that decision-making group of - and I will read it again - the major incident command and control arrangements?

The Minister for Health and Social Services:

Yes, Deputy. I am entirely confident that at a patient level those patients were being cared for appropriately by their clinicians, by their doctors who had care of them and recommendations were made and decisions taken in the light of what was the care that was available and what we knew

about COVID at that time, clinical risk assessments were made. The gold group you mentioned was an emergency response to a very serious situation that we were facing in which normal processes within governance are just no longer appropriate when you are facing an emergency; we thought we might well have to. That was implemented in order to achieve that rapid and effective decision-making to save lives, effectively. As it turned out, the first wave was not such an emergency as we had anticipated at the time. But if Rose or Anuschka can add to those early days how we managed patients and how we assessed them …

Deputy K.G. Pamplin:

Minister, just quickly, specifically as stated the governance of clinical quality during the period from March to May was through the major incident command and control arrangements, rather than through the existing Health and Community Services Quality, Performance and Assurance Committee, who stood down and did not restart until May and also then restarted without the Assistant Minister at that time and the chief nurse stood over. The point I am getting to is some of these emergency decision-making, as you were outlining at the early days of the pandemic, were taken out of the hands of the Health and Community Services risk assessment and put into this overarching body. But, as we are seeing, some decision-makings around that time did not have a paper trail, at the time there seems to have been, as the C. and A.G. points to some decision-making that does not match up. I guess what I am asking you is a political question, Minister: was that the right decision to make and who with clinical experience in terms of the governance of clinical care, even in emergency settings, was in that control in making those decisions?

The Minister for Health and Social Services:

Yes, for the reasons I have stated I believe it was necessary to move to that system of emergency response. But that does not mean that our clinicians on the ground caring for patients were not making the correct risk assessments and providing proper care in the circumstances to patients. What we are talking about is a level of governance and pandemic response. Can I pass over to Rose to talk about how we handled things for patients and assure clinically that proper governance was around their care?

Chief Nurse:

Yes, thanks, Minister. Just to assure you, Deputy Pamplin, in the bronze, silver and gold command at H.C.S. there were clinicians at every single level. The bronze cell was run by 2 of our senior consultants, supported by other colleagues within that cell. March was really about us gathering information, understanding the context in which we were operating and we really had to respond to things very quickly. That is why we adopted a major incident response, which is normal when you are facing such a crisis. In respect to the committee being stood down for, effectively, a month, this is an assurance committee, rather than an operational committee. The Quality Committee is a

committee that provides overview assurance of all of our operational services. At that precise moment in time our main priority was around delivering healthcare, providing a response and making sure we were in the best position possible to respond to what we thought we were going to be facing in that first wave.

Deputy K.G. Pamplin:

That is really helpful to fill in the gaps and the detail. We are obviously continuing our own separate but I guess just because that report is so fresh we had the opportunity to ask you those questions and I am sure we will in the future. But thank you, Rose. Thank you, Minister. That is it from me and back to the chair.

The Minister for Health and Social Services:

Thank you, Deputy.

Deputy M.R. Le Hegarat:

That is perfect. I think that is 11.51 a.m.; that is pretty much us done, so that is pretty well timed on our part. Thank you all very much for participating in the public hearing this morning. We look forward to speaking to you again in 3 months' time, which will probably be now September, so thank you all. All of those questions whereby I think there was a few that we will await for the information and we will follow that up in due course. Thank you, Minister, Assistant Minister, the panel and the officers that have provided answers this morning and also to the Scrutiny staff, who were sat in the Le Capelain Room with me. Thank you all very much and have a good day.

The Minister for Health and Social Services:

Thank you, Chair, and panel members.

[11:52]