

STATES OF JERSEY

OFFICIAL REPORT

WEDNESDAY, 19th JANUARY 2022

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[9:30]

The Roll was called and the Dean led the Assembly in Prayer.

PUBLIC BUSINESS

1. Changes to the objects and purpose of the Ann Alice Rayner Fund (P.92/2021)

The Bailiff:

We continue with the order of Public Business and the first item to be dealt with are the Changes to the objects of the Ann Alice Rayner Fund, P.92, lodged by the Minister for Treasury and Resources. I ask the Greffier to read the citation

The Assistant Greffier of the States:

The States are asked to decide whether they are of opinion – to amend the Act of the States dated 27th March 2001 concerning the Ann Alice Rayner Fund – (i) by deleting the words “or philanthropic” where they occur in paragraph (a)(2); (ii) by substituting the words “the Minister for Treasury and Resources” for the words “the States” where they occur in paragraph (a)(2); (iii) by substituting the following paragraphs for paragraphs (b)(1) to (b)(4) – “(1) The income of the fund shall be administered by 4 individuals or by the board of no fewer than 4 individuals of a single independent corporate administrator appointed by or removed by the Minister on the recommendation of the Trustee on such terms and conditions as the Minister considers appropriate. (2) The income administrator(s) may, at its (their) absolute discretion from time to time, make grants, or loans to be secured on immovable property, on such terms and subject to such conditions as it (they) determines, out of the returns of the fund for the relief of needy persons residing in Jersey. (3) The Minister for Treasury and Resources may from time to time propose to the States other objects and purposes of a charitable nature to be approved by the States for inclusion in the objects and purposes of the fund.”; and re-numbering the remaining paragraphs accordingly; and (iv) by substituting the words “the Minister for Treasury and Resources” for the words “the Finance and Economics Committee” throughout paragraph (b) and its sub-paragraphs.

1.1 Deputy S.J. Pinel of St. Clement (The Minister for Treasury and Resources):

May I just clarify at the beginning, although I refer to it in my opening remarks, that the first part deleting the words “or philanthropic” are not going to be part of the proposition when I propose it?

The Bailiff:

You wish to propose it without that Article?

Deputy S.J. Pinel:

Without that first one.

The Bailiff:

Let me look at that. Yes, they are perfectly capable of being taking separately so you will not be moving that one.

Deputy S.J. Pinel:

The one that includes the words “or philanthropic:.. States Members have been informed in the comments but I thought I would make it clear from the start.

The Bailiff:

Very well, thank you. Please continue.

Deputy S.J. Pinel:

Thank you. On 23rd November 2021 I brought a proposition to the Assembly seeking narrow changes to the rules of the A.A. Rayner Fund, a charitable fund whose income administrators have, since 2001, been directed by the Assembly to make awards of pecuniary relief to the needy of Jersey. The changes were driven by a notice from the Bailiff in February 2021 that the Jurats who currently act as income administrators wished to stand down in October. P.38/2001, approved by the States Assembly, required Jurat appointments and as this option is no longer available an alternative approach is required. A new appointment is an urgent matter because without suitable income administrators in place needy applicants to the funds cannot receive awards. Currently there are approximately £100,000 of pending awards at a particularly difficult time. The Treasurer of the States, as trustee, considered finding 4 non-Jurat individuals on a like-for-like basis but concluded that this would repeat many of the identified issues of the current situation, as outlined by the Bailiff in his original correspondence. The preferred solution of the trustee, which I support, was developed after lengthy discussion with the Charity Commissioner and the Charitable Funds Oversight Board. The intention is to appoint a registered charity for a limited term. During this pilot period the parties would jointly evaluate the suitability of a corporate body as a longer-term appointment as the income administrator. Hence, should the Assembly consent, my first appointment would be a registered charity, the Jersey Community Fund, the J.C.F., for an 18-month term. In my proposition I have sought to explain the immediate advantages the appointment would bring. These can be outlined as follows. Firstly, the J.C.F. are a known quantity who can start immediately. They are an experienced body with a demonstrated history of award making already acting for the Lottery Fund and Jersey Reclaim Fund, among others. Secondly, the J.C.F. already have I.T. (information technology) infrastructure designed around their role being specific to the award of charitable money and an integrated website to support an improved application process. Thirdly, an appointment of a body under the oversight of the Charity Commissioner improves the independent assurance of the proposed arrangements. It should be noted that the J.C.F. are independent of the States Assembly and are not reliant on Treasury officials or administrative support, which can sometimes blur the line in arm's length decision-making. A further point is that a formal service legal agreement between the trustee and the J.C.F. will be put in place, which allows for a clearer and more transparent demarcation of responsibilities. The key details of my proposition were that the word "philanthropic" would be removed from the fund's objects so that the objects of the fund are more identifiably charitable. That the Minister for Treasury and Resources on recommendation of the de facto trustee, the Treasurer of the States, may appoint and determinate the appointment of income administrators. Thirdly, that such income administrators could be a corporate body, the underlying directors of which would be subject to the same conditions as the departing Jurats. My proposition was referenced back so that Members could have more information on 2 specific points of detail. Members asked for more information on whether the J.C.F. is permitted to make awards to individuals under its own objects and registration. I can report that the Charity Commissioner had already confirmed in writing to the Corporate Services Scrutiny Panel that he is satisfied this proposal can operate and, indeed, his full response has been published by the panel. However, I hope Members will allow me to explain the detail. The appointment of a registered charity requires the approval of the Charity Commissioner on 3 aspects. Firstly, he must be satisfied that the award objects of the funds being administered meet the public benefit test of the Charities Act. Therefore that it is appropriate for a registered charity to do the income administration. In other words, that the nature of the fund is charitable, providing support to the general public. Secondly, he must be satisfied that the specific registered charity is empowered under its own objects to make the awards required by the fund. Thirdly, he must also be satisfied that the role the registered charity undertakes is suitable in the most general sense, i.e. that it can operate with sufficient independence so that it can employ its skills and is not a mere processor under undue influence.

[9:45]

The Charity Commissioner has considered these points and is satisfied to allow the temporary appointment of the J.C.F. for a pilot period of 18 months. This is because he sees merit in the approach being taking. However, he wants to be sure that such an appointment would be successful and appropriate in practice prior to giving his approval for a permanent appointment. On the basis that he is satisfied, he will then approve any remaining changes to the objects of the J.C.F. that he may subsequently consider necessary to allow a permanent appointment, should that be desired by the trustee at that time. I hope that Members are now reassured that the J.C.F. is indeed technically able to perform the role for the intended 18-month period. Members should also take reassurance that the intended appointments have had a great deal of scrutiny by various relevant stakeholders. A related point that I would like to stress is that not only can the J.C.F. make awards to individuals, it is suitable to do so. The J.C.F. will continue the existing approach whereby the face of the A.A. Rayner Fund to applicants is the sponsor, be it a doctor, social worker, charity or body such as Citizens Advice. This will maintain the approachability and reach of the current income administrators. However, either directly by its own expertise or by its links to other third sector parties, the J.C.F. is better positioned to tackle the issues behind the applications. For instance, developing a more holistic solution to an individual's financial issues in conjunction with community savings or Citizen's Advice, rather than simply providing finance for an immediate need. This is in addition to the other pragmatic benefits I outlined previously in terms of access to specialist software and resources generally. The second point of the original reference back comes back to a concern of whether there is any impact in removing the phrase "philanthropic" from the objects of the fund. For instance, the Scrutiny Panel cited concerns from a nursing union that this could preclude service and awards being made, such as the purchase of hospital equipment. It may be helpful at this juncture, as I said at the beginning, to remind Members that previously in P.38/2001 the objects of the fund were: "Re-establish as the provision of pecuniary relief to needy persons residing in Jersey and such other objects or purposes of a charitable or philanthropic nature, as the States may hereafter in their absolute discretion determine." In approving P.38/2001 the Assembly removed 2 previous objects: "For promoting the happiness and comfort of the inmate of the Poor Law Department of the General Hospital and all provision of up-to-date equipment for the treatment of patients at the said hospital." Hence removal of the term "philanthropic" now would not create the issues that were raised because the purchase of hospital equipment is already outside of the amended objects. Neither would the removal have any significant impact on the ability of the Assembly to change the objects again at a later stage, if it wishes. My reason for removing the term "philanthropic" was to better reflect the past changes in the fund's orientation and make it clearer that its current purposes are charitable. However, I recognise that this point did cause significant concern in the original debate and, therefore, in the interests of securing the urgently needed changes I am not going to ask the Assembly to consider part (i) of the proposition today. Withdrawing this change will not prevent the intended appointment. The Charity Commissioner has confirmed that his consent to allow a pilot appointment will not be withdrawn should we leave the phrase in. Ultimately, he will take his view on the public interest test from awards made in practice over the course of the pilot, which do not need to change in nature from those made now. I trust that the explanations I have offered give significant information about the 2 points of the reference back. Importantly there were several other general points raised in the debate and I have sought to answer them in detail by publishing formal comments to Members in December. These comments confirm to Members that there is no effect on trustee roles or roles under the Public Finance Law or points that may arise out of the separate office of the public trustee consultation. I gave more detail on the significant scrutiny that the proposals have received to date and I outlined how the reform will improve public access to the fund. It is my regret that Members were left feeling that they needed more information than was available at the time I originally tabled my proposition. I trust Members will see that their very valid concerns have been considered as part of the significant work and consultation undertaken in the 7 months of notice, both across this fund and the parallel Greville Bathe Fund, so that the proposals are ready to be implemented. By way of update, I should like Members to know that the Treasurer, as trustee of the

larger Greville Bathe Fund, was empowered by the Royal Court to appoint the J.C.F. as income administrator to that fund and this has now been actioned. While the trustee hopes to continue the joint income administration of the funds it became necessary to complete the appointment in advance of resolution of the AA Rayner Fund so that applications received from needy individuals over recent months could be completed prior to Christmas. I believe Members now have all the information they need to consider and approve these changes which, in the simplest terms, allow the appointment of one set of income administrators in place of another. I make the proposition.

The Bailiff:

Is the proposition seconded? [**Seconded**] Point of clarification, Deputy Ward, if the Minister will give way.

Deputy S.J. Pinel:

Yes, Sir.

Deputy R.J. Ward of St. Helier:

I thank the Minister for that. I did say at the end because I know it is a pain when your speeches are interrupted. Can I just ask when the word “philanthropic” is removed do we have a version of what this will look like because what we have is a version with that in here and I assume it is part (i) that will not be taken? When you say “part one” you are not referring to part (1), which is in section (iii) of the report. I am just trying to get my head round what it is going to look like now when that is removed. I see the implication of that, you have explained that and you answered half of my question, but I just wondered whether there is a link to what this is going to look like now so we are really certain as to what it is going to look like.

The Bailiff:

Are you asking what the proposition will look like without paragraph (i) in it because that probably is entirely straightforward or are you asking what the fund instrument will look like without that word left in?

Deputy R.J. Ward:

Yes, that is probably clearer. Because we were effectively looking at this with that word removed but I suppose we just go back to the old version of it.

Deputy S.J. Pinel:

Sir, may I clarify?

The Bailiff:

Yes, of course you can.

Deputy R.J. Ward:

Sorry, I hope I made sense, Minister, sorry.

Deputy S.J. Pinel:

The word is not going to be removed now because that was the question that was raised last time, why would we remove it? When I mentioned at the very start it is the first Latin one of the proposition, not the part (iii), which is detailed into numerals (i), (ii) and (iii). It is the part (1): “By deleting the words ‘or philanthropic’ where they occur in the paragraph.” That has been removed from the proposition.

The Bailiff:

Does that assist, Deputy?

Deputy S.J. Pinel:

We are not deleting the word “philanthropic”.

Deputy R.J. Ward:

Yes, thank you, Sir. I think I have got it right in my head now.

The Bailiff:

I think, Deputy, if it assists you further, if one looks at the report immediately following the proposition the objects of the fund are set out under paragraph (a) and if the Minister had been moving part (i) of her proposition the words “or philanthropic” would have been removed but these are remaining in. It is as it is written there (a)(2).

Deputy R.J. Ward:

Thank you, Sir, that helps a lot. Thank you.

The Bailiff:

Thank you very much.

1.1.1 Senator K.L. Moore:

The Corporate Services Panel was grateful to the Assembly for supporting its call for further clarification on the lodged proposition. It was evident to the panel at the time that the Minister for Treasury and Resources needed to provide the Assembly with further information during the original debate and we are grateful to the Minister and others who have provided that information, and as the Minister has outlined in her speech this morning. Looking back, the panel requested that clarification was provided on the ambiguity as to the impact of the removal of the word “philanthropic” in the proposition and how the Jersey Community Foundation, given that it cannot give to individuals can properly and effectively be the administrator of the fund. Firstly, the panel is pleased to note that the Minister has decided not to ask the Assembly to approve the removal of the word “philanthropic” from the objects of the Ann Alice Rayner Fund at this time. However, the panel is and remains disappointed to note that when considering the ambiguity and the removal of that word “philanthropic”, the Minister’s comments did not make reference to the panel’s recommendation to provide specifically for nurses and patients in hospital in need, as well as hospital equipment or to pass comment in relation to correspondence, which was received by States Members from the Nursing Association, advising that this fund is inaccessible to its initial intended purpose. Although the Minister has indicated that through P.38/2001 the Assembly acknowledged that the 1952 obligations towards hospital equipment spend had, effectively, finished and that since the purpose of the fund has been to make awards to the needy, the panel has consistently advised that modernisation of hospital equipment may be needed in the future and the fund should still be open for applications in this respect, for example, the forthcoming debate on radiotherapy equipment or further need for M.R.I. (Magnetic Resonance Imaging) scanners or other such things. On the ability for the Jersey Community Foundation to successfully administrate the fund, it has been confirmed to the panel that the Charity Commissioner is content to permit such individual awards to be made for the duration of the pilot by the Community Foundation if the proposition is approved by the Assembly today but that this cannot be a permanent position. It is clear from the information supplied to the panel by the Charity Commissioner that this is an ancillary activity for the Jersey Community Foundation and a special agreement as any future permanent arrangement involving either the Community Foundation or another registered charity will need to ensure that it is not in conflict with its or another’s public benefit duty. In her comments paper the Minister notes that the proposal to undertake a pilot will help to develop future plans to improve governance and administration arrangements across all charitable funds. This appears to confirm the panel’s suggestions that P.92/2021 will set a precedent for the management of other gift funds held by Government. The Minister has committed to provide

an earlier interim update to Members after 12 months for the Ann Alice Rayner Fund in the form of a public report, which will be shaped by the Charity Commissioner and will provide his views on the suitability of a corporate income administrator as a long-term solution. This must prioritise correlated reference points, terms and confirmation on lines of accountability and they must be clear to the Assembly. It also remains unclear to the panel which stakeholders, other than the trustee, the Charity Commissioner, Charitable Funds Oversight Board and the Jersey Community Foundation, will be evaluating the success of the pilot scheme and this must be addressed by the Minister to inform debate. The Minister has confirmed to the panel that the review will consider the potential for an office of the public trustee. The model in which it may operate must be transparently communicated to the Assembly prior to change. The panel notes that the consultation process in relation to the specific component will be forthcoming before the end of the 18-month pilot programme and would suggest that the Minister commits to providing an update on the office of the public trustee consultation as part of the 12-month interim update, which will be reported to the Assembly. Given that the Charities (Jersey) Law was established in 2014 and the Jurats gave significant notice of their intended departure, as the Minister explained in her speech, the panel continues to find it concerning that a strategic transparent long-term solution has not been brought to the Assembly for debate today.

[10:00]

The proposition does not meet proper requirements or deal with the management of funds for charitable purpose effectively. It provides a sticking plaster and it is evident that she has not engaged proactively with important stakeholders, which is disappointing and leaves unanswered questions. That being said, we are content to adopt this proposition, minus Roman numeral (i) today but I guess if we were marking this work it would be could do better.

The Bailiff:

Thank you very much. Does any other Member wish to speak on the proposition? A question, Connétable, so there is no room for a question. You would like to speak.

1.1.2 Connétable M.K. Jackson of St. Brelade:

Sir, I wish to speak.

The Bailiff:

You would like to speak.

The Connétable of St. Brelade:

I meant to speak, Sir. Just very briefly, referring to the final paragraph of the proposition with regard to costs, the suggestion is that: "Costs for the pilot administrators will be recharged to the funds concerned." It does concern me that these things can run away and I would like to see a cap on that or some indication to Members what those costs might be. I would not wish to see the principal fund depleted by ongoing costs.

The Bailiff:

Thank you very much, Connétable. Does any other Member wish to speak on the proposition? If no other Member wishes to speak on the proposition, then I close the debate and call upon the Minister to respond.

1.1.3 Deputy S.J. Pinel:

I thank the chair of the Scrutiny Panel for her comments and had hoped that we had answered many of the Scrutiny questions in our comments to them. The whole idea of having a pilot scheme and reporting back after 12 months is so that we can inform the Assembly of progress, which is overseen by the Charity Commissioner of course, and also that there is still 6 months to address any problems that might have been brought forward in the review. There will be a huge amount of oversights of

the first 12 months of the administration of the Ann Alice Rayner Fund. It is a pilot programme, it is securely overseen. In answer to the Connétable of St. Brelade, the costs; I absolutely see where he is coming from, the Treasurer, as trustee as the accountable officer and will ensure that costs are regulated. With that I propose the proposition.

The Bailiff:

Thank you very much. I ask the Greffier to put a vote into the link. While that is happening, I saw an indication from Deputy Ward that you wish to speak. I am afraid that came in after the debate had been closed, Deputy.

Deputy R.J. Ward:

To be honest, Sir, I am having what is known as an I.T. disaster today, so I am having to reboot everything. Let us blame it on the internet, Sir, thank you.

The Bailiff:

We will do that. But, Deputy, if you wish to intervene and you do not think you are going to be called, when I begin to say then I close the debate you might want to interject so that we know that you want to speak.

Deputy R.J. Ward:

Okay, thank you, Sir.

The Bailiff:

Very well. I am not encouraging that for Members in general. I ask the Greffier to place a vote into the link and open the voting and ask Members to vote. If Members have had the opportunity of casting their votes ...

Deputy G.P. Southern of St. Helier:

Some of us have not, Sir. May I record my vote pour?

The Bailiff:

Pour, yes, certainly. Then I ask the Greffier to close the voting. The proposition has been adopted.

POUR: 39		CONTRE: 3		ABSTAIN: 0
Senator I.J. Gorst		Senator S.Y. Mézec		
Senator L.J. Farnham		Deputy R.J. Ward (H)		
Senator J.A.N. Le Fondré		Deputy C.S. Alves (H)		
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				

Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

The Assistant Greffier of the States:

Those Members voting contre are: Senator Mézec, Deputy Ward and Deputy Alves.

2. Future Ambulance, Fire & Rescue Headquarters: Commemorating the Service of Connétable Len Norman (P.103/2021)

The Bailiff:

The next item of Public Business is the Future Ambulance, Fire & Rescue Headquarters: Commemorating the Service of Connétable Len Norman, P.103, lodged by the Minister for Home Affairs and I ask the Greffier to read the proposition.

The Assistant Greffier of the States:

The States are asked to decide whether they are of opinion that the proposed future Ambulance, Fire & Rescue Headquarters, wherever it may be located, should be named in honour of the late Connétable Len Norman of St. Clement and his record of public service.

2.1 Deputy G.C. Guida of St. Lawrence (The Minister for Home Affairs):

I was extremely fortunate, having just joined the States, to have been offered the opportunity to work with 2 great men in the 2 Ministries I was most interested in. I will not do the written vibrant obituary of Deputy John Young just yet but I would like to pay tribute once more to Len Norman, who was both a mentor and a friend. Constable Len Norman was first elected to the States on 17th June 1983 as Deputy of St. Clement. He was re-elected in that post 3 times and then became the Constable of

St. Clement of his own Parish for 3 consecutive terms. At the time of his passing Constable Len Norman was the longest serving Member of the Assembly. During his time as a Member he served as an Assistant Minister for Economic Development and chaired the Social Security Committee, Housing Committee, Education Committee, the Privileges and Procedures Committee, the Harbours and Airports Committee, the Commonwealth Parliamentary Association Jersey branch and the Comité des Connétables. When speaking to the BBC in 2021 about why he dedicated his life to politics, Len said: "I want to try to make things a little bit better for the people of St. Clement and the people of the Island. In a small way I hope I have been able to do that." There is no doubt that he did exactly that, leaving a trail of improvements wherever he went, both inside and outside the States, using a clever mix of understated diplomacy and unwavering strength exactly where needed. Nowhere was this more in evidence than when we discussed deportation orders together where he showed an equal measure of compassion and resolve, never afraid to make the tough decisions. His keen sense of politics was legendary and very impressive to watch from close quarters. I was only half surprised when I learnt that he had been a chess champion in his youth. Len just loved Home Affairs. He had accepted to leave it at reasonably short notice and without premeditation but he found an organisation that matched his style and which he was uniquely enveloped by the fight to lead. The biggest programme he inherited was the renewal of the fire and ambulance station. This was only an idea when he arrived and was entirely developed under his supervision. After many consultations, surveys, experiments, reviews and many, many draft designs, we now have a certain project which is budgeted and ready to go. I think it befitting for Len's memory by naming this new building - not the largest, not the most gold, not the most expensive but rather the most important for Jersey's residents - after him; Len Norman Fire & Ambulance Station. I ask the States Members to support me in this.

The Bailiff:

Is the proposition seconded? [**Seconded**] Does any Member wish to speak on the proposition?

2.1.1 Deputy M.R. Le Hegarat of St. Helier:

It is difficult for me today because I will not be supporting this proposition. This has nothing to do with Constable Len Norman. I had a lot of respect for him and in fact voted for him when he took the Senatorial elections. I think he has done the Island proud and I think he has looked after his parishioners well. However, I am not a supporter of naming buildings or places after people. I am not a supporter of statues. For me, this is very, very difficult because I have to stick with the principle that I feel; this is not the right decision. I think there is maybe a better or more different way that we could honour Len Norman than naming a building after him. It is with regret that I cannot support this proposition and it makes me very sad.

The Bailiff:

Thank you, Deputy. Does any Member wish to speak on the proposition? If no other Member wishes to speak on the proposition, then I close the debate and call upon Deputy Guida to respond.

2.1.2 Deputy G.C. Guida:

I suppose there is nothing I can say about the intimate conviction of Deputy Le Hegarat. I would just like to maintain the proposition, please.

The Bailiff:

Certainly. I ask the Greffier to place a voting link into the Chat.

Connétable M. Troy of St. Clement:

Sir, Constable Troy here, I cannot get a voting link, nor can I get into the chat.

The Bailiff:

We will just wait until I open the voting and then you can indicate it. I open the voting, ask Members to vote. The Connétable of St. Clement, you wish to register a vote?

The Connétable of St. Clement:

Yes, I wish to register pour, please.

The Bailiff:

As a matter of a practice it would be of assistance if Members could not register their votes in the chat until after I have formally opened the voting, otherwise it is not always easy to see. But I have noted the Connétable of St. Saviour, Deputy Maçon and the Connétable of St. Helier. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The proposition has been adopted.

POUR: 40		CONTRE: 1		ABSTAIN: 0
Senator I.J. Gorst		Deputy M.R. Le Hegarat (H)		
Senator L.J. Farnham				
Senator J.A.N. Le Fondré				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Ouen				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				

Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy S.M. Ahier (H)				
Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

3. Draft Financial Services Commission (Amendment No. 8) (Jersey) Law 202- (P.104/2021)

The Bailiff:

The next item of Public Business is the Draft Financial Services Commission (Amendment No. 8) (Jersey) Law, P.104, lodged by the Minister for External Relations and Financial Services and I ask the Greffier to read the citation.

The Assistant Greffier of the States:

Draft Financial Services Commission (Amendment No. 8) (Jersey) Law 202-. A law to amend further the Financial Services Commission (Jersey) Law 1998. The States, subject to the sanction of Her Most Excellent Majesty in Council, have adopted the following law.

The Bailiff:

Deputy Le Hegarat, I have here “speak before it starts”; I am not sure what it refers to.

Deputy M.R. Le Hegarat:

I want to, Sir, declare that, potentially, this could be a conflict of interest for me.

The Bailiff:

What would be the nature of that conflict of interest then?

Deputy M.R. Le Hegarat:

My husband is a money-laundering reporting officer in a financial institution. This law change will bring that role into the remit of key persons and, therefore, will be a possibility of civil penalties.

[10:15]

Therefore, ultimately, although this would not be of financial benefit, Sir, to me, it could, potentially, be a detriment to me. I just wanted to raise that to ensure that I was not conflicted.

The Bailiff:

Yes, it is not a direct financial interest and I think it is almost certainly one that you would hold in common with a number of other people, although it would be difficult to say how many those people would be. Bear with me for a moment. Yes, you have declared the interest but you are not required to withdraw or anything like that from the debate of the proposition.

Deputy M.R. Le Hegarat:

Okay, thank you, Sir.

The Bailiff:

Thank you very much indeed. Yes, Minister. Sorry, we have read the citation, I have got slightly lost.

3.1 Senator I.J. Gorst (The Minister for External Relations and Financial Services):

I have got 4 pieces of legislation in this sitting and I will take this first one. My Assistant Minister will be taking the next 2 about the Banking Resolution Authority and then I will duck in again with the Proceeds of Crime (Supervisory Bodies). Jersey is a leading and well-regulated international finance centre and it is critical to maintain its reputation and, therefore, its prosperity through its support for the global fight against financial crime, money laundering and the financing of terrorism. Money laundering, as we know, is the process through which criminals give the appearance of legitimacy to the proceeds of crime. It is, unfortunately, an expanding and increasingly international phenomenon. Current estimates by MONEYVAL of money laundered worldwide range from 500 billion dollars to 1 trillion dollars with, of course, disastrous effects on the global economy and upon the larger society. The international community and society at large include the people of Jersey. We are exposed to the negative effects of money laundering and terrorist financing with detrimental impacts on our economy, on the world economy and security, health and safety. But in order to prevent these negative economic, security and social consequences as far as possible, we in Jersey's Government have made several critical commitments to combat financial crime and illicit finance, while protecting the integrity of the international financial system from misuse. These efforts are based on the standards developed by the F.A.T.F. (Financial Action Task Force) because it is the global money laundering and terrorist financing watchdog. The intergovernmental body sets international standards that aim to prevent these illegal activities and the harm they cause to society. The F.A.T.F. have developed and revised 40 recommendations, which ensure a co-ordinated global response to prevent organised crime, corruption and terrorism and more than 200 countries and jurisdictions, including us, committed to implementing the recommendations. F.A.T.F. recommendation 35 specifically requires countries to ensure that there is a range of effective, proportionate and dissuasive criminal, civil or administrative penalties available to deal with natural or legal persons which fail to comply with anti-money laundering and countering the financing of terrorism requirements and that these penalties are applicable to financial institutions and Designated Non-Financial Businesses and Professions, referred to as D.N.F.B.P.s; for example, casinos, real estate agents, accountants, lawyers, et cetera and that these penalties are applicable to directors, as well as senior management of financial institutions and D.N.F.B.P.s. In order to implement an effective, proportionate and dissuasive civil financial penalties regime available to the Jersey Financial Services Commission, with respect to A.M.L./C.F.T. (Anti-Money Laundering/Countering Financing of Terrorism) requirements in line with this recommendation and the national commitments, the amendments contained in this law amendment are required. It makes several amendments to the Financial Services Commission (Jersey) Law 1998, which, as Members know, has been amended previously as well. Under the current provisions of the J.F.S.C. (Jersey Financial Services Commission) Law, the Commission can only impose a financial penalty for contraventions of the codes of practice, whereas this amendment means that the Commission will be able to impose financial penalties for significant and material contraventions of the Money Laundering (Jersey) Order 2008. That means, of course, that if the States approve this amendment today, then I will go and amend the Money Laundering Order as well. This amendment looks to extend the existing civil financial penalties regime already available to the Commission to deal with natural or legal persons which fail to comply with anti-money laundering and countering the financing of terrorism requirements, and that the regime is applicable to financial institutions, as well, as I have said to you, Designated Non-Financial Businesses and Professions and to their senior management, including principal and key persons. It was in 2015 or the Amendment No. 6 that granted the Commission power to impose civil penalties. It is the Financial Services Commission (Financial Penalties) (Jersey) Order 2015 which sets certain parameters for the imposition of a financial penalty. As I have said, the Order Amendment No. 2 will be required if this amendment is approved. That Order amendment will look to increase the overall effectiveness and dissuasiveness of the regime by way of removing the existing absolute penalty caps for legal entities and use relative caps only. Thus,

any future financial penalty will be limited to a maximum of 8 per cent of the entity's annual average turnover. This also removes the potential disadvantage for smaller firms with regards to enforcement outcomes. Moreover, the calculation base for financial penalties moves from the contravening entity's relevant income to its turnover and the Order amendment, thus, also introduces a definition of turnover. Combination of these amendments and the Order amendment will increase the overall effectiveness, proportionality and dissuasiveness of the existing civil financial penalties regime. Furthermore, implementing both amendments will help to align the existing regime with international standards, as I have said, especially recommendation 35 and best practices was providing for fairer and more equitable enforcement action outcomes. Both amendments have been subject to extensive consultations with the Commission and with representatives from the finance industry, including Jersey Finance. We are content that the proposed amendments strike a pragmatic and sustainable balance between industry needs and the jurisdiction's requirement to meet international A.M.L./C.F.T. standards in order to maintain Jersey's reputation and, ultimately, its prosperity. Members will be aware and I know that my Scrutiny Panel are and I am grateful for their engagement that they have provided in this regard, that we will be expecting an on-site visit by MONEYVAL in 2023 and there are a number of legislative amendments and changes which will need to be brought forward prior to that. I beg the indulgence of the Assembly now in recognising that over the course of the coming weeks prior to the election we will have a number of financial crime improvement pieces of legislation, which will require the States consideration in the run-up to the election. I apologise for that, I realise it is less than ideal but, equally, the timing of the visit is not determined by ourselves and we need to be prepared. I maintain the amendment in First Reading.

The Bailiff:

Thank you very much indeed, Minister. Is it seconded for First Reading? **[Seconded]**

3.1.1 Deputy D. Johnson of St. Mary:

The Economic and International Affairs Scrutiny Panel had a briefing on this and other related instruments from the department, for which we are grateful. Following on from that we sought clarification on a number of matters and I hope Members will have had the opportunity to have seen our comments paper on the matter. As the Minister said, the forthcoming MONEYVAL inspection is of concern to us all and the panel, like all Members I am sure, appreciate our need to have all necessary Regulations in place on this Island. The panel has considered the proposition, has made various comments, and I think I can no better than refer to our concluding paragraph in our comments paper, which says that we do accept the Minister's conclusion that they strike a pragmatic and sustainable balance between industry needs and the Island's requirements to meet those international commitments. The panel, therefore, will be supporting the proposition and I hope other Members will do likewise.

3.1.2 Deputy K.F. Morel of St. Lawrence:

It is really to ask a question of the Minister. While fully appreciating the motivation for this proposition is to fulfil the requirements set down by F.A.T.F. and MONEYVAL, I was wondering if the Minister, particularly in regard to the extension of civil penalties to officers, to a wider range of employees in any given company, if any thought had been given to the possibility that this will drive wage inflation within the industry, particularly within financial services but also those non-financial-related industries that fall under the Anti-Money Laundering Order. Because naturally when somebody finds out that they now, potentially, run the risk of civil prosecution, so to speak, or of a greater likelihood of criminal prosecution, people see that as extra responsibility and require greater wages as a result. I would be very keen to understand if the Minister has done any research in this area.

The Bailiff:

Thank you very much. Deputy Young, do you have a question for the Attorney General?

Deputy J.H. Young of St. Brelade:

Yes, Sir. I noticed in the Human Rights statement at the beginning, this seems to be quite an important principal that I think Deputy Morel has touched on, where what we are doing here is extending the civil penalties into employees, rather than principals, employees as people running our financial services businesses. Of course the issue, I have always seen money-laundering issues as a matter of criminality and, therefore, of course one is probably aware of the safeguards that exist in the event of criminal prosecutions but here we have got the imposition of civil penalties. Would the Attorney General please, maybe he may not be able to do this easily, but just to explain basically what the safeguards are in this piece of law we are applying, which will extend civil penalties in a much broader context? There seems to be quite an important difference between criminal punishments, as it were, and a civil penalty.

The Bailiff:

Mr. Attorney, are you able to assist immediately or would you like a little time?

Mr. M.H. Temple Q.C., H.M. Attorney General:

Sir, I think I can assist immediately.

The Bailiff:

Thank you, please do.

The Attorney General:

Civil penalties, as the Minister has rightly said, are different from any criminal prosecution. For example, the burden of proof is a lesser burden of proof, it would be on the civil standard of balanced probabilities rather than the criminal standard of beyond reasonable doubt. But, nevertheless, there will be safeguards for persons who are the subject of a civil penalty procedure. The J.F.S.C. is used to dealing with civil penalties in another context and it has a publicly-published process for that regime. Persons are entitled to the assistance of a lawyer in preparing their response to a civil penalty procedure.

[10:30]

Most importantly, there is a right of appeal from any civil penalty to the Royal Court and so that is a very important safeguard. As the human rights notes explain, that that is sufficient in itself for the law to be compliant with the E.C.H.R. (European Convention on Human Rights). I hope that brief explanation perhaps assists the Minister with his concerns.

Deputy J.H. Young:

Thank you, Sir, very, very clear and I am grateful for seeing that on the record.

3.1.3 Connétable R.A. Buchanan of St. Ouen:

I am sure it will come as no shock to Members that I will of course be supporting my Minister in this. But I just want to make a couple of comments to add some context of this. As Members will know, we have been working very hard behind the scenes to ensure that we pass the MONEYVAL assessment and indeed a significant amount of money was allocated in the most recent Government Plan. Of course our department remains committed to meeting international standards. I think I see the outcome of not meeting this or fails the MONEYVAL assessment could have a devastating effect on our economy. Recent research by the I.M.F. (International Monetary Fund) suggested jurisdictions which are listed by F.A.T.F. on their so-called grey list could lose on average about 7.5 per cent of their capital inflows. It is fair to assume that for an economy, which is heavily reliant on financial services, is now looking indeed to be higher. This is a realistic possibility, as we have seen

with other countries that have not met the bar, so to speak. Caymans was recently grey-listed by the F.A.T.F. last year and has recently been added to the list of high-risk third countries. This is not good news for Caymans, it would make it much more difficult and costly for E.U. (European Union) institutions to invest in Cayman structures. We are already seeing an example of investment companies leaving Cayman for this reason. It is not just Caymans that has had this problem. Malta was also grey-listed by F.A.T.F. in June last year and only 3 months later one of the big 4 accountancy firms published in the 17th edition of its annual Malta attractiveness survey, which measures the island's attractiveness to foreign investors and the result was staggering. The attracted index plummeted from 62 per cent in 2020 down to 37 per cent in 2021. In addition we are aware of the number of businesses who have already revoked their licences in order to leave the jurisdiction. I am not making this point to scare Members, I just want to put some context on what we are trying to do in financial services to pass the bar of the MONEYVAL forthcoming inspection, which is absolutely crucial for our Island's prosperity and reputation. I would urge you, along with the Minister, to support this proposition today, please.

The Bailiff:

Thank you very much, Connétable. Does any other Member wish to speak on the principles? If no other Member wishes to speak on the principles, then I close the debate and call upon the Minister to respond.

3.1.4 Senator I.J. Gorst:

I will start by saying I am grateful to the Attorney General for dealing with the question from the Minister for the Environment in a clear way and of course mindful, as my Assistant Minister reminded us, that it is absolutely imperative that we are prepared, not only from a legislative point of view but also right across the authorities which are involved in ensuring that we are not used for money laundering and the financing of terrorism, that we can show that we have effective safeguards in place in action, as well as in legislation. This we see from civil penalties previously issued that they are working, and this is a reasonable and proportionate approach to extending that provision. We have consulted widely with industry. We even had a Town Hall, difficult to do in these times but we did and there has been divided opinion, as one would expect. But we have made amendments to the legislation to make sure that what is proposed is proportionate. I come to the question from the Assistant Minister for Economic Development, Tourism, Sport and Culture and, as he knows, wage inflation for skilled employees is already a challenge right across the economy, and that is no different in financial services. Some of the consultation responses that we had to this piece of legislation raise exactly that point, that we already are finding it difficult in our Island to retain and recruit good compliance people, good money-laundering officers. We recognise that this will not make that situation any easier and in all likelihood will aggravate it. But that is not sufficient reason for us to not amend our defences against using Jersey for the purposes of money laundering or financing of terrorism. Because, as the Assistant Minister reminded us, the possibility of not passing this test, as it were, and not showing ourselves to continue to be in the very highest quartile of international finance centre would have a far more detrimental economic effect to businesses and to the future prosperity of the wider community. The concerns that the Assistant Minister is raising are valid concerns, we are seeing those difficulties right now. I, together with my officials, are working with Jersey Finance and right across industry to develop measures to support in this regard. There do not appear to be any easy solutions, so it will be an issue which will be the case for the present time. But we do need to work together to ensure in the medium term that we hope to alleviate some of these issues and that is through skills training, be that through C.Y.P.E.S. (Children, Young People, Education and Skills), working with the Jersey Financial Services Commission as well because I think they have an important role to play in upskilling right across our community. I think there is also, of course, an element of technology that can help in the shortage of skilled staff as well. Despite

that I still fundamentally believe that this enhancement to our defences is proportionate and appropriate. As I say, I ask Members to support this amendment in the First Reading.

The Bailiff:

Thank you very much. I will just ask the Greffier to place a voting link into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The principles have been adopted.

POUR: 43		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator J.A.N. Le Fondré				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				

Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

The Deputy of St. Mary, I assume from what you said earlier your panel does not want to call this in.

The Deputy of St. Mary (Chair, Economic and International Affairs):

No, Sir, we do not.

The Bailiff:

Thank you very much. Then, Minister, how do you wish to deal with the matter in Second Reading?

3.2 Senator I.J. Gorst:

Yes, I will take the Articles *en bloc*. They are straightforward, as Members have indicated. They have a good understanding of what this amendment entails. I will not speak to the Articles at this point but I will endeavour to answer any questions that may arise.

The Bailiff:

Are the Articles seconded for Second Reading? **[Seconded]** Does any Member wish to speak in Second Reading? If no Member wishes to speak in Second Reading, then I close the debate and I ask the Greffier to put a voting link into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, I ask the Greffier to close the voting. The Articles have been adopted in Second Reading.

POUR: 39		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				

Deputy of Grouville			
Deputy K.C. Lewis (S)			
Deputy J.M. Maçon (S)			
Deputy S.J. Pinel (C)			
Deputy of St. Martin			
Deputy L.M.C. Doublet (S)			
Deputy R. Labey (H)			
Deputy S.M. Wickenden (H)			
Deputy of St. Mary			
Deputy G.J. Truscott (B)			
Deputy J.H. Young (B)			
Deputy L.B.E. Ash (C)			
Deputy K.F. Morel (L)			
Deputy G.C.U. Guida (L)			
Deputy of St. Peter			
Deputy of St. John			
Deputy M.R. Le Hegarat (H)			
Deputy S.M. Ahier (H)			
Deputy R.J. Ward (H)			
Deputy C.S. Alves (H)			
Deputy K.G. Pamplin (S)			

Minister, do you move the law in Third Reading?

Senator I.J. Gorst:

I do, Sir, thank you.

The Bailiff:

Is it seconded for Third Reading? **[Seconded]** Does any Member wish to speak in Third Reading? If no Member wishes to speak in Third Reading, then I close the debate and ask the Greffier to place a vote into the link. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The law has been adopted in Third Reading.

POUR: 40		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator S.C. Ferguson				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				

Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

4. Draft Bank (Recovery and Resolution - Amendment of Law) (Jersey) Regulations 202- (P.105/2021)

The Bailiff:

The next item is the Draft Bank (Recovery and Resolution - Amendment of Law) (Jersey) Regulations, P.105, lodged by the same Minister and I ask the Greffier to read the citation.

The Deputy Greffier of the States:

Draft Bank (Recovery and Resolution - Amendment of Law) (Jersey) Regulations 202-. The States make these Regulations under Article 172 of the Bank (Recovery and Resolution) (Jersey) Law 2017.

The Bailiff:

Minister, I cannot recall who you said was going to act as rapporteur.

Senator I.J. Gorst (The Minister for External Relations and Financial Services):

My Assistant Minister, Sir, the Connétable of St. Ouen, please, for this one and the next item.

4.1 The Connétable of St. Ouen (Assistant Minister for External Relations and Financial Services - rapporteur):

When the financial crisis broke in 2008, like most jurisdictions Jersey did not have a formal regime for dealing with failing banks. Most of the actions that ensued were taken in large jurisdictions where the banks had failed, were headquartered, mostly consisting of bailouts in the U.K. (United Kingdom). Since then Jersey, like other jurisdictions, has developed a bank resolution regime to address this gap.

[10:45]

The Jersey resolution regime provides tools needed to allow banks to fail in an orderly way, minimising the risks to their customers and Jersey taxpayers. The Bank (Recovery and Resolution) (Jersey) Law 2017 was adopted by the States on 14th February 2017. It was sanctioned by order of Her Majesty in Council on 3rd May 2017 and registered in the Royal Court on 12th May 2017. The reason for the implementation of the new law is set out in detail in the report attached to P.134, which I will summarise shortly. It establishes authority to limit the risk of bank failure with the Jersey Resolution Authority. Should Members adopt this proposition that proposes a technical amendment to the law I will then bring forward P.106/2021, which is the Commencement Act, to bring the law into force on 31st January this year. I will now move the specific amendment to this proposition. However, before moving to the amendment, I think it may be helpful to explain that background to the Bank (Recovery and Resolution) (Jersey) Law. As I said, the Commencement Act is the next item on the Order Paper after this one. Following the financial crisis the G20 formed the Financial Stability Board, which went on to formulate and publish its key attributes, reflective resolution regimes for financial institutions. Within this framework many jurisdictions implemented resolution regimes with the right tools for dealing with a bank in financial difficulty. The law draws mainly from the E.U.'s (European Union) Bank Recovery and Resolution Directive and is aligned with the U.K. approach. The law has been drafted with the aim of ensuring that Jersey is sufficiently well-equipped to be able to assist a foreign jurisdiction in respect of a resolution action being taken on a bank conducting business in Jersey and to deal with the scenario in which a bank in Jersey would fail and local powers would be needed to resolve the Jersey business of the bank in question. The law provides the creation of the Jersey Resolution Authority, which is needed in order to carry out the various functions of a public body under the law. The Jersey Resolution Authority will work with banks to create resolution plans outlining steps that will be taken should the bank get into difficulty. This is based on information provided to the authority by banks and their co-ordination with third-country regulators and, in particular, the Bank of England. In the years since the law was adopted in 2017 a number of different approaches for implementing it have been explored. There are also a number of potential structures for the Jersey Resolution Authority, which broadly sit between operational independence and cost effectiveness. Operational independence is a key principle for an effective Resolution Authority operating independently from the Jersey Financial Service, supervisory decisions and not accountable for any real or perceived supervisory actions that may occur in advance of a bank failure. However, in a small jurisdiction like ours, cost effectiveness is also vital. It is proposed to establish an independent Jersey Resolution Authority whose core operational functions include the employment of staff that takes place within the Jersey Financial Services Commission. The internal governance, payroll, H.R. (Human Resources) and so on would all operate within the existing J.F.S.C. structure. But with the decision-making in relation to bank resolution matters, the ultimate responsibility for the authority's functions would sit with the authority. This Assembly has been given notice by the Minister for External Relations and Financial Services of the intention to appoint Mike Mitchell as the chair of the authority by R.116/2021. Subsequently, the States has been given notice of the Minister's intention to appoint Katherine Hitchins, Monique O'Keefe and Jill Britton to be members of the authority in R.173. Monique

O’Keefe and Jill Britton are currently vice-chair and director general of the J.F.S.C. respectively. The law currently as drafted requires a representative of the Minister to sit on the board, however, in order to preserve the independent decision-making of the authority it is proposed to remove this requirement, which will be done by a Ministerial Order. This is in line with international norms. It is worth noting that many jurisdictions have established their bank resolution authority within the Central Bank or a securities regulator, such as the J.F.S.C. This is in line with the key attributes for effective resolution in the global Financial Stability Board. In normal times the proposed model would act much like this with the J.F.S.C. sitting alongside J.F.S.C. bank supervisors. However, in a small jurisdiction when dealing with matters as serious as a bank failure, it can affect each and every one of us and the reputation of the Island, independent decision-making is important. Members should be assured that the cost of the authority will be funded solely by the banks and not the taxpayer. The authority designate, under the chair designate of Mike Mitchell, have agreed a fees model, which is being consulted on publicly and responded to by the Jersey Bankers Association. Many preparations have been taking place to establish the authority on 31st January 2022 and I should like to thank those colleagues at the J.F.S.C. and the designate members of the Jersey Resolution Authority for their efforts. I am also grateful to Deputy Johnson’s Economic and International Affairs Scrutiny Panel for their engagement, which has been extremely helpful. I would like to move now to the amendment specifically. In summary, this proposition allows for a short delay to the provision of the law, which banks would not legally be able to comply with from 31st January 2022; the date the law is planned to come into force. The issue concerned is contractual recognition of bail-in. Bail-in is a tool developed by policy makers to provide relief to a financial institution on the verge of failing. It requires the creditors of a bank to write down their debt, in turn reducing the risk that taxpayers’ funds will be called on to support the bank. In a number of respects bail-in is the opposite of a taxpayer bail-out; the bank’s creditors are requested to support the bank, rather than a bail-out being requested from the taxpayer. Article 72 of the law requires banks to contractually recognise the possibility that instruments may be converted by a bail-in in their legal agreement with investments. As the majority of banks are part of international groups, headquartered in large jurisdictions with sophisticated resolution net frameworks, they will have, to a significant extent, apply it with the principle of the Article. However, to fully comply they need to have worked with the Resolution Authority to agree the exact requirements that should be reflected in those legal contracts. As such, where Article 72 has come into force at the same time as the rest of the law, banks would immediately find themselves in breach of the strict requirements of the Article through no fault of their own. This proposition, therefore, proposes to amend Article 72 so that it can be brought into force at a later date; at a date later than the date when the law comes into force. This date would be set by order of the Minister for External Relations and Financial Services. This order and the accompanying date will be developed on the advice of the Jersey Resolution Authority, having worked with each bank in Jersey. Notice would be given to the Jersey Bankers Association and this Assembly in the usual manner. I move the principles.

The Bailiff:

Thank you very much, Connétable. Are the principles seconded? **[Seconded]**

4.1.1 The Deputy of St. Mary:

Just to confirm, as the Assistant Minister said, that we have engaged with his department on this matter. I do not think we will add very much to what has already been said and we support the proposition.

Deputy K.F. Morel:

I would just be grateful if the Assistant Minister could ... I apologise, I am speaking ahead of myself. Sorry, Sir, I withdraw my request to speak.

The Bailiff:

All right. Does any other Member wish to speak on the principles? If no other Member wishes to speak on the principles, then I call upon the Connétable of St. Ouen to respond.

4.1.2 The Connétable of St. Ouen:

I would just like to thank Deputy Johnson and his panel for their engagement on this because, as always, it has been very helpful and I look forward to hearing Deputy Morel’s question as and when he asks it, Sir, so I ask for the appel please.

The Bailiff:

Yes, Connétable of St. Ouen, there is no such person as Deputy Johnson. There is the Deputy of St. Mary.

The Connétable of St. Ouen:

I apologise, Sir.

The Bailiff:

I ask the Greffier to place a vote into the link. We appear to be hearing conversations going on that are nothing to do with the Assembly. Could people please check that they do not have their microphones turned on when other things are going on around them? Thank you. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The principles have been adopted.

POUR: 43		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				

Deputy of St. Ouen			
Deputy L.M.C. Doublet (S)			
Deputy R. Labey (H)			
Deputy S.M. Wickenden (H)			
Deputy of St. Mary			
Deputy G.J. Truscott (B)			
Deputy J.H. Young (B)			
Deputy L.B.E. Ash (C)			
Deputy K.F. Morel (L)			
Deputy G.C.U. Guida (L)			
Deputy of St. Peter			
Deputy of St. John			
Deputy M.R. Le Hegarat (H)			
Deputy S.M. Ahier (H)			
Deputy J.H. Perchard (S)			
Deputy R.J. Ward (H)			
Deputy C.S. Alves (H)			
Deputy K.G. Pamplin (S)			
Deputy I. Gardiner (H)			

Deputy of St. Mary, I assume that, from what you said, your panel does not wish to call this in.

The Deputy of St. Mary (Chair, Economic and International Affairs):

That is correct, Sir. We do not, thank you.

The Bailiff:

Do you wish to deal with the matter in Second Reading then, Connétable?

4.2 The Connétable of St. Ouen:

Yes, please, Sir. There are only 2 Regulations and I would be grateful if the Assembly will take them *en bloc* please, Sir.

The Bailiff:

Do you wish to speak to them or do you wish to just answer questions?

The Connétable of St. Ouen:

No, I am very happy just to answer questions after the debate, Sir.

The Bailiff:

Thank you very much. Are the Regulations seconded for Second Reading? **[Seconded]** Does any Member wish to speak in Second Reading? If no Members wishes to speak in Second Reading, then I close the debate and ask the Greffier to place the vote into the link. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The Regulations have been adopted in Second Reading.

POUR: 41		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				

Senator J.A.N. Le Fondré				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

Do you move the Regulations in Third Reading?

The Connétable of St. Ouen:

Yes, Sir. I do.

The Bailiff:

Are they seconded for Third Reading? **[Seconded]** Does any Member wish to speak in Third Reading? If no Member wishes to speak in Third Reading, then I close the debate and ask the Greffier to place a vote into the link which will happen very shortly. I open the voting and I ask Members to vote. I have already recorded the vote of the Connétable of St. Saviour. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting.

[11:00]

The Regulations have been adopted in Third Reading.

POUR: 40		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				

Deputy S.M. Ahier (H)			
Deputy J.H. Perchard (S)			
Deputy R.J. Ward (H)			
Deputy C.S. Alves (H)			
Deputy K.G. Pamplin (S)			
Deputy I. Gardiner (H)			

5. Draft Bank (Recovery and Resolution - Commencement of Law) (Jersey) Act 202- (P.106/2021)

The Bailiff:

Very well, the next matter is the Draft Bank (Recovery and Resolution - Commencement of Law) (Jersey) Act 202-, (P.106/2021), lodged by the same Minister and I ask the Greffier to read the citation.

The Deputy Greffier of the States:

Draft Bank (Recovery and Resolution - Commencement of Law) (Jersey) Act 202-. The States make this Act under Article 178 of the Draft Bank (Recovery and Resolution (Jersey) Law 2017.

5.1 The Connétable of St. Ouen (Assistant Minister for External Relations and Financial Services - rapporteur):

I should like to thank Members for their support of P.105 and I would like to move the Commencement Act for the Bank (Recovery and Resolution (Jersey) Law 2017. As I have already outlined in the background to this law in the previous debate, I will very briefly summarise the purpose of the law here. The law provides a framework for dealing with banks who fail or are likely to fail and provides that, in more normal times, plans are in place and co-ordinated internationally to deal with that risk. This is a core international standard for a modern banking centre following a financial crisis. In order to achieve this, the law provides for the creation of a Jersey Resolution Authority. The Jersey Resolution Authority will work with banks to create a resolution plan outlining the steps that will be taken should a bank get into difficulty. This is based on information provided to the authority by the banks and in co-ordination with third party regulators particularly, in our case, the Bank of England. I have already discussed the different potential approaches to instructing the authority and these are discussed in the report for this proposition. I hope Members will agree that having an independent authority is a key to preserving clear independent decision-making should, touch wood, the authority ever have to resolve a bank. Equally, in keeping with its activities in proportion to our Island is vital as the J.F.S.C. Before making the proposition, I would like to reiterate my thanks to those colleagues in Jersey Financial Services, designated members of the Resolution Authority, for their efforts in getting the authority up and running from 31st January. I am really grateful to the Deputy of St. Mary's Economic International Affairs Scrutiny Panel for their engagement. I promised Members a brief summary. I have already discussed the background of the law in the previous proposition. As such, should Members agree, I would like to make this proposition.

The Bailiff:

Thank you very much. Is the proposition seconded? [**Seconded**] Does any Member wish to speak on the proposition?

5.1.1 The Deputy of St. Mary:

Very briefly, Sir. I apologise for not having given my confirmation when speaking on the previous proposition. Likewise, Sir, we support this proposition for the same reasons.

5.1.2 Deputy K.F. Morel:

I would be really grateful if the Assistant Minister could explain a bit more about how the Resolution Authority will maintain its independence given that it is being embedded within the J.F.S.C. In his report he says himself that if it is independent, the authority can act independently without this judgment being blurred or being seen to be blurred by the actions of any other body. The trouble is that he is embedding this within the J.F.S.C. That is another body and obviously most of us most of the time believe the J.F.S.C. is acting in the interests of the Island absolutely but there could be differences of opinion there and this much smaller authority is, in my view, at risk of having its judgment blurred or being seen to be blurred by the actions of another body. That could happen. While I appreciate all the reasons of cost effectiveness, I would really appreciate to have a greater level of detail and understanding of how that independence and independence from being influenced will be maintained.

The Bailiff:

Thank you, Deputy. Does any Member wish to speak on the proposition? If no other Member wishes to speak on the proposition, then I close the debate and call upon the Connétable of St. Ouen to respond.

5.1.3 The Connétable of St. Ouen:

I thank the Deputy for this question and I think, on the face of it, it is a perfectly reasonable point to make but it is quite clear to me, and I am sure it is quite clear to the chair of the Resolution Authority, that they are the authority in matters of bank resolution and whereas they will be assisted by the Jersey Financial Services Commission and have 2 senior officials on the board, it is quite clear to them that the decisions they make will be their own decisions and they will not be influenced by any regulatory concerns. They will also have in their possession information which the regulator may or may not have or may not have in an up-to-date format but I think certainly from my perspective, having worked with the regulator as a managing director and I am aware of the information they collect, the bank resolution authority will be using and collecting different information and will effectively be making independent decisions which are not entirely based on regulatory considerations. However, they will of course be relying on assistance from the regulator who, as I am sure the Deputy knows, plays a crucial role in regulating banks at the moment,. But the Resolution Authority's remit is much wider than regulator considerations and I am entirely satisfied that they will make independent decisions but they will of course be co-ordinating those decisions and taking advice from the regulator as they feel is appropriate, but it is a separate board and they have separate responsibilities and I am sure they will discharge those in the way that they have to. On that basis, I make the proposition.

The Bailiff:

Very well. I ask the Greffier to place the voting link into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The proposition has been adopted.

POUR: 43		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator J.A.N. Le Fondré				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				

Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy R.J. Ward (H)				

6. Draft Proceeds of Crime (Supervisory Bodies) (Amendment No. 2) (Jersey) Law 202-(P.109/2021)

The Bailiff:

The next item is the Draft Proceeds of Crime (Supervisory Bodies) (Amendment No. 2) (Jersey) Law, P.109, lodged by the Minister for External Relations and Financial Services and I ask the Greffier to read the citation.

The Deputy Greffier of the States:

The Draft Proceeds of Crime (Supervisory Bodies) (Amendment No. 2) (Jersey) Law 202-. A law to further amend the Proceeds of Crime (Supervisory Bodies) (Jersey) Law 2008. The States, subject to the sanction of Her Most Excellent Majesty in Council, have adopted the following law.

6.1 Senator I.J. Gorst (The Minister for External Relations and Financial Services):

This is another tidying up, as it were, rather than an extension piece of legislation in light of ensuring that we meet the F.A.T.F. 28 Regulation and supervision of D.N.F.B.P.s and that requires that the A.M.L./C.F.T. supervisor, and of course that is the Jersey Financial Services Commissioner, take the necessary measures to prevent criminals or their associates from holding or being the beneficial owner of a significant or controlling interest or holding a management function in a D.N.F.B.P. This law, if adopted, will enable the J.F.S.C. to perform criminality checks for individuals within D.N.F.B.P.s and prevent criminals who act in one of the aforementioned functions where necessary.

Deputy G.P. Southern:

Sir, if I may, can we have this without the acronyms because I do not understand half of what was said?

The Bailiff:

I am sorry, I think if you want to ask the Minister to give way for a point of clarification, you can then ask him to clarify the acronyms, but you cannot just interject.

Deputy G.P. Southern:

Would the Minister give way, Sir?

The Bailiff:

Would you give way for a point of clarification, Minister?

Senator I.J. Gorst:

Indeed, I will, Sir, if that is what the Deputy would like. Yes, thank you, Sir.

The Bailiff:

Deputy, what are you seeking?

Deputy G.P. Southern:

I am seeking that the acronyms are taken out of that statement and the full words pronounced so that we can stand a chance of understanding what this is doing.

The Bailiff:

Are you able to do that, Minister, to effectively clarify the statement by dropping the reference to the abbreviations and the acronyms and giving the titles of these things in full because possibly Members are not able to follow it as easily as they otherwise would do?

Senator I.J. Gorst:

Yes, I am, Sir. If the Deputy recalls, this was part of the previous proposition and I used the full terminology on at least 2 occasions and then I reverted to the initials. Perhaps then it might help Members if now, in clarifying the point for the Deputy, I do the same again if that would meet with his approval. It is Designated Non-Financial Businesses and Professions. Of course, that, as Members know, is lawyers, accountants, estate agents and high value dealers. I hope that that deals with the clarification for the Deputy for the second time. Thank you. The reality is that this already largely happens and that the J.F.S.C. do carry out these checks in the vast majority of cases, as I understand it. What this piece of legislation does is create and ensure that there is a level playing

field and it puts into legislation the requirement to do so. Therefore, enabling us to show in legislation that we meet the requirements of recommendation 28 and, with that, I ask for the support of Members in the First Reading.

The Bailiff:

Is the matter seconded for First Reading? [**Seconded**] I note in the chat, Senator Moore, you wish to indicate a declaration of interest.

Senator K.L. Moore:

That is right, Sir, yes. My husband is a lawyer and therefore would be captured by this.

The Bailiff:

It is not a direct financial interest and it is probably an interest shared with a significant number of professionals and individuals and spouses and partners thereof out of the Island so, clearly, that does not require you to withdraw in the circumstances but you are right to make the declaration.

6.1.1 The Deputy of St. Mary:

As with the other pieces of financial services legalisation proposed this morning, we have had thorough briefings on this matter. We fully understand the purpose behind it and are supportive of it.

6.1.2 Deputy G.P. Southern:

It is another question, I am afraid. I am sorry if I am a bit slow this morning. It may be me or it may be the presentation but what does “a level playing field” in this particular case mean is what I would like to know?

The Bailiff:

Does any other Member wish to speak in First Reading? If no other Member wishes to speak in First Reading, then I close the debate and call upon the Minister to respond.

6.1.3 Senator I.J. Gorst:

I am grateful again to the Scrutiny Panel for all the work that they have undertaken and not only in regard to this particular amendment but also in regard to all of the other pieces of legislation that we have taken today and that we are still to bring forward.

[11:15]

I appreciate that it is a lot of work and I am grateful for that. Maybe I should not have used the term “level playing field”. I thought it might be well understood. I perhaps am using too many terms today that I am taking for granted around understanding where that is not the case. What it means in regard to these checks is that the same level of checks for the same senior management for each entity will be undertaken. That it will all be done via the J.F.S.C. through a uniform process so that there could not be seen to be differentiation, and that is clear in the law that it cannot be said that one institution or one process is superior or different to another and that is what I meant in that regard. Sir, I maintain this amendment in First Reading.

The Bailiff:

Thank you very much. I ask the Greffier to place a link into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The amendment has been adopted in First Reading.

POUR: 43		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				

Senator L.J. Farnham				
Senator S.C. Ferguson				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy of St. Martin				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy R.J. Ward (H)				

Deputy of St. Mary, in light of what you said, I assume your panel does not wish to call this in.

The Deputy of St. Mary (Chair, Economic and International Affairs):

That is correct, Sir.

The Bailiff:

Thank you very much. How do you wish to deal with the matter in Second Reading, Minister?

6.2 Senator I.J. Gorst:

As I indicated, because it really is a tidying up process in the price of legislation, it looks perhaps more complex than it is and perhaps just a matter of law drafting. I propose to take the Articles *en bloc* and I will endeavour to answer any questions that Members may have.

The Bailiff:

Thank you very much, Minister. Are the Articles seconded in Second Reading? **[Seconded]** Does any Member wish to speak in Second Reading on any of the Articles? If no Member wishes to speak in Second Reading, then I close the debate and ask the Greffier to place a vote into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The Articles have been adopted in Second Reading.

POUR: 42	CONTRE: 0	ABSTAIN: 0
Senator I.J. Gorst		
Senator L.J. Farnham		
Senator T.A. Vallois		
Senator K.L. Moore		
Senator S.W. Pallett		
Senator S.Y. Mézec		
Connétable of St. Helier		
Connétable of St. Saviour		
Connétable of St. Brelade		
Connétable of Grouville		
Connétable of Trinity		
Connétable of St. Peter		
Connétable of St. Mary		
Connétable of St. Ouen		
Connétable of St. Martin		
Connétable of St. John		
Connétable of St. Clement		
Deputy J.A. Martin (H)		
Deputy G.P. Southern (H)		
Deputy of Grouville		
Deputy K.C. Lewis (S)		
Deputy J.M. Maçon (S)		
Deputy S.J. Pinel (C)		
Deputy of St. Martin		
Deputy of St. Ouen		
Deputy L.M.C. Doublet (S)		
Deputy R. Labey (H)		
Deputy S.M. Wickenden (H)		
Deputy of St. Mary		
Deputy G.J. Truscott (B)		

Deputy J.H. Young (B)			
Deputy L.B.E. Ash (C)			
Deputy G.C.U. Guida (L)			
Deputy of St. Peter			
Deputy of St. John			
Deputy M.R. Le Hegarat (H)			
Deputy S.M. Ahier (H)			
Deputy J.H. Perchard (S)			
Deputy R.J. Ward (H)			
Deputy C.S. Alves (H)			
Deputy K.G. Pamplin (S)			
Deputy I. Gardiner (H)			

Do you propose the Articles in Third Reading, Minister?

Senator I.J. Gorst:

I do, Sir. Thank you very much.

The Bailiff:

Are they seconded in Third Reading? [**Seconded**] Does any Member wish to speak in Third Reading? If no other Member wishes to speak in Third Reading, then I close the debate and I ask, once again, the Greffier to place a vote into the link. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, then I ask the Greffier to close the voting. The law has been adopted in Third Reading.

POUR: 40		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator S.C. Ferguson				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				

Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

7. Draft Elections (Transitional Provisions) (Jersey) Regulations 202- (P.110/2021)

The Bailiff:

The next item is Draft Elections (Transitional Provisions) (Jersey) Regulations 202-, P.110, lodged by the Privileges and Procedures Committee and I ask the Greffier to read the citation.

The Deputy Greffier of the States:

Draft Elections (Transitional Provisions) (Jersey) Regulations 202-. The States makes these Regulations under Article 72 of the Elections (Jersey) Law 2002 and Article 18 of the Elections (Expenditure and Donations) Law 2014.

7.1 Deputy C.S. Alves of St. Helier (Chair, Privileges and Procedures Committee):

Firstly, Sir, I should say that P.P.C. (Privileges and Procedures Committee) very much hopes that these transitional Regulations will simply sit in the background over the next few months and our colleagues in the Connétables benches will remain in good health and no by-elections for their positions will be required. However, in order to ensure a smooth transition to the new electoral system agreed by this Assembly in July 2021, it is necessary to propose these Regulations today. Part 3 of the Elections (Miscellaneous Amendments) (Jersey) Law 202-, the Commencement Act for which I shall be proposing as the next item of business, deals with changes required to the Connétable (Jersey) Law 2008 to align the disqualification criteria for Deputies and Connétables. A change which addresses recommendation 7 of the 2018 Election Observer's Mission, E.O.M. I remind Members that last year changes were agreed to the wording of Article 4(c) to make it explicit that a person who is an elected Connétable ceases to hold office upon becoming a disqualified person. The disqualification criteria in the existing law only related to a person's election as a Connétable and not to their subsequent behaviour in office. The new Article 4 addresses this anomaly and ensures parity

with the disqualification criteria for Deputies in office. However, we are not able to implement these changes until closer to the June election, which is why I am proposing these transitional Regulations today. The reason for this is that while Article 13(5) of the States of Jersey Law 2005 provides that there would not normally be an election to fill any Deputy vacancy in the 6 months before an ordinary election, the timescale contained within the Connétables (Jersey) Law 2008 is different. If there was to be a casual vacancy in the role of Connétable between now and June 2022, it is only if that vacancy occurs 2 months' beforehand that no election would be ordered. This is reflective of the importance of the Connétables parochial responsibilities outside of their States duties and the impact a vacancy in that role would have within a Parish if left longer than 2 months. These transitional Regulations will preserve the current law in relation to any Connétable by-election which could be needed in the next couple of months. I propose the principles.

The Bailiff:

Are the principles seconded? **[Seconded]** Does any Member wish to speak on the principles? If no Member wishes to speak on the principles, then I close the debate and ask the Greffier to place a link ... I am sorry, that has literally just appeared. Presumably you pressed it before I closed the debate, Connétable of St. Brelade?

The Connétable of St. Brelade:

I believe I did but I will not hold it against you if you refuse my request.

The Bailiff:

No, I think if you believe you did then we will accept States Members at their word, of course. Connétable of St. Brelade.

7.1.1 The Connétable of St. Brelade:

Briefly, to thank the proposer and indeed wish her good health as she did for the Constables as she sounds to be suffering somewhat. From my point of view I think this is an essential move, as to leave the office of Connétable vacant for 6 months is too long. I am supportive of the proposition.

The Bailiff:

Thank you very much, Connétable. Does any other Member wish to speak on the principles? If no other Member wishes to speak on the principles, then I close the debate and call upon the chair of P.P.C. to respond.

7.1.2 Deputy C.S. Alves:

I thank the Connétable of St. Brelade for his kind words. I sincerely hope that there are no Connétable by-elections in the next few months. I maintain the principles and ask the Assembly to approve.

The Bailiff:

I ask the Greffier to place a vote into the link. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes then I ask the Greffier to close the voting. The principles have been adopted.

POUR: 45		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator S.C. Ferguson				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				

Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				

Senator Moore, does your committee wish to call this in?

Senator K.L. Moore (Chair, Corporate Services Scrutiny Panel):

No, thank you.

The Bailiff:

How do you wish to deal with the matter in Second Reading, Deputy Alves?

7.2 Deputy C.S. Alves:

Can I deal with them *en bloc*?

The Bailiff:

Yes, that is up to you so you will simply answer any questions as and when they arise?

Deputy C.S. Alves:

Yes, please, Sir.

The Bailiff:

Very well, is it seconded for Second Reading? **[Seconded]** Does any Member wish to speak in Second Reading? If no Member wishes to speak in Second Reading, then I close the debate and ask the Greffier to place a vote into the link. I open the voting and ask Members to vote.

[11:30]

If Members have had the opportunity of casting their votes, I ask the Greffier to close the voting. The Regulations have been adopted in Second Reading.

POUR: 41		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator S.C. Ferguson				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				

Deputy L.B.E. Ash (C)			
Deputy K.F. Morel (L)			
Deputy G.C.U. Guida (L)			
Deputy of St. Peter			
Deputy of St. John			
Deputy M.R. Le Hegarat (H)			
Deputy S.M. Ahier (H)			
Deputy J.H. Perchard (S)			
Deputy R.J. Ward (H)			
Deputy C.S. Alves (H)			
Deputy K.G. Pamplin (S)			

Do you propose the Regulations in Third Reading, Deputy Alves?

Deputy C.S. Alves:

Yes, please.

The Bailiff:

Is it seconded for Third Reading? **[Seconded]** Does any Member wish to speak in Third Reading? If no Member wishes to speak in Third Reading then I close the debate and ask the Greffier to place a voting link into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes, I ask the Greffier to close the voting. The Regulations have been adopted in Third Reading.

POUR: 44		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator S.C. Ferguson				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				
Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				

Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

8. Draft Elections (Miscellaneous Amendments - Commencement) (Jersey) Act 202-(P.111/2021)

The Bailiff:

The next item of Public Business is the Draft Elections (Miscellaneous Amendments - Commencement) (Jersey) Act, P.111, also lodged by the chair of P.P.C. and I ask the Greffier to read the citation.

The Deputy Greffier of the States:

Draft Elections (Miscellaneous Amendments - Commencement) (Jersey) Act 202-. The States make this Act under Article 106 of the Elections (Miscellaneous Amendments) (Jersey) Law 202-.

8.1 Deputy C.S. Alves (Chair, Privileges and Procedures Committee):

Back in July 2021 after over 20 years of debates, this Assembly approved the Draft Elections (Miscellaneous Amendments) (Jersey) Law 202-. This Commencement Act brings into effect all of the provisions made within that law from the date the Act is made, with the exception of 2 elements: Article 6 and Part 3. Article 6 inserts a new Article 7ZA in the Public Elections (Jersey) Law 2002 requiring electoral administrators to prepare in relation to each of their electoral districts before 1st November every year a list of any empty properties at which no voters are registered. The rationale for this new Article was that it would dovetail with the existing list of registered voters so that those canvassing during election time could make contact at properties where it appeared no voters were registered to encourage any resident, if eligible, to register. It was designed to ensure that nobody

who is able to register to vote was missed. We had expected that this Article would not be needed as P.P.C. was driving forward a project to create an electronic electoral register. But due to delays beyond our control and spiralling costs that project has had to be shelved. Therefore the Article remains. Although this was not the subject of an amendment by the Comité des Connétables at the time of the debate, discussions with Parish representatives since have highlighted this Article poses some logistical problems for the Parishes. Rather than create difficulties for Parish colleagues, P.P.C. has agreed that this Article will not be brought into force at the moment as part of the new elections law and it is hoped that by the election in 2026 there will be an electronic database of voters and that this Article will not be required. Part 3 of the Elections (Miscellaneous Amendments) (Jersey) Law 202- deals with the changes required to the Connétables (Jersey) Law 2008 to align the disqualification criteria for Deputies and Connétables, which addresses recommendation 7 of the election observers' report. As explained in the previous debate, we are preserving the current law in relation to any Connétable by-election which could be needed in the next couple of months and part 3 will only come into effect on 22nd April 2022.

The Bailiff:

Thank you very much. Is the proposition seconded? [**Seconded**] Does any Member wish to speak on the commencement Act?

8.1.1 Senator I.J. Gorst:

Barely a day goes by, certainly not a week, that I am not stopped and asked about what my intentions are for later this year. Being the good politician I am I am always coy. That is either preceded or succeeded by the question: "Why on earth did you get rid of the Senators, I do not agree with getting rid of the Senators." I think we will repent at leisure and we will find, probably like our Guernsey colleagues, that having done the large constituencies at this election and maybe another one and another one, dissatisfaction continues. They have shown us that being elected on an Island-wide mandate can work. I still cannot bring myself, and I will no doubt be a lone voice again, to support this change, because I do not think it is a change for the better and I hope I am wrong. I hope that electoral turnout is improved because of these changes. But I fear, and the anecdotal indications that I am hearing are that it is leading to greater dissatisfaction, greater disconnect with the democratic processes and I am sorry that we have agreed it.

8.1.2 Senator L.J. Farnham:

In the spirit of camaraderie, I cannot let Senator Gorst be a lone voice. Coincidentally, I tend to experience the same as Senator Gorst while I am contemplating my political future and, talking to Islanders, there are expressions of surprise and disappointment at the Assembly's move to abolish the role of Senator. But we are where we are and I am sure we will do our very best to make this work at the next election. I cannot see this being a silver bullet to suddenly ensure that Islanders become grossly satisfied with the political landscape. I share Senator Gorst's views and there is not much we can do about it now but if Members are honest with themselves they will, in the course of the next few months, encounter surprise and disappointment from Islanders at the move we have made.

The Bailiff:

I am asked whether the speeches that have been given are relevant. I would not wish to encourage in the slightest way a reopening of a debate that already been had and dealt with by the Assembly, but technically an explanation as to why an individual Member may not be voting for a commencement of this law is a relevant matter to put before the Assembly. It is not impossible it will persuade others and therefore it is a relevant matter. Therefore I cannot rule it out of order, but I would warmly encourage people not to turn this into a second debate on a matter that the Assembly has already decided.

8.1.3 Deputy J.H. Young:

I am hoping that what I am about to say will not breach your direction now but from my point of view I do think I would like very much to record one or 2 comments today which for me will be the last opportunity I will have as a serving States Member to deal with, I think, electoral structure matters. Having said that, I recognise that we have a simple decision today to implement what we have already decided; I absolutely accept that. I do express issues that I have seen in our sister Island, in Guernsey, I think their system of all-Island, every Member being voted is showing very good early signs of success and of course as the Minister responsible for the Island Plan I am concerned that we have a new structure now which of course will, because of the forthcoming elections, amend this candidacy or possibility of standing in those dedicated seats in particular areas. I think it is likely to make it more difficult for Members to take an all-Island view when they are voting for proposals in an Island Plan, which we are due to vote shortly, which may well not be in line with the direct views of the Members but interested in the whole Island. Having said that, I will obviously support this because it is too late. I regret that I did not put an amendment in at the time to look seriously at the Guernsey position and I have no doubt whatsoever that in the fullness of time there will be a push to do so. I am not arguing against this action, I would just like to put those thoughts on the record from my point of view, because I think it is being honest and realistic but I think I should probably say no more otherwise I will step outside your remit.

8.1.4 The Connétable of St. Brelade:

With reference to Article 6, the proposer suggested it was not going to form part of the proposal this morning and be deferred to a future date, if found to be necessary. Is it wise for the Assembly to be voting on this and should it not be withdrawn from this particular part of the proposition?

The Bailiff:

The actual indication is, in paragraph 1 of the draft Act it says: "Apart from Article 6 and part 3." Therefore even if the Assembly adopts this, Article 6 and part 3 will be excluded from it. I am not sure that I understand the point, Connétable.

The Connétable of St. Brelade:

You have clarified that in my mind, Sir, thank you.

8.1.5 Deputy M. Tadier of St. Brelade:

Mindful of what you said I will not completely reopen the debate either. I think it is right that Members state why they might have concerns about voting for this or if they are voting for it perhaps why they are doing so only with certain caveats in place. I think it is understandable especially that some Senators stand up and recognise that there is - whether we think it right or not, or well-placed or not - a widespread affection for the role of Senators, which is now being removed. By voting for this, of course, we will give effect finally to all of those electoral changes that we made. I think that it has to be said that we know that this is a compromise position but for my part I would much prefer to be giving the final approval to having a completely equitable system and logical system, which has one type of States Member. Personally I would say elected in single seat constituencies with a single transferable vote. But we know that, of course, there are probably 48 other different variations of an ideal system in this Assembly alone, among the elected Members, before we then go out into the wider public. But what I think is important to say is that something that has not been given much attention when we talk about the abolition of Senators or the continuation of the role of the Constables in the States is the fact that we had actually abolished the role of Deputy.

[11:45]

Let us not get confused because, of course, the title of Deputy still exists but the fundamental link which exists between a small district within a Parish, albeit the entirety of the Parish itself or a section

of that Parish, has now been completely removed. I think there are going to be swings and roundabouts when it comes to the benefits of the new system. But certainly the immediacy that some people feel with their local Parish representatives in the future may be diluted. I say that because we know that there is an effect, I think it is like the ambulance effect or the ... not the ambulance but when there has been an accident happened on the street and there are lots of people around, the responsibility for who takes accountability is diluted and you often find that nobody ends up taking responsibility, whereas if there is only one person there that person will come over to help the injured person. You have to make sure that in the new constituencies that we do not have that dilution that takes place because at the moment people know who their direct representatives are. In the future they may have up to 6 in one district and it is important that there is a clear mechanism for accountability and responsibility. But I would counter the arguments that have been put forward by Senator Gorst about this is not going to do anything to re-engage the public. I think we should treat this as neutral when it comes to exciting people about voting. We know that the old system certainly did not excite and infuse people because the majority of registered voters did not vote. What I would remind every Member or every candidate indeed in the next election is that it is their job, whether as an independent or a party, to excite and engage would-be voters so they come out and vote and not rely on the mechanics of the system. I do want to thank the many generations of States Members, whether they are current or past, who have got us to this position and finally broken the deadlock, and not least our own Deputy Carina Alves who has spearheaded these most recent changes to get a majority where so many others have failed in the past.

8.1.6 Deputy C.F. Labey of Grouville:

I would like to add my voice to the voices of dissent with this and it will come as no surprise to Members because I fought in the past very long and hard to retain the role of Senator and retain it as at least the number of 12 Senators, as we had before. I think it is a huge retrograde step that we will no longer have the Island-wide mandate and the Chief Minister will be elected from a district and not the Island mandate. I take Deputy Tadier's points about the direct link with a Deputy and in actual fact a lot is going to be lost with this. Not only the direct link with a Parish Deputy but also, as I warned in the several debates that we have had on this, it will be, I have no doubt, the beginning of the end for the Constables sitting in the States Assembly. That might be very welcome in some quarters but for me, having championed the Island identity project, I think this is a retrograde step and I would be amazed if we get increased voter turnout with this. I am going to stay true to my beliefs and I will be voting against.

8.1.7 Deputy K.F. Morel:

I really understand those who have spoken against this and I, at the time, found it very difficult to vote for the proposition that has led to this commencement. Unfortunately I feel strongly that the damage to the Senators was done when they were taken away from being 12 to 8 and most importantly when they stopped having a 6-year term that overlapped and so you always had 6 Senators remaining at the time of election. When that took place, when that disassembling of the Senatorial difference took place, it felt to me that the Senators *raison d'être* disappeared in many ways. We saw this most keenly at Senatorial hustings which had descended in the main into farce. I understand the reasons for the Senators and to bring them back I believe would be ... it would be necessary to bring them back with a term which alternates from those of Deputies and Constables. When I reluctantly voted for the change that has led to this commencement I did so in the hope of greater voter turnout but also in the expectation of much greater competition in a greater number of candidates for the seats in the district. Obviously we will only know at nomination time if that turns out to be correct but from what I am hearing and seeing that is exactly what is happening. We are likely to see many more candidates standing for different districts. While that is personally uncomfortable it is extremely good for the Island that we have more candidates. That, in the end, was the main reason that I voted for these changes was to see more candidates. I believe we will

have a highly competitive election. Whether more people turn out for that remains to be seen. But the fact that will have competitive elections, offering choice to Islanders I think is a very good thing. While I still feel very reluctant and reticent about these changes, we need to give them a chance to see if we do get more candidates and if, as a result of more candidates, we also get a greater turnout. It would not be right for people to be elected unopposed. It is not right for people to be elected unopposed and I think these changes will mean that no Deputy is elected unopposed. Also just picking up on the Deputy of Grouville's last point, which was about the Connétables, and I said this at the time of the debate, I will do everything to oppose the Connétables being removed from the Assembly while I am in this Assembly myself. They now hold the Parish system entirely within their grasp. It is up to the Connétables to stand up, to show the energy and dynamism that is required of that role to bring their Parishes together. They cannot now say that it is their Deputy that is not doing it, et cetera, or look elsewhere. I think we have strengthened the Parish system by making it quite clear that Connétables are the guardians of the Parish system and I will defend the Connétables in that role and I will support the Connétables in delivering the energy and dynamism that is necessary for the role of Connétable in the Parishes. I am sure there are Members of the Assembly here who one day ... today are Deputies but do think that perhaps one day they might like to sit as Connétables. It is a different role to that of Deputy, but it is an incredibly important one. I opposed initially in 2019, the first proposition that came this way, which was very similar and looked at the bigger districts, but it also removed the Connétables from the States and I would not support that. I only supported these changes because the Connétables were left untouched and that, for me, remains the case. I do not think that the Deputy of Grouville need fear the breakdown of the Parish system and the side-lining of Connétables. This gives the Connétables everything that they need to show that the Parish system works and that the Parish system is vital to the civic life of this Island, and I look forward to helping them achieve that in the coming years.

8.1.8 Connétable A. Jehan of St. John:

I am more than happy to support the P.P.C.'s proposals. We have heard quite a lot this morning about voter turnout. It is up to candidates to increase voter turnout. It is up to candidates to engage with the electorate. It is our responsibility. I share the concerns about the all-Island mandate, but none of the dissenters this morning brought an amendment to give us 36 all-Island seats and 12 Constables, so it is too late. Let us get behind P.P.C. and let us do our very best to get the turnout up in June 2022 and not down. We saw a reduction in turnout when this Assembly ignored the wishes of the people in a referendum and it is up to us to rebuild their trust and get the voter turnout up. I encourage everybody to support the proposals in front of us today so that we can get going, get engaged with people. Like Deputy Morel, in 2012 I wrote to the Electoral Commission supporting larger districts and the retention of Constables because I also believe we will have more contested seats in both Constables and Deputies. Let us get behind P.P.C. It is too late to start arguing, and let us get on with it.

8.1.9 Connétable J. Le Bailly of St. Mary:

I can only agree that the greatest loss to the Island for our electorate is the removal of the Senators. Instead of removing the remaining 8 Senators we should have returned the 4 that were lost. Parishioners and indeed people across the Island have made it known to me that they do not approve of our decision to remove the Senators at all. A mistake has been made and the electorate have said so. We are here to represent our electorate, something that is not happening. The Island electorate do not approve of the loss of Senators or the new constituencies. I will vote against this; 2 wrongs do not make a right.

The Bailiff:

Does any other Member wish to speak on the proposition? If no other Member wishes to speak then I close the debate and call upon Deputy Alves to respond.

8.1.10 Deputy C.S. Alves:

I think the discussions this morning have been quite indicative of the difficulties we have faced over the past 20 years and I would like to thank all the Members who have contributed to this debate. I also want to thank the Assembly as a whole for embracing the changes to our electoral system so far. P.P.C. has worked tirelessly since 2018 to bring about these changes to the electoral process and our aim was to address the E.O.M. (Election Observation Missions) recommendations as we were tasked to do, but our focus has always been on making the system better and fairer for Islanders. It is not right that so few members of the public turn out to vote. High electoral turnout reflects strong and robust democracy. I think Members need to have faith in this new system and to at least give it a chance to establish, and I hope there can be more positivity about this. The committee will continue its work to support greater political engagement within our communities through outreach initiatives planned by the States Greffe but this is not just P.P.C.'s job. We all have a part to play in encouraging and supporting good people to stand as candidates and reminding people to register and, most importantly, urging people to vote in June. It is important that Members encourage people to vote and engage with this process. I hope that we can move forward. We have been brave and we have made a change. There is no perfect system and maybe a lot of the things that Members have brought up this morning we can look at to make changes in the future, but for now let us support this new system. I am hopeful that the changes brought about today will invigorate the elections and be positive for our Island. I commend the Commencement Act and I ask for the appel.

[12:00]

The Bailiff:

Thank you very much, Deputy. I ask the Greffier to place a voting link into the chat. I open the voting and ask Members to vote. If Members have had the opportunity of casting their votes then I ask the Greffier to close the voting. The proposition has been adopted: 32 votes pour, 9 votes contre, no abstentions in the link, a further 2 votes pour and 3 votes contre in the chat

POUR: 34		CONTRE: 12		ABSTAIN: 0
Senator T.A. Vallois		Senator I.J. Gorst		
Senator K.L. Moore		Senator L.J. Farnham		
Senator S.W. Pallett		Senator S.C. Ferguson		
Senator S.Y. Mézec		Senator J.A.N. Le Fondré		
Connétable of St. Helier		Connétable of St. Saviour		
Connétable of Grouville		Connétable of St. Brelade		
Connétable of St. Peter		Connétable of Trinity		
Connétable of St. Ouen		Connétable of St. Mary		
Connétable of St. Martin		Deputy of Grouville		
Connétable of St. John		Deputy J.M. Maçon (S)		
Connétable of St. Clement		Deputy G.C.U. Guida (L)		
Deputy J.A. Martin (H)		Deputy of St. Peter		
Deputy G.P. Southern (H)				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				

Deputy R. Labey (H)				
Deputy S.M. Wickenden (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

9. Reopening of Samarès Ward (P.115/2021)

The Bailiff:

Thank you very much. The next item is the reopening of the Samarès Ward, P.115, lodged by Senator Pallett and I ask the Greffier to read the proposition.

The Deputy Greffier of the States:

The States are asked to decide whether they are of opinion – to request the Minister for Health and Social Services to: (a) to reinstate the full suite of stroke and injury rehabilitation services facilities and beds at the earliest opportunity, but no later than 1st March 2022, either at Samarès Ward at Overdale or at another suitable location, as determined by the Minister; and (b) ensure that a purpose-built rehabilitation unit offering the full suite of stroke and injury rehabilitation service facilities and beds formerly offered at Samarès Ward is delivered as part of the development of a new hospital campus at Overdale, or at another suitable location.

The Bailiff:

Before moving to the debate on the proposition this was to have been subject to a possible amendment by the Minister for Health and Social Services. Do I understand, Minister, from your email overnight that you have withdrawn that amendment? We will deal with that after the main proposition has been moved, in that case.

9.1 Senator S.W. Pallett:

As you say, we all received an email from the Minister overnight in regards to the amendment and it would have been good to have heard from the Minister at an early stage, but I think I am going to just have to carry on with my original speech, rather than try to deal with anything that may come out of any comments that the Minister may make. It was disappointing that the email was sent at the eleventh hour. Not only was the email last night sent literally at the eleventh hour, because it was almost 11.00 p.m. but the amendment itself was lodged at the eleventh hour, some 5 or 6 weeks after the original proposition was lodged. It was lodged without any consultation or negotiation or any discussion with myself or the Constable of St. John and I find that particularly disappointing. I have prepared 2 lengthy speeches for this today, and I am afraid the email sent last night still leaves me somewhat concerned as to what are the intentions of the Minister. Although he says he is going to

withdraw his amendment I am not clear as to what his intentions are in regards to the proposition itself, so I think I really need to go through the lengthier speech I have prepared for the amendment to put to the Assembly and to the public the reasons behind why I believe we need to not only reinstate Samarès Ward as a matter of urgency but ensure that we have a rehabilitation facility and services that meet the needs and expectations of Islanders in the short term, in the intermediate term, while a new hospital is built and also at the new hospital campus if and when it is built at Overdale. I am going to proceed with my longer speech and I apologise for the length of the speech, because it does pick up on an awful lot of issues that have come to light over recent weeks. What I think I first want to do is to thank all the Islanders, all the patients and the families that have provided personal experiences and stories to myself and the Constable of St. John. There are many, some of which I am going to quote today. Some of them are heart-rending and I think will hit the hearts of not just States Members but also the public that are listening. I want to thank them because I think they are brave and to have been through a stroke or been through a serious injury and then talk about it as openly as some have is brave. Some people that have discussed their treatment, and in some cases lack of treatment, are currently in service and some have only just gone home, but it is important that Members understand the depths of the issues. I am going to deal with many of the issues that are within the amendment, so I apologise if I occasionally mention the amendment, but I think it is important that I cover the issues that were brought up in the amendment as well as those that are in the proposition itself and those that are within the personal experiences of the patients and families that undoubtedly in my view have not received the treatment that they should have received. It is disappointing to me and many others that the Minister has sought to undermine the basis for my proposition for the reopening of the Samarès Ward and the provision of a dedicated rehabilitation unit for the Island in the long-term.

The Bailiff:

Senator, I am going to take the unusual step of interrupting you very briefly. If the Minister re-joins the debate in enough time to clarify his position, would you wish him to clarify it during the course of your speech or after you have finished?

Senator S.W. Pallett:

Sir, I have emailed the Minister back this morning thanking him for withdrawing his amendment and laying out various issues that I think I would like him to commit to and clarify to the Assembly, which I think may shorten the debate and not need some of the lengthy speeches that I expect we are likely to get today, which I think will be of benefit to the Assembly, to the public, to staff, to the health service in general and I think would just clarify the situation and make life so much easier in terms of this debate. If he is available and can do that, he knows what I need to know.

The Bailiff:

I am sorry to interrupt you again. My question was do you want to be interrupted during your speech? It would be very unusual, but it does seem to me that the length of your speech, you have told us, depends on what the Minister confirms and Members might like to know that in advance. The Deputy of St. Ouen has indicated that he is present in the debate. I would not normally do this, but do you wish to hear from the Minister first before you continue, Senator, because you can then tailor your speech to what the Minister says?

Senator S.W. Pallett:

I think that would help everybody, Sir.

The Bailiff:

In which case, I am going to technically say you are giving way for a point of clarification, which is clarification that you do not know what the Minister's position is. That is technically I think probably

correct, although Members will not rely on me to make the same ruling again. The Deputy of St. Ouen, are you able to clarify ... we have a point of order from Deputy Martin.

Deputy J.A. Martin of St. Helier:

Sorry, Sir. I hope it is a point of order. This is very unusual for me. You have interrupted the proposition ...

The Bailiff:

Yes, I have.

Deputy J.A. Martin:

The Senator bringing the proposition, to ask the Minister who has withdrawn the amendment. He can speak any time. I have never heard this before, Sir. You might be being helpful, but I think it is a point of order. Why would we do this, as I cannot remember ever doing this?

The Bailiff:

I think the difference here, Deputy Martin, is that generally speaking at the beginning of a debate someone who is withdrawing an amendment would say they are withdrawing the amendment, so that people know what is happening and we would not be relying on an email. The Minister has not yet formally withdrawn his amendment before the Assembly and until he does so it would be difficult for Senator Pallett to proceed. Now, this is not a mechanism for an interruption. It is intended to be helpful, if you wish me to make a formal ruling, but I think we must at least hear from the Minister as to whether he withdraws his amendment. Minister? I am not sure we can hear you, Minister, I am afraid. You have faded out.

Deputy R.J. Renouf of St. Ouen:

Sir, I am just trying to get to grips with technology. I apologise, I was not in the Assembly when you called me to confirm that we are withdrawing the amendment. I formally confirm that I am withdrawing the amendment to P.115 that I previously lodged and I think the correct procedure now is for Senator Pallett to make his proposition, and I will speak during the debate, but it is not for me to speak now, I believe. The proposition has not yet been made so I would hope that Senator Pallett would be able to make his case and I will respond during the debate.

The Bailiff:

Very well. I think that is obviously the correct procedure and an acceptable way of proceeding, Minister. You have confirmed that the amendment is withdrawn. Senator, I am sorry that I interrupted you. Perhaps it was unnecessary of me to do so and I hope that I have not knocked you off course too much, but please do continue with your proposition.

[12:15]

Senator S.W. Pallett:

No, I am literally only 2 or 3 sentences into the speech, so I am happy to pick up from where I left off. I will start by saying that the Minister and his senior management team of course had every right to bring an amendment, but the reality of what they were seeking to do was to nullify P.115 by proposing to carry on delivering stroke and serious injury rehabilitation services firstly on Plémont Ward in the General Hospital and then by replicating the service in the new hospital when and if it is built on the Overdale site, the site that currently houses Samarès Ward. Both the Minister and his clinical director have been clear that the service as provided to Islanders has not been of the standard that they should have been and I will set out later in this speech what this has meant to so many Islanders who have had to endure a substandard service because of the unnecessary and damaging relocation of rehabilitation services from the purpose-built unit at Samarès Ward to the cramped and

ill-equipped medical ward that is Plémont Ward in the hospital but why did this have to happen in the first place? Who made the decision to uproot rehabilitation services from its well-equipped and successful home on Samarès Ward and why when it became clear that Samarès Ward could not be used for its intended new purpose of supporting COVID patients has it been used to house other services or to be used for administration while seriously ill Islanders have, as the Minister has admitted, been treated in a less than satisfactory way on Plémont Ward since May 2020? I am going to quote many times, as I speak to you today, from Islanders who have had the benefit of the excellent facilities previously provided at Samarès Ward and from patients and their families who have had to endure substandard services while being treated on Plémont Ward, and some who have experienced both, good and not so good. These are not made-up stories or comments; they are not a figment of my imagination. They tell the true story of what it was like at times to suffer a severe stroke or serious injury in Jersey and their journeys to recovery, journeys that for some have been made all the more difficult because they have been denied the use of a purpose-built rehabilitation unit. Before I go back to the beginning of what many are now describing as a scandal, I want to share with you the comments of an email I received from Anthony Lewis, Ant to many of us who know him. Some of us know of his story, but he wrote to me saying: “In November 2007 I suffered a stroke following a clash of heads playing football. I spent a couple of weeks at the General Hospital before moving up to Samarès rehabilitation ward at Overdale. When I went there I could not talk or walk. I spent 6 months in Samarès Ward and received excellent care from nurses and therapists. Every day the therapists made me work in the gym. It was painful and tiring but bit by bit I took my first baby steps. By the time I left Samarès Ward I was beginning to walk but my speech had not returned. By 2010 I had completed the London Marathon. In 2012 I cycled with lots of friends from the Stroke Association from London to Paris. None of this would have been possible without the rehabilitation I received on Samarès Ward.” I consider Ant a friend. He is one of the most determined, brave and intelligent people I have been fortunate enough to meet in my life and he is convinced that had he suffered his injury after Samarès closed he would not have made the recovery he has, because he would not have had the benefit of the intensive and focused services that the staff at Samarès provided. It is highly likely he would have been discharged before any real progress had been made and had to rely on inadequate services provided in the community. He needed 6 months of intensive treatment to set him on his journey to recovery and importantly not to have been discharged after 13 weeks or less and losing the benefit of the excellent facilities provided at Samarès. But why the closure of Samarès in the first place? At the time of closure I was an Assistant Minister for Health and Community Services. For those of you that are unaware, I had delegated responsibility for adult mental health services and was chair of both the Quality and Performance and Risk Governance Committees, yet I was unaware of the decision to close Samarès Ward and use the building to treat recovering COVID patients until I read it in the media. I have asked in a written question who made the decision and to date have not received a clear answer, but it is clear that whoever made the decision to clear Samarès Ward of rehabilitation patients to support COVID patients had not done their homework, as there is no piped oxygen provision within Samarès so it was not used for COVID patients at any point. I should have made more effort to secure the return of Samarès to provide rehabilitation services but other issues overtook me and the opportunity was lost. I have not heard the Minister at any point, either today or in his report, in the States briefing or the briefing to the media say sorry for the grief and upset he and his senior management team have caused by transferring rehabilitation services to the General Hospital on Plémont Ward. If the Minister will not apologise, I will, and I am sincerely sorry that so many patients have been let down at a time in their life when they should have expected the best treatment and the best opportunity for recovery. I would like Members to now focus on the amendment to my proposition. I know he is withdrawing it, but I want to focus on some of the things that were included within it. In my opinion it is more a standalone proposition than an amendment, as it completely changes - no, destroys - the thrust of my proposition. It attempted to retain rehabilitation services as it currently is set up in Plémont by plastering over the cracks in a service that in his own words has not been as good as it should have been, while setting

out how the service can be improved in the months and years to come, the jam tomorrow scenario that seems to be the mantra of this Government. The Minister states in that amendment, and has repeated in the briefing to States Members, that the Health and Community Service multidisciplinary teams were already focusing on improving the rehabilitation services. At what point in time did the Minister, his medical director and his director general come to realise that the rehabilitation service was in crisis and not delivering the standard of care on Plémont Ward that Islanders deserve and had come to expect previously on Samarès Ward? The patient stories in my report to the proposition speak for themselves as to the shortcomings within rehabilitation since Plémont Ward was established as their rehabilitation unit and I have received many more patient experiences since I lodged P.115. So what triggered the senior management team at Health and Community Services to finally do something about a failing service, and introduce an improvement plan, this 87 weeks after the Plémont Ward opened as a rehabilitation unit, a period of 87 weeks when patients and their families had to endure substandard service in an unsuitable location, that of an acute ward in a busy general hospital? I also believe it true to say that the hardworking and dedicated staff in the unit have had to provide care and support to patients in an environment that they are well aware was not up to the necessary standard, but have nevertheless done their very best in trying circumstances since the period of 87 weeks and still counting. To quote one recent patient: “In short I cannot believe anyone who has experienced the care provided in Plémont Ward could in good conscience call it a rehabilitation ward. This ward is a standard hospital ward and in a general hospital. As the whole Island appreciates, standard wards such as Plémont are substandard across the whole building. A rehabilitation ward simply cannot be substandard or even equivalent to a standard ward because what counts is providing a high-quality environment in which people can work hard to get better. As a patient in a general hospital, I have been utterly shocked at the lack of facilities available to patients and visitors.” Neither myself nor supporters of this proposition blame in any way whatsoever staff on Plémont Ward for the experience that patients have suffered over an extended period, as they have done their very best to support patients. The blame for any gaps in the service, lack of equipment, poor facilities or shortage of qualified staff lie firmly with the Minister and his senior management whose ideas have become entrenched in delivering the Jersey Care Model, a model that has meant that patients have unacceptably been forced out of hospital before they are ready into a community service that either cannot cope or is not ready to cope. Many patients have been discharged without the necessary care plans or the support that care in the community should provide. Discharge at times has taken place irrespective of the harm and damage that it could inflict on patients’ health outcomes and that of their families and the processes have undoubtedly put unnecessary pressure and stress that in turn has led to staff leaving the service and the requirement for more and more bank staff. For 87 weeks this has been allowed to continue by the Minister and his director general while the purpose-built, refurbished, welcoming 27-bed rehabilitation unit on Samarès Ward at Overdale has laid dormant because of their mismanagement. There has been every opportunity to reopen Samarès Ward since it was closed some 18 months ago, but the initial reason for the closure was the need to provide a facility to support COVID patients. Even a cursory investigation of Samarès Ward or a discussion with staff at Samarès would have revealed that there was no piped oxygen, which meant that the building was never going to be used for this purpose. The response to Written Question 483 in 2021 stated that the decision was clinically-led in response to the pandemic. Were consultants or health professionals ever consulted over the decision to relocate rehabilitation services to Plémont Ward and were staff or patients or, for that matter, States Members consulted over such an important decision? The answer I suspect is a resounding no. When COVID could not be used as a reason for closing Samarès cost-cutting became the motive and a cost saving of £1.8 million was cited in the Government’s accounts as the driver for closure. Samarès Ward was not used and was never likely to be used for treating COVID patients so why not reopen it for its intended use? Written Question 483 also revealed that there was very little difference in the running costs between Samarès Ward and Plémont Ward, with the difference being less than £100,000 per annum, so where was the saving of £1.8 million made as shown in the accounts? Was this yet another mistake in providing

information, the sort of incompetence that has recently led to the department having to admit that they got the figures wrong over the number of physiotherapists and occupational therapists that had left the rehabilitation service? If allowing the Samarès Ward to stay closed for so long is not a scandal of the highest order then I do not know what is, and we should be embarrassed to admit that we allowed this to happen under our watch. For 87 weeks patient after patient has had to endure a rehabilitation unit that has not been fit for purpose and has clearly lacked some of the most basic care and rehabilitation necessities. Senior H.S.C. (Health and Social Care) management and the Minister for that matter need to seriously look themselves in the mirror and ask the question whether they seriously believe that they can turn Plémont Ward, an acute medical ward, into anything that will ever approach a dedicated rehabilitation unit. If the answer is yes then in my view they need to move on, because people in the Island, the people we represent, expect better from their politicians and highly-paid civil servants. The public frankly expect better decisions from those entrusted to look after one of our most important needs, our health.

[12:30]

I have recently visited both Samarès and Plémont Wards so I do have a decent understanding of what each offers and can reasonably make a comparison. From walking around each I estimate Plémont to be approximately 25 per cent of the floor space of Samarès Ward. Samarès has private rooms for 27 patients, a dedicated dining room, spacious meeting rooms, airy and wide corridors and adequate toilets and bathrooms to make patients feel comfortable. Patients can be visited by friends and family in privacy. They can rest when it suits them and have the necessary social contact when it feels right for them. Samarès is currently in excellent physical condition and although being used partly for other purposes could, in the eyes of many, be recommissioned in a relatively short order. That is if the Assembly rejects the amendment, but we know that is not going to take place today. I am sorry, I have had little time to change the speech, but by supporting the amendment you will be supporting the continued use of a cramped acute ward with 2 6-bed bays and 4 single rooms as the basis for rehabilitation in Jersey for the next 5 or 6 years. Plémont, as I have witnessed, is extremely busy for much of the day but especially at visiting time. It offers absolutely no privacy to patients and families. It is a difficult environment for staff to provide quality care in and offers little space in which to make the improvements the Minister is relying on to convince Members that he can pull a rabbit out of a hat and turn Plémont Ward into a fully functioning and dedicated rehabilitation unit. If you do not believe me, then ask the Minister and go and take a look yourselves. Unlike Samarès Ward that has 2 large gym areas and ample space for all the necessary therapies to be provided, Plémont uses half of a one bed bay for physiotherapy. There is no dedicated dining room or space where patients can relearn basic life skills, to allow them to feel comfortable to return home. The toilet and bathroom facilities are poor and the ward cannot even provide the most basic of storage facilities. It is frankly ludicrous in my mind that the Minister and his senior management team believe that they can turn Plémont Ward from what it is currently into something that replicates the majority of facilities on offer at Samarès, and unfortunately the result will be that even more Islanders will be let down and not provided the best possible facilities and opportunity for the recovery that they deserve. You do not have to take my word for it. The wife of another recent patient has recently told me: "I believe that if Samarès Ward had still been open my husband would have received a proper period of rehab in the correct environment and by staff who understood the nature of the problems faced by stroke patients. What is sorely needed is the reinstatement of Samarès Ward, because the treatment given in Samarès Ward is not only for stroke patients who need very specialised care but also for other types of rehab and it is impossible to do this adequately in a ward with 12 beds and few specialised staff." They are her words, not mine. Another quote from a very well-known local resident who has experienced rehabilitation in both Samarès and Plémont Ward reads: "What a difference from Samarès. We were in bays of 6 wards squashed together with no privacy, where everything, including the bed, had to be moved when a cleaner, healthcare assistant or nurse wanted to see a patient to help or to do the bed or clean. There was little physiotherapy space and occupational therapy took a corner

of the physio gym. Worse than this, the gym could be moved into another area or closed down at little notice. How pathetic. It is an absolute disgrace and an insult to the people of Jersey. There is a superb and modern facility lying empty at Overdale, which could be reopened tomorrow with a bit of common sense and will on the part of the decision-makers that closed it. All the rehab staff in the General Hospital who spent time on Samarès Ward bemoan the closure and do not understand the reasoning behind it. To the last one they would urge and long for its replacement.” So what of the much-vaunted improvement plan that was mentioned for the first time in the report to the amendment and was given further prominence in the briefing given to States Members last week? We are told that an improvement group was set up in December 2021. Oh, and by coincidence, my proposition to reinstate Samarès Ward was lodged in December 2021 and is based on the inadequate service being received by patients in what H.C.S. (Health and Community Services) accepted has been a rehabilitation unit that has not met expectations. What would have happened if P.115 had not been lodged? I would like to suggest very little and patients would still have had no hope of the service improving. I have no doubt P.115 has embarrassed the Minister and his officers into sorting out the mess that exists within rehabilitation at present and finally start to provide a rehabilitation service that Islanders in dire need deserve. Why has it taken P.115 and the bravery of so many patients and their families by telling their stories to finally push the Minister and his senior management into doing something about the scandalous lack of support provided for stroke sufferers and others with serious injuries, both within Plémont Ward and when discharged back home? We must remember that this is at a time in their lives when that support should have been there without question and should have provided the hope that they needed while facing a difficult recovery period. To quote another patient: “It was with disbelief that I learned that the world-class Samarès rehabilitation ward had been closed and that the incredible and dedicated team had been disbanded. Sadly, I know of cases of people who have suffered strokes, accidents and other afflictions since my own stay on Overdale who are left to languish in the General Hospital or in nursing homes without equipment or facilities or the assistance or treatment from trained and dedicated professionals.” The report mentions clinical audit and the intention to report to the Sentinel Stroke National Audit Programme as part of the improvement plan. Why has it taken H.C.S. so long to commit to clinical audit regarding stroke service provision? We have no idea when the department made this commitment or whether they have decided to engage as the result of P.115 and have simply reacted in a way that has seen finally to be making an effort to improve standards. Maybe the Minister could be more forthcoming in when decisions about improvements were considered, or has it been a reaction to the criticism that he and his department have received along with the increasing number of poor patient experiences that have come to light more and more in recent months and weeks? Whatever the reason an audit of current services has to be seen as a step in the right direction, but to have any credibility at all when it comes to conducting a clinical path review I believe it must be carried out independently of H.C.S. and Jersey by an organisation such as the Quality Care Commission in the U.K. To carry out any audit services then key measurables will need to be decided and in place. That now brings me on to the National Clinical Guidelines for Stroke, which H.C.S. now want to use to provide evidence-based standards on which to assess and audit the quality and structure of stroke rehabilitation services in the Island. These guidelines state: “Many impairments and activity restrictions are present from the outset of stroke. Some recover rapidly and completely and may no longer be present when care is transferred from the in-patient setting. Other problems will persist over weeks, months, years and may even increase over time as a person’s priorities alter and an awareness develops of life after stroke. Service organisation and the delivery of rehabilitation are typically focused in the first months of stroke and often fail to meet the long-term and evolving needs of people with stroke. Rehabilitation should not end solely because natural recovery appears to have reached a plateau.” This I believe captures one of the major issues that currently plagues the provision of rehabilitation services on Plémont Ward, that of the limited time that patients are allowed to spend in the rehabilitation unit and the limited recovery some Islanders are making, this being because the facilities on Plémont Ward are simply not preparing patients adequately, if at all, for life

back at home. Couple this with the shortage of services in the community, supposedly the backbone of the Community Care Model, that ideally should be wrapped around a patient when back at home, it is making life impossible for some rehabilitation patients. It now seems almost a lottery as to whether you are provided therapy sessions at home or not, which means that we are not aiding patients to improve sufficiently well enough to begin a transition back into day-to-day life. I received the following from the wife of a patient who is in Plémont Ward towards the end of 2021: “To my knowledge no physio was given to him until the third week following the operation, other than the occasional visit from physios who gradually got him out of bed and into a chair for short periods. At that stage he was unable to stand unassisted or walk at all. At the weekend there were no physiotherapy visits, so any progress he made during the week was lost by Monday. He also needs help with meals. He often had to wait for help or gave up bothering to eat, however the ward sister gave me permission to go in any time, so I went in at mealtimes from the second week. Of course none of the above was anyone’s fault. These things happen and every department seems to be short-staffed. The care received from all staff was excellent. He finally came home on 30th October and on the Monday occupational therapists came to check if I had all I needed and to see if we were managing. They did get him to his feet for a few steps. This is the only time we have seen or heard from anyone in the General Hospital. We are now in our fourth week at home since the discharge and he is making slow progress. Fortunately, I can communicate but I am really concerned that rehabilitation is so limited following the closure of Samarès, that there are people less fortunate than my husband who are simply left to rot.” The husband of another patient who suffered a severe stroke has told me: “Before the closure of Samarès rehabilitation centre there was no time limit on people staying there and no cost to patients. The equipment in Plémont Ward and the service provided is a shadow of its former self. Having received an inferior level of rehabilitation a patient must now leave hospital after a maximum of 13 weeks and can only return home if the family can provide a satisfactory care package that is acceptable to the authorities. With some difficulty we were able to put together an acceptable care package. After 3 weeks at home and with no physiotherapy my wife said: ‘I feel as if I have been neglected and I am worse now than when I left hospital.’ After several weeks I contacted the hospital who then offered my wife one hour per week of physiotherapy up at Overdale. When I asked how long that would last the response was: ‘I have no idea.’” Is this where rehabilitation in Jersey has fallen to? We have to ask ourselves what we want for Islanders, what we want for our own loved ones, who might be unfortunate enough to suffer a severe stroke or injury. Is this what we signed up to when we agreed to follow the Jersey Care Model, a model based on care being provided in the community? I believed that funding would follow the patient from the hospital into the community and that what was free in the past would be free in the future, but it seems that many families are now expected to pick up the cost of care such as physiotherapy if they do not want to see their family member deteriorate. To be clear, we are now following the National Clinical Guideline for Stroke rather than any other guidelines such as the N.I.C.E. (The National Institute for Health and Care Excellence) guidelines. Let us take a look at a few of these guidelines to understand how well we are doing. I quote from the guidelines: “People with stroke should be actively involved in their rehabilitation through having their feelings, wishes and expectations for recovery understood and acknowledged, by participating in the process of goal setting unless they choose not to, and being given help to understand the process of goal setting and to define and articulate their personal goals. People with stroke should be helped to identify goals that are meaningful and relevant to them and challenging but achievable, and aim to achieve both short and long-term objectives, have achievement measured and evaluated in a consistent way and include family or carers where this is appropriate. People with stroke should be supported and involved in a self-management approach to their rehabilitation goals.”

[12:45]

For many who have been through Plémont Ward since it became our rehabilitation unit these statements are both unrecognisable and unbelievable and certainly do not represent the journey that

they and their loved ones have been on. Again, I wanted to share the experiences of a carer of a recent patient in Plémont Ward: “I was asked to attend a Zoom meeting with various members of his medical team, including a physiotherapist, who informed me that there was nothing more they could do for him and would I therefore please arrange to have him transferred to a care home. I was totally shocked by the sudden decision to discharge him as he was receiving speech language therapy and was responding quite well. When I enquired as to whether his treatment would continue after he left hospital it all became a bit vague. I felt he was being discharged way too soon and in the event I was given very little time to find a care home that would take him. I tried repeatedly to get more information about his condition from the nursing staff who simply told me I would need to speak to the doctor in charge on Plémont Ward, who just happened to be away at the time. I believe that if Samarès had been open my husband would have received a proper period of rehab in the correct environment and by staff who understood the nature of the problems faced by stroke patients.” Where in this story, as in many others, do the feelings and wishes of patients get taken seriously and taken into account when considering what is best treatment and where it should take place? Too often patients and their families are ignored and forced into a decision that they are not equipped or prepared for. There are concerning issues that run through many of the personal experiences of Islanders who have been through Plémont Ward: poor communication, a failure to engage with patients and family, a lack of consistent physiotherapy, occupational therapy and speech therapy, discharge from hospital before patients are prepared and at short notice, failure to provide adequate care packages for those patients being discharged home and disturbingly the shifting of cost from Health and Community Services to the patient. The national guideline also states: “There is good quality evidence that more therapy improves the rate of recovery and outcome within the first 6 months after stroke and that therapy targeted at other activities of daily living should be progressive and practised frequently and incorporated by the entire healthcare team into routine activities on the stroke unit every day of the week, rather than confined to lengthy sessions separated by long periods of inactivity.” Since Samarès Ward closed it is clear from the experience of patients that the amount and consistency of therapy treatments is not meeting national guidelines and I believe is unlikely to in the confined space that is Plémont Ward. The lack of consistent physiotherapy and occupational therapy is not meeting the national guidelines that state that people with stroke should accumulate at least 45 minutes at each appropriate therapy every day at a frequency that enables them to meet their rehabilitation goals and for as long as they are willing and capable of participating. With the current limitations on both gym space and basic occupational therapy equipment I seriously doubt any patients that have been through Plémont Ward or who are there now are currently meeting this guideline. If space is the issue and if you had visited both wards as I have you can clearly see it is, the simple answer for the short-term is to relocate the unit back to Samarès Ward where all the necessary space, facilities and equipment exists.

The Bailiff:

Senator, I am very sorry to interrupt you, but Standing Orders require me at this time to take a check at least, could you indicate how much further you have to go in your speech so that Members can take a decision on adjournment?

Senator S.W. Pallett:

Sir, I have got a considerable way to go.

The Bailiff:

Well, in which case I think it may be, unless Members wish to continue until you have finished, an appropriate time to invite the adjournment.

LUNCHEON ADJOURNMENT PROPOSED

The Bailiff:

The adjournment is proposed. Senator, well, then you will carry on after the adjournment at 2.15 p.m.

Senator S.W. Pallett:

Thank you, Sir.

The Bailiff:

The Assembly stands adjourned until 2.15 p.m.

[12:51]

LUNCHEON ADJOURNMENT

[14:17]

The Bailiff:

Yes, we resume, therefore, the debate on P.115. Senator Pallett.

Senator S.W. Pallett:

I will pick up from where I left off. Since Samarès Ward closed it is clear from the experiences of patients that the amount and consistency of therapy treatments is not meeting the national guidelines and I believe it is unlikely it will in the confined space that is Plémont Ward. The lack of consistent physiotherapy and occupational therapy is not meeting the national guidelines that state: "People with stroke should accumulate at least 45 minutes of each appropriate therapy every day at a frequency that enables them to meet their rehabilitation goals and for as long as they are willing and capable of participating." With the limitations on both gym space and basic occupational therapy equipment I seriously doubt any patient that has been through Plémont Ward or are there now are currently meeting this guideline. The space is the issue and if you have visited both wards, as I have, you can clearly see that the simple answer for the short term is to relocate the unit back to Samarès Ward where all the necessary space, facilities and equipment exists. This would give the Island back the first-class facility it had previously and was so proud of. How many patients have had their long-term recoveries damaged by the inability of the Minister and his team to realise that Plémont Ward is seriously underachieving when they knew Samarès was perfectly capable of being reopened? I will remind Members again it is 87 weeks since Plémont opened its rehabilitation provision. It is totally unacceptable that the improvement plan outlined by the Minister was only put in place in December last year. The national guidelines also state that multidisciplinary stroke teams should incorporate the practising of functional skills gained in therapy into the person's daily routine in a consistent manner and the care environment should support people with stroke to practise their skills as much as possible. Samarès already has the care environment required without the H.C.S. estates team having to carry out noisy and invasive building work in a ward where patients are attempting to rest and recover. This is merely an attempt to recreate facilities that already exist on Samarès in a space that is clearly not big enough. It will also be so much easier for any multidisciplinary team to carry out their co-ordinated work in our purpose-built facility at Samarès where space is most definitely not an issue and patients have an environment that is conducive to recovery. Another area of concern to me since the rehabilitation unit was relocated to Plémont Ward is that of the mental well-being of patients that have suffered a stroke or serious injury. This will likely mean a huge change in their lives and potentially in their expectations for the future. It is vital that these patients receive the necessary advice on their mental health. It cannot help that patients on Plémont Ward have little or no privacy, are not able to access the peace and quiet that they desperately need, are situated on a ward with toilets that cannot accommodate hoists to assist paralysed or limited-movement patients, are on a ward where commodes are used and where there is no access to a dietician. I could understand how someone could become anxious or even depressed at present and the environment of cramped wards with beds on top of each other and limited bathroom facilities is

not really helping their cause. I have no clear evidence that antidepressants are a go-to cure for medical professionals to treat those who are feeling down or struggling to come to terms with their health issue but one carer of a patient has reported to me that: "My partner was offered antidepressants as he was feeling down although he has always had very good mental health. Coming to terms with becoming increasingly disabled overnight could take its toll on anyone; this stands to reason. He is not clinically depressed, he clearly requires support and guidance, not medication. He is yet to receive any mental health support to come to terms with his disabilities. How is this not provided as standard on the rehabilitation ward where all patients must surely require this support to some extent? This is a major shocking omission in the support that is available to patients. It is even more shocking still that this lack of effective treatment is being masked with the offer of unnecessary medication. It is clear that H.C.S. pays nothing more than lip service to the parity of esteem between mental and physical health." I might also add that we also received emails outlining the care of other patients on Plémont Ward that also highlighted this issue, and I quote from another: "It was chaotic. Patients with mental health issues were on the ward but there did not appear to be any mental health staff or counsellors available on the ward. Some of these had thrown antidepressants into their medication - yes, antidepressants - as if that was going to solve their mental state. They were in shock, traumatised, had no idea where they were or how they got there. They could not understand what had happened to them, they were paralysed by the leg, arm or both, patients were falling out of chairs and beds and one patient was throwing anything he could get hold of at other patients who were unable to duck or move out of their chair to avoid the item aimed at them. I have never witnessed or imagined witnessing anything like this in my life. My father became a shadow of himself with the belief that this was the end and there was no future." Another simply said: "My primary concerns are the non-existence of mental health care and dependence on antidepressants." I find these comments chilling to the bone and I hope Members feel the same. I have no explanation as to why antidepressants were apparently used unnecessarily in this way but it is clear that Plémont Ward is extremely busy and staff under immense pressure to deliver care to patients with complex needs in a difficult environment and with facilities that are not helping them to achieve the highest levels of care. I have to say that I was not aware that such problems existed prior to the move from Samarès Ward but issues do currently exist that require investigation and attention. In the short to medium term, in our view, a return to the purpose-built facility at Overdale seems to me to be the only sensible way forward and that is even if it is only for a 6 to 9-month period while the Minister puts in place a rehabilitation unit that can properly replace Samarès as Samarès is to finally be demolished to make way for a new hospital. The national guidelines for dealing with patients suffering anxiety and depression as a result of stroke are clear and yet again I do not believe the rehabilitation unit on Plémont Ward are meeting these guidelines. The guidelines state: "People with one mood disorder, for example, depression, should be assessed for others." It is also stated: "People with mild or moderate symptoms or psychological distress, depression or anxiety after stroke should be given information, support and advice and considered for one or more of the following interventions: increased social interaction, increased exercise or other psycho-social interventions such as psycho-social education groups." Even if patients were assessed as being depressed on Plémont Ward, there is little opportunity to increase social interaction or exercise and any such action will require the necessary skilled staff to support the patient. I believe that mental health support is currently at the bottom of the list when it comes to caring for stroke and injury patients and is yet another reason why patients who require specialist treatment, space to recover, peace and quiet, adequate rest and recuperation and the right environment to rebuild social contact should be moved back to Samarès as a matter of urgency. My proposition is clear that it is crucial the Minister not only considers how rehabilitation can be properly accommodated in the plans for a new hospital but he finds without delay a temporary home for rehabilitation services that suits both the clinical needs of the patient and provides an environment to support recovery. I noted in the open letter to States Members that the medical director and chief nurse state that returning to Samarès Ward will be clinically unsafe but neither in the report to the amendment, the States Members' briefing, the open letter or in questions this week has any clear

reasoning been given for this assumption. If the unit was clinically safe previously then I have been advised that there is no reason that it is not true now. It is impossible to go through all the requirements of the 2016 National Clinical Guideline for Stroke or indeed the 2013 National Institute for Health and Care Excellence guidelines for stroke rehabilitation, as both set out clear pathways for how stroke units and multidisciplinary teams should be organised. The Minister makes much play both in his report to the amendment and the briefing he gave to States Members that his department has received only 7 complaints. He has also said to me that he will be happy to receive any complaints that I have received from patients or their families and deal with any issues. In this day and age in an Island with such a huge international reputation, it pains me to say that some patients and their families are scared to make a complaint as they feel that because they are still being treated that they will potentially be victimised and their care and support reduced further. I can understand that fear and try to reassure anyone who has asked me that I will ensure they are treated fairly, but for some the risk is far too great. Some families have been badly let down and others have lost faith in a service that should have provided them with the best possible opportunity for recovery but instead have had them discharged, rushed out the door without the necessary preparation or care packages they need to continue their recovery at home. The Minister has admitted that communication between his department and the public has not been good. That remains the case and his department have a long way to go before they can convince the public that they are listening to patients and families and prepared to learn from mistakes. The same lack of communication I believe also exists between senior management at Health and Community Services and their staff who, although being in the firing line on a day-to-day basis, do not get the support they deserve from the ever-increasing army of managers that are making the Health Department too top heavy.

[14:30]

I want to speak about the promotional video that the Minister provided last week and the effect this short film has had on staff. I did not believe that the Minister would sink to having propaganda films made to attempt to persuade States Members to accept his amendment. The meaning of propaganda is clear: it is information especially of a biased or misleading nature used to promote a political cause or point of view and, yes, the film is undoubtedly propaganda. We are all politicians and we each have a right to promote a political cause but in this case, this is dealing with people's lives, their well-being and I and others expect the truth to be portrayed in films of this nature and not fiction. I have to say it was cleverly filmed. It is not what is shown that causes me the greatest concern, it is what is not shown as it is the parts of Plémont Ward that we do not see that has caused many of the issues highlighted in many of the unacceptable patient experiences that I have already mentioned. We saw the corridor, narrow and very busy and difficult to navigate if you are in a wheelchair or had problems walking. There were staff on duty who smiled and waved to the camera, although we did not see much of them engaging with patients and none of them were interviewed. We were taken into a ward that was partly being used as a gym and saw a table being used for occupational therapy. All very good but in terms of available space, very limited and unlikely to be able to cope with 14 patients if all were being treated to the National Clinical Guidelines for Stroke. The day after the film was shot, I am told that 21 patients were in need of rehabilitation, the 5 day wards had 6 beds in them and the bay allocated for a dining room had 6 beds in it. We were not shown the wards and I can tell you why: when I visited, both wards had 6 beds in them. The wards are desperately cramped and during visiting time, visitors' chairs are back to back with patients and their families having no privacy at all with their loved ones, irrespective of how ill they are. There is one toilet for 6 beds, no storage facilities and no opportunity to make the patient feel welcome. The most disturbing element of this video was the general ward manager extolling the virtues of rehabilitation being provided to all - yes, all patients - and the statement that the ward only discharge patients when they are ready to go home. This is simply not the case and it is disgraceful that a manager is being used in this way to portray a service that is underperforming and letting Islanders down. I am told by a source that the general ward manager who is seen in the video had never been seen on Plémont Ward prior to the filming of

this video and left soon after. I am also told that many involved with delivering care were seriously concerned about the propaganda put out in the name of H.C.S. about the rehabilitation unit. I quote from a source: “Members of staff were in floods of tears because they cannot believe the pack of lies being told and reporting that management do not speak with them, do not speak with the patients and simply do not care.” The comment went on to say: “This is the most appalling thing this Government has ever done and I do not say that lightly.” It is becoming increasingly clear that staff are afraid to speak out. They do not believe that they can appeal to the Minister as he simply does not listen. I am being told of the extreme vindictiveness that is meted out to anyone who tries to raise issues or challenges anything. Interestingly, no members of staff were interviewed, as I have said, or asked to comment in this recently-produced video and you can make up your own mind why that is. I have asked sources whether staff will speak to me privately and anonymously but a response I received said: “They, the staff, are so frightened that they would be found and disciplined. Staff are also avoiding social media as sites are being monitored with managers being overheard discussing: ‘How can we get them and discipline to shut them up?’ They wish they could speak freely but the place is toxic, the place is full of patients with little or no rehabilitation going on as reported in the video and staff feel it is a joke. This situation is such a mess.” The response went on: “I have met with a health professional this morning. They had not seen the video and watched it almost in disbelief. They claim the mood has led to life-long disabilities that are avoidable.” Members can believe or disbelieve the comments I have received from sources within the hospital but they dismiss these claims at their peril. We have patients that have given clear accounts of poor service that is essentially down to the limited facilities that are available on Plémont Ward. We have heard the staff share these concerns and are not being listened to. The National Clinical Guidelines for Stroke state: “People’s perceptions of the quality of care they receive do not always match the clinician’s view of the care that they have delivered and these views need to be separately audited in a manner that enables the participation of those with significant disabilities.” Never was a truer word said. The clinicians’ views and that of the senior management and the Minister are a million miles away from the views of patients and their families and it is a disgrace it has taken 87 weeks to introduce the necessary clinical audit and an improvement plan to drive a better service for rehabilitation patients. Everyone should be able to participate in feedback but the views of patients has to be paramount and if problems are highlighted they need to be recorded, assessed and acted upon and this should not take 87 weeks to set up. I briefly want to touch on capacity and the ability of Plémont Ward to cope with, not only the number of rehabilitation patients that they are currently receiving, but the increased number that are likely due to the ageing demographic in Jersey. My Written Question 495/2021 asked the Minister various questions around the length of stay of patients in rehabilitation. Patient counts each year differed between 158 in 2016 to 252 in 2019 and the average length of stay also varied between 31 days and 42 days. Even if you take a mid-range figure for yearly patients of, say, 200 and multiply this by the average length of stay of, say, 34 days, this equates to 6,800 bed nights. Samarès have 27 beds and even if the ward was operating at, say, 80 per cent of capacity, this would equate to 7,800 bed nights. Plémont Ward, on the other hand, has a 14-bed capacity and even if the ward was full for 365 days a year, can only offer 5,110 bed nights. Therefore, there is a serious capacity issue on Plémont Ward that can only be dealt with in one or 2 ways. The first would be to increase beds on what is already a cramped and confined ward. This is going to have an effect on the quality of the rehabilitation service, an issue that is already a problem or there is a risk it will impact on other aspects of acute care in the hospital. The second involved discharging patients early against national guidelines and in contradiction of the statement made by the general ward manager in the video that patients will only be discharged when they are ready to go home. I have no doubt from what I have read within patient experiences of being treated on Plémont Ward that rehabilitation patients are being discharged far too early and without the necessary care packages to support them in their homes. This situation is likely to continue and may become worse if we do not deal with this today and seek to find better alternatives. To quote the daughter of a patient: “Let us turn to physio. I was told by the hospital that my dad would receive ongoing physio by physios that work in the

community. Dad has been discharged from the hospital for 30 weeks and has had 10 visits which were, to put it bluntly, useless. A physio arrives at the door, hands the live-in carer a sheet with a new exercise to follow and off the physio goes. The physio does nothing but hand the sheet to the carer, the carer to figure out and do with the client. I have already had the experience of the carer doing an exercise incorrectly, who knows what potential loss and damage could be done unintentionally.” There is simply insufficient bed space on Plémont Ward and that situation is only going to be exacerbated as years go by. Patients will continue to receive poor rehabilitation that may well have long-lasting effects all because the Minister blindly follows the advice of his senior management who have admitted the current rehabilitation provision does not meet expectation. Samarès Ward had far better bed capacity and facilities, so I ask Members, let us treat Islanders in a unit that can cope with their needs rather than persist with trying to make a silk purse out of a sow’s ear. Plémont Ward is simply not coping with the numbers and this will only get worse. P.115 asks that Samarès Ward be opened by 1st March 2022. I believe that is achievable, is clinically safe and is wanted by staff working in the rehabilitation unit on Plémont Ward. This will then provide those Islanders who are unable to receive care at home the chance of receiving their care in first-rate facilities for part or all of 2022 and allow long-term plans to be made for similar or better rehabilitation facilities in Jersey. I understand and respect the States decision to build a new hospital at Overdale, whether I personally agree with it or not, and P.115 has not been brought forward as a mechanism to delay or block the progress of a new hospital. We have not yet agreed the Island Bridging Plan and it will be some time before the planning inspector provides his thoughts on the recently-submitted planning application for a new hospital, never mind any firm date for any demolition at Overdale that may well include Samarès Ward. So let us not miss the opportunity to support Islanders in the short term who are suffering life-changing health issues and require the best opportunity for recovery by reinstating Samarès Ward. As I come to the end of my speech, I will repeat the following analogy that was sent to me by a local doctor. Let us suppose Jersey is an aeroplane. At present those requiring rehabilitation have all been relegated to economy class, Plémont Ward. This is really cramped, noisy, there is little space, no privacy and the cabin crew are always busy. Meanwhile, first class, Samarès Ward, is available and not being used as it is deemed too expensive and not being used for its intended purpose. It could provide single rooms, specialist gym space, a large community dining area, easy access to outside space, room for therapies and lots more. The questions that Members have to ask themselves is: would you like your loved ones to have the opportunity for 6, 9 months a year in first class now, a prospect of similar or better facilities in the future or are you content for them to remain in economy for the next 5 or 6 years? This is what you have to decide. I urge you to vote for first class, I urge you to give your loved ones, your parishioners, your constituents the best possible chance of recovery. Why would you settle for less, I urge you all through my proposition? I just want to make one final comment around the email that was sent this morning. I have again asked the Minister to provide further clarification about commitments to P.115. I hope he is prepared to do that in his speech. I think the public and supporters of P.115 are clear about what our intentions are within P.115 and I do hope that the Minister, if he is going to accept P.115 and the Council of Ministers are going to be prepared to accept it, that they accept the ethos behind it and the content within it and they can stick to the timeframes within it.

[14:45]

I urge Members to vote for the proposition. Islanders deserve to have the best possible care and for some that has not been achieved. Let us do our best to try to do that in the purpose-built facility at Samarès, at least in the short term, while we decide what we are going to do in the long term. Thank you.

The Bailiff:

Is the proposition seconded? **[Seconded]** Does any Member wish to speak on the proposition? The debate is now opened.

9.1.1 Senator S.C. Ferguson:

I would remind Members of the Assembly that this is the Minister who did not think that there was any bullying in his department contrary to what I and other States Members know, so if Members could bear that in mind. As Senator Pallett has said, it would have been nice if the health authorities could apologise for the way they have ignored the needs of rehabilitation patients who tend usually to be the elderly and those least able to protest. It has been said that the authorities considered that Samarès Ward would be required for COVID patients. It seems to me that none of our recently-appointed health officials have read the reports of the risk exercise conducted in, I think, 2017 which considered the risks implicit in a pandemic. One of the measures was to utilise the hotels for accommodation. This was a move recommended by such people as Colin Egré, the former Deputy of St. Peter, who had a degree and practical experience in risk assessments. Why did the recent appointments not read that report? This amendment by the Minister which has just been withdrawn is typical of the output from H.C.S., again, as Senator Pallett has said, is pure “jam tomorrow”; 5,000 words with lots of glorious promises but no practical and immediate solutions. As I recall, for example, there is only one disabled toilet on Plémont for the whole ward and it is not exactly spacious, so how do you get into a non-spacious toilet with a Zimmer frame in tow? It just does not work. Plans and words, we can all produce those, those in this Chamber, probably better than most, but our rehabilitation patients need deeds. It is my understanding that the moves were undertaken without proper discussion with the consultants involved. Since when do civil servants really understand the implications of such a move, given our highly-paid operational consultant from the U.K. even overlooked the necessity for a unit which could be located on the old T.B. (Tuberculosis) McKinsty Ward to provide rehabilitation and even step-down accommodation? Now Samarès Ward is providing offices for civil servants apparently working on the Jersey Care Model, yet another “jam tomorrow” document. We need to stop issuing these wordy documents full of platitudes and pie in the sky and concentrate on the things that matter, which provide best patient care and reduce the strain on the hospital. In fact, it seems that we should gratefully - or is it gracefully? - accept the resignations of the top layers of management and the Minister and let people who know what they are doing replace them. Please vote for this proposition.

9.1.2 The Connétable of St. Mary:

I believe that we have all received emails in support of retaining the Samarès Ward. These have come from professional people who work in this environment, including retired professionals and indeed the patients and relatives who have passed through and those who are still receiving treatment. It is accepted that the existing Samarès Ward cannot remain on site during the building programme of a new hospital, so where is the planning brief for the new build of the hospital? The Samarès Ward should have been the first concern, a new standalone facility would surely be built first on the agenda. Surely an ideal location would be the old Les Quennevais School. Whatever happens, an independent rehabilitation unit needs to be provided as a vital part of our healthcare. There should be a flawless decanting of the present Samarès Ward to a purpose-provided facility. I and many people hope that this still can happen as soon as possible.

9.1.3 Deputy I. Gardiner of St. Helier:

The previous speakers have shared with us and the public many important details to support this proposition, including personal emails which we have all received, so I will not again compare between Plémont and Samarès. I would like personally to address maybe a wider issue which I hope will not become a pattern, that we can break it now going forward. I personally, as others, I think, have seen this debate taking place in our media and over the internet. This debate has followed what seems to be the new normal format, which I hope it is not but it feels. We have people, patients, our clients who receive treatments, which is basically service, the relatives of the clients receiving the service, the workforce delivering the service to the clients all saying the service has deteriorated and our Government saying it is equal or better. It has happened several times during the Public Accounts

Committee hearings over the last year. We have clients, relatives, our workforce, a list of personal experiences, dates, times, incidents and systematic failures and our government replying with data which at the best can be described as incomplete, inconsistent and often partly or completely withheld because of data protection reasons all claiming the opposite. Sometimes it is really, really difficult to match responses and the data that we receive. Care for these patients is inadequate when they say it is. They are the clients, they are the end users, they are the focus of our care. I really, really hope that in this instance it seems they have been heard; it took a long time. Telling these patients, families, nurses, physiotherapists and occupational therapists they are wrong is as peculiar as telling a person that they have warm-enough clothes when they are standing in front of you shivering and pointing to a broken thermometer as proof. We have to put this right before we go to catastrophic failure in a service which is already overstretched. I really, really hope that we will adopt this proposition today and hopefully our Government has accepted that we need a dedicated rehabilitation unit. This is about care for brain injury patients, some of them the least able of our population, some of them the least able to speak up for themselves. I am thankful for Senator Pallett for bringing this proposition forward because I think for a while we all were wondering how we are going to address it because we felt it is really wrong going there. I am pleased that these people, these patients, have a persistent political voice in this Assembly and hope we will be able to overturn what I believe was a mistake. Saying that, I am welcoming that the Minister for Health and Social Services is withdrawing his amendment and I am looking forward to his speech to see how the plans will move forward as well. Samarès Ward was the gold standard rehabilitation ward. I would like to hear reassurance from the Minister that by accepting this proposition we will see the same gold standard reinstated at Samarès Ward and a new location going forward that will be open soon.

9.1.4 The Connétable of St. John:

I rise to speak today for the first time in this Assembly. I am sure we all know someone who has been the victim of a stroke and that strokes affect people of all ages. According to the Stroke Association, one in 3 people die. This is obviously devastating for the families left behind but it can also be devastating for stroke survivors too. The Stroke Association say that many survivors find themselves grieving for the person they were before their stroke. I would like Members to just think about that for a second. They often grieve for the person they once were. Rehabilitation is clearly not just limited to stroke survivors but many of the clients are from this area. This Assembly would be filled 3 times over every year with people needing rehabilitation services. In starting, I would like to place on record my thanks to all the front line staff at the hospital and especially those who are currently doing their very best on Plémont Ward, something I witnessed first-hand last year and I will return to later. I should also acknowledge the work of the Minister for Health and Social Services during COVID and I thank him for the 3 one-hour meetings I have had with him and some members of his leadership team as I wanted to learn about our health services. Clearly, my enquiries did not start and finish with the Minister for Health and Social Services. I have talked and listened, listened to many, many health professionals from right across the department, clinicians, doctors, senior nursing staff, nurses, assistants and porters. They all have a story to tell and I can tell you I have big concerns about our health service at present. Healthcare staff are desperate for help and want their views to be heard. Just 2 days before Christmas, the Minister and I had a 2-hour meeting with a constituent, again with members of his senior team, to discuss a particular stroke victim's case, and we have heard some of that from Senator Pallett. Let us be frank, despite having had repeated assurances from both the Minister for Health and Social Services and the director general both saying until very recently that there had been no deterioration in service over the last year and a half, the reality has been and is very different. You do not have to take my word for that; if you speak to health professionals working in the area, stroke charities, Headway, patients and the families of patients, you will get the same message. I plan to share with Members what I have learnt. The most telling lesson of this, people will continue to suffer life-long disabilities that are avoidable. That means people are being discharged too early and if they had longer in rehabilitation would regain

more ability. This cannot be allowed to continue. Having a rehabilitation facility on an acute ward just does not work. It does not work because, as one health professional told me, it is a different ethos. Indeed, the Minister for Health and Social Services agreed with me, as an extract from Hansard on 13th December goes like this. I asked: "Would the Minister agree with me that it is a completely different ethos and that rehabilitation on an open, general ward is not conducive for rehabilitation patients?" The Deputy of St. Ouen: "Yes. I accept that Plémont Ward is not Samarès. Samarès was spacious, it was calm, it was a different environment." The Minister repeated these qualities of Samarès during question time yesterday.

[15:00]

The important thing is the statement is that it was spacious and it was calm. In fact, it is spacious, it is calm and yet there is absolutely no recognition of either of those qualities in the amendment: spacious and calm, a purpose-built facility just 5 minutes away. Sadly, there is a fear culture among the people who work within health and, as said, among patients, and I thank those who have spoken to me and others and particularly those who spoke to the media. Only last night I was contacted by a health professional who told me Plémont is getting worse and worse. There are 21 patients there today; there should be 22 but one patient needs 2 bed spaces. That was the facts, not 14. I witnessed first-hand, along with dozens of others, the substandard facilities of Plémont when my late mother was a patient; this, while the purpose-built facility was not being utilised. Remember, Plémont is not spacious and it is not calm. At the last sitting, I made a couple of observations about the Government Plan following my short time in this Assembly. I spoke about the need in my opinion of more collaboration between States Members and the need for a more solutions-based approach. I have said a couple of times now, to me it does not matter who brings a proposal, and again I encourage Members to take the same approach: put your Island and Islanders first. I find myself repeating these words because we did have an amendment lodged at the very last moment, an amendment that had a lengthy report without saying anything of substance. As confirmed by Senator Pallett, he and I were both prepared to meet the Minister; we were given less than 24 hours for a time last Friday. I am still waiting for the revised time and waiting to be called back. Collaboration, solutions-based, neither of those. Putting Islanders first, we hope so. We were asked by the Minister to stick to his plan for 8 weeks. Eight weeks. I will remind Members it has taken 87 weeks to start putting in a plan to reinstate a laundry facility for rehabilitation patients. It took many, many months to put in place a service contract for the gym equipment being used by rehabilitation patients. Somebody complained that it was dangerous, there was no service contract. Improvements can be made and should be made and have been made. The day after the amendment was lodged, as we have heard, there were 6 beds in each bay and 3 bays, not 2, were being used. The ward is just not conducive for good rehabilitation. In the lengthy report there is not one mention of rest. In my limited knowledge and research, I realised that rest is vital for a rehabilitation patient. Sleep deprivation means patients cannot get the most out of their physio. Samarès closed in March, not in May. Staff and families of patients have been let down during every one of those 87 weeks. They are being let down today, they will be let down tomorrow. We finally heard a whispered apology from the Minister in the media. Some people have suggested the Minister was unaware. Well I know for a fact that many people have spoken to him, including charities, and they have raised their concerns. I raised my concerns with the Minister in the corridor of Plémont back in July - July - so I know that the Minister has known that things are not good. I watched staff do their very best in what can only be described as very poor conditions. I watched patients, some with dementia, struggle in the environment. I watched as families struggle to cope watching their loved ones on a daily weekly basis. If they were able to get dressed, they were able to move to a chair, that is where they would spend their day, in the chair next to their bed. Physio and occupational therapy was hit and miss in terms of the frequency, the facilities the staff had to use being very, very basic. Staff would apologise to patients and their family for the facilities they had to operate in. A simple walk along the corridor was in itself difficult to achieve because of the lack of space. I could go on at length about the experience of my family; it was just the same as other

families at the time. It is the same for families from March 2020 to now. It has to change. We are told not to be emotional and listen to the clinicians. It is hard. It is hard for victims and their families not to get emotional. Imagine being struck down by an illness and not being able to do what you used to do. That could be emotional for the family and the patient. Listen to the clinicians, we are told. Well, I can confirm, I have listened to the clinicians, the experts in their field. Yesterday we heard that Samarès did not keep records; that was not the facilities but that was the process. Surely that is a quick win. I am told that while Samarès was not perfect, it has its flaws, it was brilliant compared to what we have now. We read in the report about the amount of complaints and compliments received. Where is the feedback data where patients scored the service they receive? Where is the comparison to the feedback from Samarès? We did not get that, did we? My family would have sent a card or a letter, a compliment, but that in no way should be seen as any sort of endorsement of the services being offered. No, that card or letter of thanks would have been to commend the team for doing their very, very best in what can only be described as very trying circumstances. It is my view, and the view of many, that the staff have been as let down as the patients. Some may see a reduction from 6 to 5 beds in the bay as a good thing but what is the reality? When push comes to shove, the sixth bed will be back. People sharing a television, noisy, disruptive patients. As one mother wrote to me, Sharon Shepherd - and she asked me to quote her today - not only were there exceptional staff working together in a superb team at Samarès, it was the facilities: "I cannot explain how important a single room and bathroom is to someone who has lost the ability to go to the bathroom by themselves, to be able to move into a wheelchair without others, strangers watching." She says: "My son was a young lad and he was treated with dignity." All our Islanders should be treated with dignity. She goes on: "How dare this Government take this facility away from any of our Islanders. My son did walk and run again. He lived his remaining time with us, loving life until his horrible disease took him at just 25 years. For all those other Harrys out there they deserve the absolute best we can possibly give them, not the shameful treatment they are now given." So let us compare that to now. We have heard about the hoists being too big, the toilets being too small. The medical director told us at a briefing on Thursday he had concerns about the proposition. He went on to tell us about the work required in lots of different aspects of rehabilitation. Well I welcome that fact. I welcome the fact we are now looking across the service to do things better and do things differently. The proposition does not stop any of that important work. We heard about data, it is not the fault of the buildings. He told us before we decide where, we need to decide what we do. I found that quite strange. Here we have someone arguing the case of a 14-bed facility when we have a 28-bed facility 5 minutes away and we need to decide what we provide before we decide where. It seems to me we are being asked to do the exact opposite. We are being asked by the Minister to relocate Samarès on a permanent basis to Plémont but we still have not decided what we are going to do. For Members who could not be part of the briefing, and even for those who did take part, I will remind you of a couple of other things the medical director said. He acknowledged that things are not ideal. Services on Plémont have not been to the standard he would have liked. He agreed the need for improvements and acknowledged in his words: "Samarès is an excellent facility." Well I would agree with that. He went on to say: "It would not be helpful if politicians push this down a certain way." We also had an open letter from 2 senior members of staff this week explaining their concerns. Is it not strange that these 2 employees can write open letters to politicians to influence policy when the staff who work in the area, the real experts, are frightened to pick up the phone or meet with their elected representatives? I will remind Members that it was this Assembly that approved the funding for Samarès in the first place, this Assembly that approved the funding for its refurbishment. We have not been asked about relocating rehabilitation and it is for us to decide with respect to clinicians, it is us to decide how we use our resources. This is all about people. This is not about buildings, it is about people who need treatment today, tomorrow, next week, next month and next year. As I said, I have met many people. One lady I met had had a stroke and she wrote to me, her father has had a stroke. She told me all about the challenges there are within the system: lack of staffing; no criticism of the staff from anybody, they are doing their level, level best. She received

a phone call 2 weeks before her father's discharge date to ask if he could go home that day. She said no. She had had a stroke and she knew what questions to ask. Not everybody is experienced, people struggle, it is a shock to people. Her 81 year-old mum was found with 5 people in front of her trying to convince her to take her father home. When she got involved, the final review meeting did not happen and she was informed it was too expensive to get all the professionals together. This lady's father was home for 6 weeks, 6 weeks before he was visited by a physio and speech and language and they are not sure to this day if he has been signed off following speech and language and occupational therapy visits. In her experience when she had a stroke, noise, movement, bright lights and busy surroundings is not what a person wants. They want calm, peace, they do not want noise. They are trying to come to terms with a massive life-changing event. She goes on to say that a month ago her only choice could have been a nursing home for her father: "It infuriates me. He was seen as medically fit, so there was no more the hospital could do. I also cannot help but think of the families and stroke survivors that do not have the knowledge I do. I knew the questions that needed to be asked, what needed to be done. Most families find themselves in the middle of a nightmare. The difference in both my experiences was like night and day. I consider myself lucky." Another family member wrote about their family's ordeal and she finished by saying: "The bottom line is rehabilitation needs to be in a setting where the patient has all the amenities they need to hand." The director general of H.C.S. in the hearing in this room with P.A.C. (Public Accounts Committee) on 29th November insisted that there had been no reduction in services but rather a different way of delivering those services. When I challenged this assertion, the director general rejected the view, saying that the resources on Samarès and Plémont were exactly the same. Well, one facility had 28 beds, the current has 14. If the resource was the same, the treatment would have improved, not deteriorated. The director general admitted, however, resources might not be used as effectively as they could be. The staff cannot work any harder, the staff work incredibly hard in difficult conditions. On Samarès, patients received physiotherapy regularly but on Plémont they are going days without receiving either. I know that from personal experience. One person contacted me saying: "My partner has been in hospital for 10 weeks and the physio and rehabilitation has been basically non-existent." At the P.A.C. hearing the director general also said: "H.C.S. put their hand up if they get things wrong." Today is the day for them to put their hands up and for us to move forward. I would also encourage them to put their hands up and ask for help. When I met with the Minister for Health and Social Services in August with his general manager, I was shocked that H.C.S. had an 8 per cent vacancy level. Based on their figures of 2,500 people, that would be 200 staff. I wrote to the Minister on 28th October because a spokesman had claimed the vacancy level was 5.4 per cent; that is 130 vacancies. In fact, that vacancy rate was reaffirmed a few days later in this House and is in Hansard and it says in answer to a question from Deputy Southern: "There is no recruitment crisis in H.C.S. The organisation has a vacancy rate of 5.3 per cent currently. That is not unusual for an organisation of this size."

[15:15]

Well, a Freedom of Information answer received last week asked on 1st November, so a day before that statement: "We now have 353 vacancies or 14.12 per cent vacancies." I ask you, 2 public documents, which one is right? I would suggest, given the pressure I have witnessed and other people have witnessed the staff being under, that the higher number is true. I would acknowledge the great work that is going on with training within H.C.S. But I look forward: on 1st October 2021, the clinical director for our hospital, when answering questions on BBC radio said: "We have got 5 years to sort this out." I am here to tell Members we do not have 5 years, 5 months or 5 weeks. People suffer illnesses all the time. We have a duty to provide the best we can, the best in terms of facilities and the best in terms of care. Talking to staff, I am told the reason there is no rehabilitation facility planned for the new hospital is because it was not in the brief. More than one professional has told me that the clinical director for our new hospital was insistent that it was not in the brief, it was not going to happen. As one doctor wrote to me, a rehabilitation centre is vital ...

The Bailiff:

Connétable, I afforded your request for an extra 5 minutes. We are now over 20 minutes, I am afraid I have to ask you to stop. There is a guillotine 15-minute limit, I am afraid, and you have already spoken for 20, in accordance with a prior arrangement that you asked for that latitude.

9.1.5 The Deputy of St. Ouen:

Right at the outset I want to acknowledge that for some patients in Plémont Ward Health and Community Services has not delivered services to the standard it aspires to. I will explain why that might have occurred shortly, but I and my team wish to apologise for those shortcomings. We recognise that some patients' experiences of care were not good and significantly impacted on their recovery. In H.S.C. we seek to learn from every patient's story we receive and use that learning to continually improve the care that we deliver. Now, I am afraid we will not always get it right because we are all human and despite best endeavours we will get things wrong in the future, but we will continue to strive to be a learning organisation where our staff continuously learn and enhance their capabilities. We want to generate knowledge and apply that knowledge to improving practice and continue to listen actively to our patients. With Samarès we have listened but we have not actively listened. To those patients who feel their voice has not been heard I do apologise. However, I know that no member of our staff comes to work intending to deliver poor quality care or patient experiences, and I want to praise and thank the team in Plémont Ward for delivering good care to the 335 patients who have passed through Plémont Ward since the rehabilitation service has moved there. They have not been able to control the environment but despite that they have still continued to give of themselves every day for our patients, and for that I thank them. I would like to take Members back to March 2020 when the public health monitoring was suggesting that the Island was facing up to 500 deaths and many hundreds more in hospital. There was a real fear that hospital services would be overwhelmed. The decision was taken to close Samarès Ward and move staff engaged in rehabilitation services to the General Hospital. Most hospital staff, therefore, would be located on one site to be deployed in ways best judged to meet the threat of the pandemic. The Samarès Ward was proposed as a step-down facility from Nightingale for the patients who no longer needed oxygen. All of this was the right thing to do and the decision was taken in consultation with the consultants involved. At that time, the onset of the pandemic, there was huge anxiety felt by front line workers in all services. There was fear for their families, their patients, their colleagues and themselves. The pandemic was a complete unknown but they willingly stepped up and they placed themselves in the vanguard of our response. With a major incident you eventually move to a recovery and restore to normal position and business as usual, but for the last 2 years H.C.S. has, through necessity, been in escalation as they have responded to the repeated waves, currently being in response wave 4. It is unprecedented for any community to face a major incident continuously for almost 2 years with no respite. When there has been a lull in the COVID pressures we needed our staff to try and grab some rest and try to recuperate, and on returning they led our increased efforts to meet the backlog in waiting lists caused by COVID and, lo and behold, another wave appears on the horizon. In these last 2 years the way healthcare is delivered has been turned on its head. It has been a burning platform from which we have taken many scalds, but because of the resilience and fortitude of our staff we have also innovated and improvised and transformed some of the ways we deliver care for patients. Our staff have had to get used to a hospital which operates 2 streams and keeps those streams entirely separate; hot and cold. Staff were often deployed to certain areas they are unfamiliar with but they have met those challenges uncomplainingly and strived to deliver great care. For almost 2 years they have spent long shifts in full P.P.E. (personal protection equipment) with their masks sealed tightly on their faces which makes communication so difficult between themselves, their patients and their families, but it is the necessary thing to do to keep our patients safe. Our staff, and perhaps particularly those with family outside of the Island, could feel disconnected from their usual support networks and for some of them they were not able to say any goodbye to a loved one or attend a funeral. Colleagues who were sitting at the bedside of patients as they lay dying because families

could not enter hospital. Their hands were gloved and their faces were masked but they offered all the solace they could in those terrible circumstances. That awful experience and all the other harms caused by COVID in healthcare is felt so deeply by the whole body of staff and it remains in their psyche whether they are personally involved or not, because it is a million miles from how they and the whole of H.C.S. would want to deliver compassionate care, and I salute them. For us who do not work on the front line in healthcare, we behave as if we have got the hang of this COVID thing by now. Most times we live with it, sure, there are little inconveniences like testing ourselves and putting on masks, but it is great that we can get back to restaurants, we can pursue our sports and interests, but that is not the case in healthcare. We know schools and school staff have also had significant challenges, and quite rightly many Members have drawn attention to the difficult circumstances faced by school staff. They may know something of the anxiety felt by healthcare workers having to come to work daily and try to deliver the best care within suboptimal conditions while putting themselves at risk of infection. But how much more has been the effect on healthcare workers who have seen patients suffer egregiously and sometimes die? Do no harm. Do no harm is the oath of our healthcare staff and they live that oath every day, so we can imagine their pain when despite their best efforts patients die because of this merciless virus. All of this over 2 years has resulted in a significant impact on our staff and services. If you ask me whether any part of H.C.S. services is unaffected by COVID my answer is no. It has not been possible in so many cases to deliver healthcare in the way staff are trained to do and wish to do. Plémont Ward has not been different. The staff there have suffered the same anxieties and they feel the same concerns for their patients, their families and themselves. In addition they have had to adapt to a time of rapid change where they work and have to care for most of their patients in bays rather than single rooms, and for a long time they did not know whether they might have to move again. All of this was beyond their control and still they worked to deliver the best care they could for their patients. I am so proud and grateful to all the H.C.S. staff who have had to work through exceptional times we have experienced. Delivering healthcare is challenging but never in the way it has been over the last 2 years. On many occasions staff have been asked to step up above and beyond what is normally expected of them. They have made many sacrifices and suffered physical and mental exhaustion but they have shown dedication and determination. When I speak of staff I include managers, which to some people I note seems to be a dirty word. But so many of our managers are clinicians themselves and work on the front line. They have carried the responsibility for providing hospital services to COVID-infected patients and finding ways to still deliver all the usual care services throughout a pandemic which has caused such disruption. Let us not be overly surprised that things have not always gone to plan over the last 2 years. I and my team acknowledge that we took our eye off the ball in relation to Samarès Ward and the care provided there, and I must thank States Members and members of our Island community for raising my eyes from the horizon of the pandemic and highlighting to me that we were not delivering the care that we aspire to deliver for all of our rehabilitation patients. I have now heard. I and my team have sometimes been distracted by the ceaseless demands of the pandemic and we may have missed raised flags that in different times we would have seen. But I apologise again to our patients and to our staff. What staff all had to endure has affected delivery of services and for managers their capacity to work closely with a whole range of services, and they have had to focus on keeping their services open and operating safely in the pandemic. Hugely regrettably that has meant the outcomes for some patients have not been as good as they might have been in more normal times. I wish it could have been different. We all wish this pandemic had not happened. When this Assembly asked me to be Minister for Health and Social Services it soon became clear to me that H.C.S. faced many challenges because historically in the department there had been no recognisable governance framework or quality and safety framework. Therefore, it has been difficult to ensure and demonstrate that the care delivered was patient focused and safe. That includes our rehabilitation services and our former Samarès Ward. We subscribe to something called the Sentinel Stroke National Audit Programme, sometimes called S.S.N.A.P. The last data is from 2019 and it demonstrates that we were not delivering optimum care for our stroke patients on Samarès Ward.

[15:30]

We are seeking to learn from that national audit and deliver rehabilitation care that is more responsive to our patients' needs; pathways that are owned by our patients and care plans that are agreed with them. We want to deliver the great rehabilitation care for our patients that our clinicians say is possible. We want our patients to recover and return to their homes and loved ones as close to their baseline presentation as possible, and the work we are doing - which is being led by our chief nurse and our director of improvement - is completely focused on that outcome. We will be asking former patients to join us on that improvement journey so that we hear the voices of the people who use our services. Samarès Ward was a building; care happens regardless of buildings, care is about the people delivering and the people receiving. It is that Samarès ethos that we are striving to rebuild. Step by step H.C.S. as a whole department is being transformed through changes in the organisation as it strives to achieve a culture based on quality and safety. Healthcare must be delivered within a culture that embraces safety as the predominant driver, otherwise there is a high chance of failing to put the patient first in everything we do. There have been so many challenges in H.C.S. but predominantly it has been the lack of standard processes. But that is beginning to change. We are now measuring and monitoring private and public activity. We are creating quality standards based on the safety of our patients. We are collecting good data and beginning to measure performance. We at last have accurate waiting list data and we are proactively managing waiting lists to ensure that our patients receive the correct priority. Throughout H.C.S. we have introduced a governance framework from the Minister sitting at the top of a board which meets in public, to care groups which meet in a tiny clinical body to discuss outcomes for their patients on a very regular basis. For the last 3 years - 2 of which have been in the pandemic - we have been working to introduce those processes and procedures that are standard in other healthcare economies, that look outwards instead of inwards, that challenge poor behaviour and establish frameworks in line with recognised best practice by which we can deliver care that is safe, qualitative and measurable. We are working to introduce change that will put the patients at the centre of all that we do. But I have to tell Members, Members will know, change is not easy within a culture that has not previously had meaningful management and governance structures in situ. I and my team recognise that some staff are struggling with the quality improvement programme that we are pursuing, and some staff will be fearful of it. So we are investing significantly in staff well-being and organisational development to support those Members of staff, to help them achieve the change that we need in order to deliver a culture which is based on quality and safety. So we will not just have patient stories, valuable that they are and we want them, they are sometimes emotive, they are sometimes very difficult to hear. We will use them but not solely to drive improvement. We will also have, because of the processes we are putting in place, meaningful evidence of outcomes and the assurance that services are safe and of high quality. At present the health service is facing an avalanche of criticism and condemnation on social media, traditional media, freedom of information requests, and individuals from within our community. Some of that is misinformed, it is personalised, and it does not help the work H.C.S. is trying to do. Indeed I would go as far as to say it can be unsafe. We always welcome feedback on our services but I would just put out a plea that it is respectful of our staff and recognises that everyone in H.C.S. is coming to work to do their best every day. They are a health service striving to deliver healthcare for our community within a pandemic, and we are the only hospital in this jurisdiction. I put out that plea for some support; some understanding of the work we are trying to do, some compassion, a duty of care which we seek to discharge every day. I recognise we are not always getting it right, as I have stated, but that understanding would begin to transform and help the journey along. We want to hear from those patients who are not getting good experiences. We want to use that experience to learn, we want to have that understanding and dialogue with them. If States Members hear of those experiences please let me know. I do not think it is productive that States Members tell me that they have loads of complaints but they are not going to share it with me. I ask States Members, how is that in the interests of our patients? How does it help me to get things right for the patient you are

speaking to? Because misunderstandings arise, and they have arisen, and they are perpetuated with the result that false impressions develop and gain traction. So there is misunderstanding, there is misinformation out there. I could give so many examples but I will try to correct just a few. For example, it is said that meals were cooked for patients in the kitchen at Samarès. That never happened. There has been criticism about commodes being used in Plémont Ward. Samarès Ward had commodes. The rooms in Samarès Ward were not en-suite rooms. Commodes are standard equipment in hospitals. It has been said that the bathroom in Plémont cannot be accessed with a hoist. It can. There has been a suggestion that there is a need to carry patients on a hoist from their bed to the toilet. No. A hoist is used to hoist from the bed to a commode, to place a curtain around the bed, or hoist to a chair beside the bed, which is then wheeled to place over a toilet. That is standard procedure in hospitals. We do not hoist somebody and leave them swinging on a hoist as we move them to a bathroom. It is said that the ward manager of Plémont Ward is not engaging. That is not right. The ward manager is there every day supporting our staff and speaking to our patients. It has been said the lead nurse for the improvement programme has never even been on Plémont Ward. That is wrong. She is there every day supporting our staff, speaking to our patients. Members of this Assembly received an email and it was said of that individual she had been groomed by management. I feel for her; that is derogatory, hurtful and surely against the values we seek to uphold. It is said there is no support by mental health services with other therapies. I confirm there is such support. Antidepressants are not unnecessarily thrown into medication. There are strict regulatory requirements on doctors around the prescribing of medication. To make such a statement gives the clear implication that clinicians are guilty of malpractice. That is such a serious allegation to make of a professional person, employed by the Government of Jersey, and there is a need to provide evidence if that is going to be said, rather than put out throwaway remarks. There are so many other statements, which I regret to say are incorrect, even inflammatory, sometimes misleading. I have seen in some cases that misunderstanding arising because of difficulties in communication. Yes, communication is key. Communication has become so much more difficult over the last 2 years because of all the additional measures in the hospital that effectively are trying to prevent people getting close to each other. Especially around P.P.E. for staff to talk to patients and to families with those close-fitting masks. So we must understand that communication is so important, but there are those struggles over it. So we are planning improvements in our rehabilitation services that put the patient at the centre of all that we do. Senator Pallett's proposition requests me to reinstate the services. While they have never stopped, I can commit to developing the rehabilitation services that we had even further. That we will advance good care in all healthcare settings. We are going to advance rather than look backwards. We recognise that medical practice is constantly changing. So there will be no one model that was determined years ago that we will fix on for years and years to come. We will develop services continually in line with the best advice. So that improvement plan is there, is being pursued, and was presented to States Members last week. I believe it received a good reception. I am going to invite Senator Pallett to meet our team and attend a meeting of the group that oversees the rehabilitation improvement plan, which is led by the chief nurse and the director of improvement. Senator Pallett's proposition asks me to deliver either at Samarès Ward or at another suitable location as determined by me. I will make that determination. I commit to continuing to look at all options. I acknowledge absolutely the intensity of people's feelings towards the former Samarès Ward. I will look at all options. I will be acting and I will be taking the advice of the medical director, the chief nurse, who are the accountable officers and the persons in our organisation responsible for patient safety and the quality of care. I want to ensure that we deliver the best care possible and safe care to our patients. I will also be taking advice from an external expert who is also assisting at present around our quality and safety framework. His name is Professor Hugo Mascie-Taylor. I will ensure that Senator Pallett also has all the time he needs to speak to Professor Mascie-Taylor also. By 2026, it is imperative that we will be moving to our new hospital. That is an outcome that, above all, we must achieve. In the new hospital there will be access to rehabilitation on every ward. It will be in the lifeblood that flows through the whole

hospital. There will be a dedicated medical ward with up to 30 beds as needed, most of them in single en-suite rooms.

[15:45]

We will be in a position to deliver the best rehabilitation that can be given in a new and a modern hospital. Therefore, I am in a position, after careful reflection, to support Senator Pallett's proposition. We will see in rapid time the implementation of the changes we have committed to in our improvement plan. I commit to making that determination requested. I commit to reporting that to States Members by no later than 1st March. I thank Members for hearing me out.

The Bailiff:

Thank you very much, Minister. Will you give way 2 points of clarification? The first is from Senator Ferguson and the second from Deputy Morel. Will you give way for points of clarification?

The Deputy of St. Ouen:

Yes, I will.

Senator S.C. Ferguson:

How many times has the Minister taken a walk around the hospital in the last year?

The Bailiff:

Is that a point of clarification? I am afraid I stepped out for a few minutes and I do not know if the Minister made any statements. Very well, yes, that is a valid point of clarification.

The Deputy of St. Ouen:

I am not sure I spoke about the times I had walked around the hospital but they are numerable. I cannot come up with a number in my head. But I have often been in the hospital.

Senator S.C. Ferguson:

How come no ...

The Bailiff:

I am sorry, there is no room for an exchange. You have asked for a point of clarification, Senator, the Minister has given his point of clarification, and that is an end to that particular point.

Deputy K.F. Morel:

In his speech, the Minister said that the medical director and the chief nurse are the accountable officers. Could he clarify whether this is correct please because I understood it was the director general who is the accountable officer.

The Deputy of St. Ouen:

Yes, I am sorry. Perhaps the correct phraseology is the responsible officers.

The Bailiff:

You just put an entry in saying "clarification" Deputy Young, are you seeking a point of clarification from the Minister?

Deputy J.H. Young:

If I could ask the Minister, the Minister spoke about governance changes, which are very important in the way we take health services forward. Could he just tell us and clarify whether that governance is sufficiently independent or is it just the internal part of Government machinery? That is an

important principle. The governance where the patients groups, the user groups, et cetera, have a channel for their opinions.

The Deputy of St. Ouen:

At the moment the governance is internal, so it is myself at the head of it; Assistant Ministers sit on the committees at the next tier. Thereafter it is our staff leaders. But it is a journey we are on and I am aware of possibilities that have been discussed and this is mooted in the Comptroller and Auditor General reports of an external chair that might be appropriate to be involved with governance. So it is not inflexible. I should say that we sit as a H.C.S. board with our partners, and that includes G.P.s (general practitioners) and all the charitable providers - not all - representatives of the charitable providers, and patient voice. Certainly in our proposals on developing the Jersey Care Model, we have wanted to ensure and create a body that will give patient voice. Throughout the system we want to draw in the patient voice more and more and as part of the rehabilitation improvement plan also.

9.1.6 Connétable K. Shenton-Stone of St. Martin:

I am pleased and truly grateful to Senator Pallett that he has brought this proposition to reinstate the stroke unit, Samarès Ward, to the Assembly for debate. Two of my close relatives, an aunt and a cousin - my cousin is exactly the same age as me - received excellent rehabilitative care in Samarès Ward and I visited the unit often. I speak today, not only to support Senator Pallett's proposition, but also to seek reassurance that, if the stroke unit is relocated back to Samarès Ward, the assisted reproduction unit is safe. The A.R.U. (Assisted Reproduction Unit), infertility unit, was moved from their dedicated unit in the hospital, which was ideally situated and well-equipped. Against their wishes, they were moved to Samarès Ward. I know that the A.R.U. felt dreadful about being relocated to a well-equipped and dedicated stroke facility and felt that stroke patients should have remained there. I seek assurance from the Minister that the vital assisted reproduction unit will not be affected by this move and any disruption to the A.R.U. will be minimal. I wish to make it clear that I do not wish in any way to delay or block the reinstatement of Samarès Ward. Rather, what I seek to do is to ensure that our vitally-needed assisted reproduction unit is not deemed as collateral damage for the reinstatement of the much-needed Samarès Ward. I am supporting Senator Pallett in his proposition. We need this proposition to go through. I ask for assurance that the Assisted Reproduction Unit is not a fatality of this move. I expect this proposition to pass. We do not need any more evidence than has been said today to see just how badly the stroke unit at Samarès Ward is needed. The Island deserves an excellent, dedicated stroke unit. As ever, I will be watching closely to see that the Samarès Ward is reinstated and that the assisted reproduction unit is rehomed in an appropriate unit. I urge all Members to support this proposition.

9.1.7 Deputy K.F. Morel:

I must admit I know a couple of States Members who have congratulated the Minister for Health and Social Services on his speech; they felt it was brilliant. They felt it was worthy of approbation. But unfortunately I was disappointed by the Minister for Health and Social Services' speech. The reason for that is because, while acknowledging faults and accepting that communications had been poor, he did not seem to get to grips with the meat and bones of this proposition and what this proposition is about. It rested on emotion rather than fact. The fact is, and this is so sad to say this, when the Minister for Health and Social Services acknowledged that in his words we took the eye off the ball with regard to Samarès Ward, he opened up a bigger issue, which is why then, on 6th December in a response to the petition for the reopening of the Samarès Ward, did that response not acknowledge any of this? Why did it take this proposition to bring out all of these complaints about the quality of service, about the quality of care, and so on, that has been delivered through Plémont Ward; why did it take this proposition for the Minister for Health and Social Services and his leadership team to listen? Because they said on 6th December in response to that proposition, or maybe it was 10th December, in response to that proposition, H.C.S. will continue to listen to patients' views and

consult with local charities. There was no reduction in the package of care being delivered. H.C.S. will continue to monitor outcomes following the changes in the location of the rehabilitation service. This can be captured in a range of metrics. It is clear to me that, despite those words, nothing changed. We know this because those comments were made on 6th December, Senator Pallett lodged his proposition on 10th December, on 11th January the Minister lodged an amendment to Senator Pallett's proposition, which effectively, through the nature of the amendment, told us we are not listening. In the intervening period, in the 6 weeks since Senator Pallett lodged his proposition, I, and so many other States Members, have heard story after story from both people who work within the health service and patients themselves, alerting us to many, many problems. We know COVID has had a huge impact. We absolutely understand that. But something in this case, Samarès Ward, when the closure happened, people were concerned straight away that it would not reopen. Those are some of the first things that I was told, the comments were made to me by Islanders. Sure enough, months later we find out it is not going to reopen. That is surreptitious in its nature. It is strange. It does not engender trust. Yes, they allow us questions about the integrity of the planning system. This is about the integrity, or Islanders' views of the integrity, of the leaders of the health service. It just does not stack up. So the Minister's speech today, full of contrition, full of: "We will listen, we will learn" but we have heard those words before. They are in black and white. They are there on 6th December telling us that: "We are listening and everything is fine." It does not add up. That is why I feel such disappointment because we know that the Minister has acted incredibly fast throughout this COVID period. I can only imagine how tiring that must have been for him and all the people in the leadership of the health service and all the people delivering services directly. But none of that is an excuse for closing your ears to people who use your services. It is never an excuse for doing that. But the difference in communication from 6th December until today is so vast, is so massive a gap, that it is clear that those ears have been closed and that listening has been a token effort, not a real genuine effort. That makes me so incredibly sad. It then goes on further. As that response to the petition said, this can be captured in a range of metrics. I am afraid, Minister, those metrics are not capturing the right things, it is clear, because the Minister believed that everything was effectively fine. Islanders experiencing the service were screaming at us: "It is not fine. The service is much, much worse. It is not correct up in Plémont." So the Minister needs to understand that metrics are not everything. Metrics cannot capture everything. They really need to go back and find a better way of listening to people who experience their services. It is quite simple, the reality of the service delivered and experienced by Islanders does not match what we as States Members and other Islanders are being told by Health and Community Services. The other problem, when I listen to the Minister's speech, was that again full of contrition and emotional appeals, but what we had been faced with as States Members who are not in the health area, and I appreciate health is so complex, but what we had to put up with were thinly-veiled, in my opinion, Soviet in style, propaganda videos, which again ignored Islanders' experienced. We had a video about the wonderful services on Plémont Ward, which did not include any patients on Plémont Ward. It did not include anyone. I understand the need for anonymity, but I am sure someone could have been found to have their head obscured in some way so that we could not identify them. But it was entirely acted by non-patients. That does not engender trust. At the heart of a health service there has to be a sense of trust between those being treated, those treating them, and the administration and the Ministerial responsibility that allows all those services to be delivered. I am really concerned that is falling apart at the moment. I have talked to staff who feel bullied, who feel overstretched, who feel that they are not being listened to. I have spoken to patients who feel that they are not being listened to, who are concerned about the length of time it takes for diagnoses, the length of time it takes to be on waiting lists. Indeed, I know this is a slight aside, we heard in questions yesterday about one service where it is 40 weeks' waiting list if you are on the public system and it is a matter of a few weeks if you are in the private system. This is not engendering trust among Islanders in our health service. This is all at a time when we are trying to deliver an enormously expensive hospital and change the health service to a new care model, while improving the maternity unit, while improving and in fact having

to entirely restructure mental health services, while also dealing with a pandemic. It does feel as though, not just the Minister, but all of us perhaps have put too much on the health system right now. Because how do you cope with a restructure, a new hospital, rebuilding services that are not working, as well as a pandemic?

[16:00]

So I accept when the Minister says there is so much going on, it is so difficult, I appreciate that and perhaps we have put too much on the health service and perhaps Ministers do need to think about that. Because, at the moment, it does feel like the health service is not working for Islanders in many, many areas. What I will say is, it is right, it is better to get to the right decision late rather than not at all. It is right that the Minister has withdrawn his amendment. Senator Pallett's proposition has served a purpose greater than simply the reopening of Samarès. It has acted as a catalyst for Islanders to gain the courage to speak out, whether they work in the system or whether they are patients themselves. What I would say is that I feel the Minister needs to find a way of gaining his own insight into people's experiences. I do not believe the Minister can rely on those metrics. He cannot rely on accountants. He cannot rely on number-crunching and statistics as his sole means of understanding whether things are working properly or not. So, when it comes to, not just Samarès Ward, but the changing of other services and the way other services are delivered, there has to be a lot of learning from this. Because this has been entirely the wrong way to go about things, a surreptitious closing of a ward, and non-reopening of the ward, denials about lack of quality of service and lack of quality of care, and then a sudden acceptance that there is a lack of quality of service and a lack of quality of care. That is not the way to go about it. So please, Minister, please, do learn from this in so many ways. Islanders are really struggling to understand that the health service is being run in the right way. They are really struggling to understand that and I say that with a massively heavy heart because I know the Deputy of Ouen, I have backed him time and again, he was the States' choice for Minister, the Assembly's choice for Minister, and I want him to succeed. But I am afraid that does mean for these last few months of this Assembly changing the way, as Minister, he listens to Islanders and their concerns about the health service. Because those concerns run very deep and this is just one example of where people are deeply concerned.

9.1.8 Deputy R.J. Ward:

As one listens to a debate like this, one makes a lot of notes, so there is a lot to be said. There are 5 areas that one would be focusing on. One is the context of this proposition and the amendment that was lodged and the wording, which I want to talk about. Second, the implication and the concerns I have over what the Minister has said. There is evidence that we have all received, and we have all received so many emails and so many pieces of correspondence about this, and so many have been quoted but there are one or 2 little points that I would like to add to those. There is the reality of the experience of people and their rehabilitation, which, as the previous speaker said, I think he meant this, was it is more than just a metric that can be measured on a spreadsheet. That is so important. Then there is that issue of culture in the health services and indeed other States areas. In a previous role, I did casework to support people in States employment and I obviously naïvely hoped that the days of people being fearful of speaking out may be going. But they seem to still be here. If I say one thing to the Minister for Health and Social Services, please address that issue. Because it is not professional and it does not support staff if they feel they cannot speak out. A mechanism has to be in place for complaints in the States system, in the public services, if we are going to recruit, retain and respect, our staff, genuinely respect them, rather than just give well-earned accolades. But they need to be backed up with something. So the context of this proposition, I have a concern, and I will say the Constable of St. John has grown in my respect over his short time in the Assembly, and one particular reason is that he does take an approach of actively listening to the debate and coming up with detail. I think we should all be learning from that and I would say to Senator Pallett that is certainly what I have done with your proposition. Let us forget what may happen in elections. This

is too important. But I would say to the Senator, my concern is the wording again, and I support this, but the Minister had an amendment that was so diametrically opposed to this proposition happening, and then we were briefed, and I went to that briefing as I do to all of the briefings, and yet again we experienced the full force of Government ability to bring people to really oppose propositions from States Members. I came away thinking this debate was going to be really difficult today because of that. Then literally at the eleventh hour somebody mentioned that amendment was removed. I am afraid I have a huge suspicion around that because the wording says: "No later than 1st March 2022." I fell foul of this myself because now I am reading that as the end of February, a minute to midnight, that something will be done. Because that seems to be the approach of the Government. I really hope that the Senator can take that on board and really push. Because you are going to have to keep pushing to get this to happen. Then: "Either at Samarès Ward at Overdale or another suitable location as determined by the Minister." The Minister himself has said that there will be another consultant coming over to look at this and he is taking advice. We were told quite powerfully at the presentation that we had that the advice is very simple, to keep things the way they are. That has suddenly changed. So I am really concerned that that first bit of the proposition will actually be enacted and Samarès Ward will be reinstated. I want to raise that in the Assembly for future reference. Now, a purpose-built rehabilitation unit offering a full suite of stroke and injury rehabilitation services as on the hospital campus, I can see no reason why that cannot happen. It should absolutely happen, so I have less concern over the second part of the proposition. So that is my concerns over the context of the proposition, the amendment and the implications of whether or not this will happen. Now in terms of the evidence, we have heard so much, but there are a couple of bits I hope other people have not used, because we have all received a lot of evidence. I will try to take as many emotional words out of this as I can. A doctor wrote: "A rehab centre is vital and we should have been expanding specialist rehab rather than diminishing it. The space in the facilities is insufficient when you try to run a rehab unit on a medical ward. It will never be the same as a dedicated unit." That is so important. Then there is a really key point: "Samarès patients can socialise together, get up and about when able, eat meals together and quickly establish a more normal routine. That normality of routine when you have been ill is vital. On Plémont, there are not the facilities for them to do that, so they are basically hospitalised rather than rehabilitated." I think that is the key to this debate. We do not want to be hospitalising people; we want to rehabilitate. The facility of rehabilitation strikes me a subtle but important difference. The other thing is that in terms of the importance of stroke units, as demographics change, and illness changes, the need for stroke rehabilitation may grow rather than it shrink. We have been told, been given evidence, that one senior doctor wrote that they were told by a member of the senior executive that Jersey had far fewer strokes now and that Samarès Ward was no longer required. If that is one of the underlying drivers behind this, I think we really need to think carefully about this. I go back to my initial point about the implementation. If the underlying foundations of an argument remain and are not going to be addressed, then the outcome will be the same, regardless of what happens with this proposition. I am concerned about that. When people have a stroke, the recovery period can be an extremely long time. We cannot be discharging people into care that does not exist or is very difficult to provide, just because it is the convenient way. That is probably the wrong word, so I apologise if people see that as the wrong word, for the facility that we have. We need to put people first in all of this. That access to rehabilitation is vital if you are going to avoid lifelong disabilities. Disabilities that could have been prevented because of early intervention and purposeful intervention when somebody is ill. That is the reality of experience that I mentioned earlier. The reality of experience for people going through major life-changing situations is that they need time and they need support. If we measure the success of our society on how we support the most vulnerable in our society, that will be a much better measure than if we measure how many expensive yachts are in the harbour. That is one of the things I think we need to remember when we talk about this type of thing. Finally, in terms of the culture in the health service, I want to go back to that and say to the Minister, please, there should be no situation whereby workers cannot speak up about their concerns, particularly in health and particularly in any of the areas that

deal with vulnerable people or children. That must be there. It is not simply a whistleblowing hotline; it is about management that is sensitive and open to criticism in its truest sense. That does not seem to be existing at the moment. I am not going to go over the video that we saw because people have already successfully taken that apart. It was inappropriate, it was unnecessary, and as States Members that is not the type of thing that we want for this debate. I hope that we will vote for this proposition today. But I also hope that it will be implemented. I say to the Senator that, please, ensure and be careful what we agree today happens. Because unfortunately I think we have a culture in Government where things are delayed and delayed or manipulated in a way so that what you think is going to happen is not. So I urge Members to support this proposition and let us repair the damage that has been done, move forward and then look very sensibly about the type of rehabilitation services we can have with the opportunity of a new hospital.

9.1.9 Deputy S.G. Luce of St. Martin:

The first thing one needs to do when you try to fix a problem is to accept that there is a problem. I would like to think that the Minister has at long last realised that there are issues in Health. But I have to say also that I am not 100 per cent convinced. I am concerned. The wording of the Minister's email sent to all States Members late last night concerns me. I quote from it when he says: "After long discussion and having carefully considered again the wording of the main proposition, we now believe that we can accept the request as it is worded." I am concerned because I was hoping the Minister was going to tell us in his response what there is in the wording that has now changed from when the proposition was first lodged and he lodged his amendment. I am also concerned because during his speech the Minister said he was really worried about misunderstanding, misinterpretation of facts. He told us communication is key, it is so important. He also said, and I quote: "Health learns from issues and complaints and they listen actively to things that are said from their patients." But one of the reasons for my concern is over the last 2 weeks I have received a number of emails and one jumped out at me when I listened to the Minister talking about learning from issues and complaints. When my parishioner tells me: "After 2 emails, the hospital has completely shut down communication with us. Even the Minister himself, after responding once, has not responded again to numerous emails." So I am concerned. We all have to live with COVID, we have all had to live with COVID, and some of us, front line health workers in particular, have had to cope with stresses and strains over and beyond their normal duty.

[16:15]

But it is disappointing that the Minister expects us to use this pandemic to try to explain away all the problems at Plémont and to try to use COVID as a reason potentially not to go back to Samarès. I should be delighted with the proposition and speech of my very good friend and political colleague Senator Pallett. But I am not. I am upset, I am shocked, depressed, embarrassed, quite frankly I am at a bit of a loss as to know what to say. How have we allowed things in our health service to get to this state? The Senator said in his opening speech that national guidelines on rehabilitation are not being followed. I know that there has been a denial by officers in other departments that there are guidelines to follow. I know that is not the case because patients have told me that they are finding out after operations that protocols are in place that are not being used or followed. Just as a small, just quite a minor case, if you like, where stitches are being taken out 5 weeks after operations, where I know the guidelines say that should be 10 to 14 days. I am not going to talk about mental health but I know first-hand, very personally, the difficulties that mental health staff are facing at the moment. But I just want to return, if I can quickly, to the speech of the Constable of St. John. Another email that I received from someone high up in the provision of help for stroke patients and I quote from this letter: "We are losing huge numbers of staff, occupational therapists and physiotherapists in particular, and stroke survivors are not getting the help they need. As I said at the outset, I am worried and concerned that in his closing remarks the Minister gave me the impression he intends to carry on as if he will go from here and pretend that we have debated his amendment and he won it.

I believe that in the way he phrased his email last night that he has found a way through the words of the Senator's proposition to carry on doing what he wants to do and not what is in the spirit of the Senator's proposition. So I urge the Minister to go back to Samarès, physically go back to Samarès. That facility where young Harry Zambon received so much good treatment in a dedicated facility and to go, as the Minister said in his own words, to somewhere where he has space and facilities and somewhere where he can provide, and again I quote, the best and safest care. I ask the Minister to accept and acknowledge that he has a problem, a significant problem inside his department, and I ask him to take the first of what I think are very many steps he will need to take and to get on immediately and reinstate the rehabilitation centre at Samarès Ward.

9.1.10 Senator L.J. Farnham:

I will be brief in context of the debate. I really just wanted to provide some reassurance to Members in relation to paragraph (b). To start by saying that it is recognised that every medical condition, especially every serious medical condition, requires rehabilitation. The very best rehabilitation services and facilities that we can provide at any one time, whether it be now or next week, next month, in the new hospital. That is what we always have to aspire to for every Islander who is in the treatment and recovery process. So that is why I want to just confirm, for the avoidance of doubt, that it is the absolute plan for there to be a dedicated rehabilitation ward as part of the new hospital complex, with more beds that were available than previously at Samarès Ward at Overdale. The dedicated ward would provide a setting with all of the amenities required, whatever they may be at the time, dependent of course on how treatments and medicine evolve. But that is essential. For example, it is planned that there will be a purpose-built gymnasium adjacent to the ward, one of a number of such facilities in the new hospital. There will be dedicated bespoke space on and adjacent to the ward, dedicated to aiding early mobilisation. There will be a dayroom to facilitate the mobilisation for activities and for communal meals and social contact. The new hospital site, unlike the current facility, will be set in an elevated and peaceful location with its own landscaped grounds and facilities, which will be purpose-built for a number of uses, including for mobilisation assistance and training, including wheelchair training outside. There will also be bespoke outpatient facilities for therapy input as part of the rehabilitation process. So I just wanted to confirm that is the plan. We are all behind that. We are behind and committed to building a new hospital that will far exceed any of the services we have now and have had in the past. That is the aim, that is the intention and that is the instruction of the political oversight group. I can also say that I believe every Member of the Council of Ministers, and I believe every Member of this Assembly, want the same thing and that is a greatly-improved service for rehabilitation to be provided as soon as we possibly can. The Minister for Health and Social Services and his team are committed to providing this. In line with the aspirations of the proposition, we are all pleased to support it and I know the health team will give it everything to achieve the desired outcome.

9.1.11 Connétable S.A. Le Sueur-Rennard of St. Saviour:

I will not keep anybody long. I know we all keep saying that. But I cannot believe we are talking about what is going to happen in our new hospital. I do not wish this remark to be flippant. I had a friend who passed away because stroke help was not there. But are we asking people to wait to have a stroke until we have a new hospital? This debate we are having is for now and we need something to be done now. What we have in a new hospital is years away. We need help now. We need Samarès Ward to be reinstated now and if you had a stroke you can know that the facilities are going to be there for you, not wait until we have the new hospital and then you are going to have everything. It is going to be all whistles and bells. No, we need the whistles and bells now, not when we are possibly going to have a new hospital. I am sorry. I am very upset about these things. We are not debating the new hospital. We are debating Samarès Ward, which needs to be reinstated now.

Senator L.J. Farnham:

Can I ask the Constable to read the proposition paragraph (b)? Thank you.

The Bailiff:

I am sorry, no, there is no room for interjection on that basis. Points of clarification can be raised, other things if appropriate, but not political observations or anything of that nature.

9.1.12 Deputy G.P. Southern:

I shall try to be brief and probably succeed. Just to start with, to reinforce the comments that have just been made about why are we talking about 2026? Why are we talking about the new hospital? A 30-bed unit with a gym next door to it and dayrooms, et cetera. But beware of Ministers bearing gifts please. The issue is one, which I believe is legitimately you could label a crisis, and it is now. It is not in 2026. We are in 2022 and we need some solutions. What I heard from the Minister is an excellent speech praising the hard work and the dedication of all hospital workers and who would not do that? But who singularly avoided addressing the question of what is going to happen from the end of March. I have heard no commitment, no firm commitment, that something will happen then. I have heard no commitment to, let us say, restoring a 24-bed unit with specialist staff in recuperation and recovery. I have heard that the therapist staff in particular, they have lost - I do not know what the number is - tens of staff, and that the team has been effectively broken up and spread elsewhere. That may have been a result of COVID or otherwise. But now is the time to reinstate that I believe. Again, I have not heard any firm commitment that will be happening. I believe that is what we need. It seems to me that once again we have a scepticism among the public who feel that what is about to happen in health, in developing health services, they have not been told what is going on. So, for example, in the Jersey Care Model, we are told that funding will follow the patient. Where is the patient going to be and where is the treatment going to be? Because they are unlikely to be receiving speech therapy or physiotherapy or occupational therapy because those teams in effect are being broken up. In some cases I believe they are referring their clients to their private practice rather than to the hospital. The system is, I would say, in disarray. I have not heard from the Assistant Ministers for Health but perhaps they would take the opportunity to clarify what way forward we are going and whether we will see a 24-bed or 30-bed unit in the near future, because that is what we need. I urge Members to support this proposition.

9.1.13 Senator K.L. Moore:

There have been many excellent speeches today, so I will do my very best not to cover those points, but there is one additional point that I would like to add to the debate and put on record. Firstly, I would praise Senator Pallett for bringing this proposition, which is timely and of the greatest importance for the people that we are here to represent and to serve. It is a very positive thing that, despite the Minister's email of late last night removing his amendment, it is very important that we have had this debate and had the opportunity to hear from the Minister himself. Although his speech was somewhat disappointing in that it seemed to simply trot out many of the lines prepared by officials and was tone deaf to the many clear points that have been made in the Assembly today about the lack of accountability, the lack of listening, and the sheer impossibility that the first-hand experiences that are being reiterated to us time and time again are not being taken into account and listened to by either the Minister or his senior team.

[16:30]

They should be ashamed of themselves, to be quite frank. So we are where we are. We have for many months and years endured claims that there are no staff shortages, for example, when there clearly are. We have heard claims that the staff survey, which showed clear pressures and issues within this particular department, yet we were told by officials that, no, we should not take that into account and it really is not as bad as it possibly is. But then let us just look at their simple thinking and whether they are being logical in the thought process. We all know that there is currently a

shortage of staff in many sectors within our community. So the simple idea that we should send patients in a serious condition home to receive treatment in their home, when perhaps some of them live on their own. I have had tales told to me, reported back to me, of single people who have been sent home to a flat on the second floor of a property where there is no lift. How it can be expected for that person to recuperate, to rehabilitate, and even to manage with the basic necessities of life, in those circumstances, is absolutely beyond me. Many families have contacted us with grave concerns about the cost of providing private care to their loved ones within the home. As I said, there is a very well-known shortage of staff and therefore this act of moving people out into the community, whether or not it was based on a sound principle, is simply flawed because it cannot practically be delivered. There are not the people there to look after the patients and therefore this is placing a greater pressure upon people who were already being cared for within their own homes by the private sector. So that was the main point that I wanted to make. But I also did want to just share a recollection of the excellent service that was provided in care for Anthony Lewis, who I clearly remember visiting him when he was moved into the independent living flat that adjoins the Samarès Unit. That was a place where people would go to prepare themselves for returning home, to ensure that they felt comfortable and confident in returning to normal life and boiling the kettle, looking after themselves in their own property. I remember so clearly that was a great point in the treatment plan where you could see he was gaining in confidence and ready to make that move. So that can only be a positive thing and something that we should hope and expect for all of our patients. So, yes, here as Members we of course have to take the advice of the experts, but we are also here to challenge that advice and to put a logical and practical perspective on that advice. Because we are here to operate as laypeople. It simply just does not stack up that last week we receive an open letter from the medical director and the chief nurse expressing very strong views about this proposition and then last night we receive an email from the Minister for Health and Social Services in essence capitulating. So what is it and what has changed exactly? Sadly, the Minister did not provide us with that information in his speech. So hopefully somebody from the Council of Ministers will.

9.1.14 Deputy M. Tadier:

Starting perhaps with that last point of Senator Moore. We still do need some answers as to why this remarkable U-turn has happened overnight. Because the comments I thought were quite clear, not being able to accept the proposition for Samarès, and now we are being told it is okay. It makes you wonder what is going on in the Council of Ministers, who they are being led by if things can change so quickly in terms of their thinking. I have a few thoughts on this. I am sure, like other Members, they have some direct or indirect personal experience with Overdale and Samarès Ward. The first point to make, just to overarch and contextualise what we are talking about, is to remind us that we live in a very wealthy Island. We often hear words and phrases such as “striving for excellence”, “leading the field in certain areas” and “punching above our weight.” But when it comes to the provision of care for some of our most vulnerable it seems that quite clearly what we have here in terms of the provision at the moment, there is a lot of room for improvement. The reason I think it is so important is that health is the great leveller. It does not matter whether you are a 2(1)(e) in Jersey or whether you are on a modest income or somewhere in the middle, when you have a stroke, for example, as we are talking about today, which can of course vary in severity, it is nonetheless a great shock and people realise that they need the system and they need somewhere they can recuperate. I have generally good memories of Samarès Ward, as far as you can, because often you are going there to visit sick people who are recuperating. It is something that I think is inextricably linked in my mind with what the definition of a convalescence area or home is. Because it was not quite hospital, you would remember going to see people in hospital when they had some kind of accident or incident when you were younger and then you would go and see them at Samarès Ward. It was a bit nicer because you knew that, first of all, they were getting better and that is why they were there. They might have been undergoing some kind of physiotherapy and it is a much more salubrious surrounding. It lends itself to the recuperation and convalescence because it is more

spacious, it is at the top of a hill, it is green and it just feels that it is a great place to recuperate. Perhaps as one might have expected when it comes to mental health issues, back in its heyday of what St. Saviour's Hospital might have been like, the idea of those 2 places I thought was very forward-thinking and that is why I think partly addressing the comments to part (b) of the proposition, which talk about maybe where in the future the stroke and rehabilitation services should be ultimately situated. Of course we know the hospital will be going to Overdale anyway, so the issue of a convalescence area is not necessarily one that is a problem up there because it can possibly go on the same site. But I would like to make sure that is something which is not cramped and that is somewhere where they do have space to not just physically recuperate but psychologically have the space to breathe and also recuperate. It was really sad listening and reading through some of the case studies and I will only focus on one for the sake of brevity. I notice the comments were made in case study 2 about a Mrs. X who suffered a serious stroke in 2020 and who had their rehabilitation on Plémont Ward. The stark words that were said there, that the family do not believe that she has had the level of care that she would have received on Samarès Ward had it remained open. Mrs. X has now been home for 9 months and is still unable to work or even stand up. You look at also the fact that she was encouraged to get 5 physiotherapy one-hour sessions a week and of course all that really adds up. I do not think what we were being told initially, when the proposition was being opposed and amended, that it is some kind of binary choice between physical provision of a place for them now up at Samarès or getting care in the community. I think it has to be said, yes, we do expect good quality care in the community but that cannot come at the cost of other facilities which need to be permanent and physical in their location. I have adopted a stance when I judge whether or not healthcare is being delivered correctly, whether it is for a family member or a constituent or just generally for the public. I say, how would the Queen be treated if she were receiving this care and does it match with what I would expect her for the royalty to be given? That is because I think that we should have the same level of service for everyone in our Island, which should be an excellent level of service. Unfortunately, despite the best efforts of ward staff generally, that is often not what we get. You do have to ask why these kind of propositions are necessary. I very much commend Senator Pallett and the Constable of St. John and others who have taken an active role in this area of bringing it to the fore. But so many things surrounding the provision of facilities, which are tangential to the new hospital seem to have been just an afterthought. One question I would ask is, was the old Les Quennevais School site ever considered as an appropriate place for moving convalescence and the stroke unit? I am not saying that it should have but a lot of services were put down there as an afterthought at great expense, it has to be said, in an area which previously had never hosted a hospital-type facility. But it seems to me that we do need to give consideration about where we put that kind of convalescence facility in the future because it might not be best placed to be attached to an existing hospital, it might be best to be placed somewhere where it is green and where you have nature and you can hear the birds talking or singing, and that would certainly be the case at the old Les Quennevais School site. I would like to add that into the mix at this point, rather than having high-density housing going at that site. I believe the residents of Les Quennevais and Clos des Champs have already had their fair share of dense population and property there. It could be an appropriate time for this new facility to be built. I look forward to that being put as one of the options. I do hope now that this proposal in its current form will be passed and, once again, I do salute not just the good work of Senator Pallett and the others but all of the staff who work at Samarès and at the current facility when they have moved because they do an excellent job, I believe, under very difficult conditions. I would like to thank them personally for the care that they have given to my family members in the past during their time of need.

9.1.15 Deputy J.H. Young:

I was thinking of whether to speak or not but in view of Senator Moore's challenge, if you like, I think I would like to say a few things. I think I would like to begin by praising the Minister's sincerity and I certainly was impressed with the genuineness of his emotion as he spoke and expressing his

feelings as to how life must have been, to have sole political responsibility at the time of the pandemic and successive waves and the responsibility for thousands of staff and the health in our community on the shoulders of one person. I really empathise with him and in doing so I have worked with our health service in a past life for several years and I think I understand how the culture was then, but of course the culture is changing and I want to say a few words about that in a moment. But, nonetheless, we all want the best health service for our community and I think this is the real strong point that is coming from this debate. I think that we are a journey in reshaping our health service and so lots of reasons for that, changing in clinical solutions, science, best practice and indeed our ageing community and in fact that diseases, many things which could not be treated now can be.

[16:45]

The expectations of the public, it massively has grown. I think that puts major pressures on us all. I think I have made it quite plain to the Minister from the start of this debate, certainly when the proposition came from Senator Pallett that I would be supporting it. I have been plain about that to him, which he respected my views but asked me to be open and listen to the arguments that came forward later, which I agreed to do. But, nonetheless, my starting point is the support of the proposition, and I have never wavered from that. But, like other Members, I have knowledge of 2 people, different circumstances, I will not go into it further on an individual but both of them for different reasons were in a situation where after very, very serious illness they needed to have long rehabilitation and they had that at Samarès Ward. The reports I have heard from them, and one sees the result, is that they have been returned, their quality of life has been massively recovered. I thank the dedicated team at Samarès for doing it. I have absolutely no doubt that that big service is hugely expensive. That, to me, is recognising exactly what I am saying, that as where health service develops in the future we have to face up to the challenge that the cost of running our health service is going to grow and grow. Today the issues are rehabilitations, tomorrow it will probably be other needs. We must, I think - and I will not be in the States Assembly, I have made up my mind, everybody knows that - address this in the future funding. That is why when I saw that this closure of the Samarès Ward appeared in a statement of savings - I cannot remember where it was - I was really shocked that that would be put through, frankly, to bolster that. I was really shocked and, frankly, angry. I do not know whether that was a mistake or what but, nonetheless, I made it plain to the Minister at the time that I did not buy in to this cost-saving efficiency agenda. None of us want waste but the principal need is to deliver the best quality healthcare. I hope that that lesson has been picked up from this experience. Of course that leads into the new hospital, we will need to make sure that we have the staff to run that, sufficient staff, and we need to pay the staff well to recruit them and we need to be able to manage it and look after it and maintain it properly and not be cheeseparing. Those things need to be faced and, as the new States moves forward, I think that needs to be very strong in people's minds. I did listen to the arguments of the clinicians and I respect their professionalism. But I think they were taking a very ... I think they obviously had to take an overview of things and I personally do not understand why the facilities were not resumed. I understand why the service was closed but, like others, I have that question, why was it not put back? But of course, in my view, if we are to have the new hospital on that site, and that is a story for another day, well clearly the facility will not be able to go there, back in Samarès Ward as it is in the meantime, sorry, in any way near long term of a short-term measure. That would need to be addressed and I am looking forward to the Minister making that statement and tell me how he is going to deal with the interim. Because we have got that commitment that the new hospital will include those facilities, and I was very, very, very pleased about that. I think this issue, as we reshape the health service because it does need to reshape, not only we should be looking at the numbers, the statistics, the rationale, there should be space to recognise we are a small Island community where people matter. We are not the giant N.H.S. (National Health Service), we are not copying the N.H.S. model, we are trying to pick the good bits from it but one which meets our Island community because we have only got one hospital and we need to provide for our community and, frankly, we can afford it. But the culture, I am really

worried about this culture where people feel that they cannot speak. I was asked, what happened last night? All I can say I attended the Council of Ministers' meeting and I maintain my arguments as to why I think the amendment did not work. I was not party to the amendment in the first place, not the wording of it, but I think locking it into futures I did not buy into. But the biggest thing that happened yesterday was *Bailiwick Express* that included 2 whistleblowing accounts, one was clearly from a senior medic and the other from a senior nurse, telling us as it is. They obviously asked for their names to be withheld and that really worried me. It worries me hugely that we need to ... I really believe the culture needs to be adjusted to allow openness for staff to express their views in a constructive manner without being disciplined or subjected to any criticism; that really has to change. I put that right at the top and it is also time that we stop polishing the facts and say how it is. I am deeply worried. I really do want to know how it was that we have got one account saying there was a serious staff crisis and then a statement officially saying there is not. Those sort of things really undermine our confidence, the whole society's confidence, so no more spin; tell it as it is and be honest. Now, I think Richard made a good start today - sorry, Deputy Renouf - and I praise ...

The Bailiff:

The Deputy of St. Ouen.

Deputy J.H. Young:

Sorry, the Deputy of St. Ouen. I want to praise his genuineness. I do not think any of us would want to carry the whole load you have got as one political person. Members will probably know that I believe that we should have a broader-based team of politicians because the range of things in health services is just too big: acute, community health, mental health, everything. The whole range of stuff is far too big for one politician to carry on their own, but nonetheless I have made my point. Obviously I am really pleased and I praise my colleague Ministers that they were persuaded. They were persuaded that, if you like, a mistake I believe had been made and that the best thing to do was to hands up and say so. I praise the Minister and I praise my colleagues for that, which I hope they will all now support this because I think this is a cathartic moment where we have faced the realities of running a health service - which is very, very tough in any community, but for us really hard - and learn the lessons and make sure from now forward in the reshaping towards the Jersey Care Model and the way we run things that we make those directions of travel and have, for example, a much more open approach to governance and how we structure our patient arrangements in terms of user groups or whatever you want to call it, patient groups. Thank you very much.

9.1.16 Senator J.A.N. Le Fondré:

I think, like many Members, I have been listening to the debate with great interest. Again, I want to be very clear at the outset of my speech and to reiterate the words of the Minister for Health and Social Services in apologising to those patients and staff who have been affected because we have not delivered the level of service that we aspire to do. Let us also be clear and just remind Members again that the reason that the unit was moved away from Samarès was because of the COVID pandemic. It was at the time that we were forecasting around 500 people could die and many, many people would be in hospital. Members may recall that there was a great deal of focus at that time on the level of beds that would be available should this occur, and this was of course also the rationale behind the Nightingale hospital as well. It was also making sure we make the best use of our dedicated staff, recognising that their numbers are finite, and the advice was therefore that we brought as many staff into the General Hospital as possible from this perspective. This then allows for staff absences, for example, from illness to be met more easily, adding flexibility and resilience to our pandemic response and helping to ensure that our health service was not overwhelmed. Also, to be clear, it was not about saving money. That was a consequence of the decision; it was not a cause of the decision. That is really important. To date, while there have been pressures, the health service has not been overwhelmed. However, the considerations of maintaining staff presence are as valid

today as they were in the past, given that we are still in a pandemic and there is still risk for further variants and further peaks. We possibly hope that we are coming out of it and, at the moment, it looks good, but we are not fully out yet. It is for this reason that we need to keep this resilience baked into our healthcare response to ensure that we can quickly and safely react to future waves and cases. That also is why when we are dealing with incredibly challenging and sometimes incredibly emotional issues we have to remember we need to deal with them rationally rather than just from the heart, so an implication, for example, that everyone who has been treated at Plémont has suffered is incorrect. What does that say to the staff who are looking after the patients on that ward, who are broadly the same as those who are treating patients at Samarès? I will come back to some other remarks later, but this is of course an important and also an emotive issue, as Senator Pallett said in his opening remarks. Many Islanders have fond memories of Samarès Ward, and as the Minister for Health and Social Services has acknowledged and apologised for the lower standard of care - a very lower standard of care - than they aspire to. Also, to be clear, I believe we are all in vehement agreement with one another that we should be providing the best possible rehabilitation services to Islanders. That is why the Council of Ministers have spent a great deal of time in recent days, including meeting last night, to discuss this proposition to consider how we can deliver its ultimate objectives, which is the provision of good rehabilitation services to Islanders. This proposition, which the Council of Ministers now accepts unamended, caused the Minister for Health and Social Services to reinstate the highest standards of care that patients deserve. That is something we are fully committed to delivering. The Minister for Health and Social Services will be ensuring the provision of rehabilitation services be restored to those high standards that patients deserve and will do so in a suitable location, guided by the best clinical and medical advice, just as we had throughout the pandemic. It is very important that medical operational decisions are guided by medical advice and not just by political opinion. There are important and necessary improvements that are needed across the health service. We know that this is an area that has not had the processes and standards needed and has not been adopting international best practice of medical science as science has advanced, so therefore rehabilitation is one such area where best practice has advanced and where Jersey must catch up and ensure patients are provided with the best care model. I am reminded of - in a completely different sphere - a presentation we gave to States Members back in 2019, which I would suggest was a warts and all around various areas, whether it was culture, whether it was I.T., whether it was H.R. issues and others. We did lay on the line the issues that we were facing. Part of the problem one has when one is trying to change an organisation and the culture within the organisation is that there are sometimes people in there who very much look back with rose-tinted glasses sometimes to what they regarded as better times, when of course their life was a lot less challenging, i.e. they were not being challenged with the change that this organisation does need across many, many places to bring it into the 21st century.

[17:00]

I think we have got to remember that sometimes. Reference has been made, for example, to the Jersey Care Model. It is now entering its second year. It is beginning to make the improvements that we have been seeking, but do not forget it is a 5-year programme of change and there are many improvements still to come. For example, there was a question as to what it has delivered so far and I would like to go to just 2 or 3 specific examples, but particularly, for example, we have now established a stroke consultant. That was not there before. Overnight Community Care was launched last April to provide patients with home-based treatments when it is safe to do so. An example might be somebody needed a catheter changing out of hours. Previously they might have had to go into hospital and potentially stay overnight. Now they can receive a visit at home out of hours, it can be changed and then they can go back to bed in their own home. That is being done through Family Nursing and Home Care. As we have said, the Overnight Community Care service was launched last April. There is the H.C.S. 24, a hotline for Islanders, their carers and their G.P.s, which launched at the end of November last year, providing a one-stop shop for patients for direct treatments,

therapies and support. We have and we continue to intensify community provision of physio and occupational therapy. In spring last year we rolled out a digital app, My MHealth, which supports more than 500 Islanders to manage their long-term conditions and provides a link for respiratory, cardiac and diabetes community teams. As I said, that is all since the beginning of last year and we are now starting year 2 of the Jersey Care Model. Two examples of what to come are as follows. One is a night-sitting service. That will be enabling patients to return or remain in their own homes during periods of convalescence, preventing unnecessary hospital care and admissions. That is going to be provided through and with community partners and a care reablement team, which is going to work closely with the discharge support team and is basically a 24/7 multi-professional advanced nursing care and therapy service, providing care in patients' homes following discharge from hospital. Also just to address the present use of Samarès. Samarès is presently occupied by a number of services following the displacement as a result of the H.C.S. response to COVID. These were, as was said, moved to the former Les Quennevais School at the moment during this year. That is pre-assessment, retinal screening, the Fit for Life service, urology, the assisted reproductive service and community therapies. These are all using that building. That is around 50 staff and, yes, while they are technically classified as members of the civil service for the purposes of salary, they are all healthcare professionals. Now, let us just try to look forward. The H.C.S. team will work properly with patients, families and colleagues to improve the service. There is a comprehensive improvement programme in operation being led by the chief nurse and the director for improvement and all options are being considered. When we asked them what they needed, they were very clear, or the team was very clear. They said time and space, and that is time to focus on getting the improvements in place. Senator Pallett opened his speech by stating that the move back to Samarès was operationally possible, clinically safe, and the staff at Plémont wanted to go back. In my view, we have to be very careful as politicians generally - without an expertise in the subject we are debating - about making pronouncements which cut across professional, clinical or legal responsibilities. That may have been Senator Pallett's opinion, but it is not his operational responsibility and he does not carry the legal responsibility if things go wrong. What I can say is that certainly I am informed that what is said about staff is incorrect and to the contrary, and that is the problem of part of this debate, which is based on anecdotal opinion, whereas we do need evidence. What I can say is in the last year Plémont has treated 335 patients and I understand 7 complaints have been received. We accept that improvements need to be made and apologise, as I have said earlier, for the deficits one might have seen and the fact the level of care did not aspire to the level we would all expect, so we accept improvements need to be made and that is the intention of all parties involved. I can also say that I do not think that it is appropriate to comment that H.C.S. is not working in many, many areas, and I think I do want to push back on that. We have come through or we are coming through hopefully the end of the pandemic and thus far I think we have come through well. We have protected lives and waiting lists are almost down to pre-pandemic levels. There are obviously some areas that need attention, we know that, but a wholesale condemnation of a system is just not appropriate. In summary, I will be obviously voting in favour of this proposition. That was the conclusion of the Council of Ministers' discussions last night and I will also say I hope the Assembly does. I will be giving the Minister for Health and Social Services my full support as we work to improve rehabilitation services for Islanders. That has got to be our focus and we must enable our health and medical teams to do their jobs and focus on delivering the services that we want them to deliver to Islanders.

The Bailiff:

Thank you very much, Chief Minister. Does any other Member wish to speak on the proposition? A point of clarification, Chief Minister. Do you give way for a point of clarification?

Senator J.A.N. Le Fondré:

I will attempt to.

Deputy R.J. Ward:

I thank the Chief Minister. I know it has been a long day. Can I just confirm with the Chief Minister that part (a) is supportive of the re-establishment of the rehabilitation centre at Samarès Ward?

Senator J.A.N. Le Fondré:

I do not think I can say any more. What we have said, we have considered the wording very carefully in part (a). In fact, I will just turn to the relevant part of my speech, which is that the Minister for Health and Social Services: “will be ensuring that the provision of rehabilitation services is restored to those high standards that patients deserve and will do so in a suitable location” which is what part (a) says, guided by the best clinical and medical advice, just as we have throughout the pandemic. That is all I can say. That is basically the meaning of part (a) of the proposition.

The Bailiff:

Does any other Member wish to speak on the proposition? If no other Member wishes to speak, then I close the debate and call upon Senator Pallett to respond.

9.1.17 Senator S.W. Pallett:

First of all, I want to thank everybody who has spoken in this debate. It has been emotive. I think there have been some very good points made virtually in every speech. In many ways, I am almost tempted to go straight to the vote because I am not sure whether anything is going to be gained by going over a lot of what has been said, but I will. To be fair to those that have spoken, I think it is right that I do. Just very briefly, I want to thank Senator Ferguson for her comments. She is absolutely right. I think it is appropriate for the Minister for Health and Social Services to apologise for what is clearly an issue. She is right about jam tomorrow and people should be held to account for the decisions that they make. The Constable of St. Mary made an important point about the planning brief for the new unit, and I know Senator Farnham has mentioned what will be potentially within the new hospital, but we do take that and we do need to know what the potential site might be for an alternative to Samarès once it is removed. He did mention Les Quennevais School and so did Deputy Tadier, and maybe that is something that does need to be considered. Again, I want to thank Deputy Gardiner for her comments. She is quite right, I think sometimes these debates are beginning to deteriorate somewhat when they end up on the internet and the media, but this was an issue I think that the public had very strong views about. I do not think it was particularly driven by the internet and the media, I think it has been driven by the public. I think the public are extremely disappointed at the service that has been offered over the period of time and I think have spoken. They are quite clear about what they want and that is the service to be re-established at Samarès. Again, which is right; we are the voice of patients. That is our job and that is something that I think that we have got every right to do. The Constable of St. John, I could hear the emotion in his voice and I have spoken to him a great deal about this and I know from ... he has got personal experiences that are very, very close to home. He makes so many good points about what has gone wrong, some of the issues that need to be rectified, and he is absolutely right in some of the points that he made about the environment for an inpatient rehab unit. It does need to be somewhere where you can recoup, you can rest, you can think, you can start to rebuild your life. That is clearly not possible, in our view, in a busy medical ward in the hospital. I hope Members appreciate that and realise that. There is a fear, and I know the Chief Minister has just mentioned about he does not believe that it is the staff's view that they would like to go back to Samarès. Well, we do not know because they are too scared to speak. They are fearful of speaking out. Again, I would go back to the video. Why do we not have the staff speaking openly about what they feel is right moving forward? It did not say and I think that is something that was sorely missing from this debate; what the staff think. But I thank the Constable, because everything he said was heartfelt and it is important that we listen and hear what he was saying. The Deputy of St. Ouen, the Minister: there seems to be a denial of some of what has gone on and I do not really know why. He says it is a learning organisation, but for me the learning

has been far too slow. Issues have been arising for some period of time. The Constable of St. John himself said that. Even in the early part of the summer last year he was making comments as to some of the issues that were carrying on and they have been ignored. It is not about staff. I know he spoke at great length about the trials and the tribulations of staff over the last 2 or 3 years with COVID. We all feel for the staff. Nowhere in anything I have said or written have I said that staff are to blame or pointed the fingers at staff. I think they are in a very difficult position. They have had to work extremely hard in some very difficult circumstances, but in saying that - and I say this to the Chief Minister as well - you cannot blame COVID for the whole of the 87 weeks since the ward was moved to Plémont. There have been periods when they have had opportunities to reassess whether the unit could have gone back to Samarès and those opportunities have not been taken. Again with staff, they have been under pressure all the time through this pandemic, we accept that, but whether the care being given to rehab patients was given at Samarès or given at Plémont, the fact is they still would have had to have that care. In fact, in some ways it might have been safer for patients to be at Samarès so that the hospital did have more resilience in the hospital itself in terms of bed numbers, and the same is true at the moment. There is much that the Minister said that I think we have heard before in both his amendment, report and in the States briefings. He does not agree with some of the comments that we have made and certainly some of the comments that we made around ... or the difference of opinion about some of the comments that have been made about those that featured in the video, for example, but I think we will just agree to differ on some of those issues.

[17:15]

Constable of St. Martin, again I thank her for her support. She mentioned - and I am going to mention this a couple of times now - about the importance of reinstating Samarès Ward. I am beginning to read between the lines of what I am beginning to hear now from the Minister and also the Chief Minister, that they think there is some wriggle room, I think, within the wording to maybe not do what I think the will of the States is, presuming they pass this, and that is to reinstate the ward at Samarès. I want to mention the comments that Deputy Ward made. He was quite right. He concentrates or he focused on the wording and it is something that I have thought about for the last couple of days, firstly when I heard that an amendment was potentially going to be moved or dropped, as to why. I am beginning to be fearful ... and I have heard it used, that decisions will be made by clinicians, decisions should not be in the political domain and irrespective of how we vote that the Minister is not going to deliver or is not going to approve a return to Samarès. I really hope it is not the case. There is only 6 weeks to 1st March, so we will know pretty quickly whether there is any intention to go back and I think it will be a pretty poor show if we vote for this proposition and we find out in 6 weeks' time that the Minister has decided that his idea of a suitable location is Plémont Ward, when the evidence and the patient stories and all the other issues that we have highlighted today suggest differently. To Deputy Ward, I am going to say to him I will be keeping a very close eye on what goes on in the next few weeks and ensure that the terms of this proposition are kept to. Going back to the Deputy of St. Ouen, I thank him for his offer to meet and I will take him up on that because I do want to understand how we are going to move forward because if it is not within the feel of this proposition then I think we are going to have some issues. I also agree or appreciate his offer to meet with Professor Matthew Taylor. I think anything that will move this forward, both in terms of short and long term, can only be beneficial so I will take him up on that. Deputy Morel, again I thank him for his comments. I think he was absolutely on the ball with some of the things, as he is normally, acknowledging the faults and poor communication. He mentioned the petition and the inability to accept the problems at the time and taking far too long to accept there were problems. Absolutely, we do need to move on; we need to provide a better service. He mentioned that the Minister and his department are not listening. I hope they are listening because the public ... and I am hoping States Members today are going to say: "Get on with re-establishing Samarès as a centre of excellence for rehabilitation."

The Bailiff:

Senator, will you give way for a point of clarification for the Deputy of St. Ouen?

Senator S.W. Pallett:

I am happy to.

The Deputy of St. Ouen:

The Senator has several times in his summing up referred to moving services to the former Samarès Ward. Is the Senator saying that his proposition means services can only be delivered in Samarès Ward or is he saying, in the words of the proposition, either at Samarès Ward at Overdale or another suitable location, as determined by the Minister? That is the clarification I am seeking, thank you.

The Bailiff:

I am not sure that is a point of clarification for the Senator in the circumstances. The Senator may have a preferred option, but the wording of the proposition is entirely clear. It is either at Samarès Ward at Overdale or at another suitable location, to be determined by the Minister. If there is a vote for that, that is the opinion the States will have expressed, so I am not sure it is a point of clarification from the Senator. It is an interpretation of the wording of the proposition. I hope that assists you, Deputy.

The Deputy of St. Ouen:

Yes, it does.

The Bailiff:

Very well. Senator, if you would continue.

Senator S.W. Pallett:

Yes, I will, and I thank you for your clarification, Sir. Again, thank you to the Deputy of St. Martin for his support. He picks up on an important point, something that others, including Senator Moore, have picked up on, and that is about the loss of staff. That has been extremely worrying. It is important that we do stabilise staff and recruitment and retention as we move forward. Senator Farnham, again I thank him for his clarification. It is comforting that the design team are looking at how they are going to provide rehabilitation services at the new hospital, so I thank him for that, but it is important that it really is a proper dedicated unit and it is not just part of a number of acute general wards in a hospital. That is dedicated purely to rehabilitation and staff, as such. Interestingly I think the Constable of St. Saviour hit the nail on the head by really quite simply saying it is Samarès Ward now. Just going back to that, concentrating on that point. I think the proposition is clear about Samarès Ward or another suitable location but I think the proposition is clearly aimed at Samarès Ward unless that is not available and another suitable location, in my mind, would not be Plémont Ward. I think maybe that might give some idea to the Minister about my thinking. Again, I thank Senator Moore for her comments. I think mentioning that the department has been tone deaf in regards to accountability is absolutely right, and the treatment at home, which I think is a really important point. I am not convinced we are where we need to be. I still think there is a clear lack of assessment of people before they are pushed back into their home environment. I really do worry whether some have that ability to manage. Deputy Tadier picks up an important point, as Deputy Ward did, around why the U-turn. Again, I will be looking very closely about how this proposition is delivered and I will be looking to the Minister to listen to what people have said today and listen to what the public have said. Yes, he has to listen to his clinical team but I think he also needs to understand that the public do have a right to say and States Members do have a right to comment on a service. It has not been what it needs to be. While a rehabilitation unit, whether you are using it for a resilience reason or not, could have been reopened sooner. I agree with Deputy Young. I work with the Minister. I do not doubt his sincerity. He does care for people. I know he does. I do not always agree with the decisions he has made. But again, I think he makes them because he believes

in them but I think when mistakes have been made and improvements need to be made, they need to be made quicker and I am not sure the department has acted quick enough. He mentioned the £1.8 million savings and was shocked by that, and rightly so. I think we all are, if that is to see £1.8 million of savings against a service such as this. In fact, as we know, those savings have not been made. The cost of running both Samarès and Plémont are relatively similar. He also picks up on the opportunity for staff to whistle blow, and he is right. It is the top issue. Any organisation should have an opportunity for their staff to be able to speak openly if they are not happy about something and that clearly does not exist at the current time and that needs to improve. Finally, the Chief Minister. He has a difficult job. I do not deny he has a difficult job, as the Minister for Health and Social Services has a difficult job. COVID has been a very difficult time and very difficult to manage. But nevertheless, situations have changed during that period of time. Yes, the pandemic is still with us but there are times when we have certainly had quiet times. Really I think we should have assessed whether Samarès could have been repurposed back to its intended purpose. I think we missed that opportunity. He mentioned around how decisions will be made and they will be clinical decisions. In my view, what that is saying is political opinion will be ignored, and I desperately hope that is not the case and that the Minister will take into account the views of the Assembly and the views of the public and what they feel to be the right way forward. He mentioned the improvement plan. I have said it in my speech previously. It is needed. Whether it is Plémont or whether it is Samarès, it certainly is needed. But it is in some ways too late. Some of the damage has been done. Yes, we have to put that right but we could have done that sooner. Again, he mentioned staff in his speech and this proposition has never been aimed at, in any way, denigrating staff or suggesting staff are not doing their job. I think it was very much around trying to find the right solution in terms of facilities for rehabilitation service and making sure we give the staff the best opportunities to provide the best possible care. I think that has gone through all the Members that have spoken. It is late in the day and it is almost 5.30 p.m. I will finish there. I will just say though that I think the success of this proposition is not about winning the vote because the vote will not mean anything unless it delivers what the proposition sets out to do. I think generally what most of us feel that means is a return to Samarès Ward in the short term. What is decided in terms of the interim, before the new hospital is built, I think we can talk about that. But for me it is about delivering and it is about making sure that Islanders get the best possible service as soon as possible. Having visited it the other day, I am pretty convinced that that is different from Plémont Ward. So I ask Members to support the proposition and hope that the Minister, if it is successful, takes account of what he has heard this afternoon and does the right thing. Thank you.

The Bailiff:

I ask the Greffier to put a voting link in the chat. I open the voting and I ask Members to vote.

[17:30]

Members have had the opportunity of casting their votes. I ask the Greffier to close the voting. The proposition has been adopted: 41 votes pour, no votes contre, no abstentions in the link. A further 4 votes pour noted in the chat.

POUR: 45		CONTRE: 0		ABSTAIN: 0
Senator I.J. Gorst				
Senator L.J. Farnham				
Senator S.C. Ferguson				
Senator J.A.N. Le Fondré				
Senator T.A. Vallois				
Senator K.L. Moore				
Senator S.W. Pallett				

Senator S.Y. Mézec				
Connétable of St. Helier				
Connétable of St. Saviour				
Connétable of St. Brelade				
Connétable of Grouville				
Connétable of Trinity				
Connétable of St. Peter				
Connétable of St. Mary				
Connétable of St. Ouen				
Connétable of St. Martin				
Connétable of St. John				
Connétable of St. Clement				
Deputy J.A. Martin (H)				
Deputy G.P. Southern (H)				
Deputy of Grouville				
Deputy K.C. Lewis (S)				
Deputy M. Tadier (B)				
Deputy J.M. Maçon (S)				
Deputy S.J. Pinel (C)				
Deputy of St. Martin				
Deputy of St. Ouen				
Deputy L.M.C. Doublet (S)				
Deputy R. Labey (H)				
Deputy of St. Mary				
Deputy G.J. Truscott (B)				
Deputy J.H. Young (B)				
Deputy L.B.E. Ash (C)				
Deputy K.F. Morel (L)				
Deputy G.C.U. Guida (L)				
Deputy of St. Peter				
Deputy of St. John				
Deputy M.R. Le Hegarat (H)				
Deputy S.M. Ahier (H)				
Deputy J.H. Perchard (S)				
Deputy R.J. Ward (H)				
Deputy C.S. Alves (H)				
Deputy K.G. Pamplin (S)				
Deputy I. Gardiner (H)				

It is now past 5.30 p.m., is the adjournment proposed? Very well, the Assembly stands adjourned until 9.30 a.m. tomorrow morning.

ADJOURNMENT

[17:31]

