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Health and Social Security Scrutiny Panel

COVID-19 Response

Witness: The Minister for Health and Social Services

Thursday, 16th April 2020

Panel:

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

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

Deputy C.S. Alves of St. Helier

Deputy T. Pointon of St. John

Witnesses:

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

Deputy H.C. Raymond of Trinity, Assistant Minister for Health and Social Services 1

Deputy J.M. Maçon of St. Saviour, Assistant Minister for Health and Social Services 2

Senator S.W. Pallett, Assistant Minister for Health and Social Services 3

Mr. R. Sainsbury, Group Managing Director, Health and Community Services

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

Mr. P. Armstrong, Medical Director, Health and Community Services

Ms. R. Naylor, Chief Nurse

Mr. T. Walker, Director General, Strategy and Policy

Mr. S. Skelton, Director, Strategy and Innovation

[11:01]

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

Good morning, this is the chair of the Health and Social Security Scrutiny Panel. This is our first virtual meeting following lockdown and I welcome all those members that are present. Please bear

with us because this is a different thing for us and it is the first time it is tried and tested. We have a number of questions which we will be asking various people, and we will try to keep it concise and we would ask that our responses are fairly concise because we are short of time and have quite a broad range of questions. I will quickly ask people just to introduce themselves. I am Deputy Mary Le Hegarat, chair of this panel.

Deputy K.G. Pamplin of St. Saviour (Vice-Chair):
Deputy Kevin Pamplin, vice-chair of this panel. If Mary could introduce the person next that would be great. I am Deputy Kevin Pamplin, vice-chair of this panel and my colleague, Deputy Pointon.

Deputy T. Pointon of St. John:
I am the Deputy for St. John, and I am a member of the panel.

Deputy C.S. Alves of St. Helier
I am Deputy Carina Alves and I am also a member of this panel.

The Minister for Health and Social Services:
I am Deputy Richard Renouf, Minister for Health and Social Services.

Director General, Health and Community Services:
I am Caroline Landon, I am the D.G. (director general) for Health and Community Services.

Medical Director, Health and Community Services:
I am Patrick Armstrong. I apologise for the lack of video - a technical issue - I am the medical director for H.C.S. (Health and Community Services).

Group Managing Director, Health and Community Services:
Hi, everyone, I am Rob Sainsbury, group managing director.

Chief Nurse:
I am Rose Naylor, chief nurse.

Assistant Minister for Health and Social Services 1:
Deputy Hugh Raymond, Assistant Minister for Health and Social Services.

Director General, Strategy and Policy:
And also Tom Walker, director general for Strategy and Policy, and then online we should also have Steve Skelton from my team.

Director, Strategy and Innovation:

Thank you very much, Tom. Yes, Steve Skelton, director of Strategy and Innovation.

Deputy M.R. Le Hegarat:

Thank you. I believe we also have the Assistant Minister Jeremy Maçon and Assistant Minister Steve Pallett with us this morning. We will kick off quickly now, and the first set of questions will come from Deputy Pamplin in relation to testing.

Deputy K.G. Pamplin:

Thank you, Chair. Thank you, everybody, for tuning in. Hopefully you can all hear me and see me. Minister, we have a range of questions for you but before we start, on behalf of the panel, we would like to pay tribute to the staff and care workers in health and social care who are supporting Islanders through this difficult time. We are indebted to their commitment, professionalism and going above and beyond, like they normally do, but in extraordinary circumstances. Minister, my first question, as we go into the world of testing with my questions, starts with: the statement given in your recent press release and given also in various press conferences about the information that has been provided in your statements that 80 per cent of all people will contract this virus. However, the U.K. chief medical officer of health has said this is the worst-case scenario planning and he expects that number to not be that high. So can you clarify how many people you believe, by the latest mitigation, successes and suppression that we have been doing with social distancing, that that number is not the number projected for Jersey? Thank you, Minister.

The Minister for Health and Social Services:

Thank you, Deputy Pamplin. Thank you for your remarks and praise of the healthcare workers and all involved in dealing with this crisis. I absolutely echo them. I understand that our advice remains that 80 per cent of the population would contract this virus in some way, not all being symptomatic, but for further detail I would like to pass over to Tom Walker.

Director General, Strategy and Policy:

Yes, that is quite right. The 80 per cent figure comes from the Public Health England reasonable worst-case scenario and so the reasonable worst-case scenario specifies that around 80 per cent of the population will have the virus at some point, with about 30 per cent of those people not showing any symptoms of having had the virus. As to the effects and the mitigation, of course the mitigation is there to slow the transmission rate through the community and it may be that the overall percentage of people that experienced the virus might be lower than 80 per cent ultimately but it is much more likely, according to the modelling, that simply the amount of people that experience the virus at any one time will be reduced from mitigation factors.

Deputy K.G. Pamplin:

Thank you for that, Tom. Minister, what is the projected real number of cases of COVID-19 on the Island, as we speak today.

The Minister for Health and Social Services:

Do you mean the number of positive tests that have been undertaken? So I think it was, as of yesterday, 217; is that correct?

Director General, Strategy and Policy:

Yes.

The Minister for Health and Social Services:

Does that answer your question?

Director General, Strategy and Policy:

That is correct. But in terms of then extrapolation we know that the science that has been done so far tells us that for every positive test case there are about another 10 in the community. So the rule of thumb that most scientists are working to is that 200 cases would indicate that there may be as many as 2,000 people in the community that have experienced the virus thus far.

Deputy K.G. Pamplin:

Thank you, Tom, for that. Minister, the Infection and Molecular Science Laboratory at the General Hospital started testing patients for coronavirus, COVID-19, upon admission using a rapid technique last Wednesday. In that announcement, testing will initially prioritise health and community services patients who need to be admitted and their tests will be requested by hospital doctors. However, employees will require testing in order to continue to work and will be prioritised after patients. My first question on this is: how many tests have been done to date on those patients and the staff since coming online since last Wednesday?

The Minister for Health and Social Services:

I do not presently have that level of detail as to the numbers of tests for each of those categories. I can say there has been a limitation on the tests that we were able to do last week because of the availability of swabs. So it is likely that not as many as we would have wanted to start with have been done. But swabs are now on the Island and testing is being increased.

Deputy K.G. Pamplin:

You pre-empted my next questions but I will get to that. I will just announce that I am getting various messages from people on social media that they cannot view our live broadcast so I will just air that for technical people listening to try and get the link up and running for people to watch. Obviously we hope this is recorded and will be transcribed at some stage but I will just mention that now and we will carry on. What is the situation with increasing the testing in the community and care homes in the Island? You have pre-empted my next question about the swabs because, as Dr. Muscat advised us last week, there was an issue with attaining the swab sticks. So has that issue been resolved and then how next will we get, as the U.K. (United Kingdom) announced yesterday, to start testing like we did start doing in the community but especially care homes?

The Minister for Health and Social Services:

The plan is to move out into the care homes because workers there are essential workers. They understand the risks that they bring into care homes. So as soon as we can, testing will move into the care homes. Swabs have come to the Island. I understand from next week we are expecting to test 120 a day. Of course we will always ... you ask has that been resolved. It is resolved for now but we are constantly ordering swabs and we will carry on doing so.

Deputy K.G. Pamplin:

Great. Minister, could you resource that information on the testing numbers on the patients and the staff to date and then send that to the panel as soon as possible? I think it is important that for us, as our inquiry work continues, that we get the numbers of the testing so we can understand the decision-making going forward. On that, can you also confirm, and if you can now, what tests are still being sent to the U.K. and if that is so, what is the turnaround time now with the tests being sent to the U.K.?

The Minister for Health and Social Services:

Yes, we will give you all the information we can, subject to normal confidentiality considerations. As to tests in the U.K., can I ask Steve Skelton to respond to that?

Director, Strategy and Innovation:

I do not have the exact figures but I can confirm that we do still swab with a different swab, which is sent to the U.K. I think probably the best thing to do for this selection of questions is to provide you, as suggested, with a breakdown of the types of tests, the nature of who has been tested and whether that was processed on-Island or whether that was sent to the U.K. and then we can also confirm the turnaround time, which has tended to be around 48 hours. But just to make sure that is all accurate we can provide that in a summary.

Deputy K.G. Pamplin:

That is great. Thank you, Steve. I think it is really important because, as the U.K. Health Secretary confirmed, testing is being ramped up and as we have seen from the World Health Organization we have to ramp up testing both P.C.R. (polymerase chain reaction) and antibody when that comes online so we can go forward and contain and mitigate and isolate the virus as we wait for the vaccine, so how can we echo the U.K.'s commitment to ramping up testing so we can get to that stage? When are we going to be in a position to do that level of testing so we can move forward, regarding the fact that we are obviously behind the U.K. and other places? But how can we reassure that testing will be ramped up at the stage it is needed?

The Minister for Health and Social Services:

Deputy Pamplin, we are still testing in the community. My understanding is that the U.K. were only testing in hospitals. So we have been doing better in that respect from them because we are getting results from the community. We have had assurance from the U.K. at ministerial level that when the U.K. says they are ramping up testing we are included in that, in their process, because they are taking a certain amount of tests from the Crown Dependencies and so insofar as they increase their capacity they are also offering a proportionate increase to us.

[11:15]

That has been discussed at ministerial level.

Deputy K.G. Pamplin:

Very quickly, what were the other difficulties with the testing kits when they first arrived which prevented immediate testing occurring, if there was any? We understood there was some data that needed to be recalibrated over the weekend because of duplication. Is everybody now satisfied in the lab that the testing facility is functioning at the level it should be?

The Minister for Health and Social Services:

I understand that after any initial glitches and validating what we had, that they are now satisfactory but I wonder if Steve has any further information on exactly what happened during that process.

Director, Strategy and Innovation:

I am afraid I do not. I will ask Patrick if he knows from an operational point of view.

Medical Director, Health and Community Services:

I have limited knowledge on it but my understanding is that any new testing for anything at any time that comes into our labs has to go through a validation process and that takes a period of time. I

am not aware that there are any significant glitches. It is about the laboratory staff making sure that what they are using is fit for purpose and it is giving us safe information that we can use.

Deputy K.G. Pamplin:

Patrick, you have taken control of the screen so I will request our Scrutiny Officer to take back the control of the screen because currently Patrick ... there we go. Thank goodness you did not open anything that you did not want us to see, Patrick. I am sure it would have been interesting; your shopping habits maybe. Anyway we move on. Antibody testing: we understand 10,000 antibody testing kits have now arrived. We saw the press release. Once the kits have been tested for reliability, can you explain now ... now I know Dr. Muscat is not here but could somebody just explain how they will be used? But before that, how will they be tested for durability because the issue that the F.D.A. (Food and Drug Administration) in America have stated only in the last 48 hours, and still the United Kingdom, is that these tests still have not met the criteria for mass antibody testing in the public because of the false positive/negative results they are bringing back. So how can you reassure people that the testing being done will provide that information when still the authorities around the world are saying we are not there yet with these antibody tests?

The Minister for Health and Social Services:

Deputy Pamplin, there is a lot of work going on to answer just those very sort of questions that you have put. We need to have information that we can rely upon. As to the technical operational parts of exactly what will be done can Steve elucidate us?

Director, Strategy and Innovation:

Yes. I think there are probably a couple of parts to the answer. So the first part of the question is what are we doing to assess the validity of the tests and there are at least 3 parts to that. The first part was that in undertaking the clinical and commercial due diligence when we were looking at which tests to acquire, we reviewed the literature that was available on a range of tests and the tests that we procured were the ones that had the higher levels of certainty, more robust clinical trials on larger samples for multiple sources, et cetera. That was the first point. That establishes the voracity of the claimed accuracy levels specificity and sensitivity of the antibody tests. That is obviously what we will assess them against from a commercial point of view. Do they do what it was claimed they would do when we bought them? A second point of validation is the on-Island assessments which we are currently making where effectively we take samples of confirmed positive and negative cases from within Jersey and apply those to the antibody cartridges and check that we get the right results from those. That is work which is just kicking off now, collecting the bloods from people, and that process will be undertaken next week. The third level of assessment is clinical trials associated with the tests. The first by the supplier of the 150,000 tests, so there are 2 clinical trials being undertaken in the U.K., a 2,000-sample survey in one university on a U.K. population and a 700-sample survey

in a London university on a European population. Those test results are expected I think within about 10 days. That gives us a third level of validation, if you like. Equally, for the 10,000 tests that were delivered today, they are planned for the clinical validation of those through the U.S. (United States) I understand. So those are in addition to safety marks, if you like, C.E. (Conformité Européenne) marks and the additional F.D.A. and M.H.R.A. (Medicines and Healthcare Products Regulatory Authority) accreditation for the safety of the product, if not the validity of the product, that has been available to us. So we have numerous levels. I think it is fair to say that we are very, very conscious of the experience of other governments. There has been significant production of poor-quality tests in China. We hope and think we have benefited from coming a week or 2 behind the rest of the market and have been able to sift higher quality products from those available to us. There have been other challenges to acquire them but I think we have overcome those so we have confidence in the products that we brought but we want to stand that up and check it for ourselves. Obviously if they do not meet the expected standards then we do look to return them. I think the second level of consideration in this is that not all "mass-testing" programmes are the same. So the level of accuracy you would want, for example, for a self-administered test in a large jurisdiction or for administration by untrained staff ... to put this answer another way, if you or I were to apply this test or to have it applied to us by somebody who was not a healthcare worker, you would expect less accuracy. The wrong size drop of blood or the wrong size ... or whether the test is not laid down properly or kept in proper conditions at the right temperature, et cetera, all will affect accuracy. In Jersey, given our population size, the design assumptions behind our Island-wide testing programme are that it would be administered by trained professionals rather than self-administered and that we can manage those logistics and supply chain issues such that we can ensure the product is kept in the right way, administered in the right way, and they would all give us a higher level of accuracy. So for those reasons, I think we have reason to be more hopeful about the quality of these tests. But obviously that is still to be substantiated by the clinical assessments that I mentioned before.

The Minister for Health and Social Services:

I think Steve's answer shows the degree of research and careful examination and thinking and proofing that goes behind what we have done to ensure that we get accurate testing in the Island. But I see that same degree of work that goes into so much of what we are trying to do at the moment, whether it is sourcing any piece of equipment. I know Steve has worked really hard and long hours, and I commend him and the whole team in public health.

Deputy K.G. Pamplin:

Great. Thank you, Minister. Thank you, Steve, for that. I think the issue with the antibody testing is because the novel virus is still new to everybody and everybody is still learning at a rapid pace. But the latest information being gathered, and as we are hearing and reading, by the scientific

experts is that it is better to be cautious in terms of the information while working at pace because we really do not know yet how accurate things are. The worst-case scenario is to give false hope because we have to be sure that these antibody tests can give us the required information instead of just picking up coronavirus, which as we know presents in 15 per cent of colds, that when we go with the antibody testing that we have the reassurance not just from our local brilliant experts who are doing the job to test it, but in the world. So everybody is reassured that these antibody tests work because releasing out of the lockdown, whenever that is, is going to be a critical crucial path. My last question was going to be that the most important part when we come out of this process is the testing and the contact tracing and the isolation of those parts of the community because without that how can we manage the virus, which there is no vaccine for. So can you give us some indication about the impact of that because without those things we are effectively blind to what we are facing on this Island?

The Minister for Health and Social Services:

First of all, I would like to give that assurance that, yes, when we introduce antibody testing to a wider part of the population it will need to be with the assurance, the maximum assurance that we can give at that time, that this is an accurate and safe and reliable test and is not just local work that is verifying that but the medical officer of health, all of the public health team, are linked in to expertise that it comes from around the world. So that we are drawing on all that. There is no better solution that we can go to because, as you said, this is all new to the whole world. So everyone is searching for these solutions and we are ensuring that we have the most reliable that is available, based on the best evidence from around the world. Precisely how we will roll out a testing programme and monitor it is being considered and now I have had some preliminary discussions, and I know Steve would have gone back and done further work on that so, Steve, could you respond to the second part of the question please?

Director, Strategy and Innovation:

I think the second part being around assuring the accuracy of the test, is that right? If I come back to it via the first part, I think just to recognise your assertion, Deputy, that the scale and accuracy of our testing and contact tracing systems is a pre-requisite to any kind of managed exit from lockdown in the same way that I think ensuring hospital capacity was in place, as a pre-requisite to dealing with the virus in any scenario. So we are conscious of that and there are plans which will be brought forward in the coming days to codify how we hope to upscale those processes and make some commitments by when we hope to see certain levels of testing and an extension of contact tracing in place. In terms of the roll-out of the antibodies, I think as well as the clinical assessments that I talked about before, we would always deploy new testing in an experimental way first. So we would try it and we would learn from those small samples more about how we could deploy it at scale. I think it is also worth us remembering what we hope to use antibody testing for. There are 3

objectives that we have talked about. The first is around understanding the distribution of the virus in a sample of the population and potentially in the wider population. That can be done with a test that is not necessarily telling you whether or not you have got it, that is taking a sample and that can be done with a test with a slightly less level of accuracy, and the sample design can account for some of those variables. So that is an option. Our ambitions around testing for immunity I think was always a kind of later stage ambition because we know simply most people in Jersey will not have had the virus yet and therefore will not have developed that immunity. So that would always be likely to be on a different test and tested at a higher level of validity in order to give ourselves that assurance.

[11:30]

Then the third objective and the one that we are sort of working to consider most is whether a testing programme can be established that can help us asses infection rates among particularly essential workers at scale. That would be a blend of antibody and P.C.R. testing provided we are able to upscale the P.C.R. testing as well, potentially with the antibody working as a triage and a confirmed diagnosis subsequently. I guess this is an expanded version of my second point before, which is the programme design can take account of some of the learning we need to do and some of the controls we can put in place to make sure that we are not misrepresenting to people the situation.

The Minister for Health and Social Services:
I hope that helps, Deputy.

Deputy K.G. Pamplin:
Yes, thank you, Steve. I guess the final point goes back to my original question, Minister, before I hand over. Based on that information, this detailed explanation we are getting, how can we truly know at this moment where we are on the curve, based on the fact our testing is limited still at this stage? So where are we on the curve? When will we get to the stage that we will know for definite where we think this virus is on the Island?

The Minister for Health and Social Services:
I do not think anyone is able to pinpoint with definite precision and no jurisdiction probably does, it is all a case of bringing together different pieces of evidence and my scientific analysis working out our best estimate of where we might be on a curve. So testing is part of it. The household survey is another part of assessing where we are. The numbers of people coming into hospital and their symptoms is perhaps another and what we see in the community also. So it is using different measures, different pieces of evidence. Tom, is there anything you can add?

Director General, Strategy and Policy:

No, I think that is a good summary. I mean what you find in most jurisdictions is that you start off with testing data and the early testing data enables you to extrapolate up where you think you are on the curve. As you progress, it tends to be that other data sources become just as important and so a number of people under treatment becomes important so you can see that end of the distribution coming through and other datasets as well. I mean the U.K. are using their mortality dataset quite a lot at the moment because that is telling them more about what is happening in terms of where they are on the curve and was spread through the community. So I think this is part of the work that Anuschka was talking about earlier with briefing States Members in that one of the things that we are doing is working on bringing multiple datasets, so it is not just testing data, and then being able to share more of that with yourselves and with Islanders so that everyone can see different ways of assessing how the virus is spreading through the community. The challenge here is one that every jurisdiction has. We are trying to track something which is essentially invisible and which through perhaps 30 per cent of the population they will never really know they have had until they have had it. So it is always a matter of using the best proxy measures that we can just to try and get a good feel of what is happening in our community.

Deputy K.G. Pamplin:

Thank you, Tom, and thank you, Minister. Before I hand over, this has been incredibly useful and I have been stressing it all the way through, the more of these meetings that we can have and explanations from the likes of Tom and others is really helpful. So, thank you. I would like to now hand over to my colleague, Deputy Alves, who is going to be asking questions next. Thank, you everybody.

Deputy C.S. Alves:

Thank you, Deputy Pamplin. Before I move on to my area, which is about the field hospital, I just wanted to ask a couple of questions following up from Deputy Pamplin. One of the questions was: will the Minister be reporting on any of the recoveries that may have happened?

Deputy K.G. Pamplin:

Yes, I really want to get to that position. I have asked officers to come up with a means of doing that. I know we have emailed, Deputy, and they are ... it is not an easy issue but I am told that from next week we will have in place a way of measuring recoveries. That is something that is reliable and not just self-reported or something that is our best guess, that it will be a solid piece of statistical evidence.

Director General, Strategy and Policy:

Yes, we have developed a methodology now using the contact tracing centre. So the contact tracing centre run through our Environmental Health colleagues has been upscaled as we have gone on. So we started off with 16 people working on contact tracing. That is now up to a maximum of 25 people. What we have been able to do is to introduce more database technology to support them. What Anuschka's been working on over the last week is a way in which we can use the contact tracing capability more systematically to go back and follow up with people in order to establish whether they are now symptom free. That should enable us to get a much clearer picture across the community than just simply using negative test data out of the hospital. So we are hopeful that we should be able to start reporting on that next week and that the methodology that underpins it should be relatively sound.

Deputy C.S. Alves:

So can I just have some clarification then that there have been individuals who have initially tested positive but have then been retested and have come out as negative, however these have not been reported because they may still be experiencing symptoms, is that correct?

Director General, Strategy and Policy:

Yes, there is a minority of people who have experienced COVID, have perhaps been tested positive at the start, and then perhaps have been under mostly patients and hospital care that have come out the other end and have then been tested again and have tested negative. Those negative results only give us a very partial picture of people that have had COVID and have come out the other side. That is because the majority of people that perhaps were tested positive at the start have just been at home, they have not needed any clinical treatment, they are now fully recovered and what we have been doing through contact tracing is phoning those people up, talking to them about whether they are now symptom free, whether they are fully recovered, and then entering that information on to the database in a much more systematic way. So what we should get is a much better picture in relation to the people that at one time were tested positive and how many of those are now recovered and symptom free, regardless of whether they have had a second test in the hospital to show that they are now negative. Because most people will not have a second test because they are not under hospital care. They will just recover in the community on their own.

Deputy C.S. Alves:

Okay, thank you. I have heard from some constituents who have had that second test and have come back negative and are in the community, so my final question on this is just of the current number of positive cases that have been reported these people who have now tested negative, have they been taken off those numbers or is that a cumulative number of positive cases?

Director General, Strategy and Policy:

It is a cumulative number of positives.

Deputy C.S. Alves:

Okay, thank you for that. My section is on the field hospital and my first question is: what is the rationale for building a field hospital?

The Minister for Health and Social Services:

We need to plan and it is part of our contingency planning if we reach the peak of infection and there was insufficient mitigation in the community, if we have not flattened the curve enough we could expect our hospital bed capacity to be overwhelmed. So it is right that we plan for additional capacity. That was initially looked at by looking at our private care providers and talking with them and seeing what they could provide by way of additional bed capacity but at the same time there was a stream of work going on to see could we build something bespoke in the Island. We saw this happening in Europe and the U.K. and it was that stream of work that proved the most fruitful because of the need to ... staffing really was the big issue. Because if you put patients in individual rooms it is much more difficult to care for them than if you had a Nightingale set up. If I may, Deputy, I would like to ask our Island's chief nurse, Rose Naylor, because she is the executive lead for the field hospital and she can explain that much more fully than I could. If Rose could take the microphone.

Chief Nurse:

Hello, good morning. Thank you. Yes, as the Minister has described, we were asked to plan for an increased volume in patients requiring hospitalisation should the need require. So we put together a proposal which was about how we would manage our whole bed estate resource differently and one of the key factors is around how we manage our workforce across a larger number of beds, which is why the proposal around the layout of the Nightingale was particularly pertinent. So the Nightingale style of ward is quite an old style of ward where you have patients in beds in rows together so nurses and other staff can see all of their patients in one go. So again it enables us to use our workforce a little bit differently and gives us a bit more flexibility should the need require.

Deputy C.S. Alves:

Thank you. What assumptions were made about the need for extra beds to deal with COVID? Were these assumptions based on existing models elsewhere?

The Minister for Health and Social Services:

Sorry, Rose, did you wish to take that?

Chief Nurse:

I am happy to answer, Minister. The assumptions that were made were based on some of the modelling that was done in Jersey in relation to a potential increase in hospitalisation of cases, which at worst-case scenario would see a demand increase up to 600 beds at one time.

Deputy C.S. Alves:

Thank you. What are the timescales of the new hospital? So beds opened, staff trained, fully operational.

Chief Nurse:

We are working towards a timeline of the building to be completed on 4th May. Running alongside that we have got a lot of work ongoing at the moment in relation to recruiting additional staff, to look at how we use our workforce differently, and a lot of that has already happened within the General Hospital. We would obviously have to have some time to induct staff and orientate staff to a new building and a new facility. So again we would build some time into that. I have to say that we are working closely with the centres in the U.K. so we have had direct contact with the medical adviser for the U.K. centres and also with the medical directors, particularly the Manchester Centre, because that is very much aligned to the model that we proposed here. Again, we are taking our lead and our lessons learnt from them in relation to how we bring teams together that potentially do not work together that often and how we get them working and functioning within the new build, if we need to use it.

Deputy C.S. Alves:

So you mentioned there staff. Where will these extra staff come from and how will they be housed?

Chief Nurse:

There is a range of different things that we are doing around staffing and, just to put this into context, at the outset of the coronavirus pandemic particularly hitting the U.K., all of the regulators came together, so the General Medical Council, Nurse and Midwifery Council and the Healthcare Professions Council, and issued a statement for all of their registered professionals which advised us all that under these unprecedented times we would be required to work in different ways, in different environments and support the rise in terms of hospitalised patients. So we were already prepared from a regulatory point of view that staff would be working very differently. So registered nurses are obviously very much in the front line response to this pandemic and it is how we use those other professionals differently. So one of the first things we did was we reduced activity in the hospital to enable our staff to train, work differently in different environments than perhaps they are normally used to working.

[11:45]

So some examples of that would be our allied health professionals, so our physiotherapists, occupational therapists, have all undertaken additional training that will enable them to support ward-based nurses should we need to use them to support demand. In addition to that, another good example is our theatre nursing team are now part of the wider extended intensive care nursing team. So they have all been trained. They attended some multi-professional training with the team from Intensive Care and now they are doing shadow shifts on the unit. So they get very much familiarised with working in a different environment. So those are some examples. Other examples of things that we are doing is we are recruiting healthcare assistants. So we are particularly keen to bolster the volume of people in this side of our workforce. These are people that we would appeal to members of the public, if they are interested in supporting us at the front line, to get involved. We have recruited 30 so far and they have been trained and they are out in clinical areas doing shadow shifts at the moment. But we would like some more people to come forward. We are working with Malcolm Ferry and his team to see if any of those people who generously volunteered would like to come and work with us in this particular way. As I said, full training will be given. There are other examples as well so it is quite a long-winded answer but there are lots of different layers to this. Another example is we have been out, as they have done in the U.K., to any registrant that came off the register in the last 3 years. The Nursing and Midwifery Council have introduced a COVID register which enables those registrants to re-register for the period of the outbreak so that they can work in clinical areas again. I have to say, I have been so impressed by the nurses that have come out of retirement that are back supporting us in practice ready at the moment. The N.M.C. (Nursing and Midwifery Council) have suspended that now. We are going out to advert again to encourage other people to come forward. Then finally, the last group that we are targeting are people who do not normally work in clinical practice but are on the register, so they could be a nurse, they could be a physio, they could be a psychologist, but they are also experienced and registered as nurses, but they do not front clinical-facing jobs every day, so we are compiling a list of all of those people that we have available. We will be giving them additional training and when the time comes we will be drawing on those individuals and we will be working on the wards, and that is myself included and many of my colleagues who are in those types of roles. Again, everything that we can do to come together to bring the most resource possible in Jersey we are doing.

Deputy C.S. Alves:

Okay, thank you for that. Just to clarify, the healthcare assistants that you are appealing to are people that do not necessarily have any previous experience?

Chief Nurse:

Yes, that is correct. So what we have got is a training programme for when they start, so they would be recruited, they would go through a recruitment process. Obviously the normal checks would

apply in terms of D.B.S. (Disclosure and Barring Service) checks to make sure we cover off all our safeguarding elements of recruitment. They would undertake a training programme and then we would put them with teams so they would start to work in clinical practice areas. I have to say, it is a challenge because we do have to recognise social distancing measures, particularly within our training, and that does impact on how many people we can train at any one time. But I have a team that are working flat out to make sure that we can deliver as many people as we need to, but this is going to run over a period of time, so we do not need to do everybody in the first week, so to speak. Then, as I said, we are getting them out in practice. The other thing just to say, that in recognising people may not have necessarily worked in healthcare before, we do have a well-being team that is very well-poised and experienced to support staff, so they are currently supporting staff all over our services. They have done 900 well-being checks in about 3 weeks and this is really to make sure that staff know where to go for support, that they are looking at their emotional well-being, that they understand it is okay to not be okay, and we will be doing some targeted specific support for those staff who are new to healthcare who have come forward as a result of our call out for support.

Deputy C.S. Alves:

Okay, thank you very much for that. Minister, how will the field hospital be managed and by whom? Minister, you are currently muted.

The Minister for Health and Social Services:

It will be managed as part of the hospital, so as one entity. I will pass over for more detail to Rob Sainsbury. Sorry, we are going to either Rob or Rose.

Group Managing Director, Health and Community Services:

Can I check you can hear me?

Deputy M.R. Le Hegarat:

Yes, we can.

Group Managing Director, Health and Community Services:

Okay. So we will be managing the field hospital and Jersey General Hospital as one system of care, so although it is across 2 sites, we have to look at it across both sites in terms of daily staffing, daily levels of acuity, daily levels of resourcing and so on. Nurses, our doctors, our clinical support staff will be operating as one system, effectively. There will be a command and control structure within the field hospital which is specific to that, so you will know who the lead nurse is, the general manager, the lead doctor, but we will be looking at the capacity very much as one system, as well as the wider beds across the system.

Deputy C.S. Alves:

Okay, thank you. Will the field hospital contain I.C.U. (Intensive Care Unit) facilities?

Group Managing Director, Health and Community Services:

No, that is not within our plan at this time. We would retain our critical care capacity at Jersey General Hospital. We are just looking at the acuity levels that can be managed in the field hospital, though some respiratory support could be supported there, but we would not anticipate that would be our critical care. We would leave that infrastructure here within the General Hospital in our plans.

Deputy C.S. Alves:

Following on from that, how will the clinical workload of patients between the existing hospital and the new field hospital work?

Group Managing Director, Health and Community Services:

So every day - well, throughout the day - we will have a continuous understanding of where our acuity is, so what level of patient need is required and what intensity of care, and we will match that to our staffing required across both sites, so for those needing much more intensive care, that will be concentrated here at the General Hospital, but for those requiring general support, that could be at the field hospital, and the staffing levels will be adjusted according to that need. That could change if the acuity changes up and down, but we have got plans on how we would manage that.

Deputy C.S. Alves:

What will the mechanism be for the admission to the field hospital? Will this be patients that will be transferred from the General Hospital, care homes or referred by G.P.s (general practitioners) and so on?

Group Managing Director, Health and Community Services:

Yes, there will be multiple routes that we would have, so we could have patients who are stepped down from Jersey General Hospital to the field hospital. It could be used for admission directly to the field hospital from G.P. assessment or it could be from care homes, but we would try and maintain care and support within the usual place of residence as much as possible, but we have got the option to be able to use it for step up and step down independently and also as a support capacity for the General Hospital. It is really surge capacity for us, so if the hospital becomes full, we have got additional beds that we can use in a similar context to what we do here.

Deputy C.S. Alves:

So once the field hospital is operational, will non-emergency work resume?

Group Managing Director, Health and Community Services:

We will be doing urgent work while the field hospital is running, so within the General Hospital our plan would be that we would retain some of the more specialist services that we need that have to really run from here, so if somebody breaks their leg, we need to have support and care for them in the General Hospital. That would not be at the field hospital, so yes, we would keep some capacity at the General to make sure that specialist services, urgent specialist services, could be maintained.

Deputy C.S. Alves:

Okay, thank you. My final question to the Minister. Yesterday during a press conference we heard the chief executive refer to the field hospital as "semi-temporary." Are there any plans to do something with it? What does this mean after?

The Minister for Health and Social Services:

It is a temporary facility. I have not been involved in any discussions that have talked about the use of the field or the use of the equipment after this outbreak has ended, so it is purely a temporary facility because it is needed as good planning.

Deputy C.S. Alves:

Okay, thank you. So I will be handing over to Deputy Pointon. Thank you.

The Deputy of St. John:

Thank you, Deputy. Minister, just a couple of supplementaries there. One is: will the field hospital be an exclusively coronavirus accommodation? Secondly, when this field hospital is no longer required, are we going to keep it in-Island to meet any problems that may occur for the future?

The Minister for Health and Social Services:

Okay, can I pass that to Rose on exactly will it be used for purely COVID patients or other patients also there?

Chief Nurse:

It is our intent that the Nightingale Hospital is built to support the response to coronavirus, so that those patients will be cared for in that facility.

The Deputy of St. John:

So if the hospital had come under pressure and you were short of beds, would you resort to using the field hospital for people who are with the coronavirus?

Chief Nurse:

I think my answer to that would have to be in relation to our infection control strategy and how we best manage patients. The layout of the field hospital is such, as I said, that the beds are laid out in rows of beds side by side with each other, so I would not anticipate that we would mix patient cohorts in that building.

The Deputy of St. John:

Right, thanks for that. The question about the field hospital's use after it has lived its life, would we keep it in the Island and in storage?

Chief Nurse:

My working brief in relation to the field hospital is that it is a temporary facility to help us respond to the surge in demand of cases. The reference to it being a semi-permanent structure is a reference to the style of building it is. It is a semi-permanent build as opposed to what people would traditionally think of as a field hospital, but we are working on an understanding that it is for this purpose.

The Deputy of St. John:

That is fine. My question was would we be keeping the hospital in the Island in storage for any future event that might beset us?

Chief Nurse:

It is not a purchased building. It is on loan. That is one for somebody else to answer rather than me.

The Minister for Health and Social Services:

I will try and simply explain to the Deputy that this has been such a fast-moving situation, we have brought it in for the purpose that we are going to use it for. It is an emergency and I have not been involved in any discussions that have spoken about how we might use it in the future, so it is what it is, it is a temporary facility. Insofar as it is on loan, we will need to bring that loan agreement to an end.

The Deputy of St. John:

That brings clarity to the disposal of the hospital. Minister, I am going to ask you some questions about the I.C.U. facility that currently exists. There have been concerns expressed about the numbers of ventilators that are currently in the Island and some while back, in fact on 18th March, we were advised that 12 additional ventilators had been ordered and were due to be received in 2 weeks, but at the last States meeting - the virtual States meeting - we were told that these ventilators

were being chased; they had not arrived in the Island. When were these ventilators originally ordered, the date, and where are they coming from? Who is supplying them?

The Minister for Health and Social Services:
Deputy, we are still expecting those ventilators. We are expecting 5 out of an order of 15 relatively soon, but they are being chased. This not unusual, this is happening to health authorities all over the world. There are so many orders in for so much equipment that is rapidly moving around the world, but the demand is such that supply routes are so stretched that we cannot rely on the normal timetables or the normal timetables are not being fulfilled.

[12:00]

So they are on their way, we know that. These 15 we have ordered are through the N.H.S. (National Health Service), being our most reliable supply route, and we anticipate ... we have got good expectation of them coming soon, 5 and then a further 10.

The Deputy of St. John:
With the increasing numbers of COVID-positive people, there must be an increase in the numbers of people who are having to be admitted to intensive care. At what level are we at in relation to our current stocks of ventilators?

The Minister for Health and Social Services:
In relation to current stocks, we have got 24 ventilators. They are certainly not at capacity in I.C.U. at the moment. There are very small numbers of people being ventilated.

The Deputy of St. John:
Have you arrived at the stage at which you have had to use anaesthetic ventilators yet?

The Minister for Health and Social Services:
No, not yet.

The Deputy of St. John:
Right, so there is some flexibility in the system still?

The Minister for Health and Social Services:
Yes, there is. We have not reached that critical point.

The Deputy of St. John:

Good. We understand that you have been training additional staff to run ventilators. What is the progress that we have been making in that department?

The Minister for Health and Social Services:

There has been very significant progress. There has been intensive training with people who would not normally regard themselves or work in a critical care environment, but they have stepped forward and they have taken up training and the whole department, and indeed the whole hospital, has been reconfigured to work in different ways so that we can maximise the care we can give to patients. If I might ask Patrick to talk about the detailed planning around I.C.U.

Medical Director, Health and Community Services:

Yes, certainly, and I will ...

The Deputy of St. John:

We have lost Patrick.

Medical Director, Health and Community Services:

... principally related to that type ...

The Deputy of St. John:

Patrick, we missed the ...

Medical Director, Health and Community Services:

... so our theatre staff, many of them have stepped forward and they are looking after patients who are anaesthetised and asleep. They are used to looking after patients in recovery, so we are very grateful to those staff who are stepping forward. Those staff have already been going into the I.C.U., working alongside their colleagues and learning on a day-by-day basis of this period when, as has already been said, we are not overly busy and we are still functioning within what would be our normal intensive care resource, and bearing in mind not everyone in intensive care is on a ventilator. There are other treatments given in intensive care. So we are largely trying to select staff who have a level of skill that can be more easily upgraded to that type of work. I do not know whether Rose has anything else to add to that.

Chief Nurse:

Yes. I already described the theatre nurses who are working differently, but also very grateful to our colleagues in other organisations for releasing their nursing staff who have got previous experience in critical care nursing. So again, we have been able to pull people from different parts of the Island who have either worked in our critical care facility before or who have worked in one elsewhere.

They also come on the refresher training as well, so they are part of the extended intensive care support team. I think there is about 14 of them.

The Deputy of St. John:

Thank you for that, Rose. This of course will be very reassuring for the people who are going to be depending on the hospital.

Chief Nurse:

Absolutely.

The Deputy of St. John:

Can I move on to personal self-protection and the difficulties that have been experienced procuring P.P.E. (personal protective equipment) and the difficulties that we hear about in the care homes in the Island not having sufficient P.P.E.? Where are we at with that now and do you have sufficient stocks of P.P.E. within Health to be able to distribute to those other care environments and, for that matter, are there sufficient P.P.E. stocks within the Island to offer the emergency services, police, front line workers access to P.P.E.?

The Minister for Health and Social Services:

Yes. Deputy, as you allude, there is a need right across the Island, and for this purpose the function of sourcing P.P.E. has been centralised ...

The Deputy of St. John:

We have lost you, Richard. Hello?

Deputy C.S. Alves:

I think he has gone.

The Deputy of St. John:

He has gone altogether, has he?

Deputy C.S. Alves:

Yes, I am just trying to get him back.

Chief Nurse:

The Minister has lost power, so it is just going to be me for a bit.

The Deputy of St. John:

Right, okay.

The Minister for Health and Social Services:
Can you hear me, Deputy?

The Deputy of St. John:
Yes, I can hear you.

The Minister for Health and Social Services:
I think you might be able to hear me now.

The Deputy of St. John:
We can hear you.

The Minister for Health and Social Services:
I do apologise for that, computer over-working. Yes, I was explaining that this has now become a centralised function in Government and a portal has been set up that every organisation that needs P.P.E. in the Island can access this portal. I understand over 150 of them have registered or are on that portal now and each day they have the facility to log in what they need for that day and that is then assessed after a certain time and then deliveries are made to that institution following it. Insofar as concerns with the care homes, there is a daily virtual meeting that all care homes can join to discuss their requirements and indeed any other concerns they have. So over the last 10 days I have really seen a co-ordinated effort and everybody in the Island joining it to ensure that we have consistent use of our P.P.E. Island-wide in accordance with the guidelines issued by the medical officer of health. You ask if we have sufficient. We have sufficient at the moment, but we do not have sufficient on the Island for the whole of this period in which we anticipate the pandemic will cover because, like every community, we will have to constantly be ordering in and that is happening. There is a work stream going on that is in fact working 7 days a week that is monitoring orders, that is placing orders, that is examining the claims we have, because we get all sorts of proposals from well-meaning people in the main who say that they can source this, that and the other. All that has to be examined carefully because we know that in places, particularly in China, because a lot of P.P.E. does come from China, but their usual sources just cannot cope with the demand, so there have been all sorts of additional people coming into the market and purporting to supply P.P.E., but in fact it is of variable quality, so all that has to be examined. But there are large sums being spent on buying in all that we need and Herculean efforts being made to source it from around the world. Thank you, Deputy.

The Deputy of St. John:

Thank you for that, Minister. You have answered the question very fulsomely. There is one note that we made and that was when this was high profile, the chief nurse was quoted as saying: "Because of the global demand for P.P.E., we have to manage supplies carefully." Please can you clarify what "manage supplies carefully" means?

Chief Nurse:
Minister, would you like me to answer that?

Deputy C.S. Alves:
Sorry, the Minister is on mute.

The Deputy of St. John:
Right. I suggest we could probably go ahead and get the answer from you, Rose.

Chief Nurse:
All right, okay.

The Minister for Health and Social Services:
Rose, can I just say, because I have also said that we need to manage supplies carefully, and that means using supplies in accordance with the guidelines issued by the medical officer of health, which themselves follow Public Health England guidelines. I do understand people's fears in this, that they do want to maximise the protection that is available and they want to protect the people they are looking after and their families too. We did come across cases where people were using P.P.E. or additional P.P.E. in ways that were not necessary and in a scarcity situation that is not right. We need to marshal what we have carefully and ensure it is used in accordance with proper guidelines. That is what I understand by the chief nurse's remarks, but can I ask her if she wants to add anything?

Chief Nurse:
No, Minister, that is answered as I would answer it, thank you.

The Deputy of St. John:
You mention the guidelines. Of course many people out there will not have seen or heard of the guidelines. I wonder if you could be a bit more specific about what those guidelines recommend for the use of P.P.E. and other means of protection.

The Minister for Health and Social Services:

Those guidelines have been widely circulated. Every environment that needs P.P.E. has received them. There are different guidelines. There are a variety of them, there are guidelines for hospital use, for care home use, for police, fire and ambulance, for prison, bus drivers will need a level of P.P.E. also. I cannot describe each guideline in detail, there are many of them, and I am not a user of P.P.E. so if I can pass over to our medical director, he will have far greater detail of what is needed in the environments he works in.

Medical Director, Health and Community Services:
Thank you, Minister. You are quite right, there are ... **[Feedback]**

The Deputy of St. John:
We are getting a song from the system.

Medical Director, Health and Community Services:
I am waiting for it to stop, beautiful as it is. So the Minister is quite right, there are different guidelines for different areas. There are guidelines for secondary care and there are guidelines for community; there are guidelines for primary care. What we are trying to do with those guidelines and fit into about 4 sides of A4 paper are guidelines for all those 150 different organisations that require it. That is quite a challenge and it is particularly a challenge as the guidance coming from N.H.S. England does change, and also you can never cover every single scenario that people will present to us with slight subtle differences in a document like that. So we do have flexibility and we try to be responsive and recognise special situations where people might need something more or indeed might need something less, but it has been a phenomenal effort. We have created what we call a P.P.E. cell, who monitor our stocks, who respond to everybody's orders. Those orders now come into a central point, they are risk stratified.

[12:15]

Part of that process is declaring how much P.P.E. you have and so it does need to be tightly controlled, but it is a very complex piece of work and we have pulled people in from across Government to help with that. Having been in that cell yesterday, where they have moved from a couple of weeks ago to where we are now has been a phenomenal effort.

The Deputy of St. John:
Thank you for that, Patrick. Just one final question from me, really. Last year there was a pandemic exercise, one of these table-top things in which I believe you create several scenarios and develop possible solutions. You would have, given the pandemic thinking at the time, created a situation where 80 per cent of the population became either unwell or asymptomatic, which is forming part of

your modelling. Why were P.P.E. stocks not ordered in at that time in the knowledge that there was a pandemic brewing in China?

The Minister for Health and Social Services:

Deputy, I am not sure about the knowledge or what was happening or what was brewing in China, whether that was available on the very day we did that table-top exercise.

The Deputy of St. John:

I believe you based it on influenza.

The Minister for Health and Social Services:

Yes, it was, because the risk of a flu epidemic has been one of the Island's biggest risks, as noted on its risk register for a long time, and there has been planning around that. Part of the planning was the exercise held in December. Yes, the H.C.S. did have at that time P.P.E. stocks to meet a flu pandemic. I think the issue that has arisen is that we were not the supplier, we were not the source for the whole of the Island's needs. We were sourcing needs for hospital and health services. The planning was that each individual needing P.P.E. would source their own through the usual channels that existed at that time. That was planning for a flu pandemic. This pandemic is different in that it is new, is it not, it is a new virus, it spreads 10 times more than flu might ever do so, it would appear, so there are even additional pressures on P.P.E. If I can ask Caroline or Patrick if there is anything they would wish to add to that.

Medical Director, Health and Community Services:

I think the only thing I would add is that in this situation of a pandemic flu crisis, you also assume that your supply chains will remain intact and so stock levels, while they were completely adequate for Health, as the Minister has described, you would never keep an infinite amount of P.P.E. Yes, so we had our pandemic stock and one of the pressures has been the replenishing of that through our supply chain from N.H.S. England has not been as robust as perhaps we assumed it might have been.

The Deputy of St. John:

Thank you for that, Patrick. Thank you, Minister, for that. I will hand you over now to Deputy Le Hegarat for the moment, who is going to ask you questions about ... where are we? General questions.

Deputy M.R. Le Hegarat:

Hello. Yes, I am going to ask you questions in relation to the G.P. agreements. An agreement has been reached between the Government and G.P.s in order to work together to tackle the pandemic. What does this mean in terms of the direct impact on members of the public?

The Minister for Health and Social Services:

Members of the public will still be able to contact their G.P. surgeries should they need normal primary care service. I think we are used to going in to see our G.P.s. Obviously we should not be moving around, we should be trying to stay at home, so we have facilitated a means whereby G.P.s can have video meetings or they can phone their patients and only if the attendance cannot be resolved in that way would a personal meeting be set up. In relation to patients who are exhibiting COVID symptoms, we ask them to ring the helpline first and there would be a discussion with a G.P. on how to manage those symptoms, whether they need to be seen, so this would all be prearranged to ensure safety of all concerned.

Deputy M.R. Le Hegarat:

Okay, thank you, Minister. How many G.P.s does this Island need to manage the healthcare of Islanders and managing the pandemic in primary care and what is the impact of the loss of G.P.s due to isolation?

The Minister for Health and Social Services:

106 G.P.s have signed this agreement. That is all the Island's G.P.s and we are tremendously grateful for the way they have joined with us to tackle this crisis, but of course some G.P.s will remain much as they were. Some G.P.s will be brought in to work in the Urgent Treatment Centre, some will be with the ambulance service and others will be working exclusively within the care home sector, so they have been reorganised in those different ways. Your question is how many are needed specifically for COVID treatment. Rob Sainsbury was our executive lead in setting up the agreement with the G.P.s and I wonder if I could ask him to give that detail, if there is an answer to that as a specific number. I imagine it is variable as time goes on and we move through this pandemic, we will need to draw on more G.P. skills to deal with it.

Group Managing Director, Health and Community Services:

Yes, I think you have answered the question for me, Minister. It is variable, so we do not have an accurate modelling at the moment to say: "This is how many G.P.s you need to manage the pandemic" but we are getting detail around how many G.P.s we need to support the functions associated with the pandemic. At the moment we are having between 5 and 7 G.P.s supporting the U.T.C. (Urgent Treatment Centre); about 3 G.P.s supporting the ambulance service. We are having to provide about 30 G.P.s to make sure they are doing COVID-related calls and making sure they are keeping in touch with patients who are symptomatic in particularly the care home sector, and

then the other G.P.s are doing the business as normal. So that will fluctuate as we see the disease become more active.

Deputy M.R. Le Hegarat:

Are you able to provide any impact at the moment in relation to any loss of G.P.s?

Group Managing Director, Health and Community Services:

Yes. We have got about 10 per cent of the workforce, which is similar to our levels in terms of not in work because of symptoms or being unwell at the moment, so we are managing that at the moment. We have got good G.P. cover. We are quite fortunate, as the Minister said, in our overall numbers, but it is having the effect, the virus, in the same way that our wider staff group is, at about 10 per cent of staff being off.

Deputy M.R. Le Hegarat:

Okay, thank you. What is the latest updated number of people classed as high risk contacted by G.P.s from the initial work launched on 11th March and did this include care homes?

Group Managing Director, Health and Community Services:

Yes, it did include care homes. I can get you the very specific number if you can give me 2 minutes to get that detail for you, Deputy. We are just finalising that now.

Deputy M.R. Le Hegarat:

Okay, I will move on to the next section while you look for that data, because I am conscious of time and I know that we are able to continue to make up the sort of lost time if needed at the end. But I would like to talk about the workforce. What is the exact figure of workers that have come out of retirement to support H.C.S.?

The Minister for Health and Social Services:

Yes, if Rose could answer that.

Chief Nurse:

I think to our first call out we have 85 people responded. In terms of our number of people we have got into jobs at the moment, I would need to double-check on that with you, Deputy, because some of them have been processed and have decided they have not wanted to take it up, so the number has changed in terms of the amount we have got working. I think from a nursing point of view we have probably got about 20 people in practice out of that initial 85. The 85 included doctors that have come out of retirement as well as other professionals, but I will need to come back to you to confirm that figure.

Deputy M.R. Le Hegarat:

Okay, thank you. What I would also like, and this was asked earlier, I would like some sort of confirmation in relation to questions that I was asking in the States a number of weeks ago, which was in relation to the utilisation of dental nurses. Have we been able to do that and get them trained to a way that they are able to assist with Health?

Chief Nurse:

Again, I just need to check on the detail on that. I think they are on the original list, but I could not give you the exact number.

Deputy M.R. Le Hegarat:

Okay, but we have done that piece of work and we are using them?

Chief Nurse:

I need to confirm that with my colleagues in the workforce cell.

Deputy M.R. Le Hegarat:

Okay, thank you. My next question is do you ...

The Minister for Health and Social Services:

I think Rob Sainsbury would like to say something on that.

Group Managing Director, Health and Community Services:

It was just to confirm the numbers for you, that on 8th April we had got up to 15,000 contacts for vulnerable persons. We believe that has increased further. Our target was around 17,000. We are very close to that now, we would imagine, and that does include people who may be in care homes, so it is not just limited to people who are in their own home, it could be residential or nursing homes where the person is as well.

Deputy M.R. Le Hegarat:

Okay, thank you for that information.

Group Managing Director, Health and Community Services:

No problem.

Deputy M.R. Le Hegarat:

My next question is do you believe if the worst-case scenario was to occur that you will have enough staff to be able to provide the necessary healthcare to both COVID-19 patients and normal patients?

The Minister for Health and Social Services:
That is our contingency planning. We plan to cope in the worst-case scenario. It would be a huge pressure but we have maximised our planning to ensure that we would be able to do the best we can in that scenario.

Deputy M.R. Le Hegarat:
Okay, thank you. My next question is how many healthcare professionals and all front line workers, transport, shops, et cetera, currently have had and recovered from COVID-19 to date from all testing from U.K. and now on-Island?

The Minister for Health and Social Services:
I do not have a figure to immediately answer that to you and I will try and get that to you, Deputy.

Deputy M.R. Le Hegarat:
Okay. As a supplementary to that, could you provide how many H.C.P. (healthcare professionals) have been swabbed? Are H.C.P. being prioritised for swabbing? Will they be re-swabbed and are their families being swabbed as well? So if you have that data, then can we have it; if you do not, can you look to provide us with that data, please?

The Minister for Health and Social Services:
Do you mean H.C.P. in the hospital or across the whole community?

Deputy M.R. Le Hegarat:
We would be grateful if we could have that information across the whole community so that we have some idea. I mean, obviously if you are able to provide the data per sector, that would be helpful, but I am minded that you may have concerns about identification, so if the numbers are too low that you are concerned about that, provide it as a generic, but if you able to provide it within each sector, that would be helpful.

[12:30]

The Minister for Health and Social Services:
Yes, we will do our best to give you the fullest answer we can on that. This is about the testing priorities and the limitations we have around the numbers of tests available and the limitations on the swabs available, but within those statistics, we will provide you with those numbers.

Deputy M.R. Le Hegarat:

Have any measures been put in place or planned to be put in place to protect the mental health or healthcare staff who may have to make morally challenging decisions and rest breaks, et cetera?

The Minister for Health and Social Services:

Yes, there has been a lot of work around the well-being and mental health of staff. There are new support avenues which they can access. This is certainly not neglected. It is well-recognised that there are additional pressures on them which we want to address and we are providing means of addressing that. Obviously Mr. Armstrong is deep within the hospital work, so if I can ask him to detail that.

Medical Director, Health and Community Services:

Yes, certainly. Again, Rose may want to offer advice as well. I think I would refer back to Rose's earlier answer, that we have a health and well-being team within the hospital who have been supporting staff, particularly in areas where we think staff may be exposed. They have done, I think, over 900 assessments of staff over about a 3-week period and continue to do that work and continue to target it. There is a Well-being Wednesday within the hospital every week, but the health and well-being team are available, I think - correct me if I am wrong, Rose - 24 hours a day for staff who may need them. We have created rest areas within the hospital. The chaplaincy have very kindly given over the chapel to the critical care staff and others as a quiet place and a rest area and other areas in the hospital have been created.

Deputy M.R. Le Hegarat:

Okay, thank you for that. I have got 2 final things. One, can you please reassure us that when we do come out the other side of this crisis that that welfare will remain in position for those staff? Because quite clearly even once this is finished, there will be a significant impact on staff within health services and other Islanders who have provided various things across the board, retail, et cetera. Can we please ensure that when we come out the other side that we look at this element of the crisis and make sure that there are facilities that we can make sure that nobody slips through the net?

The Minister for Health and Social Services:

I entirely take your point, Deputy. You are right to emphasise the need there. Yes, we will all be breathing a sigh of relief that the immediate emergency is over, but there will be long-term effects on our staff and so many in the Island, so I recognise that is important and I will be speaking to teams and ensuring that we have help in place. Rose, would you like to add anything?

Chief Nurse:

No, just to say I concur with what you have said, Deputy. We are talking about, when we get through the surge, how we go into a recovery phase, particularly from a health and well-being perspective, as the Minister said, not just from the point of view of our staff and front line staff involved, and you mentioned retail as well, but the Island itself recovers from what is going to be a very difficult time.

Deputy M.R. Le Hegarat:

Before I hand over to Deputy Pamplin in relation to mental health, as it happens, I just wanted to ask a final question in relation to resources and that is are we now satisfied that all the pharmacies and their teams have got sufficient people? Because obviously now with less sort of face to face availability of G.P.s, I think they have found an increase in people visiting them. Can we just have sort of a brief of where we are in relation to pharmacies, please?

The Minister for Health and Social Services:

Yes. I have not recently heard concerns from pharmacies. Their need was recognised, so what I am going to say now is I trust it will be being met because I have not heard otherwise. I know that they have likewise joined the efforts in working differently in this crisis. I am going to ask Caroline if she wishes to add anything or has any more information.

Director General, Health and Community Services:

Our chief pharmacist is working with pharmacies across the Island to ensure that we are able to provide support as required. As the Minister has said, they have joined in the effort around providing additional support during this crisis, but, Rob, do we have them as part of the cell of a morning?

Group Managing Director, Health and Community Services:

Yes, we do, and our chief pharmacist sits on the Silver cell as well. Hello, can you hear me? Sorry, yes, we do, have pharmacy input to the Bronze cell and the chief pharmacist, who has an Island-wide role, sits on our Silver cell every day.

Deputy M.R. Le Hegarat:

Okay, thank you for that. I will now hand over to Deputy Pamplin in relation to mental health and assessment lag.

Deputy K.G. Pamplin:

Yes, thank you, Chair. Thank you, everybody, so far for your answers and questions. Before I go into the world of mental health, I just want to pick up a point on what you said, Minister, about where things are at the moment. Can you just clarify something for us in terms of the P.P.E. situation? Because, as you alluded to, the flu pandemic table-top exercise was in November and as you said

here, it was based around a flu pandemic. Can you just give us an idea of what the stock levels were of P.P.E. at that time? Because as you remember, at the last States sitting we did request, through me, through the panel, to have line of sight of that. Can you just give us some clarity again on that?

The Minister for Health and Social Services:

Yes, I recall your question, Deputy, and we have begun to do some work around providing you with what documentation is available. What we had at that time was in accordance with agreed protocols and U.K. pandemic planning also. We did have that stock in place. As to precisely what stock consisted of in numbers of masks or gloves or gowns, I do not have that detail in front of me, but I am advised that we did have that in stock.

Deputy K.G. Pamplin:

Minister, also were you aware that the chief executive officer yesterday in his press conference was going to give the information about how many people are currently in the General Hospital suffering with COVID symptoms? Because up until that point you were providing States Members privately in a daily email about the current numbers, then suddenly the chief executive officer yesterday provided that information in his press conference, so (a) were you aware he was to do that, and (b) now that information is out, will you commit to daily information briefings, like we see in the U.K., 5.00 p.m. at the moment currently with the Health Secretary, with Chris Whitty and a medical and scientific officer, every day stand at a precise time to say: "Here is the latest information, here is where we are scientifically, data on the curve" and then are asked questions? Because I am sure you will agree it is becoming frustrating for the public. There is information overload and it is coming from all senses and all places. If you, as the Minister for Health and Social Services, could appear every day with the information, where we are currently, flanked by either Dr. Muscat or the second chief medical officer of health, John McInerney, to give that information because coming from all different sources I am sure you will appreciate is confusing and can put that air of unsurety into the Island.

The Minister for Health and Social Services:

Deputy, I did not have a discussion with the chief exec before he gave his statements and there was no reason why I would need to have that discussion. Communication is important and I want to assure you that this is regularly discussed with our comms team how we do this within the constraints that we have as a small Island with, remember, a single Minister for Health, limited numbers of staff in our public health team and working in our labs. So for the moment Ivan Muscat is working hard on ensuring that the serology kits we have had in are reliable and validated and something we can use. We have to ensure that we marshal the resources we have, which include time, in the best way, at the same time as assuring our population of what they need to know. I absolutely accept

communication is vital. At a governmental level we are working this through and we are going to perhaps do things differently in how we communicate, so this afternoon I am going to a press conference with the Chief Minister. We are talking about regular press conferences, but not daily, because I do not think that is feasible in our situation. Jurisdictions are different. The U.K. has a number of Ministers for Health, it has a medical officer of health who sits at a high level and has vast teams under him. We do not have that here. We could not expect that here with a single hospital, with often people holding a single post with vast responsibilities and much work to do. So we will always do the level best we can to communicate, but there is no reason why, because one jurisdiction is doing it in one way, we have to copy.

Deputy K.G. Pamplin:

I appreciate that answer, Minister. Just for clarity, just so I am sure, so going forward it is information based on the health numbers in the hospital will come from you, the Minister for Health and Social Services? Again, I reiterate, there are 2 medical officers of health at the moment and we do not want to distract Dr. Muscat away from his expertise in the handling, but if we have Dr. McInerney available, that gives you the flexibility to come forward with a medical officer of health who could answer those questions. So going forward, if they are not daily, but regular updates to come from you, the Minister for Health and Social Services, on the health numbers because it is very important, because we are talking about people being affected by this disease, that obviously needs to come from a health perspective, that you will come forward with public health officials, where available. Then I am going to hand to the chair, because she wants to come in.

The Minister for Health and Social Services:

Yes. Deputy, I cannot and I do not wish to be prescriptive about exactly what we would wish to do, but we will be bringing forward new information, new ways of reporting. We have already spoken about reporting on patients who have recovered - they are not just patients, people - in the Island who have recovered and how we will communicate the spread of the virus through the Island and our measures to control it and delay it and shield. So this will include information about what is going on in the hospital, so I can assure you we are working on that and you will see next week how we will begin to be doing things differently and giving out further information.

Deputy K.G. Pamplin:

I am just going to throw to the chair. Deputy Le Hegarat wants to interject.

Deputy M.R. Le Hegarat:

Thank you. Minister, we started this briefing late this morning and we still have a number of areas of questions that we would like to put.

[12:45]

Can we ask, are people available for another 15, 20 minutes in order that we can finish this and allow the public to see all of the questions that we were going to put to you?

The Minister for Health and Social Services:
We are here in Broad Street. Can I ask Senator Pallet if he is going to be available? Because I think there are questions on mental health, which I would like him to input into. I hope the Senator may still be on the chat. Let us assume that Steve will continue with us, but yes, please carry on, Chair.

Deputy M.R. Le Hegarat:
Okay. I will then therefore revert back to Deputy Pamplin with his questions.

Deputy K.G. Pamplin:
Thank you, Chair. Yes, mental health now, so hopefully Senator Pallet, you are with us and you can unmute your microphone and make your camera available for Sammy to put you live and on standby. If the Senator cannot, then hopefully we can have some of these answers to questions. My first obvious one, we want to say thank you again, because as everybody knows, the mental health services are something very important and dear to this Scrutiny Panel because it was the very first piece of work that we did and there is continual work to improve the mental health services but of course given the situation we are now in, some of that has obviously been affected. I want to just focus in on the situation as we are currently for the public. I will just start with this one. How has the current pandemic impacted the delivery of the mental health services and how can we explain how the service is working currently?

The Minister for Health and Social Services:
Deputy, I know that there has been wonderful work within the mental health services to consider how their patients and the Island community might be affected and they have enhanced the support that they can give and that is available in our services. If Senator Pallett can add to that, I would be very grateful. We will try and get Steve able to speak to us. So, again, I commend the work of the Listening Lounge which is still running and still able to take calls from people, so its work continues. I commend Mind Jersey who have stepped up to the mark and I know that they are providing significant help to people. So we have had discussions with James Le Feuvre and his teams on the help that they are able to offer. I am just reading the chat here. I think we will see. He is going to try and leave and come back. I know certain aspects of our mental health teams in H.C.S. are now rostered so that they are available on a 24/7 basis which is an enhanced care level from that that was previously in place. You have another question, Deputy?

Deputy K.G. Pamplin:

Yes, I think while we wait for Senator Pallett to come, I think it would be really helpful, Minister, if you would agree to this, that we could do a separate public hearing with Senator Pallett, with Miguel Garcia and anybody related because there are a lot of questions I think. It would be good to explain, given the safeguarding concerns and mental health concerns, if we could find the time to answer these questions and do it properly. Because obviously, as you know and as we know, mental health is a huge concern to all of us - it was before this pandemic - and I think it is really important to get it out to the public how the system has been affected but how the services are continuing and evolving. I feel, given the current situation with this meeting, it would be better to do it separately if everybody could agree to that.

The Minister for Health and Social Services:

Indeed, Deputy. I was just wondering if you would like to hear from Rob Sainsbury who of course may well be closer to the operational side of things on this. Rob, would you wish to help and add anything?

Group Managing Director, Health and Community Services:

I can. I do think it would be beneficial to have a delegated briefing as described. I think it would be good to have the mental health team there. I would say that they have done really, really well in their business continuity plan so they have adjusted our medical workforce. That is now 24/7, as the Minister mentioned. Things like street triage, which they are launching, is something we wanted to do for a long, long time. We cannot quite run that in the way you would want to because life is not as normal at the moment on the Island, so it is probably not picking up stuff that you would want it to. A lot of our services have become virtual. The Listening Lounge has become the listening line and Mind Jersey and other areas have really tried to focus their support in that virtual way. The inpatient unit has run really well and we have seen some real change there and I am really pleased that things like the therapeutic support is still happening there despite COVID. So I think they have been doing an awful lot but I think it probably would be beneficial to have some purposeful discussion with them about how has COVID really impacted on their improvement plan? It was such an extensive plan of improvement for this year and this has definitely had an impact as a result.

The Minister for Health and Social Services:

I see from the chat that Senator Pallett may be back. If he is able to come in and contribute, Steve? Maybe not, so, Deputy, we will work with Sammy and set something up as soon as we can make those arrangements.

Deputy K.G. Pamplin:

If you agree to that, we will find a time. We will work with our colleagues because I think the mental health aspect is so important critically that the public need to know what services are available. As we know, it has been the largest piece of our work as a panel and as a department to make changes and I think there are going to be some questions that will come out of that. I think the final question I can only ask really at this stage is in clarification to a question I asked you many weeks back at Fort Regent about the place of safety. This was a crucial part of the redevelopment of the mental health services, as we all know and as we discussed in great length in our report. The work was originally going to be put into the hospital. That changed and it was going to be, as we know, put up to St. Saviour. The planning permission went in and, obviously, things started moving but now obviously with the current situation that we have with the hospital, that place of safety has been moved already, as we are now being informed. So I think that is something we can clarify right now for the public in terms of how the assessments and how the emergency assessment of patients is being handled by everybody at the moment and I am sure Rob could probably dip into this.

The Minister for Health and Social Services:

Yes, so there has been that reorganisation within the hospital that you have referred to but that remains the place where people would be brought. If I could ask Rob to assist in exactly how it is working in these changed circumstances.

Group Managing Director, Health and Community Services:

Yes, so Miguel has been working quite closely with States of Jersey Police around this to try and get a pathway established because we do not have the dedicated area within Clinique Pinel at the moment and we do not have a place of safety in the hospital as previously discussed. So there will still be room for assessment within the General Hospital. We still have part of the A. and E. (Accident and Emergency) system which is available but there is dedicated capacity that Miguel has been working on to try and keep within Orchard House so that we can support patients with a high level of assessment need within that facility. I think it is one of the things that Miguel would be keen to cover off because he thinks that that as an opportunity to really be expanded a bit further, and he had good discussions with Robin Smith around that. We are feeling that things are a little bit different in relation to that urgent assessment environment within mental health services, and street triage also would make a big difference on that. I think that that is something that Miguel would really want to cover off in his briefing with you.

Deputy K.G. Pamplin:

Great, thank you, Rob, and I think you are right. That is a helpful start just to put some reassurance out to the public who are obviously coming to us in great waves about mental health services because obviously of the spotlight we shone on it thanks to the work that we did with our report. So thank you for your commitment to returning to that. I know we have some mop up questions at the

end so I am going to handover now to Deputy Alves who is going to ask some questions about I.T. (Information Technology) infrastructure.

Deputy C.S. Alves:

Thank you. The chief executive was recently quoted as saying that upgrades to the hospital systems were being prioritised in light of the current health emergency. Minister, can you comment on how this work is progressing please?

The Minister for Health and Social Services:

So because G.P.s have joined us in offering care at this time, we have obviously had to ensure that our I.T. systems can reach into the surgeries and that we can operate them as one organisation, so I am aware of work around I.T. in that respect. That was quickly organised and, to my knowledge, is working satisfactorily. Now normal I.T. plans are progressing. Not all work in government has suddenly shifted to COVID. There is some business as usual going on which we are thankful for, so there are plans for long-term and medium-term planning and they are continuing.

Deputy C.S. Alves:

Thank you. You mentioned there the G.P.s have now come on board so is there a way to connect the patient record currently held with the G.P.s into the hospital systems because that was and has been an issue for quite some time.

The Minister for Health and Social Services:

Yes, they are not fully integrated but even before this pandemic, there was some access and some links between the 2 systems so I do not think that has changed in any dramatic way as yet but of course with closer working together they will be finding ways of working together. In terms of the structure of the systems, that integration still needs to happen.

Deputy C.S. Alves:

Just a question sort of going off this topic. What impact has the current crisis had on the work that the department was undertaking on the Jersey Care Model?

The Minister for Health and Social Services:

So that work has continued in much the same way. There is a draft of the report that we were expecting that has been submitted to management. I have received a very draft copy that needs to go through its checking process but that will be coming out because that is key to our hospital plans also, that is the building of a hospital.

Deputy C.S. Alves:

Just a final question from me. Has a second wave of infection been considered?

The Minister for Health and Social Services:
It has been considered and I hope Patrick might be able to talk about what we know about a possible second wave at the moment because it is largely speculation. No one knows yet how this might turn out.

Medical Director, Health and Community Services:
Thank you, Minister. I do think I am straying into the public health territory here but, yes, obviously there is a risk of a second wave and particularly depending on how flat the wave is flattened, if that makes sense.

[13:00]

We have to be acutely aware that coming out of this crisis there is always the potential for that and we would need to be prepared and be very careful in how the situation is managed. Certainly in health, we would have to be in a position to be really responsive to any upsurge in cases.

Deputy C.S. Alves:
Thank you, if I can just handover to Deputy Pointon. Thank you.

The Deputy of St. John:
Thank you, Deputy. Minister, just a question. Assuming we do not have a second wave and we go on and on and on, at what stage are the discussions in relation to the recovery phase of this pandemic?

The Minister for Health and Social Services:
We are beginning to have those conversations as Ministers talking about the needs of the Island, the needs of the economy and the needs of our health service. There is a significant amount of work that is being planned to be done at officer level to put those plans and projections together, so it is happening. Of course at the moment, we are concentrating - particularly in my areas - around dealing with the more immediate crisis but there will be thought given to how we come out of this and what we do to all recover and build our economy again.

The Deputy of St. John:
Thank you for that. Now I will just add to that. Do you think that this new relationship with the G.P.s is something that may influence the future for the Island?

The Minister for Health and Social Services:

Yes, I do. I think there is so much that is happening. So we have spent the last year talking about the possibilities of a care model and how we could work differently and then, suddenly, we were thrown together and in an emergency, we have had to quickly find those ways of working differently. So we have agreed with the G.P.s for a period of 4 months but as we work together, we might see how well joint working is and there might be different plans that those G.P.s will have and that we will have after the 4-month period. It may be that some would want to stay connected in that way with H.C.S. Some will want to go back to being private businesses. It is not just G.P.s. It is the pharmacies and it is the care homes. So, again, there is our P.P.E. provision. Will we continue to regard ourselves as a single island entity and make sure that we are co-ordinating and ordering for the whole Island as opposed to individual institutions and how we work with the charitable sector such as Mind Jersey? There is good that has come through out of this emergency and those silver linings we can build upon, I believe, to mix my metaphors.

The Deputy of St. John:

Thank you for that, Minister. I will hand you over to Mary who has a question for you.

Deputy M.R. Le Hegarat:

Thank you, Minister. I think in fact some of what you have already said is what I am going to ask but my question was going to be what do you think the future of the Jersey Care Model will look like as a result of the pandemic? So if there anything else you can add that you have not already, then now is the opportunity.

The Minister for Health and Social Services:

When we were talking about the care model, we recognised that we would need funding for a transition period and then of course calls on funding are going to be very difficult as we come out of this crisis but, there again, we will have learnt how we could work together in better ways if the care model is in practice perhaps so there will be that impetus to take that forward. Yes, I think all this will be worked through. There will be difficult discussions to be had but it may well accelerate the sort of thinking that was behind the care model.

Deputy M.R. Le Hegarat:

Thank you. I will now handover to Deputy Pamplin.

Deputy K.G. Pamplin:

Thank you, Chair. It is not lost on me that almost a year to the day, I came and spent a full 24 hours in the General Hospital on the ground with the staff and seeing how the hospital operated in what we now call B.C. (Before COVID) times. So the obvious question based on the future care model

questions is how does this impact the Future Hospital project because, as we know, the General Hospital has needed to adjust accordingly through so many pressures to get to this stage? Now this pandemic is taking hold - and thank goodness we are getting this field hospital to support us - but the reality is the General Hospital, in its current situation, has issues. I know the Minister has just left the chat but I open that up to anybody and maybe, Rob, if you are still here, to talk about how the hospital is dealing with this but going forward to the impact for the future hospital project.

Medical Director, Health and Community Services:

I think probably Caroline will want to answer this one, Deputy. The Director General.

Deputy K.G. Pamplin:

Yes, if she is there. Yes, perfect. I think we may have lost them.

Group Managing Director, Health and Community Services:

I guess all I would comment on is that I think that the operational impact of what we are experiencing really highlights some of the vulnerabilities for the hospital so we always knew that the provision of cubicles was an issue in the existing Jersey General Hospital just for general infection control management and so that is really compounded when you are in this position. We are seeing COVID activity coming through the site and that becomes quite difficult to manage within the existing bed bays when you are in full-scale volume with lots of patients being in the hospital like the field hospital Nightingale. That should become easier but when you are trying to separate patients who are positive or negative, this really highlights the pressures that we face within the existing site as well as the infrastructure issues that we have had, the I.T. network issues and the ageing elements of the business. I think the pandemic just brings into more focus the pressures that we face on a daily basis in working with an older building that needs to be renewed.

Deputy K.G. Pamplin:

Yes, thank you, Rob. I knew that you would be able to help us with that answer. I think it cannot be overstated and over said but please pass on our thoughts and best wishes to every single member of that General Hospital from the porters, to the doctors, to the cleaners, to the healthcare providers and social workers because having seen at first-hand how they were dealing with that building in normal times and how they have managed to turn things around is extraordinary. Now if you couple that with the Nightingale Hospital as well, it cannot be understated what they are doing to deal with this crisis. Because we have not had the information of how many patients have been going in, now the Minister can help the public understand and be a bit more reassured in what you are dealing with and how you are dealing with it. I think it is only going to help the public know that we know, as professionals, that they are doing incredible work.

Group Managing Director, Health and Community Services:

Thank you. We will pass that on. Thank you.

Deputy K.G. Pamplin:

That is it from me so I will hand back over to Mary to sum up.

Deputy M.R. Le Hegarat:

Yes, just really to say thank you very much to all of you for your input this morning and for making the time to come and speak to the panel. As we said earlier, we will obviously look to create another public hearing in relation to mental health. Hopefully, the public have been able to get in and hear some of this public hearing which, as always, is very beneficial to everyone to have an understanding of what is going on and the questions to be asked and answered lie with the public. So thank you all very much. Thank you to all of your staff and for their inputs. It is much appreciated and we look forward to being able to speak to you all again. Thank you very much.

[13:09]