

2024.04.16.

4.1 Deputy J. Renouf of St. Brelade of the Minister for Health and Social Services regarding the [Royal College of Physicians Jersey Rheumatology Report \(OQ.55/2024\)](#)

Will the Minister provide an update on the status of his response to the Royal College of Physicians Jersey rheumatology report?

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

Since the release of the Jersey rheumatology report, a number of its recommendations are currently being undertaken by H.C.S. (Health and Community Services). These include certain patient reassessments, which have resulted in various changes to patient diagnoses and/or medications. Work is now continuing at a pace to review the wider group of patients, and every effort is being made to communicate with them as frequently as possible throughout the process. Another important area being progressed is the development of much more robust clinical governance processes - that is not just within the Rheumatology Department, but that is throughout the whole of H.C.S. - and the imposition of stronger governance frameworks, such as monthly care group governance meetings. We are also in the process of appointing a new specialist rheumatologist to lead Jersey's rheumatology service. As expected, we have received a number of potential compensation claims, which are currently being managed through a standard claims process. But we are continuing to explore alternative collective compensation schemes, which may help to make the situation a little bit more manageable.

4.1.1 Deputy J. Renouf:

I thank the Minister for the response. Recommendation a. of the plan, the very first recommendation, was an action plan to implement all the recommendations should be created within 6 months and given to a non-executive board member to ensure the recommendations are completed. Will the Minister commit to producing this action plan and to follow the timetable in the report?

Deputy T. Binet:

The plan is currently under construction, and, yes, I can certainly commit to doing that.

4.1.2 Deputy L.M.C. Doublet of St. Saviour:

Given many of the recommendations centred around a lack of strong clinical governance, and many features of the Health Department may have contributed to this situation, is the Minister aware of any other potential clinical areas within our Health Department where similar problems may have arisen?

Deputy T. Binet:

Yes, there is some work being undertaken now to look through the whole of H.C.S. and try and find ... we are putting together a priority list in terms of areas that we want to consider after rheumatology.

4.1.3 Deputy L.M.C. Doublet:

Can the Minister give an indication of either what type of areas he is looking at or the number of areas where he has concerns?

[9:45]

Deputy T. Binet:

I would be a little bit happier to do that when we have a little bit more firm information.

4.1.4 Deputy I. Gardiner:

Does the Minister agree that the key issue identified in the report was a culture of reluctance to follow standard clinical guidelines, and that making sure that the health service is built around clinical guidelines is a key part of ensuring public safety?

Deputy T. Binet:

Yes, I think that is a reasonable assessment. There is a lot of work going on to implement a complete culture change, which is quite complicated, but it is certainly work in progress.

4.1.5 Deputy I. Gardiner:

Who is the leading person? Is it the Minister and the responsible officer to implement this culture change within H.C.S.?

Deputy T. Binet:

I think it is fair to say that that has been done by the whole of the senior team in equal measure. You cannot change culture unless everybody is on board. That is being led by all of the principal people involved.

Deputy I. Gardiner:

I apologise, but I think I asked about who is in charge of this change.

The Deputy Bailiff:

I think that was answered.

Deputy T. Binet:

From a political perspective, that is certainly me and I make no apology for that. From an operational point of view, that is the C.E.O. (chief executive officer) of H.C.S.

4.1.6 Deputy T.A. Coles of St. Helier South:

Can the Minister outline how conflicts of interests are being managed within this review?

Deputy T. Binet:

To be honest with you, off the top of my head, I cannot bring to mind any particular conflicts of interest, but something I can certainly look at going forward.

4.1.7 Deputy T.A. Coles:

I find it hard that a health system that is so close on an Island so small there are no conflict of interest that are coming up. Does the Minister admit that he would need to review this to make sure that all declarations are clear and transparent?

Deputy T. Binet:

As I said with my first answer, I am very happy to look at that.

4.1.8 Deputy J. Renouf:

The Common Strategic Policy does not include reference to implementing the rheumatology report. At the briefing on Friday that the Chief Minister gave, he justified the slimmed down C.S.P. (Common Strategic Policy) on the grounds that they were concentrating on actions that could be completed within 2 years. Given that the rheumatology report actions could fall within

that, I would have thought it could have been included. Can he say why he does not feel that it justifies inclusion in the C.S.P.?

Deputy T. Binet:

There was a good deal of debate as to what should and should not be included in the Common Strategic Policy. I think we all came to the conclusion that you just have to make a decision and that is it, otherwise you would include everything and it would not be focused particularly. I took the view, quite simply, that this is all work that is urgent, that has to be done. Putting it in the Common Strategic Policy would not have brought it forward to any extent. The whole of the health service is receiving a lot of attention, and that attention will not change whether or not it is in the Common Strategic Policy.