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Health and Social Security Scrutiny Panel

Quarterly Public Hearing

Witness: The Minister for Health and Social Services

Friday, 4th February 2022

Panel:

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

Deputy K.G. Pamplin of St. Saviour

Deputy C.S. Alves of St. Helier

Senator S.Y. Mézec

Witnesses:

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

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

Ms. A. Muller, Director for Improvement and Innovation

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

Ms. H. Lucas, Interim Chief Operating Officer

Mr. J. Lynch, Principal Policy Officer

Ms. J. Auffret, Lead Midwife

Mr. J. Carter, Head of Estates, Health and Community Services

Ms. M. Clarke, Head of Public Health Intelligence

Ms. M. Roach, Head of Finance, Health and Community Services

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

Mr. P. Bradley, Director of Public Health

Ms. S. Evans, Acting General Manager, Primary and Preventative Care

Ms. E. Baker, Head of the COVID-19 Vaccination Programme

Mr. S. Graham, Associate Director of People Services - Health

Mr. S. McCreanney, Head of COVID Testing

[14:34]

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

Good afternoon. This is the Health and Social Security Scrutiny Panel. This is our quarterly meeting with the Minister for Health and Social Services. It is Friday, 4th February 2022. We are today still doing it via Teams, but this will be the last occasion because obviously all the rules are now changing, but it was quite short notice so we continued in the Teams format, but moving forward we will be meeting again in public, which will be good for us all, I think. What I am going to ask is that individuals of the panel will introduce themselves. Be aware that Deputy Alves will be joining us a little later because she had an urgent appointment, but she will be with us later. But I would ask that anybody that is likely to speak, if they introduce themselves, just quickly their name and their title. What I would also ask is we do have a heavy schedule of questions, as we always do, so I would ask for members to be as concise as they possibly can be with both the questions and the responses. If we want any clarification, we can ask moving forward. As always, the normal rules apply as if we were in the States Assembly. I am Deputy Mary Le Hegarat and I am the Chair of this panel. My apologies, please turn on your cameras when you speak. Thank you.

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

Yes, good afternoon, everybody. Deputy Kevin Pamplin of St. Saviour District No. 1 and I am also the Vice-Chair of this panel.

Senator S.Y. Mézec:

I am Senator Sam Mézec and I am a member of this Scrutiny Panel.

The Minister for Health and Social Services:

Good afternoon. I am Deputy Richard Renouf, Minister for Health and Social Services. I will pass over to my Assistant Minister.

Assistant Minister for Health and Social Services:

Good afternoon. I am Deputy of St. John, Trevor Pointon, and I am Assistant Minister for Health and Social Services with responsibility for mental health.

Director for Improvement and Innovation:

Anuschka Muller, Director for Improvement and Innovation. To make it smooth, I will just call out other officers on the call to introduce themselves. Could we have next Andy?

Director for Mental Health and Adult Social Care:

Good afternoon. I am Andy Weir. I am the new Director for Mental Health and Adult Social Care.

Director for Improvement and Innovation:
Emma. I see Emma is not coming online. Hilary.

Interim Chief Operating Officer:
Hilary Lucas, Interim Chief Operating Officer.

Principal Policy Officer:
Hello, I am James Lynch. I am a principal policy officer in the public health team.

Lead Midwife:
Good afternoon. Jan Auffret, Lead Midwife.

Head of Estates, Health and Community Services:
Afternoon. Jon Carter, I am the Estates Manager for Health.

Head of Public Health Intelligence:
Good afternoon. Margi Clarke, Head of Public Health Intelligence.

Director for Improvement and Innovation:
Michelle Roach. Michelle, you are on mute.

Head of Finance, Health and Community Services:
Sorry, good afternoon. Michelle Roach, Head of Finance for Health.

Medical Director, Health and Community Services:
Good afternoon. Patrick Armstrong, Medical Director for Health and Community Services.

Director of Public Health:
Hello. Peter Bradley, Director of Public Health.

Acting General Manager, Primary and Preventative Care:
Good afternoon. Sarah Evans, Acting General Manager for Primary and Preventative Care.

Head of the COVID-19 Vaccination Programme:
Good afternoon. Emma Baker, Head of Vaccination.

Associate Director of People Services - Health:

Good afternoon. Steve Graham, Associate Director of People for Health.

Director for Improvement and Innovation:

That is all from the officer side. Thank you.

Deputy M.R. Le Hegarat:

Thank you. No Caroline Langdon this afternoon?

Director for Improvement and Innovation:

No, apologies. Caroline sends her apologies for this meeting today.

Deputy M.R. Le Hegarat:

Okay, thank you. We are going to start questions and we are going to start with Senator Mézec in relation to plans for services provided at Overdale.

Senator S.Y. Mézec:

Thank you, Chair. Yes, so the first set of questions will be around the services provided at Overdale, and so there is probably no better place to start, Minister, than by asking since the Assembly adopted P.155 on rehabilitation services, could you provide us with an update for where you are on that now?

The Minister for Health and Social Services:

Yes. Well, following the Assembly decision, a team of officers was rapidly drawn together and I had input into what that team needed to do, and it is looking at options for the provision of the rehabilitation unit and that includes a return to Samares Ward. That work is still ongoing. There is an excellent team that are looking thoroughly into possibilities and implications. I can pass you over Anuschka Muller for more detail.

Director for Improvement and Innovation:

Yes, so as the Minister explained, a steering group has been formed to go through an option appraisal for various options, including Samares, and for Samares in particular a working group has been formed to identify the detailed requirements necessary to consider to move to that facility again, particularly around costs and timescales.

Senator S.Y. Mézec:

Thank you. This is obviously a matter that has generated a lot of interest. Do you have any idea when you might be ready to provide a more comprehensive report back, not just to the States, but to the public, about what is likely to happen as a result of the review that is going on now?

The Minister for Health and Social Services:

Well, the proposition gave us a target date of 1st March and I am aiming to bring some sort of report by that date as to the options available and the direction we are heading in or we would propose to head in. In between that time I am liaising with Senator Pallett. In fact, I am meeting with him later this afternoon to update him. I also am updating and liaising with my ministerial colleagues, so the Council of Ministers will meet to discuss the working group options.

Senator S.Y. Mézec:

Thank you. It is pleasing to hear that you are in dialogue with Senator Pallett on this. In the run-up to the debate, there were quite a few powerful testimonies that we heard from people who had had experience of rehabilitation services, either when they were at Samares or since they moved to Plémont. Could I ask if there is any engagement either directly from yourself or from people who are now operationally involved in this to learn from those testimonies that were put to States Members in the run-up for that debate and develop a greater understanding of why many people felt the way they did so that their experience can be considered in this review?

The Minister for Health and Social Services:

We always want to learn and I repeat the apologies I gave in the States Assembly for our failings in this respect for the reasons I gave. We do have all that input. It has been very carefully logged. It is part of the considerations that we are taking into account. Because of the time constraints we are not able to put any individual service users on the group that is looking at these options because it is needing to look at things very quickly, but all those have been properly logged, all those issues that have been raised, and form part of the consideration that we are giving.

Senator S.Y. Mézec:

The notice that we received that you were changing your position on P.115 came relatively late in the day, after a significant period of time before that, where the understanding was that you would support an amendment to the proposition. Could you explain how it was that you eventually arrived at the position that you ended up maintaining in the Assembly debate?

The Minister for Health and Social Services:

It was as a result of a Council of Ministers meeting. I think that is known that we met late that day, and the amendment that we had considered putting in arose out of a wish to move the debate from one that was just going to be about premises because I believe it should be about more than that. It was about concentrating on the service that needs to be given and that is what our amendment was trying to do because I had confidence that we would be able to deliver the good service that is needed in Plémont Ward, but with the comments that were coming in from members of the public

and States Members, clearly that confidence was not shared, so therefore we did move our position to one in which we could accept the amendment ... sorry, we could accept the original proposition, which required us to take a look at all possibilities and particularly the possibility of Samares Ward, which is exactly what we are doing.

[14:45]

Senator S.Y. Mézec:
What advice or input did you receive from the clinical management staff before making the decision that it was okay to withdraw the amendment? Specifically you said that the ultimate decision came as a result of a Council of Ministers meeting, so I guess not just you as Minister for Health, but did other Ministers get the opportunity to hear from clinical management staff on that specific point of withdrawing the amendment?

The Minister for Health and Social Services:
Yes, we did. If you would like to hear from our Medical Director, I will pass over to him, if I may.

Medical Director, Health and Community Services:
Yes, good afternoon. Yes, I was asked for advice and that is our role in this, we provide advice, but as always there are more considerations than just clinical input, as we know through the whole COVID process. My advice is, as the Minister has ... my advice, along with other clinical colleagues, is much as we have put into the public domain, which is the wish really was to have a broader debate about how rehabilitation services could work right across Health because again, as I have said, rehabilitation services should be available to everyone with every condition. It is about restoring people back to normal function and the debate, in my opinion, became quite focused around particular parts of that pathway or about specific conditions. It may be through that debate that returning services to Samares might be the right thing, but I think the aim was just to have that broader discussion so that we ended up the best option for everybody. Through this, one of the reasons of looking at the general hospital, just so people understand why that debate needs to be broadened, though there are some advantages to having rehabilitation services based within the hospital, and also just to give balances for the staff who provide those services because I think there is a bit of a narrative that all is bad and all is not bad. There are patients who have been happy with the treatment that they received on Plémont Ward. I sat in a meeting the other day with feedback from a patient who was able to access the hydrotherapy pool, for example, which is in the hospital, which is not so easy. There is access to the acute medical teams much earlier, so people moving to Samares Ward can only move there later in their journey really, because they have to be fitter, whereas when they are in the hospital they can have access to that team a little bit earlier. However, these are all things that we need to discuss moving forward and will be taken into consideration in

the current debate, but I think the most important thing moving forward is that we find a resolution to this now. It is not a single decision at a point in time, it is a debate that needs to go on and on and Health in all areas changes over time. We find a solution for the proposition and if that is back to Samares, so be it. Hopefully that will be temporary because we are hoping that we will have a new hospital built there at some point, but that I am sure will be taken into consideration in the work that is being done, but like all our services, rehabilitation will develop over time and the evidence is very clear that it is best for people's physical and mental well-being to get home earlier for early supported discharge. We do not have that bit right and that is the bit that we need to fix, that support in the community, but ultimately that is really ... if we are going to follow the evidence and what is best for patients, that is where we need to get to, but I think, personally speaking, we need to move beyond this debate. Again, as I have said in the public domain, we need to work out how we work together and we listen to each other. We will always learn something when we do that and get to the best point.

Senator S.Y. Mézec:

Thank you. The last one from me on this particular part of the discussion about services at Overdale, but, Minister, can I just ask, with every political debate there is of course the risk that you do not get the outcome that you hoped for. Before the Council of Ministers had taken the decision to withdraw the amendment and support the original proposition, did you and your team have a contingency plan in case you had maintained your original position and lost out and therefore had to mobilise a response to it that you had not wished to have done?

The Minister for Health and Social Services:

Did we have a contingency plan? The plan is all ... if we had lost out, clearly we would have had to do the work we are doing now, which is to look at Samares Ward in very great detail as to whether it should be provide the location for rehabilitative service, but our emphasis all the time was about the delivery of the service, the improvement of the service for the patient rather than concentrating on the location. At the end of the day, the debate I felt was very much around the location, which to us is not really the core issue, though it has become important to so many people. We are listening and we are resolving and we are now talking about and working towards establishing the right location, which would be acceptable, I hope, to everyone as a result of the States decision.

Senator S.Y. Mézec:

Thank you, Minister. If any of my panel colleagues want to jump in on that, feel free, otherwise I will move on to ... yes, Deputy Pamplin wants to add to that.

Deputy K.G. Pamplin:

Yes, thanks, Senator. Thank you for your answers on those, Minister. I think the point I wanted to raise in these questions is the one I have done over the last 4 years, so sorry to sound like a broken record again, but for me it is communication because when we all realised that this was going to happen - and I have got the Hansard in front of me from July 2020 - ironically, your Assistant Minister asked you the question in the Assembly on that day and the question was: "Will the Minister commit to reopening the stroke rehabilitation unit at Samares Ward at Overdale as soon as possible?" and you went on to explain it was a temporary closure of the ward. You explained obviously, quite rightly, about the COVID circumstances at the time and you say: "I want to give assurance this is a temporary measure and we have no plans to make this a permanent closure" and I guess because again over the last 2 years so much has happened and the COVID pandemic has been the priority, communication was lost when that decision was not ... when that was made, and if it was communicated it did not have the same impact, so then suddenly when it had happened we had to race through all this process to get to the reasons and I think it was a shock to somebody. So is it fairness that some of the lessons learned here - and again, we are obviously aware what has happened over the last 2 years - but when such an important local facility that has touched many lives suddenly is gone and all we have officially is words like "temporary closure" I think that justifies the public response. But do you think, Minister, on reflection communication on such emotive matters can be a lesson learned?

The Minister for Health and Social Services:

It always can be a lesson learned, yes, absolutely. So I think you said that answer was given in July 2020, which of course was the earliest days of the COVID emergency and when we were ... we could not conceive that COVID would be with us and creating this challenge for 2 years. That is what happened so we are 2 years on and we have come through a situation which we just did not expect when that answer was given. It is, as I said in the debate, and I apologise, I and management really ... we did say we took our eyes off the provision of rehabilitation and we should have been paying closer attention, but I did explain the pressures of the COVID emergency on staff and managers and that has been a failing for which I have apologised and we want to learn and communication will be a large part of it.

Senator S.Y. Mézec:

Thank you. Sticking with Overdale, but another aspect of this, could you update us on plans for the assisted reproduction unit at Overdale?

The Minister for Health and Social Services:

Yes. Well, they are an essential part of our services and they are in the planning because if we were to move rehabilitation back to Samares, they will need to move to another location, so that is

being planned and all options considered. Beyond that, I cannot give any news because no decision has been made on that yet, but they are very firmly in our thoughts and planning.

Senator S.Y. Mézec:

Just coincidentally, it was a year ago exactly today that the Government put out a press statement about the some of the changes you wished to make to this particular service, so I guess I would ask, with some of the uncertainty that there is about Overdale and Samares in particular, are those plans to change the service and improve it still going ahead as you had hoped or have they faced any setbacks because of this uncertainty?

The Minister for Health and Social Services:

No, I am not aware of any setbacks, and if I know the people involved, the consultant involved, he will drive this forward. He is passionate for the service and there is no reason why a change of location would mean that we cease to drive improvements. There will be extra work, there will be that element of change and disruption, but the improvement programme will continue.

Senator S.Y. Mézec:

I guess the topical question, based on the decision that was made by the Planning Committee yesterday to refuse permission at this point for the demolition of buildings at the Overdale site, do you anticipate that that decision has an impact on the planned delivery of healthcare services? Does it represent more uncertainty that is unhelpful?

The Minister for Health and Social Services:

Not for what we are doing at the moment because we are proceeding on the basis that the Assembly has chosen Overdale as the site for the new hospital. The planning inspector has, in the bridging Island Plan inspection, agreed that it can be set aside as a zone for the building of the new hospital and we have a very detailed planning application in, so it is the Government's policy, supported by the Assembly, to build a hospital at Overdale. Therefore if we plan temporarily to move any services to Overdale, we also have to deal with and plan that second stage of where to next once the buildings are demolished, so that is being planned and thought through.

Senator S.Y. Mézec:

Those are all the questions I have on Overdale, unless any panel members want to contribute. I will give them a second to indicate and if not, I will move on to the next subject. Yes, so moving on to the next area to ask questions about, it is about visits into the general hospital. We obviously had the States debate on P.8 recently, which you supported. Part of that proposition was about putting a robust system in place to make sure that visiting people in hospital could be done safely for

everybody. Could you provide us with some details about what you and your team did to enable that reopening?

The Minister for Health and Social Services:
Yes, and the person best placed to provide the detail is our Medical Director, so I will pass over.

Medical Director, Health and Community Services:
So all decisions around visiting and particularly restricting visiting were based on advice from our I.P.A.C. (Infection, Prevention and Control) team. Obviously on 27th January we reopened to visiting as clearly we do not want to put restrictions on visiting for any longer than we have to and that was largely on the basis of falling rates of COVID within the community, but also seeing that the spread of COVID within the hospital again was steady state and not seeing any further evidence of spread certainly being brought in by visitors.

[15:00]

We have put further measures in place in any case, more widespread wearing of masks by patients, having 2 named visitors for each patient, supporting our staff on points of access to the hospital, asking the general public to support us in using P.P.E. (personal protective equipment), strict hand hygiene and also checking people coming to the hospital are well and symptom-free. We have looked in great detail about the use of L.F.T.s (lateral flow tests), but however we looked at it, it simply was not practical for numerous reasons, particularly the volume of people coming into the hospital, having to wait while they have to get the results, and it really is not what L.F.T.s were designed for as that sort of screening process. We would have to screen everyone coming into the building, whether they were going to visit patients or going to outpatients or going to radiology. We really tried to look at making that work but we just could not see a way that was practical and also enhanced the safety, but it is something that we will keep under review. We do not want to restrict visiting. We do restrict visits even for non-COVID reasons, so if we have a norovirus outbreak on a ward we ordinarily ... that is standard I.P.A.C. practice, but we will continue to evolve and try and learn and work out ways that we can keep visiting open to as many people as possible, as we recognise it is an important part of people getting better.

Senator S.Y. Mézec:
You mentioned about asking visitors to wear P.P.E. and not come in if they are symptom-free and so on. When you said asking, that is different to requiring. Is there any policy in place where if people were to present themselves at the hospital for a visit and were not keen to abide by those requests that they would then be told: “Sorry, I am afraid you are not able to come in until you are able to abide by that”? It is just asking them or is it requiring them?

Medical Director, Health and Community Services:

My understanding of this is it boils down to what is within our jurisdiction. We cannot physically block people from entering the hospital and nor would we want to get to that point. It is a hospital. We also do not want to create an environment on our front door as it is so imposing and threatening that it either puts people off visiting or, more importantly, it may stop people coming to the hospital to seek the care that they need, so it is a real balance. What I would say is the absolute vast majority of Islanders are incredibly helpful and follow the advice that we ask of them. It is unfortunately a small but significant minority who are less keen, shall we say, to follow that advice and may not be as respectful to our staff as we would like them to be, but our staff are not in a position to physically prevent people. In my understanding, it would be the police who could do that and we do not want to get to a point where we would have that sort of presence on our door, checking people in and out of the hospital. I think that would be a significant waste of their time as well, so I think we have to hope and rely on the goodwill of the vast majority of Islanders, which we have, and hopefully people will follow that good example that we see from most people.

Senator S.Y. Mézec:

Absolutely, hear, hear. There were reports before the States had debated the proposition asking for a reopening for visitors of unfortunately a small number of people not quite having regard for this as you would hope. Has that been a problem since the reopening or has it been the case that everybody attending has abided by what we would expect them to do?

Medical Director, Health and Community Services:

As far as I am aware, there have been very few issues and, as I say, I cannot ...

Senator S.Y. Mézec:

Few is different to none.

Medical Director, Health and Community Services:

The honest answer is I have not heard any issues, significant issues. I mean, it varies from people being completely obstructive to people just being clearly unhappy with what they are asked to do but still complying, so it is hard to say, but I have not heard of it being a major issue at the moment.

Senator S.Y. Mézec:

The reintroduction of visiting, it has been said that it will be kept under review for all of the reasons that you quite rightly pointed out. In the event that problems began to arise again for whatever reason, what approach do you think you would be likely to take in that instance in terms of rushing to either shut visitors down or looking at putting even tougher control measures in place? What

have you learnt from the previous experience at what seemed to be very short notice, having to stop visits? Would you simply do the same again or would you find a different approach if there became a significant problem with COVID-19 in hospital?

Medical Director, Health and Community Services:

We obviously want to limit any restrictions as far as possible. There is not really a short answer to this, so I do not want to go on about it, but if it were possible to restrict it to a particular ward, in the same way that we would do with other infections, but part of it is just the restrictions we have in the estate that we have in this particular building, where we have what we call hot wards for patients who have COVID, and if we could restrict it just to a few wards we would look at that. But as always, it depends on the particular circumstances at the time, it depends on what is going on in the community, it depends on the risks to our staff as well in terms of getting COVID and being off sick. Now, that is obviously going to change as we move forward, so that may not be an issue so much, but it is always based on consultation with our I.P.A.C. team and the exact circumstances at the time, but the aim is to keep any restrictions, if we felt that was necessary, to a bare minimum.

Senator S.Y. Mézec:

That is all the questions I have got on those areas unless any other panel member wants to chip in, but if not, I would hand back to the panel Chair, Deputy Le Hegarat.

Deputy M.R. Le Hegarat:

Thank you, Senator Mézec. I am going to ask the Minister now about COVID. Minister, with reference to the recent easing of COVID restrictions, you also issued an appeal for Islanders to remain vigilant. Can you advise why this approach has been taken?

The Minister for Health and Social Services:

I think it appropriate for us to move to a community response to COVID, recognising that it has not gone away, it is still an illness that can cause a significant degree of sickness and what we are seeing is still, sadly, causing some deaths, but it is no longer appropriate for Government to be issuing directions and orders. It is enforcing good sensible precautions that mean we, as a community, look after each other. So if we are ill in other circumstances, we normally would not come to work to spread a disease, and so that is what we must continue doing with COVID. We would not go sneezing in crowded public spaces, for example, so we are moving to a situation where we are asking Islanders to voluntarily take the sensible courses of action.

Deputy M.R. Le Hegarat:

Was the concern of restriction fatigue a factor in the decision-making process?

The Minister for Health and Social Services:

Yes, that is part of it, but it is not the reason why restrictions were dropped, because they were dropped on public health grounds, that it was safe to do so, but we have to acknowledge that 2 years being directed by Government to do this and that does take its toll. It does mean that there is not the same compliance as there was at the beginning and people had recognised that the Omicron variant is different by its nature. There are far more people around catching the virus, but it was having less of a serious effect, which meant that there was that reticence, as you say, to follow laws and orders.

Deputy M.R. Le Hegarat:

It was recently announced that mandatory isolation for positive cases will be removed by the end of March and replaced with guidance. Are you able to provide us some further information about why the competent authority Ministers have approved this approach?

The Minister for Health and Social Services:

Yes, and it was approved on the basis of S.T.A.C. (Scientific and Technical Advisory Cell) advice and public health advice that we received because we will be moving to that point where we can trust individuals, the Islanders as a whole, to monitor their own conditions and because COVID, I trust by 31st March ... that is our intention, subject to no further spikes or unforeseen issues arising, to move to that because Omicron is the disease that should be dealt with in this way by community measures rather than by legally enforceable measures.

Deputy M.R. Le Hegarat:

Would you say that the fact that the enforcement of mandatory isolation or the ability to check that people are isolating is a factor in that change then?

The Minister for Health and Social Services:

Sorry, can you repeat the question?

Deputy M.R. Le Hegarat:

What I am asking is that the actual sort of enforcement, if you like, of people isolating, was that a contributory factor to the ability to be able to check that people are isolating? Would that have been a factor within your decision-making process?

The Minister for Health and Social Services:

No, I do not believe it was. It certainly was not, in my mind. The reason for making the decision was that because it was safe to do so, but can I pass over to Professor Peter Bradley, who of course leads S.T.A.C. and he will be able to give you much more information on that?

Director of Public Health:

Yes, so in respect of the general approach, as the Minister has just described, we are seeing a COVID variant now that is expressing itself as mild disease for the majority of people and the de-escalation measures were proposed in respect of that. The severity of disease is similar to that we might see in a normal flu season and that is also why we advised Ministers to proceed with de-escalation but still to advise caution for Islanders. We have still got the infection on the Island, it is just that the pattern of that disease is far less severe then we have seen in previous waves. It is also important to say that S.T.A.C. continues to meet, we continue to overview the situation and we do have plans to continue to do that over the summer months.

Deputy M.R. Le Hegarat:

Minister, are you collecting any data that will help the Government assess the effectiveness of the L.F.T. programme?

The Minister for Health and Social Services:

Again, could I pass over to Professor Bradley?

Director of Public Health:

So we know from general advice ... well, first of all, the data we collect, we know obviously about the uptake of the L.F.T. in the various sectors across our Island. We are very, very grateful to the Islanders who have been so responsive to taking their tests and very many people recording them. From general advice internationally, we know that L.F.T. is an effective measure against COVID and it is also a cost-effective one. I have seen evidence to suggest that, on average, for every pound we spend on L.F.T. we get over £10 back in terms of avoided illness. Of course the most important thing is that we keep people well on the Island and it has proved, we believe, a very effective measure to keeping our infection rates down.

Deputy M.R. Le Hegarat:

Do you have the details about how many people are registered in total and of those having those kits, how many upload the test results?

Director of Public Health:

We do have those figures if you could bear with me one second.

[15:15]

Deputy M.R. Le Hegarat:

Of course.

Director of Public Health:
I do apologise.

Deputy M.R. Le Hegarat:
That is fine.

Director of Public Health:
Sorry, I have just lost my briefing pack temporarily. Steven McCreanney is on the call as well. I do not know if you are able to just read the figures out and then I will find it again in a moment.

Head of COVID Testing:
Yes. We have just under 55,000 individuals who are currently registered for the L.F.T. programme.

Director of Public Health:
As I remember, it is just under 50 per cent of people who are recording their results across the various sectors that we have available to us.

Head of COVID Testing:
It is, yes, specifically 43 per cent.

Deputy M.R. Le Hegarat:
What has the cost been to the Government to date for those L.F.T. kits for the people in Jersey?

Director of Public Health:
Sorry, could you repeat that question, please?

Deputy M.R. Le Hegarat:
I was just after how much it has cost the Government to date for the supply of those L.F.T. kits.

Director of Public Health:
Yes, and Steven, could I just ask you? That figure is available to us as well. Rather than do it from memory, could you just remind us of the figure, please?

Head of COVID Testing:

I can do, yes. So we pay for the packing. The majority of the tests come F.O.C. (free of charge) from the H.S.C. (Health and Social Care) in the U.K. (United Kingdom). We have to pay for delivery costs. At the moment, that cost is circa £115,000.

Deputy M.R. Le Hegarat:

Okay, so that is not as bad as I thought it would be. How long will we continue to use the L.F.T. testing programme moving forward?

Director of Public Health:

So we do need to keep this under review because we do not know what is in front of us in terms of future waves. Currently at the moment we see a higher rate of infection in schools, for example, so the L.F.T. testing programme is particularly important to all school staff and pupils. We will see, we anticipate, further outbreaks during the year and at the moment I think we do need to keep it open as to how long we keep that testing programme going, but obviously we will be reviewing that in S.T.A.C. and as we see the pattern of infection emerge over the year, we will be able to make decisions about that.

Deputy M.R. Le Hegarat:

Thank you. I am going to move to ask questions about vaccinations.

The Minister for Health and Social Services:

Sorry, may I just confirm, Deputy, that we do get the packs free from the U.K. and we are grateful for that, but we have also purchased a back-up supply privately at a cost of £328,000, so if you asking about total costs, Steve has given the packing, transport, delivery and postage, but then there is that additional cost, which I think was wise, so that we have that reserve in the same way we have done for P.P.E. at our disposal.

Deputy M.R. Le Hegarat:

Thank you, Minister. Apologies, I missed you coming in there because we are sort of operating in a close confinement and otherwise we get feedback. What take-up has there been for COVID-19 vaccinations in January 2022 and what percentage of these have been walk-in appointments?

The Minister for Health and Social Services:

May I pass over to Emma Baker, who is our wonderful Vaccinations Lead?

Head of the COVID-19 Vaccination Programme:

Good afternoon, thank you. Within the month of January 2022, 7,916 Islanders came forward for a vaccination and of that 24 per cent were walk-ins.

Deputy M.R. Le Hegarat:
Thank you. Are there any plans to do further campaigns to target vaccination in specific groups of people, for example, pregnant women?

Head of the COVID-19 Vaccination Programme:
We are constantly monitoring and reviewing our operational delivery plans to see how is the most effective. We currently have a number of focus areas. We are working at the moment with a collaborative working group to try to improve the uptake of vaccination for 12 to 17 year-olds.

Deputy M.R. Le Hegarat:
To date, how many people in Jersey have been identified as having, or potentially having, long COVID or related conditions?

Director of Public Health:
Would you like me to answer that one, Minister?

The Minister for Health and Social Services:
I would, please, Peter. Thank you.

Director of Public Health:
Currently 376 people are recorded as having long COVID. As I have said in previous meetings, we do anticipate that this is an underestimate because of the data recording. However, the Committee may know that we have recently established a service so that people who have more severe symptoms are now able to access a bespoke service, which will give them a multidisciplinary assessment to ensure that they have a good recovery.

Deputy M.R. Le Hegarat:
Is there any data available on the vaccine status of these patients?

Director of Public Health:
We have not specifically looked at the vaccine status of these patients.

Deputy M.R. Le Hegarat:
Thank you. Are you able to report to us with any details about the Health and Social Plan to respond to the long COVID, the funding of the long COVID?

Director of Public Health:

So the funding has been achieved to finance this service. We have one-year contracts in post currently. Obviously we need to monitor how long people with long COVID continue to have their symptoms. That is something that is not entirely clear to us at the moment, but we have secured that service for the year and the funding is available from the COVID Recovery Budget.

Deputy M.R. Le Hegarat:

Thank you. I will now move the questioning to Deputy Pamplin.

Deputy K.G. Pamplin:

Thank you, Chair. Just before I move on to the Government Plan, just looking at today's numbers that come in, the number of patients in hospital has remained around the 20 number. I know it has fluctuated up and down but that has been fairly consistent over the last month and I see the number of care homes is back to 27, ironically 27 each. Obviously we still have a situation that is more consistent of people being in hospital than we have before the Omicron wave. I guess while we are de-escalating, the seriousness is still there, is it not? Obviously we do not know the vaccination status of every patient and we do not know the complications around every patient, but again we have seen another 4 deaths of late as well. I know Dr. Muscat is not on the call, but I just raise this. I know you are saying this, but what are you attributing that to? What can you pinpoint that to?

Director of Public Health:

Minister, would you like me to answer that question as well?

The Minister for Health and Social Services:

Yes, please.

Director of Public Health:

First of all, it is important to clarify that there are a number of people in hospital with a COVID infection but the vast majority, nearly all of those people, are there for other reasons and they have a consequent COVID diagnosis. So that is a major change from what we were seeing earlier on in the pandemic. We do know that the Omicron variant is infectious and it will continue to infect people, and particularly people who are older, despite being vaccinated, will get mild infections from time to time. That is part and parcel of the current variant that we have on the Island. What is most important about this is that these people are not getting seriously ill. Obviously for the hospital and my hospital colleagues on the call that does have implications in the way that these patients are managed because we need to keep other patients safe in the hospital and I am sure they may wish to comment on that. But it is a very different picture. Similarly, although we are very sadly seeing some deaths still, they are far fewer in number than we were seeing in previous waves. That also applies to care homes.

Deputy K.G. Pamplin:

I guess the point we have always tried to make though is where in the list of information it says active cases in hospital, it does not segregate people in for other procedures, so it is difficult for the public and us to gauge that. I know it is an issue we have been pushing for a long time. Because those numbers, they are the numbers that people, the public, are obviously watching and we all are as well. But I just raise that as a point but we will move on. Thank you, Peter. I am just going to touch on the Government Plan. Yes, I know, thought we had done with all of that, but we have had your ministerial response shared with the panel. Thank you, Minister. Not yet published but I guess it will be soon. I just wanted to pick up on the update of the sustainable funding review for the Jersey Care Model, a big thing that we raised last year. What can you do to update us today?

The Minister for Health and Social Services:

That work has started and for the detail of it I will pass you over to Anuschka Muller.

Director for Improvement and Innovation:

Thank you, Minister. Yes, the work has started. Already we are forming a project group or a steering group at the end of last year, a cross-group from across Government, a group across Policy, Treasury and Health and Customer and Local Services, so a Social Security perspective and also Public Health. We are currently finalising the scope and the requirements for the project and aim to bring this forward in due course, seeking additional input, external input. As you can imagine, economic modelling and some financial modelling is necessary. So this is currently being finalised and it is basically on track to be delivered by the end of this year.

Deputy K.G. Pamplin:

Obviously with the exceptions of our amendments, just for everybody playing bingo at home, we asked for a new sub-team to be created in the digital health team in modernisation and digital to focus on the delivery of the care model. Is there an update on that as well? That was including a manager grade role in that area.

Director for Improvement and Innovation:

Yes, that update will be provided. Also officially against that recommendation that post is in place and is being recruited to, yes.

Deputy K.G. Pamplin:

Thank you, Anuschka. On to the other subject that I have been going on about for the last 4 years like a broken record, but one I will not be apologising for, is mental health services. Now, of course, Minister, you will be aware that we have just launched our follow-up to our infamous review into

mental health services that we did almost 4 years ago. Seems unreal now. There has been obviously a significant focus in the last couple of years with COVID and that has raised issues as we have gone through, but we will be arranging a separate review hearing to focus on this topic at some stage in a few weeks, so we want to try to keep this as broad as possible. Also, a warm welcome to Andy and we wish him all the success and the luck in the world in his role and we were pleased to see his background and we welcome him. But, Minister, what do you think has been the area where most progress has been made out of all of the recommendations that we did push for?

The Minister for Health and Social Services:
It might be invidious to single out one area, but we now have community teams. We now have better recruitment, I believe. But in fact I would like to pass over to my Assistant Minister and the new Director of Mental Health and hear their views too. Thank you.

Assistant Minister for Health and Social Services:
Thank you, Minister. There has been some significant progress in relation to the recommendations that were held within the last Scrutiny report. They were high-level recommendations and we had a situation last year in which we brought in a review body to review the service and as a result of the report from that review we brought in Andy Weir as a seconded executive to run mental health services and adult social work. He of course is very much in touch with where things are currently. I would like to just take this opportunity before Andy speaks to ask the panel if they would meet with Andy and I privately so that we could apprise the panel of the challenges that are perceived and the solutions that are being offered. I will leave that with you and your Scrutiny Officer.

[15:30]

Deputy K.G. Pamplin:
Of course, yes. Trevor - for everybody as well - you were a part of that initial review, so you know how we work. We are open, we are keen to meet, and obviously we have a short timeframe because of that upcoming election that is fast approaching. But, yes, the sooner the better.

Assistant Minister for Health and Social Services:
Not next week though. So I will hand you to Andy who has quite a lot to say on this.

Director for Mental Health and Adult Social Care:
Thank you. So one of the things that we have been doing in the last couple of weeks is going back through looking at not just the Scrutiny review and the recommendations that came from that and the actions and the things that have been done, but there is a plethora of other action plans associated with mental health services, in excess of 200 actions. So we have been looking at where

are we with those things, what are the things that have changed and what are the things that we really need to prioritise over the next couple of months? There has been some real movement around some of the things from the original review and clearly that will come out in more detail through the Scrutiny review process. But there has certainly been changes in pathways, there has been changes in models of care. There has been some development of some specialist areas of service across the mental health services. But the thing that Trevor has just raised in terms of the external review is really important to flag because what the external review said was there are some core governance oversight and leadership issues that need to be attended to before some of the rest of the stuff can happen. So clearly in the last 4 weeks since my role has been in post that is the thing that we have been really focusing on. So there is a story to tell in terms of what has happened and where change has occurred. We are starting to look at whether or not some of that change has delivered the outcomes that we would have wanted because that is important, is it not, it is not just about making the change, it is about understanding what has that resulted in. There is certainly a piece that we have been doing. We can now coherently say this is the leadership structure, this is the governance around these services, and particularly importantly a move towards seeing mental health services as a system. So it is not just about the things that we do in Health as part of Government, it is about all of the assets around us, the third sector providers, volunteers. There is a whole raft of people who contribute to the mental health structure as a whole. That just needs to be co-ordinated and drawn together in a bit of a more coherent way. So I had a helpful conversation with Peter in Public Health about how do we utilise what was the Mental Health Improvement Board to really focus on what is the whole system, how do we best make use of the resource that we have? Then underpinning that, an issue around workforce, role redevelopment, recruitment and retention. There are some quite easy wins there, I think. But it is stuff that does need to be attended to in terms of our future planning.

Deputy K.G. Pamplin:

Good to hear, Andy. I know you will be straight-talking as well and that is part of your background and it is refreshing to hear. So give us a bit of straight-talking now. What is your sense? You have been here a month, you must have read our review, you have heard a bit about the Island's issues in the past. We are trying to get to grips with things. So what is your straight-talking assessment of what you see?

Director for Mental Health and Adult Social Care:

There is a lot to do. There is some very good practice. I have seen in the past 4 weeks some really good care, examples of care that I would be really happy for my relatives to receive. I have spoken with a large number of staff who are really dedicated, want to deliver things differently, are committed to bettering the mental health and well-being generically as well as specifically around illness. I would personally say that we need to refocus slightly. We need to hear more about serious mental

illness and the needs of people who have illnesses like schizophrenia. I can absolutely understand post-COVID - and this is true in most jurisdictions - there has been a surge of activity around primary mental health care, around people who have low-level anxiety and so on, but what we must not do is over-focus on that and forget about the people with the severe and enduring long-term mental illness because they are often the people who have the greatest needs but also the quietest voice in terms of having their needs met. We have an opportunity. I really do believe that there is an absolute opportunity to do some things that are really quite creative and ground-breaking because of the size of Jersey, the structure in Jersey. The issues here are different to most of the issues in places that I have ever worked before in terms of demand and capacity, but some of the issues are the same. The last thing that I would say is that we have to focus on re-engaging and working in a collaborative way with staff across our services. So we are next week commencing a staff engagement programme, which is an open programme for all staff working across mental health and social care to come and really add their voices to what do we focus on and how do we prioritise and make change. Then we need to be held to account for delivering the things that we say we are going to do.

Deputy K.G. Pamplin:

I appreciate that. That is a great summary and I was pleased to hear the distinction between mental health and mental illness. That is something I have tried to keep talking about because they are 2 very separate things but obviously do interlock. Through the COVID experience there has been a lot of people who felt very vulnerable and very forgotten about in society. You say the communication is important here because there has been so much upheaval and change, then people read the media and people are saying this that and the other, but there are vulnerable people out there. The communication is another big issue. It was a fundamental driver of our review. We are still hearing things and the Mental Health Improvement Plan seems to have drifted a bit but it is pleasing to hear your thoughts on that because there has been system changes, which is having a knock-on effect again with waiting lists. We are hearing reports of other providers who are seeing people that they were not expecting to see but they were not told the system is changing. So where do you start with this in terms of the communication and putting these better practices in to deliver those outcomes?

Director for Mental Health and Adult Social Care:

We develop a plan. We develop an open and honest plan that takes the 250-odd actions and says: "This is how we summarise them. This is how we prioritise them. These are the things that we can do." We have to be honest. I said to Trevor earlier I have 9 very senior managers who work for me in my substantive post in the U.K. I would not have signed them up to the wealth of actions that have been committed to the mental health services here and the capacity here is nowhere near that. So there is something about being honest about what we can do and then doing it. That is how I

think we prioritise. So that is in fact what we will be talking about at the first of the staff engagement forums on Thursday, about what are the absolute key things, 5 or 6 things, that we need to really focus on and get motoring on. Then one of the places where there is a tension, but I will just always be open and frank about this, we cannot do everything quickly. There are some things that will not get done while we are focusing on some other things. We have to be honest about our capacity and what we can deliver.

Deputy K.G. Pamplin:

Also reassurance for the staff who have seen, again, lots of changes over the last few years because of COVID, but equally the managerial, as you have highlighted. Only a couple of years ago a team was in place, those people are now gone, you have arrived. At the moment it is a secondment so we do not know what that will mean a year down the line. So how are you sensing the staff, who, from all the reports we have heard over the last 2 years, have had it tough and feel tired, like a lot of people delivering care on the Island but particularly around the mental health team who just feel like they have drifted and they do not have the support? But what is your sense?

Director for Mental Health and Adult Social Care:

I think that anyone working in health and social care anywhere is tired and have experienced things that they would never have expected to have experienced, without a clear manual of how to manage some of the things. So I would say only in the last few weeks the staff at Orchard House have been managing really well outbreaks of COVID alongside people's mental health needs, the older people's mental health services the same. People would not have expected to do that a few years ago in the way that they have had to do it repeatedly in the last few years. So staff are tired. Staff feel often they are criticised externally repeatedly. So one of the things that a number of staff have said to me is that the narrative around mental health and mental health services on the Island does not make them feel proud, despite the fact that they feel that they deliver good services. In terms of the leadership and the structure and making sure that people are supported and allowed to develop and deliver the care that they want to deliver, that is fundamentally a core part of my new role and the role of my team, supported by the rest of H.C.S. (Health and Community Services). That is a priority for us.

Deputy K.G. Pamplin:

Great stuff and I am sure more of this will come through our review, but I thought that was important to note. For me, the unsung heroes the last 2 years have been all the on the ground staff, not just in the hospital, but across the Island in care providers and I do not think it is worth saying enough. Thank you. Minister, just an update on Orchard House. We just touched on there briefly. We know there has been contractor issues. We know there has been issues with noise, planning and bitter disagreement, so can you bring us up to speed?

The Minister for Health and Social Services:
May I ask Deputy Pointon?

Assistant Minister for Health and Social Services:
In fact, I have to say that the Minister knows more about this than I because it has been an ongoing capital project. But there is some delay, which I understood was to be overcome by April, early April. But maybe the Minister has some more up-to-date information.

The Minister for Health and Social Services:
Sorry to throw that at you, Trevor. In fact, I have not had an up-to-date briefing. So can I pass over to our Estates Manager, Jon Carter?

Head of Estates, Health and Community Services:
Good afternoon. This is a Jersey Property Holdings led project, so we are the client, H.C.S. are the client. I believe the current position is that the existing contract is due to complete this month. There is a pending extension of time to be discussed with Jersey Property Holdings who are the contract administrators. Health are awaiting that written dialogue.

Deputy K.G. Pamplin:
So when do we expect that? So you said a month there, did you?

Head of Estates, Health and Community Services:
The original contract was due to complete in mid to late February, with an extension of time which had already been granted. But, as I said, there is a revised extension of time from the contractor to the contract administrator, which is Jersey Property Holdings.

Deputy K.G. Pamplin:
We will obviously dig into that in the coming weeks as well then. Thanks for the update. You updated us all in real time; we like that. Waiting lists, I just want to touch upon it. I know I touched upon it briefly, but I did a written question in December about this relating to the waiting lists for adult mental health services. Referrals to outpatient services were broken down as accepted, rejected, signposted and not recorded. Just wanted to dig into the terminology and how that was come to. Again, the communication to the external providers on the Island who may have picked up some of the rejected cases and the signposted cases, if you could?

Assistant Minister for Health and Social Services:

I fear this has bridged a change in administration and the question is probably without Andy Weir's capability at this stage. Unless, Andy, you do have something to say about this information that Deputy Pamplin is referring to?

Director for Mental Health and Adult Social Care:
I am afraid I am not sighted on the detail so I cannot answer the question in terms of the detail. It is not unusual in mental health services for referrals to be categorised into referrals that are accepted, rejected and signposted. You would expect to see a number of people who are not appropriate for the secondary mental health service but are appropriate for other services, and so the service would signpost them there. But I cannot comment on any of the detail that you are looking at unfortunately because I do not have it.

Deputy K.G. Pamplin:
We could explore it in the next couple of weeks, but it did raise a few concerns obviously. The wording, was not too happy about that, but I get it from a technical point of view. But also the communication to other services who suddenly found people turning up and they had not been made aware that these changes had been made. So I guess it highlights the point I was making earlier about communication. As a result of our amendments to the Government Plan last year, you remember we managed to agree with an additional £500,000 to be allocated to mental health services funding for 2022. Have you started to prioritise and outline where that money could be spent?

Assistant Minister for Health and Social Services:
Deputy Pamplin, the decisions about spending that money have not been made, but I do know that we have a very serious bidder in the room who could utilise the £500,000 tomorrow if we were able to allocate it. That is the autism service, which is sadly depleted and in need of some injection. That is yet to be discussed with Andy and with the team at H.C.S. But, yes, we could certainly find a very large portion of the service to dedicate at least part of that £500,000. There will be other areas in the service that will benefit from that £500,000.

[15:45]

Deputy K.G. Pamplin:
I am pleased you mentioned autism there as we must never forget the backlog and the work needed there. But also just quickly mention the dementia strategy, an issue we have been trying to raise over the last few years. Is there any update on that?

Assistant Minister for Health and Social Services:

Andy, do you have anything on this?

Director for Mental Health and Adult Social Care:

I do. We met yesterday to talk about the next steps around the dementia strategy and what needs to happen. So that was a meeting of a number of folk including in Public Health and Anuschka and members of her team. Further work is now required to develop exactly what we mean by a dementia strategy, but also make sure that we then develop that strategy in a way that is meaningful and inclusive, so the next steps are to look at how we best do that.

Deputy K.G. Pamplin:

Also pleasing to see a planning application going forward - whether it is successful or not we will wait and see - for a dementia village. These have been highly successful in parts of Scandinavia and Norway and seem to do very well. I guess this will be something that you would be supportive about?

Director for Mental Health and Adult Social Care:

As you say, it is certainly a model that has worked well elsewhere. So we would want to understand exactly what is proposed and how it would work here and the effect of that on our health delivery and how we would best support it, but in principle it is an idea that is worth exploring.

Deputy K.G. Pamplin:

I would agree with that. Finally from me, could we have an update on recruitment and vacancies? We can start with adult mental health and where you are with it. We saw a spate of recruitment posts go up on Jobs in Jersey for C.A.M.H.S. (Child and Adolescent Mental Health Services), which must be reassuring for everybody to see, but can you start with adult mental health?

Assistant Minister for Health and Social Services:

Can I just say that currently there are 55.5 vacancies? But the detail of that Andy will have to explain to you.

Deputy K.G. Pamplin:

Sure.

Director for Mental Health and Adult Social Care:

Thank you. Just to urge a note of caution, one of the things that we need to really think about, given that we have a finite resource, is how, as we develop specialised services such as some of the C.A.M.H.S. new services, we do not see a massive attrition of staff from adult mental health services into those services. That is something that happened a lot in the U.K. in the last few years where

people have not wanted to work in core mental health services because they are off doing the new and shiny stuff. So we have been having conversations across adult mental health and C.A.M.H.S. about not creating workforce plans that destabilise either of us because that is really important. So in terms of the vacancies, as Trevor says, there are 55.78 vacancies currently across the mental health care group. Of those, 21 are registered nurses - and registered nurses are clearly a particular issue in terms of both recruitment and retention - 9.5 of those are healthcare assistants, and then the rest are 3 medical posts, 3 social work posts, and then some psychological therapies and A.H.P. (allied health professions) posts spread across our community services. We have 10 admin vacancies currently and the recruitment and retention of admin staff is key to us delivering effective services. So that is something that we are also looking very specifically at at this point in time in terms of administration. Then there are 2 other posts, which are bespoke, other posts in services. A lot of these posts are out to advert currently and a number of them have people in process, so we are at the point of either offering jobs or people waiting to start. But of course what we now need to overlay and think about is how many new posts we will be creating with the additional monies. It is essential that we have a workforce plan that supports that. In the context of 20 registered nurse vacancies, there is no point saying we are now going to create another 20 registered nurse posts if we think we are unlikely to recruit to them. This is a place where ... you asked earlier about what I thought about an overall, this is a place where there is real opportunity. The workforce models are still quite traditional here and there are real opportunities, particularly for people like support workers, Jersey folk who work in our services who really want to do more and have potential to do more, we need to create workforce roles that allow them to do that. That is happening a lot elsewhere, so it is one of the things that we will be developing into our service development in the next few months.

Deputy K.G. Pamplin:

Reassuring to hear. Thank you, Andy. Then across the board in terms of where we are currently, can you provide, Minister, an update of H.C.S. where we are? I know this is always a hot subject that we touch on, but can you briefly just update the panel?

The Minister for Health and Social Services:

Yes, happy to. If I can pass over to Steve who will do that, our H.R. (Human Resources) guy.

Associate Director of People Services - Health:

Thank you, Minister. Thank you, Deputy, for the question. Yes, we are continuing to work on verifying and validating all of our vacancies. Andy has done a good piece of work in mental health to support us there. Our recruitment activity continues, as you have just heard from Andy, and the figures we have for December show an increase in headcount from January through to the end of the year of plus 75 people. So we had a turnover of about 160 people in 2021 but we still ended up with 75 more people at the end of the year than we started. So we are still building that workforce

and increasing our work in bringing people on to the Island. We are finding some challenges and in that there is some issues around specific teams we rehearsed before, areas like theatres, radiographers. Andy has talked about in mental health. We have some bespoke programmes to try to get into those areas specifically using some external expertise to identify those cohorts of skilled staff to bring them on to Island. So we are going to start looking at international recruitment for the theatre nurses. We are going to start strong social media campaigns for the radiographers and just try to tackle those big cohorts in one hit as well. So we are not relaxed about the position. We recognise that there are challenges in certain areas. But when you look at the workforce growth, we have grown through the year, which is a good place to be.

Deputy K.G. Pamplin:

That is encouraging, thank you very much. That is it from me. Thank you for all of your hard work. Andy, nice to meet you this way. I just pay tribute to everybody working hard behind the scenes. With that, I believe Deputy Alves is back. She is there, so that is it from me. Bye bye.

Deputy C.S. Alves:

Good afternoon, everybody. Thank you, Deputy Pamplin. My first question is around the current vacancy of the Group Managing Director. Could we have an update on the recruitment for the Group Managing Director for H.C.S., please?

Associate Director of People Services - Health:

Our Group Managing Director is currently on secondment, so there is no plan at this moment to do a standard recruitment. We have Andy in to cover the mental health element of that and an announcement went out this week that a colleague, Claire Thompson, is picking up looking after the hospital elements of that role. That is how we will sit until we know how the secondment ends towards the end of the year.

Deputy C.S. Alves:

So the secondment is in place until the end of the year?

Associate Director of People Services - Health:

Yes.

Deputy C.S. Alves:

Great. All right, thank you very much. Moving on to maternity refurbishment, I refer to the news that babies in the maternity ward are being given ear defenders as a safety precaution for noise disturbance from the refurbishment work. Please could you provide us with some more details about that, particularly regarding the noise assessments that are being carried out? Thank you.

The Minister for Health and Social Services:

Yes, and I will pass over in a short while, but I am very pleased that this refurbishment work is carrying out and you will know from your review of maternity services that this was sorely needed to improve conditions for mothers, babies, families. It is something that was desperately needed. I have learned also today that the use of ear defenders is not unusual. But I will pass over to Jan Auffret, our midwife on the call, who can give you the detail on this.

Lead Midwife:

Good afternoon. Yes, we are using ear defenders when we transfer babies off-Island because of the noises from the incubator and things. Obviously if babies go to have M.R.I. (magnetic resonance imaging) scans or anything like that they would always be issued with the ear defenders, so it is not something that is unusual. As the Minister said, we really put that in place as an extra protection. So when the noises were very loud it was really to just give mothers and families assurance. There was a noise survey done when there was drilling very close to the Special Care Baby Unit and that showed that the babies were not subjected to any more noise than they were if they are inside the incubators. But what we have done is when we knew that there was going to be particularly noisy work around the special care, we decanted that area so that the babies were the other end of the unit. It was safe to do so and was subject to lots of risk assessments. The contractors worked very closely with us to get the work done in that one day, so then we moved the babies back.

Deputy C.S. Alves:

That is great, thank you. So you have mentioned there that it is quite common practice, I suppose it is not unusual. Are you following any specific guidance on this that is published anywhere or anything like that?

Lead Midwife:

The noise surveys that were carried out, Jon can probably help a bit more on this, but they were done from a company that specialises in the noise levels.

Head of Estates, Health and Community Services:

Yes, if you would allow me to jump in there. We have recruited Aura, who are an acoustic engineer. Before any heavy construction works, we have gathered background information of noise levels and proposed noises through heavy construction. So from a regulatory point of view Aura have been satisfied with the levels of demolition noise that will be created during these phases. In addition to that, during each element of demolition the construction teams are putting acoustic barriers within the areas they are working in. So again we are creating almost airlocks between construction sites,

airlock, operational areas. This is on a day-to-day basis with our health and safety teams, our I.P.A.C. teams and micromanagement of end users, staff, patients and so on.

Deputy C.S. Alves:
Thank you for that. Is the refurbishment work progressing to plan and have there been any tangible benefits to date for patients or staff?

Head of Estates, Health and Community Services:
Would you like me to answer that?

Lead Midwife:
Yes.

Head of Estates, Health and Community Services:
The first phase of the maternity started 10th September last year, so we are due to complete phase one 21st February, this month. Along with that, we are going to release the new bereavement suite, the new H.D.U. (High Dependency Unit) clinic room with ensuites, with ante lobbies, to support any future COVID or infection as well as clean utilities. The key area of benefit I suppose to the project is the next phase. So phase 2 and phase 6, we have managed to combine the 2, because phase 6 of the project of 11 phases is the heaviest of demolition throughout the project. So with the enabling works for phase one, the opening of phase one, and then the combining of phase 2 and 6, we are mitigating noise, we are making some efficiencies across the budget, and from the staffing point of view there is hopefully going to be less interaction with internal decants to make these works happen.

Deputy C.S. Alves:
Thank you for that. Is there any feedback being collected from staff and parents about the noise and disruptions that are taking place?

Lead Midwife:
Are you happy for me to answer?

The Minister for Health and Social Services:
Please do, Jan.

Lead Midwife:
So we have had a couple of verbal feedbacks from people that are using the service when it has been quite noisy and disruptive. What we have managed to do is stop the work. We are working very closely with the contractors and we have them on speed dial at maternity, so if anybody does

bring anything up we are stopping the work. We have also been very sensitive if anybody has come in and has a loss or anything like that, then the works have been halted so that those people are afforded the quiet that they need. So I have to say that the working relationship we have with the contractors has been second to none. We have halted work, sometimes for more than 24 hours. Any noisy works, they always come and check before they start with the labour ward co-ordinator and that is done on the basis of acuity and activity within the Maternity Unit. So we have been able to work quite closely with everybody and with women, should they raise a concern, we will stop the work for them.

Deputy C.S. Alves:
So what kind of impact has that had on the work timetabling and things like that?

Lead Midwife:
We have been able to work with peaks and troughs within the Maternity Unit. So if there has been a quiet period the contractors have moved the noisy work forward a bit and back a bit, so they have worked with us as well. So we were due to commission some of the work next week and we have already had a sneaky view at some of the facilities. I have to say, to have ensuite facilities for women who have just given birth is bringing us into line with what we should expect. So even seeing it in its bare state and not cleaned, it is absolutely exciting and staff are now seeing the benefits of all the work that has been going on behind the scenes.

[16:00]

Deputy C.S. Alves:
Brilliant, so everything is to timescale then. Thank you so much. Moving on to screening programmes and the waiting lists, has the recent Don't Put it Off campaign for cervical screening tests had an impact on people booking appointments for screening?

The Minister for Health and Social Services:
I understand, Deputy, there has been some improvement, but if I could pass over to Sarah, who heads that team and is going to help with the detail. Thank you.

Acting General Manager, Primary and Preventative Care:
Thank you, Minister. Thank you for your question, Deputy, and also your involvement. With the Don't Put it Off campaign, the stats that we collect for cervical screening are the number of samples that come into the lab after the ladies have taken their appointment. So we have not seen a huge increase in those in January, although there has been some increase. But, once people start seeing

the campaign and therefore booking their appointments, we expect to see that increase coming through towards the end of quarter one more.

Deputy C.S. Alves:
How long is this campaign running for and will it be a campaign that will be run a lot more often? What is the frequency that you are looking to do something like this going forward?

Acting General Manager, Primary and Preventative Care:
The campaign launched on 28th December to really try to catch people who were starting to make their New Year's resolutions. January is Cervical Cancer Awareness Month, so the campaign ran throughout the whole of January. We are also planning to back it up with smaller mini-campaigns throughout the year, around about March time, which is H.P.V. (human papillomavirus) Awareness Day, and in June there is a Cervical Screening Awareness Week as well. So we will be backing up what we have produced. A lot of the banners, brochures and media stuff that we have produced for this large campaign can be continued to be rolled out over the coming months. We have really worked hard on our inclusivity with the L.G.B.T.Q.+ (lesbian, gay, bisexual, transgender, queer and others) community as well, which has not really been touched on before.

Deputy C.S. Alves:
That is brilliant, thank you. Could you please provide us with an update on the waiting lists for the breast and bowel screening programmes?

Acting General Manager, Primary and Preventative Care:
Absolutely. For breast screening pre-pandemic we were really lucky that we were offering our ladies a 2-year screening cycle, which is above what the N.H.S. (National Health Service) offer. The N.H.S. offer a 3-year screening cycle. Due to COVID delays our ladies are experiencing one cycle, which is at 3 years, which has been passed through the M.D.T. (multidisciplinary team) and steering groups and people are happy with that risk there. We have done a short report on interval cancers and it has not thrown up anything which is of clinical significance. So at the moment, our ladies are experiencing a 3-year cycle. We have had a really good relationship with the mammography team and are now getting a lot greater number of slots going forward from February and by the end of quarter 2 in 2023 we will be back to our normal 2-year cycle. We are applying for funding for extra clinics and that will hopefully bring us into line before then, but our absolute backstop for this is June 2023.

Deputy C.S. Alves:
Thank you very much. Finally, from me, the Radiotherapy Unit. Minister, before next week's debate on P.113, are you able to provide any update on the progress of the business case so far, which

you mentioned in your ministerial response to the petition, and confirm it is on track to be presented to you by the end of March?

The Minister for Health and Social Services:
Yes. So in H.C.S. we have appointed a company which works in this area to prepare an options appraisal. We have had good engagement with them and they have begun their work. The firm intention is to present that to the States by the date stated, 1st April. If I could pass over to Anuschka Muller, who will give you more detail about the progress.

Director for Improvement and Innovation:
Thank you. So, as the Minister stated, it is full on track, engagement sessions are happening at the moment with clinicians, with technicians, on-Island and off-Island, so very important. So this is not a business case, it is an option appraisal to investigate what is possible, what are the different options, in particular also looking at different options of providing radiotherapy on-Island so there is not just one way to do that. But also taking into account particularly around how to improve the patient and relative experience for those who need radiotherapy because that was a key area we noticed. So engagement with patients who are currently or have received radiotherapy is included as well. It is on track to be presented back to the Minister by the end of March with then of course consideration to be presented back to the States in April.

Deputy C.S. Alves:
That is great, thank you very much. I do not know if any of my fellow panel members have anything they would like to add, but that was the final question from me. Thank you.

The Minister for Health and Social Services:
Thank you, Deputy.

Deputy M.R. Le Hegarat:
All right, we have worked our way through all of our questions. Just finally, if any of the members of the panel have anything further that they would like to ask? It is very quiet this afternoon. That must be that it is a Friday afternoon and it has been probably an exceptionally long week for most of us. So I would just like to say thank you to the Minister, Assistant Minister, and all of the staff who have contributed to this public hearing. I would also like to thank the panel and the 2 Scrutiny Officers who have assisted us as well. So thank you all and we will see you in the coming weeks in relation to a public hearing for our mental health review. Thank you very much.

[16:07]