

SPEAKING NOTE – NICON CONFERENCE ON 18 OCTOBER 2023

- Good morning and thank you for the opportunity to speak to you this morning. I would like to start by paying tribute to the work which Michael, Jonathan, Heather and others do in providing system leadership under the NICON brand. The Confederation plays a really important part in helping to join up our health and social care system, looking for innovation and opportunities to improve and providing a safe space to hold conversations about how to resolve some of the key challenges that we face.
- Let me start with some overall observations about those challenges. In my view despite efforts of everyone in this room and many other rooms they have got worse not better over the last 12 months. Some of the evidence is in front of you this morning. As others have also observed, it is me and not a Minister of Health addressing this conference. In part this is a reflection of the financial crisis that we face and linked to that, the unacceptable and unsustainable position we find ourselves in in relation to health service pay. And, part is a reflection of the ongoing challenges of a misalignment between the demand for health and social care and the current capacity to deliver.
- I also want to say at the outset how frustrated I and I am sure all of you are that we are being kept in this half life I say again – without the ability to take the sustained action needed on so many vital fronts. We are in

an unacceptable and unsustainable position. Unacceptable for our patients and service users. And unsustainable for our staff who contribute so much and I want to welcome the intervention from Trust Chief Executives on pay yesterday.

- Since the start of 2017, we've had some four and a half years without an Executive. The remaining time was effectively eaten up by COVID. During the three year absence of the Executive between 2017 and 2020, the then head of the Civil Service, David Sterling talked about stagnation and decay being the consequence. But today it is no longer accurate to talk of health and social care being stuck in limbo. It's not stuck, it's sliding further backwards as the scale of unmet need grows. I want to say clearly 'we cannot go on like this'.
- We all know that one of the core requirements for recovery is greater investment. Without that, we will not turn things round as we want to. I am clear that every week and month that passes without that investment damages still further the health of our population and disheartens those tasked with improving health.
- At the same time, we must not propagate the notion that the return of a Health Minister and Executive will provide a magic solution to all the serious challenges. Even if we have all the necessary financial and political components in place, it will be a long hard slog to put it right. Nor should we ever imagine that we are entirely powerless now, despite the limitations we face. There is work we can do. There are changes which can be made – and in some cases at least are now being made.

- So picking up on Michael's theme for the rest of the speech, I am not going to labour the things we cannot control. You all know the environment we are working in and so what I want to do today is to talk about how we can address those challenges and move forward. And those who have heard me before will be unsurprised to hear that while I will properly highlight those areas where we need others to help us, I will also be placing a real focus on what we can do to help ourselves. I remain convinced that there is a lot that we can do. But I also accept that it is not easy given the scale of the challenge and the complexity of our system. That some in our system are losing hope that it will get better. Losing hope that we will find a way through these problems and that it is worth devoting the discretionary time and effort to achieving all that they can.
- Answering that is not easy but let me start by showing what we can do. First, while we have much more to do in terms of reducing waiting lists, we are seeing progress. For each of the last four quarters there has been a small but continued reduction in the waiting lists for in patient and day procedure cases. That is the longest sustained reduction since our current way of measuring started in 2007. As a result there are roughly 8,500 less people waiting now, than there were a year ago. Our longest waiting lists, general surgery, has seen a drop of over 11%! That is a good start but I know we can do much more.
- Second, commentators on the airwaves often decry the fact that health service transformation has not begun. But it has begun and it is working. The introduction of two day procedure centres, of three overnight elective centres, of two rapid diagnostic centres are all indicative of transformation. Of the need to be able to separate planned

elective care from urgent and emergency pressures. The need to deliver high volume and low complexity work on a regular and ongoing basis.

- And what about reshaping hospital services I hear you say. Well again a start has been made there. The consolidation of maternity services at Antrim with the closure at Causeway – the merged Minor Injuries Unit at the Ulster Hospital – the planned closure of Muckamore. These are all permanent changes. The first permanent changes anyone can remember. Of course, there is more to do – we need to complete further service reviews to understand what the right footprint for the delivery of some services should be in the future. But we have made a start and the changes that have been made are working.
- Third, we are on the cusp of the largest business change HSC has ever seen when the Encompass programme goes live at the South Eastern Trust in three weeks' time. Encompass will be a game changer – for those in the service and those who use the service. I want to pay tribute to Roisin and her team for their leadership in making encompass happen.
- When I was before you last year, Matthew Taylor asked what had most surprised me in my first six months in the role. I said the biggest surprise had been how health and social care didn't operate as one system. In the last 12 months, I have seen real and sustained efforts to change that. As with everything, do we have more to do? Yes we certainly do. But I want to recognise the work that the Trust Chief Executives have done as a collective group to come together, to identify issues of common interest and to work to address and resolve them. A

tangible example of that is the development of the new regional coordination centre underway currently and due to start operation in six weeks' time.

- And in the Department we are also working hard to bring all the voices into the room so that there is a shared input to the resolution of the problems we face and then a shared ownership of what we need to do. The creation of a social care collaborative forum, a children's social care forum, a primary and community care Board, all of these are ways in which we are looking to do things differently.
- At its heart, we are moving from what has been described as a parent-child relationship between the department and the health and social care system to one of partnership. Importantly, that partnership should not obscure the responsibilities and the accountabilities that we each separately have. To do that would be to create a mess – but it is to recognise that solutions to problems nearly always rest with those with the greatest understanding of the issues and the greatest urgency to address them. And that working in partnership with the experts produces the best results.
- For many years, we have relied on external experts to come and tell us the answer to our problems. And we have lots of answers now – the challenge is to get on and deliver them. And increasingly, when we need them at all we now bring in external experts to help us do things rather than to tell us the answer.
- The desire to create a partnership relies on a change in behaviour on all sides.

- And in talking in these terms, it is important not to be simplistic. The department will still sometimes mandate a course of action that everyone in the system has to follow – not to do so would be both unrealistic and frankly an abrogation of our responsibilities in some areas. But it will not be the default answer.
- I want also to take that partnership concept one step further. One of the big challenges we face is how we engage our community. How we engage the individuals who receive the care and treatment our system offers. How we both listen and hear what they tell us without becoming defensive, without appearing to close ranks and without failing to learn lessons. This isn't easy – none of the challenges in health and social care are easy, otherwise they would long have been resolved. Everybody knows that not every patient who has concerns is right. Not every interest group that wants to enhance a service can see the consequences down the tracks or for other services of that change.
- But equally none of us believe the system is always right, that human error doesn't come into play, that unconscious bias doesn't feature in the way we take decisions. So how do we create a partnership with our community, with our patients and service users, with our voluntary and community sector partners and interest groups that moves beyond fine words into clear actions. And again, this is a two-way process for example, I have been pleased in recent meetings with third sector organisations relating to cancer and mental health, to see all of the relevant groups come together and agree themselves how they separate out the roles they play to avoid duplication, and how they create an agenda which moves beyond individual organisational interests. That

shows what is possible and gives us something to build on.

- And we have a vehicle which will help us to think differently about the relationship we have with our partners – not just our partners inside the health and social care system but our wider partners. The Integrated Care System – ICS – will create both a regional and a set of local groups with a focus on how the health and wellbeing of the population in their area can be improved. The Southern Trust is acting as a pathfinder in leading the development of the area integrated partnership board for their area. Involving GPs, local government, the community and voluntary sector, independent sector providers, the AIPB can help to transform the way we think about health and social care at a community level. It can help to counter the magnetic pull that hospitals have on the time and effort of so many in the system.
- If the ICS is a means of addressing a strategic need in terms of place-based health and wellbeing, there is also a need to think about how we manage the relationship we have with our patients, our service users and their families. To ensure the same quality and openness of engagement when something doesn't go well as well as when it does. The work being taken forward on a being open framework, firstly in the Belfast Trust but increasingly across all of our Trusts, is about trying to create the culture we need from our health and social care system. To succeed we need to be clear that if the objective is learning, it should not feel like punishment. So alongside the being open framework, the review of Serious Adverse Incidents needs to fit hand in glove.
- Because for this to work, people need to feel safe when they are open and honest about things that have not gone well. And we need to create

an expectation that that will be the norm – that doing it any other way is unacceptable.

- So colleagues, we have a big agenda. A transformation started but not yet finished. The ongoing need to do more with what we've got to maximise the value we deliver with the resources available to us. And creating the culture within health and social care that enables those in our community who want to help us to make our populations healthier with greater wellbeing. And alongside that the culture in terms of the relationships we have with our patients and service users informed by a being open approach in all circumstances.
- I see on a daily basis the work many people in this room do to advance those agendas. And I pay tribute to you for your unstinting efforts in difficult times. I hope and indeed expect that the world around us will become an easier place over time, but I am clear that we need to build our own future not to wait passively for someone to change it for us.
- Thank you for listening to me.