

Tuesday 24 January 2023

The Health and Community Services Department is under significant pressure currently

Comptroller and Auditor General issues latest report

Comptroller and Auditor General (C&AG), Lynn Pamment, has today, 24 January 2023 published a report on the **Deployment of Staff Resources in Health and Community Services**.

The report focusses on the progress being made in finalising and implementing a workforce strategy for the Health and Community Services Department (HCS) as well as the effectiveness of the specific arrangements for the HCS medical workforce. The C&AG has also followed up on recommendations made by her predecessor's 2017 Report *Private Patient Income: Health and Social Services Department Follow Up* where these are relevant to workforce planning and management in HCS.

Lynn Pamment found that:

- finalisation of the draft HCS Our People Strategy has been delayed as the Strategy is being revised in light of the *Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care* report published in August 2022
- a primarily top-down approach to strategic workforce planning has been ongoing in HCS since April 2022 and is making slow progress. The C&AG has identified a number of areas that will need to be addressed in order to deliver an effective and comprehensive workforce strategy
- the pressure on inpatient beds, caused by high levels of 'medically fit for discharge patients' not being able to be discharged back into the community, is putting all parts of the Jersey General Hospital (JGH) and Adult Mental Health Services under considerable stress. Developing a workforce strategy and making changes to HCS arrangements in such a complex and stressful operational environment is going to be particularly challenging
- engagement between medical staff and operational management at the time of the C&AG review was at best variable and was, at worst, poor. There appears to be a worsening of effective working relationships between consultants and staff in senior management positions in several key areas. It is clear that the increasingly challenging system that both clinicians and staff in management positions find

themselves working within has contributed to some of the behaviours that have led to this worsening of effective working relationships

- the appraisal process to determine the individual consultant's contribution to HCS's organisational objectives is unclear. The appraisal and performance management of medical staff in HCS are seen more as professional, rather than organisational, processes
- whereas job planning for medical staff has been proceeding during 2022, key elements that should underpin the job planning process have not been in place
- HCS has found it increasingly hard to recruit or retain permanent staff (medical and non-medical) in what is a challenging worldwide market for health staff since the COVID-19 pandemic. During 2022, HCS has increased its use of locum and agency staff. Running a service using high numbers of locum and agency staff requires management of a number of increased risks including increased costs and risks to productivity and safety
- HCS does not have a formal clinical supervision policy for permanent staff or for locum or agency staff. The clinical supervision that does take place is dependent upon the initiative of the individual HCS consultant. There is also a potential gap in the supervision of agency and locum consultants
- there has been limited progress in implementing the relevant recommendations made within the 2017 C&AG Report on *Private Patient Income: Health and Social Services Department Follow Up*; and
- while a Policy on Private Patients exists, the absence of a Government private patient strategy setting out clearly agreed parameters, management information and Key Performance Indicators (KPIs) regarding private patient activity, makes implementation of the Policy difficult in practice.

Lynn Pamment said:

"The Health and Community Services Department is under significant pressure currently. Factors that are contributing to this pressure include:

- the ability to recruit and retain staff in a challenging market for health staff since the COVID-19 pandemic
- inpatient bed pressures caused by high level of 'medically fit for discharge patients' not being able to be discharged from inpatient care into the community
- lack of relevant data and management information to drive policy development and implementation
- uncertainty as to the long-term strategic health plans for the Island (including the future care model and the Our Hospital project); and
- sometimes poor working relationships between senior clinical staff and staff in management positions.

In order to deliver and implement an effective and comprehensive workforce strategy, issues that need to be addressed include:

- ensuring completeness and accuracy of workforce and clinical data and information
- the future direction of the care model and the Our Hospital programme
- finalising the structure of the Health and Community Services Department (for example, the number and composition of Care Groups)
- agreement of future clinical operating models at specialty level
- resolution of policies in key areas affecting the workforce, including:
 - terms and conditions for particular staff groups
 - on-call policies and arrangements for medical staff; and
 - a private patient strategy
- ensuring that enough specialist workforce planning capacity is available to support development of the strategy; and
- effective project management of the future workforce strategy project."

The report *Deployment of Staff Resources in Health and Community Services* can be found at: <https://www.jerseyauditoffice.je>

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