# **STATES OF JERSEY**



# A BETTER WAY TO BE OUR BEST: A PLAN FOR TURNAROUND AND TRANSFORMATION OF HEALTH AND COMMUNITY SERVICES (HCS)

Presented to the States on 4th October 2022 by the Minister for Health and Social Services

## **STATES GREFFE**

2022 R.133

### **REPORT**

### Introduction

In mid-2021, at the request of the Medical Director and Chief Nurse, the Director General of Health and Community Services (HCS) commissioned an independent review of the quality and safety of clinical services provided at the general hospital. Professor Hugo Mascie-Taylor, an experienced, internationally renowned, independent clinician, was asked to undertake a clinical governance review and consider how well HCS adopted good practice and measured and monitored the quality and safety of care provided.

A report setting out the findings of his review was published in August 2022<sup>1</sup> and includes sixty- one recommendations for change, which have been accepted by the Chief Minister, myself as the Minister for Health and Social Services, and the wider Council of Ministers<sup>2</sup>. The report revealed that despite the hard work of staff, there is no effective assurance of patient safety and the quality and standard of care is variable, data quality is poor and serious longstanding cultural issues remain unresolved. In such circumstances, Islanders cannot be assured of the quality and safety of HCS's services.

For most clinicians and practitioners in HCS, the quality of patient care, especially patient safety, is uppermost and I am mindful that many patients enjoy positive health outcomes and interactions with healthcare professionals every day. However, the report provided evidence that we must go further to raise standards of quality and safety so that *all Islanders* can expect a standard of care and service that is commensurate with most modern health systems across the world. This desire can only be achieved through the adoption of systemisation, standardisation of care and the meaningful and constructive participation and engagement of patients and staff.

### **Transformation**

There is no doubt that transformation is needed. This transformation is wide ranging, and I have set out many aspects that need to be properly addressed. This will require strong and effective leadership throughout the whole system. There is a determination to deliver change which will give Islanders confidence in the care and services provided by HCS to help keep us healthy.

It is the duty of government to respond to the findings and recommendations of this independent report and direct the transformation needed. The Council of Ministers is committed to improving health, wellbeing, and quality of life for all. In that regard, we must have confidence in the care and services provided by HCS to help keep us healthy and well.

I therefore present to you a plan which addresses the recommendations of Professor Mascie-

<sup>&</sup>lt;sup>1</sup> Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care (R.117/2022).

<sup>&</sup>lt;sup>2</sup> Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care: Minister's Response (R.117/2022 (Res))

Taylor's report and sets out the initial actions which will equip HCS to turn around the issues and problems identified. A more detailed implementation plan (to follow) will outline service specific clinical governance and quality improvement objectives and related activities and, importantly, will involve frontline staff and patients in its design and delivery.

### **Patient Focus**

As Minister I will be resolute in obtaining the assurances Islanders need on the quality and safety of services provided at the hospital. I will be focused on the following principles:

care needs of patients will always come first; it will be evident that patients are present, participating and involved in the delivery, development and evaluation of care and services; care needs will be formally assessed; waiting times and cancellations will be minimal and information routinely available; patients will feel safe in the knowledge that care is managed in line with practice frameworks and recognised evidence based standards; the involvement and participation of patients and their families as recipients of care will connect their experiences and expertise with frontline staff as part of their quality and safety work.

staff will be supported and valued for their contribution to high quality patient care; it will be evident that staff are productive, experience joy, wellbeing and satisfaction in their work; are rewarded, celebrated and recognised; and the workforce will be competent, fit for purpose and accountable; there will be evidence that innovative practice and working together in supportive teams is taking place and it will be safe to 'speak up'.

openness, transparency, freedom to speak up and learning from incidents, complaints and feedback will be the bedrock of cultural change; HCS will be responsive and listen to patients and staff to effect change; there will be zero tolerance of bullying and harassment; there will be peer support, mentorship and supervision systems in place to facilitate better care quality and improved safety; patients will be afforded timely responses and personalised high quality investigations into their concerns and issues.

accountability, competence and responsibility will underpin teamwork and ownership of problems, management of risk and solutions; it will be evident that teams are working well together; knowledge and skills are developed, shared and transferrable; a culture of learning replaces a toxic culture of fear and blame; there will be a high level of compliance with recognised evidence based care standards and practices; patients outcomes will be optimal; services run smoothly and resources are effectively deployed and appropriately utilised.

utilising data and performance information on the frontline will drive forward improvement in the patient experience: the public will have access to real time information on waiting times and service performance; a range of measures will be in place to audit and evaluate the quality, safety and effectiveness of clinical care; leaders will be equipped with meaningful data relevant to their decision making; services will benchmark their activity and share experiences and improvements.

The high-level actions described in this plan will provide the direction of travel and a solid foundation from which to drive change.

### **Initial Plan**

We will accelerate the delivery of patient focused change. This requires enhanced knowledge, leadership, skills and experience. We have an opportunity to capitalise on the clinical insight provided by the report and use this to inform ministerial policy making and ensure sustainable change. My initial plan is therefore to:

**Establish a new Health Board,** including independent non-executive membership. This will start with the engagement of a fixed term Chair for 12 months, who will account to me and assist in the processes to establish the Board and related governance framework. The chair and the non-executive members of the Board will be recruited in accordance with public sector appointment principles, and I will announce the formation of the Board as soon as is possible.

**Provide additional resources and expertise** to support and drive the turnaround required and task officers with producing a detailed implementation plan that outlines the roadmap for clinical and service change and transformation.

Bring forward a **sustainable workforce plan** for HCS, to ensure that the right levels of capability and capacity can be assured, and that effective leadership development takes place across the department.

Establish an effective **accountability framework and assurance reporting mechanism** to me as Minister and the wider Council of Ministers, enabling the Assembly and Health and Social Care Scrutiny Panel to examine our progress, improving trust, standards, openness and transparency, and supporting people to deliver their best performance for patients.

Put in place coherent arrangements which helps the Board and government receive **independent feedback** on the patient experience and the quality and safety of services provided by HCS. Develop a safety culture underpinned by **service excellence standards** and prepare for statutory inspection which will assess compliance with the regulatory framework.

**Improve waiting times**, adopting accepted good practice and ensuring clinically validated waiting lists, with clear leadership and accountability by the Board for the delivery of improvements.

Ensure **clarity of roles and responsibilities**, with lines of accountabilities that can be easily traced through the Heath Board to me as Minister.

Work with staff to appoint a **Freedom to Speak Up Guardian** and strengthen the leadership of quality and patient safety to drive rapid improvement and focus.

**Establish a strategic policy function** to develop health and social care policy and strategy. This function will help the Government to define the direction of travel for healthcare in Jersey.

### Success

Successful transformation will result in:

A reliable service, which Islanders value and can depend on and delivers consistently high-quality care and good outcomes for patients.

A culture of service and responsiveness, with a relentless focus on improving the patient experience and which excels in customer service, treats people respectfully, and ensures waiting lists and appointments are well managed.

A service where our staff value HCS as a good place to work, can lead development and innovation in patient care, be the drivers of positive change and are valued for what they do.

A service which embraces learning together, innovates and strives for continuous improvement. A service that is independently verified as being excellent in clinical governance and patient care.

A service that is accessible and equitable for all, is rights based, and represents good value for money.

### **Next Steps**

This is the first step to put in place a change programme to transform how we deliver care. The actions are connected to each other and further detail of how and what will be resolved is to be worked through by the Chair, members of the Health Board and the additional resources and expertise required, in conjunction with staff and patients.

Everyone with a stake in improving patient care will be involved in this turn around. Support for this change is already evident and Islanders can be assured that staff working in HCS have welcomed being involved in shaping the way forward. This Government is fully committed to ensuring that our health service is transformed to deliver excellent care to our community.

Deputy Karen Wilson Minister for Health and Social Services