

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY I. GARDINER OF ST. HELIER NORTH
QUESTION SUBMITTED ON MONDAY 8th JULY 2024
ANSWER TO BE TABLED ON TUESDAY 16th JULY 2024**

Question

“Further to his answers during questions without Notice on [6th June](#), in relation to the Health and Community Services Turnaround Team, will the Minister advise -

- (a) what actions have been completed by the Team since its formation in 2023;
- (b) how the impact of the Team is assessed;
- (c) the Team’s objectives and Key Performance Indicators for July to December 2024;
- (d) the itemised costs for the Team from its formation in 2023 until 1st June 2024; and
- (e) the agreed cost estimates for the Team for the remainder of 2024 and for 2025?”

Answer

- (a) The Change team’s objectives were focused on supporting the clinical and operational leadership teams to address the recommendations from the Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care (R.117/2022), the actions set out by the Minister for Health and Social Services in response to the review (R.117/2022 res; R.133/2022) and the financial and operational challenges. This has included but has not been limited to:
 - Support for executive and clinical leadership to prioritise and consolidate improvement recommendations;
 - Support to develop and implement an organisational culture programme;
 - Identification of key clinical governance recommendations and related actions plans working closely with clinical and operational teams and the Quality & Safety team;
 - Support for the review and improvement of series incidents and complaints review processes;
 - Supporting processes to improve clinical governance, for example, adoption and implementation of NICE guidelines, use of best practice and benchmarking standards;
 - Supporting medical job planning;
 - Support for identifying improvement actions with regards to safeguarding concerns;
 - Support and expertise for the development of Board reports;
 - Support and expertise for the development of the specialty improvement plans.
 - Leadership on the Financial Recovery Plan

Below are examples of measurable actions that have been completed:

- The introduction of NICE and Royal College Guidelines as the default mechanism for care.
- Re -profiling of the complaints and patient feedback process. This has resulted in a reduction in unresolved complaints from 84 (February 2023) to 11(July 2024) with only 4 complaints over seven days.

- Reviewed and implemented a weekly Serious Incident review process. This has resulted in a reduction in unresolved serious incidents older than 12 months from 12 (February 2023) to 3 (July 2024) All of the remaining 3 are close to completion. 100% of Serious Incidents have now a multi professional safety huddle with dedicated actions to ensure learning and immediate change within 48hrs of the declaration.
- Maternity improvement:
 - Establishment of a maternity improvement plan and continued support in delivering the actions. This has resulted in 104 recommendations (out of 127) being fully completed (as of July 2024) with evidence of sustained improvement with an embedded assurance process developed.
 - At the Coroner's Inquest relating to the death of a baby The Coroner highlighted that changes had taken place within the maternity service and because of the changes The Coroner did not issue a Prevent Future Death ruling (This ruling can occur when the coroner does not believe that significant improvement actions have taken place)
 - Year on Year improvement in Jersey maternity patient survey results.
 - Contribution and leadership support to produce the Maternity Strategy.
- Establishment of Ward level Care Assurance Process. The introduction of weekly Chief Nurse and Senior Nurse presence on wards and the introduction of monthly peer reviews of Clinical areas has resulted in the following:
 - Tissue viability improvement in care 0.6 incident per 1000 bed days (February 2023) reduced to 0.4 incidents per 1000 bed days (July 2024);
 - Reduction in care related complaints;
 - Reduction in number of Falls with Harm reported;
 - Increased number of compliments received;
 - Sustained high levels of compliance with Infection Control indicators C.Diff and MRSA
 - Improved inpatient survey results 2023/2024
- Establishment and clinical leadership support for the Medicines Improvement plan in first half of 2024 (on-going).
- Establishment of a new procedure for Medical Appraisal in partnership with Wessex Appraisal services.
- The Job planning process has been reviewed. The job planning process for 2025 will commence with external scrutiny and oversight in August 2024.
- Introduction and establishment of Executive Lead monthly Clinical Governance review process which includes the monthly review of Clinical Incidents, complaints, claims, Clinical care indicators, National audit compliance, NICE and Royal college recommendations and benchmarking compliance all triangulated against the JCC Safe Assessment Framework Standards. Future work will involve additional items, such as compliance reporting, organisational learning, evidence of change and improvement.
- Introduction and implementation of a Statutory and Mandatory training Framework. Monitoring of compliance will be undertaken regularly.
- Review and reprofile of the HCS safeguarding committee included:
 - A full review of all legacy (up to 10 years old) outstanding Serious Case Review Recommendations. The review ensured all legacy actions were completed and evidence of implementation provided. A bimonthly process has been established to maintain scrutiny and oversight of recommendations

- Support for the island-wide Safeguarding Partnership Board which led to a reduction in recommendations that had not been addressed or implemented. As of July 2024, all indicators that are not fully met yet are underway for completion with a positive peer review undertaken.
- Professional and Leadership support for Interim Chief Nurse including
 - JCC inspection preparation;
 - Development of improved care metrics for on-going monitoring;
 - Development of ward leadership programme for senior Nurse Leaders;
 - Review of Education processes to promote on-island nurse recruitment;
 - Proactive links made with outstanding UK NHS Trusts for peer support;
 - Opportunities for shadowing and leadership arranged for senior nurses, members of the safeguarding/complaints team and board secretary. A peer-to-peer learning visit was arranged for the patient safety team who visited an outstanding Trust to review the incident process.
- Culture and workforce
 - Support for reconciling key worker accommodation;
 - Identification of contract harmonisation need (now being progressed by Interim Director of HCS Workforce)
 - Implementation of listening events in Maternity which acted as a catalyst for the culture plan.
 - Mentoring of senior HR team
 - Supporting the development of the cultural change programme
 - Supporting recruitment plans
- Financial Recovery Plan – Objectives and Deliverables in 2023
 - (b) The impact of change team members is being assessed on a regular basis by the Chief Officer, HCS through 1:1s and weekly team meetings with the change team members and the executive team to review and maintain progress. Improvements supported are also visible in the HCS Advisory Board and Senior Leadership Team meeting papers and contributions. The answers in (a) are key performance indicators of impact.
 - (c) Below are the specific change team objectives and Key Performance Indicators for July to December 2024 for the two change team members in post, Chief Nurse Lead and the Director of Finance/FRP lead. The replacement for the Medical Director Change lead is currently in process to focus on consultant job planning and mentoring medical leaders until December 24.

Chief Nurse Lead:

Ensure the ongoing sustainability of processes related to:

- Maternity
- Safeguarding
- Complaints
- Nurse Quality care indicators
- Serious incident review management
- Clinical Governance review assurance
- NICE compliance
- Embed National Audit programme

In addition:

- Work with the HCS compliance team to ensure organisational readiness for JCC inspection of the hospital;
- Ensure launch of the Nursing Strategy;
- Support the implementation of the Nurse Associate programme;
- Maintain improvements within the Medicine Improvement plan in line with the success of the Maternity improvement plan;
- Support the review of the nurse establishment.

Director of Financial Recovery

Ensure the delivery of the Financial Recovery Plan (FRP) and the on-going sustainability of processes for financial management, including:

- Delivery of £5,000,000 FRP savings;
- Delivery of FY24 Budget of £24.5m deficit.

(d) Expenditure for the Change Team from its formation in 2023 until 1st June 2024 were:

£880,000 in 2023

£370,000 for the period 1 January to 30 June 2024

The agreed cost estimates for the change team are £375,000 for the period 1 July to 31 December 2024. For 2025, no budget has been set yet.