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6.1 Deputy J. Renouf of the Minister for Health and Social Services regarding issues raised by former health leaders at the Health and Social Security Health Panel hearing on 10th July 2024

Will the Minister respond to the issues raised by former health leaders at the Health and Social Security Health Panel hearing on 10th July particularly relating to public safety, clinical standards and governance?

Deputy T. Binet (The Minister for Health and Social Services):

I am not looking to question anyone's judgment in this matter but I am a little surprised to find that this question has passed the test of urgency. I think the reason for that might become apparent when I explain that my response to those particular issues, public safety, clinical standards and governance, is no different now than it was the last time I commented on them or than it would have been had the Deputy and his colleagues not chosen to bring these 3 individuals' views to public attention. My response is that I will simply continue to drive fundamental restructuring of the health system, which will make it more efficient and accountable, continue to do all I can to obtain the money required to ensure that the entire service is digitally connected and I will carry on building bridges between the remaining factions that need to come together to ensure standards are raised. Finally, subsequent to the recent public hearing focused on our health services, the one additional thing that will require my immediate unplanned and wholehearted attention is the task of repairing the damage that has been done to public confidence and health staff morale by this carefully organised exercise, the outcome of which was completely predictable.

6.1.1 Deputy J. Renouf:

I must say I am disappointed by the tone the Minister has taken. It is of fundamental significance, I think, that the Health Panel should hold Ministers to account. In fact, I received a letter just after the hearings from the person who helped set up the Scrutiny system saying that this was exactly what the Scrutiny system had been designed to achieve. I will ask, if I may, as a follow-up if this is action that the ... if this is old news to the Minister, can he clearly state what actions he has taken to support his officers in tackling poor behaviours among a number of consultants and the culture of resistance to change that has been identified over and over again as so damaging for patients' safety?

Deputy T. Binet:

I do not have a list of the various things that I have done. I have been in the job for 6 months. It has taken me a while to find my feet to understand the organisation and to understand the problems and I have had a series of meetings with management and with clinicians because if we do not listen to both sides we are going to get nowhere. I am using my best endeavours to bring the threads of those things together. I have to say that the public outcry over this, if it has had one benefit at all it is the fact that people who would have been perhaps at each other's throats previously are now uniting to stand up for one another because there is some good work going on in the health service. A lot of the storm now is about things that have been revealed that have been going on for a number of years and what we are simply doing is saying: "This is what has gone on, these are our findings and this is how we are going to put it together." There are various reports. There are recommendations that people are going to have access to as of the 18th, Thursday of this week, and those are the recommendations that we will be implementing.

6.1.2 Deputy H.L. Jeune:

Has the Minister or his Assistant Ministers been contacted and lobbied by clinicians who were opposed to conclusions of the Mascie-Taylor report or who were opposed to the adoption of N.I.C.E. (National Institute for Health and Care Excellence) clinical guidelines? If so, how did he respond to this lobbying?

Deputy T. Binet:

I have not been lobbied in that specific regard.

6.1.3 Deputy P.M. Bailhache:

Would the Minister agree that the statements of 2 of the former leaders that they would not seek medical treatment in Jersey were inflammatory, inappropriate and ought not to have been made? **[Approbation]**

Deputy T. Binet:

In simple terms, I would agree wholeheartedly with that statement. I thank the Deputy for making it.

6.1.4 Deputy L.K.F. Stephenson:

Does the Minister agree with the assessment that Jersey's health system is broken and letting Islanders and staff down? The staff bit is important and I believe that all 3 of the health leaders who gave evidence last week did pay tribute to the many staff working in the department and said that it was not pointing the finger at everybody working within it. Are we letting all those people down? If he does not agree with that assessment, why not?

Deputy T. Binet:

Would the Deputy be kind enough to explain what she means when she says "we" are letting these people down, because that is a slightly confusing question?

The Deputy Bailiff:

Do you want to give that clarification, Deputy Stephenson?

Deputy L.K.F. Stephenson:

As an Island. The question is as I have written it: does the Minister agree with the assessment that Jersey's health system is broken and letting Islanders and staff down? The staff bit is really important and if not, why not? I will take out the "we" if it is easier.

Deputy T. Binet:

The staff bit involves the very people who are delivering the service and a complication here is that you have got a lot of very good staff doing some very good work in a system that has not really had sufficient attention or sufficient money for some considerable period of time. We are very reliant on the good staff within the system to come together and help to make these things a little better. That is why, if my tone was not perhaps as nice as it might have been in relation to what happened last week, it is simply because it really did cause some damage. It did really lower morale and I have been contacted by a number of people in the service in that regard and a number of members of the public who also felt that it had done a great deal to diminish people's confidence in what is, I think, a quite fast-improving service.

6.1.5 Deputy L.K.F. Stephenson:

I do not believe the Minister answered the question. Does he agree with the assessment that Jersey's healthcare system is broken and letting down Islanders and staff and, if not, why not?

Deputy T. Binet:

It cannot be completely broken because it is still providing a pretty good service. I have said a number of times that it is not perfect and there are some problems. I have made that very, very plain and I have said that we are doing everything we can. Is it letting Islanders down? I do not think it is. It is providing the best service that it can at this point in time.

Deputy L.K.F. Stephenson:

Sir, could I have my supplementary, please?

The Deputy Bailiff:

Yes.

6.1.5 Deputy L.K.F. Stephenson:

Thank you. There was a clear message from the public hearings that stood out to me last week that finding common agreement that there is a problem is fundamentally important to be able to move forward. How does the Minister intend to show leadership in this area and help to unite all those that I believe he called different factions in his first answer behind a common goal of improving Jersey's health service?

Deputy T. Binet:

I am going to start sounding like a broken record. I have taken a little while to get to grips with what the service is, what it does, who the people are and what their capabilities are. Quite recently at a conference at the Town Hall I set out my analysis of what was wrong and I think a pretty clear statement of intent as to what I want to do about it. If I am not wrong, I responded to a member of the public who had written to all States Members over the weekend and I included a copy of the speech that I gave there. I think if Members have read it they will see that there is a pretty clear vision as to what needs to be done. I do not really think I can say a great deal more than that.

6.1.6 Deputy I. Gardiner:

As the Minister mentioned that there are still some problems and difficulties within the health service, would the Minister reassure the public and publicly state at this Chamber that there is no place in H.C.S. (Health and Community Services) for consultants who will not accept clinical guidance and who will reject findings of the Royal College reports?

Deputy T. Binet:

I think it is fair to say that I would support that, otherwise I would not be doing my job.

6.1.7 Deputy I. Gardiner:

What steps will the Minister take to ensure that consultants who reject findings of the Royal College reports will not continue with the health service?

Deputy T. Binet:

As I mentioned before, these things have to be handled quite sensitively. What you do not want to find is that you have got a crucial department in the hospital where people walk out or have taken offence and possibly matters that are not as good as they might be get worse. What I am going to do is I am going to carry on doing what I am doing now, trying to set some clear goals, tell people where the health service needs to go, and lead that forward. That is going to involve a series of meetings with people to try to make sure that we bring everybody on board in a sensible, co-ordinated manner so that we do not make things worse before they get better.

6.1.8 Deputy P.F.C. Ozouf:

I understand the Minister is not an expert and has to rely upon expert advice, but within his corporate management team or within the corporate management team as I understand it within Health and Social Services is an individual whose post, I understand, is called the medical director. Does he have confidence in the individual who ultimately, I suppose many Members would understand, complaints are made to? I do not know the circumstances of the post holder, et cetera, but does he have confidence in whoever is responsible for bringing to the public's attention and to his attention matters of clinical failure?

Deputy T. Binet:

I think there may be more than just the medical director involved in that. We do have a team at the moment. I can only comment on that which I have seen in the short time that I have been in office and during the course of that time. Bearing in mind that the first couple of months really is just a case of finding your feet so you are not really capable of making any assessment, but in the time that I have been there and what I have seen, I can answer that in a positive way.

6.1.9 Deputy P.F.C. Ozouf:

Has he taken any soundings about his predecessors, numerous of them, and their experience of the advice that they would have been getting?

Deputy T. Binet:

No. I have asked around to see if there was any work in hand that might be useful to me but nothing has been forthcoming.

6.1.10 Deputy K.M. Wilson:

Speaking truth to power is often a painful experience and it calls for accountability and transparency at the highest level. Can the Minister accept that these 3 people who have made these comments about our health service, with years and years of experience, with international reputations, accreditations, clinical backgrounds, senior level positions in health systems, have done this? While he may not agree with all that has been said, does he maintain that the position that they have taken is ... or does he support that the position that they have taken was in the interests of patient safety and not a personal attack on himself?

Deputy T. Binet:

I do not know that I am entirely happy to support that at all. We have to look at people. I have employed an awful lot of people in my time and I have seen some very impressive C.V.s (curricula vitae) and they have not always delivered that which one might expect. I will just have a quick look at what we are dealing with here.

[14:30]

We have got 3 people, 2 of them were ... and I will focus on those 2 because the other one has not had anything to do with Jersey healthcare since last year so I will focus on the other 2. If this is in the public interest and patient safety and staff in the hospital, they made no significant mention at all of the many improvements that are currently underway. However well qualified they are, I think that is unforgivable. I have got some other comments but I think I will leave it at that.

6.1.11 Deputy K.M. Wilson:

The point is not about saying nice things. The point is about trying to illustrate in helpful ways where things can be improved. Does the Minister accept that some of what these 3 respected individuals have said does have some merit?

Deputy T. Binet:

There is nothing very clever about saying that some of it had some merit. Of course it had some merit.

6.1.12 Deputy J. Renouf:

I think a point was raised earlier that you cannot deal with a problem if you do not acknowledge it, and that was a point raised by the people who appeared before the panel. I too was contacted by people after those hearings who were grateful that finally the problem had been so clearly stated without varnish and without being sugar coated. Part of the leadership role of a Minister is surely to set the culture and to set standards. We have a culture of consultants in the H.C.S. of resistance to standards that are universally accepted elsewhere. That is why the experts spoke out. For the sake of those who do accept those standards, who understand how important they are for patient safety and are trying to implement them within the department, will the Minister unequivocally state that there is no place in H.C.S. for consultants who will not accept clinical guidelines and who reject the findings of Royal College reports, as we apparently hear is going to be the case with radiology?

Deputy T. Binet:

I really am going to be sounding like a broken record. Was the Deputy not listening to the question that I answered from Deputy Gardiner? I have already answered this question; I am very happy to answer it again. It is a very straightforward yes.