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Health and Social Security Scrutiny Panel

Quarterly Hearing

Witness: The Minister for Health and Social Services

Thursday, 8th June 2023

Panel:

Deputy R.J. Ward of St. Helier Central (Chair)

Deputy C.S. Alves of St. Helier Central (Vice-Chair)

Deputy B. Ward of St. Clement

Deputy B.B. de S.DV.M Porée of St. Helier South

Deputy A. Howell of St. John, St. Lawrence and Trinity

Witnesses:

Deputy K. Wilson of St. Clement, The Minister for Health and Social Services

Deputy M.R. Ferey of St. Saviour, Assistant Minister for Health and Social Services (1)

Deputy R. Binet of Grouville and St. Martin, Assistant Minister for Health and Social Services (2)

Mr. C. Bown, Chief Officer, Health and Community Services

Ms. R. Johnson, Associate Director, Health Policy

Ms. C. Thompson, Director of Clinical Services

Mr. A. Weir, Director of Mental Health and Adult Social Care

[10:30]

Deputy R.J. Ward of St. Helier Central (Chair):

Welcome to the quarterly hearing with the Minister for Health and Social Services, with the Health and Social Security Scrutiny Panel. There are quite a few of us here this morning so if we can start with some introductions. I will just say beforehand, I think you have seen the Scrutiny statement

before, just to make you aware of it formally, so that is great. I will start. I am Deputy Rob Ward and I chair the panel.

Deputy C.S. Alves of St. Helier Central (Vice-Chair):
I am Deputy Carina Alves and I am vice-chair of the panel.

Deputy B. Ward of St. Clement:
I am Barbara Ward, Deputy for St. Clement and part of the panel.

Deputy A. Howell of St. John, St. Lawrence and Trinity:
I am Andy Howell, Deputy for District 3.

Deputy B.B. de S.DV.M Porée of St. Helier South:
I am Beatriz Porée, St Helier South Deputy, and a member of this panel too.

The Minister for Health and Social Services:
Karen Wilson, Minister for Health and Social Services.

Assistant Minister for Health and Social Services (1):
Deputy Malcolm Ferey, Assistant Minister for Health and Social Services.

Assistant Minister for Health and Social Services (2):
Deputy Rose Binet, Assistant Minister for Health and Social Services:

Chief Officer, Health and Community Services:
Chris Bown, chief officer, H.C.S. (Health and Community Services).

Associate Director, Health Policy:
Ruth Johnson, associate director of health policy.

Director of Clinical Services:
Claire Thompson, director of clinical services.

Director of Mental Health and Adult Social Care:
Andy Weir, director of mental health and adult social care.

Deputy R.J. Ward:

We have an hour and a half, so I will push it along it a bit. If I do sort of say let us move on, I am not being rude, I am just trying to get through as much as possible; just to say that in advance. The first question for myself is about the change team and the turnaround work. In March the panel was told that the recruitment process to replace yourself in your old role, I believe, as lead in the Health and Community Services change team would begin immediately. Can you provide an update on the process?

The Minister for Health and Social Services:

We have not progressed anything on the change to replace the chief executive of the turnaround team, as we called it. That is for a number of reasons. Obviously we wanted to make sure that we were getting good value out of the person that was originally appointed and who subsequently has taken over the role of the accountable officer, in the interim. The second thing is that we wanted to make sure that there was some continuity in terms of the direction of travel and to bring somebody else into would that actually cost as well as disrupt the work programme in place. That is why we have agreed to go with this position.

Deputy R.J. Ward:

Just to ask, Minister, this is a public hearing so hopefully people will be watching: in terms of the change team, what work is being undertaken by the change team, particularly in the absence of a lead that we can be ... perhaps just a quick summary of what that role is.

The Minister for Health and Social Services:

Really what we were trying to do was to make sure that there was a focus on the turnaround that we had outlined, which panel members have had before in terms of the detail of the programme.

Deputy R.J. Ward:

Is that from the report by ...

The Minister for Health and Social Services:

That is in response to the report by Hugo Mascie-Taylor. So there are a number of recovery programmes within that, if I could outline those. One is a financial recovery programme and that is clearly focused on trying to redress the financial position that H.C.S. finds itself in at this moment in time. I can provide a lot more detail to that if the panel wishes in terms of what that involves. The second thing is the H.R. (human resources) and cultural programme of change. As the panel members will know, one of the big issues that the report highlighted was the culture of bullying and staff not feeling valued. So a large proportion of that work has been done to build that cultural change within the service.

Deputy R.J. Ward:

Can I just ask quickly on that - sorry to interrupt - because I have seen the previous reports. In fact before I was elected I was involved. As a union representation we were talking to the first initial H.R. something report ... H.R. Lounge, which identified exactly the same issues. We had Team Jersey. Is this going to be more successful than those 2?

The Minister for Health and Social Services:

I am getting some early indication that it is starting to make a difference to people. I think there has been confidence in the sense that one part of that change programme was the appointment of a freedom to speak up guardian, and people are accessing that freedom to speak up guardian now. I think we have also done quite a lot to build team effectiveness through some of the development of the leadership potential in some of the teams. The other thing that we have done is we have started to get staff to recognise and reward one another so that we are starting to build a collaborative culture about recognising the talent and contribution that people are making in their own team. The other things that we have done are to provide some place for staff to air and support their concerns. The chief officer has set up regular meetings with people to listen to those concerns, and they are addressed and turned around as part of the work that the change team are doing to improve some of the standards and the cultural aspects of the service. I do not know if Chris wants to add anything further to that?

Chief Officer, Health and Community Services:

No, I would say that. The key thing around cultural change is good leadership and outstanding leadership, and that is the focus of my attention as the chief officer. The Minister was right, around ... now I have moved into the interim accountable officer role, it enables me to bring together both the senior leadership team of H.C.S. and the change team working in the same direction to address all the issues that we are all familiar with. I think the issue of listening is incredibly important in changing that culture and next Wednesday we started with a series of monthly chief officer listening events, as I call them, and we already have 100 people, which will be via Teams. One hundred members of staff have said that they will join me in that event.

Deputy R.J. Ward:

Is that in the usual work hours?

Chief Officer, Health and Community Services:

Yes. We do it at lunchtime. My experience is if you try to get people to come to a lecture theatre you, (1) get very few and (2) ...

Deputy R.J. Ward:

Sorry, you do it at lunchtime?

Chief Officer, Health and Community Services:
Yes.

Deputy R.J. Ward:
So it is not in their work hours, it is in their lunch hour.

Chief Officer, Health and Community Services:
It is 12 o'clock so people fit in if they can. We can try them at different times. We have a "Be our Best" at 8.00 a.m. in the morning and some staff go to that. You need to try different ways of doing it. The fact that typically in a lecture theatre we probably see 20 people turn up; we already have 100 people that want to get involved in that. I think from a cultural change of course these things ... although we are seeing, as the Minister said, some early indications. Cultural change does not happen overnight of course. This will be a long haul.

Deputy A. Howell:
Can I just jump in? How many people are seeing the speak up guardian and are you now going to be doing exit interviews for people who are leaving?

Chief Officer, Health and Community Services:
We are certainly starting to do exit interviews of people who are leaving. That started very recently and I have yet to see the results of those. We probably have a very good ... we know already around the 2 reasons, which are not uncommon in any organisation; firstly, many people leave because of their line manager, and that is true of healthcare all over the world, and banks and shops and everything else. The other of course is we are still seeing the theme around the cost of living being an issue that in the end makes people wish to move on and indeed leave Jersey. But we need confirmation of that through the exit interviews. Sorry, Deputy, what was the other question?

Deputy A. Howell:
How many people have seen speak up guardians?

Chief Officer, Health and Community Services:
Because it is not accountable to me, because it needs to be independent, which is absolutely right, I do not know the exact number personally but I know that people have been going to the speak up guardian, which is good. But I do not have a number but, there again, it is important that I am not accountable for that.

Deputy A. Howell:

If you could let us know.

The Minister for Health and Social Services:

We can get that detail.

Deputy R.J. Ward:

Can I ask something quickly, and have you got something to ask as well because I know Deputy Alves has? Every time I hear about one of these cultural change processes we hear senior management, management team, and we hear again and again and again. As part of this change process, has there been a process of those managers who have been identified is in fact the management that has been detached from the front line, just simply going and working with staff, going to see what it is like? Trying to see the challenges that they face.

Chief Officer, Health and Community Services:

Absolutely.

Deputy R.J. Ward:

How grim the room is that they are working in, the hours that they are working, the balance in their home/work life, they are dealing with their children when they have got a manager who is not flexible. I could go on for the entire hour actually.

Chief Officer, Health and Community Services:

I absolutely share your view. We have refreshed the visiting of executives to the different work areas. We were only talking last week with the executives around going back to the floor, where we can safely, working with staff because you are right, you need to be very visible as a leader. Whether that is the chief officer or as a ward manager or a senior lead nurse's ability is incredibly important because otherwise you do not understand what staff are facing. This morning I met with some staff who had been put forward by their colleagues for reward and recognition. We hold a chief officer's breakfast and I was talking to a number of staff today, (1) who were very proud of the fact that their colleagues recognise their excellent and outstanding work but also a very frank conversation about what is right and what is wrong in H.C.S. I hear directly.

Deputy R.J. Ward:

Sorry, perhaps it is just me, but can that not be divisive when everybody is working to the limit of what they can work that some individuals are picked out? I understand the reward but should that not be intrinsic as part of their job? The first reward is pay people properly. Let them have flexible working hours. Giving them a decent place to work.

Chief Officer, Health and Community Services:

No, I can understand but I disagree with you.

Deputy R.J. Ward:

That is okay, that is what we are here for sometimes.

Chief Officer, Health and Community Services:

These are people who are put forward by their colleagues not by management. These are the colleagues that work with them each day that have recognised that Jane has put in an enormous amount of effort and has made an over-the-top contribution more than you would expect and their friends put them forward or their colleagues put them forward and say: "I think we should recognise what you have done, Jane, because over the last 2 months" or whatever. It is not a management thing. Is it divisive? I do not think it is. I think people are pleased, from the feedback I am getting, that they have the opportunity to be put forward. We also of course have a Government Stars event. I am briefed on the numbers of people that have been put forward across government and H.C.S. is by far the highest number of applications for recognition. That to me is a sign of an increasingly engaged workforce because if you do not have an engaged workforce people do not bother to put their colleagues forward. These indicators ... it is going to take time but there are green shoots, is probably a better way to say it.

Deputy C.S. Alves:

Exit interviews is one of the things that I have been asking lots of questions about since I got elected and you said that they started recently. We had various assurances from S.E.B. (States Employment Board) that they were happening before so what has changed? What is the process, because I have been told by S.E.B. that they were trying to go for an online process? Obviously I am still hearing that exit interviews were not happening. Who is conducting them because, as you mentioned, a lot of the time the reason for people leaving is due to management? So it is often better to have somebody a bit more independent from the department conducting those exit interviews.

Chief Officer, Health and Community Services:

I am not an expert on the process occurring because it is managed by Corporate Services, so should be independent from their line manager without question. I think it does require an online process in part and I think one of the things I have a concern about, that is why I want to see the outcome of that, is how many people are ... once you have left or leaving filling in a form ... That is why I want to see the results, which I have not seen yet in H.C.S. It is an issue that is still live. I do not know whether any of my executive colleagues have better knowledge of that process?

Director of Clinical Services:

I have not been asked to conduct one for ... I mean clearly I am aware that key personnel are seeking to resign. We have had conversations to understand but again my understanding was that it was an online form that goes to Corporate Services so we need to see the culmination of that at H.C.S.

Deputy R.J. Ward:

To pick up on that, and I think this is one of the issues that I would raise, that you come to us and talk about how things are changing but when we get down to the detail the exit interview is an online form. It is not talking to an individual perhaps. I just worry that there are 2 sides. One, making that person feel valued because you might want to attract them back at some time, and they may not. The other side of the coin is learning from that. Because that is a very difficult thing to learn from if you are being told: "I am leaving because actually the ethos in this hospital is atrocious and I do not want to be here." That is a very difficult thing to ... I am not saying that that happens all the time.

Chief Officer, Health and Community Services:

I agree and that is why I am not being dependent on the exit interviews as the only method of understanding what is going on.

Deputy R.J. Ward:

But they are an integral ingredient.

Chief Officer, Health and Community Services:

They are an ingredient, yes, they are. But not the only one and, as I said, because it is a process that we do not necessarily have a direct control of in H.C.S. I do not want to rely on others. I want to find out myself.

Deputy R.J. Ward:

Just to move this on a little bit because I want to take a bit of time ...

Deputy C.S. Alves:

Sorry, do the exit interviews include agency staff?

Deputy R.J. Ward:

That is a very good question.

Chief Officer, Health and Community Services:

I do not know.

Director of Clinical Services:

I know when agency are looking to leave then often they have been nursing. I know Jessie Marshall, our acting chief nurse, has had conversations. Quite often it is for a time limited period. A lot of our agency staff are from the U.K. (United Kingdom) and it is obviously about returning home, things like that. But a lot of our agency ... I would say - I have not got the data - but a lot of our agency staff do stay a very long time. We do have information that we could do more to support the induction and of course accessing accommodation has been something that we know we have the burden of in terms of cost, but it can be very challenging to secure, particularly as we go into the summer period. But we do have evidence that the agency staff do stay with us for a long time. They like working with us. We really value their experience they bring from the U.K. and also do work on multiple wards and departments.

Deputy C.S. Alves:

As a suggestion, I would suggest there being some kind of formalised way of gathering their feedback because, like you said, they are more likely to go back home so they are probably more prepared to say the harsh realities of things compared to those people who are probably going to have to make Jersey their home.

[10:45]

Deputy R.J. Ward:

Also can I just say from experience of working with supply staff, you can often find out a lot about the ethos within departments from their first impressions of where they are working. So that could be a useful thing that is being lost if you do not ... Okay, just to move on a little on.

Assistant Minister for Health and Social Services (1):

Just before we leave this part, no one has mentioned the Be Heard survey, which is a really important temperature check of how staff are feeling, how they are valued, so that will be running for this month. This runs across government but it is important that we get people's views and understanding.

Deputy A. Howell:

Can I just say though, I think last time we did it they never got the response.

Assistant Minister for Health and Social Services (1):

There is far more comms campaign around this one. There are posters up everywhere, people are encouraged to do it. It is not a long survey. It allows people to be open and honest. Following that, there will also be mini surveys to take the temperature check as we go through the year.

Deputy A. Howell:
But what is going to make them want to fill this in if last time what they filled in was ignored?

Chief Officer, Health and Community Services:
We are working hard on that because we want to increase the response range from in the 40s to the early 60s. Early 60 per cent would be good in healthcare for that sort of response. First of all, we have a lot of staff that ... 60 per cent would be excellent in healthcare. What we are doing is ... there is a lot of staff that find I.T. (information technology) quite difficult. So particularly our perhaps more manual workers. So unlike other parts of the Government we are funding additionally paper survey forms so that people can fill them in on paper because from the last survey some people wanted ...

Deputy R.J. Ward:
Can I just ask again: is time given? One of the ways to do that, perhaps if there is a staff meeting to put one aside within working hours to say: "We are allocating ... it takes 15 minutes. You are allocated 15 minutes, here is the computer, here is the form. We really want you to do this. It is valuable to us so please complete it."

Chief Officer, Health and Community Services:
My expectation, I am probably making that clear, that the surveys in a week or so's time, that I expect all managers to give staff time to complete it. We are having in our restaurant a room, free coffee, tea, et cetera, where people can pop in and fill in that and have a coffee. We are going to make a lot of effort because I want to see that 60 per cent.

Deputy A. Howell:
Can you really assure them that this time they will be heard and it is not going to be ... why would they bother if that is not the case?

Chief Officer, Health and Community Services:
I can definitely assure them. I want to hear them. Again, it is also a measure. The important thing is if you see an increase in response rate, to me, from my experience, it is a measure of engagement. We may not like what people are saying but that is secondary. The increase in response rate ...

Deputy R.J. Ward:

It is always the problem. Okay, in terms of another poll, we have segued beautifully into, on healthcare funding that has recently been launched in mid-May to gather information and Islander's attitudes. What is your understanding of how well the poll and the additional discussions with healthcare providers have been received?

The Minister for Health and Social Services:
So we planned for a response rate of around 700, we got 1,100. So I think that is a really good rate of return. The team are currently analysing the data on that so will be in a position to make those findings public.

Deputy R.J. Ward:
Are you aware that it is possible to do this survey more than once?

The Minister for Health and Social Services:
Yes.

Deputy R.J. Ward:
Have you got any checks on ... you have not just got a number of people repeating the survey?

Associate Director, Health Policy:
We have worked through a company called 4insight to do the survey and ...

Deputy R.J. Ward:
The online survey?

Associate Director, Health Policy:
There have been 2 bits to the poll that have been done. Some of it has been done online and ...

Deputy R.J. Ward:
I will just stop you there, sorry, because I do not ... 4insight I know they have control, and so on, I am talking about purely the online survey that is accessible to everybody.

Associate Director, Health Policy:
There is not ... it is targeted. There is no online poll available to everybody.

The Minister for Health and Social Services:
It was not a free open poll.

Associate Director, Health Policy:

This is all through 4insight. So it is running through them and they have got checks in place to make sure that you do not get multiple respondents.

Deputy R.J. Ward:

All right, that is good. Because that was a concern that was raised. A criticism has been that the poll was designed with an outcome in mind because of the nature of some of the questions and the interpretation of some of the questions in terms of ... simple as that. What assurances can you give that there was not an outcome in mind when the poll was set up?

Associate Director, Health Policy:

In terms of the poll and the poll questions there is no outcome in mind because we are, as you know, undertaking the work around healthcare reform. We have no defined destination. The research that we are doing is to establish healthcare costs, what they look like and public attitudes to them in the future. So there is absolutely no outcome in mind. In addition, we ensured that, for example, Stats Jersey, which you know is independent, they reviewed the questions and in terms of reviewing the questions what they were looking for is bias that can be built into questions, and they assured that there was no bias built in. Also, the other thing is that the questions are very heavily based on polling questions asked in other jurisdictions. The difference between Jersey and other jurisdictions is that these types of questions are asked on a regular and ongoing basis. We have not done it before and we have chosen to do it as part of this piece of work.

Deputy A. Howell:

Minister, can you confirm that this Scrutiny Panel received the briefing in relation to the poll less than 24 hours before the poll went live? Can you also confirm that the panel were unable to offer support for the poll and the reasons why, please?

Associate Director, Health Policy:

Yes, the Scrutiny Panel received ... I do not know if it was 24 hours but I know it was very close to the actual launch of the poll. So, yes, that is correct. I mean you obviously will know that we had kept the panel briefed on the fact that we were going to be doing this piece of work, so the panel was sighted on the fact that this was going ahead.

Deputy R.J. Ward:

Can I just ask then, how instrumental is the information gathered in the poll in the development of Ministerial policy? Call me old-fashioned, but I think when people are elected as Ministerial Government to lead and come up with ideas and say: “This is what we actually believe in, this is our political compass, the principle in the way we see health funding should go because this is what we

believe", that on one side and then the poll on the other, how do they fit together? I ask as a Scrutiny Panel because that is really important for Scrutiny to understand the development of policy. That is why I am asking.

The Minister for Health and Social Services:

If I can respond initially then perhaps if Ruth would like to take over. I have always made it clear that one of the things we want to do is to talk to people about what is important to them. This poll was exactly that, which is to just establish what kind of attitudes people might have to future health funding. No more than that. You cannot just take this poll and make any judgments around policy in terms of that single return of evidence or information, whichever way you want to describe it. It was an attempt to just assess attitudes to it. That is why the questions were raised in the way that they were. The much broader piece of work is the piece of work that we are doing with the health economists to understand what is the cost of care in the Island, how affordable is it, given our current position, and what we need to plan for longer term. Because the job, and you talk about policy, the job as it is at this moment in time is to be thinking about the future in terms of what kind of policy direction we need to set.

Deputy R.J. Ward:

What are the principles of this Government in terms of healthcare policy?

The Minister for Health and Social Services:

I think it will be evidence driven. That is the first principle. It will not be just based on opinion, it will be intelligently driven. I think until we have completely done all of the surveillance and all of the research around it ... I do not think we know what we are dealing with at the moment. I do not know what kind of policy decisions we are going to have to take.

Deputy R.J. Ward:

So we cannot assume the principle free of point of views?

The Minister for Health and Social Services:

I am not prepared to make any statement on what the policy direction will be at this time. I do not think it is right to do that now.

Deputy R.J. Ward:

We cannot assume the principle that we are not heading towards a private form of healthcare?

The Minister for Health and Social Services:

I think I will just restate my statement on that. I think it is really important that we do not get into statements without understanding what the true evidence base and the research and intelligence tells us that formulate our view.

Deputy R.J. Ward:

But the problem is unless you have some sort of principle at the beginning, the evidence is in a vacuum. We are asking questions in a vacuum because the answer is ... I mean my answer would be I want absolutely high-quality healthcare but I do not want to pay for it. I think the vast majority of the Island would say the same thing. But it is a really difficult discussion to have, so what you have to come surely are some principles which are we want it to be free of point of views, we do not want private health companies coming into this Island and just fleecing us. That is going to be the underlying principles. Now here is the survey.

The Minister for Health and Social Services:

I do not think we are in that position yet.

Deputy B. Ward:

May I ask the Minister, who actually designed the questionnaire? I have got 2 questions. That is my first question. Who actually designed it?

The Minister for Health and Social Services:

Do you want to pick that up because you did the work on it?

Associate Director, Health Policy:

Initially the questions were scoped internally by a group of officers and I was involved within that process. That was based on research around polling questions in other jurisdictions. And then, as I said, we sense-checked it and we engaged Stats Jersey within that process. We also engaged other relevant professionals with expertise, such as the public health policy team within the process as well.

Deputy B. Ward:

Thak you for that. The second point is a 2-point question; have any of you tested the questionnaire and are you aware that when you do that poll is that if you think: “Oh, I have made a mistake I want to go back” you cannot. The poll just takes you through and then disappears. The only way to put back if you think: “Oh no, I have made a mistake”, is to go back in and repeat it. I do not know whether you are aware of that. Because a lot of surveys is that you can dip in, dip out and it will save so that you can have a think about it, look at all the questions and really have a think about how you want to respond. You cannot do that with this particular poll. Answer the question, it moves

you straight to the next one, answer the question, move straight to the ... you cannot go back, you cannot save it, you have to go back and redo it.

Associate Director, Health Policy:

Two points there. First of all, testing the questions rather than testing technology. So in terms of testing the questions, as I said, we worked through an independent company and, having tested the questions with Stats Jersey, that independent company then tested the questions and whether or not people understood the questions through their established group of citizens that they have. So they sense-checked them and made sure that people understood them. In terms of your question about the technology, because I was not one of the people randomly chosen to do the poll, I did not do it myself, I will check what you have said and I will come back on that. I am not aware of that.

Deputy A. Howell:

Can I just ask one very quick question? Next time, anything like this happens please could we, as a Scrutiny Panel, have sight of what is going to happen and try to test it out? Because we did have significant concerns about the poll because we did not think it was a good time. We think H.S.C. has overspent at the moment and perhaps Islanders are quite cross about that. So there are lots of reasons that we thought it was not the right time for this poll. I just wondered in future if we could have ...

Deputy R.J. Ward:

Perhaps one of the things from that is when the results come through we could talk about those as early as possible as a panel to see the way they have been interpreted and seen the way they are being used. That would be very useful as a Scrutiny Panel. Again, it helps us understand the development of policy and understand the development of ideas as you go through, which is what we are here to do.

The Minister for Health and Social Services:

Would it be helpful just, I think, to say that the timing of the health economics work is due when?

Associate Director, Health Policy:

So we are starting to receive now the ... when we spoke to you before, we talked about the national health account, the Jersey health account that is being built. We are starting to get the first results of that through at the moment and it is only very provisional. We will be in a position towards the late summer to come and talk to Scrutiny in much more detail about what that looks like then.

Deputy R.J. Ward:

Okay, that is great.

The Minister for Health and Social Services:
I think what I am saying is there are a couple of things all coming together that are connected to what you are concerned with.

Deputy R.J. Ward:
Okay, that is a good idea. Okay, so there are just a few questions. I will try and be quick.

[11:00]

I have got the H.C.S. interim board due to be debated next week, but there is the amendment as well. Again, the amendment did not come to the panel in any way - and I can understand, where an amendment has come on - so can I ask for context for that amendment? It looks significant. I have read it a few times and, if I am absolutely honest, what I think it does, it sort of changes each time. So there is an advisory board; it has now become an advisory board. The terms of reference are extended so that it can work across other health departments, which is as suggested, and the number of meetings is different. Can I ask 2 things? What was the driver for the amendment and can you just sum up what that change will be for what we are going forward with?

The Minister for Health and Social Services:
So the driver for the amendment was ... you know, this is a really, really complicated piece of governance that we are trying to establish, so one of the things that I wanted to make sure is that we have got all of the issues and concerns that people have about this new way of leading the health service to be captured, which is the driver behind that. There were some later considerations that needed to be factored in. In terms of the other things I will ask Ruth to pick up around the process issues, if you will allow her, because Ruth has done the work around ...

Associate Director, Health Policy:
So in terms of the amendment, the amendment does a few things. The first thing it does is it inserts the word “advisory” into the name of the board, okay, and it does that once in the terms of reference because the name of the board is only used once in the terms of reference, which is in the title to the terms of reference. The reason why we inserted the word “advisory” is that the terms of reference are long and they are complex because of the nature of what we are doing. We received feedback and one of the things that people had not understood was the fact that it was an advisory board.

Deputy R.J. Ward:
Feedback from who?

Associate Director, Health Policy:

So we had received feedback internally, from members of the Council of Ministers and also from some of the external partners that we had spoken to as well, so we inserted the term “advisory” into the title.

Deputy R.J. Ward:

When you say “external partners”, sorry, just who would that be?

Associate Director, Health Policy:

So we had some conversations with some of the G.P.s (general practitioners), but it was predominantly feedback from some of the Ministers. So we inserted the word “advisory” into the title, but all that does is clarify what the purpose and functions of the board were. It does not change them, because the board, as a non-statutory board, has never been anything but an advisory board, but that was not necessarily understood. It was quite clear when we did the States Members briefing that there was not necessarily an understanding of the advisory nature of the board. So the insertion of the word “advisory” is no more than clarification, it changes nothing else.

Deputy R.J. Ward:

Okay, that is great. The working across other H.C.S. if not in Jersey, if the Assembly were so minded?

Associate Director, Health Policy:

Yes, so the terms of reference always allowed for the terms of reference to be amended so that the board could work across other H.C.S. organisations.

Deputy R.J. Ward:

So it could be a shared board with another jurisdiction, so with Guernsey ...

Associate Director, Health Policy:

Yes, that is it.

Deputy R.J. Ward:

... in a similar way as our Commissioner for Standards, is that what we are saying?

Associate Director, Health Policy:

Yes, and it was implicit in the terms of reference that that could happen, but people had not understood, so for the purposes of transparency we amended it so that it was explicit rather than implicit, so they are no more than clarifications.

Deputy R.J. Ward:

Okay, and they meet every 6 months; that is not the end of the world.

Associate Director, Health Policy:

No.

Deputy R.J. Ward:

"Will not preclude any other board meeting." That is the other panel part. In terms of it being non-statutory, what is the process of it possibly becoming statutory?

Associate Director, Health Policy:

The first step of it becoming statutory is clearly, first of all, the Assembly would need to make a decision as to whether or not it wished for a non-statutory board. In the event that that proposed non-statutory board is set up, then it would be a decision of the Minister to task policy officers to start the process of consultation and engagement both internally, so with States Members, with Ministers and with key stakeholders, as to whether or not they thought that there should be a statutory board and how that statutory board should be formulated.

Deputy R.J. Ward:

So at the moment ... sorry, just because there is a lot, I am trying to get clarity for people who may be listening as well. It is set up as an advisory board to oversee H.C.S. with some independence from that so that effectively G.P.s, consultants, healthcare workers are not overseeing themselves and there is some ... is that the principle?

Associate Director, Health Policy:

No. So it is a board for the H.C.S. Department. What the board does is it brings together independent non-executive directors and the executives of the organisation to support the better management of the organisation and to support the Minister to better hold the department to account. So it does not change any of the Minister's responsibilities or accountabilities; it does not change any of the Minister's public duties. What it does is it gives her more tools, more expertise to ensure that the department functions better and more effectively.

Deputy R.J. Ward:

But we do not do that at the moment? What do we do now?

Associate Director, Health Policy:

What we have at the moment is one chief officer, where we have a single point of failure.

Deputy A. Howell:

Can I just ask, in the report it says that if the interim advisory board is agreed that work will commence to develop the necessary legislation so it can become a statutory board, so why are you doing that?

The Minister for Health and Social Services:

So in the proposition one of the things that we want to explore is whether or not there is appetite for it to become statutory, but in order to do that ... you cannot just do it. There is going to be a legislative programme that is required and part of that is the policy officer has just advised us that there needs to be much broader consultation on (a) whether there is an appetite for a statutory board, (b) whether or not the statutory component of that will be satisfied by the Assembly, and the third thing is it will start to provide some duties and responsibilities on a statutory footing, which this board does not have at this moment in time.

Deputy A. Howell:

But why is it being ... if we are being asked for an advisory board, why is that in the report, please?

Associate Director, Health Policy:

So the reference to starting the work on looking at whether or not it should be a statutory board is in the report because it would be the natural next step to kick the tyres of whether or not we needed a statutory board. Also in developing the proposals for the non-statutory board, it is the case that external stakeholders have said: “Have you considered whether this should be a statutory board? We think you should do” and that is the point. There is no pre-determination that there should be a statutory board. That is absolutely not the case.

Deputy A. Howell:

Unfortunately, I think that is a sticking point for a lot of us. The other thing I was just asking the Minister, on page 24 of his report of August 2022, Professor Mascie-Taylor states that H.C.S. should become a form of arm’s length body. Do you agree, Minister?

The Minister for Health and Social Services:

Well, that is just his recommendation. As I have said, my policy direction on this at the moment is that we have an interim board that is advisory, that assures and alerts the Minister to the performance and the quality and the safety of the organisation.

Deputy R.J. Ward:

I have got something to ask but ...

Deputy A. Howell:
Yes, sure, Chair. Absolutely.

Deputy R.J. Ward:
It strikes me as the advisory board would need time to see how it is working and whether it is working and whether it is a success.

The Minister for Health and Social Services:
Yes.

Deputy R.J. Ward:
Are you prepared, if it is not, to say: “This is not working”?

The Minister for Health and Social Services:
Yes.

Deputy R.J. Ward:
Because it is quite difficult to do, and then at that time, with work starting on it being statutory, that would need to come back to the Assembly with the legislation and then come to this panel, et cetera, in order to show the reason why. There would need to be an acceptance of the Assembly of the board being statutory and its funding and its role ...

The Minister for Health and Social Services:
That is right, yes.

Deputy R.J. Ward:
... i.e. what statutory purpose it would have, which may be around funding, it may be around its actual structure and its relationship again with Council of Ministers and the Assembly, most importantly the Assembly. No offence, but most importantly the Assembly.

The Minister for Health and Social Services:
Yes, but we have not even gone there. We have no concept of that at all.

Deputy R.J. Ward:
No. I state that publicly because if we know those boundaries are there from now, we have a context for it.

Associate Director, Health Policy:

The boundaries are hardwired into the terms of reference. The terms of reference are very clear that the board will fall away in 3 years or 18 months if Deputy Feltham's proposition is accepted, that they will fall away unless the Assembly says: "The board continues as it is" or: "You amend the terms of reference" or: "We want a statutory board."

Deputy R.J. Ward:

Yes. Are you going to accept that amendment?

The Minister for Health and Social Services:

We are going to accept the amendment.

Deputy R.J. Ward:

Okay, so we have got a context. Sorry, Deputy Ward. It always feels strange saying "Deputy Ward." Sorry.

Deputy B. Ward:

I know. Just looking at obviously the proposition, P.19 and the amendment, because you do have the graft, you know, about the money side of it, can the Minister explain the costs of the interim board for 2023, as it is unclear? The £172,000 for the chair and all the extra bits, you know, the appointment and the expenses, is that on top of the interim person that we have already or is that money being paid towards the £225,000 that the interim is in receipt of?

The Minister for Health and Social Services:

All right. Do you want to do the details?

Deputy B. Ward:

Because it is not clear at all.

The Minister for Health and Social Services:

It is okay, it is all right.

Associate Director, Health Policy:

So in the report and proposition on the financial summary, the top figure gives you the chair's cost for 2023, yes, and that is the £172,000 figure. That £172,000 figure is the total cost in 2023 for the chair, regardless of whether it is the fixed-term chair or the substantive chair, if the Assembly appoint and agree to the board. So the total monies on the remuneration for chair that will be spent this year is a maximum of £172,000. It does not matter who that ... if that money is going to the fixed-term

chair or the substantive chair, that is the total money incurred, 12 months' worth of expenditure on a chair.

Deputy B. Ward:

The question I asked - I think I asked - the £172,000, is that going towards the interim chair that we have in place being paid at £225,000? Is that £172,000 on top or is it paying towards the interim that we have already?

Associate Director, Health Policy:

So that £172,000 includes all the remuneration to the fixed-term chair, Hugo Mascie-Taylor. It is ...

Deputy B. Ward:

No, it does not, because he is being paid £225,000 for a year already.

Associate Director, Health Policy:

He is not working a whole year.

Deputy A. Howell:

He is only ...

Deputy R.J. Ward:

So it is a pro-rata payment of £225,000.

Associate Director, Health Policy:

Yes. I can provide you ...

Deputy R.J. Ward:

So are we expecting then that the chair will be around £225,000 into the future? Is that why that ...

Associate Director, Health Policy:

No, because the ... so as set out in the report and proposition, in 2024 it is envisaged that the chair will be paid for 40 days of the year, so the total annual cost is less.

Deputy A. Howell:

It is £70,000.

Deputy B. Ward:

Okay. Can I just say that in the paper which I have, it says: “Chair recruitment to commence in time for the end of the fixed-term chair’s contract” so you are looking at 21st November, I think I was rightly advised.

Associate Director, Health Policy:
The 21st, yes.

Deputy B. Ward:
Yes, that the existing interim, that closes, then the new person who has been appointed will be paid for a month and a bit.

Associate Director, Health Policy:
Yes.

Deputy A. Howell:
So will he be paid £172,000?

Deputy B. Ward:
So why have we got the £172,800 if we have already got an interim being paid at £225,000? Should that not be saying a pro-rata or something like that or whatever?

Associate Director, Health Policy:
So what I can do is I can send you a really detailed budget breakdown of the costs to demonstrate why the costs of both the fixed-term chair and the substantive chair - because that budget is predicated on the assumption there will be a substantive chair - why that will come to £172,000 in 2023.

[11:15]

I can send that budget breakdown to you to demonstrate that.

Deputy B. Ward:
I am sorry to interrupt, but this is what Members are going to be asked to vote on and it is not clear. It is very muddy and also with the expenses, you know?

Deputy R.J. Ward:
It is a bit clearer now. I think it is a bit clearer now, but if we could have that information, that would be very useful. Okay.

Deputy A. Howell:

But it is putting us in a difficult position, as States Members, because there are other discrepancies, also that the chair is going to be appointed for 9 years and the N.E.D.s (non-executive directors) for 3 to 5, but you are going to accept 3 years. There are discrepancies in this and this is a serious proposition with a serious amount of money that could be spent on other things.

Associate Director, Health Policy:

So with regard to the recruitment period for the N.E.D.s and the chair, those recruitment periods are allowed for by the Jersey Appointments Commission. There is a difference between the maximum term a person can serve under the Jersey Appointments Commission and the term of an individual person's contract. Those things are not the same.

Deputy A. Howell:

Yes, okay.

Deputy R.J. Ward:

Yes, okay. I am going to move this on a little bit because my set of questions have taken up nearly an hour, but it is important we talk about it. A much easier topic then, so the new healthcare facilities programme. Deputy Ward, do you want to talk about that?

Deputy B. Ward:

Thank you very much, Chair. The Comptroller and Auditor General's report published on 15th May makes some significant findings in relation to the development of a new hospital. The C. and A.G. (Comptroller and Auditor General) found that there was a lack of clarity on the ambitions for delivery of Jersey's healthcare service. What part will you play in addressing this, please, Minister?

The Minister for Health and Social Services:

So now that we have established the feasibility as to whether or not we can provide services over multiple sites, the next thing that needs to be done is the design around the services in terms of how they operate. Clearly that will be part of the programme that we will be involved in and officers will be actively involved in that, along with front line staff.

Deputy B. Ward:

Is your department able to provide the information to fill these gaps in relation to capacity and delivery and will it be available in time to inform the strategic online case being presented at the end of this month?

The Minister for Health and Social Services:

Well, the strategic outline case is really going to provide the sort of strategic case for need, the more detailed capacity information, and of course going through a design and development like this will eventually lead to what you call an outline business case, which will have the more granular information available. We can provide what data we have got available to us through our systems to support the strategic outline case, but the more detailed work will need to be done at outline business case level.

Deputy B. Ward:

In line with the C. and A.G.'s area of consideration, has a senior and currently operational clinician been selected to be a member of or standing attendee at the senior officer steering group for the new healthcare facilities programme?

The Minister for Health and Social Services:

Do you want to ...

Chief Officer, Health and Community Services:

Yes. My knowledge I am still building on this. We have advertised for a clinical adviser that would sit with the senior officers that are involved in the programme. That interview went out last week, so we will be arranging interviews and that person will be an integral part of that leadership team for the new facilities.

Deputy R.J. Ward:

Is that an internal advert?

Chief Officer, Health and Community Services:

Yes.

The Minister for Health and Social Services:

In addition to that, I do know that in terms of the project team overall there was a recommendation made that the project team should have an external assurance on that and I think there have been 3 members appointed to that panel. I cannot tell you from memory at the moment who those individuals are, but I know that one of them is a clinician.

Deputy B. Ward:

Okay, thank you for that. The Ministerial statement which followed the report confirmed that you will be in consultation with non-governmental providers to develop the framework for Jersey's future healthcare services in the recent feasibility study presentations for the new healthcare facilities

programme, but this is referred to as the Minister for Health and Social Service's care model framework.

The Minister for Health and Social Services:
Community services framework.

Deputy B. Ward:
All right, thank you. Can you provide a timeline for the development and completion of the framework?

The Minister for Health and Social Services:
I cannot at this moment in time because we are still doing the planning for it, but when we have got the detail I would be happy to present it to you.

Deputy B. Ward:
Excellent.

Deputy R.J. Ward:
Is that the replacement for the Jersey Care Model?

The Minister for Health and Social Services:
What it is designed to do is to establish what kind of facilities we need to develop in the community that will build some of the capacity in the community, so that we get best value from the hospital development.

Deputy R.J. Ward:
So it is the care model.

The Minister for Health and Social Services:
It is not a replacement for the care model. What I think it is, it is a redesign of our community services.

Deputy R.J. Ward:
Okay. Well, the same.

Deputy B. Ward:
May I ask, Minister, can you confirm which areas of the new healthcare facilities programme are under your responsibility?

The Minister for Health and Social Services:
Well, clearly the clinical services.

Deputy B. Ward:
What involvement have you and your team had in the development of the feasibility study's summary details, which were published last week?

The Minister for Health and Social Services:
Well, the report will have outlined what the team have gone through in terms of the engagement, but there were a range of clinical groups set up to advise and inform that feasibility.

Chief Officer, Health and Community Services:
Yes, Minister. So this would have involved feedback from clinical teams - and obviously I have the read the feasibility study as well - so it has been the sort of bottom-up approach to the options.

Deputy B. Ward:
Yes, in some ways you have answered my next question. It was: how well do you believe the options which have been presented represent the views of the H.C.S. workforce? So you have sort of moved into that a little bit.

Chief Officer, Health and Community Services:
I think we have to be realistic. I think it is well known of course that there have been some challenges engaging staff because of the changes and that has been very much in the forefront of the new hospital facilities team ... healthcare facilities team, rather, and trying to reach out to get those comments has been more challenging that we might otherwise have expected. From the point of view of the fundamental model of the ambulatory and acute split, that was seen by those that did engage as the most sensible model to have, rather than an acute ...

Deputy R.J. Ward:
From the options given?

Chief Officer, Health and Community Services:
Yes, from the options given, so there was a ...

Deputy R.J. Ward:
So the decision was made it will be a split site, so then it works split site, so that is the context of that, is it?

Chief Officer, Health and Community Services:
Yes. The context was the preferred option.

The Minister for Health and Social Services:
Also it was possible to provide healthcare facilities over those 2 sites and what it has done is it has established that principle.

Deputy R.J. Ward:
Can I ask just on that then about the reviews of the H.C.S. workforce? One of the issues that has been raised is that the blue light services will be at Overdale and one of the issues before was that blue light services up at Overdale would create a problem. Are there any concerns from those who will be transporting people in emergencies in that way?

The Minister for Health and Social Services:
That is about the feasibility. You can do it; you can. It is feasible to put it up there. I think what we have got to do is the work on how does this whole thing flow through those 2 sites in terms of where things are best placed. So there is a long way to go on this in terms of the service design at the moment, but what the feasibility study has shown is that it is possible to locate services like that up there.

Chief Officer, Health and Community Services:
The Ambulance Service obviously has been involved in all the discussions.

Deputy R.J. Ward:
Okay, all right. So they are happy with that?

Chief Officer, Health and Community Services:
I am not hearing that they are not.

Deputy R.J. Ward:
Okay. I will not ask any more questions on that. I think there will be more to come. Waiting lists and cancelled appointments is Deputy Porée.

Deputy B.B. de S.DV.M Porée:
Thank you. So my question, as Deputy Rob Ward said, is about waiting lists and cancelled appointments, so could the Minister please inform the panel how often the waiting list data on the government website is updated, as the last when we got information was March 2023?

The Minister for Health and Social Services:
All right, okay. Claire, do you want to answer?

Director of Clinical Services:
Yes, sure. So our ambition is that it is published monthly. There have been some delays. You may be aware that we have recently changed our patient administration system, but obviously where we want to get to is that that is monthly published. We have had 2 different types of data. One is our Q.P.F. (Quality Performance Framework), which gives the waiting list, and I think on a previous Scrutiny briefing that was what we showed you, the actual active live patient tracking list, which is the work that we have to do. It is the people that are still waiting for appointments or operations. What is historically published on the gov.je website is the work that we have done. I am sure it is not out of the attention of the Scrutiny Panel that that demonstrates currently that it looks as though people have been waiting longer, but what that signifies is the actual waiting list that we have caught up on, so obviously we know that people ... we have been focusing on the people that have been waiting the longest, so on the gov.je website, that is the work that we have done in terms of outpatient appointments and inpatient operations. That shows that we are focusing on the right people that have been waiting the longest and that is significant, the extra work that we have done, but that we very much focus on those people that have been waiting the longest.

Deputy B.B. de S.DV.M Porée:
Yes, I suppose there is a bit of work to be done on that, especially if the update has gone up to monthly. We are about 3 months behind so ...

Director of Clinical Services:
Yes.

Deputy B.B. de S.DV.M Porée:
Okay, thank you for that. My next question: the data available on gov.je appears to show that the waiting times for both routine and soon inpatient appointments in March have risen consistently since December. Does this update trend continue in April and May and are you able to provide an explanation for that rise, please?

Director of Clinical Services:
Sure. So that plays into obviously what I was describing, in that we have been catching up on those people that were waiting the longest, but on the current P.T.L. (patient tracking list), and I think the data that was provided previously to Scrutiny, we have many specialties where we can demonstrate that we have reduced the percentage of patients that have waited the longest. For example,

particularly in community dental, urology, physiotherapy, pain management, rheumatology, we have significantly reduced the amount of people who have waited longer in those specialties, but of course there are others that we are now focused on. Our inpatient waiting list is staying fairly steady and that is because we are reducing the amount of people that have waited for outpatients. Some of those will naturally then convert to needing a procedure, so although we are keeping up with the amount of people that the inpatient waiting is not deteriorating, of course it is not necessarily reducing at the moment because of the rate of outpatient catch-up and other complexities around inpatient management. So I think I have answered the question, that that is why what is described on gov.je, it does obviously look that people did waiting longer, but that is significant of the fact that we have caught up on those longest waiters, and how we will then ... post this change in the implementation of MAXIMS, that will allow us to publish the data in a different way. You can see the work that we have to do and obviously the current waits and how we are reducing them in those specialties.

Deputy R.J. Ward:

Can I just mention ... sorry, Deputy, we have got 30 minutes left. So if you can crack through a few things, that would be good because we can always ask some questions in writing afterwards. Sorry, Deputy.

Deputy B.B. de S.DV.M Porée:

It was the panel's understanding that quality and performance reports are produced quarterly to keep abreast of backlog issues. The latest report, it was December 2022. Please can you provide an update on the status of the report for the first quarter of 2023?

Director of Clinical Services:

That is a quality performance report, so I was aware that ... I thought that that had been published. If that has not, then I can obviously clarify that, but ...

Chief Officer, Health and Community Services:

Yes. I think, Chairman, I have seen it, so I would assume it was published and we need to check that. The ambition of course is that we would produce this on a monthly basis and that is what I would like to see happen in the course of ...

Deputy R.J. Ward:

We can check that.

Deputy B.B. de S.DV.M Porée:

Maybe you can give us an update of your own kind of ...

Chief Officer, Health and Community Services:
We will check.

The Minister for Health and Social Services:
We signed it. We signed it off in terms of the ...

Deputy R.J. Ward:
We will check that, because there is always a reason for the question.

The Minister for Health and Social Services:
Yes, of course.

Chief Officer, Health and Community Services:
Yes. No, we need to find that.

Deputy B.B. de S.DV.M Porée:
It might be that Carina comes in, because my set of questions was about the extra work you are doing and resources you are putting in order to clear those backlogs, so we will be watching and hopefully if you can update it, it would be great, thank you.

Deputy C.S. Alves:
Hi, thank you. So I am going to talk about the electronic patient record system, which I think you just slightly touched on before.

[11:30]

So the transition was announced on 25th May. How well has the transition worked within the departments?

Chief Officer, Health and Community Services:
Shall I just start on that, because I do want to ... this is an opportunity - every opportunity I get - to put on record and thank everyone that was involved in this because it has been ... putting aside, you know, we have teething problems, it has gone incredibly well, certainly much better than I expected. So the implementation happened over that weekend and continues, but all the teams have made it a success. Certainly compared to my experience in the National Health Service, this has gone like a dream compared to other jurisdictions. So I am not pretending we did not have teething problems, because of course with all new systems you do, but it has gone well and I do want to put on record

thanks to just the I.T. teams and the floor walkers that have been working for days supporting staff, and also the staff generally that have had to cope with the new system. So from a chief officer's perspective, it has gone well.

Deputy C.S. Alves:

Okay. So have there been any challenges that have been reported to the H.C.S. managers since the rollout and how are these being resolved?

Chief Officer, Health and Community Services:

Yes. Well, multiple challenges that are wrapped up in the teething problems, but related to that sort of timescale.

Director of Clinical Services:

Yes. So over the bank holiday weekend, obviously as Chris will recall, we had multiple ... we have had basically a major incident approach to obviously ensure that we had oversight and regular contact. So we were making decisions about obviously going or not going live with the system and then continued in that bronze, silver, gold approach, which is very much in operation today. So we meet 3 times during the day, so obviously we can hear of any new issues, but the issues that I am seeing when I am visible in the clinical areas in the departments are the same that are filtering to the bronze, silver, gold discussions. I think what we have had reported back from the staff are things like: "It has not been as bad as I thought it was going to be." They felt supported by staff, both from the M. and D. (Modernisation and Digital) Team and also by the staff from ... our own seconded staff, so they felt, you know, responsive. Where there were issues, they felt that they got support and those resolved. We have seen some issues. For example, we are just working through some issues today in terms of theatre bookings, so making sure that that process is working smoothly. We have looked at issues in terms of the site management aspect of the system and just people learning to do things in different ways, but ultimately when you train someone to use a system, obviously it is as they work with it in their clinical context is really then when they get to either feel really then confident with using it, and unfortunately until you start using it there is not a lot you can do. It is adequate training, but then it is really the support as they are using it in their day-to-day duties, so just a flavour of some of the issues.

Deputy C.S. Alves:

That leads in quite nicely to my next question, which was about what pilot scheme was run by the clinicians and staff to allow for feedback on the success of the system and what training is being provided.

Director of Clinical Services:

So if I do the training first, so it was online, but also then in person, so there were a variety of models, but really it has been the floor walkers and those with ... we had super-users in departments so, for example, theatres and maternity, they had their own clinical staff that have really developed skills and were able to also do that proactive bit, so this is the new system, then how is that going to be for maternity or bed management or the clinical co-ordinators or the E.D. (Emergency Department), so they were integral within the new team, but also could say: "Oh, this is something that my specialty needs to think of" and obviously supporting the clinicians in terms of outpatient management and using the system, so we needed to see and be assured how many people were trained. That was one of the metrics that we looked at before we made the decision to go live. Our training stats were a lot higher than I have seen in other healthcare organisations before go live and maybe that then obviously says that people do feel a bit more confident as the system was then implemented. I think I have hopefully answered the first bit of your question around how we engaged and obviously that was all of the testing about what needed to be slightly different for certain specialties.

Deputy C.S. Alves:
I am just going to group my last 2 questions together, so what is the timescale for the full implementation of the system and what work is being done with the primary care providers in their use of and contact with the system?

Director of Clinical Services:
Okay, so the whole phase of ... now we have just sort of done the like for like and then the different phases of the whole scheme then will really develop and deliver to us a lot of the benefits realisation, so it will give us much more capability in terms of data collection, understanding what we do, ease of use for clinical staff, less reliance on medical notes et cetera. They are all ... in fact, I cannot recall all of that, but there are different parts of the system now that are then going to be further developed and turned on, which spreads out over this year and into next year, but I am happy to provide that information about what all of those key stages are.

Deputy C.S. Alves:
Okay. With the primary care providers, what support ...

Director of Clinical Services:
So obviously the ability for us for share data between the new systems, MAXIMS and EMIS, that is one of those phases, so I cannot recall when it is, but I can share that.

Deputy C.S. Alves:
Okay, that is fine. Thank you very much.

Deputy R.J. Ward:

Did you have a question?

Deputy A. Howell:

Yes, I had a quick one. Thank you so much. I am really grateful that everybody has been working together, but my feedback has been not quite so good as yours and there are significant problems for some of the staff. I just wondered if there is a forum that they could apply to so they can all discuss together, because I think they have got ... some of them are quite mutual problems that they are having with this system and it is not quite as straightforward from a clinician's user point of view.

The Minister for Health and Social Services:

Can I just ask, Deputy, what concerns people have had?

Deputy A. Howell:

I have got a list. I perhaps ought to talk to you afterwards.

The Minister for Health and Social Services:

Yes, we would be happy to deal with that.

Deputy A. Howell:

Because we do not have the forum now, but the records have not all been migrated across and I just wondered what is happening to the paper notes and what is happening to track the ... if you went from one department to another, you had to sign in from one place to another. It is taking a lot of time from clinicians, but I will deal with this later. My only other question is how long is the contract with IMS MAXIMS for this patient record, please, and how can we, as States Members, ensure that if we ever get a new E.P.R. (electronic patient record) that the process to procure and embed such a system is fit for purpose? Because there are users who are finding it difficult.

The Minister for Health and Social Services:

I cannot answer that question, but I think I can find the answer to that question, so I would be happy to provide that.

Deputy A. Howell:

It is quite a concern for some people, about what is happening.

The Minister for Health and Social Services:

Because we do not, as a singlehanded department, do the procurement ... singlehanded procurement.

Deputy A. Howell:

I think that was an issue.

Deputy R.J. Ward:

Procurement is always an issue.

Chief Officer, Health and Community Services:

The procurement was before my time, obviously, but M. and D. would be involved in that procurement. I am hoping that where, Deputy, you have ones that they have fed through to the mechanisms that we have internally to put things right. If they are not feeding them through, they will not get them put right.

Director of Clinical Services:

Really briefly, Deputy Ward, there was an issue initially with logins, so I do not know if that is on this list, but that was attended to on the very first day and M. and D. were very swift in ... tunnels were put in, which is I.T. infrastructure, to address that issue. We can see on the daily data that we see that the issues that people are having with logins is declining.

Chief Officer, Health and Community Services:

Certainly the numbers of issues are coming dramatically down, so in the beginning there were because of the teething problems, but there should not be so many now.

Deputy R.J. Ward:

I am sure we can take that as well.

Deputy A. Howell:

Yes, I will take that. I can talk to you.

Deputy R.J. Ward:

We have got a few questions on recruitment and retention, just as quickly as we can.

Deputy A. Howell:

In a statement regarding Westaway Court, it was ready for key workers on 6th April. It was confirmed that the building was ready for inhabitancy by the middle of April. Are you aware of how many H.C.S. employees reside there at the moment, please?

The Minister for Health and Social Services:

So the data that I have got at the moment - and again, I think this is a changing pattern - but it looks as though there are 40 studio flats, 7 one-bedroom flats and 9 2-bedroom flats. I can send this data through to you.

Deputy A. Howell:

Yes, and have we prioritised H.C.S. workers?

The Minister for Health and Social Services:

The units are split between ourselves and C.Y.P.E.S. (Children, Young People, Education and Skills) and there is some minor refurbishment work still needed at Westaway Court. I think that relates to the lifts. H.C.S. is managing the occupancy of it and one of the things that we are working on is to make sure that we get people into that accommodation as quickly as we possibly can, but it is up and running and I think that is all I can give you at this moment in time.

Deputy A. Howell:

Okay. Please can we have an update on the current situation in relation to recruitment and retention of staff? I think especially in rheumatology, ophthalmology, community nursing, psychiatry and mental health nursing were the particular areas that we were concerned about.

Chief Officer, Health and Community Services:

Yes. I think in general, because we alluded to it earlier, Chairman, about the length of time of course it is taking to recruit people and because it is taking so long of course we do lose people along the way as they find other jobs in other jurisdictions, so that means that our recruitment processes are not fit to ensure that we rapidly replace into vacancies. We obviously have seen some high levels of agency and local staff to keep services going, so there is a lot of work now I think focused on it and it will continue during the course of this year by the change team and H.R. lead and the group director of people in government to improve our recruitment processes, but also to look at, for example, other things that we can do to attract people on to the Island, so it is a big ...

Deputy A. Howell:

Have you thought about asking people who have left to come back if things improve?

Chief Officer, Health and Community Services:

Yes, we have, and some people are coming back. I have spoken to people that have left and are now back and we hope certainly people that are still living on the Island would come back if they so wish, and I would encourage them to do so. But again, we do have high levels of vacancies.

Deputy R.J. Ward:

Perhaps what we will do is write as one of the questions just to ask for some detail on that rather than go through it now.

Chief Officer, Health and Community Services:
Detail, yes.

Deputy R.J. Ward:
Because I think it is also something that is probably best written in a ...

The Minister for Health and Social Services:
It is.

Deputy R.J. Ward:
It will be in the public domain anyway and then we can get some idea. Also perhaps within that answer we can ask about whether the trends are going up, down or levelling or whatever.

The Minister for Health and Social Services:
I can very quickly respond to that, that it is pretty consistent at the moment. It is still at 16 per cent, the vacancy rate. The other thing that I think is important for the panel to know is that we have secured some additional support from the Delivery Unit to focus on some of those very particular issues. We have also got systems issues associated with reliability around data, so the finance system is not telling us the same information as the H.R. system, so the turnaround piece is to try and do some reconciliation on that as well. So we can put a proper briefing ...

Deputy R.J. Ward:
That is the problem with centralising H.R.

The Minister for Health and Social Services:
Yes.

Deputy R.J. Ward:
It should never have been done ...

Deputy A. Howell:
Is it going back into Health, the H.R. system?

Deputy R.J. Ward:
... in my humble opinion.

Chief Officer, Health and Community Services:

Am I allowed to say this, as a civil servant? As much as I would like it to, I do not think it is.

Deputy A. Howell:

You do not think it is?

Chief Officer, Health and Community Services:

I do not think it is going back into Health and I would particularly like it to.

Deputy R.J. Ward:

I will be honest, I think there are some questions for the future that we will ask and I think it might be an area of agreement.

The Minister for Health and Social Services:

I think it is. These are options. Yes, I think these are options we have got to consider.

Deputy R.J. Ward:

It is about the specialist nature of knowing who we are recruiting and where. It is the same in Education. I think we had huge problems there. Okay, can I just move on to a couple of questions on the regulation of medical cannabis? This is an area that goes across a number of different panels, so we are going to try and focus on the health side of it and not the infrastructure or the economics side, but the health structure. What priority are you giving to greater regulation of medical cannabis - with the word “medical” being really important there - at this point of time and is there any work in the legislative pipeline?

The Minister for Health and Social Services:

Okay, so there are 2 things here. We have got the industry that requires regulation and our regulatory framework is governed by a memorandum of understanding that we have with the U.K. Home Office. Within that, there is also the Medicines (Jersey) Law and the higher level of regulation is the international convention on narcotics. So anybody who wants to establish an industry has to be compliant with the Home Office regulations that we are signed up to and compliant with the other elements of the regulatory framework that I have just described. The medicinal cannabis clinics that are in the Island are unregulated in a sense, that we do not regulate other healthcare services. For example, one of the things that we are going to do is we are going to establish a cannabis agency to understand what the full pattern of regulatory requirement is, both from an industry perspective in terms of making Jersey a place where, if people want to develop the industry, that they know that

there is going to be a high standard of regulation, which will obviously make sure that that is a good product and it is also going to be safe and effective.

[11:45]

That is to protect the industry as much as to protect the supplier and also to protect the end user.

Deputy R.J. Ward:
Jersey would have to do some very individual things in terms of regulating as a medicine the cannabis industry itself.

The Minister for Health and Social Services:
At the moment we are governed by the Medicines (Jersey) Law, but it requires a much broader regulatory consideration as to what we are dealing with. One of the things that I was going to propose was to seek the panel's views as to whether or not we could consider a special panel to be convened to just talk about cannabis.

Deputy R.J. Ward:
Yes, like a review panel within Scrutiny. That has to go to the Scrutiny Liaison Committee, but I think that is certainly ... because it goes across a number of panels.

The Minister for Health and Social Services:
Yes, it does.

Deputy R.J. Ward:
I personally think that is a good idea. I think it is a good idea also because it is a huge topic.

The Minister for Health and Social Services:
It is huge. The health element of this is more about impact.

Deputy R.J. Ward:
Yes, exactly, and for enabling research as well into that area of use. The legalisation of medicinal cannabis risks prescription of medicine will be sold to third parties for recreational use. Is this a concern for you?

The Minister for Health and Social Services:
It is.

Deputy R.J. Ward:

Fair enough. What do you think can be done to address that from a medical point of view? Because there are prescriptions being given in an unregulated world of variable quality, which seems to be driving an underlying market for cannabis.

The Minister for Health and Social Services:

So it is legal to hold the medicinal cannabis clinics because we have a law which says it is okay to do that. What we are talking about is what then subsequently happens to those substances and how then people start to use those for recreational purposes, and that is the concern. I do not think we have any governance, we have any regulation around that. There are 2 principles or 2 attempts that need to be developed around this, which is for those people who are engaged in the clinical practice of medicinal cannabis clinics, we need to think about what safeguards they require in order to practice safely and effectively, but I also think we need to put some wider regulatory consideration to how we control this issue of recreational use and the impact that it is having on the health and well-being of Islanders. We have seen - and I do not have the data - an increase in the number of young people experiencing poor mental health as a consequence of the increase in recreational use, which is a concern. I think the way to do that is we need to set up a proper review panel, we need to set up a much more rigorous and robust regulatory framework, but we also need to uphold the standards of the regulation framework that we have got for the industry, which has helped build the industry in the Island and that has been economically successful.

Deputy R.J. Ward:

Okay. I am not going to ask much more. It is the Jersey Cannabis Agency's responsibility for issuing licences. What is your role in that agency? The reason I ask the question is when you are trying to work out from this side of the panel where each of the different panels, each of the different Ministers fit into what we have here, it is ... I will not use the phrase "dog's dinner" but I say that it might be appropriate, unfortunately.

The Minister for Health and Social Services:

I could not disagree with that metaphor. Historically I think the Jersey Cannabis Agency has been invested in the role of the Minister for Health and Social Services. What I have said to officers is that that is not a sustainable position and what we need to do is we need to present an agency as a body that has relevant expertise, the appropriate governance, the ability to make decisions, so that there is an accountability to the Minister rather than the Minister making those decisions.

Deputy R.J. Ward:

At the risk of triggering people, it might be an advisory panel, but let us not go there.

Deputy A. Howell:

Will it be interim or not interim?

Deputy R.J. Ward:

Oh, we are getting to that again.

The Minister for Health and Social Services:

It will not be interim. It will be well-established, so that is the basis on which we have to clarify the governance of it.

Deputy R.J. Ward:

Yes, I am sure we will be following this up further in a wider sense, but I think this is the initial conversation in here. Do you want to ask some questions on the - I do not know, I have lost track of who is doing it now - dementia strategy?

Deputy C.S. Alves:

Yes, that is me, thank you. The dementia strategy survey closed in May, with over 500 responses from Islanders. Are you satisfied with the level of response and how useful has the information provided to the development of the strategy been so far? Are you able to discuss any themes identified by respondents on how Jersey supports people with dementia and their carers?

The Minister for Health and Social Services:

Do you want to pick this up, Andy?

Director of Mental Health and Adult Social Care:

Certainly, thank you. Yes, we are satisfied with the 500 responses. That is good, I think. We cannot yet say anything about the outcomes because we are collating those currently, so the process is that there is a steering group that is overseeing the development of the dementia strategy. They will receive the feedback from the survey and they will talk about that and think about how does that then impact on the development of the strategy. So the work is still in progress in terms of collating them.

Deputy C.S. Alves:

Okay. When will the results of the survey be published and are you still on track for publishing the dementia strategy by the end of October?

Director of Mental Health and Adult Social Care:

So we are on track for publishing at the end of October. I am not sure yet whether we are going to publish the results in their entirety or whether they will form part of the strategy, so the results will be in the strategy and will be referenced. I do not think we had intended to publish them as a separate set of results because they are part of an overarching piece of work, but of course we can make them available.

Deputy C.S. Alves:

Sure. Okay, thank you. Just one question on the neurodiversity strategy. Your Ministerial 2023 delivery plan stated that a neurodiversity strategy would be scoped during the first quarter of 2023, with input from Customer and Local Services, Public Health and Children, Young People and Education and Skills. Please can you detail the progress of this work for the panel?

The Minister for Health and Social Services:

I have to admit, Carina, we have not really made much progress on this at all. I know there is still work going on in terms of reviewing and redesigning the services and clearly there have been people who have been waiting, but we just need to get the focus around this to get a programme of work. At the moment I think workload and other priorities and resources are prohibitive.

Deputy R.J. Ward:

Can I just ask, are we getting a similar answer we got elsewhere, that delivery plan timings are a movable feast?

The Minister for Health and Social Services:

No. I just think the ambition is there, but I think the reality is very different, particularly in relation ...

Deputy R.J. Ward:

So the answer is yes.

The Minister for Health and Social Services:

... to this area of work, but what I want to assure Islanders is that we are still committed to it. In terms of this Ministerial plan, we are still on track to deliver the majority of the objectives we committed to.

Deputy R.J. Ward:

We had that answer before, which was similar. We have got some questions on mental health.

Deputy B. Ward:

I will be as quick as possible, so we can try and get as many questions in.

Deputy R.J. Ward:

Yes. We have only got 5 minutes.

Deputy B. Ward:

Could the Minister please update the panel on the completion of work at Clinique Pinel and whether it will be operational this month?

Assistant Minister for Health and Social Services (2):

This month, no. I was up there fairly recently. Andy kindly arranged for a group of service user visits and when we were there the builders informed us that the end of July was the expected completion date. They are fitting new lifts in July and then of course the clinical checks will have to take place, so the idea was possibly September for when it will be ready.

Deputy B. Ward:

Is that changing the lift that in Cedar Ward, between ... it is that particular lift or are they putting in a second lift?

Assistant Minister for Health and Social Services (2):

I think they have to change the one that is there. They had to renew it. Obviously it is delayed because there have been an awful lot of changes. I think there are 250 registered amendments, but there are 700 changes. They have had to look at all the fire ... they have had to bring the old building up to fire standards because it was not, and of course they have got patients, they are working around patients, which is totally not ideal, and ...

Deputy R.J. Ward:

So when you say possibly September, can we get an update on the “definitely”, or perhaps we move from “possibly” to “probably”?

Deputy B. Ward:

We will put that on our next quarterly meeting.

The Minister for Health and Social Services:

I do not think it is for me to say that when it has been ... you know, like I say, timing and ...

Deputy R.J. Ward:

There is a timeline: possibly, probably, definitely.

The Minister for Health and Social Services:

That is it at the moment, that it is going to be September. I can only tell you ...

Deputy R.J. Ward:

Yes.

The Minister for Health and Social Services:

I was up there the other day. I thought ... well, I cannot really ...

Deputy B. Ward:

Yes, I was going to ask a question about the mental health strategy, but your colleague has already answered that, so I am not going to ask that again. In April there has been mentioned a review underway with the prison in relation to healthcare delivery, including that for mental health. What progress has been made?

The Minister for Health and Social Services:

That is one that Andy can answer, but the mental health strategy is ... well, it is multifaceted. It is not just the dementia one, but if Andy would like to answer on the prison.

Director of Mental Health and Adult Social Care:

So there has been some change to personnel in the prison now. To go back a step, we agreed prior to the summer of last year that we would do a joint review, looking at the future of healthcare delivery in prison between Health and Justice, because clearly both have a key role to play in that. That has been slightly delayed due to changes in personnel, but in some ways it has been positive, because it has allowed us to second a number of staff from Health into the prison, so the prison health staff are currently seconded, all bar one, from Health. That indicates the direction that we are thinking about. We have engaged an external person, who is the chair of the Royal College of Nursing in the U.K. and the Criminal Justice Forum - that looks at the degree of healthcare in prisons and other things - and the chair of that forum has kindly agreed to come and support us with this work. We started scoping around need, so the team are currently gathering the information around health need within the prison and some work has already been done to change some of the operating procedures in terms of how care is delivered. So I am confident that by the end of this year we will have a full review. The work is jointly led by myself and the governor of the prison and I am confident that we will have a full review that proposes a way forward for prison health.

Deputy B. Ward:

Thank you very much.

Deputy R.J. Ward:

Okay. We were told, just the panel ... whether you were ready to publish the cancer strategy. The panel's understanding was it was close to being ready for publication in April.

Chief Officer, Health and Community Services:

Yes. Chairman, just to say that I have got the draft of that strategy. It has been reviewed by the clinicians. The senior leadership team in H.C.S. is going to be reviewing it at our next meeting, which I think is next week, just to make sure we contribute to that, so it is going through the final sort of quality assurance checks and approvals.

Deputy R.J. Ward:

With that and the dementia strategy and others, we rely so much on third sector, so there will be ... I think they are called service level agreements which the third sector deliver within that. Are any of those waiting to be signed or in place ready to go so that when these strategies come out ... because there are organisations like Dementia Jersey, certainly the cancer charities, who already do a huge amount of work already, so are they just ready to be signed off and say: "There we go. We can get on with it"?

Chief Officer, Health and Community Services:

I think from the point of view of the costs of implementing the strategy, of which that will be one, they are only reflected in the ... or going to be reflected in the 2024 Government Plan, so I think unless there are in-year - I am looking at Andy for mental health - S.L.A.s (service level agreements), but I am not aware of any outstanding at the moment.

The Minister for Health and Social Services:

There are existing S.L.A.s obviously in place, but ...

Chief Officer, Health and Community Services:

But anything new I think would be ...

Deputy R.J. Ward:

Are there any projects ready to go that are just waiting for a strategy? Because these strategies tend to be best practice, in many ways.

Chief Officer, Health and Community Services:

I do not think that the strategies are sort of holding anything back. There are new things that we want to do, Minister, and a number of them require funding.

The Minister for Health and Social Services:

Just because of time, what I can do is I can provide a briefing paper on where we are up to with the commissioning, contracting, what kind of projects are in the pipeline. Is that okay?

Deputy R.J. Ward:

That would be really useful, thank you. The last question, Deputy Porée - we might miss out the telephone consultations, we will just have to do that one in writing - on contraception.

Deputy B.B. de S.DV.M Porée:

At the panel's recent meeting with the Minister for Social Security, it was mentioned that H.C.S. were conducting a review of contraception costs. Please could you provide more information about this review and what is the scope?

The Minister for Health and Social Services:

Ruth, do you want to bring that up as part of sustainable health?

Deputy R.J. Ward:

Very briefly, because we are running out of time, sorry.

Associate Director, Health Policy:

So with regard to the sustainable healthcare funding, there are 2 bits to this. There is a piece of work going on at the moment which is looking at potential costs associated with contraception, and as per the Minister's 2023 Ministerial Plan, we will be doing some consultation on contraception towards the end of this year, but also with regard to the costs associated with contraception, because as you say, at the moment some of it is free, but there are obviously costs incurred by individuals for different types of contraception and also for a G.P. to access contraception.

[12:00]

So we are doing some work on contraception charges at the end of this year and then as part of the women's health strategy which, as you know, is also part of the Minister's commitment, we will be looking at issues relating to access to contraception as well as access to other women's health services.

Deputy B.B. de S.DV.M Porée:

Okay, so within this review will the free contraception be addressed as a way to look at a woman's full lifespan of fertility?

Associate Director, Health Policy:

So we will be looking at what the costs associated with free access to all forms of contraception would be. Obviously it will be a decision that needs to be taken by the Minister as part of the strategy development and also in consultation with the political group that the Minister has set up around that as to whether or not free contraception in all circumstances was provided. That is a decision to be taken and we are working on the underlying costing and the underlying consultation to support the making of that decision.

Deputy R.J. Ward:

If we can go over by about 5 minutes, if that is okay, just because we have got a couple more questions that would be really useful to ask.

Deputy B. Ward:

Yes. In that review, it is about - obviously, as the Deputy said - the longevity and the lifespan of being fertile, but that includes the coil and the implants?

Associate Director, Health Policy:

We will be looking at all forms of contraception, yes.

Deputy B. Ward:

Yes, I just wanted to emphasise that it is not just about taking a tablet, it is about how that prescribed medication is introduced into the body and that the whole of that is free.

Associate Director, Health Policy:

Yes, we will be looking at that in the round. So we will be looking at ...

Deputy B. Ward:

We would like it to be free.

Associate Director, Health Policy:

We will be looking at in the round as to how much it costs and we will be consulting on that in order to make decisions about it, yes.

Deputy B. Ward:

Because it can be more cost-effective to have the 5-year implant and things like that.

Associate Director, Health Policy:

Understood.

Deputy A. Howell:

So the last question: telephone consultations. Please could you tell the panel what the criteria are for departments in choosing which and when telephone consultations are used? How is it determined whether a telephone consultation is more appropriate for an individual patient?

The Minister for Health and Social Services:

Is this question related to ... I am pleased you raised this, because this question is related to the virtual hospital that I think somebody referred to yesterday.

Deputy A. Howell:

I do not know. It is just how you choose who is going to have a consultation.

Deputy B. Ward:

Who determines that?

Chief Officer, Health and Community Services:

I think what it will be, it will be a clinical decision on whether the clinician feels that the patient will benefit from a virtual consultation.

Deputy R.J. Ward:

Can I just ask a quick question there? Because for a telephone consultation you are given a time, but it also says in the letter it could be up to 2 hours before or 2 hours after.

Chief Officer, Health and Community Services:

Does it?

Deputy B. Ward:

Yes.

Deputy R.J. Ward:

Which means if you are working, as most people are, it is almost impossible to attend that telephone consultation. I understand when you are dealing with the U.K. because you are dealing with a different hospital and a different health service and they have a system of doing that so we do not travel and that might be it, but can I just ask that that is addressed?

Chief Officer, Health and Community Services:

Yes. We will look at that, Chairman. I am not aware of that, so ...

The Minister for Health and Social Services:
I was not, no. I will pick that up. Okay, thank you.

Deputy R.J. Ward:
Well, I can show you a letter if you want.

Deputy A. Howell:
Also, could you perhaps say ... do you think physiotherapy appointments are suitable by telephone?

Director of Clinical Services:
Not necessarily of course treatment, but that is not to say that an assessment could not be over ... it very much depends in terms of what specialty, in what circumstance, et cetera. So, I mean, I am happy to obviously provide some further detail around ...

Chief Officer, Health and Community Services:
Just to say I have had a physiotherapy appointment virtually and it is for someone ... it depends on your circumstance, but just being told what you need to do, certainly if it is virtual, it is better than coming into the hospital.

Deputy R.J. Ward:
Virtual online is different from a telephone conversation.

Chief Officer, Health and Community Services:
Yes, it is.

The Minister for Health and Social Services:
I will have a look at the telephone.

Chief Officer, Health and Community Services:
But it will be individual clinicians will decide what is appropriate. It will not be a managerial decision.

Deputy R.J. Ward:
It could also be the pressure of workload because a telephone conversation can be: “I have touched base, I can tick the box” and I do not mean that in a bad way, although I could do.

Chief Officer, Health and Community Services:

Also patients are increasingly getting that experience, looking at whether that is possible, to have it virtual, because it saves coming into hospital or going to a clinic. It is easier. It is attractive to a lot of people.

The Minister for Health and Social Services:
I think it raises a wider issue about choice and I think perhaps we can give some more content to that going forward.

Deputy A. Howell:
The other thing is could you perhaps look at how you give appointments to people and their choice of getting to have an appointment?

Director of Clinical Services:
Yes, happy to. So definitely that was part of an outpatient improvement plan, a project that we started before MAXIMS. Where we would like to get is obviously where people can ... you know, you can book a flight, your dinner - a table - that is on an online system and that is where we would really like to get to. We know that a lot ... I think one month, at one point, when patients were being given an appointment, that was the main reason that where we saw changes in appointments was because it was not convenient, so clearly if we can give the choice to patients, that would really help.

Deputy R.J. Ward:
Could I ask as well that perhaps you use email? Because a lot of people do use email and it is quicker, rather than getting letters, because you end up with 4 or 5 letters and you get completely lost as to where you are.

Director of Clinical Services:
Yes, that is very much our ambition.

Deputy R.J. Ward:
I know we have run out of time, so I will just draw it to an end. Before we do, I would just like to say I had a routine blood appointment this morning for a blood test and they were absolutely fantastic, and the member of staff was reassuring, welcoming, on time, did the job brilliantly well and I do not think we say thank you enough for those on the front line; not senior managers, but the front line staff who are doing so well to provide the service they are. So I would just like to say a public thank you to that person, and I did not feel a thing, it was great. Unless there is anything you would like to ask the panel, I just thank you very much and call the hearing to an end. Thank you.

[12:06]