

STATES OF JERSEY



GOVERNANCE ARRANGEMENTS FOR HEALTH AND SOCIAL CARE (R.120/2018): EXECUTIVE RESPONSE

Presented to the States on 16th November 2018
by the Public Accounts Committee

STATES GREFFE

FOREWORD

In accordance with paragraphs 64–66 of P.56/2018, the [Code of Practice](#) for Engagement between ‘Scrutiny Panels and the Public Accounts Committee’ and ‘the Executive’ (February 2018), the Public Accounts Committee present the Executive Response to the Comptroller and Auditor General’s Report on Governance Arrangements for Health and Social Care ([R.120/2018](#)).

The Public Accounts Committee will publish its opinion on the Executive Response in due course.

Senator S.C. Ferguson
Chairman, Public Accounts Committee

REPORT TO THE PUBLIC ACCOUNTS COMMITTEE

Comptroller and Auditor General (“C&AG”) Report title: Governance Arrangements for Health and Social Care

Report number: [R.120/2018](#)

Executive Response due by: 1st November 2018

Director General’s response

The Health and Community Services (“HCS”) Department (formerly known as HSSD) fully accepts the findings in the report. Governance has not been as clear or rigorous as it should have been, and improvements must be made.

Good governance arrangements around our day-to-day services, change programmes and financial position should not be complex. In fact, the nature of the work we do demands that they should be as simple but rigorous as possible. Good governance should make it easier for staff to do their jobs effectively, with clarity around decision-making processes and reporting lines.

To achieve this, it will require fundamental changes to create a strong culture that encourages challenge and embraces learning. HCS are committed to taking all the steps necessary to improve and strengthen all governance arrangements within the Department, and we have developed a comprehensive action plan to ensure the implementation of the report’s recommendations.

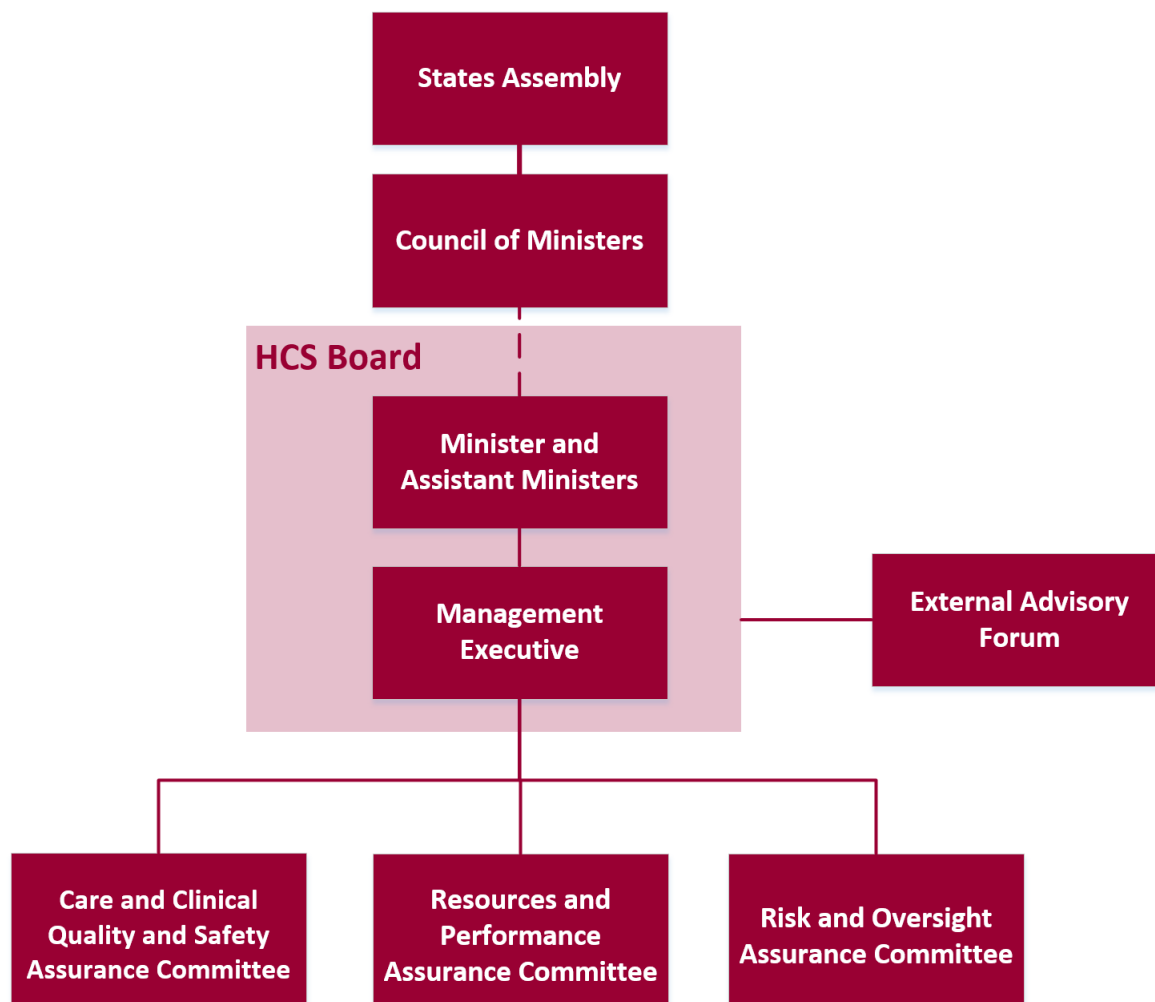
Summary of response

In order to address the C&AG’s recommendations, a response has been co-ordinated by HCS with input from other States Departments. It seeks to evidence a swift response to setting out, not only specific short-term actions, but also a long-term commitment to securing the desired changes.

This response is written with HCS as its prime focus. However, the C&AG’s report addressed States-wide issues which have been the subject of consultation across the Government Departments more generally. As part of the ‘One Government’ reforms, we will continue to foster a joined-up approach to the important policy and other matters that must be tackled in a consistent and co-ordinated way. In this spirit, HCS will take the lead in setting the direction for publicly-funded services overall; but this will be done with the States’ broader needs and priorities very much in mind, and on the basis of close links between Departments to ensure that Health and Social Care arrangements are consistent and run as smoothly as possible.

As well as addressing each of the recommendations, the response outlines additional key actions that will be undertaken to streamline governance arrangements. As the C&AG outlined in her report, there have been unnecessarily complex governance arrangements in place, with a lack of clarity around groups’ responsibilities, accountabilities and relationships. The States’ Chief Executive has already strengthened the senior leadership team within HCS, and clarified roles and responsibilities, as set out in the States’ target operating model.

We intend to establish a streamlined HCS Board and supporting committee structure (as shown in the diagram below), which sets out Jersey’s high-level governance arrangements and shows a streamlined framework within which HCS could be led and managed more effectively –



These arrangements will allow a single, properly constituted Board to provide visible leadership and to secure the improvements anticipated by [P.82/2012](#) (“Health and Social Services: A New Way Forward”) and in the Common Strategic Policy. This will be where major/strategic issues will be discussed, and will thus co-ordinate HCS’ activities to focus strategy and ensure grip. The HCS Board is intended to develop and deliver system plans from both ministerial and managerial perspectives. It will meet quarterly and in public, with published papers and documented decisions, and will be chaired by the Minister for Health and Social Services.

This proposed structure is reflective of models of governance that operate in other advanced health care systems, with committees supporting and assuring the conduct of business in particular areas. We anticipate that there will be attendance at, or representation on, most key committees from third parties – including other States Departments and external partner organisations.

This proposal has the support of HCS Departmental Ministers who will participate directly in the Board’s work to demonstrate greater emphasis on assurance and accountability. The approach has also been endorsed by the Corporate Strategy Board and Council of Ministers. The C&AG’s report indicates that fundamental reform of the kind now being proposed should be welcome and is overdue. The governance structures envisaged will be subject to consultation with wider stakeholders, including the Health and Social Security Scrutiny Panel, the Privileges and Procedures Committee and the States Assembly, prior to their full implementation. In the meantime, we will strive to make the improvements considered necessary.

Staff within the organisation and beyond need to have an understanding of what good governance looks like, their role in achieving it, and how decisions will be made in the organisation. Therefore, HCS will prepare a Governance Handbook for staff that will set out the common principles of good governance, but also how it works in practice in our organisation, setting out clear expectations.

To conclude, the publishing of the C&AG’s report is timely. As the Comptroller and Auditor General’s report notes, there are currently substantial changes already being implemented within Health and Social Care. The full response that has been prepared by HCS sets out our commitment to take the recommendations outlined by the C&AG, and apply them to help us develop a stronger health care system for the people of Jersey, driving a quicker pace of change. HCS will ensure that the robust action plan outlined in this report is tracked rigorously, and will keep the C&AG and the Public Accounts Committee abreast of improvements and developments, seeking advice or guidance where appropriate.

Action Plan

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
Overall arrangements				
R1	Ensure that effective overarching structures are in place to manage health and social care provision.	A full review of all structures, roles and responsibilities is being undertaken as part of implementing the target operating model within HCS.	Board arrangements subject to consultation with C&AG, Scrutiny, PAC, PPC Q4 2018. TOM proposals to be published November 2018. Agreed staffing structure consultation Q1 2019.	Director General (“DG”)
R2	Review the effectiveness of and rationalise the current groups supporting the	New governance structure implemented with a Board established at the head to formulate and challenge HCS strategy. Streamlined committees	Ongoing (see above)	DG & Minister

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
	governance of health and social care, ensuring that they are fit for purpose and have up-to-date terms of reference and clear accountabilities.	formed to govern Assurance, Performance, Modernisation and Audit with clear functions. ToRs developed for all groups within governance structure.		
R3	Publish a timetable for the extension of independent regulation and inspection to all elements of health and social care, including services directly provided by the States.	<p>The Regulation of Care (Jersey) Law 2014 (the “2014 Law”) will come into force on 1 January 2019, subject to a decision of the States Assembly to be taken in November 2018. The 2014 Law provided for the establishment of an independent Care Commission who are responsible for the regulation and inspection of health and social care services in Jersey. In the first instance the Commission – which is already set up in shadow form – will regulate care home services, home care services and adults’ day care services. This will include services provided by the States of Jersey and all independent providers.</p> <p>As a matter of priority, Regulations will be brought forward relating to the inspection of children’s residential homes. The Commission envisages that these will be in place before the end of 2019 but, in the meantime, the Commission will undertake to inspect any health and social care service as directed by the Chief Minister or the Minister for Health and Social Services under Article 38 of the 2014 Law. A timetable for the extension of independent regulation and inspection by the Commission to all health and social care services will be published in early 2019 – this will include all SoJ services.</p>	Early 2019	Independent Regulator

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
R4	Ensure that consultancy reviews leading to proposals for change include documented evaluations of alternatives against agreed criteria.	Further consultancy advice should not be required on governance arrangements.	Complete	N/A
R5	Thoroughly review the findings of the consultants that led to the proposal for the Strategic Partnership Board, determine actions in response and monitor their implementation.	Findings reviewed and reflected within plan to develop an External Advisory Forum involving a range of stakeholders, including voluntary sector, Primary Care and service users.	Early 2019	HCS Board
Focussing on the purpose and on outcomes for citizens and service users				
R6	Review and update documents setting out objectives for departments involved in health and social care in light of the new structures established under the target operating model.	The Government's Common Strategic Policy ("CSP") sets out States-wide policies and refreshed priorities which address broader aspects. HCS will publish refreshed goals and metrics in HCS in its 2019 plan. These will link to the new CSP.	Early 2019	Management Executive
R7	Adopt a clear timetable for the development of a Health and Well-being Framework for Jersey, supported by a work programme to deliver the Framework.	Prevention efforts on physical inactivity, diet, alcohol and tobacco will be brought together alongside cross-government health and well-being policy considerations in an overarching health and well-being framework. A full timetable for developing this work, and the work programme, will be developed alongside the transitional arrangements made between the States of Jersey Common Strategic Policy and	November 2018	Director of Public Health Policy

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
		Confirmation of the Government Plan 2020 – 2023.		
R8	Develop a comprehensive, integrated approach to capturing and using patient views across all provision of health and social care.	Establish a Patient Advocacy and Liaison Service (PALS) to answer patient questions and resolve their concerns. Proposals to the first meeting of the HCS Board. Service user representation will be a feature of the External Advisory forum.	Early 2019	Chief Nurse
R9	Develop a comprehensive programme for improving performance reporting across health and social care, including securing data quality and adoption of meaningful targets.	Implement Resource and Performance Committee within governance structure to continuously review and challenge performance. Implementation of metrics and targets across services. New performance report being developed for 2019 – draft available for December 2018.	December 2018	Group Managing Director
R10	Prioritise the development of benchmarking of the quality and outcomes of health and social care in Jersey against other jurisdictions.	Review services individually to ensure KPIs are in place and that they align to benchmarks as part of service redesign methodology.	Q1 2019	Performance and Resources Committee
R11	Develop a plan for the rollout of Jersey Nursing Assessment and Accreditation System across all elements of health and care, including other publicly funded health and care providers, and monitor implementation.	JNAAS programme in place and currently developing the reporting framework ‘ward to board’. Two wards have already completed the process in the Hospital in October 2018, and it will be rolled out across other wards.	Underway	Chief Nurse

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
R12	Operate a structured approach to identifying and implementing efficiency savings across health and social care, ensuring that savings are identified before the commencement of the financial year.	Work being initiated through a finance working group established for this purpose. terms of reference require detailed proposals to be agreed before 1 January 2019.	December 2018	Treasury and Management Executive
Performing effectively in clearly defined functions and roles				
R13	Develop and implement a plan for robust oversight of governance of health and social care including: <ul style="list-style-type: none"> determining the appropriate groups, their membership, terms of reference and accountabilities; developing underlying strategies and plans; strengthening clinical and care audit and its oversight; monitoring attendance at key governance groups; ensuring engagement across health and social care; and 	<ul style="list-style-type: none"> New Board and Committee structure to be established and communicated with detailed terms of reference. Develop underlying strategies and plans for the delivery of new models of care/pathways. Strengthen clinical/care audit and oversight by creating Associate Medical Director for patient safety and quality. The new Committee established in this area will be responsible for obtaining necessary assurance. Risk and Oversight Committee being established. Monitor attendance at and contribution to key groups. Ensure health and social care engagement by unifying management arrangements across both. Group Managing Director to sit on SMT and MH community Services from 1st November 2018. Functions to be absorbed within a new Care and Clinical Operational Services Group from 1 January 2019. Develop forums for engaging with community pharmacists, 	November 2018 – March 2019 Early 2019 Early 2019 Early 2019 Ongoing November 2018 to January 2019 Ongoing	HCS Board Management Executive Group Medical Director Management Executive Management Executive Group Managing Director Group Medical Director

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
	<ul style="list-style-type: none"> developing strengthened arrangements for engagement with community pharmacists, dentists and optometrists. 	<p>dentists and optometrists.</p> <ul style="list-style-type: none"> External Partnership Forum to include Primary Care representatives. Review impact and efficacy of governance arrangements 6 months in. 	<p>Early 2019</p> <p>Summer 2019</p>	<p>Group Medical Director</p> <p>HCS Board</p>
Promoting values of good governance and demonstrating these through behaviour				
R14	In developing new States-wide whistleblowing arrangements, reflect the statutory regulatory framework under the Regulation of Care (Jersey) Law 2014 and the obligations of health and care professionals to professional bodies.	A revised whistleblowing policy has been approved by the States Employment Board. The policy responds to the key recommendations in respect of whistleblowing made in the report produced by HR Lounge Limited in February 2018. It shall be launched following a programme of training in order to ensure the effective implementation and consistent application of the policy and its procedures.	Ongoing	SEB
R15	Develop and implement mechanisms for measuring the impact of the 'OUR Values OUR Actions' initiative on culture and behaviours.	This is part of the Team Jersey initiative, which will be covered by routine reports to the Board with evaluations of impact.	Ongoing	Chief Nurse
R16	Develop public reporting on complaints, including their incidence, nature, handling (including speed of handling), resolution and learning.	Paper setting out proposals to be considered at first public meeting of the Board. Also see R8.	Early 2019	Chief Nurse

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
R17	Extend the requirement for reporting on complaints to all primary care providers.	HCS will work with colleagues in Social Security, primary care providers, and community organisations, to explore an accessible complaints process in respect of all primary care services. A position statement will be produced in Q1 2019 to enable consideration of the legislative and other implications.	Decisions Q2 2019	Group Medical Director (Primary Care)
Taking informed transparent decisions				
R18	Extend the availability and scope of public performance reporting to increase the focus on the quality and outcome of health and care services, including performance against targets.	Work to develop an integrated reporting framework, with all KPIs published at future Board meetings linking to metrics associated with the CSP.	Early 2019, then quarterly thereafter	Management Executive
R19	Establish robust mechanisms to validate performance information before publication in the Annual Report.	Constraints and shortcomings highlighted in the C&AG's report will continue to hamper best endeavours in 2018, but data validated in the ways proposed should be available for 2019.	January 2020	Management Executive
R20	Extend the scope and nature of routine public reporting of the performance of all elements of health and social care, including through the States' website, taking into account performance reporting in other jurisdictions.	See R18 and R19 above. Stocktake report providing comparative information on other jurisdictions will be produced for Board's second meeting.	Summer 2019	HCS Board

Report ref.	Recommendation	Actions	Proposed timescale	Responsibility
R21	Establish structured arrangements for monitoring, validating and reporting of action taken in response to agreed recommendations arising from internal and external reviews.	Quarterly Board reports on this in future.	Early 2019	HCS Board
R22	Establish robust arrangements for the preparation, maintenance, review and challenge of risk registers relating to health and social care, including arrangements for escalation.	Developing a Board assurance framework will be the prime responsibility of our new risk and oversight committee. A programme of work detailing milestones to accomplish this will be presented to the Board at the first meeting in early 2019.	Early 2019	HCS Board